

## Appendix 6-B: TEP Nomination/Disclosure/Agreement Form

**Project Name:** *Develop a Hospital-level Measure of Risk- Adjusted 30-Day Episode of Care Payments for Acute Myocardial Infarction (AMI)*

### Instructions

Applicants/Nominees must submit the following documents along with this completed and signed form:

- ◆ A statement of interest summarizing relevant expertise and knowledge of the applicant (2-page maximum).
- ◆ A curriculum vitae (CV) and/or list of relevant experience (e.g., publications) (10-page maximum).
- ◆ A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for CMS, Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) must ensure balance, independence, objectivity and scientific rigor in its measure development activities.
- ◆ Send completed and signed form, statement of interest, and CV to Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) with “Nomination” in the subject line at [costmeasure@yale.edu](mailto:costmeasure@yale.edu). Due by close of business **5pm ET, June 28, 2012**.

All potential Technical Expert Panel (TEP) members must disclose to the contractor, CMS and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. The intent of this disclosure is not to prevent individuals with potential for conflict of interest from serving on the TEP, but to provide the measure contractors, other TEP members, and CMS the information to form their own judgments. It is for the measure contractor, other TEP members, and CMS to decide if the individual’s interest or relationships may affect the discussions or conclusions. Conflict of interest glossary of terms can be found at [https://www.cms.gov/MMS/15\\_TechnicalExpertPanels.asp#TopOfPage](https://www.cms.gov/MMS/15_TechnicalExpertPanels.asp#TopOfPage).

### Applicant/Nominee Information (Self-nominations Are Acceptable)

First and last name:

Suffix/degrees (RN, MD, PhD, etc.)/Title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail address:

## Person Recommending the Nominee

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that they are agreeable to serving on the TEP. The measure contractor will request the required information from the nominee.

First and last name:

Suffix (RN, MD, PhD, etc.)/Title:

Organization:

Mailing address:

Telephone/fax number(s):

E-mail address:

I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 measure contractor and the TEP chair.
- It is anticipated that there will be 2-3, 1-2 hour teleconference meetings between July, 2012 and November, 2012. I am able to commit to attending a majority of meetings and review and comment on meeting materials for the meetings I cannot attend.
- If selected to participate in the TEP and the measure is submitted to a measure endorsement organization (e.g., NQF, AQA) for approval, I will be available to discuss the measure with the organization or its representatives, and work with the measure contractor to make revisions to the measure if necessary.
- 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: \_\_\_\_\_