



Open Payments

Review Dispute & Corrections Webinar

OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY
INTO INDUSTRY-PHYSICIAN
FINANCIAL RELATIONSHIPS

March 28, 2018

CMS Disclaimer: This information is a summary of sections of the NPPTP. This information is a summary of the final rule implementing the National Physicians Payment Transparency Program (Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests [CMS-5060-F], codified at 42 CFR Parts 402 and 403) The summary is not intended to take the place of the final rule which is the official source for information on the program.

Program Year 2017 Timeline



Timeline Reminders – Review, Dispute & Corrections

- Review and Dispute for covered recipients will begin on Sunday April 1, 2018 and continue through May 15, 2018
 - In order for the dispute or correction to be reflected in the June 2018 publication, the dispute must be initiated by May 15, 2018
- Extended correction period continues from May 16, 2018 – May 30, 2018
- Dispute resolution takes place outside of the Open Payments System
 - Reporting entities should work directly with the covered recipient or the authorized representatives/ authorized officials to reach a resolution
- **CMS does not mediate disputes**

Review and Dispute Statuses

- Records in the review and dispute process will have one of the following statuses:
 - **Initiated** – the dispute has been initiated by a covered recipient
 - **Acknowledged** – the dispute has been acknowledged by the reporting entity
 - **Resolved** – the reporting entity and covered recipient have worked together and reached a dispute resolution
 - **Resolved No Change** – the reporting entity and covered recipient have resolved the dispute in accordance with the Final Rule and no changes to the record were made
 - **Withdrawn** – the dispute has been withdrawn by the covered recipient; no further action required by the reporting entity

Review and Dispute – Impact on Publication

- Disputes initiated within the initial 45-day review, dispute, and correction period and resolved by the end of the correction period (May 30, 2018) will be published and identified as non-disputed in the initial data publication (June 2018)
- If a dispute is not resolved by the end of the correction period, the record will be published and identified as disputed
- Disputes initiated or resolved after the full 60-day review, dispute, and correction period will not be reflected in the initial publication of data and will be published as original attested-to data.
 - Those disputes and any related data changes will be published in the next publication which may be a refresh publication or the next program year data publication

Review and Dispute System Enhancements

- Covered recipients will be able to see and will receive notifications when previously attested records available for review and dispute are deleted or being updated by a reporting entity
- If a reporting entity user edits or deletes a disputed record, an email notification will be sent to the covered recipient who created the dispute.

Question & Answer Session

- To ask a question:
 - Raise your hand and the presenter will call on you and unmute your line
 - Submit your question via the Q&A box
 - Please note:
 - the Open Payments team will refer all questions with specific and/or detailed scenarios to the help desk.

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Available Resources

- Stay connected through the Open Payments listserv!
 - Subscribe at our Contact Us page on the Open Payments website.
- Learn more about the Open Payments Program at
<http://www.cms.gov/openpayments>
- Have more Questions?
 - Contact our Help Desk at openpayments@cms.hhs.gov or by calling 1-855-326-8366

