The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Attention: Pharmaceutical and Medical Device Manufacturers

Subject: Marketing Code of Conduct Disclosure Report Electronic Format Requirements

This message is to provide guidance on how manufacturers should collect data and format their electronic disclosure report as required by the Pharmaceutical and Medical Device Manufacturer Code of Conduct (105 CMR 970.000). The disclosure report lists which covered recipients the manufacturer has made payments to during the previous reporting period. More information on this requirement can be found in regulation 105 CMR 970.009. The next disclosure report is due by July 1st 2011 and will cover a period starting January 1st 2010 through December 31st 2010.

The disclosure report must be sent in a comma-separated value format (comma-separated value, or "CSV", is a delimited text file that uses a comma to separate values, and can be viewed as a spreadsheet; many spreadsheet programs, such as Microsoft Excel, can create CSV files). Each row of this file will represent total payments to a particular covered recipient within a particular payment category. The following fields are required for each row:

- **Company ID:** Each company who submits an initial compliance form and fee to DPH will be assigned a unique company ID by MA DPH. This ID will start with a "CC" prefix, and be followed by 4 digits. Field length is 6 characters; data type is *character*.

- **Covered Recipient ID**: This is a unique ID assigned to each covered recipient (such as doctors, nurses, institutions, etc.). This ID is assigned by MA DPH and is located in the "List of Covered Recipients" spreadsheet which can be downloaded from the Marketing Code of Conduct website (web address listed below). The "Covered Recipient ID" is the key field used by the Department when identifying a covered recipient. Inputting the wrong Covered Recipient ID into your disclosure report could result in misattribution on the Department's public reporting website. As such, make sure you choose a correct and valid Covered Recipient ID. Field length is 6 characters; data type is *numeric*.

- **Covered Recipient Full Name**: This is the full name of the covered recipient. This data must be pulled from the "Full Name" field in the department's "List of Covered Recipients" spreadsheet. Field length is 50 characters; data type is *character*.

- **Category of Payment ID**: There are several payment categories as defined by MA DPH. Each category has unique ID assigned to it. Field length is 4 characters; data type is *numeric*. These ID's are listed here; they can also be found, along with their descriptions, on the department's "Payment Category ID" spreadsheet located on the Marketing Code of Conduct website:

  - 1000 – Compensation for Bona Fide Services
  - 2000 – CMEs, third-party Conferences, or Meetings
  - 3000 – Grants/Educational Gifts
  - 4000 – Food
  - 5000 – Education/Training
  - 6000 – Marketing Studies
  - 7000 – Charitable Donation
  - 8000 – Other

- **Amount of Payment:** Companies have to report the amount of payments in US dollars. All figures should be rounded to the nearest dollar using standard rounding guidelines. This figure represents the sum total of payments to a particular covered recipient within a particular payment category. Field length is 10 characters; data type is *numeric* (representing whole US dollars).

- **Number of Events Reflected:** This field represents the number of individual payment events that were provided to a particular covered entity for a particular payment category (for example: Company Y provides three lunches at $100 each to Dr. X – "amount of payment" = 300, "number of events reflected" = 3). If this field is left blank, it will be interpreted as "1." Field length is 4 characters; data type is *numeric*.

- **Disclosure Reporting Period**: As we enter the second year of disclosure report submissions, the Department now requires manufacturers to include the reporting period that a particular payment took place in. This is to give companies the ability to submit disclosure report data for previous reporting periods, and to make it clear which period the submitted data refers to. Please write in the year in a 4-digit format. For example, if a payment took place in the 2009 disclosure reporting period, write in "2009" in this field. The Department asks that manufacturers always include this field going forward. However, if this field is left blank, it will be assumed that the payment refers to the 2009 reporting period. Field length is 4 characters; data type is *numeric*.

- **License Type**: This field represents the license type for the entity. This data should be pulled from the "LicenseType" column in the "List of Covered Recipients" file.

- **License Number**: This field represents the license number for the entity. This data should be pulled from the "LicenseNumber" column in the "List of Covered Recipients" file.

The "List of Covered Recipients" file and "Payment Category ID" spreadsheet file can be downloaded at the Marketing Code of Conduct website in the "Information for Manufacturers" section at **www.mass.gov/dph/pharmamed**. Information on how and where to submit final disclosure reports is also available on this site. If you have any questions on the formatting of the report, please send an email to the following email box: **Pharmameddata@state.ma.us**