

Technical Expert Panel (TEP) Nomination Form

Project Title:

Development and Implementation of Quality Rating System (QRS) Measures for Qualified Health Plans (QHPs)

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with IMPAQ International, LLC, and Health Services Advisory Group, Inc. (HSAG) to develop quality measures for Qualified Health Plans (QHPs) operating in the Health Insurance Marketplace (or Exchanges).

Project Objectives:

The primary objectives of this project include:

- ◆ Assess the landscape of current measures, measure development priorities, and priority gaps for QHPs.
- ◆ Identify priority measure concepts for new measure development.
- ◆ Recommend any existing measures that can be adapted to plan-level analysis for this project.
- ◆ Develop new measures or adapt existing measures for QHPs.
- ◆ Test new or adapted measures at the QHP level of analysis.
- ◆ Submit new measures to a consensus-based entity for endorsement (e.g., National Quality Forum) if necessary.
- ◆ Provide maintenance and reevaluation technical support to ensure that the measures in the QRS have the most up-to-date and evidence-based specifications.

TEP Expected Time Commitment:

- ◆ To provide input throughout the measure development process, TEP members need to be available from November 2015 through September 2017.
 - There will be up to eight Web conferences of the full TEP panel during the 2-year period.
 - The first TEP Web meeting is anticipated to be 2 hours in length and is planned for the first quarter of 2016. Subsequent meetings will be 1 to 2 hours each and are tentatively scheduled in May, July, and September of 2016. Dates for future meetings will be determined based on measure development and testing progress.
 - In addition, measure work groups will be convened to develop specifications and review testing results for new measures. Each TEP member will need to be available to participate in one or more measure work groups, based on the member's expertise/interest. There will be four to six work group teleconferences per measure, each lasting 1 hour.
 - TEP members will review meeting materials in advance of each meeting.

TEP Requirements:

The project team is seeking a TEP of approximately 12 individuals with following perspectives and areas of expertise:

- Subject matter expertise including but not limited to:
 - Qualified Health Plans (methodological or clinical), Health Insurance Marketplace (or Exchanges)
 - Care coordination
 - Patient safety
 - Medication safety
 - Affordable care
 - Performance measurement and risk adjustment

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- Health information systems
- Quality improvement
- Healthcare delivery perspective
- Purchaser/QHP issuer perspective
- Consumer/patient/family perspective

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Instructions for Third Party Nominations:

If you are submitting a third party nomination, please follow the steps below:

1. Complete only page 4 (Third Party Nomination) of this form.
2. Email the form with “Third Party Nomination” in the subject line to tepnominations@hsag.com by **5:00 pm (ET)** by November 25, 2015.

If you have questions or require technical assistance, please contact Melissa Castora-Binkley at mcastora-binkley@hsag.com or (813) 865-3182.

Instructions for Self-Nominations:

If you are submitting a nomination for yourself, please complete and submit the following documents:

1. Signed TEP Nomination Form
 - ◆ Complete pages 5 to 7 of this form.
 - ◆ In the form, please disclose any current and past activities that may indicate a conflict of interest. As contractors for CMS, IMPAQ and HSAG must ensure independence, objectivity, scientific rigor, and balance in its measure development activities.*
2. Letter of interest (not to exceed two pages), highlighting experience or knowledge relevant to the expertise described above and involvement in measure development.
3. Current curriculum vitae (CV) or résumé of relevant experience (including publications) for a maximum of 10 pages.
 - ◆ Patient/family member/caregiver participants are not required to submit a CV and may elect to keep their names confidential in public documents.

For consideration as a TEP member, please email the completed and signed TEP Nomination Form, letter of interest, and CV with “Nomination” in the subject line to tepnominations@hsag.com by **5:00 pm (ET)** by November 25, 2015. If you have questions or require technical assistance, please contact Melissa Castora-Binkley at mcastora-binkley@hsag.com or (813) 865-3182.

Potential TEP members must be aware that participation on the TEP 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 IMPAQ or HSAG.

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

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Third Party Nomination

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/she is agreeable to serving on the TEP. The measure contractors will request the required information from the nominee.

1. First and last name, including suffix/degrees (RN, MD, PhD, etc.):

2. Professional role or title:

3. Organizational affiliation, city, state:

4. Mailing address:

5. Telephone/fax number(s):

6. Email address:

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

Signature: _____ Date: _____

Nominee Information:

1. First and last name, including suffix/degrees (RN, MD, PhD, etc.):

2. Professional role or title:

3. Organizational affiliation, city, state:

4. Mailing address:

5. Telephone/fax number(s):

6. E-mail address:

If you are nominating a third party, please email only this form with "Third Party Nomination" in the subject line to tepnominations@hsag.com by **5:00 pm (ET)** by November 25, 2015.

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Nominee Application

Applicant/Nominee Information:

1. First and last name, including suffix/degrees (RN, MD, PhD, etc.):

2. Professional role or title:

3. Organizational affiliation, city, state:

4. Mailing address:

5. Telephone/fax number(s):

6. Email address:

Applicant/Nominee's Disclosure:

7. 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, major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

8. 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.

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Applicant/Nominee's Participation on the TEP (Select one):

- ☐ The applicant will serve in the capacity of an 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) (Check all that apply):

- ☐ Qualified Health Plans or Health Insurance Marketplace expertise
- ☐ Performance measurement and risk adjustment expertise
- ☐ Health information systems expertise
- ☐ Quality improvement expertise
- ☐ Care coordination expertise
- ☐ Patient safety or medication safety expertise
- ☐ Affordable care expertise
- ☐ Healthcare delivery perspective
- ☐ Purchaser/QHP issuer perspective
- ☐ Consumer/patient/family perspective
- ☐ Other (please specify: _____)

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

- ☐ Primary Care, General Practitioner, Internist
- ☐ Physician Specialist
- ☐ Pharmacist
- ☐ Nurse
- ☐ Social Work
- ☐ Case Management
- ☐ Administration, Large health plan
- ☐ Administration, Small health plan
- ☐ Administration, Healthcare provider
- ☐ Advocate
- ☐ Not Applicable
- ☐ Other (please specify: _____)

Applicant/Nominee's Healthcare Setting Experience (Check all that apply):

- ☐ Acute Care Hospital
- ☐ Rehabilitation Outpatient or Ambulatory Care Clinic
- ☐ Physician Practice
- ☐ Long-term Care (community-based or institutional)
- ☐ Palliative/Hospice
- ☐ Insurance
- ☐ Other (please specify: _____)

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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 up to eight TEP meetings (to be held as Web conferences during the 2-year period). I am able to commit to attending the TEP meetings by teleconference.
- ◆ 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 contractor to make revisions to the measures, if necessary.
- ◆ I understand that my participation on the TEP 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

For consideration, email the completed and signed TEP Nomination Form, letter of interest, and CV (patient/family member/caregiver participants are **not** required to submit a CV) with "Nomination" in the subject line to tepnominations@hsag.com by **5:00 pm (ET)** by November 25, 2015.