Race and Ethnicity Data Collection Updates

September 23, 2025

WHAIC, as a contracted entity of the State of Wisconsin, is required to collect and report patient race and ethnicity data. To ensure data quality, batch files will be rejected if more than 25% of race and ethnicity codes are missing.

Beginning **Q4 2024**, WHAIC implemented the two new Office of Management and Budget (OMB) race/ethnicity categories. This requires facilities to update patient registration processes, forms, and mapping to the updated list of options. Facilities are also encouraged to collect more detailed subcategories when available, allowing patients to self-identify with multiple race categories.

Accurate demographic data helps identify disparities, improve access, and support better patient outcomes.

Improving Data Collection to Advance Health Equity

WHA and WHAIC have partnered with the Wisconsin Department of Health Services (DHS) to strengthen how hospitals and health systems collect and report patient race and ethnicity data.

Our shared goal: Ensure patients can select more than one race, enabling better tracking of inequities and more equitable planning of care.

We ask for your leadership and support by:

- Sharing the importance of this initiative with patient registration and discharge data reporting teams.

- Updating data collection systems promptly.

- Revising **verbal, written, and electronic forms**, as well as EMR/EHR workflows, to reflect the new combined race/ethnicity question.

Key Federal OMB Updates

New Required Categories:

- Middle Eastern or North African (MENA)

- Hispanic or Latino

Key Changes:

- **Single Question Format** – Race and ethnicity are now combined into one question.

- **Reasoning** – OMB research shows this format reduces confusion and better reflects identity.

- **System Updates** – Update EMR/EHR, registration workflows, and discharge data processes.

- **Technical Requirement** – Update the 837 File Loop 2010BA/2010CA and Element DMG05-1 (a repeating composite element).

Implementation Timeline

Phase	Requirement	Date
Implementation Begins	WHAIC begins accepting new OMB categories	Q4 2024
Transition Period	Facilities may submit either old or new formats	2024 – Q3 2026
Full Compliance Required	All facilities must submit using new OMB categories	Q3 2026

Resources

- [IFDHE: Addressing Health Care Disparities through Race, Ethnicity and Language (REaL) Data](#)

- [OMB SPD 15 Revision Guidance](#)

Race and Ethnicity Code Structure

Table A: Main Categories and Subcategories

Main Code	Main Category	Subcategory Codes
1	American Indian or Alaska Native	101 Aztec, 102 Cherokee, 103 Eskimo, 104 Iroquois, 105 Maya, 106 Navajo
2	Asian	201 Chinese, 202 Filipino, 203 Hmong, 204 Japanese, 205 Korean, 206 Laotian/Vietnamese
3	Black or African American	301 African, 302 Jamaican, 303 Ethiopian, 304 Haitian, 305 Nigerian, 306 Somali
4	Native Hawaiian or Pacific Islander	401 Chamorro, 402 Guamanian, 403 Fijian, 404 Marshallese, 405 Tongan, 406 Samoan
5	White	501 English, 502 German, 503 Irish, 504 Italian, 505 Polish, 506 Scottish
6	**NEW: Middle Eastern or North African (MENA)**	601 Egyptian, 602 Iraqi, 603 Lebanese, 604 Pakistani, 605 Syrian, 606 Moroccan
8	**NEW: Hispanic or Latino**	801 Cuban, 802 Dominican, 803 Guatemalan, 804 Mexican, 805 Puerto Rican, 806 Salvadoran
7	Declined	Patient refused to answer.
9	Unavailable	A person unable to answer this question, or no available family member or caregiver to respond for the patient. May also be used by patients if their race is unknown

Table B: Simplified Main Categories and Definitions

Code	Category	Definition
1	American Indian or Alaska Native	Origins in original peoples of North/South America (including Central America), with tribal affiliation or community attachment.
2	Asian	Origins in East Asia, Southeast Asia, or Indian subcontinent (e.g., China, India, Japan, Korea, Philippines, Vietnam).
3	Black or African American	Origins in any Black racial groups of Africa.
4	Native Hawaiian or Other Pacific Islander	Origins in original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5	White	Origins in Europe, North Africa, or the Middle East.
6	**Middle Eastern or North African (MENA)**	Origins in Egypt, Morocco, Iran, Turkey, Yemen, etc. May also identify with Arab, Amazigh, Kurdish, Chaldean, or other ethnic groups.
8	**Hispanic or Latino**	Mexican, Puerto Rican, Cuban, Central/South American, or Spanish culture/origin, regardless of race.
7	Declined	Patient refused to answer.
9	Unavailable	Patients are unable to respond; information unavailable.

Additional Facility Information: WHAIC Race Collections Update

Effective October 1, 2024

OMB SPD 15 Revision

- In 2022, the Office of Management and Budget (OMB) began reviewing the 25-year-old race and ethnicity standards. The goal is to improve the accuracy and usefulness of race and ethnicity data across all federal agencies.

- The revised **Statistical Policy Directive No. 15 (SPD 15)** is now effective.

- Patients should **self-report race/ethnicity at the most detailed subcategory level possible**.

- If detailed collection is not feasible, facilities must report using the **minimum categories**.

- OMB guidance:

"Standards set forth minimum categories. Additional categories should be encouraged, provided they can be aggregated to the minimum categories."

Key Notes for Facilities

- Patients may select **all applicable categories and subcategories**.

- WHAIC will record the values provided in the WIpop file.

- Facilities may need to work with their **EMR/EHR vendor or claims vendor** to ensure the capability to collect and transmit multiple races.

- **Subcategory handling**: If a facility collects detailed subcategories, WHAIC will map them back to the main category until enough data supports direct reporting.

  - Example: *German → maps to White (Category 5)*

Technical Update – 837 File

- Update **Loop 2010BA/2010CA and Element DMG05-1**.

- DMG is a composite element and may repeat up to **10 times**.

WIpop Data Collection: Common Questions

Q1. Can the facility send main or subcategory or both?

A: Yes. The file may contain both main and subcategory codes.

Q2. If the facility uses a category like "Chinese American" that is not on the WHAIC list, should it roll that up?

A: Yes. Map it to the appropriate main or subcategory (e.g., Main = 2 Asian, Subcategory = 201 Chinese).

Q3. What does an example of the new codes look like in the file?
A:

- Example string:
  DMG*D8*19960913*M*S*RET:R5^RET:E2^RET:R502^RET:R503****ZZ*ENG

- Translated:
  DMG*D8*19960913*M*S*5:2:502:503****ZZ*ENG

  - Race 1 = 5 (White)

  - Ethnicity = 2 (Non-Hispanic)

  - Race 2 = 502 (German)

  - Race 3 = 503 (Irish)

Q4. Can hospitals still submit the ethnicity segment in the 837-claim file?
A: Yes. Until **12/31/2026**, WHAIC will ignore the ethnicity field in the parser. Facilities may continue submitting as they do now. This approach avoids unnecessary system changes.