Open Payments: Your Role in Health Care Transparency Call

Moderated by: Aryeh Langer
March 19, 2020 — 2:00 pm ET

Table of Contents

Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I'll now turn the call over to Mr. Aryeh Langer. Thank you. You may begin.

Announcements & Introduction

Aryeh Langer: Thank you so much. And you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS; and I'm your moderator for today's call.

I would like to welcome you to this Medicare Learning Network call on Open Payments: Your Role in Healthcare Transparency.

Did you know that reporting entities annually submit records to CMS of payments or transfers of value they made to physicians and teaching hospitals?

Beginning in April, you have 45 days to review and dispute Program Year 2019 records. CMS will publish this data and updates to previous Program Years' data by June 30.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL – go.cms.gov/mln-events. Again, that URL is go.cms.gov/mln-events.

Today's event is not intended for the press, and the remarks are not considered on the record. If you are a member of the press you may listen in, but please refrain from asking questions during the question-and-answer session. If you have any inquiries contact press@cms.hhs.gov.

At this time, I would like to turn the call over to Amy Hammonds from the Center for Program Integrity here at CMS. Amy?

Presentation

Amy Hammonds: Thank you so much; and thank you, everyone, for joining today's call.

We look forward to doing this every year, to give everyone information about how you can be involved in the Open Payments program and all the details about the program.

Before we get started, just at the top of the call, I wanted to take some time to address a few questions that have come in over the past week related to the current COVID-19 situation that's going on.

So, I'll read the following to you that is from our team and the impact that we're seeing on the Open Payments program.

We are aware that the COVID-19 pandemic is greatly impacting physicians and the healthcare community as a whole. We do not have the authority to postpone the publication deadline of June 30, 2020.

Given statutory requirement and resource constraints that limit CMS' ability to deviate from the established schedule, we are unable to extend the prepublication review and dispute periods beyond May 15, 2020.

As a reminder, physicians' and teaching hospitals' review and dispute actions are voluntary and can be completed throughout the calendar year beginning with the review and dispute periods and continuing through December 31, 2020.

I know a few of you may have come onto this call with that question in your back pocket about how any of the activities related to that are impacting the program. So, hopefully, that clears some things up for you; and we are functioning on our current timeline.

So, we'll go ahead and jump right into the call starting on slide 2, if you're following along on your presentation. Just some key terms to be aware that are related to the program that you'll probably hear us drop throughout the call today.

So, whenever you hear us saying reporting entities, we're talking about the pharmaceutical and medical device manufacturers and their distributors, who are required to report payments and other transfers of value to the Open Payments program.

They are also referred to as applicable manufacturers and applicable group purchasing organizations, or GPOs.

And covered recipients refer to the physicians and teaching hospitals that are receiving those payments and other transfers of value from the applicable manufacturers and GPOs.

Slide 3 is our agenda. So, I'll take you through the program.

We're going to talk a little bit about the SUPPORT Act, that that's an upcoming thing for the program related to that. We'll go over your specific role in Open Payments, the review and dispute and corrections process, actions you can take related to review and dispute, how to resolve any disputes you might have; and finally, we will have a question-and-answer session for you as well that you can ask us your questions.

Open Payments: The Program

Slide 4 is our title slide for the Open Payments program; so, I'll move into slide 5.

This provides you what I like to refer to as our textbook definition of the program. It's an actual disclosure program that promotes a more transparent and accountable healthcare system by publishing the financial relationships between applicable manufacturers and group purchasing organizations and healthcare providers, specifically physicians and teaching hospitals – and we make that data available to the public.

We do operate the program on a timeline throughout which data is collected, reported, reviewed and published, which slide 6 will show you what our program timeline looks like. And this is what it looks like annually, but specifically this one is the program year 2019 timeline, which is what we're working on right now.

So, the first thing in the timeline is the data collection. So that's when the reporting entities are collecting the data about anything – any payments or transfers of value they've made to the covered recipient.

They do this throughout the calendar year, so January 1st through December 31st of 2019, any of the payments or transactions of value that they made, they collect that and keep that on record.

The second step comes in the following year which is February 1st through March 31st, 2020. So that's where we are right now in the timeline, which is the reporting entities are submitting that payment data into CMS.

The portion that we're getting ready to move into is the review and dispute period; and that's what probably matters the most to those of you on the call today, which is after all the data is submitted to us beginning on April 1st, the covered recipient has the opportunity to come in and review the data that's been attributed to them; and, if necessary, they can dispute that data during this pre-publication review and dispute period.

So that's the opportunity to look at it ahead of it going out onto the public website.

Simultaneously, the reporting entities can make corrections to disputed data, the data that's being disputed that they have corrections to make, they can make that. And then the reporting entities are also provided an additional 15 days, May 16 through 30th, to review and correct any outstanding disputes that they might have.

And then, finally, we are required to publish on or by June 30th the Program Year data. So, on or by June 30th, 2020, we will publish the Program Year 2019 data, as well as updates to any previous year's data that were made.

So that's the detailed overview of what our timeline looks like.

Moving on to slide 7, we can jump into what the data actually consists of.

So, the data is made up of direct or indirect payments or other transfers of value made to covered recipients. An indirect payment is a payment or other transfer of value made to a third party where the reporting entity requires, instructs, directs, or otherwise causes the third party to provide the payment or other transfer of value in whole or in part to a physician or teaching hospital.

All this information also is available on our website. So, of course, hang onto this presentation; but if you need more detailed information or need to look something up, visit the cms.gov/openpayments site because we have all of this information available there as well.

Also, in the data is certain ownership or investment interests that are held by physician owners or investors, or their immediate family members.

Slide 8 is our payment categories. There are three major payment categories that are in the Open Payments data. The first is general payments. So that's for things like gifts, meals, consulting fees, travel compensation – anything along those lines. We have a full list also available on the site of what falls under those general payments.

And then we have research payments which are payments or other transfers of value that are made in connection with a formal research agreement or research protocol.

And, finally, we have that category of ownership or investment interest, which, again, information about the ownership or investment interest that the physicians are holding or that their immediate families have within the reporting entities.

Slide 9, we can look – this is some updates about Program Year 2018. So, in June of 2019 we published the Program Year 2018 data, again, following that timeline that we went over that stayed the same last year and with our publication.

So that included the Program Year 2018 data along with updates to all the prior Program Years listed, 2013 through 2017.

Again, prior to the data publication covered recipients were able to review and, if necessary, dispute any records attributed to them that they believed were inaccurate in any way or incomplete.

And then, still, that review and dispute is available throughout the end of the calendar year; so they had until December 31, 2019 to review and dispute any newly published data – that Program Year 2018 data, they had until the end of 2019 to initiate a dispute if necessary.

And then one other program related activity that we do is an annual refresh, which typically happens in January every year. So, this year on January 17, we refreshed the data, and that included any updates that may have happened within the data since the June publication.

So, if there were disputes that had been outstanding and were resolved, those would show up in that refresh. But no new program year data shows up in that refresh. It's just on the current data that's available.

So, slide 10, we can take a take a look at the Program Year 2018 data – and this is based on the refresh numbers – to give you some perspective of what a Program Year looks like. This is specifically for Program Year 2018.

There were $9.23 billion reported to Open Payments; and that is made up of 11.39 million total records that were published.

If we look at the breakdown in the payment categories, there was $3.01 billion in the general payments category. Research was at $4.89 billion, and the value of ownership and investment was at $1.33 billion.

And those are pretty standard. We typically see that the research payments are a higher payment dollar value. That's the highest category that we see year-after-year.

And then there was a total of 620,000 physicians that were receiving payments, 1,180 teaching hospitals that were receiving payments, and 1,583 reporting entities that were making those payments.

That's the breakdown of what the Program Year 2018 data looks like.

If you're interested in exploring the data in more detail you can go to the Open Payment search tool, which is openpaymentsdata.cms.gov, and you can explore around and run your own search inquiries and see what the data's looking like.

Slide 11 is about our program participants.

So, as I've mentioned, we have the reporting entities. They are required to report the payments or transfers of value to CMS for the purpose of the Open Payment program.

This slide explains the definitions of those two reporting entity categories, which is applicable manufacturer and an applicable group purchasing organization.

So, for the applicable manufacturer, to qualify under that definition they would be operating in the United States and engaging in the production, preparation, propagation, compounding or conversion of a covered drug, device, biological or medical supply.

This includes distributors or wholesalers that hold title to covered drugs, device, or biological or medical supply.

And then for the group purchasing organization, again, operating in the United States, and then purchasing, arranges for, or negotiates the purchase of a covered drug, device, biological, or medical supply for a group of individuals or entities, but not solely for the use by the entity itself.

More information, again, is available on our website if you're looking for more details of who is qualifying as a reporting entity or doing the reporting.

And slide 12 goes over the covered recipients. This one's a little bit lengthier so I'll save you some time today and not read each thing in these boxes. But, again, it's the physicians, the teaching hospitals, and the physician owners or investors.

SUPPORT for Patients and Communities Act

Speaking of the covered recipients and who's included in that, we'll talk a little bit about the SUPPORT Act next.

So, moving on to slide 14, I'm sure some of you – if not all of you – have heard about the SUPPORT Act and that it does impact Open Payments. So, in the fall of 2018 the SUPPORT Act was passed. How it impacted Open Payment was that it expanded the definition of recovered recipient to include five additional provider types.

And these provider types are Physicians' Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists – sorry if I have trouble saying that one, it's a tongue-twister – and Certified Nurse Midwives.

Also, under the SUPPORT Act CMS is enabled to publish National Provider Identifiers with the data.

And the timeline that we're looking at for all of this is that the changes apply to information required to be submitted on or after January 1, 2022. So that means that it will be effective for data collection beginning in calendar year 2021 since that's what would be reported in 2022.

So currently, reporting entities aren't required to be collecting data; but come next year in 2021 it will move to include these additional five in their annual data collection; and then in that 2022 submission period they would be submitting that data.

So, hopefully, that gives a high-level overview of what we're looking at as far as the changes to our program under the SUPPORT Act.

So, at this time I'm going to turn it over to Chris Kalck, and he is going to go over your role and how you can be involved in the program. So, Chris, take it away.

Open Payments: Your Role

Chris Kalck: Thanks a lot, Amy.

So, I'm going to begin by going over your role in Open Payments and that starts – let's begin the discussion, talk about the registration process. So, on slide 16, covered recipients are able to participate in the pre-publication review of the data and affirming information is correct.

The 45-day day review and dispute period is your opportunity to review the data before it is made public. That review and dispute period generally runs from April 1 to May 15 each Program Year.

In order to complete the review and dispute process and take any action in the Open Payments system, covered recipients must first register into our system. And once registered, covered recipients have several options for reviewing the data, including nominating an authorized representative to perform system-related functions on their behalf.

An authorized representative may be a staff member, an office manager that a covered recipient nominates during the registration process.

And just to note, that can take place at any time. It doesn't necessarily have to take place during registration. You can take and nominate an authorized representative at any point in time after you've registered or during registration.

You do have the option to set different access levels for the authorized representatives, including the ability to complete the review and dispute process on your behalf.

And, again, just to reiterate, participation in the review and dispute process is voluntary; but CMS does encourage you to participate, as it helps ensure the accuracy of reported data.

Moving on to slide 17, a little bit about our registration process. We do have a two-step process – the first step being registering in our Enterprise Identity Management System. That portion of the process confirms that you are who you say you are when you register.

And the second step is actually registering within our Open Payments System, and that confirms your role as a valid covered recipient within the program.

Only valid covered recipients will be able to register into our Open Payment System. We'll talk about the vetting process in a minute.

So if you're new to Open Payments, to complete the process you need to go to portal.cms.gov and complete our new user registration process. The next step would be to request access to the Open Payments System. And once you gain access to the Open Payments System, you'll also need to complete the registration process in the Open Payments System.

As always, there is more information on our website to assist you with all this. Our website can be found at cms.gov/openpayments. Again, that's cms.gov/openpayments.

On the resources page especially, we have multiple quick reference guides, as well as a full user guide which can provide step-by-step instructions to complete the registration process. And if you should need any additional assistance, we also have the Open Payments help desk, and we'll be providing the contact information later for that.

Moving on to slide 18, many covered recipients probably have registered into our system already. If you have previously registered in the Open Payments System you do not need to re-register.

It is important to keep in mind, though, if you have not accessed your account in the past 60 days the account will be locked. And you can unlock your account by accessing it through the Enterprise Portal and answering the challenge questions correctly; so there is a self-service function on that initial page, as long as you remember the answers to your challenge questions you can quickly get your user ID reestablished.

However, we realize many covered recipients only come in once or maybe twice a year, so if you have not accessed your account in the last 180 days, the account has been deactivated. In order to reactivate the account, you will need to contact our help desk to take care of that.

The call is a pretty quick call. It usually only takes a few minutes to get you unlocked; and we do ask you that you call and not email – call the help desk and not try to do that through email because we physically have to speak with you.

So, moving on to slide 19, talks a little bit about our vetting process during registration. When registering in the Open Payments System physicians are vetted using the information provided during registration.

Some of the information that is vetted includes first and last name, your NPI number, if you have one, state license information, and primary type if a National Provider Identifier is not provided.

When vetting is completed, you as a covered recipient will receive an email confirming the success or failure. If you get a notice or an email saying that vetting was not successful, we'd like you to first double check in the information you provided is correct. If it appears to be correct and you still fail the vetting process, you may contact the Open Payments help desk for assistance.

And just, as I stated before, a reminder here that you may nominate one authorized representative to perform systems functions during the registration process.

Moving on to slide 20, some helpful information here for successful vetting. We'd like you to make sure that the name used during the registration process matches the name in the National Plan and Provider Enumeration System, NPPES.

Hospital-based physicians, again, must register as physicians in order to review records. We don't want to – we're going to talk about teaching hospital registration here in a second; but if you need to see your own personal data, you need to register as an individual physician.

You want to make sure to have your NPI on hand when you go through the registration process. You should note that if you have an NPI but don't enter it you will fail the vetting process. So, if you have an NPI it needs to be entered during registration in order to pass vetting.

One minor correction to this slide. I know the slides says you need to enter all your active state license. That actually needs to be corrected. You should enter at least one of your state license numbers, not necessarily all of them, but definitely at least one of them.

We do encourage you to provide as much information as possible as this could speed the vetting process; but, generally, vetting is not a lengthy process and can be completed within an hour or less.

So one quick thing I wanted to mention here, as I said before, if you should fail the vetting process, have reviewed your information and are still unsure of why you failed, you may contact the help desk for assistance.

The help desk is also proactively reaching out to physicians who fail vetting in an attempt to assist them with the process. We are doing this as time permits. So, if you do fail the vetting process, we may reach out to you to assist. It's just something that I wanted to make everyone aware of.

Moving on to slide 21. This is discussing registration for teaching hospitals. The same 60-day, 180-day lockout procedures pertain to teaching hospitals, individuals associated with the teaching hospital.

So, it's the same, if you haven't been in within the past 60 days, your account is locked. You can do the self-service function to get it unlocked. If you have not accessed in 180 days or longer, please contact the Open Payments help desk for assistance.

Teaching hospitals can designate up to 10 users to act on their behalf. We have an authorized representative role and an authorized official role. Those offer two different levels of access for teaching hospitals.

So, the authorized representative can complete the review and dispute process and nominate others for roles; however, authorized officials, they can complete the review and dispute process as well, as well as nominate others for roles. They also modify existing users, approve nominations, and remove user roles if necessary – so they have a higher access level than just the representatives.

Finally, on slide 22, our teaching hospitals covered recipients, they are vetted as well. You want to be sure to reference hospital information exactly as it appears on the published teaching hospital list available on the resources page of the Open Payments website.

Again, that's at cms.gov/openpayments. Click on the resources pad and scroll down until you see the published teaching hospital list. There is one for each Program Year.

And, again, we always have quick reference guides available on that resources pad as well, as well as the full user guide.

With that, I think I'm going to throw it back over to Amy to begin the discussion on the review and dispute process.

Amy Hammonds: Thanks, Chris.

Review, Dispute, & Corrections Process

So, yes; we're moving into review dispute and corrections process, so slide 23 is that title slide, so jump into this on slide 24.

So, covered recipients have the ability to review, affirm, and, if necessary, dispute attributed records. Within this process, you can review records, affirm records, initiate disputes, and also withdraw disputes.

Dispute resolution does take place outside of the Open Payments System, so reporting entities and covered recipients work directly with each other to resolve any disputes that do come about; and CMS does not mediate or facilitate disputes.

Slide 25. This goes over the review, dispute, and correction timing. So, as I mentioned when we went over that program timeline there, it's 45 days for the pre-publication review and dispute period where covered recipients may dispute the data and resolutions can be made by the reporting entities.

And then, following that period, there's 15 days for reporting entities to continue to resolve any of those disputes.

Covered recipients do have until the end of the 2020 calendar year to initiate disputes on data published in 2020.

Records with a new dispute initiated after the 45-day review and dispute period will be published as original attested-to data in the initial publication.

So what that means is if you, as a covered recipient, would dispute data after that pre-publication review and dispute period, which is closing on May 15, if your dispute would come in after that May 15 deadline your data wouldn't show as disputed; it would show as what was originally put in, and the resolution would show up in a later publication once it was resolved.

Slide 26. This is just some details about what those different steps that you can take mean.

So initiated, this is talking about actions on a dispute. So, initiated means that the dispute was started by the covered recipient, meaning you said I am disputing this data.

Acknowledge is an action that the reporting entity can take to say we acknowledge this dispute and we're working on getting it fixed.

Resolved is that the reporting entity and covered recipient work together and they resolved the dispute and the changes were put in place.

There is a resolve no change status, which means that the covered recipient and reporting entity worked together and actually determined that no changes were necessary to the disputed record, and it was fine, staying as it was originally put into the system. So that status would be resolved no change.

And, finally, withdrawn, meaning that a dispute was started but the covered recipient withdrew it and no longer needed to dispute the record.

Review & Dispute Actions

So, slide 27, again, that's a title slide. We'll talk in more detail about these review and dispute actions.

Slide 28, again, that goes over what we just talked about – I'm sorry. I got ahead of myself.

This one actually – these are the actions that you can take as far as reviewing your records. You can review the record. You can affirm the record, which means that you are confirming that the data attributed to you is accurate.

You can initiate a dispute on records you believe to be inaccurate or incomplete in any way. And, again, that withdraw a dispute if a previously initiated or acknowledged dispute is no longer needed.

Slide 29, some details about reviewing the record.

This is done within the Open Payments System, so that's why that registration is really important. If you want to participate in any pre-publication review of the data, you do have to be registered within the EIDM and the Open Payments System.

You would access this by going to the review and dispute tab and select the covered recipients that you're associated with and you can review your records.

Slide 30, affirming the record. This is confirming that the information is correct.

This is an optional step; and if records are unaffirmed, they are still published.

As far as who can affirm the records, physicians can do this; physicians' authorized representatives may also do this. Teaching hospital authorized officials and authorized representatives; and also, principal investigators if there are any records that they are associated with have the ability to affirm records.

If you do affirm records, you do still have the ability to dispute them at any time.

Slide 31, initiating disputes.

Covered recipients – again, you have the option to initiate disputes on records that seem to be inaccurate. The reporting entity receives an email notification of the dispute when it's initiated, and then they can acknowledge that dispute within the Open Payments System.

If the covered recipient receives an email notification, if the dispute has been acknowledged by the reporting entity and the current dispute status can be viewed in real time on the review and dispute page in the Open Payments System, you can follow along with the status of it.

Slide 32, withdrawing disputes.

You can withdraw disputes after being acknowledged by the reporting entity if that would happen. Again, physicians, physicians' authorized representatives, teaching hospital authorized officials and representatives, as well as the principal investigators, have the ability to do this.

Again, like Chris was mentioning, we have a variety of resources available on our website, one of which is the review and dispute process quick reference guide. So, there's a link here on that slide for you. If you want more details or need to refer to anything about the review and dispute process, that's a really good tool to have on hand.

Alright, I will turn it back over to Chris, starting on slide 33, to talk about resolving disputes.

Chris Kalck: Thanks, Amy.

Dispute Resolution

Dispute resolution, that's the last step in the review and dispute process. So, when the dispute is lodged, reporting entities can resolve it in several ways, with changes made to the disputed record.

There is without changes made to the disputed record. Records can also be deleted as a result of the dispute, and possibly resubmitted with new information.

When a dispute is resolved, you, as a covered recipient, will receive an email notification of the resolution status.

If you, as a covered recipient, believe that the dispute has not been sufficiently resolved you may initiate another dispute on the same record. So, you may continue to dispute even if the reporting entity resolves that initial dispute. You are free to continue to dispute until a satisfactory result is obtained.

Moving on to slide 35, a few things to remember.

As stated earlier, Amy mentioned CMS does not mediate dispute resolution in any way. Reporting entities and covered recipients need to work outside of the Open Payment System to resolve any dispute.

We do ask you, as a covered recipient, to do one thing to help facilitate this, and when you submit your disputes we encourage you to enter contact information in the dispute details text box, maybe a phone number, an email address, some way for the reporting entity could contact you should they need to.

If you, as a covered recipient, should need to contact the reporting entity, you can find review and dispute contact information listed at the top of each individual record in the open payment system.

The reporting entity, during their registration process, they are required to provide review and dispute contact information in their Open Payments profile. And, again, that contact information can be found at the top of each individual Open Payments record.

The dispute should be resolved by reassigning the record to another covered recipient, the record will no longer appear in your review. The review and dispute status of a record automatically updates to resolved once the disputed record is resubmitted and re-attested by a reporting entity.

When the dispute status is updated the covered recipient will also receive an email notification.

Moving on to slide 36, go over some of the impact that the process may have on data publication.

The timing of corrections influences when those corrections will appear in the published data. Any data corrections made after the correction period closes will not be reflected in the June 2020 publication.

Corrections made by reporting entities – can be made by reporting entities at any time, and those corrections will be updated in the next publication.

Refresh in January includes updates to data since the review and dispute period and the 15-day correction period.

In cases where a dispute is not resolved, the latest attested data is published and identified as disputed. So, if a record is disputed by you as the covered recipient and it does not go through the resolution process, it is marked as disputed in the published data.

Moving on to slide 37, here's some next steps for you.

If you aren't registered in the Open Payments System, we encourage you to register and participate in the pre-publication review and dispute period. Registration is open year-round. You don't have to wait. You can register and become vetted at any time.

And beginning on April 1, we encourage you to complete the review and dispute process. Just a reminder that pre-publication review and dispute takes place for 45 days, runs April 1 to May 15; but any newly submitted data by the submission deadline, which is March 31 this year, can be reviewed and disputed through the end of the calendar year.

At this time, that concludes our Open Payments presentation. I will send it back over to Aryeh.

Question & Answer Session

Aryeh Langer: And thank you very much.

At this time, we will now take your questions. As a reminder, this event is being recorded and transcribed.

In an effort to get to as many questions as possible, each caller is limited to one question. To allow more participants the opportunity to ask questions, please send specific questions about your organization to the Open Payments help desk listed on slide 39 so our staff can do more research.

All right, we are ready to open up the Q&A session and take our first question please.

Operator: To ask a question, press "star" followed by the number 1 on your touch tone phone. To remove yourself from the queue, press the "pound" key. Remember to pick up your handset before asking your question, to assure clarity.

Once your line is open, state your name and organization. Please note, your line will remain open during the time you are asking your question so anything you say, or any background noise, will be heard in the conference.

If you have more than one question, press "star," 1 to get back into the queue, and we will address additional questions as time permits.

Please hold while we compile the Q&A roster.

You do have a question from the line of Emmon Alavi. Please proceed with your question.

Emmon Alavi: Hi. Good afternoon. Thank you so much for the opportunity. Can you hear me?

Amy Hammonds: Yes.

Chris Kalck: Yes.

Emmon Alavi: Wonderful. My question is in regards to the EIDM. I have not seen any communication from CMS, or any other MAC except for Novitas, in regards to the EIDM System changing to the CMS Identity Management or IDM system that was effective as of April 6.

I was wondering is there going to be any clarification on that?

Chris Kalck: Thanks for that question. We, at this time, don't have any other information on that right now.

Emmon Alavi: Okay. Thank you.

Operator: Again, if you would like to ask a question, please press "star" then the number 1 on your touch tone phone.

Your next question is from Julie Bartow. Hello, Julie; your line is open.

Julie Bartow: Yes. I'm wondering how does the reporting entity calculate the general payment to physicians when they have a luncheon like a lunch-and-learn? How do they calculate how much money to allocate to each physician? It's hard to dispute something if you don't know what you're actually disputing.

Chris Kalck: Thanks for that a question. In general, if I remember correctly, the guidance that we've given reporting entities is that when they have a large lunch like that they allocate based on the total number of participants, whether they're covered recipients or not; and then divide the total by the total number of people that partake in the food, and then individually report for each covered recipient.

I know that's a little confusing, but they should be taking the entire group and allocating one number for each covered recipient.

Julie Bartow: Okay. So on our end our work flow should be that we find out what the dollar amount is that's being spent on the luncheon and then have a list of the people that were there, providers or staff members, and then do our own math; and then keep that record so when it comes time to dispute it you could say, "Well, according to my calculations this should have been $3.00 a person," or whatever.

Does that sound about right?

Chris Kalck: So that's the guidance we've given reporting entities as far as allocating food. So, I can't really opine on a specific situation.

Julie Bartow: Right. I was just trying to figure out what workflow because it's difficult to dispute something if you're not sure how to go about disputing whether the ham sandwiches were $5.00 or $2.00.

So, I'll just try to get a workflow developed. So, thank you very much.

Chris Kalck: Yes. And, certainly, we don't have any insight as to how they may price things.

Julie Bartow: Right.

Chris Kalck: So, again, we can't comment on that as well.

Julie Bartow: Okay. Thank you for your time.

Operator: Your next question is from Gaba Segu. Hello, Gaba, your line is open.

Seja Paragou: Did you say Seja Paragou?

Operator: Yes. Please proceed.

Seja Paragou: Just a question with the current epidemic and everything, do you anticipate any kind of change in the deadline for the review and dispute dates?

Amy Hammonds: No. Actually, right now, everything is tracking on our current timeline. I'm not sure if you were on at the top of the call but we did share a statement related to that. I am happy to reiterate that for anybody that may have missed it or joined a little bit late.

So, we are aware that the COVID-19 pandemic is greatly impacting physicians and the healthcare community as a whole. We do not have the authority to postpone the publication deadline of June 30th.

Given the statutory requirement and resource constraints that limit CMS' ability to deviate from the established schedule we are unable to extend pre-publication review and dispute period beyond May 15, 2020.

As a reminder, the physician and teaching hospital review and dispute actions are voluntary and can be completed throughout the calendar year beginning with the review and dispute period and continuing through December 31, 2020.

Seja Paragou: Okay.

Amy Hammonds: So right now, the timeline, yes, we're planning everything will remain the same. But, again, as a reminder, the review and dispute actions can take place through the end of the calendar year.

Seja Paragou: Okay. Thank you.

Amy Hammond: Yes.

Operator: And at this time, there are no further questions.

Additional Information

Aryeh Langer: Okay, well, thank you so much.

If we did not get to your question, or you have a question after the presentation, you can email it to the address listed on slide 39.

We hope you will take a few moments to evaluate your experience with today's call. See slide 40 for more information on the evaluation.

An audio recording and transcript will be available in about two weeks at go.cms.gov/mln-events.

Again, my name is Aryeh Langer. I'd like to thank our presenters, and also thank you for participating in today's Medicare Learning Network event on Open Payments: Your Role in Healthcare Transparency.

Have a great day, everybody.

Operator: Thank you for participating in today's conference call. You may now disconnect.

Presenters, please hold.