Supporting Statement – Part A

Health Equity Technical Assistance Monitoring and Tracking (CMS-10669; OMB control number 0938-New)

A Background

The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) developed the CMS Equity Plan for Improving Quality in Medicare (CMS Equity Plan for Medicare). The Plan outlines CMS's path to help advance health equity by improving the quality of care provided to minority and other underserved Medicare beneficiaries, particularly those with disparities in chronic diseases. CMS identified six high-impact priority areas based on a review of the evidence base and stakeholder input. These priorities encompass both system- and community-level approaches to achieve equity in Medicare. Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs, focuses on increasing understanding of the impact CMS programs have on health disparities and on identifying, developing and integrating proven solutions to improve their impact on vulnerable populations.

CMS created a Health Equity Technical Assistance (TA) email (HealthEquityTA@cms.hhs.gov) to support CMS programs as they integrate health equity into their programs. This TA offers guidance from health equity subject matter experts on a variety of topics including reviewing data to identify health disparities, identifying root causes of health disparities, gaining an organizational champion, building organizational capacity to address health disparities, implementing interventions, tracking success of intervention, and serves as a portal to access health equity resources. The programs that will access and utilize this TA include a subset of CMS program contractors. This subset includes the 14 Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs), 16 Hospital Improvement Innovation Networks (HIINs), 29 TCPI Practice Transformation Networks (PTNs), 215 CMMI Models (14 Comprehensive Primary Care Plus (CPC+) regions, 44 Accountable Health Communities, 146 Health Care Innovation Awards (HCIA) awardees, and 11 State Innovation Model (SIM) test awardees), totaling 274 organization that will have the opportunity to request TA.

The goal is to make this Health Equity TA available to the general public. The stakeholders themselves are not expected to fill out a form, but through interactions with the Health Equity TA mailbox and staff, Health Equity TA staff will enter relevant information into the Health Equity TA monitoring and tracking database. Staff will ask the customer for any missing information not shared through the mailbox or telephone conversations with the staff.

A. Justification

1 . Need and Legal Basis

CMS is seeking approval to collect information from stakeholders in order to help improve and refine the TA process and resources so that stakeholders are provided with the best available solutions to improve health equity within their programs. Section 5001 is to "improve access to and the delivery of health care services for all individuals, particularly low-income, underserved, uninsured, minority, health disparity, and rural populations." In monitoring the types of TA requested, this will enable additional relevant TA resources to be developed aimed at improving access to and the delivery of health care services for individuals.

2. Information Users

The information (categories noted below) will be used to identify commonly asked questions, and improve TA and resources provided by CMS OMH. The information will be collected from the requests submitted to the mailbox, telephone conversations with the customer, and any products voluntarily shared with TA staff by the customer. Staff will record relevant information obtained from mailbox correspondence or from call notes into a spreadsheet. All information collected will be related to the health equity request. We propose to use this information to describe how the health equity TA process is being used and general information on the type of TA provided. For example, we may share information among CMS and CMS-contractors to assess the utility of existing CMS resources and identify gaps and opportunities for improvements and future resources and products; we may use this information to demonstrate the reach of our technical assistance, providing general information about the number and type of technical assistance requested and provided in public reports.

The information collected will include:

- CMS program area
- Organization type
- Organization location (State)
- Target population
- Beneficiary type
- Health disparity targeted
- TA requested
- How and what TA was provided
- Resources used
- Plans and activities conducted to reduce health disparities
- Outcomes of interventions
- Challenges and barriers experienced

3. Use of Information Technology

The collection of information will occur through email and telephone during TA phone calls and email follow-ups. Information will be collected through email electronic means to the greatest extent.

- The collection does not require a respondent signature.
- This collection could not be made electronically as the information is collected through direct interactions between staff and stakeholders.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

The information collection may affect small businesses when the customer is staff of a small business. However, the burden is minimal as the information collection requires readily available information and minimal time to complete.

6. Less Frequent Collection

The information collected is necessary in order to improve and build the technical assistance program and adequately meet the needs of the stakeholders. Collecting information on TA requests and organizations information will improve the quality and focus of the TA program.

7. Special Circumstances

There are no special circumstances that would cause an information collection to be conducted in a manner meeting any of the identified circumstances.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on [OSORA will insert date].

9. Payments/Gifts to Respondents

There will be no payments or gifts to stakeholders.

10. Confidentiality

CMS does not pledge confidentiality. No PII will be collected and other information will be used exclusively for the purposes or improving the TA process and materials.

11. Sensitive Questions

The collection will not include any questions of a sensitive nature.

12. Burden Estimates (Hours & Wages)

It is anticipated that the participation time will be approximately 5 minutes per respondent to gather the information related to this request, and that collection may include up to 274 respondents annually. Although we do not expect 100% of eligible organizations to request TA each year, we have estimated the number of respondents conservatively to include the total number of 274 eligible organizations as noted above. TA recipients are likely to be program directors of health care quality organizations, hospitals, clinics, managed care organization, public health agencies, or other health care organization. We used the medical and health service managers mean hourly wage from the Bureau of Labor Statistics[1] ($53.69). We added 100% of the hourly wage to account for fringe and overhead, bringing the hourly wage to $107.38 ($53.69 + $53.69). Each respondent will incur $8.94 of costs (spent in time answering questions) to collect this information. We estimate the annual burden to be 22.8 hours across all respondents, and the total cost burden to be $2,448.26 across all respondents.

Annual Burden Estimate

Respondent will give 0.0833 hours for their response.
(274 respondents) x (0.0833 hours/response) = 22.8 hours

Annual Cost Estimate

(0.0833 hours/respondent) x ($107.38/response) = $8.94 per respondent
(22.8 hours) x ($107.38/response) = $2,448.26

13. Capital Costs

There are no capital or start-up costs associated with this data collection.

14. Cost to Federal Government

There are no estimated annual costs to the Federal government. The information collection will be conducted in the course of normal Federal duties.

15. Changes to Burden

This is a new information collection request.

16. Publication/Tabulation Dates

1 https://www.bls.gov/oes/current/oes119111.htm

Some of the information collected (eg: type of entity, type of TA requested, type of TA provided) may be shared in CMS OMH's publicly accessible reports (eg: annual report of accomplishments for *CMS Equity Plan for Improving Quality in Medicare* released each October, evaluation(s) of *CMS Equity Plan for Improving Quality in Medicare*, release TBD 2019).

17. Expiration Date

Technical assistance is provided via email or telephone depending on the request, however, all requests for technical assistance (and any related data collection) are triaged through email to the HealthEquityTA@cms.hhs.gov mailbox. Therefore, 100% of those subject to possible data collection will receive email from the TA mailbox prior to any data collection activities. CMS will include a footer on all outgoing email with the following text to ensure that respondents are aware of the expiration date, OMB control number, and PRA disclosure statement as a part of their initial and ongoing communication with the Technical Assistance team.

HealthEquityTA@cms.hhs.gov mailbox footer text

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-XXXX (Expires XX/XX/XXXX)**. The time required to complete this information collection is estimated to average **5 minut**es 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.**

18. Certification Statement

There are no exceptions to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.