

Supporting Statement – Part A

CMS Health Equity Award – Call for Nominations (CMS-10866; OMB 0938-New)

Background

The CMS Office of Minority Health (OMH) is going to announce a call for nominations for the 2024 CMS Health Equity Award. This award will recognize organizations who demonstrate they have advanced health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, reducing avoidable differences in health outcomes experienced by people who are underserved, and provided the care and support that CMS enrollees need to thrive.

The goals of the award are to encourage organizations to identify and address their health disparities, to disseminate best practices, and to show that progress is possible by having a results oriented focus. By identifying organizations who are successfully closing gaps and reducing disparities, CMS can show our stakeholders how health equity work can be initiated, targeted, measured, and successfully reduce disparities among communities nationwide.

In previous years, CMS OMH has received more than forty (40) nominations for the Health Equity award. CMS gave two awards each year in 2018, 2019, and 2020 using the selection of nominees that were sent in for consideration. The award has not been offered since 2020 but is planned to be solicited and announced by April 2025.

The nominations received highlighted the health equity work across a variety of organizations including QIOs, hospitals, health systems and provider groups, Medicaid Managed Care plans, Medicare Advantage Plans, private insurers, and primary care and specialty clinics.

More information on past awardees can be found at <https://www.cms.gov/About-CMS/AgencyInformation/OMH/equity-initiatives/Past-Health-Equity-Award-Winners>

This does not impact any Federal programs or policy activities; it is a voluntary submission program for a non-monetary award. It is an award for recognition of healthcare organizations who have used their company resources to help provide health equity for the communities that they serve.

CMS is requesting a New Collection type of approval from OMB regarding this collection that was conducted in the past without an OMB control number.

A. Justification

1. Need and Legal Basis

The authority for this recognition is 42 U.S.C. 300u(a) [42 USC 300u: General authority of Secretary \(house.gov\)](#).

This statute authorizes and provides for the development, support and implementation of programs and activities by undertaking and supporting activities and programs that:

- (A) incorporate appropriate health education components into our society, especially into all aspects of education and health care,
- (B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living, and
- (C) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts.

The statute also undertakes and supports the research and demonstrations respecting health information, preventative health services, and education in the appropriate use of healthcare.

This supports the Health Equity award since the past awardees demonstrated that they met and or exceeded CMS' commitment to health equity through their organization-wide, strategic approach to identifying, prioritizing, and targeting health disparities to close gaps in health care and outcomes. The organizations represented two different but important approaches to addressing health disparities.

For example - HealthPartners, a multi-state health care organization made health equity a strategic priority and launched targeted disparities initiatives across its medical group, hospital, and health plan.

Centene Corporation, a national insurance plan, identified a particular disparity across their network and provided flexibility and resources to individual providers to find solutions that fit local needs. In both cases, the organizations showed significant progress towards decreasing disparities. There was an impressive amount of work among these and other organizations to improve the health quality, outcomes, and access for the communities they serve.

2. Information Users

CMS Representatives collect Company Name, Point of Contact Information (email, phone# & name) along with information from the organizations regarding their programs to improve the health quality, outcomes, and access to care for the communities that they serve. The CMS selection committee uses a scoring rubric to score the applicants on demonstrated measurable results in reducing a disparity in one or more of the CMS priority populations.

The CMS OMH contractors would have access to the nomination form to assist and compile the information for the CMS selection committee team members to review.

Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained. CMS OMH may stay in touch with previous awardees for voluntary participation in webinars, conferences, or similar events to further best practices with other, similar healthcare organizations.

3. Use of Information Technology

The form is a pdf and organizations will complete this form and return by email attachment to be considered for nomination. The form can be found and downloaded from the CMS Office of Minority Health [website, https://go.cms.gov/omh](https://go.cms.gov/omh). Once the form has been completed, it should be submitted via email to the CMS Office of Minority Health, OMH@cms.hhs.gov. The Subject Line should read: CMS Health Equity Award.

Questions about the award can also be submitted to this mailbox.

No signature is required from the respondent.

4. Duplication of Efforts

Since this information collection is not readily accessible outside of CMS, it does not duplicate any other effort and the information cannot be obtained from any other source. CMS OMH is in a unique position as the largest health insurer in the United States, reaching 160 million people with its programs.

5. Small Businesses

There is no significant impact on small businesses.

6. Less Frequent Collection

If the recognition is not given to a healthcare organization, there is no consequence or legal obstacle or public notification. There is no domino effect if the award is not given since it does not impact any Federal programs or policy activities. If this data is not collected, then no organizations are recognized for the award.

7. Special Circumstances

There are no special circumstances that would cause information to be collected in any of the manners because it is only an award for recognition of excellence in service to the community. There is no need to have record submissions, original documents, etc. The organizations that would like to be considered would only need to fill out a pdf form and send in an email to submit themselves for selection.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published in the Federal Register on 09/08/2023 (88 FR 62088).

No comments were received during this comment period.

The 30-day Federal Register notice published in the Federal Register on 11/24/2023 (88 FR 82379).

9. Payments/Gifts to Respondents

This is a non-monetary recognition, and the value is de minimus. A plaque is presented to each winner as a recognition of excellence.

10. Confidentiality

The information that will be shared will only be pulled from the submission and shared with the CMS selection committee and the nominee that is selected will have the opportunity to review the announcement of the award. Data will be kept private to the extent allowed by law.

11. Sensitive Questions

There will not be any questions of a sensitive nature in this data collection.

12. Burden Estimates (Hours & Wages)

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics’ May 2022 National Occupational Employment and Wage Estimates for all salary estimates (www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits, and the adjusted hourly wage.

Potential Respondents	Responses per Respondent	Total Responses	Burden per Response	Total Annual Burden (hours)	Hourly Labor Cost of Reporting (\$/hr.) GS-12/13	Total Cost (\$)
50	1	50	2hr	100 hrs	\$46.09	\$4609

In the nomination packet, the applicants will demonstrate measurable results in reducing a CMS identified disparity in the 3 Categories and 1 Bonus Category. They will also describe their systemic approach to health equity through targeted activities that are aligned with CMS priorities and the CMS Disparities Impact Statement.

#1 Disparity Among Priority Population Organization addressing a disparity among a priority population:

- Racial/ethnic minority (includes LEP)
- Sexual/gender minority
- Individuals with disability
- Individuals living in a rural or underserved area

#2 Health Equity Activity

Activity/activities submitted is clearly linked to increase health equity and reduce disparities.

#3 Results

Organization demonstrates results of reducing a disparity in health care quality, access, or outcomes.

Additional Criteria to Strengthen a Nomination:

Organization’s efforts include community, patient and family, and stakeholder input and engagement. Organization focused on one or more CMS Quality Strategy area or other CMS priority:

1. Make Care Safer by Reducing Harm
2. Strengthen Person and Family Engagement
3. Promote Effective Communication and Coordination of Care
4. Promote Effective Prevention and Treatment of Chronic Disease
5. Work with Communities to Promote Best Practices of Healthy Living
6. Make Care Affordable

13. Capital Costs

There are no Capital Costs for this collection of information.

14. Cost to Federal Government

Who	What	Time	Cost 12/13 (w/o Locality & at Step 1)
OMH Staff (GS 12/13s)	Draft Nomination Form	10	\$341.18/\$406.85
OMH Staff (GS 12/13s)	Compile Selection Committee	10	\$341.18/\$406.85
Staff from multiple CMS Components (GS 12/13+)	Hold Selection Committee Meetings 1 & 2	10	\$341.18/\$406.85
Staff from multiple CMS Components (GS 12/13+)	Hold Selection Committee Meeting 3	40	1364.72/1624.70
Staff from multiple CMS Components (GS 12/13+)	Vet top 3 nominations with selection committee	30	1023.54/1220.55
OMH Staff (GS 12/13s)	Draft recommendation for CMS OMH Leadership	5	\$170.59/\$203.425
OMH Staff (GS 12/13s)	Draft Decision Memo for Office of Administrator (OA)	5	\$170.59/\$203.425
OMH Staff (GS 12/13s)	Once OA approved, notify winners via email	2	\$68.36/\$81.30
OMH Staff (GS 12/13s)	Coordinate w/the winners on the announcement	20	\$683.60/\$813
OMH Staff (GS 12/13s)	Post to OMH website	5	\$170.59/\$203.425

Personnel Total		137 hours	\$4675.53/\$5573.08
Plaque	Plaque for awardee	1	\$50
Total Government Costs			\$4725/\$5623.08

15. Changes to Burden

This is a new collection, there are no changes.

16. Publication/Tabulation Dates

For collections of information whose results will be published, outline plans for tabulation, and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

Draft Nomination Form – NLT 12/20/24
 Compile Selection Committee January 2025
 Hold Selection Committee Meetings 1 & 2 February 2025
 Hold Selection Committee Meeting #3 1st week of March 2025
 Vet top 3 nominations with selection committee – 1st week in March
 Draft recommendation for CMS OMH Leadership – 1st week in March
 Draft Decision Memo for Office of Administrator (OA) – 2nd week in March
 Once OA approved, notify winners via email – 1st week of April
 Coordinate w/the winners on the announcement – 1st week of April
 Post to OMH website – Early April

17. Expiration Date

The expiration date would be three (3) years from the date of approval and displayed on the approved form.

18. Certification Statement

There are no exceptions to the certification statement to be explained.