

Technical Expert Panel (TEP) Nomination Form

Project Name: Hospital Quality Star Ratings on *Hospital Compare*

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 the Centers for Medicare & Medicaid Services (CMS), Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (CORE) must ensure balance, independence, objectivity and scientific rigor in its Star Ratings development activities.
- ◆ Send completed and signed form, statement of interest, and CV to CORE with “Nomination” in the subject line at cmsstarratings@yale.edu. Due by close of business **5:00 PM ET, September 12, 2014**.

Potential TEP members must be aware that participation on the TEP is voluntary. As such, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant discloses private, personal data by their own choice, then that material and those communications are not deemed to be covered by confidentiality laws. Potential patient and caregiver participants will be given the option to keep their participation on the TEP confidential. Any questions about confidentiality will be answered by CORE.

All potential TEP members must disclose to the contractors, 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 Star Ratings contractors, other TEP members, and CMS the information to form their own judgments. It is for the Star Ratings contractors, other TEP members, and CMS to decide if the individual's interest or relationships may affect the discussions or conclusions.

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):

Email 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 Star Ratings 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):

Email 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 Star Ratings 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 Star Ratings contractors and the TEP chair.
- ◆ It is anticipated that there will be three, two-hour teleconference meetings between October 2014 and January 2014. I will attempt to attend all TEP meetings (in person or by teleconference).
- ◆ I will complete all preparatory reading and online surveys prior to teleconferences.

- ◆ If selected to participate in the TEP and the Star Ratings system is submitted to CMS for approval, I will be available to discuss the system with the organization or its representatives and work with the Star Ratings contractor to make revisions to the stars if necessary.
- ◆ I understand that my participation on the TEP is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.

For patient participants only:

I wish to keep my name confidential Yes ☐ / No ☐.

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

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

Signature: _____ Date: _____