



# Frequently Asked Questions

## Hospital Commitment to Health Equity Structural Measure

Hospital Inpatient Quality Reporting Program

### Measure Background

Background

Pg. 2

### Measure Specifications

Measure Cohort

Pg. 2

### Measure Calculation

Measure Score

Pg. 2

### Attestation Guidance

General

Domain 1

Domain 2

Domain 3

Domain 4

Domain 5

Pg. 3

### Data Submission

Hospital Quality Reporting (HQR) Data Submission and Timeline

Pg. 6

### Program

Hospital Inpatient Quality Reporting (IQR) Program Requirements

Pg. 7

### Resources

Additional Resources and Contact Information

Pg. 7

Please note: To return to your original viewing page after clicking on a link, please press the "ALT" and left arrow keys simultaneously.

# Measure Background

## Background

### 1. Why is the Centers for Medicare & Medicaid Services (CMS) reporting the Hospital Commitment to Health Equity measure in the Hospital IQR Program?

The [CMS Strategic Framework](#) outlines strategic priorities identified by CMS, including advancing health equity across CMS programs. CMS provides a [health equity definition](#) and corresponding [fact sheet](#) outlining its vision to advance health equity as a strategic pillar and core agency function. CMS' commitment to advancing health equity is further described in the [CMS Framework for Health Equity](#) which identifies the need to expand analysis of quality information to identify disparities, and subsequently, close gaps in care. Furthermore, promoting health equity is a priority in CMS' *Meaningful Measures* framework, which is CMS' initiative to ensure "high quality and timely care with equal access for all patients and consumers, including those with social risk and demographic variables for all health episodes in all settings of care" (see the [Meaningful Measures Hub](#) for more information). Thus, CMS is reporting this structural measure to assess hospital commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity.

# Measure Specifications

## Measure Cohort

### 2. Are there inclusion and exclusion criteria for the Hospital Commitment to Health Equity measure's numerator and denominator?

The Hospital Commitment to Health Equity measure, sometimes abbreviated as HCHE, does not have cohort exclusion criteria. Since this measure does not have cohort exclusions, all hospital inpatients would be considered in the measure.

# Measure Calculation

## Measure Score

### 3. How is the Hospital Commitment to Health Equity measure scored?

The Hospital Commitment to Health Equity measure includes five attestation-based domains of commitment. For each domain, there are between one and four associated sub-questions for related structures or activities within the hospital. Hospitals receive one point for each domain to which they affirmatively attest to all questions in the domain, stating they are meeting the required competencies. A hospital's score can be a total of zero to five points (one per domain).

Hospitals will only receive one point for each domain if they affirmatively attest to all

related sub-questions. If hospitals do not affirmatively attest to a sub-question, they will not receive a point for that domain. There is no "partial credit" for sub-questions. For example, in Domain 1, hospitals must affirmatively attest to sub-questions A-D to earn the point for that domain. If hospitals participate or complete qualifying activities at any time within the reporting year, they may affirmatively attest for that domain.

## Attestation Guidance

### General

#### 4. What is the timeframe for hospitals to implement activities within the domains in order to affirmatively attest for the Measure?

If hospitals participate or complete qualifying activities anytime within the reporting year, they may affirmatively attest in their attestation response. For example, for the January 1, 2023 to December 31, 2023 performance period, if a hospital begins training staff on the culturally sensitive collection of demographic and/or social driver of health information in November 2023, they would affirmatively attest for Domain sub-question 2B. For more information about the data submission and timeline in the Hospital Inpatient Quality Reporting (IQR) Program, please see [Question 16](#). The measure's intent is for hospitals to implement activities for a duration of time that allows meaningful impact on their priority population(s). For more information about priority populations, please see [Question 5](#).

### Domain 1

#### 5. What is a Priority Population?

A priority population is a subset of a group of people who have been underserved and/or historically marginalized by the healthcare system. For this measure, example priority populations include but are not limited to:

- Persons belonging to minority racial or ethnic groups
- Persons living with a disability
- Persons who are a member of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community
- Persons who are a member of a religious minority
- Persons who are living in a rural area
- Persons who are living near or below the poverty level
- Populations impacted by social drivers of health (e.g., language proficiency, housing or food insecurity, low literacy, difficulty with access to transportation, or other factors unique to a hospital's patient community)
- Any other populations that have been underserved and/or historically marginalized by the healthcare system

For Domain 1A attestation, a hospital should identify the priority populations unique to its patient population as part of its hospital strategic plan. Please review the *Attestation Guidance for the Hospital Commitment to Health Equity Measure* which provides information and examples of qualifying activities for this measure, and a selection of resources on best practices to advance health equity at your hospital(s). This resource can be found on Quality Net (<https://qualitynet.cms.gov>) at: Hospitals - Inpatient → Hospital Inpatient Quality Reporting (IQR) Program → IQR Measures → Web-Based Data Collection

**6. What counts as a “strategic plan”, and does it need to be published somewhere?**

A strategic plan is defined as a written plan to address health care equity that is shared across the hospital. Documentation which includes the elements listed in Domain 1 would qualify.

It is not required that the strategic plan be published. However, under Domain 5, hospital senior leadership, including chief executives and the hospital board of trustees, would need to annually review and approve the hospital’s strategic plan and key performance indicators stratified by demographic and/or social factors.

**7. Can the strategic plan be at the health system level, or must it be at an individual hospital level?**

A strategic plan is defined as a written plan to address healthcare equity that is shared across the *individual* hospital. A hospital may, however, affirmatively attest to Domain 1 if it adapts a health system-level strategic plan for use in its hospital. The plan should reflect each individual hospital’s participation within the strategic plan.

## Domain 2

**8. What is the definition of “majority” for data collection?**

Hospitals may affirmatively attest to Domain 2A if they are collecting demographic information, including self-reported race and ethnicity, and/or social drivers of health information on a number or percentage equaling more than half of the patients in a hospital.

**9. What demographic and/or social drivers of health variables need to be collected?**

The Hospital Commitment to Health Equity measure allows for flexibility in data collection. A wide range of demographic and social drivers of health information qualify as data collection for this measure. Hospitals should collect demographic and social driver of health information on a majority of patients served in their hospital. For more information on the definition of “majority,” please see [Question 8](#).

Please refer to sub-domain 2A in the *Attestation Guidance for the Hospital Commitment to Health Equity Measure* document for detailed information and examples of qualifying data collection activities for this measure, and a selection of resources on best practices to advance health equity at your hospital(s). This resource can be found on QualityNet (<https://qualitynet.cms.gov>) at: Hospitals - Inpatient → Hospital Inpatient Quality Reporting (IQR) Program → IQR Measures → Web-Based Data Collection

**10. Are there minimum acceptable categories that need to be made available in the electronic health record (EHR) to choose from for patient demographic information?**

We recommend hospitals follow certified EHR guidelines for the collection of demographic data on the majority of patients served in their hospitals. Please find the following suggested reference:

- Visit [Demographics | HealthIT.gov](https://www.healthit.gov/demographics) for more information on the 2015 Edition Cures Update and the Certification Companion Guide (CCG).

### Domain 3

**11. Does CMS require results to be reported on a specific “performance dashboard”?**

CMS does not require reporting on a specific performance dashboard for this measure. Hospitals can utilize their existing internal quality dashboards. The evolution and maturity of a hospital’s data collection tools and processes may lead to new and or enhanced dashboards. As with any strategic initiative, results should be available in the same fashion that hospital staff, leaders, clinicians and quality experts are currently reviewing quality measures and performance internally.

**12. Do hospitals need to stratify all key performance indicators or just some?**

The purpose of measure stratification is to understand if certain patient groups are receiving better care. Stratification in this case refers to examining quality measure results by subgroups of patients to identify important gaps in quality between patient groups. Hospitals may develop stratification metrics for priority populations (as defined by your organization) and monitor results on internal quality dashboards. CMS expects hospitals to identify equity gaps by providing stratified measure information based on either outcome quality measures or process of care measures; this means providing measure scores for priority populations or the gap in score between two groups. For more information about priority populations, please see [Question 5](#).

### Domain 4

**13. What sort of initiatives qualify for Domain 4?**

Your hospital can participate in a variety of local, regional, or national quality improvement activities and they will qualify for Domain 4 as long as these activities are focused on reducing health disparities. Please refer to sub-domain 4A in the *Attestation Guidance for the Hospital Commitment to Health Equity Measure* document for more detailed information and examples of qualifying activities for this measure. These resources can be found on QualityNet (<https://qualitynet.cms.gov>) at: Hospitals - Inpatient → Hospital Inpatient Quality Reporting (IQR) Program → IQR Measures → Web-Based Data Collection

## Domain 5

### 14. Can senior leadership be at the health system level rather than the hospital level?

A hospital is required to complete and report this measure under their CMS certification number (CCN) as part of their normal Hospital Inpatient Quality Reporting (IQR) Program reporting operations. Therefore, a hospital will need to evaluate and determine whether it can affirmatively attest to each domain at an individual hospital level. Under Domain 5, hospital senior leadership, including chief executives and the entire hospital board of trustees, would need to annually review and approve the hospital's strategic plan and key performance indicators stratified by demographic and/or social factors.

## Data Submission

### Hospital Quality Reporting (HQR) Data Submission and Timeline

### 15. How will hospitals submit their attestation into the Hospital Quality Reporting (HQR) System?

Hospitals will attest to the Hospital Commitment to Health Equity measure via the HQR system available to authorized users. The measure includes five attestation-based domains of commitment, comprised of several “yes” / “no” sub-questions. Hospitals may attest “yes” for each sub-question where they meet the required competencies.

Further information regarding the submission process will be forthcoming. Once details of submission are available, CMS will send out a communication through the Hospital IQR and Improvement ListServ. If you have not already done so, please subscribe to the Hospital IQR and Improvement ListServ on QualityNet (<https://www.qualitynet.org/listserv-signup>) to receive notifications about measures in IQR.

### 16. When is the data submission deadline for the Hospital Commitment to Health Equity measure?

Hospitals will be able to attest to the Hospital Commitment to Health Equity measure in the HQR Secure Portal from April 1 through May 15 on an annual basis. See [Table 1](#) below for a detailed timeline of this measure in Hospital IQR for the current performance period.

**Table 1. Hospital Commitment to Health Equity Measure Data Submission and Timeline in Hospital IQR Program for CY 2023 Reporting / FY 2025 Payment Determination**

Program	Performance Period	Data Submission Deadline	Potential Public Reporting
IQR	January 1, 2023 – December 31, 2023	May 15, 2024	October 2024

# Program

## Hospital Inpatient Quality Reporting (IQR) Program Requirements

### **17. Do hospitals need a certain score to meet Hospital Inpatient Quality Reporting (IQR) Program requirements?**

The Hospital Commitment to Health Equity measure is a pay-for-reporting measure and hospitals will receive credit for the reporting of their measure results regardless of their responses to the attestation questions (and their measure score). Therefore, there is no penalty associated with a low score on this measure. Results will be publicly posted on Care Compare.

# Resources

## Additional Resources and Contact Information

### **18. Where can the Measure Specifications and Attestation Guidance documents be found for the Hospital Commitment to Health Equity measure?**

The *Hospital Commitment to Health Equity Structural Measure Specifications* document and *Attestation Guidance for the Hospital Commitment to Health Equity Measure* document can be found on QualityNet (<https://qualitynet.cms.gov>) at: Hospitals - Inpatient → Hospital Inpatient Quality Reporting (IQR) Program → IQR Measures → Web-Based Data Collection

### **19. Who do I contact for more information?**

For other questions about this measure, please submit your question using the [QualityNet tool](#) and select “IQR- Inpatient Quality Reporting” from the drop-down menu in the Program field, and then under the Topic field, select “Hospital Commitment to Health Equity”.