

Technical Expert Panel (TEP) Nomination Form

Project Title:

CMS Hospice Special Focus Program

Project Overview:

- The Centers for Medicare & Medicaid Services (CMS) has contracted with Abt Associates to develop a hospice Special Focus Program (SFP). The contract number is 75FCMC18D0014, Task Order 75FCMC19F0001. As part of the Special Focus Program (SFP) development process, CMS asks contractors to convene groups of stakeholders and experts who contribute feedback and thoughtful input to the contractor during program development.
- Provisions in the Consolidated Appropriations Act of 2021 direct the Secretary to create a SFP for poor-performing hospice programs, set out authority for imposing enforcement remedies for noncompliant hospice programs, and require the development and implementation of a range of remedies as well as procedures for appealing determinations ([FY 23 Hospice NPRM](#)). In the [CY 2022 HH PPS Final Rule](#), it was stated that additional collaboration would be sought to further develop the methodology for the SFP through a TEP.

Project Objectives:

- To provide input on the SFP algorithm that will be used to identify hospices that have substantially failed to meet applicable Medicare requirements based on identified criteria and measures.
- To develop public reporting requirements for the SFP (e.g., candidate list, SFP program participants, graduates, termination, etc.) and to recommend methods to communicate this information in a manner that is prominent, easily accessible, readily understandable, and searchable for the general public.

TEP Expected Time Commitment:

- ◆ Two-to-four hours to review TEP related materials beginning no earlier than August 2022
- ◆ Five-to-seven hours for TEP orientation and facilitated discussion meetings in the Summer/Fall of 2022

TEP Requirements:

A TEP of approximately 9-11 individuals will be selected to provide input. The TEP will be composed of individuals with the following areas of expertise and perspectives:

- ◆ National and state hospice associations
- ◆ Consumers and/or patient advocacy organizations
- ◆ Hospice Providers (at least one member of a not-for profit hospice provider)
- ◆ Hospice staff knowledgeable of surveys and audits
- ◆ Knowledge of the CMS Special Focus Facility (SFF) program for nursing homes

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.
- ◆ *Curriculum vitae* or a summary of relevant experience (including publications) for 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 a contractor for the Centers for Medicare & Medicaid Services (CMS), *Abt Associates* 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 *Abt Associates* with “Nomination” in the subject line at HospiceSFP@abtassoc.com. Due by close of business Friday, August 12, 2022, Eastern Time.

Potential TEP members must be aware that participation on the Technical Expert Panel is voluntary. As such, individuals wishing to participate on the TEP should understand that their 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 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 *Abt Associates*.

*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 contractor, other TEP members, and CMS about the source of TEP members’ perspectives and how that might affect discussions.

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

- ◆ Name, Credentials, Professional Role:
- ◆ Organizational Affiliation (if applicable), 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 they are 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:

- ◆ 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 hospice Special Focus Program? Yes/No.

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

- ◆ Do you work for a Medicare-certified health institution? Yes/No

If yes, please complete all appropriate information:

1. *Business Name:*
2. *Business Address:*
3. *Tax Identification Numbers (TINs):*
 - a. *TIN Type (Unknown, EIN, SSN):*

4. Medicare IDs:
 - a. Medicare ID Type (Unknown, CCN, NSC, PTAN):
5. National Provider Identifiers (NPIs):
 - a. NPI Type (Unknown, Organizational, Individual):

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 contractor.
- ◆ It is anticipated that there will be an 7-to-10-hour time commitment required. I am able to commit to attending the TEP meetings by video and teleconference, or by mutually agreed-upon alternative means.
- ◆ 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.