

Subject: Business Ethics	Policy Number: BE-008
Policy: Disclosure of Certain Payments and Other Transfers of Value	Effective Date: July 1, 2016 Revision Date(s):

- I. General Policy.** Clinical Innovations makes annual disclosure of certain economic benefits to Customers in compliance with this Policy and applicable laws and regulations. All questions about the applicability or interpretation of this Policy should be addressed to Clinical Innovations' Chief Financial Officer.
- II. Federal Disclosure.**
- A. Certain Definitions.** Except as set forth in the Sunshine Regulation and Guidance,
1. The term “**Covered Recipient**” means (1) a physician or (2) teaching hospital.
 2. The term “**Payment or Other Transfer of Value**” means a transfer of anything of value.
 3. The term “**Sunshine Regulation and Guidance**” means the final regulation promulgated at 78 Fed. Reg. 9458 (Feb. 8, 2013), codified at 42 CFR Part 403, Subpart I, and any guidance provided by the Centers for Medicare and Medicaid Services, as the same may be amended or updated from time to time. See www.cms.gov/openpayments.
- B. Federal Reporting.** On March 31 of each year Clinical Innovations is required to submit a report to the Centers for Medicare and Medicaid Services disclosing recipient information, amount of payment, date(s) of payment, form of payment, nature of payment, and in certain instances the name of any related product for any transfer of value that Clinical Innovations provides directly to any Covered Recipient or to any individual or entity at the request of or designated on behalf of a Covered Recipient in the prior calendar year, with limited exceptions.
- C. Requirements for Federal Disclosure.** For more specific guidance on federal disclosure, please see the list of frequently asked questions available on the CMS website at <https://questions.cms.gov/faq.php?id=5005&rtopic=2017>.
- D. Reporting by Clinical Innovations Personnel.** All Clinical Innovations Personnel who provide any Covered Recipient with any Payment or Other Transfer of Value shall report each such transaction in accordance with the Clinical Innovations Sunshine Act Payment Documentation Process and the Clinical Innovations Travel and Expense Policy.
- E. Reports by Third Parties.** Clinical Innovations shall require third parties (including but not limited to distributors) to report to Clinical Innovations all

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Payments and other Transfers of Value made on behalf of Clinical Innovations to Covered Recipients.

- III. State-Specific Restrictions.** Certain states and foreign countries impose additional restrictions on Payments and Other Transfers of Value to Health Care Providers and related persons or entities. Certain states that impose such requirements are listed on Attachment BE-008. Clinical Innovations shall require all Personnel and third parties acting on behalf of Clinical Innovations to familiarize themselves with and abide by any state-specific restrictions.

ATTACHMENT BE-008:

CERTAIN STATES IMPOSING ADDITIONAL RESTRICTIONS ON PAYMENTS AND OTHER TRANSFERS OF VALUE

1. Massachusetts (www.mass.gov/dph/pharmamed)

2. Vermont

(http://ago.vermont.gov/assets/files/Consumer/Prescribed_Products/2015%20Guide%20to%20Vermonts%20Prescribed%20Product%20Gift%20Ban%20and%20Disclosure%20Law.pdf)

3. California, Connecticut and Nevada require companies to establish and post a code of conduct and make annual certifications of compliance, but do not impose additional payment or tracking restrictions.

a. California

(<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=119001-120000&file=119400-119402>)

b. Connecticut

(https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=270&which_year=2010)

c. Nevada (<https://www.leg.state.nv.us/nrs/NRS-639.html#NRS639Sec570>)