Technical Expert Panel (TEP) Nomination Form

Project Title: Dialysis Facility Quality of Patient Care Star Rating Technical Expert Panel (TEP)

> **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 two pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.

   - There is no expectation for consumer/patient/family (caregiver) applicants/nominees to 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.

Send this completed and signed TEP Nomination Form, letter of interest, and CV to The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) with "Nomination" in the subject line to *dialysisdata@umich.edu*. The nomination form can also be completed using this online form: https://forms.gle/7TCDWJxB2qTiiyY47

The documents are due by close of business **Friday, January 23, 2026 at 5pm Eastern time**.

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

Name and credentials, if any (e.g., degrees, certifications):

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):

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 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):

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)

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):

☐ Experts with subject matter expertise, e.g., scientists in nephrology care; clinicians and nurses; consumer testing; communication of star rating systems in patient perspectives
☐ Experts with methodological expertise, e.g., statisticians/biostatisticians with expertise in score or scale development, multivariate analysis, risk assessment, latent variable modeling
☐ Individuals with dialysis facility quality improvement expertise
☐ Individuals with health care disparities expertise
☐ 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 the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) and the TEP chairperson.
- I anticipate there will be a total of 1 to 3 virtual meetings, each being between 2 to 3 hours long. 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 participation is voluntary and my input will be recorded in the meeting minutes.
- I understand 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 Applicant/Nominee's Agreement and agree to abide by it.

Signature: _____ Date: _____

Availability for In-Person Meeting No in-person meetings will be conducted for this TEP.

Additional Comments: