What is the National Physician Payment Transparency Program (Open Payments)?
The National Physician Payment Transparency Program, also known as the Sunshine Act or Open Payments Program, is administered by the Centers for Medicare and Medicaid Services (CMS). The Sunshine Act requires certain pharmaceutical and biomedical device manufacturers to report payments or other transfers of value given to U.S. physicians, covered recipients, and teaching hospitals, such as The Nebraska Medical Center and Children’s Hospital & Medical Center.

Who is a Physician?
The term "physician" includes MDs, DOs, dentists, podiatrists, optometrists, and chiropractors. The term includes fellows. The term "physician" excludes residents, medical students, support and office staff, and others.

Who is a Covered Recipient?
The term “covered recipient” includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified nurse anesthetists, and anesthesiologists, assistants and certified nurse midwives.

Are physicians required to do any reporting?
No; only manufacturers are required to make reports. However, covered manufacturers may ask covered recipients and CME providers to provide information to them so it can be included in a report.

What kinds of payments are reported?
Payments for research, such as grants, must be reported by manufacturers. Payments for consulting, honoraria, travel expenses, meals, entertainment, gifts, stocks, educational materials like textbooks or journal reprints, participating in a paid advisory board, and writing manuscripts also must be reported. Reports are only required for physicians licensed to practice in the United States.

What physician or covered recipient information is reported?
Manufacturers are required to report identifying information about the physician to whom the payment was made, including their name, business address, specialty, NPI and license number, the nature and amount of the payment or transfer, and any explanatory details. Where applicable, the name of the manufacturer’s product(s) related to the payment or transfer will also be reported.

Are there any exceptions from reporting? Can I opt out?
Yes, some payments and transfers are exempt. For example:
- Payments for speakers and faculty at certain accredited CME events namely those carrying accreditation from the ACCME, AAFP, ADA CERP, AMA and the AOA
- Food and beverage provided to all attendees of a large-scale conference or meeting, and food served in a buffet.
- Product samples intended for use by patients.
- Educational materials for use by or with patients, such as anatomical models.
- Payments or transfers of less than $10 in value unless they exceed $100 in annual aggregate.

The only way to opt out of reporting is to not accept a reportable payment or transfer of value.

What does the government do with the reports?
CMS accepts reports on an annual basis. Reporting entities collect data all year and submit the past calendar year’s data between February 1 – March 31. CMS compiles the reports, and physicians and teaching hospitals are given an opportunity to review the reports and initiate any disputes if they believe that a report has an error between April 1 – May 15. After the review and dispute period, CMS publishes the data on the public website by June 30. Research funding is shown on a different section of the public reporting website from all other types of payments.
How will I know if a payment or transfer of value is reportable?
Payments or transfers of value for activities, such as honoraria, accepting food, or acting as a paid consultant, could result in a reportable payment. Physicians can ask manufacturers and companies if the payment or item would result in a report before accepting it. Physicians can ask the value of the transfer so they can keep track of reports. Research funding from a covered manufacturer would also be reported. Physicians always have the option of refusing to accept a payment or transfer in order to avoid a report.

How will I find out if a report is made about me? Can I dispute a report?
CMS must give physicians access to the reports before the reports are made public. CMS will make this information available to physicians online and provide physicians with an opportunity to review and dispute reports before the reports are posted publicly. CMS will not automatically alert all physicians that the reports are available. Physicians must register on the CMS website.

Can I decline a payment from a manufacturer to avoid being reported?
Yes. For example, if a manufacturer’s representative brings lunch to your group practice, the manufacturer must report the value of the meal (if consumed by physicians) to CMS. You can avoid being reported by declining the meal.

Will directing or donating my honorarium to a charity avoid reporting?
It is important to note that redirecting payments or transfers to others or to charitable organizations does not negatve the reporting requirement. For example, redirecting a speaker's honorarium to a nonprofit charity will not preclude the sponsoring organization from reporting you as the honorarium recipient.

Where can I find more information?
CMS has created a comprehensive website for information related to the Sunshine Act and the Open Payments Program that CMS developed to implement the law. Physicians and covered recipients can find factsheets, frequently asked questions and answers, and information about how to download the CMS payment tracking app. For any questions relating to the program, physicians and covered recipients can contact the CMS Help Desk at OpenPayments@cms.hhs.gov. Physicians and covered recipients can register for periodic updates from CMS on their website at http://go.cms.gov/openpayments.