

**NOMINATION FORM for
Stakeholder Work Groups for MassHealth Restructuring and Payment Reform**

July 2015

The Executive Office of Health and Human Services (EOHHS) is seeking individuals to serve on eight work groups to inform the restructuring of the MassHealth program and the development of at-scale payment reforms.

ABOUT YOURSELF

Name:

Job Title (if applicable):

Organization (if applicable):

Street Address:

City, State, Zip Code:

Telephone:

Email:

Preferred method of communication:

WORK GROUP SELECTION (check off the work group or work groups for which you are nominating yourself.)

- ☐ Strategic Design
- ☐ Attribution
- ☐ Payment Model Design
- ☐ Certification Criteria
- ☐ Health Homes
- ☐ Quality Improvement
- ☐ LTSS Payment Models
- ☐ BH Payment Models

Note: In order to achieve appropriate representation in each work group, EOHHS may, in its sole judgment, invite nominees to participate in work groups other than the one(s) for which they are nominated.

QUALIFICATIONS (please answer for each work group checked off above)

Interest in Participating: Why do you want to serve on the work group(s)?

Knowledge/Skills/Experience: List three qualities that you have that will help the work group(s) achieve its/their goals.

Representation and Affiliations: Please describe your affiliations with any stakeholder organizations or your relationship with MassHealth.

SUBMISSION INSTRUCTIONS

Return a complete copy of this nomination form by e-mail, mail, or fax to:

E-mail: Melissa.Morrison@state.ma.us

Mail: Executive Office of Health and Human Services

Attn: Melissa Morrison
One Ashburton Place, 11th Floor
Boston, MA 02108

Office Phone: (617) 573-1611 Fax: (617) 573-1893

Please put "Stakeholder Work Group Nomination Form" in the subject line of your e-mail or fax or on the envelope if submitting by mail.

Nominations are due no later than Wednesday, August 5, 2015, at 5:00 PM.

Public Records Notice: In submitting this nomination form, you understand that any information contained within in it, including voluntary self-identification as a recipient of MassHealth or Medicare coverage, may be made public. All responses and information submitted in response to this nomination form are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, subsection 26.