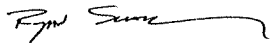
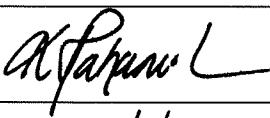


**DISCLOSURE BY NON-ELECTED STATE EMPLOYEE OF FINANCIAL INTEREST
AND DETERMINATION BY APPOINTING AUTHORITY
AS REQUIRED BY G. L. c. 268A, § 6**

	STATE EMPLOYEE INFORMATION
Name:	Ryan Schwarz
Title or Position:	Medicaid Director and Assistant Secretary for MassHealth
State Agency:	Executive Office of Health and Human Services (EOHHS)/MassHealth
Agency Address:	1 Ashburton Place, 11 th floor Boston, MA 02108
Office Phone:	724-986-5050
Office E-mail:	ryan.schwarz@mass.gov
	My duties require me to participate in a particular matter, and I may not participate because of a financial interest that I am disclosing here. I request a determination from my appointing authority about how I should proceed.
	PARTICULAR MATTER
Particular matter E.g., a judicial or other proceeding, application, submission, request for a ruling or other determination, contract, claim, controversy, charge, accusation, arrest, decision, determination, or finding.	Please describe the particular matter. In my role as Medicaid Director and Asst. Secretary of MassHealth, I will oversee the strategy, policy, and operations of MassHealth, providing oversight across policy development, clinical affairs, finance, eligibility and provider operations, data and analytics, and IT. I will also represent the Commonwealth in high-level engagements with federal partners, providers, managed care organizations, and key stakeholders.
Your required participation in the particular matter: E.g., approval, disapproval, decision, recommendation, rendering advice, investigation, other.	Please describe the task you are required to perform with respect to the particular matter. In my role I will oversee MassHealth, which contracts with every health care system in the Commonwealth including MGB and BMC. Furthermore, the MassHealth regulations impact all Commonwealth providers.
	FINANCIAL INTEREST IN THE PARTICULAR MATTER
Write an X by all that apply.	☒ I have a financial interest in the matter. ☒ My immediate family member has a financial interest in the matter. ☐ My business partner has a financial interest in the matter. ☒ I am an officer, director, trustee, partner or employee of a business organization, and the business organization has a financial interest in the matter. ☐ I am negotiating or have made an arrangement concerning future employment with a person or organization, and the person or organization has a financial interest in the matter.
Financial interest in the matter	Please explain the financial interest and include a dollar amount if you know it.

	I am a physician employed part-time by Mass General Brigham (MGB). My payment is based upon number of hours worked, and I am eligible for quality incentives associated with patient care (quality incentives are paid by MGB, not by MassHealth, and are determined by the MGB department administration - I have no direct role in influencing what quality measures / initiatives are incentivized or the amounts MGB distributes to physicians). My wife, Audrey Provenzano, is also a physician employed by Boston Medical Center (BMC). She is a salaried employee and is also eligible for quality incentives associated with patient care.
Employee signature:	
Date:	7/2/26

DETERMINATION BY APPOINTING OFFICIAL

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Kiame Mahaniah
Title or Position:	Secretary of EOHHS
Agency/Department:	Executive Office of Health and Human Services
Agency Address:	1 Ashburton Place, 11th Floor Boston, MA 02108
Office Phone:	857-303-2368
Office E-mail	Kiame.j.Mahaniah@mass.gov
	DETERMINATION
Determination by appointing authority: Write an X by your selection.	As appointing official, as required by G.L. c. 268A, § 6, I have reviewed the particular matter and the financial interest identified above by a state employee. ☐ I am assigning the particular matter to another employee, or ☐ I am assuming responsibility for the particular matter, or ☒ I have determined that the financial interest is not so substantial as to be deemed likely to affect the integrity of the services which the Commonwealth may expect from the employee.
Appointing Authority signature:	
Date:	7/2/2026
Comment:	

Attach additional pages if necessary.

File copy with:

State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108