Proposed Changes to the Race and Ethnicity Stratification for HEDIS®1 MY 2025:
Removal of Data Source Reporting Requirement

NCQA seeks comments on the proposed removal of the data source reporting requirement from HEDIS measures stratified by race and ethnicity in MY 2025.

As of MY 2024, 22 HEDIS measures are stratified by race and ethnicity, to bring transparency to gaps and to highlight plans that reduce disparities in care and outcomes. For each stratified measure, plans must report each race and ethnicity value by data source. Currently, every value must fall within one of the following data source options:

- **Direct data:** Any source for which the member self-identified race or ethnicity. This includes data collected directly from members by the health plan, as well as third-party data collected directly from a member by another entity (e.g., the state or CMS).
- **Indirect data:** Indirect assignment includes using an alternate data source, such as nationally representative data obtained from databases like the American Community Survey, to assign a race or ethnicity value to a member based on their primary location of residence. Some commonly used indirect methods combine geographic data with additional imputation methods such as surname analysis.
- **Unknown data:** When the reported category value for race or for ethnicity is Unknown, the source must be recorded as Unknown data source.

NCQA’s intent in requiring plans to report each race and ethnicity value by data source is to evaluate the relatively quality of the data sources and to understand how organizations collect race and ethnicity data. NCQA used the data elements in first-year analysis to evaluate the appropriateness of the data source reporting requirement for public reporting, and to evaluate the consistency of data sourcing between the stratified measures and the Race/Ethnicity Diversity of Membership (RDM) measure. However, with an evolving data environment, stakeholders asked NCQA to refine and/or remove the data source reporting requirement from stratified measures. Stakeholders expressed that while it is important to understand the methods used to gather race and ethnicity data, the requirement adds reporting burden because it significantly increases the number of indicators plans must report.

**Proposed Revision to Stratification Reporting**

To alleviate measurement burden, NCQA proposes to simplify reporting by removing the data source reporting requirement for stratified measures in MY 2025. NCQA will retain the requirement for the Race and Diversity Membership (RDM) descriptive measure only to allow transparency into the types of data sources organizations leverage.

NCQA seeks general feedback on proposed changes and specific feedback on the following questions:

1. Do you support removal of the data source reporting requirement from HEDIS measures stratified by race and ethnicity?
2. Might there be unintended consequences of removing the requirement? If so, what are they?

Supporting documents include a measure specification and the HEDIS General Guidelines.

NCQA acknowledges the contributions of the Health Equity Expert Work Group.

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1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Controlling High Blood Pressure (CBP)

SUMMARY OF CHANGES TO HEDIS MY 2025

- Removed the data source reporting requirement from the race and ethnicity stratification.

Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Definitions

- **Adequate control**: Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg.

- **Representative BP**: The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is “not controlled.”

Eligible Population

- **Product lines**: Commercial, Medicaid, Medicare (report each product line separately).

- **Stratifications**: For each product line, report the following stratifications by race and total, and stratifications by ethnicity and total:
  - **Race**:
    - American Indian or Alaska Native.
    - Asian.
    - Black or African American.
    - Native Hawaiian or Other Pacific Islander.
    - White.
    - Some Other Race.
    - Two or More Races.
    - Asked But No Answer.
    - Unknown.
    - Total.
  - **Ethnicity**:
    - Hispanic or Latino.
    - Not Hispanic or Latino.
    - Asked But No Answer.
    - Unknown.
    - Total.
**Note:** Stratifications are mutually exclusive and the sum of all categories in each stratification is the total population.

**Ages**
18–85 years as of December 31 of the measurement year.

**Continuous enrollment**
The measurement year.

**Allowable gap**
No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

**Anchor date**
December 31 of the measurement year.

**Benefit**
Medical.

**Event/diagnosis**
Follow the steps below to identify the eligible population.

**Step 1**
Identify members who had at least two outpatient visits, telephone visits, e-visits or virtual check-ins (Outpatient and Telehealth Without UBREV Value Set) on different dates of service with a diagnosis of hypertension (Essential Hypertension Value Set) on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

**Step 2**
Remove members who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the admission date for the stay.

**Required exclusions**
Exclude members who meet any of the following criteria:

- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement year. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Members with a diagnosis that indicates end-stage renal disease (ESRD) (ESRD Diagnosis Value Set; History of Kidney Transplant Value Set), any time during the member’s history on or prior to December 31 of the measurement year. Do not include laboratory claims (claims with POS code 81).
• Members with a procedure that indicates ESRD: dialysis (Dialysis Procedure Value Set), nephrectomy (Total Nephrectomy Value Set; Partial Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set) any time during the member’s history on or prior to December 31 of the measurement year.

• Members with a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year. Do not include laboratory claims (claims with POS code 81).

• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.

• Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded:
  1. **Frailty.** At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
  2. **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year:
     – Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
     – Dispensed dementia medication (Dementia Medications List).

• Members 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
### Dementia Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholinesterase inhibitors</td>
<td>• Donepezil</td>
</tr>
<tr>
<td></td>
<td>• Galantamine</td>
</tr>
<tr>
<td></td>
<td>• Rivastigmine</td>
</tr>
<tr>
<td>Miscellaneous central nervous system agents</td>
<td>• Memantine</td>
</tr>
<tr>
<td>Dementia combinations</td>
<td>• Donepezil-memantine</td>
</tr>
</tbody>
</table>

### Administrative Specification

**Denominator**
The eligible population.

**Numerator**
Identify the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during the measurement year. Do not include CPT Category II codes (Systolic and Diastolic Result Value Set) with a modifier (CPT CAT II Modifier Value Set). Do not include BPs taken in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set) or during an ED visit (ED Value Set; POS code 23).

The BP reading must occur on or after the date of the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

If the most recent blood pressure was identified based on a CPT Category II code (Systolic and Diastolic Result Value Set) use the following to determine compliance:

- Systolic Compliant: Systolic Less Than 140 Value Set.
- Systolic Not Compliant: CPT-CAT-II code 3077F.
- Diastolic Compliant: Diastolic Less Than 90 Value Set.
- Diastolic Not Compliant: CPT-CAT-II code 3080F.

### Hybrid Specification

**Denominator**
A systematic sample drawn from the eligible population.

The organization may reduce the sample size using the current year’s administrative rate or the prior year’s audited, product line specific rate. Refer to the Guidelines for Calculations and Sampling for information on reducing the sample size.

**Identifying the medical record**
All eligible BP measurements recorded in the record must be considered. If an organization cannot find the medical record, the member remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review.

- Identify the member’s PCP.
• If the member had more than one PCP for the time period, identify the PCP who most recently provided care to the member.
• If the member did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the member.
• If a practitioner other than the member’s PCP manages the hypertension, the organization may use the medical record of that practitioner.

Numerator

The number of members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year. For a member’s BP to be controlled, the systolic and diastolic BP must be <140/90 mm Hg (adequate control). To determine if a member’s BP is adequately controlled, the representative BP must be identified.

Administrative

Refer to Administrative Specification to identify positive numerator hits from administrative data.

Medical record

Identify the most recent BP reading noted during the measurement year.

The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Do not include BP readings:

• Taken during an acute inpatient stay or an ED visit.
• Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
• Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

BP readings taken by the member and documented in the member’s medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria). There is no requirement that there be evidence the BP was collected by a PCP or specialist.

The member is not compliant if the BP reading is ≥140/90 mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance. A BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use.
When identifying the most recent BP reading, all eligible BP readings in the appropriate medical record should be considered, regardless of practitioner type and setting (excluding acute inpatient and ED visit settings).

An EMR can be used to identify the most recent BP reading if it meets the criteria for appropriate medical record.

When excluding BP readings from the numerator, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication. For example (this list is for reference only and is not exhaustive):

- A colonoscopy requires a change in diet (NPO on the day of the procedure) and a medication change (a medication is taken to prep the colon).
- Dialysis, infusions and chemotherapy (including oral chemotherapy) are all therapeutic procedures that require a medication regimen.
- A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol).
- A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication and therefore the BP reading is eligible.

BP readings taken on the same day that the member receives a common low-intensity or preventive procedure are eligible for use. For example, the following procedures are considered common low-intensity or preventive (this list is for reference only and is not exhaustive):

- Vaccinations.
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine).
- TB test.
- IUD insertion.
- Eye exam with dilating agents.
- Wart or mole removal.
# Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

## Table CBP-A-1/2/3: Data Elements for Controlling High Blood Pressure

<table>
<thead>
<tr>
<th>Metric</th>
<th>Data Element</th>
<th>Reporting Instructions</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ControlHighBP</td>
<td>CollectionMethod</td>
<td>Report once</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>EligiblePopulation</td>
<td>Report once</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>ExclusionAdminRequired</td>
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</tr>
<tr>
<td></td>
<td>NumeratorByAdminElig</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CYAR (Percent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MinReqSampleSize</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OversampleRate</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OversampleRecordsNumber (Count)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ExclusionValidDataErrors</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ExclusionEmployeeOrDep</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OversampleRecsAdded</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Denominator</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NumeratorByAdmin</td>
<td>Report once</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>NumeratorByMedicalRecords</td>
<td>Report once</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NumeratorBySupplemental</td>
<td>Report once</td>
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</tr>
<tr>
<td></td>
<td>Rate (Percent)</td>
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<td>✓</td>
</tr>
</tbody>
</table>
### Table CBP-B-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Race

<table>
<thead>
<tr>
<th>Metric</th>
<th>Race</th>
<th>Source</th>
<th>Data Element</th>
<th>Reporting Instructions</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ControlHighBP</td>
<td>AmericanIndianOrAlaskaNative</td>
<td>Direct</td>
<td>CollectionMethod</td>
<td>Repeat per Stratification</td>
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</tr>
<tr>
<td></td>
<td>Asian</td>
<td>Indirect</td>
<td>EligiblePopulation</td>
<td>For each Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>BlackOrAfricanAmerican</td>
<td>Unknown**</td>
<td>Denominator</td>
<td>For each Stratification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NativeHawaiianOrOtherPacificIslander</td>
<td>Total</td>
<td>Numerator</td>
<td>For each Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Rate</td>
<td>(Percent)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>SomeOtherRace</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TwoOrMoreRaces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AskedButNoAnswer*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table CBP-C-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity

<table>
<thead>
<tr>
<th>Metric</th>
<th>Ethnicity</th>
<th>Source</th>
<th>Data Element</th>
<th>Reporting Instructions</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>ControlHighBP</td>
<td>HispanicOrLatino</td>
<td>Direct</td>
<td>CollectionMethod</td>
<td>Repeat per Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>NotHispanicOrLatino</td>
<td>Indirect</td>
<td>EligiblePopulation</td>
<td>For each Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>AskedButNoAnswer*</td>
<td>Unknown**</td>
<td>Denominator</td>
<td>For each Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Unknown**</td>
<td>Total</td>
<td>Numerator</td>
<td>For each Stratification</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rate</td>
<td>(Percent)</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
General Guideline: Race and Ethnicity Stratification

This guideline provides instructions on how organizations categorize Medicare, Medicaid and commercial members by the race and ethnicity stratification (RES) when it is included in a measure. Refer to Appendix 7: Logical Measure Groups for measures that include RES by logical measure group.

**Reporting categories**

NCQA requires reporting race and ethnicity as defined by the Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.\(^1\)\(^2\)\(^3\)

Race and ethnicity values must be rolled up into the OMB categories specified in this guideline. If more detailed race or ethnicity information is collected, these data must be aggregated and reported in the OMB categories provided. For health plans using the CMS classification scheme for race and ethnicity, refer to Table RES-A-1/2/3 for a crosswalk to HEDIS reporting.

Report member race and ethnicity separately. If a combined race/ethnicity category question is used to collect data, data must be disaggregated, and race and ethnicity categories must be reported separately. When using the combined race/ethnicity data format for collection, refer to Table RES-B-1/2/3 for a crosswalk of reporting categories.

Tables RES-C-1/2/3 and RES-D-1/2/3 crosswalk the HEDIS reporting categories to code values specified by the Race and Ethnicity extensions of the HL7 US Core Implementation Guide. Organizations must use or map to the documented Direct reference codes and Value sets described here. Code values originate from two code systems:

- “Race & Ethnicity – CDC” (CDCREC) is used to report distinct OMB race and ethnicity categories.
- “Some Other Race,” “Asked But No Answer” and “Unknown” use the HL7 version 3 NullFlavor code system.

**Determining race reporting category**

For each product line, report members in only one of the nine race stratifications listed below and the total.

- **American Indian or Alaska Native**: Identification with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government and Nome Eskimo Community.
- **Asian**: Identification with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali or Mien.
- **Black or African American**: Identification with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa.

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Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian and Bahamian.

- **Native Hawaiian or Other Pacific Islander**: Identification with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese or Yapese.

- **White**: Identification with one or more nationalities or ethnic groups originating in Europe, the Middle East or North Africa. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Lebanese, Egyptian, Polish, French, Italian, Slavic, Cajun and Chaldean.

- **Some Other Race**: People whose race information has been collected but does not fit into any of the other seven race categories. This category includes people who may be Mulatto, Creole and Mestizo or another race not specified in the Census “Race” categories.

- **Two or More Races**: People with any combination of races, including “Some Other Race.”

- **Asked But No Answer**: People who the organization asked to identify race but who declined to provide a response.

- **Unknown**: People for whom the organization did not obtain race information and for whom the organization did not receive a declined response (i.e., “Asked But No Answer”).

- **Total**: Total of all categories above.

**Note (for the Race/Ethnicity Diversity of Membership (RDM) measure only):**

- The “Asked But No Answer” category is only reported using direct data.

- The “Unknown” category is only reported using unknown data.

For each product line, report members in only one of the four ethnicity stratifications listed below and the total.

- **Hispanic or Latino**: Identification with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South America and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican and Colombian. “Hispanic, Latino or Spanish origin” also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian or Venezuelan.

- **Not Hispanic or Latino**: People not of Hispanic, Latino or Spanish culture or origin.

- **Asked But No Answer**: People who the organization asked to identify ethnicity but who declined to provide a response.

- **Unknown**: People for whom the organization did not obtain ethnicity information and for whom the organization did not receive a declined response (i.e., “Asked But No Answer”).

- **Total**: Total of all categories above.

**Note (for the RDM measure only):**

- The “Asked But No Answer” category is only reported using direct data.
• The “Unknown” category is only reported using unknown data.

**Data source**

Reporting the data collection source is only required for the *RDM* measure.

Approved data sources include data collected directly from members, data obtained through imputed methods or in cases where the race or ethnicity value is “Unknown”, unknown source. NCQA strongly encourages plans to report directly collected data when available and emphasizes the importance of improving completeness of directly collected member race and ethnicity data.

**Direct data**

Data collected directly from members method reflects members’ self-identification and is the preferred data source.

Directly collected data includes any source for which the member self-identified race or ethnicity. This includes self-reported data collected directly from members under the full control of the health plan, as well as third-party data collected directly from a member by another entity (e.g., the state, CMS, Health Information Exchanges [HIEs] or clinical feeds). Direct sources may include, but are not limited to:

- Surveys.
- Health risk assessments.
- Disease management registries.
- Case management systems.
- EHRs.
- CMS/state databases.
- Enrollment information furnished by enrolling entities (e.g., state Medicaid agencies, employers).
- CCDs.
- Health information exchanges.

**Imputed data**

Plans may choose to report race and ethnicity data supplemented by imputed methods. Imputed assignment of race and ethnicity values include using an alternate data source, such as nationally representative data obtained from databases like the American Community Survey) to assign a race or ethnicity value to a member based on their primary location of residence. Some commonly used imputed methods combine geographic data with additional imputation methods such as surname analysis.

NCQA reiterates that directly collected race and ethnicity is considered the gold standard and is highly preferred to imputed race and ethnicity. For plans choosing to use imputed methods to report the HEDIS race and ethnicity stratification, NCQA emphasizes the following:

- When applying imputed methods that involve assignment of race or ethnicity based on geographic data and member’s location of residence, the smallest geographic unit possible is preferred. For example, geographic assignment at the census block level is likely to be more accurate than assignment using census tract or ZIP code-level data.
- Imputed data sources and methods should be evaluated for reliability and validity and selection of a source and method should be prioritized.
based on demonstrated validity and reliability for the population in which it will be applied (e.g., age group, geography, product line).

- Imputed methods of race and ethnicity assignment are to be used for population-level reporting and analysis but are not appropriate for member-level intervention.

**Unknown data**

When the reported category value for race or for ethnicity is Unknown, the source must be recorded as unknown data source. The Unknown data source may only be used for race or ethnicity category values reported as “Unknown.”

**Sampling**

For measures collected using the Hybrid Method with the race and ethnicity stratification, follow the guidelines for sampling outlined in *Guidelines for Calculation and Sampling Guidelines for the Hybrid Method*. The race and ethnicity stratifications are applied to the eligible population and denominator after hybrid sampling.

**Reporting**

Reporting of the race and ethnicity stratification follows the parameters for denominator size outlined in General Guideline Reporting.

### Table RES-A-1/2/3: CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity

<table>
<thead>
<tr>
<th>CMS Category</th>
<th>HEDIS/OMB Race</th>
<th>HEDIS/OMB Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>American Indian or Alaska Native</td>
<td>Unknown</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>Asian</td>
<td>Unknown</td>
</tr>
<tr>
<td>Black</td>
<td>Black</td>
<td>Unknown</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Unknown</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Other</td>
<td>Some Other Race</td>
<td>Unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>(No equivalent category)</td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Unknown</td>
</tr>
<tr>
<td>(No equivalent category)</td>
<td>Two or more races</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Table RES-B-1/2/3: Combined Categories Crosswalked to HEDIS/OMB Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity Combined Category</th>
<th>HEDIS/OMB Race</th>
<th>HEDIS/OMB Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>American Indian or Alaska Native</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Black</td>
<td>Black</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Hispanic/Latino/Black</td>
<td>Black</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Hispanic/Latino/White</td>
<td>White</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Other</td>
<td>Some Other Race</td>
<td>Unknown</td>
</tr>
<tr>
<td>Multiple races marked</td>
<td>Two or More Races</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
### Table RES-C-1/2/3: HEDIS/OMB Race Crosswalked for Use With HEDIS Reporting Categories

<table>
<thead>
<tr>
<th>HEDIS/OMB Race</th>
<th>CDCREC OMB Category: Direct Reference Code</th>
<th>CDCREC Detailed Category: Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>1002-5</td>
<td>American Indian or Alaska Native Detailed Race Value Set</td>
</tr>
<tr>
<td>Asian</td>
<td>2028-9</td>
<td>Asian Detailed Race Value Set</td>
</tr>
<tr>
<td>Black</td>
<td>2054-5</td>
<td>Black or African American Detailed Race Value Set</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>2076-8</td>
<td>Native Hawaiian or Other Pacific Islander Detailed Race Value Set</td>
</tr>
<tr>
<td>White</td>
<td>2106-3</td>
<td>White Detailed Race Value Set</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>OTH*</td>
<td>NA</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>NA**</td>
<td>NA</td>
</tr>
<tr>
<td>Asked But No Answer</td>
<td>ASKU*</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>UNK*</td>
<td>NA</td>
</tr>
</tbody>
</table>

* HL7 v3 Code System NullFlavor.
** This value is defined by the measure calculation logic as the presence of two or more distinct CDCREC category codes and does not map to a specific direct reference code or value set.

### Table RES-D-1/2/3: HEDIS/OMB Ethnicity Crosswalked for Use With HEDIS Reporting Categories

<table>
<thead>
<tr>
<th>HEDIS/OMB Race</th>
<th>CDCREC OMB Category: Direct Reference Code</th>
<th>CDCREC Detailed Category: Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>2135-2</td>
<td>Hispanic or Latino Detailed Ethnicity</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>2186-5</td>
<td>NA</td>
</tr>
<tr>
<td>Asked But No Answer</td>
<td>ASKU*</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>UNK*</td>
<td>NA</td>
</tr>
</tbody>
</table>

* The NullFlavor concepts “Asked But No Answer” and “Unknown” are not included in the terminology binding for the US Core Ethnicity FHIR extension on which this digital logic is structured. NCQA allows these concepts to express ethnicity data to align with bound values for the US Core Race extension.

**Note**

- Race is a social construct, not biological; stratifying HEDIS measures by race and ethnicity is intended to be used to further understanding of racial and ethnic disparities in care and to hold health plans accountable to address such disparities, with the goal of achieving equitable health care and outcomes. Data are not to be used to further bias in health care or suggest that race and ethnicity are biological determinants of health.
- When multiple sources of data are used for race and ethnicity, there may be disagreements in the data collected. When this happens, data sources should be prioritized based on evaluation of anticipated accuracy. This includes use of specific categories over nonspecific categories, most frequent or consistently reported category and selection of data with clear provenance (source, method of collection) over data without clear provenance.
• Race and ethnicity data may come from different categories of data source (direct, imputed, unknown). In such cases, use the data source that applies to the data element (race, ethnicity). If the same data element is received from two different data sources, prioritize data sources based on the second bullet above.