



# MLN Connects<sup>TM</sup>

National Provider Call - Transcript

**Centers for Medicare & Medicaid Services**  
**Open Payments (the Sunshine Act):**  
**Registration, Review, and Dispute.**  
**MLN Connects National Provider Call**  
**Moderator: Aryeh Langer**  
**July 22, 2014**  
**2:30 p.m. ET**

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**Operator:** At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. 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 will now turn the call over to Aryeh Langer. Thank you, you may begin.

## **Announcements and Introduction**

Aryeh Langer: Thank you Selema. Again, this is Aryeh Langer from the Provider Communications Group here at CMS and as today's moderator, I'd like to welcome everyone to this MLN Connects National Provider Call on Open Payments, also known as the Sunshine Act: An Overview of Registration, Review, and Dispute. MLN Connects Calls are part of the Medicare Learning Network.

During today's call, CMS subject matter experts will give a brief introductory presentation about Open Payments and provide a step-by-step review of the registration and review and dispute process. This overview will be followed by a brief presentation of answers to questions submitted prior to the call and then, time permitting, a question-and-answer session.

Before we get started, there are few items I'd like to quickly cover. You should have received a link to the slide presentation for today's call in an email earlier this afternoon. If you have not seen the email or you have not downloaded today's presentation, you can find it by going to the Call Details webpage on the CMS website, which can be found by visiting [www.cms.gov/npc](http://www.cms.gov/npc). Again, that URL is [www.cms.gov/npc](http://www.cms.gov/npc). On the left side of that page, select "National Provider Calls and Events," then select today's call by date from the list. The slide presentation is located there in the Call Materials section.

Also note that this call is being recorded and transcribed. An audio recording and written transcript will be posted to the Call Details webpage when it is available. An announcement will be placed in MLN Connects Provider eNews.

Finally, registrants were given the opportunity to submit questions in advance of today's call. We thank those of you who took the time to do so. While we may not be able to address every question today, it will be used for future presentations or to develop Frequently Asked Questions or other educational materials.

At this time, I'd like to turn the call over to Madhu Annadata from CMS. Madhu.

## **Presentation**

Madhu Annadata: Thank you Aryeh. Good afternoon. My name is Madhu Annadata and I'm the Director for the Division of Health Informatics and Systems in the Data Sharing and Partnership Group at CPI. Welcome to the CMS National Provider Call. Today we will provide you with an overview of Open Payments, or the Sunshine Act; provide you with an operational update and upcoming milestones that physicians and teaching hospitals should be aware of; provide you with an overview of the registration process;

provide you with a set of resources to help you along the way; and what you can be doing now to help prepare for the next phase of the program, address questions already received from the provider and teaching hospital community, answer live questions if time permits.

Let's get started. For those of you following along, we'll be moving on to the next slide, which is slide number 6, Open Payments Overview. During this section we will provide you with an overview of the Open Payments program.

### **Overview of the Open Payments Program**

We are on slide 7 now. Disclosure of financial relationships between the medical industry and healthcare providers is not intended to signify an inappropriate relationship. Collaboration among the medical industry, physicians, and teaching hospitals contributes to the design and delivery of life-saving drugs and devices. However, these relationships may influence research, education, and clinical decisionmaking in ways that compromise clinical integrity and patient care and may potentially lead to increased healthcare costs.

While disclosure alone is not sufficient to differentiate between the beneficial financial relationship and those that may create conflicts of interest, transparency will shed light on the nature and extent of the relationship that exists and, hopefully, discourage development of inappropriate relationships. In response to the various comments and recommendations on how conflicts of interest could affect treatment decisions, Congress enacted legislation establishing a national disclosure program.

### **Reporting Requirements**

Next slide. Section 6002 of the Affordable Care Act, commonly referred to as the Physician Payment Sunshine Act, or the Sunshine Act, authorized implementation of the program now known as Open Payments. It requires certain entities to report annually to CMS certain financial relationships they have with physicians or hospitals. CMS will then publish the data submitted on a public website. It was finalized in February 2013, about 14 months of rulemaking between the NPRM, which posted in December of 2011 and elicited over 400 public comments.

Next slide, Program Objectives. The program objectives include making the public aware that certain financial relationships exist between providers and industry, giving consumers the information needed to ask questions and make more informed decisions about their health care professionals. CMS's role is to:

- Remain neutral and present the data on a public website. CMS will not be labeling these relationships as good or bad.
- Ensure reporting and disclosures are complete, accurate, and clear.

Moving on to the next slide. For those that are following along, we are on slide number 10. The program requires both applicable manufacturers and applicable group purchasing organizations to report to CMS on an annual basis. However, what they report is slightly different in nature. Applicable manufacturers must report payments or other

transfers of value made to cover their CPNs and physician owners or investors and certain ownership or investment interests held by physician owners or investors or their family – immediate family members.

Applicable group purchasing organizations, GPOs, must report certain ownership or investment interests held by physician owners or investors and their immediate family members, payments, or other transfers of value made to physician owners or investors. Just to reiterate, these are the only entities that are required to collect and report data to CMS. Physicians and teaching hospitals do not have to report any data to CMS.

Moving on to the next slide. We are on slide number 11. As we mentioned, applicable manufacturers and applicable group purchasing organizations must report information to CMS. So who are they reporting on? The rule specifies that applicable manufacturers and applicable group purchasing organizations must report on a covered recipient and/or physician owners or investors.

Covered recipient physicians are Doctors of Medicine, Doctors of Dental Medicine or Dental Surgery, Doctors of Podiatric Medicine, Doctors of Optometry, chiropractors – all legally authorized by the state to practice. Covered recipient teaching hospitals are the hospitals that CMS has recorded as receiving payments under Medicare graduate – direct graduate medical education, indirect medical education, or psychiatric hospitals IME programs.

Each year Open Payments publishes a list of affected teaching hospitals. The list is available on the Open Payments website at <http://go.cms.gov/openpayments>. Physician owners or investors are physicians who are owners or investors of an applicable manufacturer or GPO, immediate family members who have ownership or investment interest in an applicable manufacturer or GPO, spouse, natural or adoptive parent, child or sibling, stepparent, stepchild, stepbrother or stepsister, father, mother, daughter, son, brother or sister-in-law, grandparent or grandchild, spouse of a grandparent or a grandchild.

Moving on to the next slide, we are on slide number 12. There are three reporting categories which applicable manufacturers and applicable group purchasing organizations will use to report information to CMS:

- One for general payments, which are payments or other transfers of value not made in connection with a research agreement,
- One for research payments, which are payments or other transfers of value made in connection with a research agreement, and
- One for ownership or investment interest.

Moving on to the next slide, slide number 13. Applicable manufacturers and applicable group purchasing organizations will be reporting the following information about a physician:

- Full legal name as it appears in NPDES,
- Primary specialty,
- Primary business address,
- NPI as it appears in NPDES,
- State professional license number or numbers, and
- Email address.

Moving on to next slide, slide number 14. Applicable manufacturers and applicable group purchasing organizations will also be reporting the following information about the event that resulted in the payment or transfer of value. This includes:

- Information about the covered product that was discussed,
- Name or names of the related covered drugs, device, biological or medical supply that was discussed,
- Information about the payment,
- The amount of the payment or transfer of value, the date it occurred, the form of the payment, and the nature of payment or other transfer of value,
- The number of payments, and
- If the payment or transfer of value was designated to a third party, the name of individual or entity the physician indicated to receive the payment.

Moving on to the next slide, we are on slide number 15. Applicable manufacturers and applicable group purchasing organizations must also indicate the reason why a payment or transfer of value was made. Some reasons why a payment or transfer of value could be made include honoraria, entertainment, food and beverage, research, and many others.

Moving on to the next slide, Operational Updates and Milestones. During with – this section of the webinar, we will provide you with some operational updates and milestone. Slide number 17 depicts a timeline for the posting of the data collected in 2013.

Now I'll be handing this over to Toula Bellios.

### **The Registration Process**

Toula Bellios: Thank you Madhu. Hi everyone, my name is Toula Bellios. I'm the Division Director for the Division of Policy and External Partnership within the Data Sharing and Partnership.

This next section I will be covering the registration process and demonstrate how to register in the CMS Enterprise Portal. On slide 19 is just a quick overview of the registration – overall registration process. Registration is required for physicians and

teaching hospitals to review or dispute the information reported about them by applicable manufacturers and group purchasing organizations.

For this first reporting year, registration will be conducted in two phases: Phase 1, CMS portal registration or in the EIDM; Phase 2 is the Open Payments system registration. This will allow you to review and dispute.

All users accessing the Open Payments system must first obtain an EIDM User ID and password. EIDM registration began on June 1st, 2014. It is required in order to obtain access to the Open Payments system. Users will not be able to access the Open Payments system or perform any required actions without EIDM credentials. Instructions for EIDM registration and requesting access to the Open Payments application are available on the Open Payments website on the register – on the Program Registration and Data Submission Attestation pages. There you will find a slide deck with detailed, step-by-step instructions for registering with EIDM and requesting access to the Open Payments system.

For our nationals located outside of the United States, you should contact the Open Payments help desk for assistance with EIDM registration. EIDM registration is required for access to the Open Payments system. EIDM registration process is the same for all users. Some of you may already have an EIDM account if you use the Health Insurance Oversight System, or HIOS, and the Medicaid and CHIP Program System, MACPro, or other CMS systems.

For those following along, we're on slide 22. What is the EIDM verification process?

EIDM is how CMS verifies user identities. Identity verification is the process of providing information for the purposes of proving that a person is the same person he or she claims to be. Individuals requesting electronic access to CMS protected information or system must first have their identities verified. All users who register in – users registered for EIDM – will have their identities verified. This also includes representatives of applicable manufacturers and group purchasing organizations.

EIDM matches information entered by users to information provided by Experian. Out-of-the-wallet questions, or OOW, are also used to verify identities. Out-of-wallet questions ask for private data and contain information pulled from your credit report such as mortgage lender name, previous employer name, auto lender name. Out-of-wallet questions and answers are shared only between the EIDM registrant and the verification service provider Experian. The information will not be stored in EIDM or in the Open Payments system.

The registration process does result in a soft credit inquiry. Soft credit inquiries are visible only to the EIDM registrant and only appear on credit reports produced by Experian, shown as an inquiry made by CMS. They are not visible to lenders. If you order a credit report from Experian, you will see that an entry of inquiry was made by the Centers for Medicare & Medicaid Services with CMS's address and the date of request.

Identity proofing does not affect credit score – credit scores. Please contact Experian proofing support services for assistance with failed identity proofing.

Slide 25 outlines some of the key steps in EIDM registration. First, you go to the CMS Enterprise Portal and select New User Registration. Accept Terms and Conditions, enter personal information, select User ID, Password, and Challenge Questions, and then complete your registration and log out. As previously mentioned, use the Phase 1 Step-by-Step CMS Enterprise Portal Registration for Physicians and Teaching Hospitals presentation for guidance on how to complete Phase 1 registration. You will not be able to proceed to Phase 2 if you do not complete Phase 1.

The next slide, 26, just shows a sample confirmation – the email that you will receive. Please be sure to save this email as it contains your User ID and a link to the CMS Enterprise Portal. If you are unsuccessful in registering in EIDM, it may be because individuals with addresses outside the United States may not register in EIDM. If you do have a foreign address, you should contact the Open Payments help desk for assistance. Any additional EIDM issues should be directed to the Open Payments help desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov).

Madhu Annadata: Phase 2 began on July 14th. Physicians and teaching hospitals cannot use their EIDM registration credentials to register in the Open Payments system. Once physicians and teaching hospitals are registered in the Open Payments system, they are able to participate in the review and dispute process.

For those following along, we are on slide number 29. After successfully registering in the EIDM, you will use your EIDM registration credentials to request access to the Open Payments system. This request in EIDM will allow the individual access to the Open Payments system. Request for this access can occur only after EIDM registration is successful. Request for this access is made through the CMS Enterprise Portal.

Slide 30. First, here are a few key points to know about the physician registration. Physicians may register in the Open Payments system if they wish to review and dispute any information regarding payments or other transfers of value or ownership or investment interests reported about them by a reporting entity prior to its publication. Registration creates a profile for the physician in the Open Payments system. Once the physician has completed and submitted his or her profile in the Open Payments system, he or she will be vetted using a number of external data sources to ensure that the person registering is a physician. If the physician profile is modified, it may trigger re-vetting.

Moving on to the next slide. To vet the profile, the Open Payments system will compare the profile information against other data repositories. Data elements of particular importance for vetting are the physician's business address, NPI, the DEA number, and state license information. Vetting must be successful in order for the physician to perform actions within Open Payments system.

The National Provider Identification (NPI) and Drug Enforcement Administration (DEA) numbers are key values that are used in the vetting process. As a result, while the system does not require these fields to be entered since not all physicians have these identifiers, the NPI and DEA numbers should be entered if you have them. You are required to enter at least one physician license number. However, you should enter all of your medical license numbers if you have multiples.

Moving on to next slide. Physicians may delegate roles to other individuals. This is called a nomination process. One authorized representative can be nominated per physician registrant. Registration must be completed in one sitting. Saving information for later is not available in the registration process. Not all registration fields are required.

Moving on to next slide. For those who are following, we are on slide number 33. Individuals associated with physicians can hold one of two user roles. One user role is physician. The physician registers him or herself in the system, has full access to review and dispute records associated with him or herself, and can nominate one authorized representative. The authorized representative is a user who is not the authorized official or the physician or teaching hospital but authorized to perform certain activities. Allowed activities depend upon access level granted to the authorized representative by an authorized official.

There are three access levels for authorized representatives:

- Read-only, which is the default level of access for all authorized representatives. With this access, the representative is able to see a physician's profile and record information;
- Modify profile; this gives the representative the ability to edit or enter a physician's "My Profile" information, such as NPI license and specialty; and
- Dispute records, which gives the representative the ability to comment on information submitted about payments or other transfers of value, ownership and investment interest with the submitter, applicable manufacturer, or GPO. This level of access also gives the ability to dispute reported payments or other transfers of value, ownership, and investment interest.

Please note that access levels are separate and not cumulative. For example, having dispute records access does not automatically include modify profile access or vice versa.

Moving on to next slide. To help you prepare for registration, here is the list of fields for registering a physician in the Open Payments system, with an X to indicate if the field is required or optional. The National Provider Identifier (NPI) and Drug Enforcement Administration (DEA) numbers are classified as optional. However, they must be entered if you have them. If you do not have these identifiers, you can still proceed with registration. Providing the DEA number and NPI will aid the physician vetting process and better allow for payment records submitted by reporting entities to be successfully matched to the corresponding physician.

If you do not know your 10-digit NPI number, you can find it on the NPI registry located at <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.gov>. If you cannot find your DEA number, contact the DEA Office of Diversion Control. Their website is <https://www.deadiversion.usdoj.gov>.

Moving on to the next slide. We are on slide number 35. Here is the list of fields when registering for an individual user profile with an X to indicate if the field is required or optional. Both physicians registering themselves and authorized representatives must enter in this information to become users in the system.

Next slide. Before beginning physician registration in Open Payments system, have your EIDM User ID and password on hand. Check that you have access to the Open Payments application through EIDM. To check if you have access, log into the CMS Enterprise Portal. If you have access, you will notice a yellow tab labeled Open Payments at the top of your menu bar. Have the required profile information available. Registration must be completed in one session, and the system will time you out after 15 minutes of inactivity. If you are timed out, any information you entered will be lost. You may refer to the previous slides for a list of required fields or view the required field on the Initial Registration screen prior to beginning registration.

Know what you want to nominate for the authorized representative role if anyone. A physician may nominate one authorized representative within the Open Payments system at any time. This may be during initial registration or later. This person can be an adult physician, an office manager, a practice manager, or an adult person the physician would like to designate to interface with the Open Payments system on his or her behalf. Study the levels of access authorized representative can have and determine what levels of access to grant your representative.

The Open Payments system is a Web-based application and should be run only on Internet Explorer version 8 or higher. For best system performance, use the Windows operating system. Only use the navigation button within the Open Payments system itself; never use the navigation button on your browser tool bar.

Moving on to next slide. For those of you following along, we are on slide number 37. Phase 2 began on July 14th. Physicians and teaching hospitals may use their EIDM registration credentials to register in the Open Payments system. Once physicians and teaching hospitals are registered in the Open Payments system, they are able to participate in the review and dispute process.

Moving on to next slide. After completing registration, the system will indicate that you have successfully created your profile. Your profile will now undergo vetting. You will not receive an email confirming that your profile has been created. To determine the status of your registration, go to the My Profile page in Open Payments. Please note that you will not be able to perform activities in the system until you have been successfully vetted. Once successfully vetted, you will be able to access your data submitted by the industry.

Next slide. We are on slide number 39. Teaching hospitals may register in the Open Payments system if they wish to review and dispute any information regarding payments or other transfers of value reported about the hospital by applicable manufacturers and applicable GPOs prior to its publication. Teaching hospitals must be selected from a prepopulated list in the Open Payments system. This list is maintained by CMS. As such, teaching hospitals will not go through any vetting and will be approved immediately in the Open Payments system.

The teaching hospitals will be given a status of vetted; however, no actual vetting will occur. You may nominate other individuals as authorized representatives. Teaching hospitals can have up to 10 individuals associated with them in Open Payments, including five authorized individuals – I'm sorry – five authorized officials.

Moving on to the next slide, slide 40. Individuals associated with teaching hospitals can hold one of two user roles in the Open Payments system. One of the roles is authorized official. The authorized official registers the physician or teaching hospital in the Open Payments system. In addition, the authorized official may modify the teaching hospital's profile in the Open Payments system, nominate other users, and modify existing user roles, approve or deny nominations made by others including self-nominations, and approve or deny requests for user roles made by others.

Also, the authorized official can review and dispute records associated with the teaching hospital. The other role is authorized representative. The authorized representative can review and dispute records associated with the teaching hospital as well as nominate other individuals for user roles within the teaching hospital – with the teaching hospital. Authorized representatives must have their nominations confirmed by an authorized official of the teaching hospital.

### **Preparing for Registration**

Next slide. To help you prepare for registration, here is the list of fields for registering a teaching hospital in the Open Payments system, with an X to indicate if the field is required or optional.

Moving on to next slide. For those of you following along, we are on slide number 42. Here is the list of fields when registering an individual user profile with an X to indicate if the field is required or optional.

Moving on to next slide. Before beginning teaching hospital registration in the Open Payments system, ensure that the person registering the teaching hospital is an authorized official of that hospital. Have your EIDM User ID and password on hand. Check that you have access to the Open Payments application through EIDM. To check if you have access, log into the CMS Enterprise Portal. If you have access, you will notice a yellow tab labeled Open Payments at the top of your menu box. Have the required profile information available. Know what you want to nominate for the authorized representative role if anyone.

A teaching hospital may have up to 10 active users for a teaching hospital, five of which can be authorized officials. The Open Payments system is a web-based application and should be run only on Internet Explorer version 8 or higher. For best results, use the Windows operating system. Only use the navigation button within the Open Payments system itself. Never use the navigation button on your browser tool bar.

Moving on to the next slide, slide number 44, Phase2. Phase 2 began on July 14. Physicians and teaching hospitals will use their EIDM registration credentials to register in the Open Payments system. Once physicians and teaching hospitals are registered in the Open Payments system, they are able to participate in the review and dispute process. The key steps in the process are labeled in the slide.

Moving on to the next slide, slide number 45. The system will indicate that you have successfully created your profile. Your profile will now undergo vetting. You will not receive an email confirming that your profile has been created. To determine the status of your registration, go to the My Profile page in Open Payments. Please note that you will not be able to perform activities in the system until you have been successfully vetted. Once successfully vetted, you will be able to access your data submitted by industry.

We are going to skip slides 46 through 52 to ensure that we have time for questions and answers. If you have questions about these slides, mainly about accessing nominations for physician authorized representative and a teaching hospital, please contact the help desk.

Toula Bellios: We are now going to skip to slide 53. During this section of the webinar, we will review the review and dispute process in the CMS Enterprise Portal and Open Payments – oh, sorry, Aryeh.

## **Keypad Polling**

Aryeh Langer: OK. We're just going to go ahead and go to our keypad polling now. Selema, before we get into the next section of the presentation, we'll just pause for the keypad polling so CMS has an accurate count of the number of participants on the line with us today.

Please note there will be silence on the line while we tabulate the results. Selema, we're ready to start polling, please.

**Operator:** CMS appreciates that you minimize the government's teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are two – or if there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9.

Once more, if you are the only person in the room, enter 1. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Please continue to hold while we complete the polling.

Thank you for your participation. I'd now like to turn the call back over to Aryeh Langer.

## **Presentation continued**

Aryeh Langer: Thank you. And I'll turn the call now over to Toula for our next portion of the presentation, Toula.

Toula Bellios: Thanks, Aryeh. So slide as I was saying, on slide 53, during this section of the webinar, we will review the review and dispute process in the CMS Enterprise Portal and in the Open Payments system.

## **Examples of the Review and Dispute Scenario**

Slide 54 shows a brief overview and example of the review and dispute scenario. ABCD Medical submitted one record for Dr. Jones totaling \$5,000. Dr. Jones receives – I'm sorry – Dr. Jones reviews the payment record and determines that a correction should be made to the amount received. Dr. Jones then initiate a dispute for this record and makes comments that the payment amount be corrected from \$5,000 to \$4,500. Once the dispute is initiated, ABCDE Medical receives an email notification that a dispute has been initiated.

ABCD Medical then acknowledges the dispute in the Open Payments system and begins reviewing the dispute. ABCD Medical determines that the disputed amount of \$5,000 is incorrect and the correct amount should be \$4,500. ABCDE Medical corrects the record in the Open Payments system and reattests to the corrected record. The Open Payments system will automatically update the review and dispute status to resolved.

Dr. Jones then receives an email notifying him that the dispute had been corrected and resolved. He may view the details of the correction by viewing the updated record in the Open Payments system.

Data corrections made by reporting entities may be made at any time and the corrections will be updated in the next publication of the data. CMS will update data from the current and previous year at least once annually and in addition to the initial data publication that follows the data submission. In the cases where a dispute cannot be resolved, the latest attested to data submitted by the reporting entity will be published and identified as under dispute.

Slide 56 shows a brief overview of the review and dispute process. Physicians and teaching hospitals may now begin reviewing, affirming, or disputing records submitted

about them by reporting entities regarding payments or others transfers of value or physician ownership or investment interest. This process allows physicians and teaching hospitals to request corrections to the records prior to data publication on September 30th, 2014.

For program year 2013, reporting entities only submitted payments or transfers of value or physician ownership and investment interest made between August 1st, 2013, and December 31st, 2013. If a dispute has been initiated by a physician or teaching hospital, the reporting entity should work directly with the physician or teach – or physician’s authorized representative or the authorized official or authorized representative for the teaching hospital to reach a resolution for the disputed record.

Dispute resolution will take place outside of the Open Payments system. However, the status of the resolution must be captured in the system once the resolution is reached. We will cover how this is done later in the webinar. CMS will not mediate the dispute resolution process between a physician and the reporting entity.

### **The Review and Dispute Period**

In the Open Payments system there are certain actions that may be performed during the review and dispute period:

- Reporting entities may acknowledge disputes, correct records, and resolve disputes.
- Physicians and teaching hospitals may affirm records, initiate disputes, or withdraw disputes.

Reporting entities submitted to Open Payments records related to physicians and teaching hospitals for the period of August 1st through December 31st, 2013. Starting in July, a review and resolution period began ran for 45 days to allow sufficient time for reporting entities to resolve disputes. During this period – once it began on July 14th – physicians and teaching hospitals will perform the review and dispute actions – I’m sorry – I said July 15th, it’s actually July 14th when review and dispute began. And reporting entities may begin to make corrections. Reporting entities will have an additional 15 days to resolve and correct the outstanding disputes. Changes made to records during this period will be included in the September 2014 data publication.

Records that remain under dispute at the end of this period will be identified as disputed in the September 2014 data publication. Through the review and dispute period for 2014, data publication is only 45 days. The review and resolution process is available year round. Disputes initiated after that point will be included in the next publication of the data.

On slide 58 is an example – is an explanation of how the dispute initiation and resolution timing affects the public display status of the data. The timing of the dispute resolution – dispute resolution status will affect the public display status.

In cases where a dispute cannot be resolved by the end of the 45 review and dispute period and the 15-day correction period, the attested to data submitted by the – by the reporting entity will be published and identified as being under dispute. It is important to note that CMS will not mediate disputes between physicians and teaching hospitals and reporting entities. CMS will remain – will, however, monitor the disputes and resolutions to inform the auditing process.

All records visible to you in Open Payments have been associated with your physician or teaching hospital and, therefore, can be disputed or affirmed by you. Visit the Dispute and Resolution page of the Open Payments website for more information.

On slide 60 just recaptures the review and dispute timelines for the program year 2013. It provides a summary of the activities for review and dispute and the associated timeline.

Slide 61 provides an overview of the data publication dates. For the first publication year, data will be published by September 30th, 2014. This initial publication year is reporting data for partial year and will only contain data for August 1st through December 31st, 2013. After the first year, subsequent publications will be made by June 30th. The data will be refreshed and republished periodically to reflect any changes made to data between publication years. Corrections made to data outside of the review and dispute period will appear in the next publication of the data, either in a data refresh or in the next year's publication.

### **Landing Pages**

Madhu Annadata: For those of you following along, we are on slide 62. This slide shows the Physician Landing Page, or the landing page for an individual registered as a physician.

Next slide. This slide shows the landing page for an individual registered as a teaching hospital.

Moving on to next slide, slide number 64, Review and Dispute Landing Page. When selecting the Review and Dispute tab, you will be taken to the landing page which displays a list of all of the records submitted for the selected physician or teaching hospital. You will also have the ability to affirm records, dispute records, or withdraw disputes. We will get into the disputing and withdrawing later in this webinar. You may use the filtering criteria on the page to customize your view and search for a specific set of records. The filtering area is called out on the screen in the red box. You may use criteria such as payment category or CPN type, review and dispute status, and others to search for records.

You may also use the scroll bar noted here with a green arrow at the bottom of the screen to scroll left and right and view additional columns. You may view the dispute history of any record by selecting “View” in the History of Dispute column. You can sort the data by selecting the up and down arrows in a column header to sort by the values in that

column. You may also view the details of each record by scrolling to the right and selecting “View” next to the record you wish to view.

Moving on to the next slide, slide 65. This page will display all of the details associated with the reported payment. Note that due to the length of the page and for the purposes of this demonstration, we have split the view record drill-down page into two images. To return to the Review and Dispute Landing Page, select “Back” at the bottom of the screen.

### **Review and Affirmation Overview**

Review and Affirm Overview. Physicians and teaching hospitals will have the opportunity to review and affirm records submitted about them by reporting entities. When a payment or transfer of value is affirmed by the physician or teaching hospital, they are confirming that the information submitted for that payment is accurate and correct. Affirmation of records is not required. However, it is encouraged to ensure that the reporting entity and the physician or teaching hospital are in agreement with the respect – with respect to the details of each payment.

Affirming records is optional, though it is recommended. Records not affirmed by the physician or teaching hospital will be published on the public facing website. We are on slide number 67, Review and Affirm Overview Process. This slide is an overview of the review and affirm process.

Moving along to slide number 68, Reminders for Reviewing and Affirming Records. Here are a few things to keep in mind when reviewing and affirming records. First, make sure that you have registered in EIDM and successfully registered in the Open Payments system. Physician and physician authorized representatives may affirm records. In order for physician authorized representatives to affirm records, they must hold a dispute records access level to affirm, review, and dispute records. This access level is granted to them by the physician at the time of nomination.

There are three access levels for physician authorized representatives – read, modify profile, and dispute records. The default access for physician authorized representative is read, which only allows the physician authorized representative to view the physician’s profile information and payment record. Modify will only allow the authorized representative to make edits to the physician’s profile. The dispute records access level is required for any review and dispute function, so make sure the physician have granted you the access level of dispute records.

Authorized officials and authorized representatives for teaching hospitals have the same access level and both types of users may affirm records. You will not be able to perform any resolution activity if these conditions have not been met. Lastly, know that records that are affirmed may still be disputed at any time if any information in the record is found to be inaccurate.

## **The Dispute Process**

Moving on to slide 69, Initiating Disputes Overview. Physicians and teaching hospitals will have 45 days to initiate dispute on records associated with them for those disputes to be included in the September 2014 data publication. Once a dispute is initiated, the reporting entity will receive an email notification that a dispute has been initiated.

The reporting entity may acknowledge the dispute in the Open Payments system. The reporting entity is not required to acknowledge the dispute and acknowledgment does not constitute a commitment to resolving the dispute. This only serves as a notification to the physician or teaching hospital that the reporting entity has received the dispute.

Should the reporting entity acknowledge the dispute in the Open Payments system, the physician or teaching hospital will receive an email notification that the dispute has been acknowledged. The dispute status can be viewed in real time on the Review and Dispute screen in the Open Payments system.

Moving on to next slide, slide 70, Review and Dispute Record Statuses. This slide shows a list of all the review and dispute statuses available in the Open Payments system. Records and Initiated status indicate that a physician or teaching hospital has initiated a dispute. Records in Acknowledged status indicate that a physician or a teaching hospital has initiated a dispute and the dispute has been acknowledged by the reporting entity. This status does not indicate the agreement or acceptance of the dispute by the reporting entity and is only meant to serve as a notification to the physician or teaching hospital that the dispute has been received by the reporting entity.

Records in Resolved No Change status indicate that the reporting entity and physician or teaching hospital have resolved the dispute in accordance with the final rule and no changes were made to the disputed record. Records in Resolved status indicate that a record will be updated by the reporting entity as a result of a dispute by the physician or teaching hospital. Records in Withdrawn status indicate that an initiated dispute by a physician or teaching hospital has been withdrawn and no longer requires resolution by the reporting entity. It is important to understand what each status means so that the appropriate action can be taken for each record.

Moving on to next slide, slide 71. This slide is an overview of the dispute initiation process.

Moving along to slide 72, Resolving Dispute Overview. Reporting entities may resolve disputes in one of two ways. The first way is to resolve a dispute with no changes. This will occur when the reporting entity has resolved the dispute initiated by the covered recipient with no changes made to the disputed record. For example, after the dispute has been initiated, the reporting entity and the covered recipient may mutually agree that reported payment details are, in fact, correct. In this case, no change needs to be made to the record and the reporting entity will mark the record as resolved with no change.

The second way is to correct the record. This will occur when the reporting entity corrects a record based on an initiated dispute. Updated records are automatically placed in a review and dispute status of resolved.

Moving on to slide 73, Resolving Dispute Overview Continued. The physician or teaching hospital will receive an email notification when a disputed record has been resolved either via record changes or if the dispute is identified as resolved without data changes. Physicians and hospitals may view the details of the resolution and the elements corrected, if any, by logging into the Open Payments system and viewing the records. If physicians and teaching hospitals believe a record dispute has not been sufficiently resolved despite the record having a status of resolved, they can initiate another dispute for the same record.

Moving on to next slide. As previously mentioned, CMS will not mediate disputes between physicians, teaching hospitals, and reporting entities. Reporting entities should go directly to the physician or teaching hospital outside of the Open Payments system to reach a resolution on disputed records. If a dispute is resolved by reassigning the record to another physician or teaching hospital, the record will be reassigned to the correct physician or teaching hospital and will no longer appear in your view.

For those of you following along, we are on slide 75, Withdrawing Dispute Overview. Physicians and teaching hospitals can withdraw records – I'm sorry – disputes. A dispute can be withdrawn after it has been initiated or acknowledged. The reporting entity will receive an email notification when a dispute has been withdrawn.

Next slide. Slide number 76 shows the process of withdrawing a dispute.

Moving on to slide 77, Reminders for Withdrawing Disputes. Here are a few things to keep in mind when withdrawing disputes. First, make sure that you have registered in EIDM and successfully registered in the Open Payments system. Physician authorized representatives must hold the dispute records access level to withdraw disputes. Authorized officials and authorized representatives for teaching hospitals and physicians do not need additional access to withdraw disputes.

Toula Bellios: Thank you Madhu. That concludes our discussion on the review and dispute process.

### **Available Resources**

On slide 78 we have listed a section – we have included a section about the resources available to physicians and teaching hospitals. We just want to point out there are two current resources out there available. There is the Open Payments User Guide, which we have extensively updated and then provided step-by-step instructions about the registration process in the Open Payments system as well as how to review and dispute records and payments of transfers of value. It goes into a lot more details than we have discussed today.

In addition we have created five quick reference guides. These are listed on slide 80 of the presentation. These are one-page documents with basic instructional guidance for physicians, teaching hospitals, and their authorized representatives on How to Register in the Open Payments system, accept or reject a nomination, and review a record and initiating of dispute. This can all be downloaded from our Open Payments webpage, which is shown on slides 79 and 80.

In addition, we will be releasing in the coming weeks a more step-by-step instructional webinar dedicated to how to register in the Open Payments system and how to review and dispute records in the Open Payments system. These are forthcoming.

### **Frequently Asked Questions**

With the remaining 20 minutes of this call, we want to spend some time reviewing some frequently asked questions. These questions have come in – came in during your own registration for the National Provider Call. So we’re going to address some of those first and then open the phone lines if we have time.

The first question that we received is shown on slide 83. What if I dispute something and the manufacturer doesn’t fix it? Will the data still be made public?

Yes, if a dispute is lodged but not resolved by the manufacturer, it will still be made public on September 30th. However, it will be marked as “Dispute.”

Slide 84. The question is, can I update my own data to fix a dispute or does a manufacturer have to do that?

The answer is no. The physician or teaching hospital cannot update the actual payment record data as it is submitted and legally attested to by the manufacturer. The covered recipient can, however, dispute and provide comments regarding the dispute, which are sent to the manufacturer to aid in its resolution. All disputes not resolved are made public but marked as “Disputed.”

Slide 85, can I continue to dispute data after the 45-day window closes? If so, will this get into the September release?

Yes. The covered recipient may dispute data at any time. However, any dispute lodged after the 45-day window will not be part of the September release. They and subsequent corrections to the resolved – corrections to the resolved dispute would be reflected in the next annual publication of the data, anticipated in early 2015.

Can I delegate the disputing action to my office manager?

Yes, you may nominate a delegate or authorized representative to act on your behalf to lodge disputes. You must, however, register in the Open Payments system first and then nominate them and they need to accept their own – or they need to self-nominate themselves.

Will disputed data be made public?

Again, the answer is, yes. Data which are still in a disputed status will be made public on the publication date but marked as “Disputed.”

Some additional questions that came in but are not in the presentation are right here. As an applicable manufacturer, can we see the records that have been affirmed by physicians and teaching hospitals? If so, how?

No, the system does not allowed for applicable manufacturers to review affirmed records. This may be considered for future enhancement.

Madhu Annadata: Can a download off of PDF or Excel sheet be provided? Can you print the info?

Answer, downloads are not available but they can copy and paste HTML in an Excel spreadsheet. They can also print the screen.

Toula Bellios: How often does the upcoming report need to be checked by physicians’ offices? Is it published quarterly or once a year?

Data is published once a year, September for this year and June in the following years, with one refresh. As we mentioned, the refresh is slated for early 2015.

I am a physician working for a hospital. How should I register myself in the Open Payments system?

Physicians should usually select the option to register themselves as a physician in the Open Payments system. This option allows the physician to view records of payments or other transfers of value made directly to them by an applicable manufacturer or group purchasing organization, as well as ownership or investment interest held by the physician or physician’s immediate family members, as reported by the applicable manufacturer or group purchasing organization.

Physician should only select the option to register themselves as a teaching hospital if they wish to represent the teaching hospital for the purpose of performing review and dispute actions on its behalf. Physician selecting the teaching hospital option will only be able to view payments made directly to the teaching hospital. Even if a hospital with which you’re affiliated requires you to register with the Open Payments system, you should still register the physician unless you have a specific authorization from the hospital to act as its hospital official and review records for the hospital itself.

Holding dual roles is an acceptable practice in the Open Payments system. However, if you are a physician who wishes to view records for both yourself and serve as a representative of a teaching hospital, you can first register for one role in the Open Payments system and then again in the other role.

Madhu Annadata: As a physician, will I be able to view my record if I do not have an NPI?

An NPI is not required for physician registration in Open Payments. However, CMS encourages physicians who have NPIs to supply them during registration to improve the matching of physicians to payments, other transfers of value and physician ownership or investment interest reported by applicable manufacturers or applicable GPOs. If a physician does not have an NPI, the physician should be certain to register with all of the state license numbers he or she holds in order to see the data matched against him or her.

Toula Bellios: As a physician, how do I register if I have multiple specialty codes?

Physicians are encouraged to add all specialty codes that pertain to them during registration.

Madhu Annadata: How long does it take to get vetted after physician registration?

Answer, physician vetting after registration may take up to 24 hours. If a physician changes his or her profile, it will undergo re-vetting, which will also take up to 24 hours.

Toula Bellios: Question, where do I find the specialty code list for physician or teaching hospitals registered?

When registering for Open Payments as a physician or teaching hospital, begin typing your specialty code in the supplied specialty code field. The list of specialty codes will appear for your selection based upon what you entered. The specialty code list can be found on the Open Payments website as well, specifically on the Physician's webpage.

Madhu Annadata: Question, what if my specialty code does not appear on the list provided during physician or teaching hospital registration?

Answer, select the specialty code that most closely matches your specialty.

Toula Bellios: Next question. When I log in to review payments to teaching hospitals, I do not see any data for my facility. Is that correct? What should I be looking for to make sure my facility has correct data reported?

We would recommend that you call the help desk at 1-855-326-8336 to assist you or refer you to our – or refer to our multiple resource tools. There is also the possibility that the applicable manufacturer or applicable – group purchasing organizations do not report any data about your teaching hospital.

Madhu Annadata: Question, how can an institution such as a School of Medicine determine who is correct when a dispute is flagged, that is the physician or the reporting company correct?

Answer, CMS will not be involved in dispute resolution.

## Question-and-Answer Session

Aryeh Lange: OK, thank you very much Madhu and Toula for a very comprehensive presentation. We have a few minutes left, so we'd like to open up the lines to the question-and-answer session. Since this call is being recorded and transcribed, please state your name and the name of your organization before asking your question. In an effort to hear from as many callers as possible, we ask that you limit yourselves to one question at a time.

Selema, we're ready to begin the question-and-answer session. Thank you.

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

Please hold while we compile the Q&A roster.

The first question comes from the line of Jason Scull.

Sylvia Trujillo: Hi, this is Sylvia Trujillo with the American Medical Association.

Aryeh Langer: Hello.

Sylvia Trujillo: We're looking at slide 72 and our question concerns the three possible outcomes for a dispute and you've identified two outcomes. Where the dispute is resolved between the manufacturer and provider and there is no change Number two, there is a dispute that is resolved and there's an update. But we are aware of the third category, where there is lack of resolution between the physician and the manufacturer and that is not detailed in the slide and so we have some concerns.

This is replicated in subsequent slides. And we're concerned about what process a physician would have to use and whether or not he or she would have to continually go back again and again and check the dispute option in order to keep the disputed flag on the amount if the manufacturer does not ensure a meeting of the minds. Can you expand on that portion of the presentation?

**Operator:** The next question comes from the line of Tom McNeil.

Aryeh Langer: I'm sorry, we did not address that question. We're just discussing here in the room. Can you give us one moment please?

Toula Bellios: Hi Sylvia, this is Toula. Thanks for your question. It's definitely a good question. I believe what would – we would want to take this offline and have further

discussions with you guys about this. But I would – at this point in time, I believe the physician would just need to go in and monitor and mark it as “Disputed” so that they can go in and so the – so the record is marked as “Disputed” when it’s published.

Aryeh Langer: Is there any way to get Sylvia back on the line Selema?

**Operator:** One moment please.

Sylvia Trujillo: Hello.

Aryeh Langer: Hello.

**Operator:** Sylvia, you may speak.

Sylvia Trujillo: Yes, I think our concern was that we understood that there would be a modification to the proposed process to make clear that when a physician does not affirm or agree that a change is appropriate that a manufacturer would not be in a position to unilaterally make that modification. And the way that this has been outlined, it seems to place a burden on a physician or their designated representative to continue to monitor on an ongoing basis and flag disputes over and over again. And we’re trying to understand how that could be possible since the final regulations make clear that the manufacturer and physician have to have a meeting of the minds when there is a dispute and that there has to be a mutually agreed upon resolution.

Toula Bellios: Thanks Sylvia. So I believe we did try to address that concern by the AMA. We have been giving instructions to the applicable manufacturers and group purchasing organization that they cannot unilaterally dismiss a dispute, that they have to follow – as it states in the final rule that there needs to be some kind of a meeting of the minds, I believe. But we’ll be happy to talk to you about that offline.

Sylvia Trujillo: OK, great. And guidance in documents like this would be helpful since physicians need to know that as well. Thank you.

Aryeh Langer: Thank you.

**Operator:** Your next question comes from the line of Tom McNeil.

Tom McNeil: Yes, this is Tom McNeil with Ortho Kentucky, a private orthopedic group. And we just wanted confirmation that in the instance of physicians attending an educational event where there – lunch is provided and not all members are physicians that are under the Open Payments Act applicability, the physician is only responsible for their portion of the meal. Is that correct?

Toula Bellios: Thanks for the question. Yes, that is correct. The physician is only responsible for their portion of the meal. However, it’s best to discuss this with your representative that you’re meeting with to find out that this is something that will be

reported. Again, you know, the definition of an applicable manufacturer and a group purchasing organization is defined. So if they consider themselves to fall into those categories, then they'll report that event.

Tom McNeil: Thank you. That's all we were wanting to confirm. It was – we discussed at the beginning, but it wasn't reported that way.

Aryeh Langer: Thank you.

**Operator:** Your next question comes from the line of Kendel Browning.

Kendel... your line is ...

Aryeh Langer: Hello.

Kendel Browning: Hi there.

**Operator:** ...open.

Kendel Browning: Hi, this is Kendel Browning, I work at the Menkes Clinic. I just want to clarify, we're a multi physician dermatology practice. Dr. Menkes is the owner, so obviously I would register him and there are other physicians that work here that are considered employees of the practice. Do they also need to register as well or would everything funnel through Dr. Menkes because he's the owner?

Toula Bellios: Hi, that's a great question that I'm sure applies to many people out there. Each individual physician would need to register in the system.

Kendal Browning: Right, OK.

Toula Bellios: And both ...

Kendel Browning: OK.

Toula Bellios: ...in EIDM and the Open Payments system so that they are able to review and initiate any disputes.

Kendel Browning: Perfect, thank you.

Aryeh Langer: Thank you.

**Operator:** Your next question comes from the line of Judy Fox.

Judy Fox: Hi, this is Judy Fox at CIS, a consulting firm helping manufacturers initiate some of these programs. We have had some issues with teaching hospitals having more than one TIN and which one – you know they might make a payment under – or receive a

payment under one TIN but there's a different one associated with that hospital on the teaching hospital list. So under registration, do the teaching hospitals then register with the TIN on the list that CMS provides? And how is that link between those payments made?

Toula Bellios: Hi, thank you for that question. I would really encourage you to work with our help desk on that question. We believe that the correct answer is that the teaching hospital – you use the TIN that's on the teaching hospital list submit – do that registration – complete that registration.

Judy Fox: OK, thank you.

**Operator:** Your next question comes from the line of Louise Varga.

Louise Varga: Hi, this is Louise Varga from Kaleida Health. As far as physician groups go, can they name just one authorized representative for multiple physicians or is it a one-to-one correspondence?

Toula Bellios: No, if you're in a practice that has 20 physicians, they can name you as their authorized representative, all 20. So you can be in the system 20 times.

Louise Varga: OK, thanks.

**Operator:** Your next question comes from the line of Catherine Osay.

Aryeh Langer: Hello, your line is open.

**Operator:** Catherine, your line is open.

Catherine Ostapina: Hello, can you hear me?

Aryeh Langer: Yes, go ahead, please.

Catherine Ostapina: Oh, I'm sorry. I didn't – she mispronounced my last name. This is Catherine Ostapina from the University of Chicago Medicine. I have – I guess my first question is really related to the amount of information provided under the entries or the records for teaching hospitals. So for example, someone earlier was asking the question about determining the amount of – the dollar associated with an individual's portion of the food. So there are references – so for one of our entries, it says this was made in two payments but it doesn't tell you was that a payment that may have been made to us here locally or was it someone's participation at an event where food was provided in a general conference and this was the portion of the number of participants we had there.

I'm struggling with the lack of specificity around the records to be able to actually review and dispute whether or not it's appropriate. So I was wondering if it was intentional not to provide more detail or if there's any future consideration being given to the possibility

of having more detail and/or there's just, you know, a contact name at the entity and you know we may or may not have any you know phone number or email for that individual at such company?

Toula Bellios: Thanks for that question. We would really encourage you, if you do have contact information, to reach out to the applicable manufacturer or group purchasing organization to get a better sense of how they came up to whatever the information and how they came to the termination of the amounts of – the amounts about having calculated their – the data that was submitted.

We were – we have been communicating whatever guidance was provided in the final rule in terms of instructions, in terms of how to calculate that information. But we will take it under consideration to possibly expand on that for out years.

Catherine Ostapina: That was a point – yes, to make the comment that the 45 days, depending on the number of records any – you know I'm specifically speaking about a teaching hospital at the moment, but even the physician, the number of records to review when there is no detail to have to call every individual in a 45-day period is really unrealistic, so if you could consider that as well.

And just two comments that the website performance of the table and being able to manipulate the data is subpar. You get kicked out. You get sent back to a page – three pages before when you're trying to view things. It just doesn't perform well. And the tier one individuals at the help desk are really not very helpful. You have to get to a tier two before someone can really answer a question. So I just wanted to provide that feedback.

Toula Bellios: Thanks for that feedback. We are in constant contact with our help desk. And we've, you know, how to improve the system for future releases. So thanks for that feedback. It's greatly appreciated.

Catherine Ostapina: Thank you.

## **Additional Information**

Aryeh Langer: And unfortunately, that's all the time we have for questions today. On slide 90 of today's presentation you'll find information on how to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. And we hope you'll take a few moments to evaluate your MLN Connects Call experience.

If there were questions that we were unable to get to, I'll reference again the Open Payments help desk, and it's on slide 88.

Again, my name is Aryeh Langer from the Provider Communications Group here at CMS. I'd like to thank everybody here in our room, our subject matter experts for an excellent presentation and to all of our participants who joined us on the line today, have a great day, everybody.

This document has been edited for spelling and punctuation errors.

**Operator:** This concludes today's call.

**-END-**

