Health Equity at Risk in Latest Medicare Rulemaking

Health Equity 12.17.25

On November 21, the Centers for Medicare and Medicaid Services (CMS) issued a final rule that revises certain aspects of the Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) payment systems, including removing the Hospital Commitment to Health Equity measure from the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Program measure sets, and the Facility Commitment to Health Equity measure from the Ambulatory Surgical Center Quality Reporting (ASCQR) Program, both as a means to "to decrease administrative burden and reduce costs associated with publishing lengthy tables." On November 25, CMS then issued a proposed rule that revised the Medicare Advantage (MA) and Part D programs to eliminate the Excellent Health Outcomes for All reward, thereby reverting to the historical reward factor that encourages consistently high performance across all quality measures rather than focusing on beneficiaries with specified social risk factors. Another change in the proposed rule would eliminate the health equity requirements for MA utilization management committees, which currently include conducting yearly health equity analyses that are publicly posted, as well as requiring participation of a health equity expert.