

Preface to
CONFLICT OF INTEREST STATEMENT

A copy of the final Conflict of Interest Statement is attached to be completed by UM Committee members. A conflict of interest (aside from ownership in the hospital) does not automatically disqualify a member from participating in any given review. Rather, the conflict is just a factor for the UM Committee Chairperson to evaluate when weighing decisions about specific member recusals. Language has been added to the form to clarify this point.

Two additional notes: 1) it is not mandatory that any hospital use this exact form - if other acceptable forms have already been developed and/or executed, that is fine; 2) it is suggested that each hospital have UM Committee members re-sign the Conflict of Interest Statement on an annual basis, and, of course, whenever a new member joins the UM Committee.

[NAME OF HOSPITAL]

UTILIZATION MANAGEMENT COMMITTEE

CONFLICT OF INTEREST STATEMENT

Effective Utilization Management is dependent upon a multidisciplinary team working together to ensure appropriate utilization of resources, while providing quality care to patients. To that end, and in order to avoid the appearance of any conflicts of interest between [Hospital] and any member of [Hospital]'s Utilization Management Committee ("UM Committee") and in accordance with Medicare Conditions of Participation set forth at 42 CFR § 482.30, no UM Committee member ("Member") may have a direct financial interest in [Hospital]. Direct financial interest is defined as an ownership interest in the hospital through stock or otherwise. In addition, no Member may participate in the review and/or authorization of clinical cases in which he or she is the primary care giver, is a participant in a specific situation under review, or has any involvement either in the case or with the practitioner that would impact him or her personally, professionally, or financially.* By signing below, Member acknowledges that no current conflict of interest or potential conflict of interest exists and agrees to notify the Chairperson of the UM Committee if any actual or potential conflict shall arise, and agrees to abide by the decision of the Chairperson, including a request that the Member recuse himself or herself from the review of the clinical case in question.

Name of Member: _____

Signature of Member: _____

Date: _____

* Examples of potential conflicts of interests that should be reported to the UM Committee Chairperson:

- Member is related to the treating or consulting practitioner on the clinical case
- Member is in a group practice with the treating or consulting practitioner on the clinical case
- Member is related to the patient who is the subject of the clinical case
- Member is a competitor of the treating or consulting practitioner on the clinical case

Please note that this list is not exhaustive, nor does the inclusion of any relationship listed below necessarily constitute a conflict. The idea is to disclose matters which may raise a conflict so that they may be evaluated.