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June 12, 2012

TO: Maryland Hospital Chief Financial Officers

CC: Case Mix Liaison Contacts

FROM: Claudine Williams, Associate Director, Policy Analysis 

SUBJECT: Revisions to the Race Categories for All Abstract Data Submitted to the HSCRC

Purpose

The purpose of this memo is to describe revisions to the race categories for all abstract data submitted to the HSCRC, notify hospitals that these revisions will be effective July 1, 2012 and alert hospitals of other race/ethnicity variables under consideration for possible inclusion.

Background

The Maryland Health Improvement and Disparities Reduction Act of 2012, created by [HB 439](#) and [SB 234](#), require the Maryland Health Care Commission and Health Services Cost Review Commission (HSCRC) to:

- Study the feasibility of including racial and ethnic performance data tracking in quality incentive programs
- Report to the General Assembly on or before January 1, 2013, data by race and ethnicity in quality incentive programs where feasible

- Submit a report on or before January 1, 2013, to the Governor and in accordance with §2-1246 of the State Government Article, the General Assembly that explains when data cannot be reported by race and ethnicity and describes necessary changes to overcome those limitations.

Additionally, hospitals reporting race and ethnicity data as participants in the Centers for Medicaid and Medicare Services (CMS) Electronic Health Records (EHR) Incentives Program, to demonstrate meaningful use, are required to report these variables using federally standardized categories. Currently, the race categories reported to the HSCRC in the inpatient, outpatient, chronic and psychiatric abstract data sets do not meet the minimum federal Office of Management and Budget (OMB) requirements.

In an effort to align the HSCRC data with federal OMB standards and meet its legislative requirements, HSCRC recently convened the Hospital Race and Ethnicity Disparities Work Group. The work group discussed the federal standards for collecting race and ethnicity information and recommended revisions to the race categories that are submitted by the hospitals to the HSCRC.

Revisions to Race Categories for All Data Abstracts

HSCRC is revising the race categories for the inpatient, outpatient, chronic and psychiatric abstract datasets. The revisions include:

- Separate category for Native Hawaiian or Other Pacific Islander
- Revised Biracial category (renamed Two or More Races)
- Revised African American category (to include Black)
- Revised American Indian category (to include Alaskan Native and remove Eskimo and Aleut)
- Separate category for “Declined to answer”

Table 1 details the revisions described above and the associated codes for each category:

Table 1: Revisions to Race Categories					
Old Race Categories			Revised Race Categories		
	Category	Code		Category	Code
(a)	White	1	(a)	White	1
(b)	African American	2	(b)	Black or African American	2
(c)	Asian or Pacific Islander	3	(c)	Asian	3
(d)	American Indian/Eskimo/Aleut	4	(d)	American Indian or Alaskan Native	4
(e)	Other	5	(e)	Other	5
(f)	Biracial	6	(f)	Two or More Races	6
(g)	Unknown	9	(g)	Native Hawaiian or Other Pacific Islander	7
			(h)	Declined to Answer	8
			(i)	Unknown	9

Effective Date for Revisions to Race Categories

The revisions to the race categories are effective **July 1, 2012**.

Other Variables Being Considered

The Hospital Race and Ethnicity Disparities Work Group also suggested two additional variables that would provide further granularity of race and ethnicity and potential disparities without increasing the number of categories. The two variables under consideration are:

- Primary Language
- Country of Origin

HSCRC staff is developing a brief hospital survey to request the status of data collection and reporting of the above variables with the goal of completing the survey of data collection by early July 2012.

If you have any questions about the revision to the race categories, please contact me (cwilliams@hsrc.state.md.us) or Oscar Ibarra (oibarra@hsrc.state.md.us) for more information.