

Conflict of Interest Disclosure
Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Services

Definitions

AUC – Appropriate Use Criteria

CMS – Centers for Medicare and Medicaid Services

qPLE – qualified Provider Led Entity

PAMA – Protecting Access to Medicare Act

AUC Development Activity at Intermountain

1. As a member of a team developing Appropriate Use Criteria (AUC) at Intermountain, do you have a direct or indirect financial relationship with Intermountain (e.g., contract, salary, grant, consulting fee, collaboration agreement, etc.)? No / Yes

- If No, continue to question #2
- If Yes:

1a. Do you receive Compensation? No / Yes

- If No, continue to question #1b
- If Yes, list compensation arrangement(s) (e.g., contract, salary, grant, consulting fee, collaboration agreement, etc.)

List All Compensation Arrangements with Intermountain:

1b. List all indirect financial relationships you have with Intermountain

List All Indirect Financial Relationships with Intermountain:

AUC Development Activity at Other Organizations

2. Do you participate in the development of Appropriate Use Criteria (AUC) at another organization besides Intermountain? No / Yes

- If No, continue to question #3
- If Yes:

Organization Information

Organization Name:
Organization Address:
Is the organization a physician-owned entity? No / Yes

2a. Does a direct or indirect financial relationship exist between you and the organization listed above? No / Yes

- If No, continue to question #2b
- If Yes:

2a(1). Do you receive Compensation? No / Yes

- If No, continue to question #2a(2)
- If Yes, list compensation arrangement(s) (e.g., salary, grant, consulting fee, contract, collaboration agreement, etc.)

List All Compensation Arrangements:

2a(2). List all indirect financial relationships.

List All Indirect Financial Relationships:
--

2b. List all additional relationships detailing the criteria listed for Question #2 above:

Family Member AUC Development Activity

3. Do any of your family members (including a spouse or minor child), participate in the development of Appropriate Use Criteria (AUC)? No / Yes

- If No, continue to question #4
- If Yes:

Describe the Relationship: (Relationship to you)

--

Organization Information

Organization Name:
Organization Address:
Is the organization a physician-owned entity? No / Yes

3a. Does a direct or indirect financial relationship exist between the participant listed above, who has substantively participated in the development of AUC and the organization listed above? No / Yes

- If No, continue to question #3b
- If Yes,

3a(1). Does the individual listed above receive Compensation from the organization listed above? No / Yes

- If No, continue to question #3a(2)
- If Yes, list compensation arrangement (e.g., salary, grant, consulting fee, contract, collaboration agreement, etc.)

List All Compensation Arrangements:

--

3a(2). List all indirect financial relationships this family member has with the organization listed above.

List All Indirect Financial Relationships:

--

3b. Do you have other family members participating in the development of Appropriate Use Criteria (AUC)?

- If No, continue to question #4
- If Yes, list all relationships as described in question #3

Ownership or Investment Interest in Organizations Participating in AUC Development

4. Does an ownership or investment interest exist between you, your spouse or minor child, and companies or organizations, including the qPLE or any other party participating in AUC development or modification, that may financially benefit from the AUC? No / Yes

If No: continue to question #5 "Certify the Disclosure"

If Yes:

- Describe the Relationship: (Self, Relationship to you)

--

- Organization Information

Organization Name:
Organization Address:
Is the organization a physician-owned entity? No / Yes

- Describe ownership or investment interest

--

List all additional relationships detailing the criteria listed for Question #4 above:

5. Disclosure Certification

I, _____ am disclosing all information I or my immediate family members (spouse and/or minor children) have with organizations involved in the development of Appropriate Use Criteria (AUC).

I understand and agree that Intermountain's Conflict of Interest Reporting Process is intended to supplement but not replace any requirements of applicable state or federal laws governing conflicts of interest applicable to organizations participating in the development or modification of AUCs.

I agree to complete a new Conflict of Interest disclosure statement when requested, or when I have a relevant change of circumstances (e.g., new involvement with development or modification of AUCs).

I understand that the information provided will be publicly available to requesting individuals for a period of not less than 5 years after the most recently published update of the relevant AUC.

Date: _____