

# Open Payment Reporting Instructions (1 of 4)

## GENERAL OVERVIEW

1. Answer screening questions to determine if any PTOV are reportable.
2. Enter Covered Recipient information.\*
3. Enter PTOV information.\*

*\*Repeat for all reportable payments.*

## 1. SCREENING QUESTIONS

- A** Determine if any PTOVs were provided to US licensed physicians acting in a faculty/training/ advisory capacity *with Janssen funds*.
- PTOVs may include, but are not limited to, honoraria, travel/transportation expenses, lodging expenses, consulting fees, meals, per diem payments and/or gifts.
  - Expenses are reportable even if payment was made to a third party (ie, travel agent or transportation company) since value was ultimately provided to a US physician.
- B** Determine if any plated meals were provided to US licensed physician attendees *with Janssen funds*.
- C** Based on the answers to **A** and **B** above, determine how many physician names must be reported to Janssen:
- Total = [Number of physician faculty PTOV] + [Number of physician attendee plated meals]
  - If  $\geq 20$ , follow instructions to submit manual report.
- D** System will notify you if your organization has been recognized as a CMS Teaching Hospital. (See **Page 3** for Teaching Hospital payment instructions.)

### Open Payments

The Physician Payments Sunshine Act requires certain pharmaceutical and device manufacturers to submit an annual report regarding the nature of payments or other transfer of value (TOV) to Covered Recipients, which are identified as **U.S. licensed physicians** and **teaching hospitals**.

Please answer the questions below to determine what, if any, information you must provide in compliance with the Sunshine Act reporting requirements.

\* Was the program funded by Janssen certified for Continuing Education credits?  Yes  No

\* Accrediting Bodies  
(Hold CTRL to make multiple selections).

|       |
|-------|
| ACCME |
| AMCP  |
| APhA  |
| AACP  |

**A** \* Were any Janssen funds used to pay any US licensed physician(s) serving in a faculty/trainer capacity? ("Pay" may refer to direct payments, reimbursement or other transfers of value.)  
*If yes, please select "Physician" from the Covered Recipient Type dropdown and provide physician name and payment details in the form.*  Yes  No

**B** \* Were any Janssen funds used to pay for plated meals for any US licensed physician attendees? (Answer "no" if all meals provided to US licensed physician attendees were buffet style or boxed.)  
*If yes, please select "Physician" from the Covered Recipient Type dropdown and provide physician name and payment details in the form.*  Yes  No

**C** \* How many physician payments are you reporting?  0-19 recipients  20 or more recipients

Please Click [HERE](#) to download the Janssen template for submission of >20 physician names. Fill out the template and email it to: [ttgrantinfo@its.jnj.com](mailto:ttgrantinfo@its.jnj.com) (HIV/HCV), [JBlgrantsoffice@its.jnj.com](mailto:JBlgrantsoffice@its.jnj.com) (Immunology/Oncology), or [JanssenIME@its.jnj.com](mailto:JanssenIME@its.jnj.com) (Cardiovascular/Metabolics/CNS).

**D** **Important Note: Your organization has been identified as a Covered Recipient under CMS' definition of a Teaching Hospital. Please select "Teaching Hospital" button below and report the amount of Janssen's grant that was paid to your institution. (If grant was paid to an educational partner, please report the amount that was passed through or reimbursed to your institution for services provided.)**

# Open Payment Reporting Instructions (2 of 4)

## 2. COVERED RECIPIENT INFORMATION: PHYSICIAN

To enter information for a US licensed physician:

- 1) Select "Physician" as Covered Recipient.
- 2) Fill out required fields.
- 3) Click "Save Covered Recipient / Teaching Hospital" to move to Payment Information.

|                               |                      |                                 |                      |
|-------------------------------|----------------------|---------------------------------|----------------------|
| <b>Covered Recipient Type</b> |                      | Physician                       |                      |
| * Physician First Name        | <input type="text"/> | Physician Middle Name           | <input type="text"/> |
| * Physician Last Name         | <input type="text"/> | Physician Suffix                | <input type="text"/> |
| * Individual Address          | <input type="text"/> | Individual Address Line 2       | <input type="text"/> |
| * Recipient City              | <input type="text"/> | * Recipient Country             | <input type="text"/> |
| * Recipient State             | <input type="text"/> | * Recipient Zip Code            | <input type="text"/> |
| * Physician Degree            | <input type="text"/> | Physician NPI Number (Optional) | <input type="text"/> |

If the degree of the Physician is not listed in the drop down menu, payments to the physician do not require reporting under the Law.

## 3. PAYMENT INFORMATION: PHYSICIAN

**NOTE:** For multiple PTOVs to a single physician:

- If all PTOVs were made on a single date, consolidate payments and enter value in "Amount of Payment or TOV" field.
- If PTOVs were made on multiple dates, payments must be entered separately.

- E** Enter amount and date of each payment.
- F** Direct payments to physicians or reimbursement of physician expenses through third parties (i.e. travel agents) are considered "Cash or cash equivalent".
- G** Definitions for "Nature of Payment or Transfer of Value (TOV)" categories are provided.
  - Consulting Fees and Speaker Payments apply to physician faculty/advisors.
  - Gift applies to physician faculty/advisors or attendees.
  - Food and Beverage applies to physician attendees.
- H** Once all required information has been entered:
  - To save and add another PTOV to the same recipient, select "Save Payment Information and Add Another Payment to Same Recipient."
  - To save and move on to next recipient, select "Save Covered Recipient/Teaching Hospital".

|  |   |   |  |
|--|---|---|--|
| <b>Payment Information Fields - #1</b>   |   |   |  |
| <b>For physician speaker/faculty compensation:</b> You must include all forms of payment or transfers of value, including (but not limited to): honoraria, airfare/train, hotel, per diem, consulting fees. If payments were made on separate dates then each payment or TOV must be entered separately. |   |   |  |
| <b>E</b>   | * Amount of Payment or Transfer of Value (TOV)<br><small>Amount must be in \$ USD</small>   | \$0.00  | * Date of Payment or Transfer of Value (TOV)<br>mm/dd/yyyy   |
| <b>F</b>   | * Form of Payment or Transfer of Value (TOV)  | <input type="text"/>  | * Nature of Payment or Transfer of Value (TOV)<br><small>Use this list of values to categorize the purpose of the payment or transfer of value provided to the Physician.</small>                        |
|  |   | <ul style="list-style-type: none"> <li>Cash or Cash Equivalent</li> <li>In-Kind Items and Services</li> <li>Stock, Stock Option, or Any Other Ownership Interest</li> <li>Dividend, Profit or Other Return on Investment</li> </ul> | <ul style="list-style-type: none"> <li>Consulting Fee</li> <li>CE/CME Speaker Payment(s)</li> <li>Non-CE Speaker Payment(s)</li> <li>Gift</li> <li>Food and Beverage (Program attendees ONLY)</li> </ul> |
| <b>G</b>   | <p><b>Food and Beverage:</b><br/>Meals provided to US licensed physician attendees.</p> <p><b>Non-CE Speaker Payments:</b><br/>Faculty or speaker compensation for a Non-CE or PED program.</p> <p><b>CE/CME Speaker Payments:</b><br/>Faculty or speaker compensation for a CE/CME-accredited education program.</p> |   |  |
| <b>H</b>   | <p><input type="button" value="Save Payment Information and Add Another Payment to Same Recipient"/></p> <p><input type="button" value="Save Covered Recipient / Teaching Hospital"/></p>   |   |  |

# Open Payment Reporting Instructions (3 of 4)

**NOTE:** If the following notice appears, a teaching hospital payment must be reported.

**Important Note:** Your organization has been identified as a Covered Recipient under CMS' definition of a Teaching Hospital. Please select "Teaching Hospital" button below and report the amount of Janssen's grant that was paid to your institution. (If grant was paid to an educational partner, please report the amount that was passed through or reimbursed to your institution for services provided.)

## 2. COVERED RECIPIENT INFORMATION: TEACHING HOSPITAL

To enter information for a Teaching Hospital:

- 1) Select "Teaching Hospital" as Covered Recipient.
- 2) Select the Institution Name (ie, grantee or any teaching hospital receiving payment with Janssen funds). The form will auto-populate with information obtained from CMS.gov website.
- 3) Click "Save Covered Recipient / Teaching Hospital" to move to Payment Information section.

|  |                      |  |                      |
|--|----------------------|--|----------------------|
| <b>Covered Recipient Type</b>              | Teaching Hospital    |  |                      |
| * Institution Name                         | <input type="text"/> | * Institution Tax ID Number              | <input type="text"/> |
| * Individual or Institution Address Line 1 | <input type="text"/> | Individual or Institution Address Line 2 | <input type="text"/> |
| * Recipient City                           | <input type="text"/> | * Recipient Country                      | <input type="text"/> |
| * Recipient State                          | <input type="text"/> | * Recipient Zip Code                     | <input type="text"/> |
| Physician NPI Number (Optional)            | <input type="text"/> |  |                      |

## 3. PAYMENT INFORMATION: TEACHING HOSPITAL

**NOTE:** For multiple payments to a single teaching hospital:

- If all payments were made on a single date, consolidate payments and enter value in "Amount of Payment or TOV" field.
- If payments were made on multiple dates, payments must be entered separately.

**I** Enter amount and date of payment.

For direct payments (ie, Janssen grant was paid directly to Teaching Hospital):

- Enter amount of grant and date payment was received by teaching hospital.
- Milestone payments must be entered separately.

For indirect payments (ie, Janssen grant was paid to educational partner or other third party):

- Enter amount of payment received from educational partner/third party and date of payment.
- Payments received on multiple dates must be entered separately.

**J** Once all required information has been entered:

- To add another payment to the same recipient, select "Save Payment Information and Add Another Payment to Same Recipient."
- To save and move on to next recipient, select "Save Covered Recipient/Teaching Hospital".

|  |                         |  |   |
|--|-------------------------|--|---|
| <b>Payment Information Fields - #1</b>   |                         |  |   |
| <small>For physician speaker/faculty compensation: You must include all forms of payment or transfers of value, including (but not limited to): honoraria, airfare/train, hotel, per diem, consulting fees. If payments were made on separate dates then each payment or TOV must be entered separately.</small> |                         |  |   |
| * Amount of Payment or Transfer of Value (TOV)<br><small>Amount must be in \$ USD</small>  | \$500.00                | * Date of Payment or Transfer of Value (TOV) | 12/31/2015<br><small>mm/dd/yyyy</small> |
| * Form of Payment or Transfer of Value (TOV)   | Cash or Cash Equivalent |  |   |
| <b>Food and Beverage:</b><br><small>Meals provided to US licensed physician attendees.</small>   |                         |  |   |
| <b>Non-CE Speaker Payments:</b><br><small>Faculty or speaker compensation for a Non-CE or PED program.</small>   |                         |  |   |
| <b>CE/CME Speaker Payments:</b><br><small>Faculty or speaker compensation for a CE/CME-accredited education program.</small>   |                         |  |   |
|  |                         |  |   |
|  |                         |  |   |

Definitions not relevant for Teaching Hospital payments.

# Open Payment Reporting Instructions (4 of 4)

- “Save and Continue Later” link saves information and permits user to return later and continue.
- “Back” link returns user to GMS inbox.

## **SUBMISSION PROCESS:**

- After entering all Covered Recipients and associated PTOVs, click “Proceed” to navigate to next tab.
- Complete “Reconciliation Summary” and “Reconciliation Budget” tabs, and confirm information in Reconciliation Review form. If accurate, click “Proceed” to submit information.
- Once submitted, grant status in GMS inbox will change to “Reconciliation Review”. If showing “Pending Reconciliation”, information has not been submitted to Janssen and reconciliation may become delinquent.

**NOTE:** Open Payment data are *not* considered final and submitted until all reconciliation tabs are completed and submitted to Janssen.

## ***Need help?*** Contact:

- HIV/HCV: [TTGrantInfo@its.jnj.com](mailto:TTGrantInfo@its.jnj.com)
- Immunology/Oncology: [JBIgrantsoffice@its.jnj.com](mailto:JBIgrantsoffice@its.jnj.com)
- CNS: [JanssenIME@its.jnj.com](mailto:JanssenIME@its.jnj.com)
- Cardiovascular/Metabolism: [JanssenIME@its.jnj.com](mailto:JanssenIME@its.jnj.com)