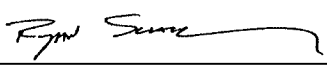
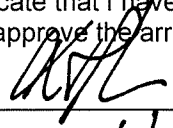
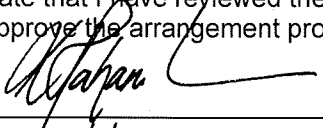


**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

	STATE EMPLOYEE INFORMATION
Name of state employee:	Ryan Schwarz
Title/ Position:	Medicaid Director and Assistant Secretary for MassHealth
Agency/Department:	Executive Office of Health and Human Services (EOHHS)/MassHealth
Agency Address:	One Ashburton Pl, 11 th Fl. Boston, MA 02108
Office phone:	724-986-5050
Office e-mail	Ryan.Schwarz@mass.gov
	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: A state agency within the following Executive Offices: Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is: - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. 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.
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
1) Service to a state agency	☐ I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable.
2) Service to a provider or	☐ I will provide personal or educational services to a provider or organization funded by a state

organization	agency listed above. Please provide the name and address of the provider or organization. Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.
3) Service to a person or persons	<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. 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. MassHealth, a department of EOHHS at which I am the Medicaid Director and Assistant Secretary, provides health benefits for individuals and families including patients at Mass General Brigham (MGB). MGB is an integrated academic health care system and a nonprofit organization that accepts MassHealth as an insurer. In my part-time medical practice as a physician at MGB's Chelsea Community Health Center, I see patients who receive health benefits from MassHealth. My wife, Audrey Provenzano is a physician at Boston Medical Center, an academic medical center and nonprofit organization that accepts MassHealth as an insurer. My wife sees patients who receive health benefits from MassHealth.
Please describe the services you will provide.	Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services. I provide medical care for patients at MGB's Chelsea Health Center as a clinician for about 7 hours per week. My wife provides medical care for patients at BMC as a clinician and works there full-time.
What will you be paid, or what other financial interest will you have?	Please include a dollar amount, if possible. I earn about \$67,000 per year at MGB. My wife earns about \$260,000 per year at BMC.
Employee signature	
Date:	7/2/26
APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE	
Name and title of appointing authority	Kiame Mahaniah, Secretary of EOHHS
Office phone	857-303-2368
Office e-mail	Kiame.j.Mahaniah@mass.gov
Signature by appointing authority	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. 
Date:	7/8/26

	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	
Office phone	
Office e-mail	
Signature by person giving approval	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. 
Date:	7/8/2011

Attach additional pages if necessary.

File with:

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