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Assumptions and Context Boxes: To Do or Not to Do; That is the Question

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Agenda

- Regulatory Overview
- Potential Uses of Assumptions and Context Boxes
- Potential Risks
- Strategies for Documenting?
- Sword or Shield?
- Wait-and-See...? The Pros and Cons



Assumptions Documents: Regulatory Overview

Procedures for electronic submission of reports.

"Assumptions document. Applicable manufacturers and applicable group purchasing organizations may submit an assumptions document, explaining the reasonable assumptions made and methodologies used when reporting payments or other transfers of value, or ownership or investment interests. The assumptions documents will not be made available to covered recipients, physician owners or investors, or the public."

42 C.F.R. § 403.908(f)



Context Boxes: Regulatory Overview

 CMS agreed to adopt suggestions from commenters that applicable manufacturers be allowed to report free text contextual information about individual payments.

"We believe it could help the public better understand the relationships between the industry and covered recipients. In addition to consumers, we believe contextual information will be useful for covered recipients when reviewing the payments or other transfers of value. Hopefully, the context will provide information to help the covered recipient assess the accuracy of the payment."



Assumptions Documents: Potential Uses

- CMS plans to use the assumptions documents to determine whether additional guidance would help applicable manufacturers to fulfill their reporting duties, in particular to accurately classify nature of payment categories
- Specific Uses Identified by CMS:
 - Document the method used to estimate the value of ownership or investment interests
 - Clarify assumptions made to determine the nature of the payment category, e.g., where a payment fits into multiple possible categories, describing how the reporter defined the categories and why one was selected as the best fit
 - Explain assumptions used to determine the value of journal reprints provided to covered recipients
 - Explain the date of payment methodology used for payments that span multiple years or are bundled



Assumptions Documents: Potential Uses

- Other Potential Uses:
 - Describe how royalty rates were calculated
 - Explain criteria for CME grant decisions
 - Set forth corporate structure for purposes of categorization as a paragraph 1 or paragraph 2 applicable manufacturer
 - Define the company's employees, for purposes of whether recruiting payments must be reported
- Likely Not a Means of Dispute Resolution:
 - CMS refused commenters' requests to make assumptions documents available to covered recipients as a mechanism to mitigate disputes, because it "would be difficult for the agency to track and would greatly reduce the confidentiality of the documents"
 - However, applicable manufacturers are free to provide assumptions documents to covered recipients should they wish to do so



Assumptions Documents: Potential Uses

- CMS may issue guidance in response to assumptions
- Explaining assumptions can help establish good faith and avoid misunderstandings with CMS, other government agencies, prosecutors, or the media (or it could have the opposite effect...)
- Assumptions documents could be helpful in resolving disputes with covered recipients (but consider organization and structure of your assumptions if you are willing to disclose select assumptions to resolve such disputes)



Context Boxes: Potential Uses

Uses Identified by CMS:

- Unlike assumptions letters, CMS has not identified specific types of contextual information that would be appropriate for context boxes
- Instead, the reporting template indicates that reporting entities should include: "Any free text which the reporting entity deems helpful or appropriate"
- CMS has indicated, however, that context information can "help the public better understand the relationships between the industry and covered recipients" and will "be useful for covered recipients when reviewing the payments or other transfers of value"



Context Boxes: Potential Uses

Other Potential Uses:

- Payments that, without additional information, may invite scrutiny, from the public or otherwise, such as:
 - Large payments
 - Repeat payments to the same covered recipient
 - Payments to covered recipients of an unexpected specialty
- Brief contextual information enabling the public to understand the purpose of a payment, such as:
 - For consultants → a description of the legitimate need for the consulting services
 - For **CME speakers** → the **content** of the program
 - For royalties or licenses → a summary of the basis for these payments
 - For grants → a description of the work the covered recipient will conduct with the funding



Context Boxes: Potential Uses

- Minimize disputes with covered providers:
 - Covered recipients have 45 days to review data prior to publication
 - Covered recipient can dispute any reported payments, and applicable manufacturers must report the results of all disputes
 - If the dispute is not resolved by the end of the resolution period (60 days from release), CMS publishes the information and marks disputed data accordingly
 - Providing context to covered recipients may help preempt disputes



Context Boxes: Mechanics of Reporting

 A report must contain all of the following information for each payment or other transfer of value:

"Additional information or context for payment or transfer of value. May provide a statement with additional context for the payment or other transfer of value."

42 C.F.R. § 403.904(c)(12)

Special rules for research payments

"Research-related payments or other transfers of value to covered recipients . . . must be reported to CMS separately from other payments or transfers of value, and must include . . . [c]ontextual information for research (optional)."

42 C.F.R. § 403.904(f)(1)(vi)



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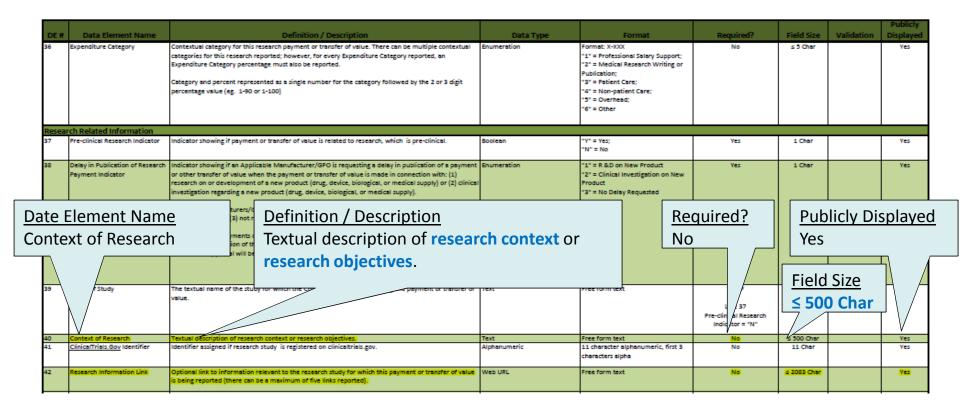
Context Boxes: Mechanics of Reporting (cont'd)

General Payments Reporting Template: Line 44

| DE # | Data Element Name | Definition / Description | | Data Type | Format | Required? | Field Size | Validation | Publicly Displayed |
|------|---|---|---------------------------|-------------|--|--|------------|---|-----------------------|
| | Record Information | Demition/ Description | | Data Type | Potinat | nequireu: | Field Size | Validation | Ubplayer |
| | Physician Ownership Indicator | If Recipient type = "Physician", does the physician hold ownership or investment in manufacturer? This indicator is limited to physician's ownership, not physician's family members' o | | Boolean | "Y" = Yes; "N" = No | Yes IF Line 6 Covered Recipient Type = "1" (Physician) | 1 Char | Limited to characters "Y" or "N" | Yes |
| 42 | Third Party Payment Recipient Indicator | Indicates if a payment or transfer of value was paid to a third party entity or individual at the request of or on behalf of a covered recipient (physician or teaching hospital). | | Enumeration | "1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment" | Yes | 1 Char | Limited to numeric characters "1," "2," or "3" | Yes |
| 43 | Name of Third Party Entity Receiving Payment or Transfer of Value | The name of the entity that received the payment or other transfer of value. | | Text | Free form text | Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity) | ≤ 50 Char | | Yes |
| 44 | Charity Indicator | Indicates the third party entity that received the payment or other transfer of value | e is a charity. | Boolean | "Y" = Yes; "N" = No | No | 1 Char | If reported, Third Party Payment | Yes |
| | | | Required | _ | | | | Publicly | |
| 45 | Third Party Equals Covered Recipient Indicator | Indicator showing the "Third Party" that received the payment or transfer of value | | arch Paym | Publication of ent indicator | Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity) or "2" (Individual) | | <u>Displayec</u> 'es | Yes |
| 46 | Contextual Information | Any free text which the reporting entity deems helpful or appropriate regarding th value. | is payment or transfer of | Text | Free form text | Yes IF the Delay in Publication of Research Payment Indicator equals "1" or "2" | s 500 Char | | Yes |
| | Date Element Name Contextual Information Definition / Description Any free text which the reporting entity deems helpful or appropriate regarding the payment or transfer of value. Field Size ≤ 500 Char | | | | | | | | |
| | 12 | | | | | | SI | DLE | Y |

Context Boxes: Mechanics of Reporting (cont'd)

Research Payments Reporting Template: Lines 40, 42





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Assumptions Documents: Potential Risks

- FOIA Requests:
 - Despite being confidential, the information could potentially be acquired through a Freedom of Information Act ("FOIA") request
 - "To the extent an assumptions document is requested under the FOIA, we would follow our predisclosure notification procedures at 45 CFR 5.65(d) and seek the submitter's input on the applicability of FOIA Exemption 4, which protects trade secrets and commercial or financial information that is obtained from a person and is privileged or confidential."

78 Fed. Reg. 9482

- Audit and/or Prosecution:
 - Although CMS has stated that it does "not intend to use the assumptions document for prosecution," it admitted that assumptions documents could serve as the basis for prosecution
 - "Other HHS divisions, the Department of Justice (DOJ), or the Office of the Inspector General (OIG) could request access to the documents as part of an audit or investigation into an applicable manufacturer or applicable GPO."



Context Boxes: Potential Risks

- The risk of reporting a payment in this type of vacuum is that the raw data can be misconstrued
- Transactional-level detail that you may not be able to get with assumptions
- Explaining the context of payments can help prevent others from inventing context
- Given the proven risks associated with negative press coverage namely a lengthy government investigation—incorporating contextual information into annual disclosure reports can be a lowcost measure to mitigate the risks associated with Sunshine Act reporting.



Assumptions Documents and Context Boxes: Strategies for Successful Use

- Compliance with law and company policy
- Ensure consistency; consider internal cross functional team, including coordination with Legal
- Internal v. external assumptions
- Coordination across the corporate family
- Nail down your corporate communications strategy



Cautionary Tales: Disclosure Without Context

| Recipi | ent Name(s) ¹ | | Activity Title | | Funding Amount ^a | | |
|--|--|--|-----------------------------|---------------------------|--------------------------------|----------------------|--------------------|
| Alaska Pharmacists | Association | Differentiating Type 1, 1.5 ar | \$2,000 | .00 | | | |
| American Academy MedEd Architects LL | of Family Physicians | AAFPLearningLink.org - Newe | \$349,824 | .00 | | | |
| American Academy Medical Logix, LLC | of Physician Assistants | State of the Art Diabetes Mar Early Insulin Therapy | \$61,440 | .00 | | | |
| American Associatio Diabetes Associatio | on of Diabetes Educators n of Atlanta, Inc. | 18th Annual Diabetes Univers | \$5,000.00 | | | | |
| American College o Med-IQ, LLC | Payee | Physician | Payee Location | Training and Education | Research and Development | Advisory Services | Royalties 0 |
| American Diabetes | 6 C Llc | | Atlanta, Georgia | | x | | X |
| American Diabetes | | Haid, Regis W, MD | | | | | |
| | Abbed, Khalid M, MD | Abbed, Khalid M, MD | New Haven, Connecticut | x | х | x | |
| American Diabetes | Abell, Thomas, MD | Abel, Thomas, MD | Louisville, Kentucky | х | х | | |
| American Diabetes | Abelseth, Jill, M, MD | Abelseth, Jil, M, MD | Albany, New York | х | х | | |
| American Diabetes Abodeely, Adam, MD | | Abodeely, Adam, MD | Saranac Lake, New York | х | | x | |
| American Health Re | Abraham Rivera Md Llc | | Tampa, Florida | х | | | |
| | | Rivera, Abraham, MD | | | | | |
| American Pharmaci | Advanced Pain Management C | enter | Victorville, California | х | | | |
| | | Park, Joe Je-Woo | | | | | |
| | Al-Ahmad, Amin, MD | Al-Ahmad, Amin, MD | Stanford, California | х | | | |
| | Alastra, Anthony, MD | Alastra, Anthony, MD | Staten Island, New York | | х | | |
| | Alan Levi Inc | | Key Biscayne, Florida | х | | | |
| | | Levi, Alan D, MD | | | | | |
| | Ames, Christopher, P. MD | Ames, Christopher, P, MD | San Francisco, California | х | | | |
| | Amir Saffarian Md Inc | | Morgan Hil, California | х | | | |
| | | Saffarian, Amir, MD | | | | | |
| | Anand, Neel, MD | Anand, Neel, MD | Los Angeles, California | х | х | | x |
| | Anderson, D Greg, MD | Anderson, D Greg, MD | Egg Harbor Township, New Je | | | | X |



Cautionary Tales: Disclosure Without Context (I)

| Payee | Physician | Payee Location | Training and J Education | Research and Development | Advisory Services | Royalties 🔍 |
|---|--|---|-----------------------------|-----------------------------|-------------------------|--|
| 6 C Llc | | Atlanta, Georgia | | х | | х |
| | Haid, Regis W, MD | | | | | |
| Abbed, Khalid M, MD | Abbed, Khalid M, MD | New Haven, Connecticut | x | х | × | |
| Abell, Thomas, MD | * Thomas, MD | Louisville, Kentucky | Х | х | | |
| Abelseth, Jill, M, MD | - 40 | Albany, New York | х | х | | |
| Abodeely, Adam, MD | Abous. | Saranac Lake, New York | х | | × | |
| Abraham Rivera Md Llc | | -i-la | Х | | | |
| | Rivera, Abraham, ML | | | | | |
| Al-Ahmad, Amin, MD Alastra, Anthony, MD | When Medtronic pays an entity for either services provided or royalties earned by a service provider, Medtronic doe not know the amount of payment, if any, the entity makes to the service provider. As such, the payment data presented in this registry may not reflect amounts received by individual service providers. | | | | | |
| Alan Levi Inc | | | • | | | nt data |
| | | | • | | | nt data |
| Ames, Christopher, P, MD | | gistry may not reflect amoun | • | | ders. | nt data)ate July 201: |
| Ames, Christopher, P, MD | Payments to 6 C | gistry may not reflect amoun | • | | ders. Year to D | ate July 201; |
| Ames, Christopher, P. MD Amir Saffarian Md Inc | Payments to 6 C Research and Dev | gistry may not reflect amoun | • | | ders. Year to D S | 0ate July 201: 5,000 - \$9,999 |
| Alan Levi Inc Ames, Christopher, P. MD Amir Saffarian Md Inc Anand, Neel, MD Anderson, D Greg, MD | Payments to 6 C Research and Dev Royalties | gistry may not reflect amoun Lic elopment | ts received by indiv | idual service provid | ders. Year to D S | ate July 201: 5,000 - \$9,999 \$1,188,000.00 |
| Ames, Christopher, P. MD Amir Saffarian Md Inc Anand, Neel, MD | Payments to 6 C Research and Dev Royalties Physician's Roy Cervical S Anterior C | gistry may not reflect amoun | ts received by indiv | idual service provid | ders. Year to D S | ate July 201: 5,000 - \$9,999 \$1,188,000.00 |



Cautionary Tales: Disclosure Without Context (I)

Bone-fusion protein raises questions about doctors' financial stakes

Some question whether doctors should be allowed to do clinical trial research involving products that might enrich them or the company they work for.

^{By} **Doctors question journal articles**

"[E]arlier this year, Medtronic began listing payments to doctors on its website, a practice that will become law when the Physician Payment Sunshine Act goes into effect . . . *The Journal Sentinel used that database to check payments made this year to a core of prominent doctors* who have published research about BMP-2 since its approval. . . . *Three of the four authors of a 2004 article . . . are listed as receiving nearly \$4*

Medtronic paid surgeons millions for other produc million this year in royalties"

By Trial with questionable results

Success rate higher for surgeons with financial ties to device maker

By Researchers get royalties, papers omit sterility

Doctors receiving funding differ from others on complication

By John Fauber of the Journal Sentinel

May 25, 2011 (50) Comments

"Last year, a Journal Sentinel investigation found that doctors who had financial relationships with Medtronic produced substantially better results with Infuse in the clinical trial leading to its FDA approval than doctors who did not have financial ties to the company."



Cautionary Tales: Disclosure Without Context (II)

| | Recipient Name(s) ¹ | | Activity Title | Funding Amount ² | |
|---|---|--|--|-----------------------------|-----------------------|
| Scripps Hea | alth | Scripps C | ancer Centers Oncology Nurses Symposium | \$15,000.00 | |
| Scripps Hea | alth | Comprehe | ensive Diabetes Care and Clinical Management Program | \$5,000.00 | |
| Scripps Hea | alth dba Scripps Clinical Research | 2009 Van | derLaan Diabetes Lectureship Series (Wednesday) | \$3,102.00 | |
| Scripps Me | morial Hospital - La Jolla | The Art a | nd Science of Insulin Management and Incretin Therapy | \$3,500.00 | |
| Shands Jac | ksonville | EMS & Co | mmunity Education on STEMI Awareness and Activation | \$5,000.00 | |
| Sharp Healt | thCare Foundation | 5th Annua | al Antithrombosis Therapy Conference | \$5,000.00 | |
| Sinai Hospi | tal | Oncology | Grand Rounds | \$3,500.00 | |
| Society of H | lospital Medicine | Concerning and the second second second second | Reduce the Likelihood of Patient Harm Associated with the Use of Anticoagulation Therapy | | |
| Southern M | odial Association | | ual Conference on Hypertension - Focus on Hypertension, | 45 000 00 | |
| St. Vincen | t. Vincen Recipient Name(s) ¹ | | Activity Title | Funding | g Amount ² |
| St. Bernar The University of Arizona College of Medi | | edicine | 9th Annual Women's Mental Health Symposium | | \$10,000.00 |
| The University of Texas M. D. Anderson St. Lukes- Center | | on Cancer | Hepatobiliary Surgery Clinical Research Fellowship | \$75,0 | |
| St. Lukes- Center St. Lukes- Center | | on Cancer | A Comprehensive Board Review in Hematology and Med Oncology | lical | \$10,000.00 |
| St. Vincen Center | | on Cancer | Living With, Through and Beyond Cancer - Anderson Ne 21st Annual Patient & Caregiver Conference | | |
| | The University of Texas M. D. Anderson Cancer Center JWC Covenant, Inc. | | Hematologic Malignancies 2009 - Fifth International Cor | nference | \$10,000.00 |
| | The University of Utah School of Medicine North American Thrombosis Forum | | North American Thrombosis Summit 2009 | | \$30,000.00 |
| | TriHealth Seniors Health | | TriHealth Seniors Health Symposium | | \$2,000.00 |



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Sword or Shield? What is your strategy?

- Would context boxes or an assumptions document have made a difference?
- Would additional information have led to more inquiry or less?
- What value can either bring other than what CMS has suggested?
- Do you have the resources to support the drafting , review and audit?
- Are you indirectly creating an assumptions document through training materials and tracking instructions?
- What is everyone else doing?



Case Study for Assumptions Document : Journal Reprints

- Do you have a policy or other forms of documented guidance on whether it is permissible to distribute reprints?
- Is there a documented process (or several) for distribution?
- If so, how are they currently being distributed?
 - Email, personal delivery, US Mail
 - Copied on personal computers, corporate office or third party vendor or all
 - Medical Affairs or Commercial
- How are you calculating the value?
 - Cost equally over the course of the year
 - Medical Affairs rate is different than commercial rate
- Is it a gift or educational item?
- What if they are distributed to consultants for preparation purposes?



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Concluding Thoughts

| Context Boxes | Assumptions Documents |
|--|---|
| Frame purpose of payments and control messaging to the public | Address transactions or circumstances not addressed by guidance |
| A possible tool to minimize potential disputes with covered recipients | Explain aggressive stances to avoid any future allegations of fraud |
| Use for large, repeat, or unusual payments | Use to discuss information that should not be made public but that should be disclosed to CMS |

Ensure compliance with all fraud and abuse laws and company policy Ensure ALL training is consistent with any assumptions and context Continue to track and report data for assumptions with which CMS may disagree Remember, even internal assumptions can be audited by CMS

