



**HOSPITAL VALUE-BASED PURCHASING PROGRAM
MONITORING & EVALUATION STRATEGIES
TECHNICAL EXPERT PANEL (TEP)
DISCLOSURE FORM**

Applicant/Nominee's Disclosure

1. Do you or any family members have a financial interest, arrangement or affiliation with any corporate organizations that may create a potential conflict of interest? *Yes* / *No*

If yes, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? *Yes* / *No*

If yes, please describe the type of intellectual interest and the name of the organization/group.

Applicant/Nominee's Agreement

If at any time during my service as a member of this TEP, my conflict of interest status changes, I will notify the contractor and the TEP chair.

It is anticipated that there will be meetings held during the 24 months calendar year. I am able to commit to attending at least 90 percent of all TEP meetings (by telephone) and two in-person meetings.

If selected to participate in the TEP, I will be available to discuss the program implementation with the organization or its representatives, and work with CMS and their designated contractors on programmatic issues.

If selected to participate in the TEP, I will keep confidential all materials and discussions until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: _____ Date: _____