

# MEDICAID HEALTH HOME CORE SET ANNUAL REVIEW WORKGROUP NOMINATION FORM

Thank you for your interest in participating in the Medicaid Health Home Core Set Annual Review Workgroup. The call for nominations will close at 8 pm EST on March 5, 2021. If you have any questions, please contact <u>MHHCoreSetReview@mathematica-mpr.com</u>.

#### **Nominee information**

First and last name
Title
Organization
State
Email address
Phone number

Is the nominator information different from above?

O Yes

O No

## **Nominator information**

(Only complete if different from nominee information)

First and last name

Title

Organization

State

Email address

Phone number

I acknowledge that the nominee has been contacted and is willing to participate.

- O Yes
- O No

#### **Nominee areas of expertise**

#### **Health Home Program Focus Areas**

Select all that apply

- □ Individuals with multiple chronic conditions
- □ Substance use disorder
- □ Serious mental illness/serious emotional disturbance
- □ Intellectual/developmental disabilities
- □ HIV/AIDS
- □ Children with complex medical conditions
- □ Other: \_\_\_\_\_

#### **Beneficiary Age Groups**

Select all that apply

- □ Children and adolescents (ages 0 to 18)
- □ Adults (ages 19 to 64)
- □ Older adults (age 65 and older)
- □ Other:

#### **Methods and Data Sources**

Select all that apply

- Medicaid data sources (such as claims or encounters, electronic health records, surveys, other)
- □ Data linkage (such as linking Medicaid claims and vital records, clinical registries, or immunization information systems)
- □ State-level quality measure reporting
- □ Use of quality measures for quality improvement
- Measure development
- □ Measure testing
- □ Measure reliability and validity
- □ Other:

#### **Nominee interest and availability**

#### Brief description of nominee interest, knowledge, and experience

Please describe why you are interested in participating in the Medicaid Health Home Core Set Annual Review Workgroup, including any experience with Medicaid Health Home programs and other knowledge or expertise you will contribute (200 words max).

### **Disclosure of interest**

Please disclose any involvement as a measure steward or measure developer in the past 3 years, particularly as it relates to the measures currently on the Health Home Core Set.

I agree to submit a Disclosure of Interest form upon selection.\*

- O Yes
- O No

## Availability to participate\*

Please indicate the virtual meetings in which you are able to participate. If the form is submitted by a nominator, we will ask the nominee to attest to their availability to participate upon selection.

- □ Orientation meeting: April 27, 2021, 1 – 2:30 pm EST
- □ Meeting to prepare for the voting meeting: August 3, 2021, 1 – 2:30 pm EST
- Voting meeting: August 17 – 19, 2021, 11am – 4 pm EST each day

\* If the form is submitted by a nominator, we will ask the nominee to attest to the disclosure of interest and the availability to participate upon selection. Nominees with conflicts of interest will be asked not to participate in discussions or recommendations for which they have a personal financial interest.

Please submit your resume or curriculum vitae with relevant experience and publications along with this form to <u>MHHCoreSetReview@mathematica-mpr.com</u>. The call for nominations will close at 8 pm EST on March 5, 2021.