

## 2024 CMS Health Equity Conference Call for Proposals Webinar

January 18, 2024

**Hallie Averbach (Ketchum):** Hello, and welcome to today's Health Equity Conference Call for Proposals webinar. We want to thank you for your interest in submitting a proposal for the upcoming CMS Health Equity Conference. Today, we look forward to diving a little bit deeper into the overall Call for Proposals process. We hope this presentation is informative and look forward to answering your questions.

Before we begin, we just wanted to cover a few housekeeping items. During this webinar, participants will be muted, and cameras will be turned off, except for those speaking. The chat function is disabled, but please enter any questions into the Q&A window, and we will answer as many as time allows during the Q&A portion of the webinar. Questions will be answered verbally or within the Q&A. Please monitor your question carefully for how it will be answered and for the response. A recording of this webinar, the slides, and an FAQ document will be posted to the conference website in the coming days.

I will now turn it over to Iris Allen from CMS. Iris?

**Iris Allen (CMS OMH):** Thanks, Hallie.

We know you likely have a lot of questions about the proposal submission process, so thank you all for joining us today.

Here are the topics we will be covering: an overview of the Health Equity Conference, key dates you should be aware of, and we will also provide a refresher on CMS's Framework for Health Equity and the CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities, given your proposals will need to align to one or more of the priority areas. We will then go over how you can submit a proposal and review how the proposals will be reviewed. We will end with ample time for questions and answers.

Next slide.

The CMS Health Equity Conference will be May 29–30, 2024, at the Hyatt Regency in Bethesda, Maryland. The conference's audience will include leaders in health equity from federal agencies, health provider organizations, academia, community-based organizations, and others. This year, we are expecting about 700 in-person participants along with virtual attendees. Currently, CMS is unfortunately unable to cover travel costs for presenters.

Please note that submitting a proposal does not automatically register you or guarantee registration for the conference. However, if your proposal is selected to be presented at the conference, you will be able to register for the conference before general registration begins. If your proposal is not selected, you will need to register during the general registration period, which will open in mid-March.

Next slide.

For this year's Call for Proposals, we are looking for proposals from a diverse group of perspectives. That includes federal agencies, health provider organizations, academics, community-based organizations, and individuals with lived experiences. We have expanded the types of proposals we are accepting in order to accommodate and encourage a diverse group of voices.

Similar to last year, all proposals must align to one or more priorities in the CMS Framework for Health Equity or the CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities. The addition of the rural framework is new for 2024. Further, all proposals must clearly connect to a CMS program or policy and, whenever possible, should focus on populations served by CMS programs.

The deadline to submit proposals is February 9, 2024, at 5:00 p.m. Eastern Time. Early submissions are encouraged to allow our review committee members sufficient time to review

all of the proposals. Everyone who submits a proposal will be notified of the decision by March 8, 2024.

Next slide.

Here we will provide an overview of our framework priorities and potential proposal topics. These examples are meant to give you a sense of the types of proposals that align under each priority but is not at all means a comprehensive list, and you should use your discretion in determining which priority your proposal aligns to.

So let us begin.

Priority one: expanding the collection, reporting, and analysis of standardized data. Proposal type of examples include innovations in self-reported patient data in underserved communities; data standardization for social determinants of health; data platforms that facilitate improved whole-person care; social determinants of health data exchange for chronic disease prevention initiatives; data strengthening partnerships between public health, healthcare delivery, and behavioral health; and community to clinical linkages.

Priority two: assessing causes of disparities in CMS programs and inequities in policies. Examples include proposals related to CMS's programs and initiatives, models and demonstrations related to social risk factors, payment and value-based purchasing programs, and rural access to care.

Priority three: building capacity of healthcare organizations and the workforce to reduce health disparities. Examples include projects that explore the expansions of providers participating in value-based care, projects that address specialist care integration (behavioral, clinical, social), recruiting and retaining caregivers proficient in Medicaid threshold languages, building a more diverse behavioral health workforce, innovative partnerships with community colleges and other workforce pipelines.

Priority four: advancing language access, health literacy, and provision of culturally tailored services. Examples include innovations or best practices in culturally competent health communications, ensuring access for migrant and newly arrived immigrants, outcome data related to improvements in the provision of culturally competent care, projects focused on navigators and other community-based access and coverage partnerships.

Priority five: increasing all forms of accessibility to healthcare services and coverage. Examples include partnering with disability rights organizations to improve care, innovations in clinical community connections to facilitate access to care, enforcement of health care-related accessibility requirements, data collection and accessibility requirements.

Research should have a project with a clear link to improving the health status of individuals served by CMS programs, such as members of racial and ethnic communities; people with disabilities; members of the LGBTQ+ community; individuals with limited English proficiency; members of rural communities, Tribal nations, or geographically isolated areas; or persons otherwise adversely affected by persistent poverty or inequality.

Next slide.

Additionally, we wanted to run through the six priorities of our rural health framework.

More than 61 million Americans live in rural areas, including rural, Tribal, frontier, and geographically isolated territories. These Americans face several unique challenges in health care that can differ dramatically among the different kinds of rural areas across the country. As a result, CMS expanded the submission requirements to include the priority areas from the Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities. And I would like to note, when we say geographically isolated communities, it is inclusive of frontier or remote communities, as well as the U.S. territories and other island communities.

So priority one: applying a community-informed geographic lens to CMS programs and policies. Examples include projects that examine the impacts of new and existing CMS policies and initiatives on rural, Tribal, and geographically isolated communities to remove systemic barriers to accessing high-quality health care.

Priority two: increase collection and use of standardized data to improve health care for rural, Tribal, and geographically isolated communities. CMS will apply a geographic lens across the agency's efforts to increase collection and use of standardized data related specifically to rural, Tribal, and geographically isolated communities. Examples could be projects or initiatives that improve collection of standardized data to better understand and address the root causes of health disparities in rural, Tribal, and geographically isolated communities.

Priority three: strengthen and support health care professionals in rural, Tribal, and geographically isolated communities. Proposals in this area could include a focus on CMS funding and reimbursement levers that promote rural-plus providers or resources and trainings that aid rural-plus populations to deliver culturally tailored whole-person care. Another example would be proposals that focus on shortages and specialties.

Priority four: optimize medical and communication technology for rural, Tribal, and geographically isolated communities. Proposals here could examine telehealth and health information technology.

Priority five: expand access to comprehensive health care coverage, benefits, and services and supports for individuals in rural, Tribal, and geographically isolated communities. Programs that address rural-plus populations and long-term services and supports for people with disabilities and/or elderly.

Priority six: drive innovation and value-based care in rural, Tribal, and geographically isolated communities. An example could be a proposal that examines disaster preparedness or public health emergencies by states in rural, Tribal, and geographically isolated communities, or

proposals that look at CMS innovation models within rural, Tribal, and geographically isolated communities.

I will now turn it back over to Hallie to discuss some of the logistics for the Call for Proposals.

**Hallie Averbach (Ketchum):** Thanks, Iris.

As noted, the call for proposals opened on January 8 and closes on February 9. Everyone who submitted a proposal will be notified of selection status by March 8, and general registration for the conference will open later in March.

Proposals are now being accepted at [cmshealthequityconference@cms.hhs.gov](mailto:cmshealthequityconference@cms.hhs.gov), and they must make a connection to the Framework for Health Equity or Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities.

There are four types of proposals accepted, including lightning talks, panels, single presentations, and posters. You will be instructed to identify one of the specific focus areas for your submission. This is different from last year, where you could select multiple options. Additionally, as previously noted, we are accepting proposals that focus on the CMS Framework for Health Equity and the Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities this year.

And then here is just more information on the types of proposals you can submit.

So first up, we have lightning talks, which are a seven-minute presentation. They will not include slides or Q&A. We are also allowing up to two people for each lightning talk.

Next, we have panels, which will be a 60-minute presentation that will include slides followed by 30 minutes of Q&A. For the panels, we will allow up to four panelists from two to four organizations. For panels, we highly recommend partnering with community-based organizations for a complete perspective or lived experience on these panels.

Additionally, we will accept single presentation proposals, which are a 15-minute presentation including slides. These presentations will include one to two members from the same organization convening on a single topic. For the single presentations, we will be grouping together four single presentation proposals into one larger session under a related theme. All the speakers in these sessions will do a joint Q&A for 30 minutes at the end of the session.

Finally, we will have a poster hall again, and you can submit posters for the poster hall, and the posters will be on display throughout the duration of the conference.

**Iris Allen (CMS OMH):** So now, I would like to go over the proposal review submission criteria. Proposal submissions will be reviewed by an appointed review team of CMS staff and subject matter experts and scored on the following criteria.

So I'd like for everyone to listen in—this is important stuff here.

So we want to make sure that the proposal falls into the self-designated CMS priority area and makes a clear connection between the work and the priority area.

The proposal should also clearly pertain to one of the target populations served by CMS programs.

The proposal clearly connects to a CMS program or policy. Please note that reviewers will not make assumptions about this connection and that simply listing CMS programs or policies is not sufficient. If a clear connection is not made, the proposal will be disqualified from consideration.

Another element that we look at? The authors have a demonstrated knowledge of the subject.

In addition, the authors clearly articulate a health equity challenge or opportunity to be addressed.

The proposal shows at least one measurable impact or opportunity for improving health equity within the stated target population.

The reviewer finishes reading the proposal with a clear understanding of what the presenter intends to tell the audience. That's a key element right there. We want to be able, after reading the submission, to be able to say in our mind, "This proposal is going to address this priority area. It connects with our programs. It connects with our targeted—our focus populations. And we see an opportunity." We see, you know, our theme being addressed: sustaining health equity through action.

And so, we don't want the reviewers to have to assume. We want it to come through and be very clearly outlined for the reviewer so that there is no confusion.

Next slide.

How to submit a proposal. Submit proposals via e-mail to [cmshealthequityconference@cms.hhs.gov](mailto:cmshealthequityconference@cms.hhs.gov)—and a link will be provided in the chat—on or before February 9, 2024. Remember, that's at 5:00 p.m.

Submissions must include contact information—the contact information is how you will be notified of acceptance; the session information, which would outline the session title, the preferred presentation format, and the short description of what you intend to share with the audience; and presenter information—name, e-mail address, title, credentials, and affiliations.

Authors will receive a confirmation response by e-mail, and authors will be notified of acceptance to present by March 8.

Unfortunately, due to the nature of the conference, presenters are requested to attend the conference in person.



Next slide.

And we also wanted to outline for you, here's an example of an e-mail submission.

Please note that due to a large number of submissions, CMS cannot provide proposal-specific feedback on decisions.

Next slide.

Here we have outlined some examples of types of proposals you can submit: a general presentation, case study, best practice discussion, research abstract, community perspective, policy insight, and lived experience.

Please note this is just a short list of examples. Other types of proposals may be accepted outside of this list.

However, we cannot accept proposals that are overly commercial and promotional in nature, with an underlying political agenda or found to have clear conflicts of interest, or with plagiarized research or proposals with clear substantive errors. And we also cannot accept late submissions. We appreciate the interest, and because of the great interest in the conference and sharing your work, we can't accept late submissions.

I'll now turn it back over to Hallie.

**Hallie Averbach (Ketchum):** Thanks, Iris.

We will now begin the Q&A portion of the webinar. Please type your question into the Q&A window at the bottom of your screen. We will answer the questions that are most widely applicable to attendees.

So to start it off, we do have a few questions in the chat. The first question is: are you expecting many health plans in attendance at the Health Equity Conference?

**Ashley Peddicord-Austin (CMS OMH):** Hi, everyone. My name is Ashley Peddicord-Austin. I'm one of the CMS OMH staff here. We have a couple of us on the panel today. I'm joined by Brian and Sherry and Jessica, as well as, of course, Iris, and Hallie with our Ketchum team, so we will kind of all take turns answering the questions here. So I'll start us.

We definitely are expecting health plans. CMS, of course, being a health plan itself, we expect both those who are participating in the Marketplace, Medicare Advantage and other private Medicare plan companies, as well as Marketplace or Medicaid, MAOs, et cetera. Obviously, those will all be in attendance, and many of them, of course, would offer insurance that CMS does not participate with. So there is kind of a broad draw there, but certainly health plans would be among the audience.

It's a fairly broad audience. I think last year we found that there was plans, providers, quality folks, as well as some community organizations, academia—so there was certainly a broad audience.

When you're thinking about your proposal, you can kind of think about it in that way as well. It wouldn't be something that would be just for federal employees or just for a Medicare system. But it is really, truly a pretty broad audience and broad in terms of CMS policies and programs.

**Hallie Averbach (Ketchum):** Thanks, Ashley.

The next question we have is: are you accepting proposals from for-profit organizations? For example, consulting firms that have utilized data to identify areas for providers to improve health equity for their service area?

**Ashley Peddicord-Austin (CMS OMH):** Yeah, so I'll ask folks to help me scroll through some of the questions that we got in as I go. But we got this question in several different iterations, so

I'll kind of answer broadly, but if folks want to chime in just to give more examples, please feel free.

But, yes, you can absolutely submit a proposal to us. We will accept proposals from really any type of organization. It can be a private company, it can be a consulting firm, and others as long as—and this is important—it is clear that (particularly if you are for-profit) that your proposal is not something that is commercial or promoting your company in nature and something that is truly like community work that you've been doing or a disparity that you found and identified and reduced. And we are looking for things that would be able to broaden and be used and appreciated by others, but not necessarily looking to boost the company profile or something. So just be mindful of that in submitting the proposal.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: are there any priorities or proposal topics that CMS has an interest in highlighting?

**Ashley Peddicord-Austin (CMS OMH):** Iris, do you want to help fill in with this one? Because I feel like you covered some of this in your piece here, and maybe we can, if we're able, we can kind of scroll back to slides—mostly slides five and six. Five, six, and seven, I think, cover this the most, if you're flipping through slides as well. But Iris, why don't you go ahead and refresh us?

**Iris Allen (CMS OMH):** Sure. So I would say we are open to all of the priority areas, but again, one new thing that we did this year was the rural, Tribal, and geographically isolated framework. We wanted to be inclusive of that, as well, because both of those frameworks go hand-in-hand, but the rural, Tribal, and geographically isolated communities—that puts a special lens and focus on the unique challenges that those communities face, and so that is a new element for 2024.

We are looking for, oftentimes, community-based organizations. We want you all to feel inclusivity, that this is not just a heavy research focus. We want to hear that lived experience. We want community-based organizations to feel welcome. We want navigators.

And this is when you can get into partnering, when you submit your type of proposal in partnering and creating a session that would be inclusive of those voices with the work that you do. A lot of times with our health equity work, we are very collaborative in nature. I know that many of you all know and understand that. So reaching out to colleagues that you work with as you put your health equity work into action. Those are the types of things that we encourage, but all the priorities we want to see equally represented, as well as the new rural, Tribal, and geographically isolated communities—priorities from those frameworks as well.

**Hallie Averbach (Ketchum):** Thank you.

So our next question is just to do another quick recap of priority area one, specifically how it's related to standardizing data. Iris, would you be able to quickly recap that again?

**Ashley Peddicord-Austin (CMS OMH):** Hallie, if you're able to scroll to slide 19, that one will help as well.

**Iris Allen (CMS OMH):** Thank you.

**Ashley Peddicord-Austin (CMS OMH):** Yes, folks.

There it is.

**Iris Allen (CMS OMH):** Yes, so this clearly outlines examples.

So expanding the collection, reporting, and analysis of standardized data.

Data is a very important element in what we do when we are talking about health equity—the collection of the data, so that we know who we're helping, so that we know how that help is being received and is it making impacts.

And so, here on this slide, we provide some examples: innovations in self-reported patient data in underserved communities; data standardization for social determinants of health; data platforms that facilitate improved whole-person care; social determinants of health data exchange for chronic disease prevention initiatives; data strengthening partnerships between public health, health care delivery and behavioral health; and community to clinical linkages.

They're all examples—that is not an exhaustive list—but those are some examples that we thought could fall under that priority.

**Ashley Peddicord-Austin (CMS OMH):** Obviously, this priority area is one that calls a lot of attention for the conference, and is probably the thing we hear about the most in our office is health equity data and the collection and improving that work.

There is also a paper and blog that was put out that gets into a little bit more detail about what our office has done in this area and what CMS has done that may be of use to you. I'll put it in the chat, but it kind of goes into a lot more detail. So I'll put that in the chat right now in case it's useful. It's certainly not something that you would necessarily need to read to do, but if data is where your focus is and you want a little bit more guidance about where CMS has been, this could be of use.

**Hallie Averbach (Ketchum):** Our next question is: can you submit more than one proposal?

**Ashley Peddicord-Austin (CMS OMH):** All right, so I'll take that question.

Yes, that is fine for either an individual or an organization level. We saw that last year. We've come to expect that some organizations or people might submit more than one proposal.

Or the similar question that came up was if you can submit something as a proposal and also a poster. And, yes, that is fine as well. We expect to see that.

I will caveat that to say you may wish to work within your organization or work with whoever you're partnering with, if anyone, to try and come up with the strongest proposal possible that you can. Coordinating with others in your organization or with colleagues that work in other places or other parts of the community can help strengthen your proposal.

So if you feel that you have two very separate, very strong proposals that you want to submit, that is perfectly fine. If you have something that perhaps could satisfy a lightning round or a poster, that is also fine. Those are just examples.

But do try and make each proposal as strong as possible because it is not as likely that you would be picked twice. So we do try and balance that we hear from different organizations and that we're hearing from different types of organizations. So as you can imagine, it wouldn't be likely—an organization or a person who submitted multiple wouldn't be picked multiple times, necessarily, so do work from your strongest platform.

**Hallie Averbach (Ketchum):** Thank you.

The next question is kind of related. If you submit a proposal for a presentation and the submission is not accepted, will the proposal be considered for a poster?

**Ashley Peddicord-Austin (CMS OMH):** So I feel like there's a possibility of that, but your best chance would be to mark that poster submission as well, so if you want something to be a poster, please indicate that.

Because one of the questions we got in was: how many posters will we have? And there's room for roughly 30 in the hall. If we have extra space and we are able to open that up to people who submitted but weren't chosen for sessions, then we can. Some people will be interested, others will not.

But it may very well be that we've gotten so many poster submissions that we aren't able to do that. So you know, obviously, we have a space limit when it comes to the actual physical poster space.

And then just off the wall, not related to that question, we are hoping to put the posters on the virtual platform as well. So it's not just the physical space, but there is, of course, a limitation for those attending in person. We can only fit so many. We will also have them offered online, but there is a limit.

So all of that to say, I would encourage you to go ahead and indicate both.

**Hallie Averbach (Ketchum):** Thank you.

The next question is a combination of a couple of questions we got in the chat. Is there a template for proposals, and is there a preferred preference if a proposal is submitted in the body of an e-mail or as an attachment?

**Iris Allen (CMS OMH):** So I can take this.

I think for us, the most important element is to make sure that the criteria is all present. And so if you go back to that slide where we show an example of a submission—yes.

So making sure the contact information is there. You clearly outline the session information, the type of proposal, and in your proposal you're linking to the CMS priority area within one of the frameworks. You're identifying the CMS policy/program as well as population. Those are the key elements.

If you do that in the body of the e-mail and all of those elements are present, yes, that is still counted as a submission. If you decide to put that in a Word document and attach it to the e-mail, that is considered a submission.

So I think for us—are the elements that we are requesting clearly there and outlined? That is what we are looking for in a submission.

Ashley, do you have anything else?

**Ashley Peddicord-Austin (CMS OMH):** I would actually encourage you to keep it in the body of an e-mail, simply because, as federal employees, we are very trained not to click on attachments and sometimes our computers don't like them. In fact, they automatically filter it for us.

So I would encourage you to put it in the body. We don't typically have issues getting attachments, and we are expecting to get e-mail from people that we don't know, obviously. But it seems safest and easiest just to put it in the body, and that's perfectly fine.

**Iris Allen (CMS OMH):** Valid point. I don't want something going to junk because of an attachment. So, yes, great point, Ashley.

**Hallie Averbach (Ketchum):** >> All right. Thank you for those thorough answers.

Our next question is asking if presenters can be 100% virtual.

**Ashley Peddicord-Austin (CMS OMH):** So the conference itself will have a virtual option for hearing and participating and viewing everything, but we are asking all presenters to come in person.

And we know that has trouble and expenses and plans that you would have to be able to make and approve, and we understand that that can be difficult, especially for folks who aren't in the Maryland/DC area. But at this point, that is how we are trying to do the conference, just mostly as a technical thing to make sure that everyone can hear and see and have a good experience when a person is presenting. So we are asking presenters to come in person.



**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: will there be an exhibit hall for vendors?

**Ashley Peddicord-Austin (CMS OMH):** Did anybody else want to take this one or you want me to go? Okay.

So there's a couple of different pieces to this, right? So we have the speaker portion, we have the poster portion, and we are going to have an exhibit hall, but it will be limited not to vendors and commercial types. So it'll actually be a chance for some of our federal colleagues to come and talk about their programs and things.

So last year, as an example, we had, of course, from folks from across HHS—SAMHSA, ACL, others—but then we also had HUD and USDA, so we hope to be able to do that again this year.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: is CMS open to global health data use cases that align with one of the priorities?

**Ashley Peddicord-Austin (CMS OMH):** That's a maybe.

So Iris had spoken earlier to the priority areas and also making sure that it's connected to a CMS program or policy. So I will tell you, last year in reviewing, that was not always made clear, even for domestic work. So if you're talking about a global piece, you really need to make that connection to CMS clear. It's got to have something with Medicare, Medicaid, Marketplace.

You know, CMS spans everything, right? If it touches a hospital, it's probably touching CMS, but you need to make that clear, and that goes for all proposals.

When it comes to a global one, I feel like that's going to get tricky. I'm not saying that you would be disqualified automatically, but you're going to need to make that very clear—what that connection is.

**Hallie Averbach (Ketchum):** Thank you.

The next question is: how many proposals will be accepted per submission category? I heard about 30 posters and wanted to confirm.

**Ashley Peddicord-Austin (CMS OMH):** Repeat that again for me, Hallie.

How many per category?

**Hallie Averbach (Ketchum):** Yes.

**Ashley Peddicord-Austin (CMS OMH):** Oh, gosh, Hallie, I might put that back to you.

Do we know that yet? For breakout sessions, we are looking at, is it 20?

**Hallie Averbach (Ketchum):** We don't have an exact number of proposals that will be accepted yet, as it will depend on how many of each are submitted and accepted and how it fits into the agenda.

But, yeah, it will be about 16 to 20 breakout sessions.

**Ashley Peddicord-Austin (CMS OMH):** Yeah.

And last year, we didn't do this type of allowing folks to choose a proposal type, so we don't have—this will be our first year for numbers to go off of.

We had a lot of submissions last year, and we were able to piece them into panels, but it didn't allow a lot of time for people to talk. So that's what we're trying to avoid this year, is that folks who have a small piece you can submit for a lightning talk or just a single presentation, and then those who do have a full panel that could take up an entire breakout session, you have that option to try for that.

So we expect to have probably 20 breakout sessions, but obviously a lightning talk will fit many into a single session. A single panel, we would fit three to four into a single session. Or a single presentation, we would fit three to four into a breakout session. Versus a panel, of course, there's going to be fewer of those chosen just because only one per person can go at a time in each room.

So we don't have a set number, but we do our best to maximize as much as we can within the day.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: are proposals that encompass preliminary studies or analyses and early stages of evaluation welcomed?

**Iris Allen (CMS OMH):** So I will take this one.

I believe yes. I think that that is a great way to connect with others in the field of health equity, working on similar things and get insight. You know, research, sometimes it takes years for you to get those results in and you might be at the early stages, but it is something worth sharing, worth highlighting. And maybe your purpose is to get some feedback from the expertise that could possibly be in the room or to get other insights from others that are there.

So we do encourage preliminary studies and early stages of evaluation after a study has been conducted and you're just starting to analyze data or get your feedback in and going through

that to see what your next action steps would be. That is acceptable as long as you can make those connections that we outlined as a part of the proposal submission.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: are visuals acceptable, or how could they be included in a proposal if you can't attach documents?

**Ashley Peddicord-Austin (CMS OMH):** You can certainly try to send the attachment. It might work just fine. But perhaps indicate what you're attaching just in case.

We do plan to confirm receipt on proposals. If they come in early, we're doing that as we get them. If you send it at the very last day, we will try to confirm that the attachment came through.

But that is another way that you'll just know for sure.

**Hallie Averbach (Ketchum):** Thank you.

The next question is: are we able to submit a proposal that addresses multiple priority areas?

**Iris Allen (CMS OMH):** I think that I said that I would take that.

Yes, you can address multiple priority areas. However, the only caution I would say is sometimes a simpler approach makes certain that you are specifically addressing all of the elements and making all the connections that we're requesting in the proposal.

So definitely, if you have something that covers a lot of territory, that is great, and we are not limiting the priority areas that your proposal addresses. But just a word of caution, making sure that you're making all of the connections, it becomes a bit more the more priority areas you say that you are addressing.

So just keep that in mind, finding that good balance between “we are addressing these priority areas” and then making the connections back to CMS program/policy populations.

**Hallie Averbach (Ketchum):** Thanks.

The next question we have is: can you clarify if you can select multiple presentation options? It was stated earlier that only one submission method can be selected, but it was also said that we could select multiple.

**Ashley Peddicord-Austin (CMS OMH):** Oh, yes, I think the idea was only—maybe the confusion was that I had said we would only select probably one proposal per organization as presenting in the conference.

But if you wanted to, we are okay with the idea of you submitting for a poster and a single presentation, or a poster and a lightning talk. So, yes, that would be fine.

**Hallie Averbach (Ketchum):** Great.

The next question we have is: do you have to confirm who would be on your panel before submission?

**Ashley Peddicord-Austin (CMS OMH):** Sorry, my internet's clicking out.

I would encourage you to try to do so, because if we select you, we are kind of expecting that panel to come through, understanding that sometimes names may change or the actual presenter's name, in particular, may change. But I would encourage you to try to do so.

I will speak from last year. There was a CMS colleague of ours who was listed on probably six different proposals, and she was not approached about any of them. So I would discourage that.

It is best to have an established relationship with the person—somebody that you have worked with enough that you can submit this, if not jointly, at least with their agreement that they or somebody or a colleague of theirs would speak to it. I think that probably would be best.

And if the name changes, the name changes, people's positions change or their schedules change. We understand that. But I would encourage you to have a panel that you feel confident about.

**Hallie Averbach (Ketchum):** Thank you.

The next question is asking if you can speak more about what is considered demonstrated expertise in the field.

**Iris Allen (CMS OMH):** A lot of times when people hear expertise, they align that with some kind of degree or certificate, and that is not what we are saying.

We're saying that it should be clear that any terminology that you are using in your proposal and write up, it's clear that you are in understanding of what that means.

And another element is that we want to hear the voice of those with lived experience. We want to welcome in community-based organizations that are day-to-day interacting one-on-one with some of the populations that CMS serves.

And that makes you an expert. You're doing this work. You are putting health equity in action on a day-to-day basis. And that is your expertise in the field. So I don't want that to be translated as you need some kind of letters behind your name or degree, but it is in the work that you do day-to-day and making sure that translates clearly in the proposal that you submit.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: for the panel, would one group populate the entire session, or would it be a combination of different groups?

**Iris Allen (CMS OMH):** If I'm not mistaken, for the panel, I believe on one of the slides, I'm not 100 percent sure, we did talk about—let me just minimize this for a minute.

So it features up to four presenters from two to four organizations.

We want the panels to have—you might be working on the same topic, but we want different lens, different viewpoints expressed on the panel. So I think that's where the two to four organizations come in and the encouragement to partner with community-based organizations, as well, to help populate your panels.

**Hallie Averbach (Ketchum):** Thank you.

The next question we have is: do you need to submit a proposal to participate in the conference?

**Ashley Peddicord-Austin (CMS OMH):** So I guess that depends what you mean by participate.

If you mean speaking or having a poster, then yes. If you mean attending, then no, you certainly do not have to submit anything.

Last year, we did have a wait list for our registration for attendance. It filled up very quickly, which we are excited for, but this year we were able to get a bigger venue, and we opted for online registration as well, so we don't anticipate that to be an issue this year.

So therefore, if you just simply want to attend, absorb, hear everything, then you do not need to submit a proposal to do that, but if you're looking to speak, then, yes, you would.

**Hallie Averbach (Ketchum):** Thank you.

The next question is a specific example.

Someone in an urban area can experience inequity in health care, such as older patients. Can proposals address inequities in multicultural urban areas?

**Ashley Peddicord-Austin (CMS OMH):** Yeah, absolutely.

I think that's certainly one that we would expect to see quite a bit of. Lots of urban areas, rural areas, but really anything in between as well.

Absolutely.

**Hallie Averbach (Ketchum):** Great.

The next question is: can you please explain what you mean by CMS policy or program?

**Ashley Peddicord-Austin (CMS OMH):** Yes, so I actually saw a couple of questions about what all this includes. So I'll speak to a little bit, but I would love for my colleagues to chime in with what I forget.

So some of these are really easy to think about. The M's in "CMS": Medicare, Marketplace, Medicaid, CHIP.

So if you touch any of those programs, be it helping someone apply for insurance as a supplemental health plan, as a provider for somebody who has that type of insurance, obviously that's an easy connection. Make that connection in your proposal.

There might be other types of connections to a CMS program or policy that are more nuanced, such as the Innovation Center has several waivers and pilots and programs that maybe you are a



part of or maybe your patients are a part of. That would certainly be another example of what you could do.

Let's see. A lot of the Medicaid demonstrations. Perhaps it's only one state that got an 1115 waiver and your organization did work that connected to that particular waiver. That's a connection to CMS.

If you are a MAC, a QIO, all these letters—Medicare Administrative Contractor, Quality Improvement Organization—all of those are connections to CMS programs.

I think I saw somewhere about home and community-based service waivers. That is a CMS connection.

There are many. If you aren't real sure, please feel free to send us a question via the e-mail if you need to ask for you in particular. But if you aren't real sure, you can also go to CMS.gov and kind of peruse the—not to tell you to read the entire website. That would take you all month. But if you peruse the titles, the headers, that will also give you an idea of—something might click automatically to help you know where to go.

Obviously, the framework that is being displayed on the screen, you can kind of flip through it a little bit, can help as well. So the framework will narrow that down for you to think through different parts of health equity. And if you aren't sure, if you say, well, I know that I'm priority area—for example, it's on the screen—five, but I'm not sure what my CMS connection is, check out the framework. Just skip over to priority five and kind of skim through it, and that connection might be made for you.

Iris or Brian or Jessica, anybody, something that I left out, feel free.

**Iris Allen (CMS OMH):** No, I think you captured it.

There are also cross-cutting initiatives. That is something you could search to on the CMS website. You know, maternal health is one of those. Rural health is one of those as well. Those are initiatives that CMS is very invested in.

So while that isn't a program, because we are invested in those initiatives, we are addressing those initiatives throughout our programs as well. That's another way to look at programs and policies within CMS as well.

**Hallie Averbach (Ketchum):** Thank you.

And there are a lot of questions in the chat asking about examples for each of the priority areas. As a reminder, the slides will be posted in the coming days, and the Call for Proposals website does have some information on the priority areas and some examples on the priority areas. So please check out the website if you have more questions about those examples.

Seeing that we're coming up to the end of the webinar, we did just have a couple other general questions.

One is about accessibility, and it is asking if CMS is planning to offer accessible services for speakers, requiring an ASL interpreter, or other similar services.

**Ashley Peddicord-Austin (CMS OMH):** Yep, great question.

So first, we will have ASL, American Sign Language, interpretation for all of the full plenary sessions. So that's anything where everyone is on the same session for those really big ones.

For the breakout sessions, if anyone attending or speaking requests ASL, we will be able to provide that service. So we have, as part of the CMS contracting world, we have ASL interpreters that we can ask. As long as we know ahead of time, they're going to be there that day, but we have to make sure we have the right number that are present. So we will be able to

do—if you need that for your session, please feel free to indicate that in your proposal. That won't count towards your word limit.

And then, of course, on the registration page, we'll be going through ASL as well as several other accessibility questions if anybody needs ASL or another need there will be a place to indicate that.

**Hallie Averbach (Ketchum):** Thank you.

And then we just had a couple of other quick questions.

One is: how far away would you consider someone as isolated (50 miles, 75 miles, et cetera) from a city?

**Iris Allen (CMS OMH):** And my approach to answering that question would be—I just pulled up the Rural, Tribal, and Geographically Isolated Framework.

I would say to read the intro and how we define it there, but it is not as strict as I know some federal agencies define those areas. We have not categorized it as a certain distance or locale criteria.

So I would say use the framework and how it's defined there, but to my knowledge, we are not making it as specific as so many miles from a populated area.

**Hallie Averbach (Ketchum):** Thank you.

And seeing that we are just about at time, I'm going to go ahead and say that that concludes our Q&A portion of today's presentation.

So I will now turn it back over to Iris Allen from CMS to close us out.

**Iris Allen (CMS OMH):** Here I thought I was finished.

So our last slide is a contact slide.

If we can go back, there we go.

For more information, you can visit our conference website at the link listed there. And when these are posted, you will be able to touch the link and be directed there.

We look forward to receiving your proposals and are excited to see you at the conference.

And thank you. Thank you for your interest and taking the time to hear us today, and we look forward to reviewing all this great work that you're doing.

Thank you.