Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Attestation Guidance for the Facility Commitment to Health Equity Measure
For Calendar Year (CY) 2024 Reporting/Fiscal Year (FY) 2026 Payment Determination, January 2025

Purpose of the Attestation Guidance Document

The guide provides information and examples of qualifying activities for the Facility Commitment to Health Equity measure.

Responding to the Facility Commitment to Health Equity measure entails attesting to the five domains highlighted in Figure 1. Each attestation domain is comprised of a number of sub-domains. Additional information to guide Inpatient Psychiatric Facility (IPF) attestation on each sub-domain is provided in Attestation Domains and Sub-Domains below.

IPFs will attest to the Facility Commitment to Health Equity measure via the Hospital Quality Reporting (HQR) system.

Figure 1: Facility Commitment to Health Equity Measure Attestation Domains
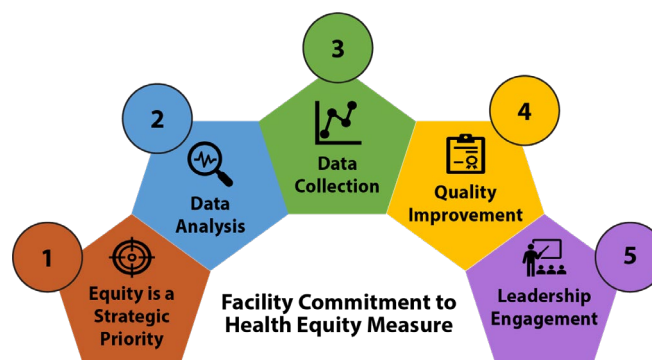
For CY 2024 Reporting Period/FY 2026 Payment Determination

For the CY 2024 reporting period/FY 2026 payment determination under the IPFQR Program, IPFs will need to confirm that they engaged in the activities described in this Attestation Guidance Document during the period of January 1, 2024, to December 31, 2024. If IPFs participate or complete qualifying activities at any time within the reporting year, they may answer yes to their attestation. IPFs must complete their attestation for the CY 2024 reporting period/FY 2026 payment determination between July 1, 2025, and August 18, 2025. Results will be publicly posted on the Compare tool available on Medicare.gov.

Domain 1: Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority.

Equity is a Strategic Priority

Under Domain 1, a strategic plan is defined as a *written* plan to address health equity that is shared across the *individual* IPF. An IPF may, however, affirmatively attest to Domain 1 if it adapts a health system-level strategic plan for use in its IPF. The plan should reflect each individual IPF's participation within the strategic plan. Domain 1's sub-domains of 1a, 1b, 1c and 1d are defined further in Text Box 1.

Text Box 1: Guidance for Attesting to Domain 1 Equity is a Strategic Priority

1A. Our facility strategic plan identifies priority populations who currently experience health disparities.

Examples of "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 an IPF's patient community)
- Any other populations that have been underserved and/or historically marginalized by the healthcare system

1B. Our facility strategic plan identifies health equity goals and discrete action steps to achieving these goals.

No additional clarification is provided for this attestation sub-domain.

1C. Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.

Examples of specific resources include but are not limited to dedicated staffing, structural resources, funding, and trainings.

1D. Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Examples of key stakeholders include but are not limited to community-based organizations and collaboratives, patient and family advisory groups, elected officials, and existing institutional partnerships or coalitions.

Domain 2: Collecting valid and reliable demographic and social determinant of health data on patients served in a facility is an important step in identifying and eliminating health disparities.

Data Collection

IPFs are encouraged to collect social drivers of health data electronically and use tools that have undergone validity and reliability testing. Domain 2's sub-domains of 2a, 2b, and 2c are defined further in Text Box 2.

Text Box 2: Guidance for Attesting to Domain 2 Data Collection

2A. Our facility collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.

A wide range of demographic and social drivers of health information qualifies for data collection, including but not limited to:

- Self-reported race and ethnicity
- Socioeconomic status
- Being a member of the LGBTQ+ community
- Being a member of a religious minority
- Living with a disability
- Living in a rural area
- Language proficiency
- Health literacy
- Access to primary care/usual source of care
- Housing status or food security
- Access to transportation

2B. Our facility has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

The purpose of this question is to ensure IPFs provide guidance or training to staff on how to collect this information in a patient-centered manner.

2C. Our facility inputs demographic and/or social determinant of health information collected from patients in structured, interoperable data elements using a certified EHR technology.

No additional clarification is provided for this attestation sub-domain.

Domain 3: Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your IPF engages in the following activities.

Domain 3 has only one sub-domain (3a) which is defined further in Text Box 3 below.

Text Box 3: Guidance for Attesting to Domain 3 Data Analysis

3A. Our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.

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.

IPFs may develop stratification metrics for priority populations (as defined by your organization) and monitor results on these metrics using existing internal quality dashboards.

CMS expects IPFs 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.

Domain 4: Health disparities are evidence that high quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.

Quality Improvement

Domain 4 has only one sub-domain (4a) which is defined further in Text Box 4.

Text Box 4: Guidance for Attesting to Domain 4 Quality Improvement

4A. Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.

Quality improvement (QI) activities may include participation in collaboratives, partnerships and coalitions focused on decreasing health disparities, including among specific patient populations or for specific medical conditions – e.g., working with Medicare Quality Improvement Networks, collaboratives such as The Health Equity Collaborative, or other local, regional, and national initiatives as long as the effort has a specific focus on improving quality and reducing disparities.

Domain 5: Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity.

Domain 5 sub-domains of 5a and 5b are defined further in Text Box 5.

Leadership Engagement

Text Box 5: Guidance for Attesting to Domain 5 Leadership Engagement

5A. Our facility senior leadership, including chief executives and the entire IPF board of trustees, annually reviews our strategic plan for achieving health equity.

CMS defines "facility senior leadership" as the C-suite and board of trustees, and not just quality committees or sub-committees of the board, as well as the Chief Medical Officer and senior leaders among IPF medical staff.

5B. Our facility senior leadership, including chief executives and the entire IPF board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

See above CMS definition of "facility senior leadership."

Additional Resources

Additional resources for this measure include:

- The [FY 2024 IPF PPS Final Rule](#) includes detailed information on the measure background and rationale.
- Resources can be found on the [CMS IPFQR Program Resources page](#), including *Facility Commitment to Health Equity Measure Specifications*, for a description of the measure rationale, scoring requirements, and supporting evidence for this measure, and *Facility Commitment to Health Equity Frequently Asked Questions (FAQ),* which provides answers to questions on this measure.
- 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.

[Table 1](#) provides a selection of resources and guides with information on strategies and best practices to advance health equity at your IPF(s). Resources cover topics ranging from data collection and analysis, insights for facility leaders, tips for building a culture of equity, and quality improvement activities. Facilities may submit questions on this measure via the [Quality Q&A Tool](#).

Table 1: Additional Resources for the Facility Commitment to Health Equity Measure

RESOURCE	CATEGORY OF IMPACT				
[Building an Organizational Response to Health Disparities](#) Source: CMS Office of Minority Health	EQUITY IS A STRATEGIC PRIORITY	DATA COLLECTION	DATA ANALYSIS	QUALITY IMPROVEMENT	LEADERSHIP ENGAGEMENT
[Guide to Reducing Disparities in Readmissions](#) Source: CMS Office of Minority Health	EQUITY IS A STRATEGIC PRIORITY	DATA COLLECTION		QUALITY IMPROVEMENT	
[Inventory of Resources for Standardized Demographic and Language Data Collection](#) Source: CMS Office of Minority Health		DATA COLLECTION			
[The Center for Medicare and Medicaid Innovation (CMMI) Accountable Health Communities Model Social Needs Screening Tool](#) Source: CMS Center for Medicare and Medicaid Innovation		DATA COLLECTION			

RESOURCE	CATEGORY OF IMPACT				
	EQUITY IS A STRATEGIC PRIORITY	DATA COLLECTION	DATA ANALYSIS	QUALITY IMPROVEMENT	LEADERSHIP ENGAGEMENT
2015 Edition Cures Update and the Certification Companion Guide (CCG) Source: The Office of the National Coordinator for Health Information Technology		DATA COLLECTION			
Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association / Health Research & Educational Trust	EQUITY IS A STRATEGIC PRIORITY	DATA COLLECTION	DATA ANALYSIS		LEADERSHIP ENGAGEMENT
Achieving Health Equity: A Guide for Health Care Organizations (White Paper) Source: Institute for Healthcare Improvement *This content is available on ihi.org via a free account login.*	EQUITY IS A STRATEGIC PRIORITY				LEADERSHIP ENGAGEMENT
Improving Health Equity: Guidance for Health Care Organizations Source: Institute for Healthcare Improvement *This content is available on ihi.org via a free account login.*	EQUITY IS A STRATEGIC PRIORITY	DATA COLLECTION	DATA ANALYSIS	QUALITY IMPROVEMENT	LEADERSHIP ENGAGEMENT
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals Source: The Joint Commission	EQUITY IS A STRATEGIC PRIORITY				
Building a Culture of Health Source: Robert Wood Johnson Foundation				QUALITY IMPROVEMENT	
Social Interventions Research and Evaluation Network (SIREN) Evidence & Resource Library Source: SIREN		DATA COLLECTION			
Resource of Health-Equity Related Data Definitions, Specifications, & Stratification Practices Source: CMS		DATA COLLECTION	DATA ANALYSIS		