

Technical Expert Panel Nomination Form

Project Title: Technical Expert Panel (TEP) for the Scoring Methodology for the Expansion of the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Note to Applicant/Nominee: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.

Instructions:

Applicants/nominees must submit these documents **with this completed and signed form:**

1. A letter of interest (not to exceed 2 pages) highlighting experience/knowledge relevant to the TEP objectives.
 - There is no expectation that consumer/patient/family (caregiver) applicants/nominees have experience in scoring methodology. These applicants can describe their interest in the topic.
2. A curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
 - There is no requirement for consumer/patient/family (caregiver) applicants/nominees to submit a CV.

Send this completed and signed TEP Nomination Form, letter of interest, and CV to Mathematica with "Nomination" in the subject line to SNFVBPTEP@mathematica-mpr.com. The documents are due by close of business March 16, 2022 by 5pm Eastern Time.

Applicant/Nominee Information (Self-nominations are acceptable):

Name and credentials, if any (degrees, certifications, etc.): _____

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

Professional role or title (patient, family, caregiver, physician, measure developer, etc.):

Organizational affiliation (Employer or organization you represent, if any):

Applicant's preferred mailing address (may be business or residential):

Street: _____

City/State/Zip: _____

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 they are agreeable to serving on the TEP.

Name and credentials, if any (degrees, certifications, etc.): _____

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

Professional role or title (patient, family, caregiver, physician, measure developer, etc.):

Organizational affiliation, if any (Employer or organization you represent):

Nominator's preferred mailing address (business or residential):

Street: _____

City/State/Zip: _____

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: _____

The nominee must submit the remainder of the nomination package within the specified period for consideration.

Applicant/Nominee's Disclosure:

1. 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, describe (for example, grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial or material support). Include the name of the corporation/organization): _____

2. 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, describe the type of intellectual interest and the name of the organization/group:

Applicant/Nominee's Participation on the TEP (select all that apply):

- The applicant will serve in the capacity of a clinical or methodological expert.
- The applicant will serve in the capacity of a patient.
- The applicant will serve in the capacity of a family member or caregiver of a patient.

Applicant/Nominee's Area(s) of Expertise or Perspective(s) (select all that apply):

- Clinical expertise around SNF quality/safety improvement
- Statistical/methodological expertise
- SNF quality measure expertise
- Healthcare disparities expertise
- SNF stakeholder perspective
- SNF patient or family (caregivers) perspective
- Other (specify): _____

Applicant/Nominee's Professional Category (select all that apply):

- primary care/general practitioner/internist
- physician specialist (specify): _____
- non-physician clinician (specify): _____
- patient or caregiver (specify): _____
- other (specify): _____

Applicant/Nominee's Health Care Setting Experience (select all that apply):

- individual or small group practice
- large group practice
- accountable care organization
- managed care
- hospital- or facility-based practice
- palliative care/hospice
- rural practice
- other (specify): _____
- not applicable

Applicant/Nominee's Agreement:

- If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify Mathematica and the TEP chairperson.
- It is anticipated that there will be one four-hour TEP meeting (maximum length) in early May 2022 (specific date to be determined based on availability of selected members) as well as potential follow-up TEP meetings in the summer and fall of 2022. I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
- If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
- I understand that participation is voluntary and that my input will be recorded in the meeting minutes.
- I understand that proceedings of the TEP will be summarized in a report that may be disclosed to the public.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

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

Signature: _____ Date: _____