



OPEN PAYMENTS

Section 6002 of the Affordable Care Act

O P E N P A Y M E N T S

**C R E A T I N G P U B L I C T R A N S P A R E N C Y
O F I N D U S T R Y - P H Y S I C I A N
F I N A N C I A L R E L A T I O N S H I P S**

Center for Program Integrity

May 2013

CMS Disclaimer: This information is a summary of the final rule implementing the National Physicians Payment Transparency Program (Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests [CMS-5060-F], codified at 42 CFR Parts 402 and 403) This summary is not intended to override or take the place of the final rule which is the official source for requirements and information on the program.

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Presentation Topics

- Introductions
- Background
- ACA 6002 Overview
- Program Operations
- Specific Guidance
- Resources Available

BACKGROUND

CMS Disclaimer: This information is a summary of the final rule implementing the National Physicians Payment Transparency Program (Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests [CMS-5060-F], codified at 42 CFR Parts 402 and 403) This summary is not intended to override or take the place of the final rule which is the official source for requirements and information on the program.

Current Collaboration

Collaborations between physicians and the medical manufacturing industry are common – and can be beneficial.



94% of physicians have some type of relationship with industry¹

83% of physicians report receiving food and beverages in the workplace¹

\$15.7B spent by pharmaceutical industry in 2011 on face-to-face sales and promotional activities²

Research Funding

- From 1940 to 1965, NIH and other federal agencies contributed the majority of biomedical research funding
- During the 1970s, commercial funding grew as a result of constraints on the federal budget and other factors
- By 2001, *research and development from commercial actors reached 55-60% of the total spending on R&D*

Continuing Medical Education

- Continuing Medical Education (CME) courses have grown rapidly; in 1975 there were 3,677 accredited courses, in 2006, there were 93,582 accredited courses
- Historically funded by physicians, associations and hospitals
- Between 1998 and 2007 the share of CME funding from commercial sources increased from 34-48%

Downstream Impacts

Physicians reporting industry relationships have important interactions which further increase the impact of these relationships:

- 60% were involved in medical education
- 40% were involved in creating clinical practice guidelines

Purpose for Data Transparency

Cooperation promotes discovery and development of new technologies that improve health.

Conflicts of interest can potentially arise because of financial ties between medicine and industry.



Existing State-Level Transparency Initiatives

- Responding to greater calls for transparency, many states have enacted transparency regulations.

	Applicable to Drug Companies	Applicable to Device Companies	Compliance Program	Code of Conduct/Ethics	Transfer of Value Limits	Annual Reporting Requirements	Annual Certification of Compliance
California	X	X	X		X		X
Colorado	X	X				X	
Connecticut	X	X	X	X			
DC	X			X	X	X	X
Maine	X					X	
Massachusetts	X	X		X	X	X	X
Minnesota	X				X	X	
Nevada	X	X		X			X
Vermont	X	X			X	X	
West Virginia	X					X	

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Corporate Integrity Agreements (CIAs)

- Several dozen pharmaceutical companies have active Corporate Integrity Agreements (CIAs).
- Several of these pharmaceutical companies are required to publish their payments to physicians publically on their websites as a result of CIA agreements.
- Some other pharmaceutical companies have voluntarily opted to disclose their payments to physicians on their websites.

ACA 6002 OVERVIEW

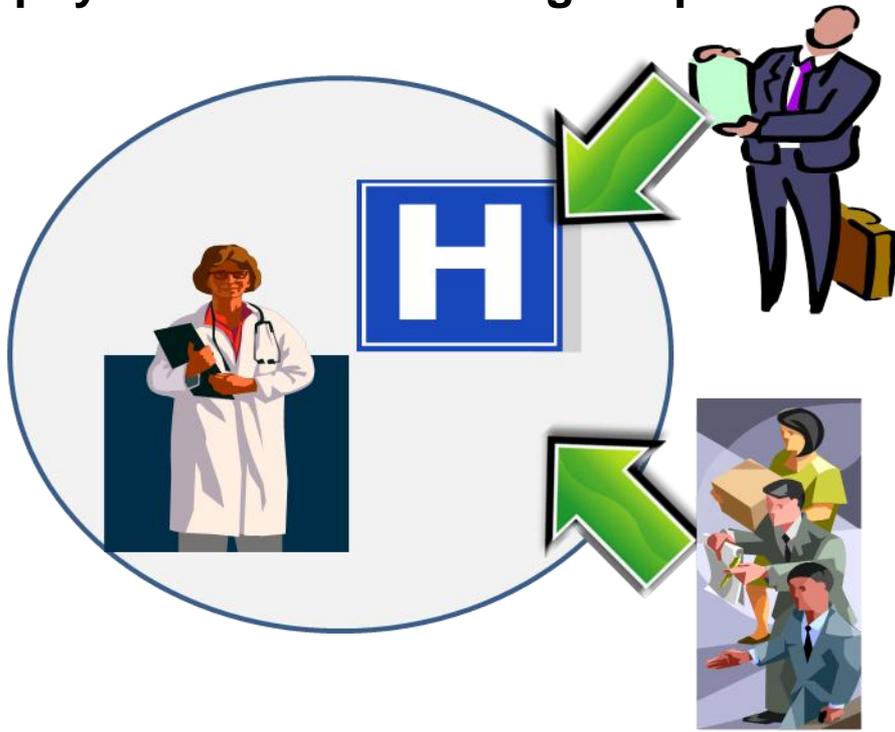
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Overall Objectives of the Rule

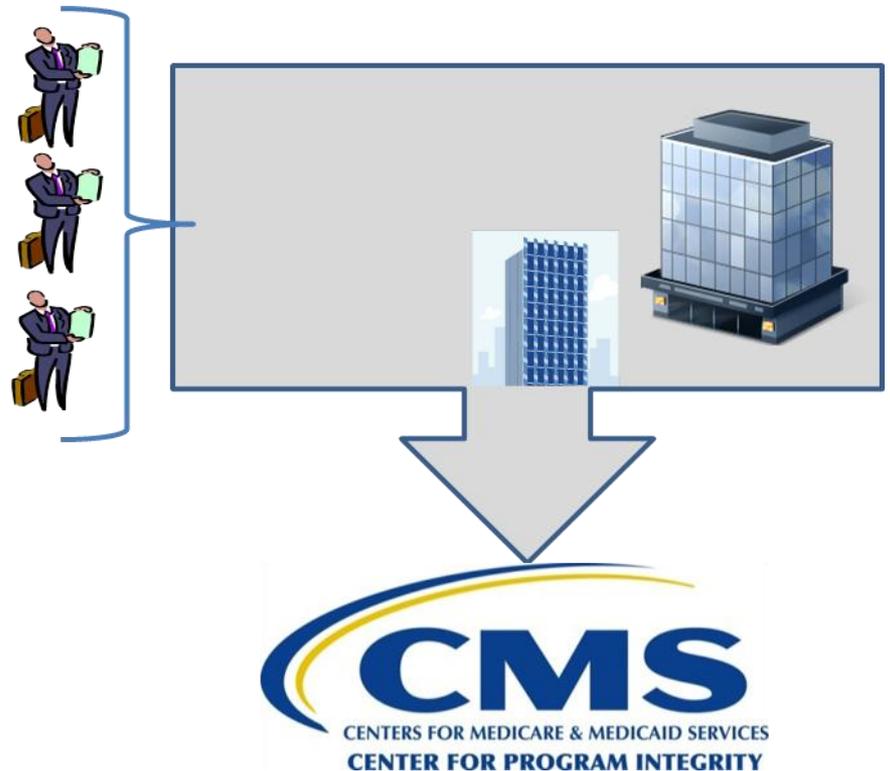
- Annual reporting of payments or other transfers of value between applicable manufacturers and physicians and teaching hospitals
- Reporting of physician and close family ownership and investment interests in applicable group purchasing organizations (GPOs) and applicable manufacturers
- Reporting of payments or other transfers of value between GPOs and physicians with ownership interest
- Display of reported data on a public website

How Will This Work?

Industry payments and other transfers of value are made to physicians and teaching hospitals



Companies collect payments and other transfers of value information and submit to CMS



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Who is Reported About

Physicians	Teaching Hospitals	Physician Owners or Investors (and family members)
<ul style="list-style-type: none"> • Doctor of Medicine, • Doctor of Osteopathy, • Doctor of Dentistry, • Doctor of Dental Surgery, • Doctor of Podiatry, • Doctor of Optometry, • Doctor of Chiropractic Medicine • Rule covers all physicians (SSA §1861(r) definition) – whether Medicare/Medicaid enrolled or not • Excludes residents and physicians that are employees of the applicable manufacturer. 	<p>Any institution that received a payment(s) under a Medicare:</p> <ul style="list-style-type: none"> • Direct graduate medical education (GME), • Inpatient hospital prospective payment system (IPPS) indirect medical education (IME), or • Psychiatric hospital IME programs during the most recent calendar year for which such information is available. 	<ul style="list-style-type: none"> • Stock, • Stock option(s) (other than those received as compensation, until they are exercised), • Partnership share(s), • Limited liability company membership(s), • Loans, • Bonds, or • Other financial instruments that are secured with an entity's property or revenue or a portion of that property or revenue.

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Examples of Transfers of Value

- Consulting fees
- Compensation for services other than consulting, including serving as faculty or speaker at an event other than CE program
- Honoraria
- Gifts
- Entertainment
- Food and beverages
- Travel and lodging
- Education
- Research
- Charitable Contributions
- Royalty or license
- Current or prospective ownership or investment interest
- Compensation for serving as faculty or speaker for an unaccredited and non-certified CE program
- Compensation for serving as faculty or speaker for an accredited or certified CE program
- Grants
- Space rental or facility fees (teaching hospital only)

Teaching Hospital List

- CMS has posted a downloadable list (in .csv, Microsoft Excel, and Adobe .pdf format) of all teaching hospitals for applicable manufactures to use.
- The teaching hospital list:
 - Shows all hospitals that CMS has recorded as receiving a payment(s) under a Medicare direct graduate medical education (GME), inpatient hospital prospective payment system (IPPS) indirect medical education (IME) or psychiatric hospitals IME programs during the latest year CMS is aware
 - Includes hospital names, addresses and taxpayer identification numbers
 - Will be valid for the entire program cycle
 - Will be posted by October 1 of each year for future data collections

The teaching hospital list for the 2013 OPEN PAYMENTS Program Cycle is **NOW posted on <http://go.cms.gov/openpayments>**

Who Does the Reporting

Manufacturers	Group Purchasing Organizations (GPOs)
<p>Entities that operate in the US <u>and</u> that either produce or prepare at least covered one drug, device, biological, or medical supply covered by Medicare/Medicaid/CHIP <u>or</u> operate under common ownership with applicable manufacturers.</p>	<p>Entities that operate in the US and that purchase, arrange for, or negotiate the purchase of covered drugs, devices, biologicals, or medical supplies.</p>
<p>Certain entities under common ownership (5% ownership interest) with an applicable manufacturer must also report.</p> <p>Some limitations on reporting by certain manufacturers (such as manufacturers that had less than 10% gross revenue for covered products, not all products).</p> <p>All entities under common ownership can submit a consolidated report.</p>	<p>Includes physician owned distributors that purchase products for resale.</p>

Summary of Reporting Requirements

	Applicable Manufacturers	Applicable GPOs
Payments or other transfers of value made to physicians and teaching hospitals		
Certain ownership or investment interests held by physicians or their immediate family members		
Payments or other transfers of value made to physician owners or investors		

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What is a Covered Product

Covered Products:



- **Drugs and biologicals:**
 - For which payment is available under Medicare, Medicaid or the Children's Health Insurance (CHIP) program, either separately (such as through a fee schedule) or as part of a bundled payment (for example, under the hospital inpatient prospective payment system),
 - Require a prescription to be dispensed

- **Devices and medical supplies:**
 - For which payment is available under Medicare, Medicaid or the Children's Health Insurance (CHIP) program, either separately (such as through a fee schedule) or as part of a bundled payment (for example, under the hospital inpatient prospective payment system), and for devices (including medical supplies which are devices)
 - Require premarket approval by or premarket notification to the U.S. Food and Drug Administration (FDA).

What is Reported



Transfers of Value

Payments or other compensation (stock, travel expenses, etc.):

- For each payment or transfer of value, the following data must be reported:
 - Covered recipient name and address
 - Physician covered recipient specialty, NPI, and state license state and number
 - Amount, date, form, and nature
 - Name of drug, device, biological, or medical supply associated with payment (allow up to 5 products to be reported and allows product class/therapeutic area for devices) and NDC if applicable
- Payments related to research must be included in a separate report which includes the name of the institution receiving the payments and principal investigators that is a physician.
- Ownership or investment interests held by physicians and their immediate family members.
- For each ownership and investment interest, the following data must be reported:
 - Physician covered recipient specialty, NPI, and state license state and number
 - Dollar amount, value, and terms of ownership or investment interest
 - Whether interest is held by an immediate family member of the physician
 - Any payments or other transfers of value made to the physician owner or investor

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What is NOT Reported

Transfers of Value NOT Reportable



- Transfer of value less than \$10
- Product samples
- Educational materials directly benefits patients
- Loan of covered device to recipient, not to exceed 90 days
- Items or services provided under contractual warranty
- Discounts (including rebates)
- In-kind items used for charity care
- Dividend or other profit distribution
- Payments for employees in self-insured plan
- Transfer of value to non-physicians
- Transfer of anything of value to patients

Reporting Example

Reporting of any **transfers of value** between **applicable manufacturers** and **covered recipients**.



Example

Dr. Smith attends lunch with her clinical team to discuss a new drug. She's impressed by it, and spends 12 months traveling and speaking to promote it, with expenses and honoraria paid by the manufacturer.

Note: Items underlined are reportable payments or transfer of values

Reporting Example

Reporting of any **transfers of value** between **applicable manufacturers** and **covered recipients**.



Example

ABC University Teaching Hospital receives \$10,000 from a drug manufacturer.

Note: Items underlined are reportable payments or transfer of values

Reporting Examples

Reporting of physician or family ownership and investment interests in **applicable GPOs** and **applicable manufacturers**.



Example

Dr. Smith's sister is a direct investor in a major medical device manufacturer.

Reporting of any **transfers of value** between **applicable GPOs** and physicians with ownership interests.



Example

To speak at a conference financed by the applicable GPO in which she participates and is an owner, Dr. Jones receives an honorarium from the applicable GPO.

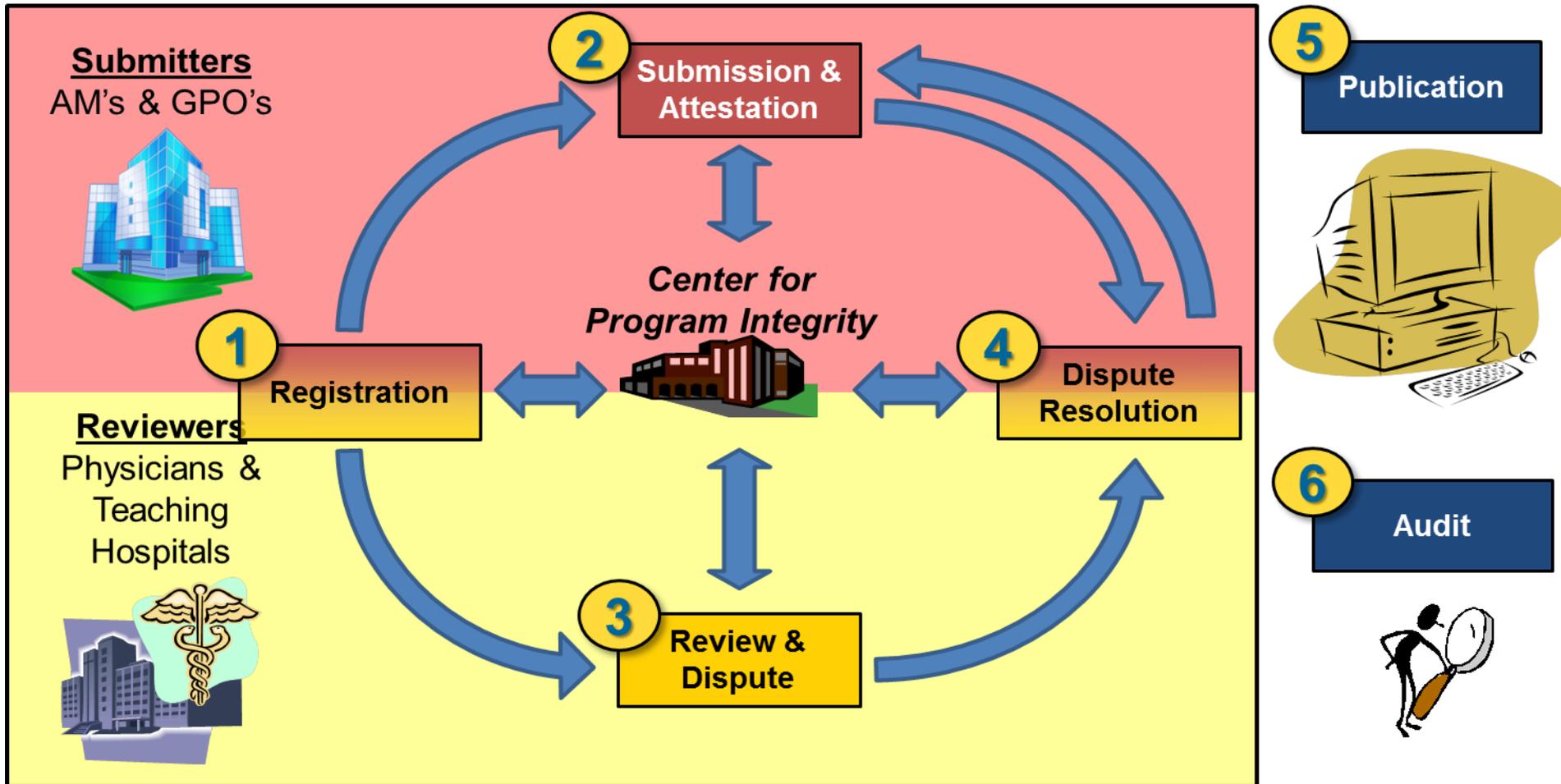
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PROGRAM OPERATIONS

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Core Business Functions



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Data Collection

- Three types of templates are available for use:
 - General payment data collection template (non-research) template
 - Research payment data collection template
 - Ownership and investment interest data collection template
- These templates have fields for:
 - Data element titles;
 - Descriptions and definitions of the data elements;
 - Acceptable field formats and values;
 - A descriptions of whether each element is required or optional for successful submission; and,
 - Other information to aid in the data collection process.

Data Collection Requirements

Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
Submission File Information (this section contains data elements which are reported once per submission file)						
1	Applicable Manufacturer or Applicable GPO Name Submitting File	Textual proper name of either the Submitting Applicable Manufacturer (AM) or Submitting Applicable GPO Name. If this file contains a single AM/GPO's set of payment(s) and/or transfer(s) of value records, this AM/GPO name will be used for all records in the file. If this file contains a Consolidated Report, this AM/GPO Name will be used as the Consolidated Reporter and the AM/GPO Names and NPPTP IDs of the sub-companies making the payment of value will be recorded with every payment or transfer of value record in the file.	Text	Yes	100 Char	Yes
2	Applicable Manufacturer or Applicable GPO Registration ID Submitting File	NPPTP generated alphanumeric identifier used to identify the Applicable Manufacturer (populated only with CMS provided identifier). If this file contains a single AM/GPO's set of payment/transfer of value records, this AM/GPO ID will be used for all records in the file.	Text	Yes	10 Char	Yes
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	"Y" = Yes; "N" = No	Yes	1 Char	No
4	Resubmission File Indicator	Indicator showing if this submission file contains ownership/investment interest records that are amended or corrected versions of previously submitted records.	"Y" = Yes; "N" = No	Yes	1 Char	No
5	Original File Submission ID	Generated alphanumeric identifier used to identify the original file submission. This data will be reported back to the submitter after a successful submission and should only be reported back in a resubmission for file identification purposes.	Alphanumeric	Yes IF Resubmission File Indicator = "Y"	15 Char	No
Submission Record Information						
Recipient Demographic Information						

General Template

Physician Ownership Template

Research Template

A link to the data collection templates for the 2013 OPEN PAYMENTS program cycle is **NOW** posted on <http://go.cms.gov/openpayments>

How will the Data Templates be Used?

	Applicable Manufacturers	Applicable GPOs
General payment data collection template (non-research) template	Used to report payments or other transfers of value to covered recipients (physicians and teaching hospitals)*	Used to report payments or other transfers of value to physician owners or investors*
Research payment data collection template	Used to report payments or other transfers of value to covered recipients (physicians and teaching hospitals)**	Used to report payments or other transfers of value to physician owners or investors**
Ownership and investment interest data collection template	Used to report all ownership or investment interests that are held by physicians or their immediate family members	Used to report all ownership or investment interests that are held by physicians or their immediate family members

* *that are **not** made in connection with an activity that meets the definition of research in the final rule.*

** *made in connection with an activity that meets the definition of research in the final rule.*

Registering with CMS

- All applicable manufacturers and applicable GPOs, who have information to report, **must** register with CMS on a CMS secure website prior to the submission of data for each reporting year.

	Applicable Manufactures	Applicable GPOs	Physicians	Teaching Hospitals
Who registers with CMS?	Yes, but only if there is data that has to be reported for the program cycle	Yes, but only if there is data that has to be reported for the program cycle	Optional, not required. Registering allows data to be seen and corrected before it is publically posted.	Optional, not required. Registering allows data to be seen and corrected before it is publically posted.
When does registration start for the 2013 program cycle?	Early 2014	Early 2014	Early 2014	Early 2014
When does registration end for the 2013 program cycle?	90 days after registration starts	90 days after registration starts	Does not apply	Does not apply
When does registration start for on-going program cycle?	January 1	January 1	Register at any time	Register at any time
When does registration end for on-going program cycle?	March 31	March 31	Does not apply	Does not apply

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Registering with CMS

- Physicians and teaching hospitals are **encouraged to register with CMS**, so that they are able to **review** submitted data to ensure it is accurate and complete, and if not, **dispute** the information and work with applicable manufacturers and applicable GPOs to make any necessary **corrections** to the information before CMS makes it public.

	Applicable Manufacturers	Applicable GPOs	Physicians	Teaching Hospitals
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Submitting Data to CMS

	Applicable Manufactures	Applicable GPOs	Physicians	Teaching Hospitals
Who must submit the data to CMS?	Yes, if they meet definition of an applicable manufacturer in 42 CFR 403.902 and have information to report	Yes, if they meet definition of an applicable GPO as stated in 42 CFR 403.902 and have information to report	Does not apply. Physicians do not have to submit data to CMS.	Does not apply. Teaching hospitals do not have to submit data to CMS.
When does submission start for the 2013 program cycle?	Early 2014	Early 2014	Does not apply	Does not apply
When does submission end for the 2013 program cycle?	90 days after submission starts	90 days after submission starts	Does not apply	Does not apply
When does submission start for on-going reporting years?	January 1	January 1	Does not apply	Does not apply
When does submission end for on-going reporting years?	March 31	March 31	Does not apply	Does not apply

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Data Attestation

- For each data submission, **applicable manufacturers and applicable GPOs** must attest that the data is **timely, accurate and complete**.
- Attestation applies to all original (first-time) submissions of data and also to any re-submissions of corrected data.
- CMS will consider the most recent, attested data from applicable manufacturers or applicable GPOs as the final submission.
- Data not attested to will not be accepted.
- CMS will provide more information about the attestation process later in 2013.

Review, Dispute & Correction Period

During:	What Happens During Review?	What Happens During Dispute?	What Happens During Correction?
Days 1 - 45	<ul style="list-style-type: none"> Applicable manufacturers, applicable GPOs, physicians and teaching hospitals review their data before it is made public 	<ul style="list-style-type: none"> Physicians and teaching hospitals can dispute information reported about them or their institutions. Disputes initiated during this 45 day period that do not get resolved will be in the public data, but shown as under dispute. CMS will not mediate any dispute. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with the disputing physician or teaching hospital to correct disputed data Applicable manufacturers or applicable GPO must send CMS a revised report to correct the data and re-attest to the updated data

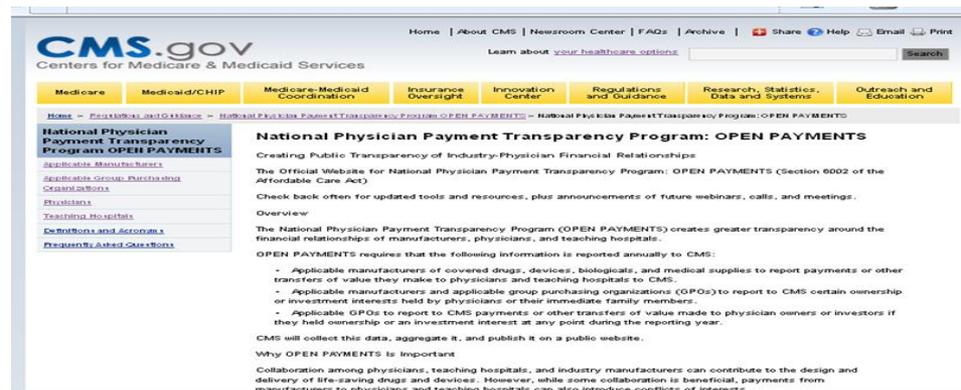
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Review, Dispute & Correction Period

During:	What Happens During Review?	What Happens During Dispute?	What Happens During Correction?
Days 46 - 60	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs seek to resolve disputes received from physicians or teaching hospitals Physicians and teaching hospitals may continue to review the data 	<ul style="list-style-type: none"> Physicians and teaching hospitals may continue to initiate disputes during this period but resolutions may not be reflected in publicly displayed data. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with physicians and teaching hospitals to make corrections Corrections made to disputes issued during this 15 day window (and resubmitted) may not be in the public data Applicable manufacturers and applicable GPOs must send CMS a revised report to make the appropriate corrections and re-attest to the updated data

Data Publication

- CMS will make data available on a public website
- Data will be searchable, aggregatable, downloadable
- 2013 data will be posted by September 30, 2014
- From the second implementation year on (2014 and after), data will be posted by June 30 of the following year



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Audits & Penalties

- Applicable manufacturers and applicable GPOs are required to keep all records related to payments or other transfers of value for at least 5 years from the date that the payment or other transfers of value are posted.
- Civil monetary penalties (CMPs) may be imposed on applicable manufacturers and applicable GPOs for not reporting information in a timely, accurate, or complete manner, or for *knowing* failure to report information in a timely, accurate, or complete manner.
- Any CMPs collected will be used by CMS to implement OPEN PAYMENTS.

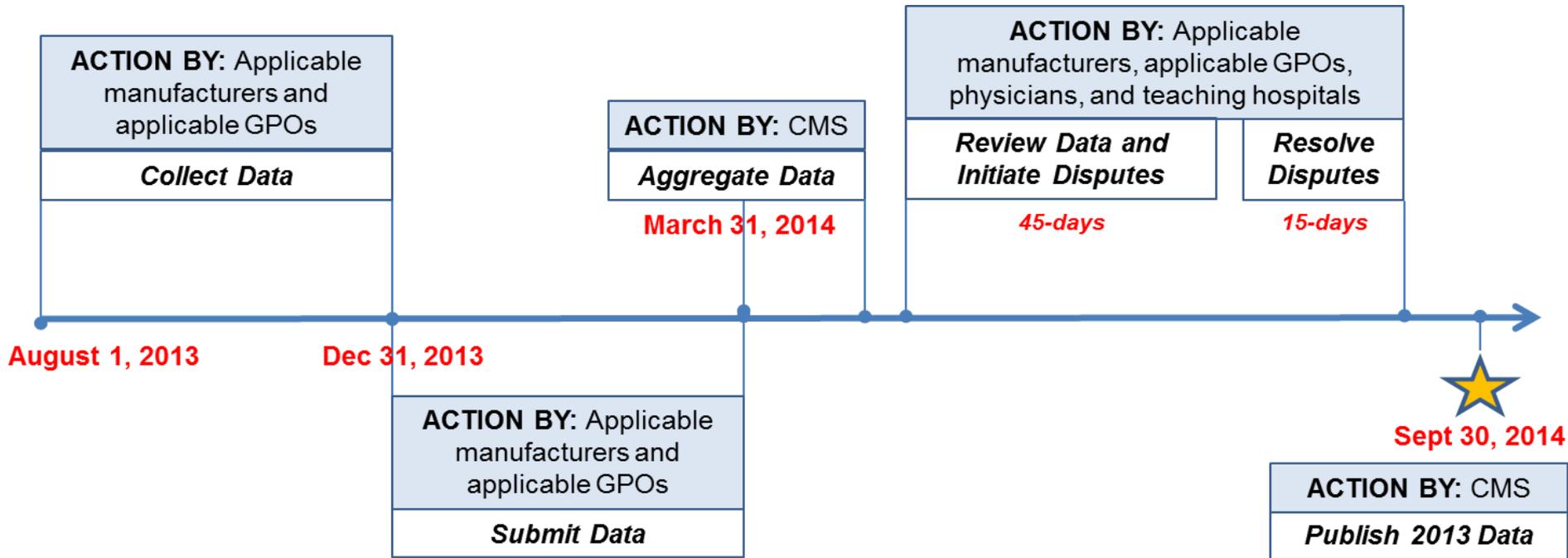
Situation	CMP
Failure to report <i>each</i> payment or other transfer of value, or ownership/investment interest in a timely, accurate, and complete manner.	At least \$1,000, but no more than \$10,000, with an annual maximum of \$150,000
<i>Knowing</i> failure to report <i>each</i> payment or other transfer of value, or ownership/investment interest.	At least \$10,000 but no more than \$100,000, with an annual maximum of \$1,000,000

2013 OPEN PAYMENTS Program Cycle

2013 OPEN PAYMENT Program cycle includes:

- 
- Collection Period (8/1/2013 – 12/31/2013)
 - Registration Period (early 2014)
 - Data Submission Period (by March 31, 2014)
 - Data Review and Dispute Period (2nd Quarter in 2014)
 - Correction Period (2nd Quarter in 2014)
 - Publication (September 30, 2014)

2013 Program Cycle Timeline

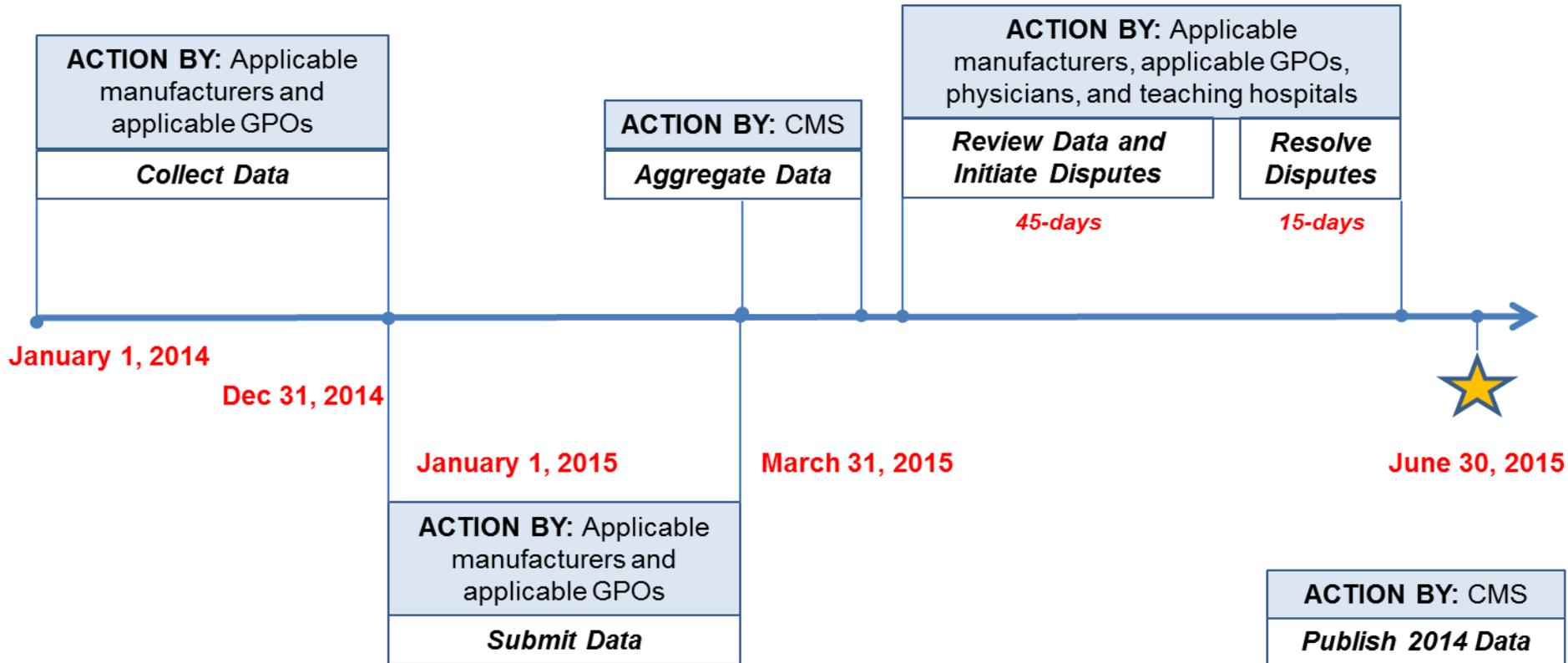


Timeline not drawn to scale.

NOTE: 5-months of data will be tracked, collected and submitted during the 2013 Program cycle

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2014 Program Cycle Timeline



NOTE: 12 months of data will be tracked, collected and submitted during the 2014 program cycle

Timeline not drawn to scale.

SPECIFIC GUIDANCE

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Reporting Research Payments and Delay in Publication

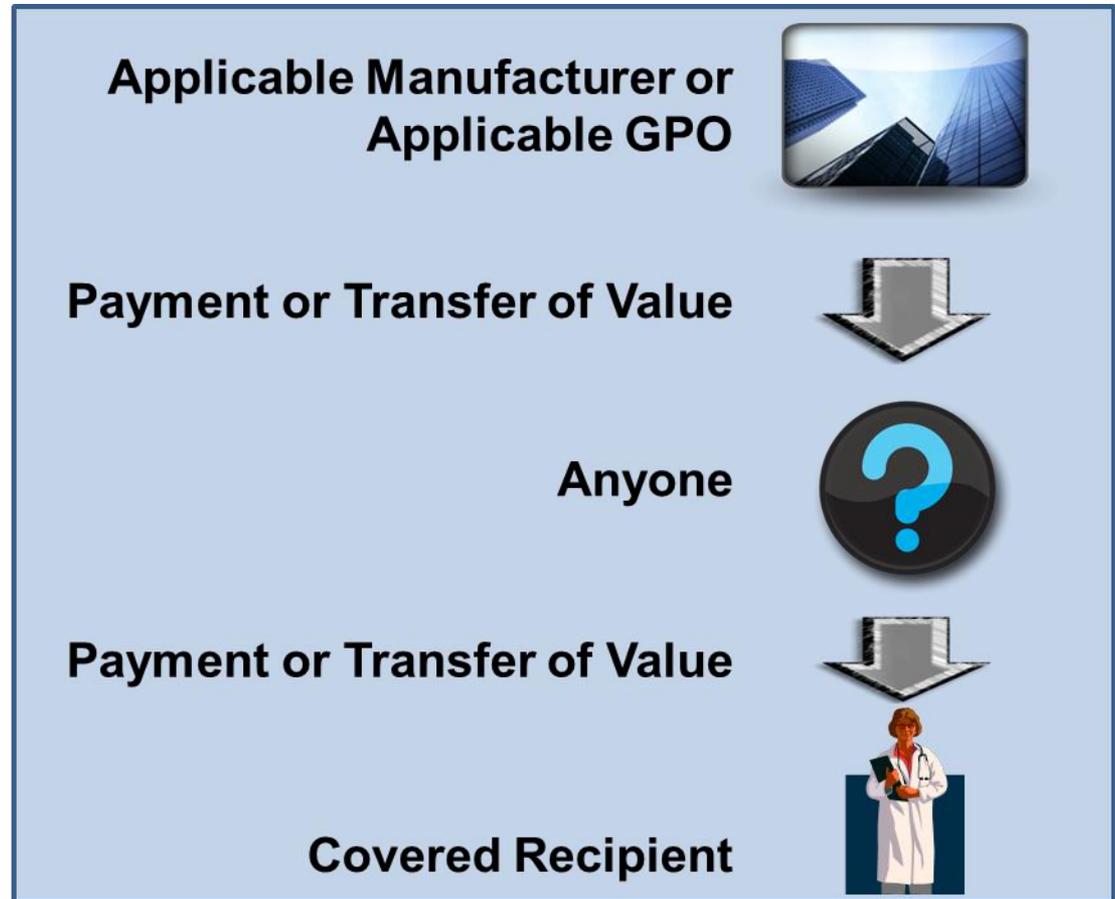
- Providing a balance between transparency and innovation is very important for this program.
- Payments or other transfer of value meeting the definition of research are reported separately.
- Applicable manufactures and applicable GPOs will report the total amount of the research payment included in a research protocol or agreement provided to a teaching hospital, physician, or non-covered recipient entity.
- Additionally, applicable manufacturer or applicable GPOs will report the names of physician principal investigators involved in the research study.

Reporting Research Payments and Delay in Publication

- Transfers of value related to research will also be displayed separately from other payments or other transfers of value on the public website.
- If they meet certain criteria, manufacturers can indicate that they wish to delay the publication of payments or other transfers of value related to research for up to four years or until the drug, device or biological under investigation achieves FDA approval, whichever comes first.

Indirect Payments

If the applicable manufacturer **directs or instructs** that the payment or transfer of value is **made to** a covered recipient, is this reportable?

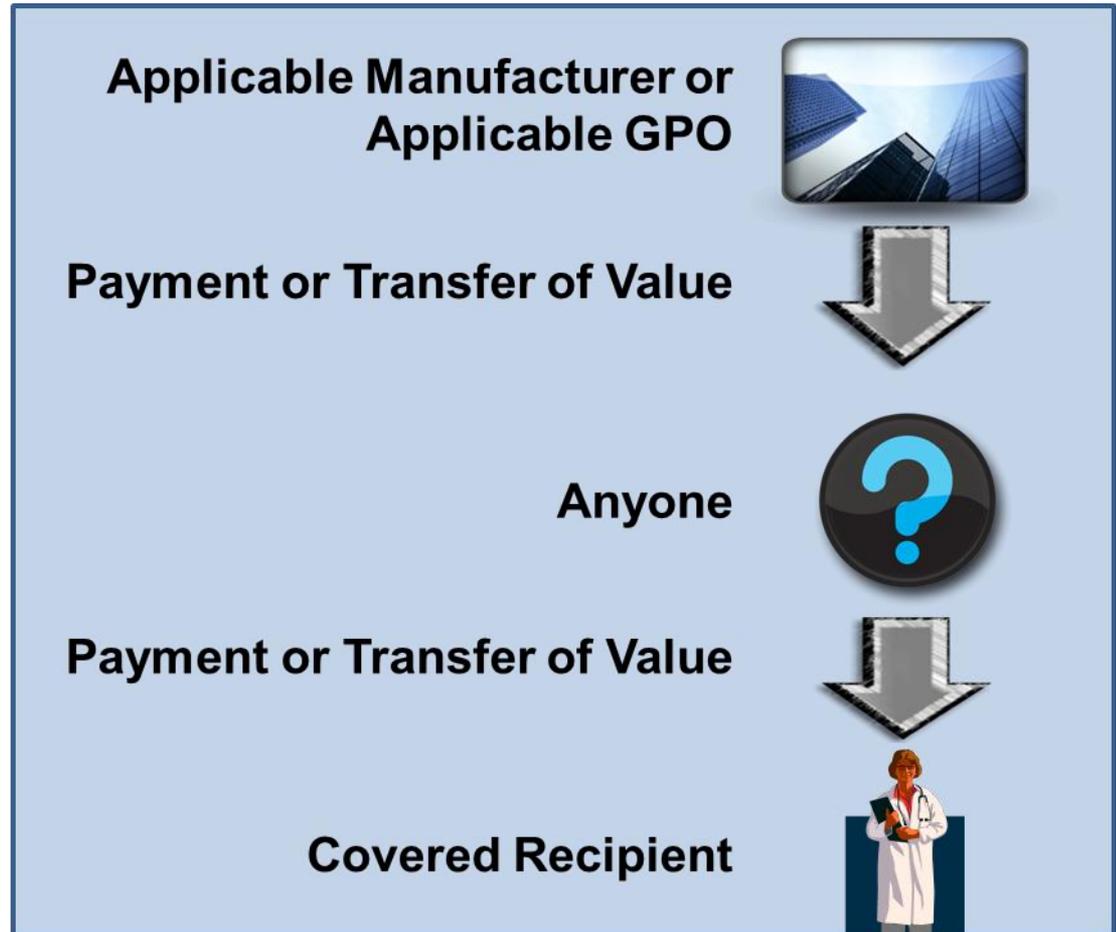


Indirect Payments

If the applicable manufacturer directs or instructs that the payment or transfer of value is made to a covered recipient, is this reportable?

Yes!

What is publically reported by CMS?



Indirect Payments

What is publically reported by CMS?



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Indirect Payments

- An indirect payment goes from a manufacturer to a physician or teaching hospital through an intermediary – say a specialty society or research organization.
- A payment is considered indirect, and reportable, if an applicable manufacturer or GPO requires, instructs, directs, or causes an intermediary to provide the payment or other transfer of value to a physician or teaching hospital.
- Applicable manufacturers are required to identify each physician who received a payment or transfer of value and report appropriately.

Continuing Medical Education

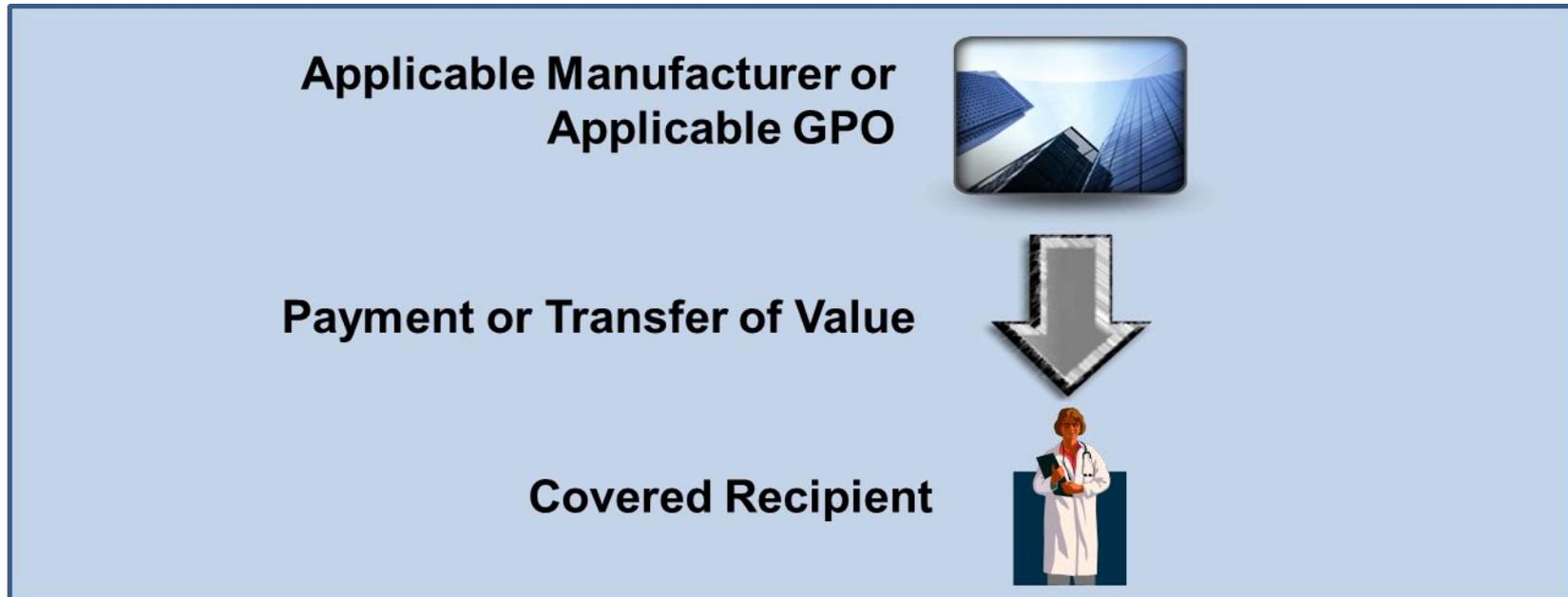
If you are	When is a CME Not Reportable ?
An Attendee	Any payments made to subsidize the costs of attendees at continuing education programs (as opposed to payments for faculty or speakers) are not reported.
A Faculty or a Speaker	The following three criteria must be met: (1) The program meets the accreditation or certification requirements and standards of the ACCME, AOA, AMA, AAFP or ADA CERP; (2) The applicable manufacturer does not select the covered recipient speaker nor does it provide the third party vendor with a distinct, identifiable set of individuals to be considered as speakers for the accredited or certified continuing education program; AND (3) The applicable manufacturer does not directly pay the covered recipient speaker.

Continuing Medical Education

If you are	When is a CME Reportable?
An Attendee	Any payments or transfers of value that are considered reportable under the general definition of the rule.
A Faculty or a Speaker	Any payments or transfers of value that are considered reportable under the general definition of the rule. If any of the following criteria are met: (1) The program <u>does not</u> meet the accreditation or certification requirements and standards of the ACCME, AOA, AMA, AAFP or ADA CERP; (2) The applicable manufacturer <u>selects</u> the covered recipient speaker or <u>provides</u> the third party vendor with a distinct, identifiable set of individuals to be considered as speakers for the accredited or certified continuing education program; (3) The applicable manufacturer <u>does</u> directly pay the covered recipient speaker.

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Third Party Payments



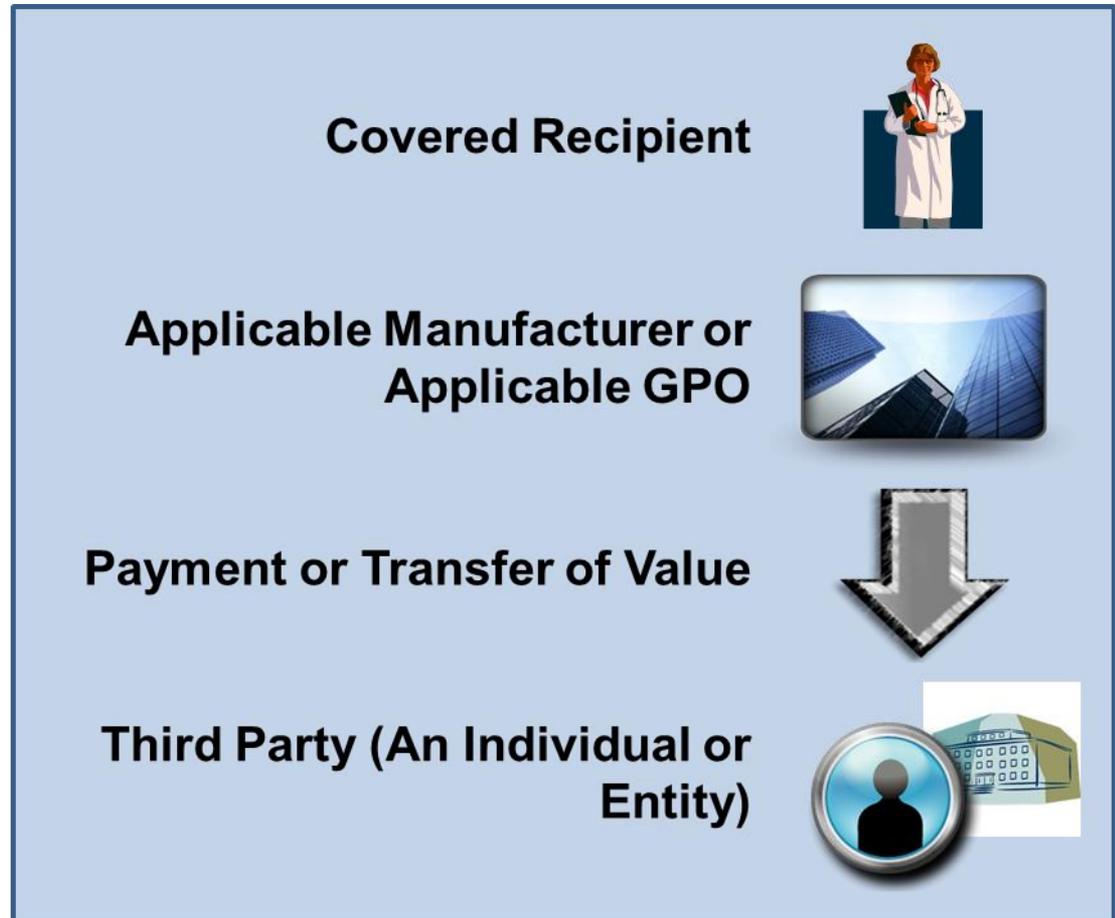
The covered recipient **requests or designates** the payment or transfer of value to a third party...

So, what happens then?

Third Party Payments

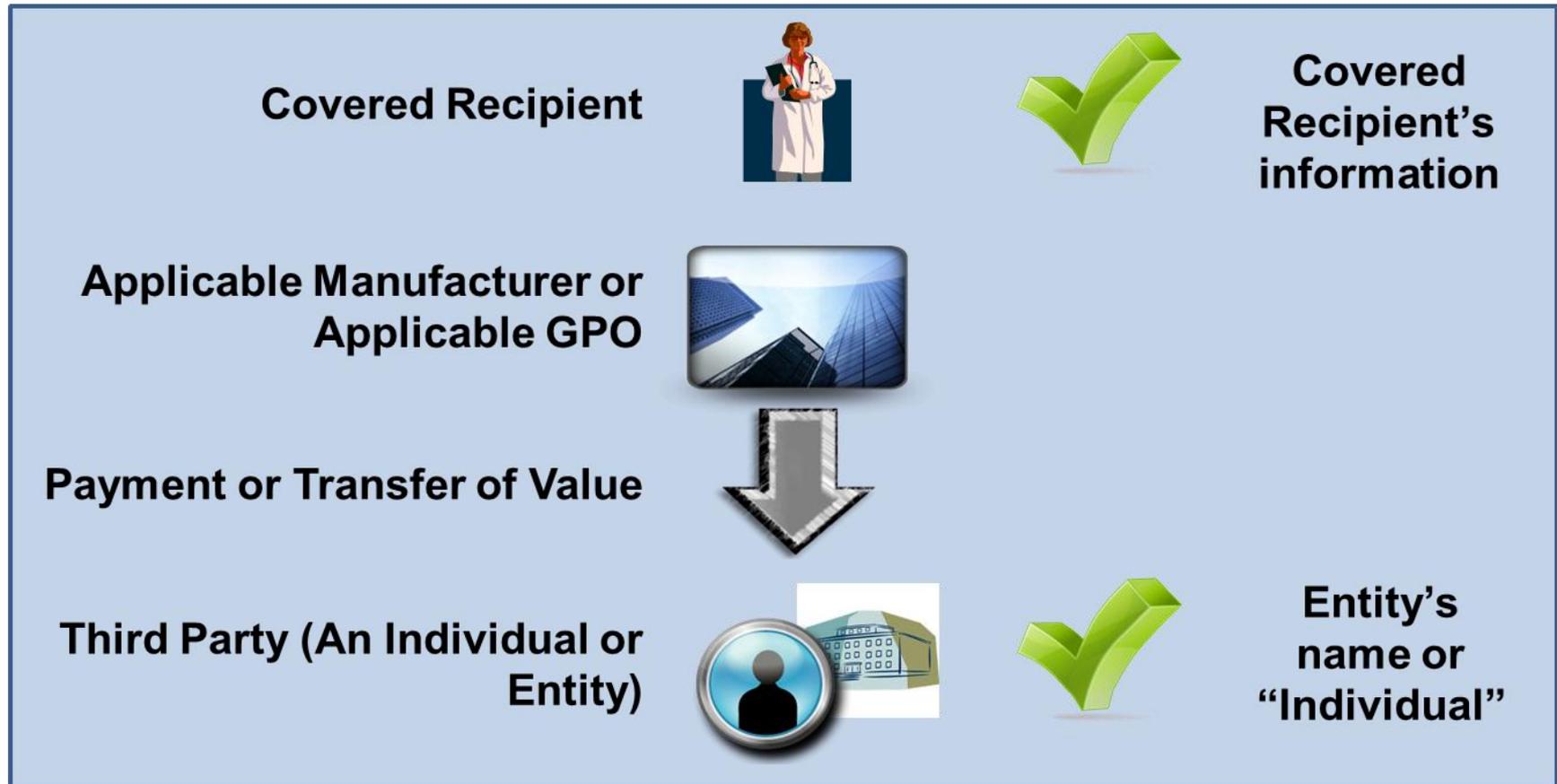
The covered recipient **requests or designates** the payment or transfer of value to a third party...

So, what is publically reported by CMS?



Third Party Payments

What is publically reported by CMS?

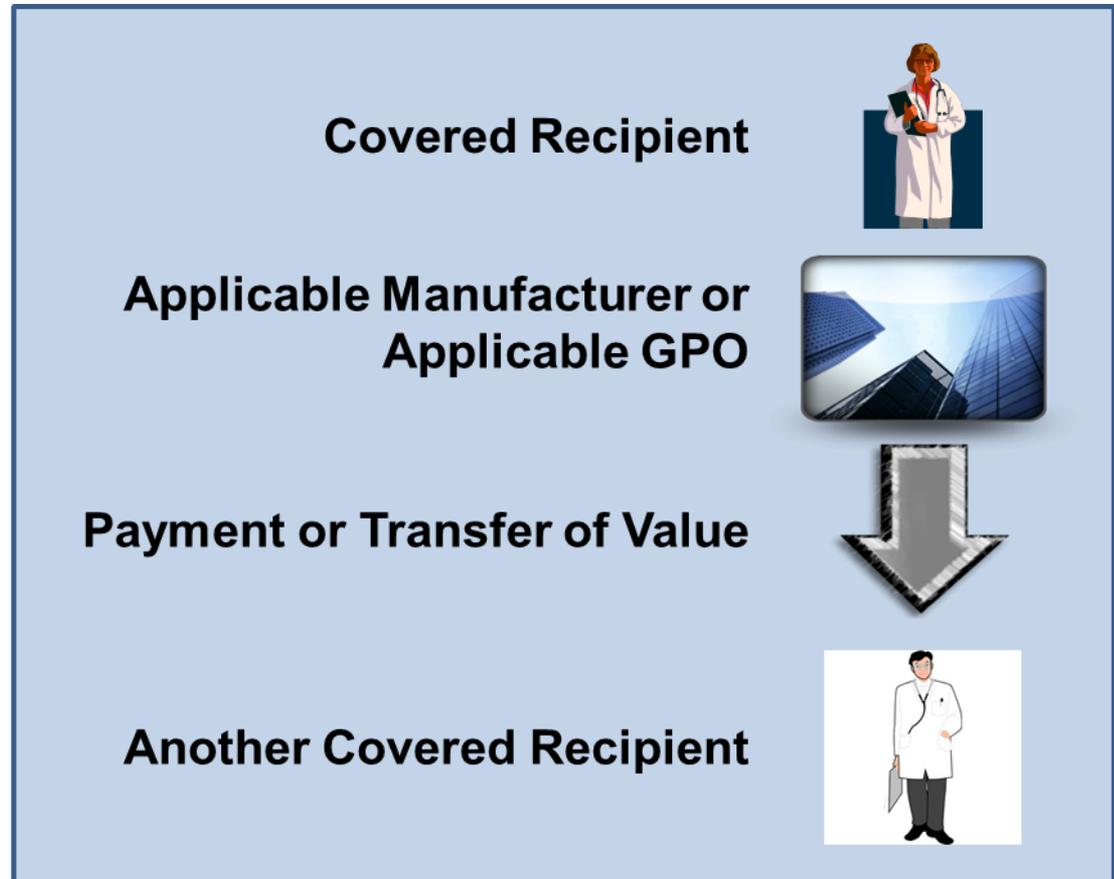


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Third Party Payments

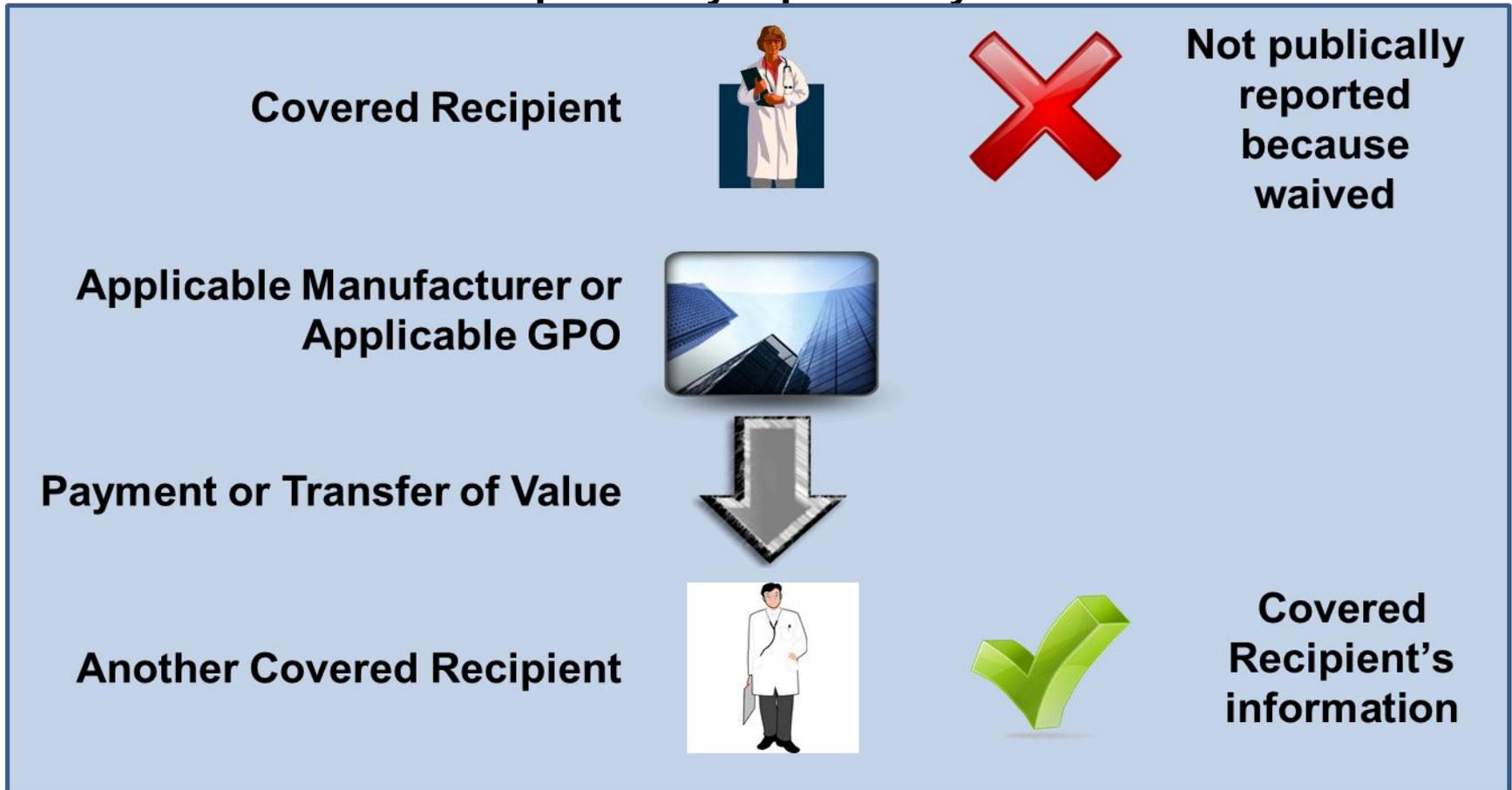
The covered recipient **waives** the payment or transfer of value **and** the applicable manufacturer provides the payment or transfer of value **to another covered recipient...**

What is publically reported by CMS?



Third Party Payments

What is publically reported by CMS?

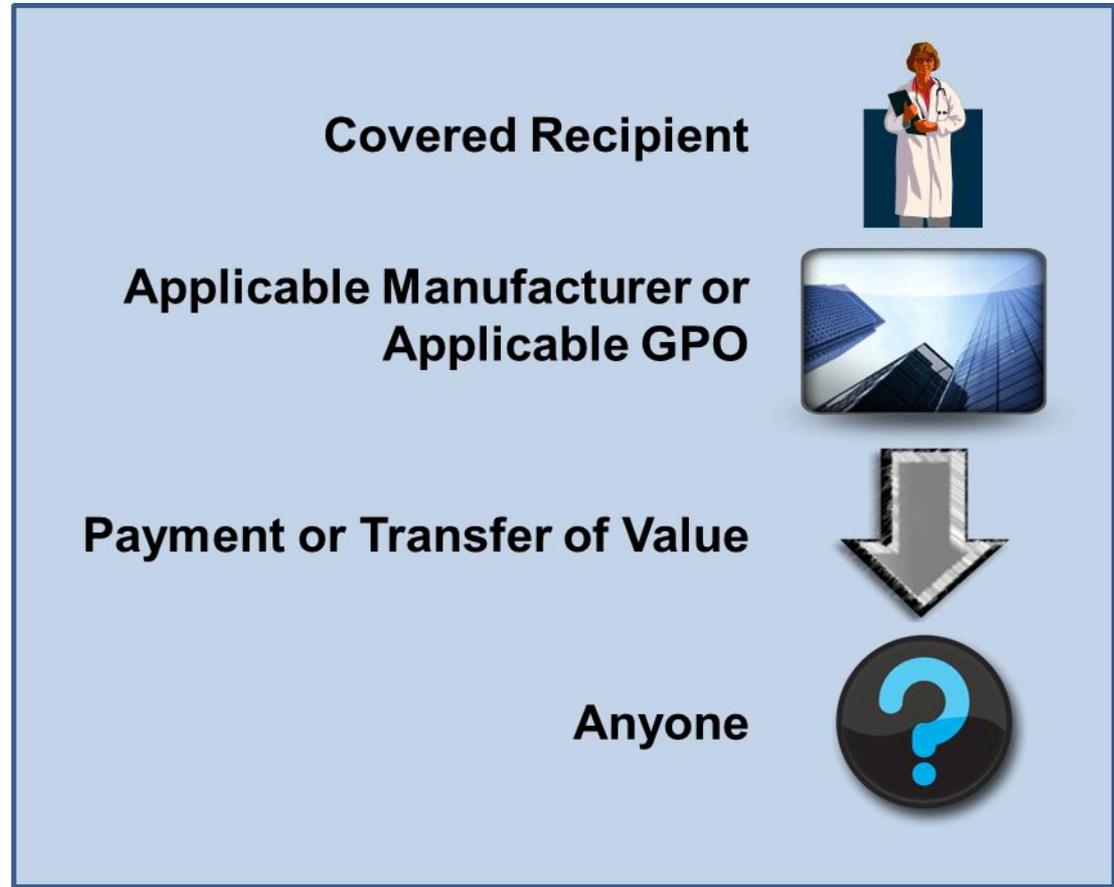


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Third Party Payments

The covered recipient **waives** the payment or transfer of value **and** the applicable manufacturer **does not** provide the payment or transfer of value **to anyone...**

What is publically reported by CMS?



Third Party Payments

What is publically reported by CMS?



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RESOURCES AVAILABLE

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Role of the Physician or Teaching Hospital

Physicians and teaching hospitals are not required to register with or send any information to OPEN PAYMENTS. However, to make sure we have the right information, we do encourage covered recipients to:

- ❑ Become familiar with the information that will be reported about you.
- ❑ Keep records of all payments and other transfers of value received from applicable manufacturers.
- ❑ Register with CMS and subscribe to the listserve to receive updates regarding the program.
- ❑ Look at the information applicable manufacturers submitted on the your behalf.
- ❑ Work with applicable manufacturers to make sure the information submitted about them is correct.

Physician Education: CME

- Available for physicians to learn more about OPEN PAYMENTS.
- Accessible via MedScape
- Accredited by the Accreditation Council for Continuing Medical Education, physicians can receive a maximum of 1 AMA PRA Category 1 Credit™
- Additional CME courses are being developed

Links are available on <http://go.cms.gov/openpayments>

Helpdesk & Webpage

- Helpdesk available at: openpayments@cms.hhs.gov
- Webpage available at: <http://go.cms.gov/openpayments>
 - Includes Overview Info, Program Fact Sheets (by stakeholder), Data Templates, Teaching Hospital List, Frequently Asked Questions and Definitions etc.

The screenshot displays the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, Email, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a search button. The main content area features a header for "National Physician Payment Transparency Program: OPEN PAYMENTS" and a sub-header "Creating Public Transparency of Industry-Physician Financial Relationships". The page includes a sidebar with a table of contents for the program, a main text area with an overview and a list of reporting requirements, and a footer with a "Trusted sites | Protected N" indicator.

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National Physician Payment Transparency Program: OPEN PAYMENTS

[Applicable Manufacturers](#)

[Applicable Group Purchasing Organizations](#)

[Physicians](#)

[Teaching Hospitals](#)

[Definitions and Acronyms](#)

[Frequently Asked Questions](#)

National Physician Payment Transparency Program: OPEN PAYMENTS

Creating Public Transparency of Industry-Physician Financial Relationships

The Official Website for National Physician Payment Transparency Program: OPEN PAYMENTS (Section 6002 of the Affordable Care Act)

Check back often for updated tools and resources, plus announcements of future webinars, calls, and meetings.

Overview

The National Physician Payment Transparency Program (OPEN PAYMENTS) creates greater transparency around the financial relationships of manufacturers, physicians, and teaching hospitals.

OPEN PAYMENTS requires that the following information is reported annually to CMS:

- Applicable manufacturers of covered drugs, devices, biologicals, and medical supplies to report payments or other transfers of value they make to physicians and teaching hospitals to CMS.
- Applicable manufacturers and applicable group purchasing organizations (GPOs) to report to CMS certain ownership or investment interests held by physicians or their immediate family members.
- Applicable GPOs to report to CMS payments or other transfers of value made to physician owners or investors if they held ownership or an investment interest at any point during the reporting year.

CMS will collect this data, aggregate it, and publish it on a public website.

Why OPEN PAYMENTS Is Important

Collaboration among physicians, teaching hospitals, and industry manufacturers can contribute to the design and delivery of life-saving drugs and devices. However, while some collaboration is beneficial, payments from manufacturers to physicians and teaching hospitals can also introduce conflicts of interests.

Trusted sites | Protected N

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- State Level Transparency and Disclosure Initiatives.

Evaluate Your Experience with Today's National Provider Call

- To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- We appreciate your feedback!



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Thank You

- For more information about the MLN, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>
- For more information about the National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>



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