



Frequently Asked Questions

Facility Commitment to Health Equity Structural Measure

Inpatient Psychiatric Facility Quality Reporting
Program

January 2025

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Measure Background

Background

1. Why is the Centers for Medicare & Medicaid Services (CMS) reporting the Facility Commitment to Health Equity measure in the IPFQR 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 facility 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 Facility Commitment to Health Equity measure's numerator and denominator?

The Facility Commitment to Health Equity measure, sometimes abbreviated as FCHE, does not have cohort exclusion criteria. Since this measure does not have cohort exclusions, all IPF patients would be considered in the measure.

Measure Calculation

Measure Score

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

The Facility 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 IPF. IPFs receive one point for each domain to which they affirmatively attest to all questions in the domain, stating they are meeting the required competencies. An IPF's score can be a total of zero to five points (one per domain).

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

sub-questions. If IPFs 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, IPFs must affirmatively attest to sub-questions A-D to earn the point for that domain. If IPFs 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 IPFs to implement activities within the domains in order to affirmatively attest for the measure?

If IPFs participate or complete qualifying activities anytime within the reporting year, they may attest “yes” for that item. For example, for the January 1, 2024 to December 31, 2024 performance period, if an IPF begins training staff on the culturally sensitive collection of demographic and/or social driver of health information in November 2024, they would affirmatively attest for Domain sub-question 2B. For more information about the data submission and timeline in the IPFQR Program, please see [Question 16](#). The measure's intent is for IPFs to implement activities 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 facility's patient community)
- Any other populations that have been underserved and/or historically marginalized by the healthcare system

For Domain 1A attestation, an IPF should identify the priority populations unique to its patient population as part of its IPF strategic plan. Please review the *Attestation Guidance for the Facility 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 IPF. This resource can be found on Quality Net (<https://qualitynet.cms.gov>) at: Inpatient Psychiatric Facilities → Learn more → Resources → IPFQR Program Resources → Health Equity Measures Resources

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 equity that is shared across the IPF. 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, IPF senior leadership, including chief executives and the IPF board of trustees, would need to annually review and approve the IPF’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 IPF level?

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 2

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

IPFs 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 an IPF.

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

The Facility 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. IPFs should collect demographic and social driver of health information on a majority of patients served in their IPF. For more information on the definition of “majority,” please see [Question 8](#).

Please refer to sub-domain 2A in the *Attestation Guidance for the Facility 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 IPF(s). This resource can be found on QualityNet (<https://qualitynet.cms.gov>) at: Inpatient Psychiatric Facilities → Learn more → Resources → IPFQR Program Resources → Health Equity Measures

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

- Visit [Demographics | HealthIT.gov](#) 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. IPFs can utilize their existing internal quality dashboards. The evolution and maturity of an IPF’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 IPF staff, leaders, clinicians and quality experts are currently reviewing quality measures and performance internally.

12. Do IPFs 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. IPFs may develop stratification metrics for priority populations (as defined by your organization) and monitor results on 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. For more information about priority populations, please see [Question 5](#).

Domain 4

13. What sort of initiatives qualify for Domain 4?

Your IPF 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 Facility 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: Inpatient Psychiatric Facilities → Learn more → Resources → IPFQR Program Resources → Health Equity Measures

Domain 5

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

An IPF is required to complete and report this measure under their CMS certification number (CCN) as part of their normal IPFQR Program reporting operations. Therefore, an IPF will need to evaluate and determine whether it can affirmatively attest to each domain at an individual IPF level. Under Domain 5, IPF senior leadership, including chief executives and the entire IPF board of trustees, would need to annually review and approve the IPF’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 IPFs submit their attestation into the Hospital Quality Reporting (HQR) System?

IPFs will attest to the Facility 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. IPFs 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 IPFQR Program ListServ. If you have not already done so, please subscribe to the IPFQR Program ListServ on QualityNet (<https://www.qualitynet.org/listserv-signup>) to receive notifications about measures in IPFQR.

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

IPFs will be able to attest to the Facility Commitment to Health Equity measure in the HQR Secure Portal from July 1 through August 15 (or next business day when deadline falls on a weekend or federal holiday) on an annual basis. See [Table 1](#) below for a detailed timeline of this measure in the IPFQR for the current performance period.

Table 1. Facility Commitment to Health Equity Measure Data Submission and Timeline in IPFQR Program for CY 2024 Reporting / FY 2026 Payment Determination

Program	Performance Period	Data Submission Deadline	Potential Public Reporting
IPFQR	January 1, 2024 – December 31, 2024	August 15, 2025	January 2026

Program

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Requirements

17. Do IPFs need a certain score to meet IPFQR Program requirements?

The IPFQR Program is a pay-for-reporting program and IPFs 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 the Compare tool available on [Medicare.gov](https://www.medicare.gov).

18. Will the IPF's responses to each of the attested statements be public?

Your IPF's responses to each of the attestation questions will not be publicly released on CMS' Compare tool available on [Medicare.gov](https://www.medicare.gov); only the measure score will be posted. For example, if your IPF receives a score of 4 out of 5, it will be publicly posted as 4 out of 5. However, your facility's attestation to the individual items will be publicly available on the Provider Catalog on data.medicare.gov.

Resources

Additional Resources and Contact Information

19. Where can the Measure Specifications and Attestation Guidance documents be found for the Facility Commitment to Health Equity measure?

The *Facility Commitment to Health Equity Structural Measure Specifications* document and *Attestation Guidance for the Facility Commitment to Health Equity Measure* document can be found on QualityNet (<https://qualitynet.cms.gov>) at: Inpatient Psychiatric Facilities → Learn more → Resources → IPFQR Program Resources → Health Equity Measures

20. Who do I contact for more information?

For other questions about this measure, please submit your question using the [Quality Q&A Tool](#) and select "IPF - Inpatient Psychiatric Facility" from the drop-down menu in the Program field, and then under the Topic field, select "Facility Commitment to Health Equity".