

CORE SET ANNUAL REVIEW WORKGROUP NOMINATION FORM

Thank you for your interest in participating in the Child and Adult Core Set Annual Review Workgroup. Please submit this form, along with a resume or curriculum vitae to MACCoreSetReview@mathematica-mpr.com by 8:00 p.m. ET Friday, January 11, 2019. Please contact MACCoreSetReview@mathematica-mpr.com with any questions.

Nominee information

First and last name

Title

Organization

State

Email address

Phone number

Nominator information (*if different than above*)

First and last name

Title

Organization

Email address

Phone

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

Areas of expertise/interest (*select all that apply*)

Domain

- | | |
|--|--|
| ☐ Primary care access and preventive care | ☐ Maternal and perinatal health |
| ☐ Acute and chronic conditions | ☐ Behavioral health and substance use |
| ☐ Dental and oral health | ☐ Experience of care |
| ☐ Long-term services and supports | ☐ Patient safety |
| ☐ Disability | ☐ Health disparities |

Core Set

- ☐ Child Core Set
- ☐ Adult Core Set

Methods and Data Sources

- ☐ Measure development
- ☐ Medicaid/CHIP data sources (such as claims, electronic health records, clinical registries, surveys, other)
- ☐ Data linkage (such as Medicaid claims and vital records or clinical registries)
- ☐ Electronic clinical measures
- ☐ State quality measure reporting
- ☐ Use of quality measures for quality improvement
- ☐ Other (specify) _____

Brief description of nominee interest, knowledge, and experience

Please describe why you are interested in participating in the Core Set Annual Review workgroup and the knowledge or experience you will contribute (200 words max)

Disclosure of interest^{*}

☐ I agree to submit a Disclosure of Interest form upon selection.^{**}

Availability to participate^{*}

☐ I agree to participate in the web-based meetings on February 14 and April 25, 2019. I agree to attend the in-person meeting in Washington, DC from May 7, 2019 to May 9, 2019.

^{*} 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 with this form your resume or curriculum vitae with relevant experience and publications.