

Technical Expert Panel Nomination Form

Project Title:

Development of Medicare Spending Per Beneficiary (MSPB) measures for Post-Acute Care (PAC) Providers, including Skilled Nursing Facilities (SNFs), Inpatient Rehabilitation Facilities (IRFs), Long-Term Care Hospitals (LTCHs), and Home Health Agencies (HHAs)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with RTI International, Abt Associates, and Acumen, LLC to develop resource use measures, including total estimated Medicare spending per beneficiary for post-acute care, to meet the mandate of the Improving Post-Acute Care Transformation Act of 2014 (known as the IMPACT Act). This work is being performed under the following contracts: *Development and Maintenance of Symptom Management Measures* (HHSM-500-2013-13015I; Task Order HHSM-500-T0001); *Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance* (HHSM-500-2013-13001I; Task Order HHSM-500-T0002); and *Calculating Episode-Based Costs from the Medicare Episode Grouper for Physician Feedback* contract (HHSM-500-2011-00012I; Task Order HHSM-500-T0008).

As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractors during measure development and maintenance.

Project Objectives:

- ◆ Construct resource use measures for PAC episodes of care by defining: length of the episode window, services eligible for grouping to episodes, and method of summarizing resource use across each provider's episodes.
- ◆ Consider what risk adjustment approach appropriately accounts for the role of case-mix variation and other factors unrelated to providers' care decisions.
- ◆ Obtain setting-specific input on MSPB-PAC measures' application and implementation.

TEP Expected Time Commitment:

- ◆ The Technical Expert Panel is expected to meet for a day and a half, in-person meeting in Baltimore, MD, in late October 2015 to discuss the MSPB-PAC measures for SNF, IRF, LTCH, and HHA.
- ◆ Follow-up input may be sought from the TEP via email or webinar, as needed, after the in-person meeting.

TEP Requirements:

We are seeking a Technical Expert Panel of approximately 10-12 individuals with the following perspectives and areas of expertise:

- ◆ Setting expertise: post-acute care (SNF, IRF, LTCH, HHA)
- ◆ Resource use and efficiency measurement
- ◆ Post-acute care payment policy
- ◆ Value-based purchasing and quality improvement
- ◆ Consumer/patient/family perspective
- ◆ Health care delivery perspective
- ◆ Research methodology, including risk adjustment

Instructions:

Applicants/nominees must submit the following documents with this completed and signed form:

- ◆ A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the expertise described above and involvement in measure development.
- ◆ *Curriculum vitae* or a summary of relevant experience (including publications) in a maximum of 10 pages (Patient participants may elect to keep their names confidential in public documents.).
- ◆ Disclosure of any current and past activities that may indicate a conflict of interest. As contractors for CMS, RTI International, Abt Associates, and Acumen, LLC must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*
- ◆ Send the completed and signed TEP Nomination form, statement of interest, and CV to RTI International with “Nomination” in the subject line to abriggs@rti.org. Due by close of business October 2nd, 2015.

Potential TEP members must be aware that participation on the Technical Expert Panel is voluntary. Individuals wishing to participate on the TEP should understand that their input will be audio-recorded for the purpose of informing accurate meeting minutes and any TEP-associated deliverables under RTI’s contract with CMS. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by his or her own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by RTI International.

*All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, the disclosure requirement is not intended to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure contractors, other TEP members, and CMS about the source of TEP members’ perspectives and how they might affect discussions or recommendations.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

- ◆ Name, Credentials, Professional Role:
- ◆ Organizational Affiliation, City, State:
- ◆ Contact Information (mailing address, telephone, email):

Person Recommending the Nominee:

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that he or she is agreeable to serving on the TEP. The measure contractor will request the required information from the nominee.

- ◆ Name, Credentials, Professional Role:
- ◆ Organizational Affiliation, City, State:
- ◆ Contact Information (mailing address, telephone, email):

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

Applicant/Nominee's Disclosure:

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This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As measure developers for the Centers for Medicare & Medicaid Services (CMS), RTI International, Abt Associates, and Acumen LLC must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

- ◆ Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? Yes/No.

If yes, please describe (grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

- ◆ Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? Yes/No.

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement:

- ◆ If at any time during my service as a member of this TEP my conflict of interest status changes, I will notify the measure contractor and the TEP chair.
- ◆ It is anticipated that there will be one in-person TEP meeting in October 2015. In addition,

measure developers may seek follow-up input via email or webinar, as needed, after the in-person meeting. I am able to commit to attending the TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.

- ◆ If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum), I will be available to discuss the measures with the organization or its representatives and work with the measure contractors to make revisions to the measures, if necessary.
- ◆ I understand that my participation on the Technical Expert Panel is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.
- ◆ If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____ Date: _____

For patient participants only: I wish to keep my name confidential. Yes/No.