

HOW CAN I WORK TOGETHER WITH MEDICAL TECHNOLOGY COMPANIES TO PROMOTE ETHICAL COLLABORATION?

AdvaMed and its members support the transparency goal of the Sunshine Law to ensure that health care professionals, like you, continue to make independent decisions regarding the health care and treatment of patients and the development and improvement of medical technology. You can work with us to promote strong standards in all interactions with industry. Medtech companies can assist you in educating your colleagues and patients about the requirements of the Sunshine Law. Important elements to remember include:

- Industry collaboration with health care professionals is necessary to promote the safe and effective use of medical technologies as well as design innovative and advanced technologies;
- Your patients and other stakeholders may not understand the benefits of industry collaborations with health care professionals, and how and why such collaborations may result in bona fide payments and transfers of value and the need to make such payments public;
- The specific information that is required to be reported by manufacturers that will be publicly available on the Internet;
- The importance of working with manufacturers to promote the accurate capture, tracking, auditing and monitoring, documentation and reporting of information to ensure maximum compliance with the Sunshine Law, as most of the information will be published by CMS onto a public website.

Value of Industry-Provider Collaborations

Collaboration and interactions between medical technology companies and health care providers are essential to advancing new, safe and effective medical technologies that benefit patients. AdvaMed recognizes that this goal must be balanced against the obligation of health care providers to make independent decisions regarding the care and treatment of their patients. AdvaMed and its member medical technology companies are committed to transparency with patients about interactions between providers and industry. For this reason, AdvaMed supports the Physician Payments Sunshine Law.

Many AdvaMed member companies have certified to compliance with the AdvaMed Code of Ethics on Interactions with Health Care Professionals which also supports ethical collaborations. It is by driving ethical collaborations that we help protect patients.

To see the companies that have certified to the Code, visit:

www.advamed.org/CodeCertification



For more information about the value of interacting with a company that has certified to the AdvaMed Code of Ethics

This brochure is intended to provide a brief educational summary of Sunshine Law's key transparency provisions. Please visit www.AdvaMed.org/Sunshine to see the entire text of the law.

THE PHYSICIAN PAYMENTS SUNSHINE LAW AND YOU

building stronger industry-physician interactions



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WHAT IS THE PHYSICIAN PAYMENTS SUNSHINE ACT?

Signed into law in 2010 as part of the Affordable Care Act, the Physician Payments Sunshine Act (the "Sunshine Law") requires manufacturers, including certain distributors, of medical devices, drugs, biologicals, and medical supplies to track and report certain payments made to and transfers of value provided to physicians and teaching hospitals.

The Sunshine Law also requires manufacturers and Group Purchasing Organizations (GPOs) to report certain ownership and investment interests held by physicians and their immediate family members.

WHY WAS THE SUNSHINE LAW ENACTED?

The main purpose of the Sunshine Law is to provide patients with enhanced transparency into the relationships their health care providers have with life science manufacturers, including medical technology companies. It's important to note that the Sunshine Law does not restrict industry-physician collaboration or interactions, or prohibit payments or transfers of value. ***Rather, it requires tracking and reporting of payments and transfers of value that result from these interactions.***

WHERE CAN I FIND MORE INFORMATION?

The Official CMS Website for the Sunshine Law, also referred to as the National Physician Payment Transparency Program: OPEN PAYMENTS:

<http://go.cms.gov/openpayments>

Information from the AMA:

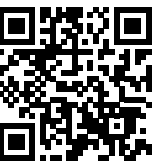
www.ama-assn.org/go/sunshine

Information from AdvaMed:

www.advamed.org/sunshine

Partners for Healthy Dialogues:

<http://www.healthdialogues.org>



What is the timing of the Sunshine Law requirements?

- **Aug. 1, 2013:** Manufacturers and GPOs are required to begin collecting information about payments, transfers of value, and ownership interests.
 - **Feb. 18, 2014 – Mar. 31, 2014 (Phase 1 Data Submission)**** Manufacturers & GPOs are required to submit aggregate 2013 payment data to CMS by March 31, 2014.
 - **May 2014 + 30 days or more (Phase 2 Data Submission)**** Manufacturers & GPOs are required to submit detailed 2013 data (covering Aug.– Dec. 2013 payments)
- ** This 2 phased approach only applies in 2014. Subsequent reports will cover an entire calendar year and will be due the 90th day of the following year.**
- **Aug. 2014** (in subsequent years, during the month of May): Physicians and teaching hospitals may access their own data via secure online portal for review and correction.
 - 45 Days to Review and Initiate Disputes
 - 15 Days to Resolve Disputes
 - **Sept. 30, 2014:** 2013 data published on a public website by CMS. In subsequent years, it will be published on June 30.

Who is required to report?

- **Manufacturers** of medical devices, drugs, biologicals, and medical supplies operating in the United States, including certain wholesalers/distributors and **certain entities under common ownership (5% or more)** with a Manufacturer (collectively, “Manufacturers”) must submit Transparency Reports annually to CMS on Payments / Transfers of Value given to Physicians and Teaching Hospitals;
- **Group Purchasing Organizations (GPOs)** and **Manufacturers** must report ownership and investment interests held by Physicians or their Immediate Family Members and any Payments / Transfers of Value to Physician Owner/Investors.

Which recipients of payments or transfers of value must be reported?

Payments and Transfers of Value made by Manufacturers to “Physicians” and “Teaching Hospitals” must be reported. Payments made to physicians and teaching hospitals through a third party or those made to a third party at the request of or on behalf of a physician or teaching hospital are reported and include the name of the third party.

- The Sunshine Law applies to all of the following types of doctors, as long as they hold a current U.S. license to practice:
 - Doctors of Medicine;
 - Doctors Osteopathy;
 - Dentists;
 - Podiatrists;
 - Optometrists; and
 - Chiropractors.

These doctors are subject to the law regardless of whether or not they are enrolled in Medicare, Medicaid or CHIP.

- Residents are **excluded** from the requirement (including residents in medicine, osteopathy, dentistry, podiatry, optometry and chiropractic).
- Third Party Entity recipients of a Payment/ Transfer of Value made “**at the request of**” or **in the name of** a Physician or Teaching Hospital, must be reported in the name of the physician and the recipient.

What Must Be Reported?

Payments, Transfers of Value, and Ownership / Investment interests.

Payments and Transfers of Value: must be reported when an item is worth \$10 or more and if items are worth less than \$10, when the sum of all items given to a particular recipient over a year exceeds \$100.

Manufacturers are required to report :

- Direct payments and transfers of value
- Indirect payments and transfers of value; and
- payments and transfers of value that are made to a third party **at the request of** or **on behalf of** a physician.

Ownership and Investment Interests held by **Physicians** or their **Immediate Family Members**, in GPOs and Manufacturers--

- the **Dollar Amount** Invested and the **Value** and **Terms** of the ownership or investment interest (excluding interests in publicly traded securities or mutual funds).
- Any **Payments / Transfers of Value** provided to the Physician owner or investor.

What details must be included in the report about the payment/transfer of value?

- **Manufacturer** or **GPO** Name;
- **Name** and **Business Address** of the Physician;
- **Specialty, NPI**, and **State Professional License Number**;
- **Dollar Value** and **Date** of the payment/transfer of value;
- **Form of Payment / Transfer of Value** (e.g., Cash/Cash Equivalent; In-kind Items / Services; Stock, stock option, or any other ownership interest; and Dividend, Profit, or Other Return on Investment);
- **Nature of Payment/Transfer of Value** –one of 16 pre-defined Categories (see next column)
- **Device Product Name, Therapeutic Area** or **Product Category** related to the payment/transfer of value;
- **Context** - (optional) brief description of the context of the payment/transfer of value;
- **Name of Entity** that Received the Payment/Transfer of Value, if not provided to the Physician directly;
- Whether the Payment/Transfer of Value was provided to a Physician holding **Ownership / Investment Interests** in the Manufacturer; and
- Whether the **Physician** or an **Immediate Family Member** holds the **Ownership/Investment Interest**;

How will research payments be handled?

Payments related to research must be reported separately and submitted the year the payment occurs stating the **institution name & principal investigators**. Some of these details may qualify for delayed publication to the public CMS website.

What are the Nature of Payment Categories that must be used to describe Payments and Transfers of Value?

The Payment/Transfer of Value must be categorized as one of the following:

- Consulting fee;
- Compensation for serving as faculty or as a speaker for an accredited or certified CE program;
- Compensation for serving as faculty or as a speaker for an unaccredited and non-certified CE program;
- Compensation for services other than consulting, including serving as faculty at an event other than a Continuing Education (CE) program;
- Honoraria;
- Gift;
- Entertainment;
- Food and beverage;
- Travel and lodging (including specifying the destination);
- Education;
- Research;
- Charitable Contribution;
- Royalty or License;
- Ownership or Investment Interest (Current /Prospective);
- Grant; and
- Space rental or facility fees (Teaching Hospital only).

Can physicians review the data and make corrections, if necessary?

Before information is publicly posted, a Physician will have 45 days to Review submitted data and Initiate Disputes once access to his/her own data is made available by CMS on a secure online portal. If the dispute is not resolved during this 45 day period, an additional 15 days are provided to come to a resolution.

If the dispute continues, the data will still be posted to the public webpage but will be flagged as Disputed.

Physicians are also able to seek correction or contest reports for two years after access has been provided to a report with disputed information.

What are the penalties for non-compliance?

Reporting incomplete or inaccurate information has the potential to mislead patients and other stakeholders and damage the reputation of manufacturers, physicians and teaching hospitals.

Depending on the circumstances, non-compliance with the Sunshine Law’s reporting requirements could subject a manufacturer to financial penalties ranging from:

- \$1,000 to \$10,000 for each payment or transfer of value not reported; and
- \$10,000 to \$100,000 for “knowingly” failing to report a payment or transfer of value.

The total maximum penalties which may imposed against a Manufacturer or GPO is \$1,150,000 per year.

What Payments/Transfers of Value are excluded from reporting?

Payments /Transfers of Value that are:

- for **Speaking at a Continuing Education Program** if 3 Conditions are met:
 - 1) Program meets accreditation / certification requirements and standards of ACCME, AOA, AMA, AAFP or ADA CERP;
 - 2) the Manufacturer does not select the speaker and does not provide a distinct, identifiable set of individuals to be considered as speakers; and
 - 3) the Manufacturer does Not Directly Pay the Physician Speaker
- from **Existing Personal Relationships** (e.g., one spouse who works for a manufacturer giving a gift to their spouse who is a Physician)
- **Less than \$10 when the total value for the year is less than or equal to \$100** (This amount to be adjusted beginning 2014 with the consumer price index)
- **Educational Materials That Directly Benefit Patients or are Intended For Patient Use**
- **Discounts** and **Rebates**
- **In-Kind Items for the Provision of Charity Care**
- **Product Samples** (including coupons and vouchers) where there is an agreement in writing that the products will be provided to patients
- **Evaluation/demonstration units** – of 90 days or less average daily use
- Items and Services **Provided Under a Contractual Warranty, Service or Maintenance Agreement**
- Received by the **Physician as a Patient** (e.g., Product Samples, Coupons, or Vouchers or as a subject in a research study)
- for the **Provision of Healthcare Services** provided to a manufacturer’s employees or their family (e.g., on-site clinic)
- for **Licensed Nonmedical Professional Services** (e.g., a physician-attorney paid only for legal services)
- for services with respect to a **Civil or Criminal Action or Administrative Proceeding** (e.g., as an expert witness)

What will be done with the reported information?

Most of what is provided in the Transparency Reports will be published annually on a public website that is searchable.

2013 data will be published on Sept. 30, 2014. (In subsequent years, information made public on June 30.)

Also by Sept. 30, 2014 (in subsequent years by June 30), CMS submits reports to states that include a summary of payments made to covered recipients in each state.

April 1, 2015 - CMS submits first annual report to Congress that will include aggregated information submitted during the previous calendar year (data collected in CY 2013 and submitted March 2014), as well as any enforcement actions taken and any penalties paid.