

# CMS HEALTH EQUITY AWARD CALL FOR NOMINATIONS



CMS is excited to announce the Call for Nominations for the CMS Health Equity Award. CMS recognizes the importance of health equity and is working to ensure that disparities in health care quality and access are eliminated. You can visit the CMS Office of Minority Health [website](#) to learn more about some of the efforts underway.

*Starting in 2018, CMS began recognizing organizations who have demonstrated a strong commitment to health equity by reducing disparities affecting vulnerable populations such as racial and ethnic minorities, individuals with disabilities, sexual and gender minorities, and those living in rural areas.*

*Continuing the focus, the CMS Health Equity Award will shine a light on an organization leading the way on the path to equity, showing others how to reduce disparities in quality, access, and outcomes.*

**Please read the criteria and complete one Nomination Form per nominee for the CMS Health Equity Award. All Nomination Forms should be submitted to the CMS Office of Minority Health (ATTN: CMS Health Equity Award, [OMH@cms.hhs.gov](mailto:OMH@cms.hhs.gov)) no later than February 18, 2025. Questions about the award can also be submitted at this mailbox.**

## WHO IS ELIGIBLE

All CMS partner/stakeholder organizations and networks, at the organizational level, are eligible for the award. This includes QIN-QIOs, BFCC-QIOs, HIINs, TCPI Networks, ESRD Networks, Hospitals, State Medicaid Agencies, Health Plans, Model Participants, Provider Groups and Organizations, and all other organizations who work with CMS beneficiaries and their providers.

## CRITERIA

This award will go to an organization that can demonstrate that they have reduced disparities in health care quality, access, or outcomes between two or more groups. Populations of focus, include racial and ethnic minorities, people with disabilities, sexual and gender minorities, and rural populations. More information about past awardees can be found at [the past award winners webpage](#).

## AWARD

CMS will assess each application through a competitive process to identify the organization that has had the greatest impact on health equity. One entity will be awarded in April 2025; additional awardees may be selected at the discretion of CMS.

# CMS HEALTH EQUITY AWARD NOMINATION FORM



ORGANIZATION NAME

PROJECT NAME

NOMINATOR NAME

Email

PROJECT LEAD NAME

Email

CEO NAME

Email

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Please provide a brief description of your organization's health equity project, including the specific disparity addressed (1000 words max).

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Please provide a summary (e.g. description, graphs, dashboard, map) of your results and an explanation of your evaluation methodology (1000 words max).

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For example:

- There was a difference in the rates of African Americans and Whites in cardiac rehabilitation rates – African Americans had a rate of x and Whites had a rate of y. Based on the intervention of *Organization A*, the gap in rates was reduced by z.
- After stratifying their data, *Organization B* noted that individuals whose preferred spoken language was Spanish or Korean had higher readmission rates compared to those whose preferred language is English. Upon further exploration, they identified several causes for the disparities including a lack of resources in languages other than English. After implementing an initiative to address several of the root causes and analyzing their results, *Organization B* found readmission rates decreased by xx percent, resulting in a y percent decrease in the initial disparity.

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1457 (Expires 01/31/2027). This is a voluntary information collection. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [OMH@cms.hhs.gov](mailto:OMH@cms.hhs.gov).