

Health Care Improvement **POLICY & PROCEDURES**

Policy Name: Member Facing Health Equity SOGI/REL/SDOH Storage and Usage Policy		Policy Number: HE01B
		Page 1 of 5
Original Effective Date: 09/19/2023	Last Review Date: 09/11/2023	Revision Date: 09/11/2023

SCOPE:

The scope of this policy and procedure includes oversight of the Health Equity Department and the Accreditation and Quality Regulatory Programs Department at the Health Plan for all lines of business. Policies and Procedures identified are representative of content pertinent to the identification and reduction of healthcare disparities in the Health Plan service area through collection, storage, analysis, and reporting of Race, Ethnicity, Language (REL), Sexual Orientation and Gender Identity (SOGI), and Social Determinants of Health (SDoH) data from various entities and stakeholders.

Health equity data collected will be stored in the Health Equity Data Repository which will be created and maintained by Analytics, Data and Technology as the source of truth for this type of data.

The intended use of this data is to measure inequities in care and reduce inequities in care, such as:

- Develop programs and initiatives to address health disparities.
- Enhance services to improve quality of care.
- Provide relevant information/education regarding applicable health related risks.
- Better understand the health disparities of our members.
- Understand the barriers that prevent optimal health and impact our members.
- Promote and measure equitable care and services.

PURPOSE:

The purpose of this policy is to document activities performed by the Health Equity Department to oversee, monitor, and audit collection, storage, analysis, and reporting of Race, Ethnicity, Language (REL), Gender Identity and Sexual Orientation (SOGI), and Social Determinants of Health (SDoH) data from members across all lines of business, and the collection, storage, analysis, and reporting of REL data from Providers contracted with the Health Plan.

In alignment with national efforts to advance health equity:

- CMS has launched its health equity framework.
- BCBSA has created a health equity strategy.
- NCQA has committed to ensure that equity is a part of quality.
- NYS has increased efforts to identify disparities in patients receiving care.

POLICY STATEMENT(S):

As part of its ongoing operations, and as part of the Plan's Compliance Program, the Health Equity Department performs oversight, monitoring, and audit activities of functions it performs on an ongoing and periodic basis with the support of key functional areas across the enterprise (Data Governance, Data Access and Security, Business Intelligence). As part of its oversight, monitoring,

and audit activities, the Department investigates, in tandem with the Compliance team, issues identified during such activities, develops, and implements corrective action, and completes additional oversight activities to determine if the corrective action has been completed and the issue resolved. The Health Equity Department will report oversight and monitoring activities to the Compliance team and other committees and management staff as deemed necessary.

1. DIRECT MEMBER DATA COLLECTION & USE FOR REL AND SOGI:

As of December 1, 2023, REL and SOGI data will be directly solicited from members across all lines of business through surveys included in:

- Member Web (post-login)
- Mobile App (post-login)
- Enrollment Forms

REL data will be solicited from all members, across all lines of business, with reporting to be completed by the subscriber until a member is 18 years of age and older and creates their own member account. SOGI data will only be collected for members 18 years of age or older, through their own member account, and will not be visible to the subscriber. Race, Ethnicity, Sexual Orientation, and Gender Identity data will be utilized by the Health Plan internally for the identification and reduction of healthcare disparities in the Health Plan service area. Language data will be shared, at the member level, with providers for awareness on a regular cadence.

Members are not required to complete the survey for collection of REL and SOGI data. Survey results will not be utilized for limitation of coverage/benefits, underwriting, or for any other discriminatory purposes.

2. DIRECT MEMBER DATA COLLECTION & USE FOR SDoH:

As of August 1, 2023, SDoH data will be directly collected from members in the Essential Plan line of business through paper surveys and collection, storage, analysis, and reporting of SDoH data will be utilized by the Health Plan internally for the identification and reduction of healthcare disparities in the Health Plan service area.

Members are not required to complete the survey for collection of SDoH data. Survey results will not be used against members in limitation on coverage/benefits and will not be used for discriminatory purposes.

3. INDIRECT MEMBER DATA COLLECTION FOR REL/SOGI:

The Health Plan currently collects indirect REL/SOGI data provided on behalf of a member via provider observation and imputed data during estimation methods that involve assignment based on geocoding, surname analysis, etc. Directly collected data will always override indirect data as the source of truth. Indirect data will be utilized if the direct data sources does not exist.

4. HEALTH EQUITY DATA USE:

Controls will be maintained for data use in compliance with corporate practices. Access, analysis, and reporting of REL, SOGI, and SDoH data will be restricted to users that have completed the defined review process.

All requests for access to REL, SOGI, and SDoH data will be monitored and audited by the appropriate resource manager in compliance with corporate practices. The Data Ethics Committee will provide oversight of analytics activities including data usage as it relates to how it's applied and used, resulting in the output of measures, algorithms, and metrics.

5. **SYSTEMS CONTROL:**

Physical Access to Servers: The Health Plan data center operations have rigorous procedures to safeguard the security of the computer equipment and operating environment. Data center operations centers are in physically secure and controlled-access facilities. All data centers are equipped with key locks and card access electronic locks. At data centers, biometrics are also utilized. Camera systems are in place as well as 24/7 security personnel.

Audit: On a quarterly basis an access audit will be completed to identify staff who may not need access to the information in the repository on a go forward basis. Staff access will be removed as their roles change, or at the time of the audit.

DEPENDENCIES:

HE01A Policy

POLICY REVIEW:

The policy must be reviewed and approved when a change is made to the procedures documented. Minimally, it will be reviewed on an annual basis.

REVISION TRACKING:

	Date	Explanation of Revision(s)
I.	9/11/23	Policy created.
II.		
III.		

VIOLATIONS: Violation of this policy may result in disciplinary action, up to and including termination for employees, termination of vendor, contractors or consultants' contracts, or dismissal for interns and volunteers. Additionally, individuals may be subject to loss of access privileges and/or civil or criminal prosecution. The Health Plan is subject to action against the Certificate of Authority and/or civil monetary penalties per New York State Department of Health regulations.

EXCEPTIONS: None.

EFFECT ON PREVIOUS POLICIES: This policy supersedes any previous policy with respect to this subject matter approved or adopted by The Lifetime Healthcare Companies or its subsidiary or affiliates to which this policy applies.

At any time and without notice, the Corporation reserves the right to amend or establish its policies, requirements, and standards.

Committee Approval History:

Quality Program Oversight Committee (QPOC)

Review dates: 09/2023

External Regulatory References: N/A

Definitions:

Definitions of the data collected by the Health Equity Department and the Quality Regulatory Programs Department are as follows:

Race: Race refers to a socially constructed categorization of people based on physical characteristics such as skin color, facial features, and hair texture. *It is important to note that race does not have a biological basis but rather is a social concept that varies across different societies and cultures.*

- Source: National Institute of Health. (2021). "Understanding Human Genetic Variation." Retrieved from [[Understanding Human Genetic Variation - NIH Curriculum Supplement Series - NCBI Bookshelf](#)]

Ethnicity: Ethnicity refers to a person's cultural background, including shared customs, traditions, language, and heritage. It is often associated with a common geographic origin, history, and shared experiences. Ethnicity is a self-identified and subjective concept that can encompass various aspects of identity.

- Source: United Nations Human Rights Office of the High Commissioner

Language: Language is a system of communication that utilizes sounds, symbols, and grammar to convey meaning. It is a fundamental aspect of human culture, enabling individuals to express thoughts, ideas, and emotions. Language can take various forms, including spoken, written, and sign languages.

- Source: Crystal, D. (2003). "English as a Global Language." Cambridge University Press.

Sexual Orientation: An inherent or immutable enduring emotional, romantic or sexual attraction to other people

- Source: Human Rights Campaign and Out Alliance

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

- Source: Human Rights Campaign and Out Alliance

Social Determinants of Health: Social determinants of health are the social, economic, cultural, and environmental conditions in which individuals are born, grow, live, work, and age. These factors influence health outcomes and can include socioeconomic status, education, employment, access to healthcare, social support networks, and physical environments.

Conditions in which people are born, grow, work, live, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, and access to health care.

- Source: World Health Organization. (2021). "Social Determinants of Health."