

Expert Consultant Consent to Public Disclosure of Opinion and Participation

Prior to drafting and during the development of a Local Coverage Determination (LCD), Medicare Administrative Contractors (MACs) may supplement their research with clinical guidelines, consensus documents or consultation by experts (recognized authorities in the field), medical associations or other health care professionals for an advisory opinion, when applicable. When a MAC consults with an expert, it must inform and obtain consent from the expert that their opinion may be used, disclosed publicly, and be clearly identified as such within the proposed or final LCD. The purpose of this document is to document WPS Government Health Administrators' (WPS/GHA's) compliance with this requirement pursuant to IOM 100-08 Medicare Program Integrity Manual Ch. 13 - Local Coverage Determinations, 13.2.3 - Clinical Guidelines, Consensus Documents and Consultation.

Do you or any member of your immediate family own stock or have another formal financial interest in any item or service affected by the LCD topic of pharmacogenomics for the meeting on June 26, 2019, on which you are opining, or in any company that develops, manufactures, finances, distributes and/or markets any such item or service?

Yes No

If yes, please explain:

Do you or any member of your immediate family own stock or have another formal financial interest in any company, including internet or e-commerce organizations, that develops, manufactures, finances, distributes and/or markets consulting, evidence reviews or analyses, or other services related to topic of discussion on pharmacogenomics on June 26, 2019?

Yes No

If yes, please explain:

I (Print Name), _____, hereby consent to the public disclosure of my opinion and agree that it may be used and will be clearly identified as my opinion within the following proposed or final LCD on pharmacogenomics as developed by WPS/GHA:

_____.

My Occupation and Employer: _____

I certify that the above statements are accurate and true.

SIGNATURE:

DATE:

Please return this signed and dated consent to: medicarepolicycomments@wpsic.com. The signature must be handwritten or an electronic signature. Stamped signatures are not acceptable.

Sincerely,

The WPS GHA Policy Department