

Technical Expert Panel (TEP) Nomination Form

Project Title

Reevaluation of the Hospital-Acquired Condition Reduction Program Scoring Methodology

Instructions:

Applicants/nominees must submit the following documents along with this completed and signed form by close of business September 12, 2014 Eastern Time.:

- ◆ A statement of interest summarizing relevant expertise and knowledge of the applicant (2-page maximum).
- ◆ A curriculum vitae (CV) and/or list of relevant experience (e.g., publications) (10-page maximum).
- ◆ A disclosure of any current and past activities that may indicate a conflict of interest. As contractors for the Centers for Medicare & Medicaid Services (CMS), Yale New Haven Hospital Health Services Corporation Center for Outcomes Research and Evaluation (CORE) and Mathematica Policy Research (Mathematica) must ensure balance, independence, objectivity, and scientific rigor in their measure development and reevaluation activities.

Please send the completed and signed Technical Expert Panel (TEP) Nomination form, statement of interest, and CV to Mathematica with "Nomination" in the subject line at HAC_TEP@mathematica-mpr.com.

Potential TEP members must be aware that participation on the TEP 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 information by their 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. CORE and Mathematica will answer any questions about confidentiality.

All potential TEP members must disclose to CORE and Mathematica, CMS, and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. The intent of this disclosure is not to prevent individuals with potential for conflict of interest from serving on the TEP, but to provide CORE and Mathematica, other TEP members, and CMS the information to form their own judgments. It is for CORE and Mathematica, other TEP members, and CMS to decide if the individual's interest or relationships may affect the discussions or conclusions.

Patient Nominees

CORE and Mathematica are seeking patients aged 65 years and older to participate on the TEP. We are seeking patients who have been admitted to the hospital and/or experienced a HAC, or have a family member aged 65 years and older with such experiences, to join the TEP. Patients with such experiences can provide unique and essential input on quality measures based on their own (or their family member's) experience and perspective. Patient nominees should submit a completed and signed TEP Nomination Form and statement of interest as described above but are not required to submit a CV. If potential patient participants wish to keep their names confidential in public documents, that request can be accommodated.

Applicant/Nominee Information (Self-Nominations Are Acceptable):

- ◆ First and last name, including suffix/degrees (RN, MD, PhD, etc.): _____
- ◆ Professional Role or Title: _____
- ◆ Organizational Affiliation, City, State: _____
- ◆ Mailing address: _____
- ◆ Telephone/fax number(s): _____
- ◆ E-mail address: _____

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. CORE and Mathematica will request the required information from the nominee.

- ◆ First and last name: _____
- ◆ Suffix (RN, MD, PhD, etc.) or Title: _____
- ◆ Organizational Affiliation: _____
- ◆ Mailing address: _____
- ◆ Telephone/fax number(s): _____
- ◆ E-mail address: _____

I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: _____ Date: _____

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, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, or other financial/material support). Please 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, please describe the type of intellectual interest and the name of the organization/group.

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 CORE, Mathematica, and the TEP chair.
- ◆ It is anticipated that there will be up to two, two-hour webinars held on October 14, 2014 from 10am-12pm ET and 3:30pm-5:30pm ET. I am able to commit to attending these TEP meetings (by teleconference).
- ◆ I understand that my participation on the TEP 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 information 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.

For patient participants only: I wish to keep my name confidential

Yes / No

I have read the above and agree to abide by it.

Signature: _____ Date: _____