Centers for Medicare & Medicaid Services
Open Payments: Prepare to Review Reported Data Call
MLN Connects National Provider Call
Moderator: Diane Maupai
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Contents

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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 Diane Maupai. Thank you. You may begin.

Announcements and Introduction

Diane Maupai: This is Diane Maupai from the Provider Communications Group here at CMS in Baltimore, and I'll be serving as your moderator today. Welcome to this MLN Connects National Provider Call on the Open Payments Program. MLN Connects Calls are part of the Medicare Learning Network®.

During this call, CMS experts will discuss how to prepare to review reported data. The presentation will include information on how to access the Open Payments systems to review the accuracy of the data submitted about you before it is published on the CMS website.

Before we get started, I have a couple of announcements. You should have received a link to today's slide presentation in an email earlier today. If you've not already done so, you may view or download the presentation from the following URL: www.cms.gov – G-O-V- /npc. Again, that URL is www.cms.gov/npc. At the left side of the webpage, select "National Provider Calls and Events" and select the date of today's call from the list.

Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects call website. Registrants will receive an email when these materials are available.

We'd like to thank those of you who submitted questions in advance of the call. We will address questions submitted after the presentation. If we do not get to your specific question, we will use them for – in future education materials.

Finally, this MLN Connects call is being evaluated by CMS for CME and CEU continuing education credit. For additional information, please refer to slide 34 of today's presentation for a link to the CE activity information and instructions document.

At this time, I would like to turn the call over to Chris Kalck and Robin Usi, who is the Director of the Division of Data and Informatics in the Center for Program Integrity.

Presentation

Robin Usi: Thank you, Diane. This is Robin Usi, and I will start us off today.

Diane Maupai: Sorry.

Open Payments Program Overview and Timeline

Robin Usi: Okay. We're going to go right to slide number 4 please. That is a title slide that says "Open Payments Program Overview and Timeline," which is where we're going to begin today.

So moving forward. We're going to talk about what data is reported in the Open Payments Program. Open Payments reports direct or indirect payments or other transfers of value made to physicians and teaching hospitals, collectively known as covered recipients, as well as physician owners or investors.

An indirect payment is a payment or other transfer of value made by an entity to a physician or teaching hospital through a third party where the entity requires, instructs, directs, or otherwise causes the third party to provide the payment or other transfer of value in full or in part to a physician or teaching hospital. Open Payments also reports on certain ownership or investment interests held by physician owners or investors or their immediate family members.

So moving on to slide 6. The responsibility for Open Payments reporting lies with applicable manufacturers and group purchasing organizations, or GPOs. Applicable manufacturers are entities which operate in the United States and engage 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 or GPOs are entities which also operate in the United States and purchase – purchases and/or arrange for or negotiate the purchase of covered drugs, device, biologicals, or medical supplies for a group of individuals or entities, but not solely for use by the entity itself.

A covered drug, device, biological, or medical supply is reimbursed by Medicare, Medicaid, or CHIP; and for drugs and biologicals, requires a prescription or doctor's authorization to administer; for devices and medical supplies, requires pre-market approval by or pre-market notification to the FDA.

Moving on to slide number 7, Who Is Reported On? The Open Payments Program reports information on payments or other transfers of value and ownership or investment interests held by covered recipients. Covered recipients include physicians, teaching hospitals, and physicians who are owners or investors of an applicable manufacturer or GPO. This includes physicians' immediate family members who have ownership or investment interest in an applicable manufacturer or GPO.

Slide number 8 refers to the types of payments. Open Payments categorizes records into three payment types. The first category is General Payments, which are payments or other transfers of value not made in connection with a research agreement or research protocol.

The second category is Research Payments. Research payments are other transfers of value made in connection with a research agreement or research protocol.

And, thirdly, is Ownership or Investment Interest, which is information about physicians or their immediate family members who have an ownership or investment interest in an applicable manufacturer or GPO.

Moving on to slide 9, I wanted to highlight our program timeline. At this point in time, we're in step 3, which is the review and dispute process. So far this year, and actually during 2016, the manufacturers and GPOs collected data about the payments they made to you.

That occurred during the January – during all of 2016. In step 2, which occurred from February 1st through March 31st, the applicable manufacturers and GPOs submitted the payment data into the Open Payments system.

We are now in step 3, the review and dispute period, where teaching hospitals and physicians may come into the system in order to review and, if necessary, dispute the data that's been reported about them. This period lasts from April 1st through May 15th.

During this time period, applicable manufacturers and GPOs can correct the data, as well as – they have an additional 15 days to continue the corrections, which would last up until May 30th. The data is finally made available to the public on the CMS website on June 30th.

The next slide, number 10, is an overview of data that's been published to date. This represents all program years, which is a partial data from 2013 and all of program year '14 and '15. So you can see from this slide that the data in Open Payments represents $16.57 billion and is 28 – and is – the total record count is 28.2 million.

We're now at slide 11 and I'm going to turn it over to Chris Kalck to talk about the registration process.

Registration Process

Chris Kalck: Yes, thanks, Robin. Now that we have that general program year process flow overview, I'm going to provide an overview of the Open Payments system registration process.

So, first, on slide 12, registration into the Open Payments system is a two-step process. The first step you need to do is obtain your username and password from EIDM. EIDM is CMS's Enterprise Identity Management system. The address for that is portal.cms.gov.

Once you receive that username and password, you must then request access to the Open Payments system. So that's all-encompassing of the first step. You get your username and password and then request access to our system.

Once that access is granted, the second step is actually registering within the Open Payments system itself. And in that step, what we do is we vet your physician identifiers such as name, NPI, and state license number to ensure that you are a valid covered recipient in our Open Payments Program.

To note that successful registration in both EIDM and the Open Payments system is required to be able to perform any functions within our system. And, as always, we have several resources available to assist you in completing the registration process, including the User Guide, which provides an in-depth, step-by-step instructions for how to register, as well as several quick reference guides located on our website and that is at

cms.gov/openpayments. Click on the "About" tab and then on "Resources." And you'll hear that a few more times today. Again, it's cms.gov/openpayments.

So moving on to slide 13, which is titled, "Registration—Physicians." This is a few reminders for the registration process. Please note, if you've registered previously within the system, you do not need to register again, so you only register one time within the system.

However, we understand that there may not have been activity for some time on your account, so please note that if there has been no activity for 60 days or more, we have locked your username and ID. There is a self-service function in order to unlock it. All you need to do is correctly answer all your challenge questions and then you'll be prompted to enter a new password. But, in a lot of cases, we know that physicians have not been in our system for quite some time.

So if there hasn't been any activity on your account for over 180 days, we've actually deactivated your account. It is a fairly simple process to unlock that, and in order to do that, you'll need to contact the Open Payments helpdesk. That's a very straightforward, about a 5-minute call, and the helpdesk can assist you. And we'll be providing helpdesk information later in the presentation.

In addition to that, physicians can also nominate one authorized representative to perform functions within the system on their behalf. The one stipulation there is you, as a physician, must register first and then nominate your representative.

Again, with the vetting, please note that all profiles are vetted against CMS-approved sources. We need to confirm that you're a valid covered recipient for purposes of our program. The main information used in the vetting process is your first and last name, NPI, and state license information, as well as primary type if you should not have an NPI.

You will receive an email confirming success or failure of your vetting process. And if vetting should be unsuccessful, please double-check all the information that you've provided in the system. And, certainly, if further assistance is needed, you can always contact the Open Payments helpdesk.

Moving on to slide 14. We just provide a couple of helpful hints for successful vetting. Just make sure your name matches with your NPPES account. If you have an NPI, you

must provide it. We would like you to enter all your active state license information and, as always, please provide as much information as possible and that will speed the vetting process. Normally, vetting does not take that long, but it can go much faster with the more information you provide.

Moving on to the next slide, it's slide 15. Its title is "Registration—Teaching Hospitals." So the same information applies for teaching hospitals as far as EIDM locking your accounts after 60 days or deactivating accounts after 180 days. And again, the same information applies. If it's been more than 180 days since you've logged in, please contact the Open Payments helpdesk for assistance.

Teaching hospitals, it should be noted that they can also designated up to 10 authorized representatives to act on its behalf in the system. And, as far as registration for teaching hospitals goes, you want to enter information exactly it appears – as it appears on our teaching hospital list.

Each year – each program year has a distinct teaching hospital list, which, again, can be found – they're all published on our Open Payments website at [cms.gov/Open Payments](), again on the Resources page. Use that list for your registration information. And again, as always, there are quick reference guides available on the Resources page as well.

So, with that, I'm going to hand it back over to Diane for a quick bit of housekeeping, and then we'll get back to it.

Keypad Polling

Diane Maupai: Well, thanks, Chris. At this time, we're going to pause for a few moments to complete keypad polling. Holley, we're ready to start polling.

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 one. 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 nine. Again, if you are the only person in the room, enter one. 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 nine. 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.

Thank you for your participation. I will now turn the call back over to Diane Maupai.

Diane Maupai: Thank you, Holley. And now I'm going to turn it back over to Robin.

Presentation (Continued)

Robin Usi: Thank you, Diane. We're going to pick back up with the – slide 16, the Review, Dispute, and Correction Process Overview.

Review, Dispute, and Correction Process

So moving on to slide 17. Starting in April of this year, physicians, teaching hospitals, and principal investigators could begin review of the records submitted about them by reporting entities regarding payments or other transfers of value, or their ownership and investment interests. This process allows you to request corrections to records prior to the date of publication in – on June 30th of this year. During the review, dispute, and correction period, reporting entities acknowledge and work with you to resolve those disputes.

In the Open Payments system, the physicians, teaching hospitals, and principal investigators may affirm records, initiate disputes on records, or withdraw disputes. These actions are explained in more detail later on in our presentation.

With respect to the dispute resolution process, the reporting entity works directly with whomever initiated the dispute to resolve it. This could mean working directly with the physician or the physician's authorized representative, authorized official or authorized representative for the teaching hospital, or the principal investigator to reach a resolution for the disputed record.

Dispute resolution takes place outside the Open Payments system, and CMS does not mediate. However, CMS does monitor disputes just to inform the future of the program. However, while – one other thing to note is, while reviewing records, the contact

information for the entity can be found on the record detail page. You would simply select the record ID hyperlink for that individual record to get the contact information for the particular entity.

So moving on to slide 18. We're going to talk for a moment about the review, dispute, and correction timing. So after the submission period for the 2016 program year ended, the review and dispute period runs for 45 days to allow physicians, teaching hospitals, and principal investigators to perform their review and dispute actions.

During this time, reporting entities may make data corrections. They also have an additional 15 days after the 45-day period to resolve any outstanding disputes and continue to make corrections.

Though the review, dispute, and correction period for the June 2017 data publication is only 45 days for physician, teaching hospitals, and principal investigators, you do have until the end of the calendar year to initiate disputes of data submitted during the calendar year. This includes records submitted for prior program years which are being submitted for the first time.

At the end of the calendar year, records from the previous program year will only be available for viewing. So additional details regarding disputes initiated after the 45-day review and dispute period are available in the quick reference guide available on the Open Payments website.

Moving on to slide 19. These are the review, dispute, and correction statuses that will be shown for records in the Open Payments system. Records in Initiated status indicate that a physician, teaching hospital, or principal investigator has initiated a dispute of the data.

Records in Acknowledged status indicate that the physician, teaching hospital, or principal investigator has initiated a dispute of the data and the dispute has been acknowledged by the reporting entity.

This status does not indicate agreement or acceptance of the dispute by the reporting entity, and it's only meant to serve as a notification to the physician, teaching hospital, or principal investigator that the dispute has been received by the reporting entity.

Moving on. Records in Resolved No Change status indicate that the reporting entity and the physician, teaching hospital, or principal investigator have resolved the dispute in accordance with the final rule. This status should only be used when a dispute resolution does not require a change to the data by the reporting entity.

Records in Resolved status indicate that a record was updated by the reporting entity as a result of a dispute by a physician, teaching hospital, or principal investigator. And, finally, records in Withdrawn status indicate that a dispute initiated 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 on a record.

I'm now going to turn the presentation back over to Chris to talk about review and dispute actions.

Review and Dispute Actions

Chris Kalck: Thanks, Robin. Yes. We're going to now talk about the actions that covered recipients can take in the system during the review and dispute process, on slide 21.

So covered recipients are – can take four actions without the Open Payments system related to the review and dispute process. Please remember that all of these are voluntary actions. None are required. Physician participation in the program is voluntary. Records are still published regardless of how many, or which of these actions are taken.

The first action that can be taken is to review your records to ensure information submitted by the reporting entities is accurate. You may also affirm records, initiate disputes for incorrect data records, and withdraw disputes. And we're going to discuss some of these actions on the following slides.

So, first, on slide 22, we have the Review Records process. Once you log in to the system using your username and password, you want to select the Review and Dispute tab on top – at the top of the Open Payments system. And you need to select the physician you are associated with or that you are. Once you get to this page you'll see records that have been submitted about you and, from this page, is where you take the actions to affirm records, initiate disputes, or withdraw disputes.

So on slide 23, I first want to talk about affirming records. You may affirm records submitted about you by reporting entities. When you affirm a record, you are confirming that the information is accurate and correct. Affirmation of records is not required just as none of the review and dispute are actually required.

Records not affirmed by covered recipients will still be published as reported by the reporting entity. Please note if a physician has designated a physician-authorized representative, they may complete the affirm records – they may affirm records as well. They must hold the appropriate access level, that's the Dispute Records access level, and that is granted to them by the physician when they're nominated.

Principal investigators may also affirm records they are associated with. And please note that even when a record is affirmed that does not mean it cannot be disputed, so affirmed records can still be disputed at any time.

On slide 25, this covers withdrawing disputes. So covered recipients can withdraw a dispute from a record if they no longer wish to proceed with the dispute. Disputes may be withdrawn even after a dispute has been initiated or acknowledged by the reporting entity.

Once a physician withdraws a dispute, the reporting entity receives an email notification that the dispute has been withdrawn and no additional action is needed by the reporting entity once the dispute is withdrawn. Again, physician-authorized representatives can complete this process as well, but they must hold the Dispute Record's access level in order to withdraw disputes.

For detailed instructions on completing system actions, you can always go to our website, cms.gov/openpayments for more information. And, thank you, Robin. I apologize. I just realized that I skipped slide 24, so let's go back one to Initiating Disputes. Again, I apologize for backtracking.

Physicians, teaching hospitals, and principal investigators may initiate disputes on records they are associated with which they believe to be incorrect. Once a dispute is initiated, the reporting entity receives an email notification. The reason for dispute – the reason for the dispute provided by the physician or teaching hospital is also sent within the notification email.

So then the reporting entity may acknowledge the dispute in the Open Payments system. However, they are not required to do so. And acknowledgement from the reporting entity does not constitute a commitment to resolving a dispute.

The reporting entity's acknowledgement only serves as a notification to the covered recipient that the reporting entity has received the dispute. And you, as the covered recipient, will receive an email notification that the dispute has been acknowledged. And, as always, the dispute status can be viewed on the Review and Dispute page from within the Open Payments system.

And on slide 25, we have covered withdrawing disputes already. So, with that, I'm going to hand it back to Robin.

Resolving Disputes

Robin Usi: Thank you, Chris. We're now on slide 27. We're going to talk a little bit about resolving disputes.

Disputes may be resolved by reporting entities in one of two ways. The first way is to update or correct information for a disputed record. Updated records are automatically placed in a Review and Dispute status of Resolved.

The second way a dispute can be resolved is for no changes to be made to the disputed record. This can be done when the reporting entity and the physician, teaching hospital, or principal investigator have resolved the dispute in accordance with the final rule and no changes are needed or made to disputed records. Following this process will place the disputed record in a Review and Dispute status of Resolved, No Change.

The physician, teaching hospital, or principal investigator will receive an email notification when a disputed record has been resolved by either of these two methods. Physicians, teaching hospitals, and principal investigators can review the details of the resolution and any corrections that have been made by logging in to the Open Payments system and viewing the record.

If a physician, teaching hospital, or principal investigator believes a record's dispute has not been sufficiently resolved despite the record having a status of Resolved, they can initiate another dispute for the same record.

Continuing on to slide 28. Just a few other pointers to keep in mind regarding dispute resolution. As previously mentioned, CMS will not mediate disputes between physicians, teaching hospitals, principal investigators, and the reporting entities. Reporting entities should work directly with the physicians, teaching hospitals, or principal investigators 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, teaching hospital, or principal investigator, the record will be reassigned to the correct physician, teaching hospital, or principal investigator and will no longer appear in your view.

Once a disputed record has been corrected, resubmitted, and re-attested, the review and dispute status will automatically change to Resolved in the Open Payments system. Once the status has been updated in the Open Payments system, the physician, teaching hospital, or principal investigator will receive an email notification that the dispute has been resolved.

Continuing to slide 29. Just want to talk a moment about the impact of review and dispute and corrections on the actual data publication. So corrections made to data by the reporting entity after the 60-day review, dispute, and correction period will not be reflected in the June publication of the data. Those updates will be seen in the next publication, which is called our data refresh and will occur the following January.

CMS will – as I mentioned, CMS will update at least one annually in addition to this annual – this initial data publication in June and, again, that will be the following January. If the cases were – if there is a case where a dispute cannot be resolved, the latest attested-to date submitted by the reporting entity will be published and identified as disputed.

So moving on to page 30, or slide 30, what are the next steps for you? And that is, one, to register in the CMS portal, also known as EIDM, and in the Open Payments system. Again, as Chris mentioned previously, registration in both systems are required in order to be able to review and dispute any data.

For records associated with you in the Open Payments system, you could perform the – you can review your records, affirm the records, initiate disputes against any information that you believe to be incorrect. You may also withdraw disputes that

you've made, and then you are also – should be a participant in the dispute resolution process.

Finally, just to go over on slide 31, our available resources. CMS makes resources available on our website. You can see it here on the slide. It's cms.gov/openpayments.

There is a Open Payments User Guide, as well as multiple quick reference guides. In addition, you can register for CMS's listserv, which is also available through our website in order to receive email updates about the program.

We do have a helpdesk, which is available through email or by phone. Their email address is openpayments – all one word – @cms.hhs.gov, or by phone 1-855-326-8366. And I think we're turning it back to Diane at this time.

Question-and-Answer Session

Diane Maupai: Yes. Thank you, Chris. Now, we're going to turn into the question-and-answer section of today's call. I'm going to turn it over to Chris, who is going to respond to some of the questions that were submitted during registration.

Chris Kalck: Thank you, Diane. Just real quickly, we want to remind the audience on today that this Q&A is intended for health care providers, and all questions should be related to topics discussed in today's presentation. All other questions can be referred to the Open Payments helpdesk. So, as Diane said, there were a few questions submitted ahead of this call.

So one of the most basic ones is to provide details about the Open Payments program from beginning to end. We hope we've done that here today, but certainly, again, if you need more information, there's a lot of information available on our Open Payments website. Again, that address is cms.gov/openpayments.

Secondly, a question about exact dates for the review and dispute period opening and closing for physicians. So the review and dispute period officially opened on April 1st, so earlier this month. That period continues for 45 days, right now scheduled to end on Monday, May 15th.

However, please note that records submitted by reporting entities during this year's submission window can still be disputed through the end of this calendar year.

However, the 45-day period between 4/1 and 5/15 is your only opportunity to review payments before they are made public.

There was a question about someone other than a physician being able to review. Again, physicians can nominate on one authorized representative. They can do that either during their initial registration process or at any point after completing the registration process. That authorized representative, if given the appropriate access level, can complete review and dispute activities on behalf of the physician.

We had a question about safeguards that are in place to ensure that the data submitted by reporting entities is accurate. This is where you come in for the review and dispute process. You know, we really encourage physicians and teaching hospitals to register in our Open Payments system to participate in the review and dispute process. By doing this, you can ensure that data reported about you is accurate before it is made public.

From an IT perspective, just note that the Open Payments system does have a stringent matching process that matches covered recipients submitted by reporting entities to valid covered recipients in the Open Payments program. So this is another way we ensure that the data submitted is accurate.

Following up to that question, there was one about what the incentive is for drug companies to resolve disputes. So reporting entities are required to submit and attest to timely, accurate, and complete data. If we find that data is not timely, accurate, and complete, they can certainly be subject to civil monetary penalties. So that is – you know, the incentive for them is not to be issued a CMP for inaccurate reporting.

And then, another question had to do with the other prescribers existing that can be influenced by drug company money like nurse practitioners, physician assistants, and wanting to know why these are excluded from the database. So the statute provides a firm definition of the term physician. I don't know how – so the definition of physician for the purposes of Open Payments are any types of these professionals that are legally authorized by the state to practice. We take that to mean has an active state license and that's regardless of whether they are Medicare, Medicaid, or CHIP providers. So these are medical doctors, dentists, podiatrists, optometrists, and chiropractors. Above and beyond that, we are not authorized to collect information if you fall outside of that definition.

There were several questions about including the NPI within the public data. Again, this goes back to our statute, which mandates that, while we collect the NPI, we are forbidden from posting the NPI publicly. So NPI will not be included in the public data in the foreseeable future. The mandate does not allow for it.

There was a question about how Open Payments affects psychiatric offices. Again, I'd like to refer you to the definition of a physician within the program. If you fall within that definition, well then, Open Payments will apply and, certainly, reporting entities could submit data about you if you fall under the definition of a physician for the purposes of Open Payments.

So, finally, we did have one question asking about why companies can't be penalized for inaccurate reporting. Just to reiterate, they can be penalized for inaccurate reporting. They are required by law to report data and attest to timely, accurate, and complete data, and they can be issued a civil monetary penalty for inaccurate reporting.

That covers all of our questions submitted ahead of the call, so with that I will hand it back over to Diane.

Diane Maupai: Okay. Thank you, Chris. So now, we're going to open it up to your questions. But before we begin, I'd like to remind everyone that this call is being recorded and transcribed. Please state your name and the name of your organization once your line is open. In an effort to get to as many participants as possible, we ask that you limit your question to just one.

All right, Holley. We're ready to take our first question.

Operator: To ask a question, press star, followed by the number one on your touch-tone 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. Our first question will come from the line of Loretta Redin.

Loretta Redin: Thank you. Loretta Redin, Kaiser Permanente. My question is, last year there were many addresses incorrect for the physicians and wondering if that was corrected and will be accurate in the latest report that'll come out on June 30th this year.

Robin Usi: One second, Loretta. We'll be right with you.

Chris Kalck: So, Loretta, we did change up the way that we'll be publishing the addresses. I think we actually did that with the January refresh, so that all should be taken care of by now.

Loretta Redin: Okay. Great. So we anticipate that the correct address that matches the NPI will be the address listed when the physician searches for their name?

Chris Kalck: That is correct.

Loretta Redin: Thank you so much.

Chris Kalck: You're welcome.

Operator: Our next question will come from the line of Tracey Smoker.

Tracey Smoker: Yes, I don't have a question as much as a comment. When physicians are disputing, if they could provide contact information? I have not heard that mentioned on this webinar, and I know that's key to resolving issues is to have some form of communication available.

Chris Kalck: So thank you for that, Tracey. And, yes, all of our outreach material indicates that when physicians do send disputes to reporting entities, we encourage them to include contact information within the dispute details box.

Operator: Our next question will come from the line of Bruce Mettin.

Bruce Mettin: Bruce Mettin, Trinity Health in Minot, North Dakota. My question is, in regards to the actual Open Payments, is there a guideline as to what is considered a payment? Is there examples that is published?

[17]

Chris Kalck: One second, please. So, Bruce, there is a lot of information on our website, cms.gov/openpayments. It includes many of the natures of payment. These are the types of payments that reporting entities submit about covered recipients. Some of them include, for example, consulting fee, honoraria, entertainment, food and beverage, travel and lodging. There are a multitude of examples on the website.

Bruce Mettin: Okay. May I have permission to ask a followup question then?

Chris Kalck: You certainly may.

Bruce Mettin: The reason why is I've actually disputed payments for research and everything that's out on your site actually says of value, and it's not very clear that when they're transferring something of value to us what that actually means because they are trying to say that research drugs that we give patients are payments to the physician.

Robin Usi: So, first, this is Robin. You know, we're not in a position to provide direct advice to you…

Bruce Mettin: Oh, I understand.

Robin Usi: …or get involved in the dispute mediation process. So, I'm sorry, I don't think we can accurately answer your questions.

Bruce Mettin: No problem. I – again, I was just actually seeking direction if there was a list somewhere else. That's all. But thank you.

Robin Usi: Thank you for your questions.

Operator: Once again, to ask a question, press star, followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Our next question will come from the line of Roxanne Binford.

Roxanne Binford: Hello. This is Roxanne Binford from Indiana University in Indiana. We're a teaching hospital. And we encountered last year payments directed towards the teaching facility when, in fact, the physician, the researcher, or the school of medicine received the payment. We tried to dispute that, but we were told since the patient was

treated at our facility that is why they reported that under our institution. Is there anywhere where we could look for the guidance, how that should be reported accurately?

Robin Usi: I'm sorry. Can you just – could you repeat the scenario one more time?

Chris Kalck: It was a little hard to hear. We apologize.

Roxanne Binford: All right. No, that's fine. We represent a teaching hospital, and many of the payments we disputed last year attributed to the teaching hospital were actually payments that went to the research team or to the school of medicine. So we tried to redirect that Open Payment under their tax ID number or NPI since they actually received the benefit.

But we were told since the patients were being treated in one of our hospitals, that is why the Open Payment was posted under the hospital vs. the researcher. Is there anywhere we can find guidance on how that should really play out?

Robin Usi: I'm sorry. Roxanne, give us one moment to confer so we can try to answer your question. If you could hang on for just a moment.

Roxanne Binford: Sure.

Robin Usi: So, Roxanne, it seems as if – I think I understand the scenario. The payment has gone to the teaching hospital and, in this case, you believe it actually should be going to the researcher. Is that the correct scenario?

Roxanne Binford: Actually, it's the reverse. The researcher is receiving the payment, but the Open Payment is marked as going to the teaching hospital, and that's what we're disputing. We did not receive any of those monies, the researcher did.

Robin Usi: So it should be going to the researcher is how you see it?

Roxanne Binford: Yes.

Robin Usi: I mean, our expectation is that you would work with the reporting entity to resolve it, and I hope that you were successful in that last year. But there isn't anything, to be quite frank, that we can do about making sure that they report that differently.

You know, it's a complicated scenario when, you know, research and teaching hospitals…. You know, so I would hope that if there are payments for your university again this year and the data that are similar to the scenario you are talking about for last year that you can work with that entity directly to resolve that. I apologize for not having better guidance for you.

Roxanne Binford: Okay. Thank you.

Operator: Once again, if you would like to ask a question, press star, followed by one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Again, that's star one to ask a question and pound to withdraw. Our next question will come from the line of Zinab Harvey.

Zinab Harvey: Hi. This is Zinab. I work at Emory University's School of Medicine. I just wanted to know whether there – or I can find more guidance anywhere about indirect payments. Specifically, we sometimes receive payments for a fellowship program, and the manufacturer would list the students that are in that fellowship program as indirect recipients of those funds.

And, you know, we don't believe that they are. We think that Emory University School of Medicine is the recipient of the funds. And so, we were hoping, or I was hoping that there's somewhere where I can find guidance to understand whether, indeed, they are supposed to be listed as indirect recipients or if that is incorrect and only Emory should be listed as the party that received the transfer value.

Robin Usi: Okay. One moment. Chris, I think, has your answer.

Chris Kalck: Just one minute please.

So, Zinab, this is a little hard to – you know, I don't have all the facts. But again, the definition of an indirect payment can be found in our final rule. It's also posted on our website. You know, an indirect payment occurs when a reporting entity funnels a payment through a third party to a covered recipient. So really the only guidance I can give is if that situation has occurred, you know, and it's deemed to be an indirect payment, well then, the reporting entity is required to report that data to CMS as an Open…

Zinab Harvey: Okay. Just one followup question is that we consider – Emory considers itself to be a covered recipient, so Emory believes that it is a covered recipient that should be listed. And I do know that there are the definitions.

But since this – I think this is a topic that a lot of schools and manufacturers have kind of, you know, gone back and forth on, which is that we believe the school/hospital should be listed as the covered recipient and the fellows should not be listed as indirect payees. So I was just wondering, did CMS, you know, have any kind of additional guidance. But is the only guidance what has already been posted in the final rule?

Chris Kalck: Yes. Unfortunately, I don't know that we've opined officially.

Zinab Harvey: Okay. All right. Thank you.

Chris Kalck: Thank you for that question. I appreciate it.

Operator: And our next question will come from the line of Francine Wilson.

Francine Wilson: Good afternoon. This is Francine Wilson of University Health System in San Antonio, Texas, and my question is very similar to the past two individuals', but the scenario here is that we have a closed medical group, which all of the physicians are employed by the medical school, which is University of Texas Health Science Center.

And so, I'm wondering, in that scenario, since they are not employees of the health system but we have a contract with the school if the individuals – the physicians are receiving payment, does that get credited to the health system or should that be going to the medical school? Closed medical group, which means that all the physicians, in order to work in the health system, have to be credentialed through UT, but they are not actually employees.

Robin Usi: All right. Give us one minute, Francine.

Francine Wilson: Okay.

Robin Usi: So, I mean, basically, you know, we can't provide advice, but what I can tell you is that if someone is a covered – if someone meets the definition of a covered recipient, they could be subject to payments within the program. You know, I'm not

sure of your exact scenario, and we really can't get into the details of that on this call, but a physician that meets the definition of a covered recipient could be subject to payments within the Open Payment– you know, reportable payments within the Open Payments program.

Chris Kalck: And…

Francine Wilson: Right. And I understood that part.

Chris Kalck: And certainly, if they feel that – if you or any physician feels the data is inaccurate, we definitely encourage you to participate in the review and dispute process.

Francine Wilson: Right. I was just trying to see if the payments that they receive would be accrued and credited as a payment to the health system or if it should actually be the payment to the physician, because I would see it as a payment to the physician or to the medical school, not to the health system since they are...

Chris Kalck: And it really depends on who's receiving the payment.

Francine Wilson: Okay.

Chris Kalck: Whoever receives the payment should be reported as the covered recipient.

Francine Wilson: Okay. Great.

Chris Kalck: Thank you.

Francine Wilson: Thank you very much.

Chris Kalck: You're welcome.

Operator: And at this time, we have no further questions. I'll turn the conference call back over to Diane Maupai.

Additional Information

Diane Maupai: Thank you, Holley. Unfortunately, that's all the questions we have today. So if you have additional questions, please see slide 31, which has additional resources and the email address for the Open Payments helpdesk.

An audio recording and written transcript of today's call will be posted to the MLN Connects Call website. We'll release an announcement in the MLN Connects – in MLN Connects newsletter when these are available.

On slide 33 of the presentation, you'll find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you'll take a few minutes to evaluate your MLN Connects Call experience.

Again, my name is Diane Maupai. I'd like to thank Robin and Chris, and also thank you for participating in today's MLN Connects Call on Open Payments. Have a great day, everyone.

Operator: This concludes today's call. Presenters, please hold.

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