*Open Payments*
**Program Overview and Prepare to Review Reported Data**

Robin Usi

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# Disclaimers

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# Target Audience & Learning Objectives

- Target audience:
  - Physicians, teaching hospitals, and physician office staff who need to view and possibly dispute data submitted about them by reporting entities (applicable manufacturers or applicable group purchasing organizations (GPOs))

- Learning objectives:
  - By the end of the teleconference, the participant should be able to identify the parts of the review, dispute and correction process
  - By the end of the teleconference, the participant should be able to recognize how to take appropriate actions in the Open Payments system.

# Open Payments Program Overview and Timeline

# What is Reported?

- Direct or indirect payments or other transfers of value made to covered recipients (physicians and teaching hospitals), and physician owners or investors
    - An indirect payment is a payment or other transfer of value made to a third party, where the applicable manufacturer or GPO 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
- Certain ownership or investment interests held by physician owners or investors, or their immediate family members

# Who is Responsible for Reporting?

**Applicable manufacturers of covered products <u>AND</u> entities under common ownership with applicable manufacturers who also provide assistance and support are required to annually report to CMS**

**What is an applicable manufacturer?**
- Operates in the United States
- Engages 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 a covered drug, device, biological or medical supply

**Applicable Group Purchasing Organizations (GPOs) of covered products are required to annually report to CMS**

**What is an applicable GPO?**
- Operates in the United States
- Purchases, 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 use by the entity itself

# Who is Reported On?

| Covered Recipient Physicians | Covered Recipient Teaching Hospitals | Physician Owners or Investors |
|---|---|---|
| • Doctors of medicine or osteopathy legally authorized to practice medicine or surgery by the state<br><br>• Doctors of dental medicine or dental surgery legally authorized to practice dentistry by the state<br><br>• Doctors of podiatric medicine legally authorized to perform by the state<br><br>• Doctors of optometry legally authorized to perform as a doctor of optometry by the state<br><br>• Chiropractors licensed by the state and legally authorized to perform by the state | • The hospitals that CMS has recorded as receiving payment(s) under Medicare direct graduate medical education (GME), indirect medical education (IME) or psychiatric hospitals IME programs<br><br>• Each year, Open Payments publishes a list of these teaching hospitals; the list is available on the Open Payments website at http://cms.gov/openpayments | • Physicians who are owners or investors of an applicable manufacturer or applicable GPO<br><br>• Immediate family members who have ownership or investment interest in an applicable manufacturer or applicable 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 grandchild |

# Types of Payments

- General Payments: Payments or other transfers of value not made in connection with a research agreement or research protocol

- Research Payments: Payments or other transfers of value made in connection with a research agreement or research protocol

- Ownership or Investment Interest: Ownership or investment interest in an applicable manufacturer or applicable GPO

# Program Year 2016 Timeline



| STEP 1 | STEP 2 | STEP 3 | STEP 4 |
|---|---|---|---|
| Applicable Manufacturers & GPOs **DATA COLLECTION** | Applicable Manufacturers & GPOs **SUBMIT PAYMENT DATA** | Physicians & Teaching Hospitals **REVIEW & DISPUTE DATA** + Applicable Manufacturers & GPOs **REVIEW & CORRECT DATA** | **DATA DISPLAYED** on CMS public website |

**2016 PROGRAM YEAR**

| January 1 – December 31, 2016 | February 1 – March 31, 2017* | April 1 – May 15, 2017* / May 16 – May 30, 2017* | June 30, 2017 |
|---|---|---|---|

**\*Anticipated date**

# Overview of Published Data

Total – All Program Years

Total US Dollar Value
**16.57**
Billion

Total Records Published
**28.20**
Million

SHOW MORE DETAILS

Total Companies
Making Payments
1,868

Total Physicians
with Payment Records
812,000

Total Teaching
Hospitals
with Payment Records
1,180

# Open Payments Registration Process Overview

# Two-Step Registration Process

**Enterprise Identity Management (EIDM)**

- Register **self** in EIDM via CMS Enterprise Portal at https://portal.cms.gov (only individuals – physicians, etc.) register in EIDM)
- Request access to the Open Payments system for yourself

**Open Payments System**

- Register **teaching hospital (if applicable) and self** in the Open Payments system
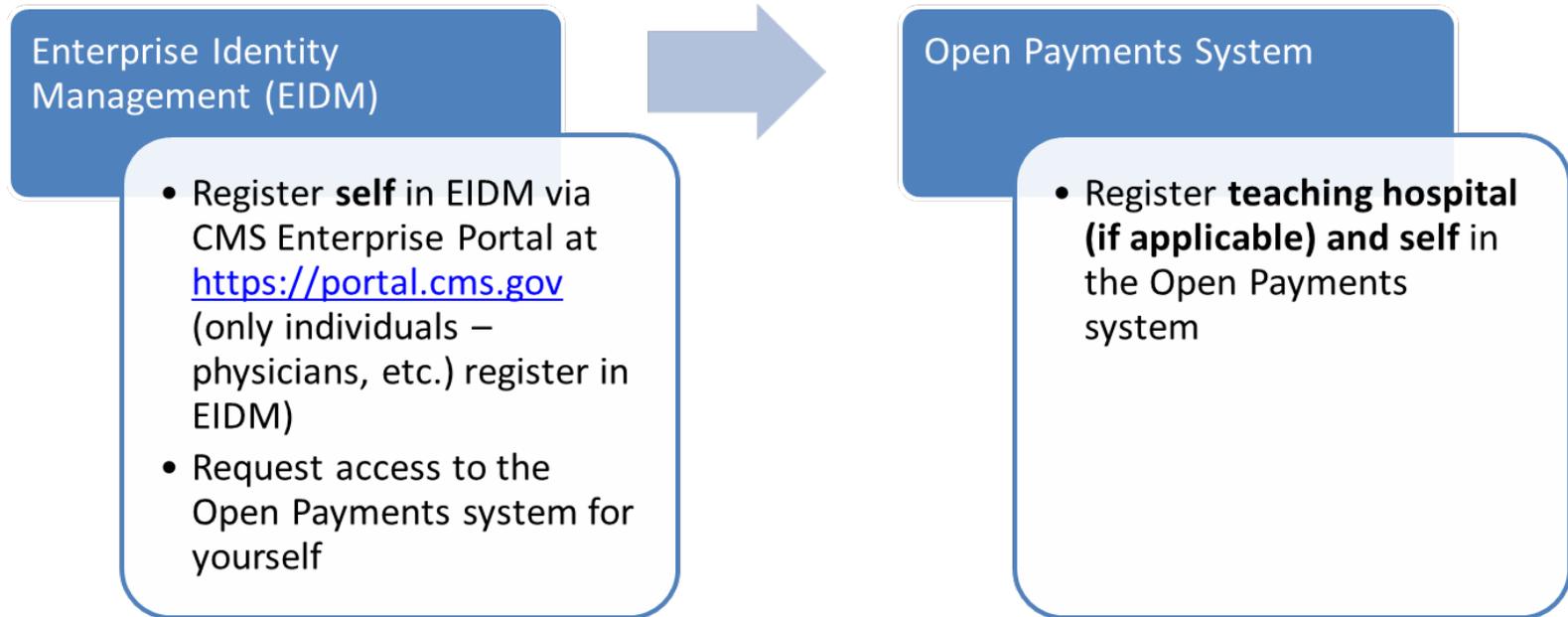
**Successful registration in <u>BOTH</u> EIDM and the Open Payments system is required to be able to perform any Open Payments system-related functions**

**\*To review and dispute any data reported in the Open Payments system prior to its publication, users must follow the two-step registration process to register for the Open Payments system**

# Registration – Physicians

- Physicians who registered during program years 2013 through 2016 do not need to register again
  - The EIDM locks accounts if there is no activity for 60 days or more. To unlock an account, go to the CMS Enterprise Portal, enter your user ID and correctly answer all challenge questions; you'll then be prompted to enter a new password.
  - The EIDM deactivates accounts if there is no activity for 180 days or more. To reinstate an account that has been deactivated, contact the Open Payments Help Desk.

- A physician may nominate one authorized representative to perform system functions on their behalf

- All physician profiles are vetted against CMS-approved sources to confirm that the registrant is a covered recipient physician

- Physicians are vetted using information supplied during Open Payments system registration, including:
  - First and last name
  - National Provider Identifier (NPI)
  - State license(s) information
  - Primary type (if no NPI is provided)

- Physicians will receive an email confirming vetting success or failure

- If vetting is unsuccessful, physicians should double check the information provided. If further assistance is needed, please contact the Open Payments Help Desk

# Tips for Successful Vetting

- Make sure the name used for registration matches **exactly** with the name in the National Plan and Provider Enumeration System (NPPES)

  – Hospital based physicians MUST register as physicians, not as hospitals to view their records.

- Enter NPI, if you have one

  – Enter exactly as listed in NPPES for the current calendar year

- Enter all active state license(s)

- Provide as much information as possible – more information can speed vetting and ensure all records associated with the physician will be accurately matched to them

# Registration – Teaching Hospitals

- Teaching hospitals who registered during program year 2013, 2014 or 2015 do not need to register again

  - The EIDM locks accounts if there is no activity for 60 days or more. To unlock an account, go to the CMS Enterprise Portal, enter your user ID and correctly answer all challenge questions; you'll then be prompted to enter a new password.
  - The EIDM deactivates accounts if there is no activity for 180 days or more. To reinstate an account that has been deactivated, contact the Open Payments Help Desk.

- Teaching hospitals can designate up to 10 authorized representatives and authorized officials to act on its behalf in the Open Payments system

- Tips for Teaching Hospitals:
  - Reference hospital information exactly as it appears on the published Teaching Hospital List located in the resources section of the Open Payments Website
  - Quick Reference Guides available on the Open Payments website

# Review, Dispute, and Correction Process Overview

# Review, Dispute, and Correction Overview

- Physicians, teaching hospitals, and principal investigators can review, then affirm and/or dispute records submitted about them by reporting entities

- Physicians, teaching hospitals, and principal investigators may take the following actions on any data record:
  - Affirm records
  - Initiate disputes
  - Withdraw disputes

- Dispute resolution takes place outside of the Open Payments system
  - Physicians and Teaching Hospitals should work directly with reporting entities to resolve disputes
  - **CMS does not mediate disputes**
  - While reviewing records, contact information can be found on the "Record Detail" page; select the "Record ID" hyperlink (for each individual record)

# Review, Dispute, and Correction Timing

- The review, dispute, and correction period consists of:
  - 45 days for data review and dispute by physicians and teaching hospitals; corrections can also be made by reporting entities
  - 15 days immediately following the 45-day period for reporting entities to continue to make corrections

- Physicians, teaching hospitals, and principal investigators have until the end of the 2017 calendar year to initiate disputes of data published in 2017.

- 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 data publication

- Additional details regarding disputes initiated after the 45-day review and dispute period are available in the *Open Payments System Quick Reference Guide – Review and Dispute Timing and Data Publication* (see Resources page of the Open Payments website https://www.cms.gov/OpenPayments/About/Resources.html)

# Review, Dispute, and Correction Record Statuses

- Initiated – The dispute has been initiated by a physician, teaching hospital, or principal investigator

- Acknowledged – The dispute has been acknowledged by the reporting entity

- Resolved No Change – The reporting entity and physician, teaching hospital, or principal investigator have resolved the dispute in accordance with the Final Rule and no changes were made to the disputed record

- Resolved – The dispute has been resolved by the reporting entity with updates made to the record

- Withdrawn – The dispute has been withdrawn by the physician, teaching hospital, or principal investigator

# Review and Dispute Actions

# Review and Dispute Actions Overview

| | |
|---|---|
| **1. Review Records** | • Review data records submitted by reporting entities |
| **2. Affirm Records** | • Confirm accuracy of data records |
| **3. Initiate Disputes** | • Initiate disputes for inaccurate data records |
| **4. Withdraw Disputes** | • Withdraw a previously initiated or acknowledged dispute |

# 1. Review Records

- Physicians, teaching hospitals, and principal investigators may review data records associated with them

- Go to the "Review and Dispute" tab and select the physician, principal investigator, or teaching hospital you are associated with

# 2. Affirm Records

- Affirming records means that the physician, teaching hospital, or principal investigator confirms that the information in the record is correct

- Affirming records is optional
  - un-affirmed records will still be published

- Who can affirm records
  - Physicians (physician authorized representatives must hold the "Dispute Records" access level to affirm, review, and dispute records associated with their physician)
  - Teaching hospital authorized officials and authorized representatives
  - Principal investigators (any records they are associated with)

- Records that have been affirmed can still be disputed at any time

# 3. Initiating Disputes

- Physicians, teaching hospitals, and principal investigators may initiate disputes on records they believe to be flawed

- The reporting entity will receive an email notification of the dispute initiation – they may then acknowledge the dispute in the Open Payments system

- The physician, teaching hospital, or principal investigator will receive an email notification if the dispute has been acknowledged by the reporting entity

- The dispute status can be viewed in real-time on the Review and Dispute page in the Open Payments system

# 4. Withdrawing Disputes

- A dispute can be withdrawn after it has been acknowledged by the reporting entity

- Who can withdraw disputes

  – Physicians (physician authorized representatives must hold the "Dispute Records" access level to affirm, review, and dispute records associated with their physician)

  – Teaching hospital authorized officials and authorized representatives

  – Principal investigators (any records they are associated with)

- *Open Payments System Quick Reference Guide: Physician and Teaching Hospital Review and Dispute Process* provides additional guidance (see "Resources" page of the Open Payments website at https://www.cms.gov/OpenPayments/About/Resources.html)

# Resolving Disputes

# Resolving Disputes

- Reporting entities can resolve disputes in one of two ways:

  1. The dispute can be resolved <u>with changes</u> made to the disputed record

  2. The dispute can be resolved with <u>no changes</u> made to the disputed record

- Physicians, teaching hospitals, and principal investigators receive email notifications of resolution status

- If the physician, teaching hospital, or principal investigator believes that a dispute with a status of "Resolved" has not been sufficiently resolved, they may initiate another dispute on the same record

# Resolving Disputes (cont.)

- **CMS does not mediate or facilitate disputes**

- Reporting entities, physicians, teaching hospitals, and principal investigators should work outside of the Open Payments system to resolve disputes

- If a dispute is resolved by reassigning a record to another physician, teaching hospital, or principal investigator, the record will no longer appear in your view

- The "Review and Dispute" status of the record will automatically update to "Resolved" once the disputed record has been re-submitted and re-attested

- When the dispute status is updated, the physician, teaching hospital, or principal investigator will receive an email notification

# Review, Dispute, and Correction Impact on Data Publication

- Data corrections made by reporting entities **after** the 45-day review and dispute period, **and** the subsequent 15-day correction period will not be reflected in the June 30, 2017 public posting

- Data corrections made by reporting entities may be made at any time; data will be updated in the next publication

- CMS will update data at least once annually, in addition to the initial data publication

- 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 "disputed"

# Next Steps

- Register in CMS Enterprise Portal (EIDM) and in the Open Payments system – required to review and dispute data
- For records associated with you in the Open Payments system:
  - Review records
  - Affirm records
  - Initiate disputes against any information you feel is incorrect
  - Withdraw disputes if appropriate
  - Participate in dispute resolution activities with reporting entities

# Available Resources

- Resources which are on the CMS Open Payments website (http://www.cms.gov/openpayments) "Resources" page include:
  - Open Payments User Guide
  - Open Payments System Quick Reference Guide
    - *Physician and Teaching Hospital Review and Dispute Process*
- Register for the CMS listserv, via the Open Payments website, to receive e-mail updates about Open Payments
- Open Payments Help Desk:
  - openpayments@cms.hhs.gov
  - 1-855-326-8366
    - Help Desk hours are noted on the Open Payments website

# Question & Answer Session

# Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.

- To complete the evaluation, visit http://npc.blhtech.com and select the title for today's call.

# CME and CEU

This call is being evaluated by CMS for CME and CEU continuing education credit. For more information about continuing education credit, review the *CE Activity Information & Instructions* document available at the link below for specific details:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/CEInfo-MLNConnects-TC-L04132017.pdf

# Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit [http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html](http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html).

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