Project Title: Development and Evaluation of Exchange Health Plan Quality Initiatives (QRS/QIS)

Note to Applicant/Nominee: Please read the QRS/QIS 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 and involvement in measure development.
    - There is no expectation that consumer/patient/family (caregiver) applicants/nominees have experience in measure development. 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.

Please send this completed and signed TEP Nomination Form, letter of interest, and CV to Booz Allen Hamilton with "Nomination" in the subject line to QRS_QIS_TEP@bah.com. The documents are due by close of business **March 15, 2024, 5:00 PM Eastern Time (ET).**

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

Name and credentials, if any (e.g., degrees, certifications) Click or tap here to enter text.

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

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 (e.g., degrees, certifications) Click or tap here to enter text.

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

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). Click or tap here to enter text.

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: Click or tap here to enter text.

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 quality measure expert.
☐ The applicant will serve in the capacity of a quality improvement strategy expert.
☐ The applicant will serve in the capacity of a health equity expert.
☐ The applicant will serve in the capacity of a patient/consumer or patient/consumer representative.

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

☐ Quality measures and measurement
☐ Consumer/patient advocacy
☐ Clinical experience
☐ Quality Improvement Strategy
☐ Quality rating methodology
☐ Health equity
☐ Rural health care
☐ National/regional qualified health plans
☐ State Based Marketplaces
☐ Other (specify): Click or tap here to enter text.

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

☐ primary care/general practitioner/internist
☐ physician specialist (specify): Click or tap here to enter text.
☐ non-physician clinician (specify): Click or tap here to enter text.
☐ patient or caregiver (specify): Click or tap here to enter text.
☐ other (specify): Click or tap here to enter text.

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): Click or tap here to enter text.
☐ 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 Booz Allen Hamilton and the QRS/QIS TEP Chairperson (TBD).
- It is anticipated that there will be a roughly three-hour time commitment for the TEP meeting no more than twice per year, in addition to pre-meeting review of materials. I am able to commit to attending TEP meetings 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: _____

Additional Comments:

Click or tap here to enter text.