

# Technical Expert Panel (TEP) Nomination Form

**Project Title:** Expanded Home Health Value-Based Purchasing (HHVBP) Model Implementation & Monitoring

**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 2 pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in home health, health equity, measure development, performance measurement, quality of care, and/or value-based purchasing.
  - There is no expectation that consumer/patient/family (caregiver) applicants/nominees have experience in the technical areas listed above, but there is an expectation that they have had exposure to home health. These applicants can describe their interest in the topic(s).
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 Abt Associates, Inc. with "Nomination" in the subject line to [HHVBP@abtassoc.com](mailto:HHVBP@abtassoc.com). The documents are due by Wednesday, September 27, 2023 at 5 pm 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 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)

**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/act as a supporter for/collaborate with any organizations (corporation, provider association, consumer advocacy organization, academic affiliation, etc.) that may create a potential conflict of interest, or the potential perception of a conflict of interest, with the work of the HHVBP TEP and scoring and/or payment adjustments for home health agencies? Yes No

If yes, describe below (for example, grant/research support, consultant income, speaker’s bureau, major stock shareholder, or other financial or material support. Include the name of the corporation/organization):

**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) (fill in topic areas, select all that apply):**

- home health
- health equity
- measure development
- performance measurement
- quality of care
- value-based purchasing
- 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):**

- home health agency
- 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 Abt Associates, Inc. and the TEP Chairperson.
- It is anticipated that there will be one teleconference meeting for this TEP in October and one in-person meeting in November 2023. I am able to commit to attending TEP meetings by teleconference. I will review materials provided prior to each meeting.
- 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 agree not to use the confidential information disclosed to me as part of preparation for or deliberation during the TEP meetings for any purpose except to carry out discussions between the TEP, Abt, and CMS.
  - I agree not to disclose confidential information provided to me as part of TEP deliberations to anyone.
  - I agree to take all reasonable steps to protect the confidentiality of TEP information, materials, and discussions, and to prevent it from falling into the public domain or the possession of unauthorized persons.
- 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: \_\_\_\_\_