

Regulatory Requirements Related to Health Equity & Social Determinants of Health

Centers for Medicare & Medicaid Services (CMS) Health Equity Requirements

CMS's Hospital Commitment to Health Equity is a structural measure that requires hospitals to attest to reviewing and prioritizing equitable care. This measure was required in CMS's Inpatient Prospective Payment System (IPPS) Final Rule for CY2023 and is mandatory as part of the 2023 [Inpatient Quality Reporting](#) (IQR) requirements. For Critical Access Hospitals, CMS has included this measure in the Medicare Beneficiary Quality Improvement Project ([MBQIP 2025 Measure Core Set](#)). Additionally, hospitals participating in the CMS Funded Hospital Quality Improvement Contractor Project (HQIC) have attested to Health Equity Organizational Assessment (HEOA) since the inception of the HQIC.

CMS also has introduced two equity-focused process measures: Screening for Social Determinants of Health and Screen Positive Rate for Social Determinants of Health. For hospitals participating in IQR, these measures became required in 2024. For Critical Access Hospitals, these measures are required along with the Hospital Commitment to Health Equity measure for CY 2025, with reporting due 5/15/2026.

Hospital Commitment to Health Equity Measure:

Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity. Hospital score can be a total of zero (0) to five (5) points (one point for each domain, must attest "yes" to all sub-questions in each domain, no partial credit).

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is actively engaging in the following three key data collection activities:

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients.
- Training staff in the culturally sensitive collection of demographic and SDOH information.
- Inputting patient demographic and/or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity.
- Annual reviews of key performance indicators stratified by demographic and/or social factors.

Screening for Social Determinants of Health Measure (SDOH Screening)

The Screening for Social Determinants of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for the following health related social needs (HRSN): food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. A specific screening tool is not required to be used, but each of the specified HRSNs must be included. To report on this measure, hospitals will provide:

1. The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs noted above; and
2. The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

Screen Positive for Social Determinants of Health Measure (SDOH Screening Positive)

The Screen Positive Rate for Social Determinants of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HSRNs: food insecurity, housing instability, transportation problems, utility difficulties or interpersonal safety.

Accrediting organizations, such as TJC, also require health equity measures. For example, the new and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Here are the TJC six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing health care disparities.

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. Examples of health-related social needs may include the following:

- access to transportation
- difficulty paying for prescriptions or medical bills
- education and literacy
- food insecurity
- housing insecurity

Element of Performance 3:

The organization identifies health care disparities in its patient population by stratifying quality and safety data. Examples of sociodemographic characteristics may include but are not limited to the following:

- age
- gender
- preferred language
- race and ethnicity

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the health care disparities identified.

Element of Performance 5:

The organization acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, including leaders, licensed practitioners and staff, about its progress to reduce identified health care disparities.

Sources:

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