



Live Activity Course Pricing- Division of CME & CE

When you decide to pursue a CME live activity where the LISOM@WH CME office manages all of the logistics, we will offer you two options for paying for the course. In the first plan, the CME office assumes all financial risk, earns all potential revenue, and absorbs any loss from the course. In return, you agree to follow certain guidelines that are outlined below. In the second plan, your department assumes the financial risk and potential revenue from the event. If you choose this option, our office charges a **fee of 20 percent of revenue with a minimum of \$7,500.**

Plan I: “Opt-in” (no risk):

- CME office will assume all financial risk; earns all potential revenue or absorbs any loss
- Must remain “opt-in” for three runs of course
- After three runs, department may choose to “opt-out”
- Criteria must be met:
 - Guest faculty travel and hotel stays will be within CME limit of \$7,500
 - Guest speaker honoraria: \$750
 - Learner registration fees will be negotiated with CME department
 - Advertising/ mailing outreach will be evaluated on a case by case basis
 - Syllabus format: online
 - No lunch/dinner provided (unless paid for by department)
 - No receptions/galas (unless paid for by department)
 - No offsite venues (unless approved by CME Committee)

Plan II: “Opt-out”:

- Sponsoring department(s) will assume all financial risk; earns all potential net income or absorbs any loss
- Sponsoring department(s) pay a CME fee of **20 percent of all revenue** with a minimum of **\$7,500**
- Planning budget decisions are controlled by sponsoring department(s)

Plan III: Department-Managed (a.k.a. “Skinny” or Self- Produced) Activity:

When you decide to pursue a CME live activity where your department manages all of the logistics, LISOM CME office charges a fee **of \$2,500.** Should you choose to run a series of activities under the same umbrella, we will charge an additional \$100 for each additional session. External Grants must be requested/ managed by CME office for compliance.

Plan IV: “Skinny” Self-Produced CE courses for non-physician learners:

Course which do not target physicians as part of the professional audience may utilize the registration website and credit transcript system, **for a recordkeeping fee of \$7.50 per attendee.**

- It is suggested that this fee be budgeted into your overall attendee registration fee, so that it can be deducted from registration fees at daily/weekly credit card settlement.**
- If your registration count diminishes due to attendee cancellations, the recordkeeping fee is not diminished.

**Activity sponsor must specify a valid accounting chartstring to facilitate transfer of revenues to sponsor department

Plan V: External Organization Joint Providership (flexible):

If you are a non-accredited entity, wishing to partner together to run a jointly provided activity, please contact our office directly at Robert.Martin2@nyulangone.org

CME/CE/CPD Services Agreement (CSA)

This service agreement for CME accreditation, production and related services is made between the Clinical Department or Division Sponsoring the CME Activity, as named below and the NYU Winthrop Hospital Office of CME/CE/CPD, executed this ____ day of _____, 20____. The Department/Division of _____ (Sponsoring Department) designates _____ (Name of Course Director) to be the CME/CPD/CE Activity Director for the planned CME/CE/CPD Activity, entitled:

whose start date (live occurrence or on-demand availability date) is ____/____/____.

Section I: Activity Director Responsibilities and Deliverables

_____(initial to agree) **The above named Activity Director hereby agrees to:**

1. ____ Lead Planning Team meetings to develop the curriculum for this activity.
2. ____ Assure that all planning team members and speaker/faculty completed timely Disclosures.
3. ____ Resolve Conflicts of Interests that arise from Planners relationships with ACCME-defined Commercial interests (makers or sellers of products used to diagnose or treat patients).
4. ____ Resolve Conflicts of Interests that arise from Faculty and Speaker relationships with ACCME-defined Commercial interests (makers or sellers of products used to diagnose or treat patients).
5. ____ Within one week of signing this agreement, Activity Director shall deliver to CME Office all “Activity Director Deliverables” listed below:
 - a. **Needs Assessment** for the course, to include population health data and evidence citations, analysis of practice and performance gaps, and measurable learning objectives to be achieved in the activity.
 - b. **Preliminary appointment of all faculty and speakers** for the course (by verbal, informal invitation).
 - c. **Contact information for all invited speakers**, after pre-inviting them.
 - d. **Draft Timed Agenda for the Activity**, including basic session topics and faculty assignments.

Section II: Sponsoring Department Responsibilities (Choose ONE)

The Sponsoring Department agrees to pay the CME Office Fees for Activity Accreditation as follows, according to its choice of ONE financial model below:

1. **Business Model 1: "Sponsoring Department opts out of Financial Profit/Loss".**
Uses a scaled down, restricted project budget model (*as described in Schedule A, section 1*), wherein activity planning and production is managed by CME Office, with CME office retaining financial risk, financial result, and financial decision making, including registration fees and allowable expenses.

2. **Business Model 2: "Sponsoring Department opts into Financial Profit/Loss".**
Uses an unrestricted project budget (wherein activity planning and production will be managed by CME Office, with Sponsoring Department retaining financial risk, financial result, and financial decision making on registration fees and expenditures, but with CME Office receiving minimum fees and/or gross revenue sharing (*as described in Schedule A, section 2*).

3. **Business Model 3: "Sponsoring Department Manages Activity and Financial Profit/Loss".** Activity planning and production will be managed entirely by Sponsoring Department, with CME office managing only accreditation and CME compliance of the activity for a flat accreditation (*as described in Schedule A, section 3*).

4. **Business Model 4: "Sponsoring Department Manages Activity Planning and Financial Profit/Loss of non-physician education".** Activity planning and production is managed entirely by Sponsoring Department, and CME office manages only non-physician accreditation compliance and recordkeeping of the credits awarded for the activity, for a flat fee (*as described in Schedule A, section 4*). **Activities that educate any physician, or award CME or MOC credit to any physician are ineligible to use Model 4.**

Section III: Party(ies) Responsible for Financial Control

- A) Approval of Expenditures** (as executed within PeopleSoft)
- Under Models 1 and 2 above, CME Director retains final approval of all expenditures and reimbursements. Under Models 3-and 4 above, the Activity Director or her/his designated administrator within the sponsoring department retains approval of expenses.
 - **Party Responsible for A)** is hereby designated as (check one):
 CME Director Sponsoring Dept.

B) Registration fee decision-making, discounting, and waiving:

- Under Model 1 above, CME Director retains final approval of all expenditures and reimbursements. Under Models 3-and 4 above, the Activity Director retains approval of these. Under Model 2, a consultative agreement on revenue-setting shall be reached consistent with the revenue-sharing agreement described under Model 3.
- **Party Responsible for B)** is hereby designated as (check one):
 CME Director Sponsoring Dept.

C) Grant-writing and Fundraising:

- Under each of the Business Model options listed above, the Sponsoring Department agrees that the CME Office as an ACCME-Accredited provider, will act as paymaster/ payee of all cash and in-kind grants made by an ACCME-defined commercial interest in support of the above CME course or activity. Sponsoring department will be required to provide substantial clinical input into the scope/goals/outcomes of the grant campaign, but is barred by the Sunshine Act compliance from being a named recipient of granted transfers of value.
- **Party Responsible for C)** is hereby designated as (check one):
 CME Office Staff (may not be delegated, only waived)

D) Exhibit Sales pricing decisions and selling responsibility

- Exhibit sales to any entity shall be the responsibility of either party according to the model chosen above: under Models 1 and 2 above, CME office shall conduct and execute all exhibit sales. Under Model 3 and 4 above, Sponsoring Department retain responsibility for conducting and executing all exhibit sales.
- **Party Responsible for D)** is hereby designated as (check one):
 CME Director Sponsoring Dept.

Section IV: Mechanism for Financial Transfer between the parties

Transfers of revenues, service fees, residual income and deficits resulting from the Project scope (including interdepartmental transfer of Accreditation Fees to the CME office, assignment of resulting revenue to the Sponsoring Department at project conclusion) shall be settled by means of an internal journal entry executed by NYULangone Finance, as per the above agreement. To facilitate journal entry transfer, the Sponsoring Department must provide (at the time of signing this agreement) a validated Chartstring and Administrative Approver.

Section IV (continued): The Sponsoring Department hereby designates its internal administrative approver as: _____ and affirms that this person currently holds PeopleSoft approval privileges and access to approve expenditures for the following Peoplesoft Financial Chartstring.

PeopleSoft Chartstring elements *(all required)*

GL Unit: _____

Fund: _____

Oper Unit: _____

Department: _____

Project: _____

Fund: _____

This Agreement executed between the undersigned:

Activity Director Name (print): _____

Signature: _____ Date: ____/____/____

Sponsoring Dept. Administrator Name (print): _____

Signature: _____ Date: ____/____/____

CME Officer Name(print): _____

Signature: _____ Date: ____/____/____