

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST  
IN A CONTRACT TO PROVIDE SOCIAL SERVICES  
PURSUANT TO 930 CMR 6.07**

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|                         | <b>STATE EMPLOYEE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name of state employee: | Mai-Khuyen Nguyen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Title/ Position:        | Optometrist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Agency/Department:      | University of Massachusetts Chan Medical School<br>ForHealth Consulting – Office of Clinical Affairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Agency Address:         | University of Massachusetts Chan Medical School - Office of Clinical Affairs<br>1 Enterprise Drive, North Quincy MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Office phone:           | 508-856-6222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Office e-mail:          | Mai-Khuyen.Nguyen@mass.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                         | <p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services,<br/>including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> <li>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</li> <li>- To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</li> </ul> <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p> |
|                         | <b>FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                         | <b>PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| 1) Service to a state agency                                           | <p><u>    </u> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2) Service to a provider or organization                               | <p><u>  X  </u> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Uphams Corner Community Care<br/>Eye and Dental Clinic<br/>636 Columbia Road<br/>Boston, MA 02125</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>MassHealth</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3) Service to a person or persons                                      | <p><u>  X  </u> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p> <p>MassHealth</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Please describe the services you will provide.                         | <p>Please provide information about the type of personal or educational services you will provide. <b>Please do not include the name of any individual who receives services.</b></p> <p>In my new part-time role as an optometrist with the Office of Clinical Affairs at UMass Chan Medical School, I will be reviewing prior authorization requests for vision-related services that are submitted to MassHealth.</p> <p>I currently also work as an optometrist at the Uphams Corner community health center where I and other colleagues provide comprehensive eye care for members of the community which includes MassHealth members. As part of this work, I and other colleagues submit prior authorization requests to MassHealth. Uphams Corner also partners with Community Care Cooperative, which is a MassHealth Accountable Care Organization.</p> <p>In my role at the Office of Clinical Affairs, any prior authorization requests that come from the Uphams Corner community health center will be processed by my colleague at the Office of Clinical Affairs instead of being processed by me, in order to avoid any conflict of interest.</p> |
| What will you be paid, or what other financial interest will you have? | <p>Please include a dollar amount, if possible.</p> <p>I am a salaried employee at Uphams Corner and do not receive payments from MassHealth directly.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| Employee signature                                                                  |                                                                                                                                                                                                                                                                                                         |
| Date:                                                                               | 07/20/2026                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                     | <b>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</b>                                                                                                                                                                                                                                                                                                                                  |
| Name and title of appointing authority                                              | <a href="#">Michael Chin, MD</a><br><a href="#">Associate Medical Director – Massachusetts Medicaid (MassHealth)</a><br><a href="#">Associate Medical Director – University of Massachusetts Chan Medical School, Office of Clinical Affairs</a><br><a href="#">Assistant Professor – University of Massachusetts Chan Medical School, Dept. of Family Medicine and Community Health</a> |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                          |
| Office phone                                                                        | <a href="#">617-847-3718</a>                                                                                                                                                                                                                                                                                                                                                             |
| Office e-mail                                                                       | <a href="mailto:Michael.chin@mass.gov">Michael.chin@mass.gov</a>                                                                                                                                                                                                                                                                                                                         |
| Signature by appointing authority                                                   | <p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p>                                                                                                                               |
| Date:                                                                               | <a href="#">7/24/2026</a>                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                     | <b>APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)</b>                                                                                                                                                                                                                                                                                                                          |
| Name and title of person giving approval at the state agency that made the contract | <a href="#">Celia Segel</a><br><a href="#">MassHealth Chief of Staff</a>                                                                                                                                                                                                                                                                                                                 |
| Office phone                                                                        | <a href="#">617-359-6240</a>                                                                                                                                                                                                                                                                                                                                                             |
| Office e-mail                                                                       | <a href="mailto:Celia.s.segel@mass.gov">Celia.s.segel@mass.gov</a>                                                                                                                                                                                                                                                                                                                       |
| Signature by person giving approval                                                 | <p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p>                                                                                                                             |
| Date:                                                                               | 8/21/26                                                                                                                                                                                                                                                                                                                                                                                  |

Attach additional pages if necessary.

File with:  
**State Ethics Commission**  
**One Ashburton Place, Room 619**  
**Boston, MA 02108**