

RACE, ETHNICITY, AND LANGUAGE DATA:

Why it matters

Premera Blue Cross Blue Shield of Alaska is advancing the collection of Race, Ethnicity, and Language (REL) data from our members to address health disparities and improve health outcomes.



What is REL data?

REL data is demographic information used by health plans to recognize healthcare needs. Many people from marginalized races and ethnicities have historically suffered poor healthcare access and quality of care compared to their white counterparts.¹ By collecting direct-reported REL data, we can better understand the healthcare gaps that plague historically underserved communities and develop targeted improvements to reduce health disparities.

What are the types of REL data?

There are two main types of REL data: imputed and direct.

- **Direct data** comes directly from the member through their health plan enrollment (also known as an 834 file), a digital questionnaire, or provider medical records. This is the gold standard for collecting REL data.
- **Imputed data** comes from alternative sources, like census data, and can fill in the gaps if direct data is not available. While it's an educated estimation, imputed data cannot offer the detailed look into a health plan's membership the way direct reported member data can.

Premera is focused on collecting direct REL data from our members via enrollment files or a digital questionnaire.

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How does REL data affect healthcare?

Equal access to care doesn't always translate to equitable access to care. REL data allows clinicians to pinpoint health disparities by demographic, obtain important insights into underserved communities, and create clinically driven quality improvements to reduce or eliminate health disparities.³

How can you help?

As an employer, you can play a key role in the collection of direct-reported REL data from your employees. The greatest opportunity to collect this invaluable information is in your 834 enrollment file for newly hired employees. An 834 file is a benefit enrollment and maintenance document that must abide by HIPAA 5010 standards. This file is used by a multitude of organizations, such as employers, Third Party Administrators, and insurance agencies, for enrolling members directly into a benefit plan.

Additionally, beginning January 1, 2025, Premera Blue Cross Blue Shield of Alaska will launch the Member REL Data digital questionnaire via the member portal and our flagship app. This will allow members to provide their individual race and ethnicity information and their preferred spoken language. Encouraging completion of the digital questionnaire is another important way you can help reduce health disparities and improve the quality of care for your employees.

The NCQA advocates for health plans to obtain

≥80%

direct member data.²

For more information on how you can update your 834 enrollment file, contact us at health.equity@premera.com.

References

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2. "Current Health Plan Approaches to Race and Ethnicity Data Collection and Recommendations for Future Improvements." National Committee for Quality Assurance, January 2023. https://www.ncqa.org/wp-content/uploads/2023/03/Current-Health-Plan-Approaches-to-Race-and-Ethnicity-Data-Collection-and-Recommendations-for-Future-Improvements_Final.pdf
3. "Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data." American Hospital Association, June 2020. https://ifdhe.aha.org/system/files/media/file/2020/06/ifdhe_real_data_resource.pdf