



Open Payments: The Program and Your Role Call


Moderated by: Aryeh Langer
March 14, 2018—2 pm ET

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

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Aryeh Langer. Thank you. You may begin.

Announcements & Introduction

Aryeh Langer: Thank you very much, Dorothy. And as you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I'm your moderator for today's call. I would like to welcome you to this Medicare Learning Network Call on the National Physician Payment Transparency Program or perhaps more commonly known as Open Payments.

During this call, we will discuss that industry is currently submitting data to the Open Payments System on payments or transfers of value made to physicians and teaching hospitals during 2017. Beginning in April, physicians and teaching hospitals have 45 days to review and dispute records attributed to them. Find out how to access the Open Payments system to review the accuracy of the data submitted about you before it's published on the CMS website. A question-and-answer session follows today's presentation.

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

At this time, I would like to turn the call over to Amy Hammonds from CMS.

Presentation

Amy Hammonds: Thanks, Aryeh. So before we jump right in, we did provide a slide that has some key terms that we'll use throughout the presentation. So one of the key terms that you're going to hear is reporting entities, which refers to applicable manufacturers and group purchasing organizations, or as we call them GPOs, that are required to report payments and other transfers of value to Open Payments. And then the other term that you'll hear is covered recipients, which refers to the physicians and teaching hospitals who received the payments from the reporting entities, and therefore they're who are included in the data.

So on slide 3, you'll see our agenda. So we're going to go over what are program – what the Open Payments Program is and what your role within the program can be, specifically the upcoming actions you can take during the review and dispute period that we're getting ready to go into in April. And then at the end of the presentation, like we just said, we'll open the lines for questions and answers.

Open Payments: The Program

So we'll go ahead and get started. Slide 4 is our title slide for – that we're going to talk about the program.

Moving on to slide 5, we define the Open Payments Program as a national disclosure program that promotes a more transparent and accountable health care system by making financial relationships between reporting



entities and covered recipients available to the public. There is a specific timeline that the program runs on, during which the data is collected, reported, reviewed, and then finally published.

Which on slide 6, you'll see an image that outlines what the annual program cycle looks like. So this image is actually corresponding with the program year 2017 timeline, which is our current timeline. So as you can see, reporting entities keep record of their payments throughout the entire calendar year beginning January 1st through December 31st. And then beginning in February of the following year, they begin submitting the data to the system. And submission typically runs from February 1st to March 31st annually.

Then beginning on April 1st, the covered recipients have the option to review the data reported about them and, if necessary, can initiate any disputes against payments that they think or believe to be incomplete or inaccurate in any way. The reporting entities also make corrections during this time period if they need to. And one thing to note is that the review-and-dispute period is a 45-day period typically beginning April 1st and running through May 15th. And during this time, reporting entities can make corrections to the data, and then at the end of this period, reporting entities are given an additional 15 days to make any corrections that may be outstanding. That way, the corrections are included in the June publication. And then finally, on or by June 30th, annually, we publish the data of that program year.

So moving on to slide 7, we'll talk about what's included in the data. So in the Open Payments data, there're direct or indirect payments or other transfers of value made by reporting entities to covered recipients. There's a little explanation here also, indicating that 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. Also in the data, there are certain ownership or investment interests that are held by physician owners, investors, or their immediate family members that are also included in the data.

So looking at slide 8 now, it talks about the payment categories that are reported in Open Payments. So we have three main payment categories, which are general payments, research payments, and ownership or investment interest. So the general payments are payments that are made that don't have a connection with the research agreement or research protocol. So some examples of this are meals, travel, and gifts, and there is some other stuff that falls into that category as well. Then the second payment type is the research payments, which are payments that are connected to a formal research agreement or research protocol. And finally, we have the ownership or investment interest that are reported, which is information about ownership or investment interest that physicians or their immediate family members have in reporting entities.

Moving on to slide 9, this is actually a look at our recent data publication for program year 2016. So in program year 2016, we published the data on June 30th, 2017. Also with this publication, the data from previous program years is updated to reflect any changes that have been made since the initial publication and as always, covered recipients were given an opportunity to review their program year 2016 data before we publish it in 2017. And following the publication, covered recipients were able to review the published data and still dispute if necessary through the end of the calendar year. And then we refresh the data on January 17th of this year in 2018 in order to reflect any changes that had taken place since that June 30th publication.

So slide 10 has a snapshot of the data from program year 2016, which this is the most recent data from our refresh that happened in January. There was a total of \$8.19 billion reported in payments, which was



11.96 million records. And the payments in the three major categories were 2.78 billion in general payments, 4.37 billion in research payments, and 1.03 billion in ownership and investment interest. And then over on the right-hand side, you can see the total physicians that were included in the data, which was 631,000; and then the total number of teaching hospitals, which was 1,146; and then there were 1,479 total companies or reporting entities making those payments.

Earlier, we went over the general description of what is considered a reporting entity. And here on slide 11, we break it down into the two types of reporting entities, which are applicable manufacturers and applicable group purchasing organizations. Again, we refer to them often as GPOs.

So the key takeaways of these definitions is that the applicable manufacturer operates in the U.S. and engages in production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply. This does include distributors or wholesalers that hold the title of – excuse me, that hold title to a covered drug, device, biological, or medical supply. And then for the GPO, again, operating in the U.S., and then purchasing, arranging – 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.

And then on slide 12, I won't read through each and every one of these definitions. But earlier we touched broadly on the definition of the covered recipients. And here we kind of break down and give a little bit more detail of each of those types: physicians, teaching hospitals, and then physician owners or investors. So definitely feel free to hang on to this to refer back to that if you need more granular details on who falls into each of those categories.

And at this time, I'm going to turn it over to Chris, who's going to talk about the role that you can have in the Open Payments system.

Open Payments: Your Role

Chris Kalck: Thanks, Amy. This is Chris Kalck. I'm with CMS's Open Payments team. I'm going to discuss a little bit about your role in the Open Payments Program, specifically the registration process into our system.

So on slide 14, it should be noted that covered recipients are provided an opportunity to review data that has been attributed to them before it is released to the public. This 45-day review-and-dispute period that Amy spoke about earlier, this is your only opportunity to review your data before it is made public. And just a reminder that, in general, each year, it runs from April 1st through May 15th.

In order to review data and take any actions in the – on the data, complete the review-and-dispute process, covered recipients must register in our Open Payments system. Once you get registered, especially for physicians, we give you several different ways to accommodate timely and accurate review of the data. This includes nominating an authorized representative. So an authorized representative may be a staff member or office manager that you as the physician nominate during registration or at any point after successful registration. These physicians – you as the physician can set different access levels for their – for your authorized representative, including the ability to complete the review-and-dispute process. It should be noted that covered recipient participation in our Open Payments Program is completely voluntary, but we at CMS do encourage registration and participation to help ensure the accuracy of the data.



Registration Process

So moving on to slide 15, I'm going to briefly discuss the registration process at a high level. So what we have is a two-step registration process to get into our system. So you must successfully register in both the Enterprise Identity Management System here at CMS, we call that EIDM, and the Open Payments system to perform any system-related functions. So we require that because registering in EIDM confirms that you are who you say you are, and registering in the Open Payments system confirms that you are a valid covered recipient. We take privacy and security very seriously here. Only valid covered recipients will be able to register into the Open Payments system. So, if you are not a valid covered recipient, you will not be able to register in our system.

So if you are new to Open Payments, to complete this process, you need to go to portal.cms.gov and complete the new user registration. Once you complete that registration that consists of getting your username and password, you would then request access to the Open Payments system. Once you gain access to our system, you'll also need to complete registration into the Open Payments system. And this is step 2 of the process.

As always, if you should need more information, we have many resources available at cms.gov/OpenPayments. If you select the About tab, you can click on Resources. We have a comprehensive user guide as well as many quick reference guides. In addition, we do have a helpdesk which can assist you should you need it, and we'll be providing that helpdesk information later.

So on slide 16, this covers physicians who have previously registered that will be coming back into our system. If you have previously registered, you do not need to register again. But just note, you may need to take an action in order to unlock your account. So if it has been 60 days or more since you logged in, the EIDM does offer a self-service kiosk to update your password. However, in many cases, I know many people have not been in for 180 days or more as the program is cyclical and it would have been last year when you logged in. If it has been over 180 days, you will need to contact our helpdesk in order to get your account unlocked. It's a very short, about 5-minute call, and they can help assist you in getting your account unlocked. And again, we'll be providing helpdesk information later in the presentation.

We do vet all physician profiles against CMS sources to prove – to confirm that registrants are covered recipient physicians. The main information that we use during the vetting process are first and last name, your NPI number, any state license information that you provide. And if you should not have an NPI, then we use primary type as well.

You will receive an email confirming vetting success or failure. If the vetting should be unsuccessful and you need further assistance, again, you can always contact the Open Payments helpdesk. They should be able to assist you. And again, as noted before, you may nominate one authorized representative during registration or at any point after a successful registration to perform system functions on your behalf.

So going on to slide 17, we just have a couple tips to make sure that you get vetted into our system without any problems. Again, NPI is a big one. You want to make sure that you use your NPI number. We do request that any hospital-based physicians register as physicians and not as teaching hospitals. You must enter your NPI if you have one. If we locate an NPI for you and you have not entered it, you will fail the vetting process.



We want you to enter any and all of your state – your active state licenses, but at the very least one. And it's always important to provide as much information as possible. The more information we get on you can speed the vetting process. I will say, in general, vetting should not take very long.

So moving on to slide 18, I just wanted to cover a little bit about registering teaching hospitals, individuals who represent a teaching hospital. Again, the same information applies with respect to EIDM. Your account will be locked if you haven't logged in within 60 days. You can self-service a password reset. If it's been more than 180 days, again, you need to contact the helpdesk.

Teaching hospitals can designate up to 10 users. We call them authorized – teaching hospital authorized representatives and authorized officials. Just really quickly, the difference between those two: A teaching hospital authorized representative can do – can complete the review-and-dispute process and they can also nominate others for roles, whereas your teaching hospital authorized official—they can do the same actions as the authorized representative, namely the review-and-dispute process and nominating roles. But in addition, those authorized officials will be the ones that complete the registration process and keep the teaching hospital profile information up to date. In addition, they will modify existing user roles, approve nominations, and remove user roles if necessary.

So the main tip for registering a teaching hospital is, you know, using the information on the CMS published Teaching Hospital List. There is one for each program year of our program that can be located, again, on our Open Payments website; again, the About tab under Resources.

So with that, I'm going to pass it back over to Amy to go over some review-and-dispute process.

Your Role: Review, Dispute, & Corrections Process

Amy Hammonds: Thanks, Chris. So if you're following along with the slide presentation, we're on slide 19, the title slide, Your Role: Review, Dispute, & Corrections Process, and moving to slide 20, Review, Dispute, & Correction. So the purpose of the review-and-dispute process is to give covered recipients the opportunity to review the data that's been reported about them before it's published. There are a couple of different actions that covered recipients can take on records attributed to them. They can review records of firm records, initiate disputes, and, if necessary, withdraw disputes.

There are a couple of important things to note with review and dispute. First is that this activity for covered recipients is voluntary. Chris mentioned this earlier that this isn't required but definitely something that we encourage. It does give more accuracy to the data. And secondly, CMS does not mediate or facilitate disputes. Covered recipients are to work directly with their reporting entity to resolve any disputes.

Moving on to slide 21, I'll talk about the correction timing. So the review-and-dispute period, again, consists of that 45 days for covered recipients to complete any review-and-dispute actions, and resolutions can be completed by reporting entities during this timeframe as well. After the 45 days are given for review and dispute, reporting entities have an additional 15 days to continue resolving any outstanding disputes.



Covered recipients do have until the end of the 2018 calendar year to initiate disputes of data published in 2018. But the importance of the prepublication review and dispute is so that any corrections that may need to be made can be included in the initial data publication in June of this year.

So records that have new disputes after that initial 45-day period will be published in the initial data publication as their original attested-to data, and the updates will be reflected during the annual data refresh.

We do have a detailed guide on the review-and-dispute timing and the impact of the timing that it would have on the publication. And this is available on our Resources page, which is found at [cms.gov/OpenPayments](https://www.cms.gov/OpenPayments). And we'll have a slide at the end that has some more of our resources on it too, if you need to write any of that down.

So slide 22, there are five potential statuses for a record to have during the dispute process. If a dispute is made on a record, the record will show a status indicating that the dispute has been initiated. Secondly, there is the Acknowledged status, which indicates that the reporting entity has acknowledged or seen the dispute.

Then there are two potential resolution statuses. One is Resolved, meaning the reporting entity and the covered recipient worked together and resolved the dispute and provided the necessary updates to the record. And then the second is Resolved No Change. The Resolved No Change indicates that the reporting entity and the covered recipient did work together to reach a resolution and in the process determined that no changes were actually necessary to the record under dispute. And then the final status is the status of Withdrawn, which means the covered recipient withdrew the initial dispute.


Your Role: Review & Dispute Actions

On to slide 23, moving into actions that can be taken during review and dispute. So slide 24, just a reminder of all the types of actions that can be taken during this process: reviewing the records, affirming records, initiating disputes, and, again, withdrawing the disputes if that would be the case.

So in this section, we'll go in to a little bit more detail of each of these steps that you can take. Slide 25 starts with the review of the records. So again, this is coming into the system and looking at those records that have been reported and just reviewing them.

The second step, on slide 26, is the affirming the records. So the affirming records is optional. But just a reminder—even if a record is unaffirmed, it will still be published. The point of the affirming records is in order to indicate that the record has been reviewed and is, in fact, correct. Also, physicians and physician authorized representatives can affirm records as well as teaching hospital authorized officials and representatives. And principal investigators may review and affirm records associated with them as well.

So slide 27 talks about initiating disputes. So disputes may be initiated if the covered recipient feels that the record is inaccurate or incomplete in any way. When a dispute is initiated, the reporting entity responsible for the record will be notified, and at that point, they can acknowledge the dispute in the Open Payments system. And when the reporting entity acknowledges the dispute, the covered recipient will also receive a notification indicating that that step has been taken. And then the dispute status can be viewed in real time on the Review and Dispute page in the Open Payments system. So, you can go in and check up on that status.



So slide 28, the fourth potential action is withdrawing a dispute. In order to take this action, a dispute would first have to be initiated by the covered recipient and also acknowledged by the reporting entity. We also have a resource guide on the review-and-dispute process on our resources page.

And I'm going to hand it back over to Chris to talk about dispute resolution.

Your Role: Dispute Resolution

Chris Kalck: Thanks, Amy. So the last part of the review-and-dispute process would be dispute resolution. So the reporting entities can resolve disputes in one of two ways. So a dispute can be resolved with changes or with no changes. And technically speaking, records can also be deleted as a result of a dispute.


So either way, covered recipients receive email notifications when a dispute is resolved. I know, in the past, you would not get a notification if a record was deleted as a result of a dispute. We've made an enhancement this year, and I'll talk more about that in just a second. And it should be noted that if a covered recipient believes that a dispute that has been resolved has not been sufficiently resolved, you may initiate another dispute on the same record. So you are indeed free to continue to dispute the record until a satisfactory result is obtained.

Moving on to slide 31—I think Amy mentioned it earlier—a very important fact is that CMS does not mediate or facilitate disputes. We do provide a module in the Open Payments system to complete the review-and-dispute process, but we do not get involved in mediating disputes between covered recipients and reporting entities. That should take place outside of the Open Payments system. However, when submitting a dispute, we do encourage covered recipients to enter contact information in the Dispute Details text box to help facilitate the dispute process. A reporting entity may need to get in touch with you to discuss the record. By providing contact information in the Dispute Details box, that is very helpful.

Additionally, should you need – should you as a covered recipient need to contact a reporting entity about a record, you can find Review and Dispute contact information listed at the top of each individual record in the Open Payments system. So when reporting entities register into our system, they are required to provide Review and Dispute contact information in their profile. Again, this is to help facilitate the review-and-dispute process and to provide you as a covered recipient a contact should you need to discuss a record.

Once a record is updated to resolve that record – I'm sorry. The Review and Dispute status of a record, once it's updated to Resolved – will update to Resolved once it has been resubmitted and reattested by the reporting entity. And again, once a dispute status is updated, the covered recipient will receive an email notification.

So moving on to slide 32, this shows just some timing of things as far as the review-and-dispute and correction process. So again, if data corrections are made by reporting entities after the correction period—so there's the 45-day review-and-dispute period, then the reporting entities have 15 additional days after the close of the review-and-dispute period to continue making corrections. So if a data correction is made outside that 15 days, that record – that dispute resolution will not be reflected in the June 2018 data publication, but it will be updated in future data publications.



Data corrections may be made by reporting entities at any time. We do do one refresh in the January timeframe of our previous June's publication. That includes any updates to the data after review and dispute and the 15-day correction period.

If a dispute cannot be resolved, the latest attested-to data submitted by the reporting entity is published on our website and it is identified as disputed. Now, that record may go on to be updated later if the dispute is resolved, but if it is not resolved, it will be marked as disputed on our publication website.

And finally we talked about refresh. We do one data refresh. It's usually in mid-January each year of the previous year's publication.

So on slide 33, a couple things that you can do right now. Registration into our system is open all year round. So you can go in and register with the Enterprise Identity Management System and in our Open Payments system. Again, that registration process is required to complete the review-and-dispute process. And then once review and dispute begins—again, that's on April 1st, continuing for 45 days—you can complete all the review-and-dispute actions.


So on slide 34, I did want to go over just a few changes we've made this year to the Review and Dispute module within the Open Payments system. So covered recipients will be able to see and receive notifications when previously attested records are deleted or being updated. So previously we had no notification to you once a record was deleted. So that has changed this year. If a record is deleted as a result of a dispute, you will be notified via email.

So if you happen to be a returning user this year, you'll see that the user – the Review and Dispute user interface has changed. The overview page in Review and Dispute now shows a summary of your payment records that are available for review and dispute across all program years. I know previously you had to select, year by year, which program year you wanted to review. So that has changed this year. You will see all program years on the same screen.

Now, once you get to the Review and Dispute page, records are now going to be displayed in a card format. So previously your records were basically in a list on a table. We now are going to be showing them as cards. All the functionalities still stay – it stays the same. You can expand the record by clicking the Record ID link. You can also affirm a record and dispute the record. It'll just look a little different this year.

In addition, on that Review and Dispute page, we now have two tabs. So we have a tab of records that are available for review and dispute. These are all records that are in Attested status and are available for you to do a dispute if you so wish.

Once you dispute a record, that will now move into our second tab, which is called the Deleted or In Progress Records. So that tab will display all records that were available for review and dispute but were deleted or in process of being edited and not yet available for re-review. So – excuse me, so if you send a dispute to a reporting entity, the record will be moved over to the Deleted or In Progress Records tab in a view-only mode. And should that record be resolved and reattested, it would then move back to the Available for Review and Dispute tab and you could continue to dispute if you so wish. Likewise, if a record is deleted as a result of a dispute, it will be visible in view – again, in view-only mode on the Deleted or In Progress Records tab.



So those are just a couple of changes that we've made to the module this year in the Open Payments system. So at this time that concludes the Open Payments presentation. I will hand it over – back over to Aryeh now.

Helpful Resources and Information

Aryeh Langer: Thank you very much, Chris. I just want to point out before we start the question-and-answer session, on slide 36, there's a resources slide that has three different resources listed there. That includes the Open Payments website, the way to sign up for Open Payments emails or listservs via the Open Payments website, and the helpdesk for the Open Payments questions as well as a phone number there.

Question & Answer Session

At this time, we're ready to take your questions. A reminder that the event is being recorded and transcribed. Dorothy, can you set up the Q&A session, please?

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. If you have more than one question, press star 1 to get back into the queue, and we will address additional questions as time permits.

Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Lynette Parkey.

Aryeh Langer: Hello. Your line is open. You may be on mute.

Zainab Harvey: Is it supposed to be Zainab Harvey?

Operator: Your line is open. Please proceed.

Zainab Harvey: Okay, Zainab Harvey from Emory University School of Medicine is here. I'm asking whether there is a short instruction document that can be provided to school faculty that will instruct them on how to register on the Resources page.

Amy Hammonds: Yes, that's actually on our Resources page. So [cms.gov/OpenPayments](https://www.cms.gov/OpenPayments) and then there's the Resources page. At the bottom is a section for physicians and teaching hospitals, and there is a registration quick reference guide that will take you step by step through that.

Operator: Your next question comes from the line of Benjamin Edery.

Benjamin Edery: Hello?



Aryeh Langer: Go ahead, sir.

Benjamin Edery: Okay. Yes, okay, my name is Benjamin Edery. I'm in Houston, Texas. I am an employee of a large group of physicians. And in this particular office, there are three physicians, and there is about 10 or 12 employees, MAs, front desk receptionists, etc. Routinely, at least once a week, one of the manufacturers or drug representatives brings lunch to which I'd never assist. I'm on a special diet, so whatever they bring, I don't eat. I have my own food. However, they report these as payment in kind to the three physicians. How can I dispute that?

Chris Kalck: Sure. So that is definitely a way – that is definitely one reason that you would want to go in and complete the registration process and dispute those payments. If you're not partaking in the food during lunch, then they should not be reporting you.

Operator: Your next question comes from the line of Jene Skelly.

Jene Skelly: Hi, I had a question: Is there a quick way for me to be able to gain access to – as a manager, gain access to all of our physicians within our group practice, their information under Open Payments? Or does each of them have to go in, register, and then designate me to be able to see their data?


Chris Kalck: So yes, the second part is accurate. So the physician has to go in and register him- or herself first and then designate you as a representative in order to be able to see all their payments. So there's no other quick way to do it. The physician has to register first and then nominate you as a representative to be able to see their data.

Operator: Your next question comes from the line of John Downs.

John Downs: Thank you. You mentioned CMS doesn't mediate the disputes. However, the drug companies have no incentive to resolve them. I have an open dispute since 2013, and so – and multiple points of contact, etc., which gets to my question of how is it that they report these things? How can they error? The data is, you know, only valuable as – is only as valuable as its accuracy. And so – and I'm wondering what is it that they report? The gentleman from Houston said, are they reporting, you know, meals to him via his NPI number, his name? How is this, you know, inaccuracy occurring? And then what are, you know – you say work with the, you know, the entity that reported me. Well, I've been trying that, and they evidently have no, you know, incentive to resolve it.

Chris Kalck: So yes, the identifiers that are used when reporting are, again, a combination of first and last name, NPI, and your active state license numbers. And, again, you know, we have to stay out of the mediation as far as disputes. You know, they are – they're – you're right, they are not required to resolve disputes, but certainly through outreach and other means, we do encourage them to work with the covered recipients to complete the review-and-dispute process. But once again, if a dispute cannot be resolved, you can keep redisputing it and it will show it as disputed within the data.

Operator: Your next question comes from the line of Roger Franck.



Roger Franck: Hello, this is Roger Franck with Gastroenterology Associates in North Mississippi. I noticed on slide 10 that the vast majority, 95 percent, of these payments are made in the General Payments categories. And if you do some quick math there with the amount that's paid, that amounts to somewhere around 250, maybe \$275, per payment. Is there any thought by CMS and the Government to say, well, since 11 million of these transactions are occurring for such a small amount of money, maybe we should raise the level of threshold to some reasonably interesting amount so that we can decrease the amount of payments that are tracked by millions?

Chris Kalck: So thank you for that question. But really, the thresholds are mandated in the statute, which means they are written into the law. CMS can only implement the law as it was written. So therefore, you know, anecdotally but quite literally, it would take an act of Congress to change those thresholds.

Operator: Your next question comes from the line of Denise Sussman.

Denise Sussman: Yes, last year, we had an issue where research payments were being reported under the PI instead of the sponsoring institution. And so I know that when you clicked on it, the detail would show the institution. But I was wondering if there has been any change for the upcoming reporting year so that the PI is not misrepresented as receiving those payments.

Chris Kalck: So thank you for that question. There have been no changes this year. However, in past years, I know we have separated records that have a PI as opposed to a direct payer. So those records can be viewed separately within the Open Payments system. But no changes this year on that front.

Operator: Your next question comes from the line of Allison Caffas.

Allison Caffas: Thank you. Hi, this is Allison Caffas. I'm calling from UPMC. We have several teaching hospitals under our corporate umbrella, and two of them that are on the list this year are under their old names. They're currently doing business under UPMC name, but on the CMS Teaching Hospital List, they have their old names listed. In the Open – I think it was in the Open Payments user guide, there was some reference as to hospitals needing to register under their DBA name. So when our people from those institutions that don't exactly have the accurate name with CMS, do they need to do anything when they register to change the name of the hospital? Or will CMS do that moving forward?

Veronika Peleshchuk Fradlin: Hello, this is Veronika Peleshchuk Fradlin. I'm a data specialist for Open Payments. I can take that question. So the DBA name, the way we obtain it is from hospital cost reports. Because the legislation defines teaching hospital as an institution that receives IME/GME payments, we go to a hospital cost report for that information. So our DBA name comes from the hospital cost report that is submitted by the hospital's respective MAC, Medicare Administrative Contractor. So the way to make sure that name is corrected is to double-check how it is reported on the hospital cost report provided to the MAC. And if it is correct on that end, I would check with the hospital's corresponding MAC to make sure it's accurate on their end as well.

Operator: Your next question comes from the line of Shoshana Milstein.



Shoshana Milstein: Yes, hi. I'm a representative for a teaching hospital in New York. And our hospital is actually a state-run facility—it's under the authority of the state—and therefore our tax ID number is the general state tax ID number. Now, there is many facilities across the state that have the same tax ID number, including many universities, that are actually not covered recipients, because they're university but they have the same tax ID number.

So since the start of Open Payments system, I've been having this issue where manufacturers are reporting payments that were not made to our facility but were made to other universities that have the same tax ID number. But when I try to dispute it, it's the same thing happens every time is that they say, "Well, it matched the tax ID number, so we're going to continue to report this." So I agree with the gentleman who stated before that it's very frustrating when there's no other recourse other than continuing to dispute something that you don't agree with, and year-long, you know, year after year, to dispute the same things again and again without having any other option.

Chris Kalck: So we have heard that, and we are looking into things we can do to alleviate that. But I agree with you. Unfortunately, the only thing you can do is continue to dispute those payments, that they were not made directly to the teaching hospital.

Operator: Your next question comes from the line of Christopher Martin.

Christopher Martin: Hi, my name is Chris Martin. I'm calling from the University of Florida in Jacksonville, a teaching hospital here. And one of the issues that I'm having with the registration on the website is that once I get past the initial registration for the enterprise portal and I'm wanting to add the application of Open Payments reporting, I'm getting an issue with wanting – needing to contact Experian. But whenever I try to contact Experian, they won't assist me because I don't have a code. There's some sort of code that they need to be able to, I guess, figure out what I'm trying to have resolved. Do you have any guidance on that?

Chris Kalck: So I'm sorry I'm not familiar with that particular issue. However, I would like you – to point you to our helpdesk. They can assist hopefully with – assist you in completing that process. So give our helpdesk a call and see if we can help you out there.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number 1 on your telephone keypad.

Your next question comes from the line of Benjamin Hillary.

Benjamin Edery: Oh, it's actually Benjamin Edery from Houston. This is my second question. It is obvious that a large percentage of these reports are not true or incorrect. The question is, has this reporting system done anything good for CMS or for the physicians? And second, how much is this costing CMS to have this program—your salaries, the whole organization, and the expense that CMS is going – or incurring—to get something that is meaningless and it doesn't help in any way or shape the patients or the system? Thank you.

Chris Kalck: So thank you for that. We appreciate your comments. You know, we feel that it has created transparency between drug and device manufacturers and covered recipients. And we do appreciate your opinion. Thank you.



Operator: Your next question comes from the line of Karen Prather.

Karen Prather: Yes, my question is I am in a dental office and we accept Medicaid. Now how does all of this pertain to us? What category do we fall in? As physicians? We're not a teaching institute.

Chris Kalck: So the definition of a physician within our program does include dentists.

Karen Prather: Okay.

Chris Kalck: So dentists would be considered covered recipients within our program.

Karen Prather: Okay. Thank you.

Chris Kalck: You're welcome.

Operator: Your final question comes from the line of John Downs.

John Downs: Thank you. Yes, my second question. And it feels kind of – with limitations of the database and you touched on it briefly with the dentists being included, but the – for transparency's sake, there're other providers out there that could be – that have prescribing authority that could be influenced by payments. For example, nurse practitioners, physician's assistants, or even PharmD's with ambulatory care prescribing or advanced clinical specialist prescribing privileges. So they're – if I understand, they're not covered under this program. And if they were to be, then, as you say, it would take an act of Congress to have it legislated. Is that correct?

Chris Kalck: So yes, that is indeed correct. We here at CMS can only implement the program as it's – as it was written into law. And I know nurse practitioners and physician assistants were not included in the definition of covered recipients. There has been legislation proposed at one point to include them, but it has not passed yet. And if and when it does, we'll take that step.

Operator: There are no further questions at this time. I will turn it back over to Aryeh Langer for closing remarks.

Additional Information

Aryeh Langer: Well, thank you very much, Dorothy. If we did not get to your question—you weren't able to get in or you think of something after—please refer to slide 36. Again, the resources there that are available, including the Open Payments helpdesk, both the email address and the phone number are accessible on that slide. For more information on evaluating today's event, please see slide 37.

Again, my name is Aryeh Langer. I'd like to thank our presenters here at CMS and also thank all of you on the lines for participating in today's Medicare Learning Network Event on Open Payments. Have a great day, everyone.



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