

# Technical Expert Panel (TEP) Nomination Form

## Project Title:

Development of Potentially Preventable Hospitalization Measures for Home Health Agencies (HHAs)

## Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Abt Associates to develop to develop potentially preventable hospitalization/readmission measures. The contract name is Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project. The contract number is HHSM -500-2013-13001I, Task Order HHSM-500T0002. 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 contractor during measure development and maintenance.

## Project Objectives:

- To develop an approach for defining potentially preventable hospitalizations (PPH) for the home health setting
- To develop potentially preventable hospitalization measures for the home health setting, including standardized items and specifications such as inclusion/exclusion criteria, and patient and facility characteristics--factors associated with outcome measures (risk adjusters).

## TEP Expected Time Commitment:

- ◆ One hour project orientation TEP webinar in March 2018
- ◆ Two-hour measure development TEP webinar in April 2018
- ◆ One day, in-person TEP meeting in May 2018
- ◆ Two-hour, follow-up TEP webinar mid-Summer 2018
- ◆ Potential email correspondence to address specific items that may come up during public comment posting of QMs

## 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:

- ◆ Subject matter expertise: Home Health

- ◆ Consumer/patient/family perspective
- ◆ Performance measurement with respect to hospitalizations
- ◆ Claims-based quality measure development
- ◆ Quality improvement
- ◆ Research methodology, including statistical analysis and risk adjustment
- ◆ Data collection and implementation perspective
- ◆ Health and health care disparities

***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) 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 [HH\\_QM\\_Comment@abtassoc.com](mailto:HH_QM_Comment@abtassoc.com) . Due by close of business Thursday, February 22, 2018 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 measure contractor, other TEP members, and CMS about the source of TEP members’ perspectives and how that 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 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 quality measures under consideration? 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 measure contractor and the TEP chair.
- ◆ It is anticipated that there will be a 12-hour time commitment required. 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 contractor 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.