

Behavioral Health Measures Development and Inpatient and Outpatient Measure Maintenance (BHIOMM) Technical Expert Panel (TEP) Nomination Form

Project Title: Behavioral Health Measures Development and Inpatient and Outpatient Measure Maintenance (BHIOMM)

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 Mathematica with “Nomination” in the subject line to BHIOMMmeasures@mathematica-mpr.com. The documents are due by close of business January 15, 2025, 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 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 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):

Quality measure prioritization

Quality measure development and testing

Quality measure endorsement and maintenance review

Quality measure implementation

CMS quality reporting programs (IPFQR, IQR, OQR)

CMS value-based programs

Health information technology

Statistical analysis including risk adjustment

Hospital leadership

Health equity

Clinical care

Professional association

Advocacy organization

Patient or caregiver perspective

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 Agreement:

- If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify the Mathematica team and the TEP chairperson.
- I anticipate there will be quarterly working meetings throughout each year of the contract (2024-2029). Workgroup meetings of 90-120 minutes each will be scheduled based on need and TEP member availability. Review of materials prior to meetings may be necessary and will take no more than 30 minutes. All TEP meetings will be conducted virtually and audio recorded.
- If selected to participate in the TEP, and the measure developer submits measures to a measure endorsement organization, I will be available to discuss the measures with the organization or its representatives and work with the measure developer to revise the measures, if necessary.
- 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: