



Policy: DD.2014
Title: **Collection of Race, Ethnicity, Language, Sexual Orientation and Gender Identity Data Process**

Department: Customer Service
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 02/06/2025

Effective Date: 01/01/2025
Revised Date: Not Applicable

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy outlines CalOptima Health's process for collecting race/ethnicity, language (REL) and sexual orientation and gender identity (SOGI) data and describes its use of an Electronic Health Information system that receives individual-level REL and SOGI data, stores the data securely, and retrieves the data for reporting and analysis.

II. POLICY

A. CalOptima Health has processes in place for the following activities:

1. Maintaining an electronic health information system capable of receiving, storing, and retrieving individual-level data on:
 - a. Race/Ethnicity;
 - b. Language;
 - c. Sexual Orientation; and
 - d. Gender Identity.
2. Receiving/ingesting REL and SOGI data from multiple sources into its electronic health information system.
3. Reconciling differences or conflicts in REL and SOGI data when receiving data from multiple sources and includes:
 - a. How CalOptima Health decides which data source to select; and
 - b. How CalOptima Health prioritizes when two (2) or more data sources contain conflicting information;

4. Storing REL and SOGI data in a secured manner while ensuring consistency and accuracy of the data and retrieving REL and SOGI data for reporting.
5. Using direct sources to collect REL and SOGI data, including sex assigned at birth and pronoun information.
6. Rolling race/ethnicity data into the Office of Management and Budget (OMB) categories.
7. Estimating race/ethnicity data and validating the estimation methodology if using indirect data sources.
8. Collecting and reporting audited Health Care Effectiveness Data and Information Set (HEDIS®) Race/Ethnicity and Language Diversity of Membership measures.
9. Assessing the language profile of the population to determine the language in CalOptima Health's service area and report the language profile to the community.
10. Determining threshold and concentration language requirements using state level data at least every three (3) years.
11. Sharing pronoun information with Member facing staff.

III. PROCEDURE

- A. CalOptima Health shall be responsible for maintaining a health information system in FACETS that ingests/receives, stores, integrates, and reports data that can provide information on areas including, but not limited to:
 1. Race/Ethnicity;
 2. Language;
 3. Sexual Orientation; and
 4. Gender Identity.
- B. REL and SOGI Data Receipt
 1. CalOptima Health receives REL data from the following sources:
 - a. The state's eligibility daily/monthly file.
 - b. Direct Member interaction with CalOptima Health staff.
 2. CalOptima Health receives SOGI data from the following sources:
 - a. Member survey posted on CalOptima Health's Member portal for Members eighteen (18) years of age and older.
 - b. Member survey mailed to CalOptima Health Members eighteen (18) years of age and older.
 - c. Direct Member interactions with CalOptima Health Staff in circumstances when the Member voluntarily provides the information.

C. REL and SOGI Data Storage and Retrieval.

1. CalOptima Health shall store data into FACETS core eligibility system.
2. CalOptima Health shall reconcile the REL data by reviewing data collected through the Department of Health Care Services (DHCS) daily/monthly eligibility file and data collected from direct Member interactions.
 - a. Data received from direct Member interactions will take priority over data received by way of the DHCS eligibility file. CalOptima staff shall use the Member Language Profile application to update data received directly from Members.
3. CalOptima Health shall manage access to REL and SOGI data by ensuring there are security controls to access to data as outlined in CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosures of Protected Health Information (PHI) and Document Controls.
4. To report on REL and SOGI data, CalOptima Health shall use standard Core and Tableau reports that retrieve the data from FACETS.

D. REL and SOGI Data Collection.

1. Data sources and methodology for each data type may vary and are described below:
 - a. Race/Ethnicity:
 - i. CalOptima Health shall collect and receive all available race/ethnicity data from its Members by way of the DHCS daily/monthly eligibility file which is received and ingested into FACETS as described above.
 - ii. CalOptima Health shall collect race/ethnicity data directly from all Members whose information is not received in the DHCS eligibility file.
 - iii. CalOptima Health's Customer Service-Member Communications team shall mail a survey to Members who do not provide their Race/Ethnicity in the DHCS eligibility file. The survey shall be mailed within thirty (30) calendar days from receipt of the DHCS eligibility file.
 - iv. CalOptima Health's Customer Service-Member Communications team shall coordinate with the Information and Technology Services (ITS) Analyst to send text message reminders to Members who do not respond to the survey.
 - v. CalOptima Health shall use the Office of Management and Budget (OMB) combined question format in the collection of detailed data in accordance with Statistical Policy Directive No. 15: Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity (SPD 15).
 - a) American Indian or Alaska Native.
Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
 - b) Asian.

Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Hmong, Afghan etc.

- c) Black or African American.
African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Trinidadian Tobagonian, Ghanaian, Congolese etc.
- d) Hispanic or Latino.
Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Colombian, Honduran, Spaniard etc.
- e) Middle Eastern or North African.
Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Moroccan, Yemeni, Kurdish etc.
- f) Native Hawaiian or Other Pacific Islander.
Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Chuukese, Palauan, Tahitian etc.
- g) White.
German, Irish, Italian, Polish, Scottish, French, Swedish, Norwegian, etc.
- h) Other, please specify: _____.
- i) Choose not to share.

- vi. The OMB format report is generated via a Tableau report that uses a crosswalk to convert the race/ethnicity data from Facets (non-OMB format) into an OMB formatted report.
- vii. CalOptima Health shall collect race/ethnicity data directly from one hundred percent (100%) of its membership; therefore, CalOptima Health does not use an estimation process to determine race/ethnicity of its membership. In the event that CalOptima Health is unable to collect and receive direct data on at least eighty percent (80%) of its membership, CalOptima Health will use geocoding and surname analysis to assign race and/or ethnicity to Members as necessary.
- viii. REL and SOGI data shall be stored in FACETS and retrieved as needed from Core and Tableau reports.

2. Language:

- a. CalOptima Health shall collect and receive language data either directly from Members or via the DHCS daily/monthly eligibility file and ingested into FACETS as described above.
- b. CalOptima Health's Customer Service-Member Communications team shall mail a survey to Members who do not provide their language in the DHCS eligibility file. The survey is mailed within thirty (30) calendar days from the receipt of the DHCS eligibility file.
- c. CalOptima Health shall send out a survey to Members who do not have identified language in the DHCS eligibility file.

- d. CalOptima Health's Customer Service-Member Communications team shall coordinate with the Information and Technology Services (ITS) analyst to send text message reminders to members who do not respond to the survey.
 - e. The data shall be stored in FACETS and retrieved as needed from Core and Tableau reports.
3. Sexual Orientation and Gender Identity (SOGI):
- a. CalOptima Health shall collect and receive SOGI data directly from Members through Member surveys and are ingested into FACETS as described above.
 - b. CalOptima Health collects data directly from new Members who are eighteen (18) years of age and older through Member surveys and from all Members who are eighteen (18) years of age and older who register through the CalOptima Health Member Portal.
 - i. The survey is mailed monthly to all new Members eighteen (18) years of age and older.
 - ii. The survey is available to all Members eighteen (18) years of age or older who register or are registered in the CalOptima Health Member Portal.
 - c. CalOptima Health's Customer Service-Member Communications team shall coordinate with the Information and Technology Services (ITS) analyst to send text message reminders to Members eighteen (18) years of age or older who register or are registered in the CalOptima Health Member Portal, can access the survey therein, and have not responded to the survey.
 - d. The Member responses shall be entered into FACETS which is used as the main repository for storage and retrieval.
 - e. CalOptima Health staff shall receive appropriate training to ensure data is collected in a respectful manner and does not stigmatize individuals by:
 - i. Clearly explaining to Members the reason the data is being collected.
 - ii. Providing Frequently Asked Questions (FAQs), in addition to a Survey with answers to the following questions:
 - a) Why am I being asked about my sexual orientation and gender identity?
 - b) What is gender identity?
 - c) What are other examples of gender identity words?
 - d) What is sexual orientation?
 - e) How do I choose the right information?
 - f) Who will see this information?
 - g) What if I don't want to share this information?
 - h) How will this information be used?

- iii. Ensuring Member data is protected and provide information on how to obtain the Notice of Privacy Practices.
- f. CalOptima Health shall collect sexual orientation data using the following options:
 - i. Straight or heterosexual;
 - ii. Lesbian, gay or homosexual;
 - iii. Bisexual;
 - iv. Pansexual;
 - v. Queer;
 - vi. Questioning;
 - vii. Not Listed above, please describe _____;
 - viii. Don't know/unsure;
 - ix. Choose not to share;
 - x. Information not available.
- g. CalOptima Health shall collect data on sex assigned at birth using the following options:
 - i. Male;
 - ii. Female;
 - iii. Intersex or X;
 - iv. Unknown;
 - v. Not listed above, please describe _____;
 - vi. Choose not to disclose; or
 - vii. Information unavailable.
- h. CalOptima Health shall collect gender identity data using the following options:
 - i. Male;
 - ii. Female;
 - iii. Transgender Male/Trans Man/Female-to-Male (FTM);
 - iv. Transgender female/trans woman/male-to-female (MTF);
 - v. Gender Non-Conforming (not matching masculine or feminine gender norms);
 - vi. Genderqueer (not identifying exclusively as a man or woman);

- vii. Gender Nonbinary (not identifying as a man or woman at all);
 - viii. Unknown;
 - ix. Additional gender category/ (or other), please specify _____;
 - x. Choose not to share; or
 - xi. Information unavailable.
- i. CalOptima Health collects pronoun data using the following options:
 - i. He/him;
 - ii. She/her;
 - iii. They/them;
 - iv. Not listed above, please describe: _____;
 - v. Choose not to share; or
 - vi. Information unavailable.
 - j. CalOptima shall make pronoun information available to CalOptima Health Member-facing staff through the Quick Member Search (QMS) Tool application.
 - i. The following CalOptima Health departments shall have access to QMS:
 - a) Customer Service;
 - b) Case Management;
 - c) Utilization Management;
 - d) Equity and Community Health;
 - e) Grievance Appeals and Resolution Services;
 - f) Long Term Care; and
 - g) Cultural and Linguistic Services.

E. REL and SOGI Data Analysis and Reporting.

- 1. CalOptima Health shall use language data to assess and report the following at least every three (3) years:
 - a. Language profile:

- i. CalOptima Health shall use language data it collected as well as state level census or community-level data to determine the language profile of its service area and the communities that comprise it.
 - ii. CalOptima Health shall assess the language profile to anticipate and plan for changes and make the necessary improvements to our language services program.
- b. Threshold languages:
 - i. CalOptima Health shall follow the regulatory requirements outlined in DHCS All Plan Letter (APL) 21-004: Standards for Determining Threshold Languages, Non-Discrimination, and Language Assistance Services to determine spoken languages other than English.
 - ii. CalOptima Health shall provide translated written Member information when the eligible beneficiary population meets the numeric threshold of three thousand (3,000) or five percent (5%) of the population, whichever is lower and meets the concentration standards of one thousand (1,000) in a single ZIP code or one thousand five hundred (1,500) in two (2) contiguous ZIP codes.
- 2. CalOptima Health shall ensure that all vital information, such as Notification about Availability of Language Services, Member Handbook, Denial Letters, and Appeals Determination Letters, are provided to its population in identified threshold languages as appropriate.
- 3. CalOptima Health shall provide at least one (1) language assistance resource in threshold languages to its network practitioners/providers.
 - a. Spoken languages:
 - i. At minimum, CalOptima Health shall use language data it collected as well as state-level data or community-level data to determine and report languages spoken by one percent (1%) of the population or two hundred (200) individuals, whichever is less, up to a maximum of fifteen (15) languages.
 - ii. CalOptima Health shall use this data to distribute a notification of the availability of language services in English and in the identified languages at least annually.
 - b. Individual Language Needs:
 - i. CalOptima Health shall use language data collected, as well as state-level data to report on the individual language needs to its network Practitioners/Providers.
 - ii. CalOptima Health shall provide this information through the Health Network daily/monthly eligibility file and through the Provider Portal Connect application.
- 4. Additionally, CalOptima Health shall make available the service area population language data to Practitioners/Providers via the monthly eligibility Provider roster and the Provider portal.
- 5. CalOptima Health may use REL and SOGI data for the following:
 - a. Analyze valid measures of clinical performance and Member experience, such as HEDIS® and Consumer Assessment of Healthcare Providers and Systems (CAHPS®), stratified by REL and/or SOGI to assess health care disparities.

- b. Reporting clinical HEDIS® measures stratified by REL;
- c. Reporting REL data to produce and report RDM and LDM HEDIS® measures;
- d. FACETSCore report: SOGI data;
- e. FACETS Core report: language data;
- f. FACETS Core report: Race/Ethnicity; and
- g. Availability of Practitioners/Cultural Needs and Preferences Annual Report.

IV. ATTACHMENT(S)

- 1. REL/SOGI Survey
- 2. Frequently Asked Questions

V. REFERENCE(S)

- A. 2024 Health Equity Standards and Guidelines HE2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data.
- B. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004)
- C. CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
02/06/2025	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2025	DD.2014	Collection of Race, Ethnicity, Language, Sexual Orientation and Gender Identity Data Process	Medi-Cal

IX. GLOSSARY

Term	Definition
FACETS	Licensed software product that supports administrative, claims processing and adjudication, Membership data, and other information needs of managed care organizations.
Gender identity	Individual's innermost concept of self and experience of gender (how individuals perceive themselves and what they call themselves). An individual's gender identity may be the same or different from the sex assigned at birth.
Health Information System	A combination of vital and health statistical data from multiple sources, used to derive information about the health needs, health resources, use of health services, and outcomes of use by the people in a defined region or jurisdiction
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM) Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Sexual orientation	Inherent or immutable and enduring emotional, romantic or sexual attraction or non-attraction to individuals of the same and/or other genders.
Validation	The process by which the integrity and correctness of data are established. Validation processes can occur immediately after a data item is collected or after a complete set of data is collected.
Vital Information	May be entire documents or portions of documents and includes: <ul style="list-style-type: none"> • Information about eligibility for services and participation criteria • Information about how to use the organization's services and how to access services • Templates of notices pertaining to changes in service • Information about benefits and coverage • Templates of notices pertaining to denial, reduction, modification or termination of services and the right to file grievance or appeal • Notifications of practitioner termination