



MLN Connects™

National Provider Call - Transcript

Centers for Medicare & Medicaid Services
Open Payments (the Sunshine Act): CMS Registration Overview
MLN Connects National Provider Call
Moderator: Aryeh Langer
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Operator: At this time, I would like to welcome everyone to today's MLN Connects National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. You may begin.

Announcements and Introduction

Aryeh Langer: Thank you. As Selema mentioned, this is Aryeh Langer from the Provider Communications Group here at CMS. And as today's moderator, I'd like to welcome everyone to this MLN Connects National Provider Call on Open Payments, the Sunshine Act.

MLN Connects Calls are part of the Medicare Learning Network. During this call CMS subject matter experts will give a brief introductory presentation about Open Payments, providing an overview of physician and teaching hospitals, CMS registration phases, and upcoming review and dispute process. This overview will be followed by a presentation of answers to questions that were submitted prior to the call and, if time permits, will be followed by a brief question-and-answer session.

Before we get started, there are few items I'd like to quickly cover. Participants should have received a link to the slide presentation for today's call in an email earlier this afternoon. If you have not seen the email, you can find today's presentation on the call details webpage, which can be found by visiting www.cms.gov/npc. Again, that URL is www.cms.gov/npc. On the left side of that page, select "National Provider Calls and Events" and then select today's call by date from that list. The slide presentation is located on that page in the Call Materials section. I'll also note that this call is being recorded and transcribed. An audio recording and written transcript will be posted to the Call Details webpage when it is available. An announcement will be placed in MLN Connects Provider eNews.

Finally, registrants were given an opportunity to submit questions in advance of today's call. We think – we thank those of you who took time to do so. While we may not be able to address all of them today, they will be used for future presentations, to develop frequently asked questions and other educational materials.

At this time, I would like to turn the call over to Anita Griner, Anita.

Presentation

Anita Griner: Thank you. Good afternoon everyone. This is Anita Griner. I'm the Director of the Data Sharing and Partnership Group within the Center for Program Integrity here at CMS. I'm very pleased to be here to discuss the Open Payments program with you today. And I am joined with a colleague, Toulia Bellios, who is the Director of the Division of Policy and External Partnership within the Data Sharing and Partnership Group at CPI as well.

So first we'd like to start off with an overview about the financial relationship that exists between industry and physicians. Disclosure of the financial relationships between the medical industry and health care providers is not intended to signify an inappropriate relationship. Collaborations among the medical industry, physicians, and teaching hospitals contribute to the design and delivery of life-saving drugs and devices.

However, these relationships may influence research, education, and clinical decision-making in ways that compromise clinical integrity and patient care and may potentially lead to increased health care costs. While disclosure alone is not sufficient to differentiate between the beneficial financial relationships and those that may create conflicts of interest, transparency will shed light on the nature and extent of the relationships that exist and, hopefully, discourage development of inappropriate relationships.

In response to the various comments and recommendation on how conflicts of interest could affect treatment decisions, Congress enacted legislation establishing a national disclosure program. Section 6002 of the Affordable Care Act, commonly referred to as the Physician Payment Sunshine Act or simply the Sunshine Act, authorized implementation of the program now known as Open Payments. It requires certain entities to report annually to CMS certain financial relationships they have with physicians or teaching hospitals, which we will describe. CMS will then publish this data on a public website. It finalized in February of 2013 about 14 months of rulemaking between the MPRM, which posted in December of 2011, and elicited over 400 public comments.

Now we'll discuss the overall objectives of this program. The objective of the program are to make the public aware regarding certain financial relationships that exist between providers and industries and also to give consumers the information needed to ask questions and make more informed decisions about their health care professionals. CMS's role, however, is to remain neutral and present the data on a public website. CMS will not be labeling these relationships as good or bad. We will also ensure that reporting and disclosure are complete, accurate, and clear.

The program requires both applicable manufacturers and applicable group purchasing organizations to report to CMS on an annual basis. However, what they report is slightly different in nature. Applicable manufacturers must report payments or other transfers of value made to cover recipients and physician-owners or industry and certain ownership or investment interest held by physician-owners or investors or their immediate family members.

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

As we mentioned, applicable manufacturers and applicable group purchasing organizations must report this information to CMS. So who are they reporting on? The rule specifies that applicable manufacturers and applicable group purchasing organizations must report on a cover recipient and/or physician-owners or investors. We will be discussing each category on the next few slides.

A covered recipient physician is defined as a doctor of medicine or osteopathy practicing medicine or surgery, doctors of dental medicine or dental surgery practicing dentistry, doctors of podiatric medicine, doctors of optometry, as well as chiropractors. They must be legally authorized by the state to practice. It's important to note that fellows are included in the definition of a covered recipient. Physicians with no other relationship with CMS through Medicare, Medicaid, or CHIP reimbursement are included, and medical residents are excluded from the definition of physicians.

A covered recipient teaching hospital is defined as hospitals that CMS has recorded as receiving payment under Medicare direct graduate medical education or GME, indirect medical education, IME, or psychiatric hospital IME program. CMS has posted and will post this list of these teaching hospitals on annual basis. The 2013 and 2014 lists are now available on our website.

As mentioned earlier, applicable manufacturers and applicable GPOs must report certain ownership or investment interests held by physician owners or investors and their immediate family members or payments or other transfers of value made to physician-owners or investors. A physician-owner or investor is as it implies. A physician-owner or investor's immediate family member includes self; natural or adoptive parents; child or sibling; stepparents; stepchild, stepbrother, or stepsister; father-, mother-, daughter-, son-, brother-, or sister-in-law; grandparents or grandchild; as well as the spouse of a grandparent or grandchild.

There are three reporting categories which applicable manufacturers and applicable group purchasing organizations will use to report information to CMS:

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

When reviewing the data, physicians will notice for payment or other transfers of value made in connection with research but not actually included in the total payment in a research agreement or protocol, are reported on the general payment template. For example, an industry representative may take a physician to lunch to discuss a research project. This will be reported under general payment. Each payment or transfer of value will be displayed accurately on the website. For example, research payments will be clearly displayed on the website as research payment report.

There are three ways a payment or transfers of value can be made to a physician or teaching hospital. They are direct payments—these are paid directly to physicians or teaching hospitals; indirect payments—these are paid indirectly to physicians and teaching hospitals; third party payments—these are payments designated by physicians or teaching hospitals to be paid to another party.

Applicable manufacturers and applicable group purchasing organizations will be reporting the following information about a physician:

- Full legal name as it appears in NPPES,
- Primary and specialty,
- Primary business address,
- NPI as it appears in NPPES,
- The state professional license number, and
- The email address.

Applicable manufacturers and applicable group purchasing organizations will also be reporting the following information about the event that resulted in the payment or transfer of value. This includes information about the covered product that was discussed – name of the covered – related covered drug, device, biological, or medical supply that was discussed; information about the payment – the amount of the payment or transfer of value, the date it occurred, the form of the payment; and the nature of payment or other transfer of value – the number of payments and, if the payment or transfer of value was designated to a third party, the name of that individual or entity the physician indicated to receive the payment.

Applicable manufacturers and applicable group purchasing organizations must also indicate the reason why a payment or transfers of value was made. Some reasons why a payment or transfer of value could be made include honoraria, entertainment, food and beverage, research, and many others.

The Registration Process

During this next section of the webinar, we will review the registration process and demonstrate how to register in the CMS Enterprise Portal. At this point, you may want to be near your computer so that you may follow along.

This slide is a high level overview of the Open Payments program operation. The top red half of the box displays the role industry plays. The bottom yellow half of the box displays the role of the covered recipient, physician, or teaching hospital. Note that two of the functions – number one and number four – are performed by both groups.

So let's walk through this briefly. Number one, Registration is the first thing that will happen. All entities must register in the CMS Enterprise Portal and in this Open Payments system. Industry is required to register if they have applicable data to report. This is currently underway in both the CMS Enterprise Portal and in the Open Payments system for industry. Registration is voluntary but strongly encouraged for physicians and

teaching hospitals. This is currently underway for physicians and teaching hospitals in the CMS Enterprise Portal.

We will be demonstrating how a covered recipient can register in the CMS Enterprise Portal later in this presentation. CMS will be announcing when physician and teaching hospital registration will open for the Open Payments system in the coming weeks. I'll explain later why physician and teaching hospital registration is critically important to help ensure the accuracy of the data eventually made public and a cornerstone of our outreach mission to physicians.

Number two is Submission and Attestation. After registration, the industry will submit their data about payments or other transfers of value they made to physicians – or teaching hospitals in the prior year. They will then be required to attest to the accuracy and completeness of that information. The deadline for industry final submission and attestation is June 30th for 2014, and this is for the 5 months of data collection in 2013.

Number three is Review and Dispute. Physicians and teaching hospitals will be afforded the opportunity to review all data that was submitted about them by industry prior to public posting. They will be allowed to dispute any information they feel is inaccurate or incomplete. However, in order to review and dispute their information, they must have registered with CMS, hence our continued urging and messaging around the importance of physicians and teaching hospitals going through the voluntary registration with CMS prior to this point.

Number four is Dispute Resolution. Any data which was disputed by a physician or teaching hospital is then routed back to the industry submitter for correction. The submitter of that data should then work with the physician or teaching hospital who disputed that information to identify the correct information, and if appropriate, resubmit that information to CMS. Again, the industry will be the one resubmitting. Note that it is always a responsibility of the manufacturer or group purchasing organization to submit and attest to all data. The physician or teaching hospital does not need to submit or attest.

Number five is Publication. Now, after all the data comes into CMS, we will get it ready and then post it to a public website. For the first year, we'll do this by September 30th of 2014 for the 2013 data. In subsequent years, we'll do this by June 30th. The data on the public website must be downloadable, aggregated, and searchable. CMS is working hard and collaborating with our stakeholders to ensure that the information is displayed in suitable and easy to understand formats and reports.

The last program operation we'll discuss is number six, Audit. This function will become operational at some point after public posting and involves processes for CMS to audit the data submitted for timeliness, accuracy, and completeness. And will also include penalties as well an appeals process. This entire audit, penalty, and appeals process is for the industry, not for physicians or teaching hospitals. The regulations describe civil monetary penalties, or CMPs, and the rules around these that industry may be subject to. More information about these processes will be released as it becomes available.

At this point we are on slide number 22. Here we will discuss some timelines associated with these various functions. So looking at the 2013 program year – so the 2013 program cycle took place between August 1st and December 31st for data collection. That was when the industry collected information about the payments or other transfers of value, as well as ownership or investment interests held by physicians and their immediate family members. During that time, physicians and teaching hospitals should keep track about these transfers that were made to them to ensure that they have accurate record to review their data in 2014.

Earlier in 2014 we opened up the registration and data submissions processes. For industry, starting February 18th through March 31st, they were able to register in the CMS Enterprise Portal and submit aggregate data about the payments or other transfers of value for 2013.

Starting on June 1st through June 31st, they will then register in the Open Payments system and submit detailed data about the transfers of value or ownership and investment interest from 2013. Starting on June 1st, physicians and teaching hospitals should register with the CMS Enterprise Portal to begin preparing for the review and dispute phase. Starting in July and for a 45-day period, physicians will then register in the Open Payments system and be able to review all data that was submitted about them by the industry.

They will be able to dispute any records they feel are inaccurate or incomplete. The industry will then have a 15-day window after the review and dispute period to correct any of those disputes. CMS will then post this information publicly in September of this year.

So our next slide, slide 23, lays out more specifics about these milestones and how they have unfolded between June and September. So, we had a two-part phasing for physicians and teaching hospitals to register and submit information as was described.

We are currently in the June phase. So between June 1st and June 30th, they will be submitting their detailed data to CMS. They will also be able to register in the CMS Open Payments system. Physicians are now able, starting on June 1st, to come in and register with CMS Enterprise Portal. There is no end date for this phase. You will be able to register in the CMS Enterprise Portal and request access to the Open Payments system. This first step of registering in the CMS Enterprise Portal is required before you will be able to register in the Open Payments system.

Phase two. In July, physicians and teaching hospitals will be able to register in the Open Payments system after having received their CMS Enterprise Portal ID, and then be able to review dispute any information they feel is inaccurate or incomplete.

We did have a few questions come in about the review and dispute period that we wanted to address. We did have a question, is the system opening for physicians and teaching hospitals, and review dispute and corrections at the same time?

Yes. In July the system will open for physicians and teaching hospitals to both register in the Open Payments system as well as review and dispute information that they feel is inaccurate or incomplete. That period will be a 45-day window. We will announce the specific start date of that in the coming weeks. After the 45-day period, that's when industry will have an additional 15 days in order to correct and resolve any of those disputes.

Another question we had, what is the cut-off date for when doctors and teaching hospitals will no longer be able to dispute data reported without a dispute flag? The way this works is that if a physician disputes data during that 45-day window and the industry is able to resolve that dispute in the 15-day window, then it will be posted to the public website with the new amount and it will not be marked as disputed.

If the physician disputes the data after the 45-day window, we cannot guarantee that that data can be corrected and may be posted with a dispute flag on the public website. A dispute will not preclude the data from being made public. And if not resolved, will be posted with a dispute flag.

Another question, what is the end date for phase two Open Payments registration and reviewing and dispute? While there is no official end date for physician and teaching hospital registration in the Open Payments system, again, if the physician or teaching hospital wants to participate in the review and dispute 45-day period for a 2013 Open Payments data, they must complete registration in EIDM, which is currently open as, well as the Open Payments registration, which will open sometime in July, and dispute any information they feel is inaccurate or incomplete by the end of that 45-day window.

And remember, identity verification for registration will take some time. So CMS recommends completing the registration process as soon as possible and not waiting until the close to initiate your dispute.

The Review and Dispute Process

So a bit more information about the review and dispute process for physicians and teaching hospitals. The objective of the review and dispute process is to allow physicians and teaching hospitals the opportunity to preview the submitted data and to dispute any data that maybe inaccurate or incomplete. The review and dispute process is only for 45 days in order to make that dispute part of the public posting.

The start of the 45-day window begins on the first day that the Open Payments system is available for physicians and teaching hospitals to register, and then they can initiate any dispute. CMS currently has a continuing education module available for physicians to learn more about the review and dispute process. In addition, we'll be hosting another

webinar similar to this one, which we will be demonstrating how to register in the Open Payments system and how to review and dispute any inaccurate data.

Keypad Polling

Aryeh Langer: OK. Selema, can we start the polling now?

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

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

This concludes the polling session. I'll turn the call back over to Aryeh Langer.

Presentation continued

Aryeh Langer: Thank you very much. And I'm going to turn the call over now to Toula Bellios.

Registration demonstration

Toula Bellios: Thanks Aryeh. So everyone we are on slide 25 if you're following along in the presentation. In this section of the webinar we will review the registration process and demonstrate how to register in the CMS Enterprise Portal. At this point you may want to be near your computer so you may follow along shortly.

Just to recap, registration is required for physicians and teaching hospitals to review and dispute the information reported about them by applicable manufactures and group purchasing organizations.

For this first reporting year, registration will be conducted in two phases. To complete phase one registration for physicians and teaching hospitals, all must complete their registration in the enterprise – in the CMS Enterprise Portal. This is done via the CMS Enterprise Identification Management System or EIDM. Once you've registered in EIDM, you will request access to the Open Payments system via EIDM.

Phase two will begin sometime in July. Physicians and teaching hospitals will use their EIDM registration credentials to register in the Open Payments system. Once physicians and teaching hospitals are registered in the Open Payments system, they will be able to participate in the review and dispute process.

Let's get started. Now we will demonstrate how – now we will demonstrate phase one registration EIDM, the identity verification process, phase one registration EIDM, new use registration, and finally, using your EIDM registration credentials to request access to the Open Payments system.

What is the EIDM verification process? EIDM is how CMS verifies user identities. Identity verification is the process of providing information for the purposes of proving that a person is the same person her or she claims to be. Individuals requesting electronic access to CMS-protected information or systems must first have their identities verified. All users who register for EIDM will have their identities verified; this also includes representatives of applicable manufacturers and group purchasing organizations.

EIDM matches information entered by users to information provided by Experian. Out of Wallet, or OOW, questions, are also verified, I'm sorry – are also used to verify identities. Out of Wallet questions ask for private data and contain information pulled from your credit report, such as mortgage lender name, previous employer name, auto lender name.

Out of Wallet questions and answers are shared only between the EIDM registrant and the verification service provider, Experian. The information will not be stored at EIDM or in the Open Payments system. The registration process is not result –I'm sorry, the registration process does result in a soft credit inquiry. Soft credit inquiries are visible only to the EIDM registrant and only appear on the credit reports produced by Experian, shown as an inquiry made by CMS. They are not visible to lenders. If you order a credit report from Experian, you will see an entry or an inquiry by the Centers for Medicare & Medicaid Service with CMS's address and date of request. Identity proofing does not affect credit score. Please contact Experian Proofing Support Services for assistance with failed identity proofing. Their number is provided on slide 32.

EIDM registration is required for access to the Open Payments system. EIDM registration process is the same for all users. You may already have an EIDM account if you use the Health Insurance Oversight System, the Medicaid and CHIP Program System, or other CMS systems.

Registering in the CMS Enterprise Portal

Now we will start our demonstration of registering in the CMS Enterprise Portal. Step one, go to a CMS Enterprise Portal and select "New User Registration," circled here in red. The URL is <https://portal.cms.gov>. You may want to bookmark this page as you will be returning to it regularly.

Step two, accept terms and conditions. Once you've read the terms and conditions, check the box labeled "I agree to the terms and conditions" before selecting "Next" to continue. Two sections are particularly important to read in the Accept Terms and Conditions – the Consent to Monitoring and the Collection of Personal Identifiable Information or PII.

Consent to monitoring means that you agree to allow CMS to monitor you while you are on the system accessed through EIDM. PII is information that can be used to uniquely identify, contact, or locate a single person or it can be used with other sources to uniquely identify a single individual. PII is collected to aid in the identity verification process. Identity verification is required for all users requesting access to any CMS application. Personal information collected will be used for the purposes of verifying your identity only.

Step three, enter your personal information. Required fields are marked with an asterisk. Completing all fields, even those that are not required, will speed-up identity verification.

Step four, select User ID, password, and challenge question. You will be asked to choose your own User ID and password, along with challenge questions and the answers. There are few key facts you should know about the User ID and password criteria: Your User ID must be in minimum of six and a maximum of 74 characters and special characters are permitted such as dashes, underscores, apostrophes, periods, and @ sign.

Your password must be a minimum of eight and a maximum of 20 characters. It must contain at least one number, one uppercase letter, and one lowercase letter. You cannot use your User ID, and must differ from your previous six passwords. Password must be changed every single – every 60 days. EIDM will prompt for password change when the 60-day deadline approaches.

Step five, registration complete. Click on “OK” to exit and return to CMS Enterprise Portal homepage once you have bookmarked. After clicking on “OK,” you will receive confirmation email message that contains your User ID and a link to the CMS Enterprise Portal. Here is a sample of the confirmation email message on slide 41. Please be sure to save this email as it contains your User ID and a link to the CMS Enterprise Portal.

If you are unsuccessful in registering an EIDM, it may be because individuals will – individuals with addresses outside the United States may not register an EIDM. If you have a foreign address, you should contact the Open Payments Help Desk –Help Desk for assistance. Any additional EIDM issues – issues should be directed to the Open Payments Help Desk at openpayments@cms.hhs.gov.

Accessing the Open Payments System

After successfully registering in the EIDM, you will use your EIDM registration credentials to request access to the Open Payments system. This request in EIDM will allow the individuals access to the Open Payments system. Requests for this access can occur only after EIDM registration is successful. Request for this access is made through the CMS Enterprise Portal.

Step 1, on the CMS portal, select “Login to CMS Secure Portal,” as shown on slide 44.

Step2, accept the Terms and Conditions. Step 3, enter your EIDM User ID, and password, ones you created during your registration at EIDM.

Step 4, select “Request Access Now” under Request Applications Access.

Step 5, select “Request New Application Access.”

Step 6, select “Application and Role.” You’ll see in the drop down menu that Open Payments is listed and your role, if you are a physician or teaching hospital, you can select as a physician or teaching hospital.

Step 7, Review Identity Verification Information and click “Next.” Step 8, accept Terms and Conditions. Finally on step 9, confirm your information. Some fields will be prepopulated with information from your EIDM profile. Confirm its accuracy, edit fields to correct if there are any errors.

Step 10, verify your identity. As previously explained, identity proofing questions are pulled from the soft credit inquiry done during EIDM registration. Out of Wallet questions are based upon information in your credit report.

Step 11, Verifying Identity Successful. Click “Next.”

Step 12, Requesting Application Access Successful. Access may take a few minutes to process. Log out of EIDM and log back in to view if it was successful.

Open Payments Access Successful. Log back into the EIDM portal to see if the Open Payments task in the menu bar at the top of the screen, here highlighted on page 57 of the PowerPoint. It may take a few minutes for the Open Payments tab to appear. We will be hosting another webinar that picks up at this step in the coming weeks to share with you how to register in the Open Payments system.

Resources

In this next part of the presentation, we want to go over some resources that are available to physicians and teaching hospitals. On slide 59 we share with you what you can be doing now. Now that we’ve explained those program and have demonstrated how easy it is to register in EIDM, here’s what you can do in the interim prior to registering in the Open Payments system later in July. If you do not do so today, please complete Phase one registration.

Begin to gather or organize your records on any payments or transfers of value you have received from applicable manufacturers and applicable group purchasing organizations between August 1st, 2013, and December 31st, 2013. This material will be referenced during the review and dispute process.

Work with applicable manufacturers and group purchasing organizations to ensure that information submitted about you is accurate. Register on the CMS listserv to receive email updates about the Open Payments program and enter email – enter your email address on the main page of our website in the Email Updates box. Review the resources

on the Open Payments website. These include the physician and teaching hospital webpages.

The resources that are then available to you now is another version of this presentation that explains how to complete registration in CMS's Enterprise Portal, explained through a step-by-step screenshot. Coming soon includes how to complete registration in the Open Payments system, again, explained through the step-by-step screenshot. Also coming soon is how to complete the review and dispute process, again using step-by-step screenshot. Our website address is <http://go.cms.gov/openpayments>. We also want to make you aware of two free mobile applications to aid physicians and industry in tracking data collected for Open Payments. The applications are available on the mobile platform Apple and Android. They can be used as a personal information collection and storage tool.

In the coming days we will be releasing a new generation version of the mobile application. The mobile applications have multiple security features, they capture user profile information, you're able to create – record payment or transfer of value; view, edit, delete, and duplicate payment records; and also export data to Excel.

The benefits of using the mobile app provides – is that it provides a tool to track payments or transfers of value in real time. The app can serve as a reference tool during review or dispute – in dispute information. In addition, the app allows physicians to provide accurate profile information to industry. They can also minimize the risk of data mismatches later when submitted by industry. The apps also allow physicians to receive event and payment or transfer of value and profile information from industry. The apps also have the ability to exchange information between physicians and industry users by exchanging information stored within in the app. This is done through a QR code.

Frequently Asked Questions

At this point in the presentation, we want to go over some frequently asked questions that we received so far through our help desk and that were submitted during the registration process of registering with this webinar.

Our first question that we received is, I have success – on slide 65, I have successfully registered in CMS's Enterprise Portal via EIDM, but I can't register in the Open Payments system, why is that?

Remember, you will not be able to access the Open Payments system before phase two begins in July. So if you attempt to access Open Payments through the Enterprise Portal, the radio buttons and functions that you will see on the "Welcome to Open Payments" main screen will not be operational until the system opens for phase two in July.

Anita Griner: The next question – we actually received several different variations on this question about physicians having delegates that are able come into the system on their behalf. So can physicians delegate system access to other users?

Yes. After physicians have registered themselves through the CMS Enterprise Portal and in the Open Payments system in July, they can delegate and authorize representatives who can review and dispute data on their behalf. The representative will also have to go through the CMS Enterprise Portal, EIDM, and the Open Payments registration process and they would also need to accept their nomination as an authorized representative.

Toula Bellios: Will physicians be able to limit the access of their authorized representative?

Yes, physicians will have the ability to select one of three access roles for their authorized representative. Role one, view only, which will enable the authorized representative to only view the data that was submitted about the physician; the second role available is review and dispute, which will enable the authorized representative to dispute records that were reported relating to that physician; and the last role available is modify profile, which enables the authorized representative to modify information in a physician's profile, such as update their business address or phone number.

Anita Griner: Will the authorized representative of the physician and teaching hospital have access to the physician's private, personal data that is used for identification?

Authorized representative will be able to view a physician's birth name and last name, business address, business telephone, and email, NPI, and state license numbers. Authorized representatives will not have access to physician User IDs or passwords and will not be able to modify or reset that.

Toula Bellios: How many users from teaching hospitals can register to review the prepublished data?

A teaching hospital may have up to 10 users registered. However, one of the 10 users but no more than five must be an authorized representative. The teaching hospital may also delete one authorized representative and replace him or her with another individual.

Anita Griner: How many users may a physician delegate to review the prepublished data?

A physician may have one authorized representative at a time. The physician may also delegate one or delete, I'm sorry, one authorized representative and replace him or her with another individual.

Toula Bellios: Does the Open Payments system allow the user to register multiple physicians at the same time? For example, physicians in the same group practice?

Unfortunately no, each physician must register separately and individually.

Anita Griner: OK, we did receive a lot of other questions about this notion of delegation within a clinic or group practice. We had questions about does each physician in a clinic

need to register individually, or can an office manager or another person register for them? We have addressed this – that physicians must first register, and then their delegate will register and the physician will allow them access to update their information on their behalf.

There were questions about another identity and access management tool, other than the CMS Enterprise Portal and EIDM which is called, IACS, I-A-C-S. Some of you may have that type of CMS credential, and that is a different credential. You will need to register in EIDM to get the EIDM credential.

We had a question – there are some policy questions on here. We will address this one, but in general, this particular webinar is with reference to registration in this Enterprise Portal. And we will be having subsequent information webinars about the registration for Open Payments as well as review and dispute.

This question is specific to how the costing of meals might be apportioned across various physicians in a group practice. For example, if a large lunch is provided by the industry to a medical office, say that the lunch was in total a \$1,000 meal for the entire practice and all of the support staff. And there were two physicians that partook out of 50 in the lunch. So how will these physicians be reported? How much of \$1,000 when 50 people ate from it would be apportioned to the two the physicians?

The rule provides guidance along this line that the \$1,000 would be divided by the 50 people that partook. If two of them are physicians, then that specific amount of the \$1,000 for just the two individuals will be reported, so \$20 for each of the two physicians. They would not split the \$1,000 between the two physicians if 50 people ate from that amount.

We did have questions as well about the data once it's made public on the public website, and additional information will be forthcoming about that information as well. There was a question about will the data be free, will it be downloadable on the public website?

The answer is yes, there will be no fee for accessing the information on the public website. The data will be able to be downloaded from the website on September 30th.

We also had questions about, was there any way to find out if the existing staff members or physicians had EIDM accounts?

We suggest that you attempt to go into the EIDM, the Enterprise Portal, and log in. There is self-service for forgot password and other self-service functions that you can attempt to see if you already have an ID. And then you can also contact the help desk if you need assistance with registration.

We also had some questions about the review and dispute process and how long it was going to be.

We did address some of these. Again, there is a formal 45-day period following the end of the current submission phase that will open sometime in July and last for 45 days. That's the formal period within which the physicians and teaching hospitals can both register in the Open Payments system as well as review information and dispute any information they feel is inaccurate.

Immediately upon the dispute, the industry who submitted that information will be alerted as to the fact that a dispute has been filed. They can immediately begin to resolve that dispute and then come in – the industry will come back in and resubmit or correct or otherwise resolve the information. This can all happen within the 45 days. In addition to the 45-day period, there is an additional 15-day period after – where the industry can continue to resolve disputes prior to public posting.

We also had questions about the dispute flag, which we have addressed. If the data have been disputed and not corrected within the timeframes allotted, it still will be made public; however, it will be marked as disputed.

Simply disputing data does not keep it from being made public. CMS does strongly encourage that all of the industry works quickly to correct the information. It is one of our primary goals for this program to ensure that the data is accurate and complete when it is posted on the public website. So we are very strongly encouraging physicians and teaching hospitals to go through the voluntary process of registration, review your information, and dispute anything you think is inaccurate so that we can have industry make a correction and get the right data out on the public website for September.

Question-and-Answer Session

Aryeh Langer: Well, thank you Anita and Toula for a very comprehensive presentation. We'll now open up the lines for a question- and-answer session. Because this call is being recorded and transcribed, we ask that you please state your name and the name of your organization before asking your question.

In an effort to hear from as many callers as possible, we ask that you limit yourself to one question at a time. If you have more than one question, please press star 1 after your first question is answered to get back in the queue and we will address additional questions as time permits.

Selema we're ready to take our first question, please.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your line will remain open during the time you are asking your question so anything that you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

Your first question comes from Mary Myslajek

Aryeh Langer: Hello Mary, your line is open. You may be on mute. Selema, can we take our second question?

Operator: The next question comes from Kim Sweet.

Kim Sweet: Yes, hi, my question is – it's my understanding – is if you don't register, then the only repercussion is that you can't review and dispute, is that correct?

Anita Griner: I'm assuming that you are a physician or teaching hospital representative, is that correct?

Kim Sweet: Correct

Anita Griner: OK. Yes, registration in both the EIDM portal and Open Payments is voluntary, but in order for you to get access to your information prior to it being made public and being able to review and dispute and hopefully get corrected that information, you must go through that registration process. In addition, another positive point of registration is that once you have registered in EIDM and in the Open Payments system, we will be able to keep you up to date with respect to the status of any of your disputes. So you'll get notified when changes have been made to your information.

Kim Sweet: So there's no penalty if you don't do it though?

Anita Griner: That's correct.

Kim Sweet: Great, thank you.

Operator: Your next question comes from the line of Susan Friedman.

Susan Friedman: Good afternoon. My question is, when one goes to the help desk to post a question, what is the turnaround time for providing an answer?

Anita Griner: So, thank you, that's a good question. So it very much depends on the question itself and how complex and if any research is needed. For example, looking into your account to see what's wrong or any other additional research. So we do strive to resolve questions that are sort of common inquiries within 24 hours, and more complex questions that require investigation or explanation could go up to 10 days.

Susan Friedman: Thank you.

Operator: Your next question comes from the line of Peggy Smith.

Peggy Smith: Yes, my question is concerning nurse practitioners. They're not listed on this so I'm assuming they're not included, but is there anything in the future that says that they will be?

Anita Griner: It's a great question, one we receive a lot with respect to nurse practitioners, physician assistants, and other clinical professionals. The answer is no, the regulations, the statute, and the implementing regulations at present do not include any of the specialties not listed within the presentation in the final rule. At present there are no immediate plans in the works to extend the regulation. So for now the regulation stands within the physician specialties designated.

Peggy Smith: Thank you.

Operator: Your next question comes from the line of Steve Bernstetter.

Steve Bernstetter: Hi, I'm calling on behalf some teaching hospitals and my question has two parts. The first part is, who should register initially? Does it need to be the authorized or delegated official for the institution or can it be – can it be somebody else? And then the second piece is, once that first person has registered, can they delegate – delegate it out to whomever or does it have to be an employee of that facility for example? Thank you.

Anita Griner: Thank you for the question. So the answer for any entity, whether it's an industry, company, or teaching hospital organization, the first individual that comes into EIDM and into the Open Payments system to set up their profile should be the authorized official. So this is someone within their organization that is at the right level and has the appropriate authority to both confirm the entity's existence and its basic registration information and also to nominate others that can come in and perform other roles in terms of reviewing the information and disputing information.

So we consider that to be C-suite or an appropriate level official within the organization. Once they have nominated others in their organization, that's to the second part of your question, you want to make sure that you're nominating people at the appropriate role and with the appropriate level within your organization to perform the role that you're nominating them into. So they should be trusted individuals that reside in the right departments or that have the appropriate proper function within your organization to essentially manage your information.

Steve Bernstetter: So is it going to be linked to say the authorized official listed in our Medicare enrollment records?

Anita Griner: No, there is no official correlation. We won't be verifying against other Medicare registration information. So for this program, your organization should determine who the appropriate, you know, chief compliance officer or whichever role is appropriate to manage your Open Payments profile.

Steve Bernstetter: OK, great, thank you.

Anita Griner: Welcome.

Operator: Your next question comes from Loretta Ponesse.

Loretta Ponesse: Hi, good afternoon. Thank you for allowing me to ask a question. I'm from the New York Chapter ACP and we have a question with regard to whether a professional medical organization should register. Are we considered part of a teaching hospital? Are we a third party? If someone could provide some further clarification, we'd greatly appreciate it.

Anita Griner: So if you're not part of a teaching hospital or one of the designated stakeholders in the programs, then no, you would not have a role within the Open Payments system. You can, of course, review the information that is made public in September, but if you are just a medical association and they are not part of the teaching hospital definition, then no, you would not be subject to the reporting.

Loretta Ponesse: OK, would I be able to find the definition of a teaching hospital on the CMS website?

Toula Bellios: Yes. We have all – the designated teaching hospital list posted on our website. If you go to our URL, to our webpage, we do have them listed. But again, a teaching hospital is defined as any hospitals that CMS has recorded as receiving payments under Medicare Direct Graduate Medical Education, Indirect Medical Education, or Psychiatric Hospital IME program. So if you are not receiving any of these kinds of payments, you're not considered a covered recipient, but again CMS has posted and will continue to post our – the teaching hospital on an annual basis and they are available now.

Loretta Ponesse: Thank you.

Operator: Your next question comes from the line of LeJeanne Harris.

Aryeh Langer: Hello.

LeJeanne Harris: Hello. My name is LeJeanne Harris and I'm with Our Lady at the Lake Physicians Group. Just wondering, you're posting a list of all of the teaching – I'm sorry, teaching hospitals – is there a way for us to monitor which physicians have actually registered? You know, when you have a large physician practice, just trying to make sure that everybody has gone in and done their registration, is there anything that will be out there for us as a tool to see how we're progressing?

Anita Griner: I think that's a very good best practice that all group practices should employ, so I appreciate you for mentioning on this call. Unfortunately, CMS will not be able to provide the list of all the physicians that have or have not registered for security purposes, but I definitely encourage you to have such a process internally to identify all of the physicians subject to this program and encourage and monitor their voluntary registration in the system.

LeJeanne Harris: OK, thank you.

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

Allison Brennan: Yes, I was just wondering if you could explain a little bit more about having to change the password every 60 days, if this is something that's only got to be utilized annually? Is that still required every 60 days throughout the year? Or is there a way to not have to update it every 6 months if you're only really revisiting it annually? Thank you.

Anita Griner: Thanks you, that's a good question. So the EIDM system is set up to every 60 days require you through self-service to reset your password. So in the instance where you were to come in – say you were to come in August 1st, and that was the first time that you used your password and the ID and then you didn't come in until next March, at that point you will be prompted to reset your password. So it's not something that you would need to do every 60 days, it's the next time that you log in.

Allison Brennan: Thank you.

Operator: Your next question comes from the line of Philip Boyce.

Philip Boyce: Thank you, I'm calling from a teaching hospital, representative of the corporation, and my question is about how we are going to receive notice of the 45 days beginning to run. We have not been able to actually associate our personal names with our organization yet. I'm not sure that you are able to – for all of this how are we going receive them, notice that the data is available?

Toula Bellios: Hi, that's a great question. I would strongly recommend that you register on our help desk – I'm sorry – that you register with our listserv, that's the most direct way that you will get notice about when the 45-day period will begin. We also plan on putting notices to the MLN network, the eNews broadcast, as well as posting in our website as well as using some media outlets to get the message out.

Philip Boyce: OK.

Operator: As a reminder, if you would like to ask an audio question, simply press star then the number 1. Again, to ask a question, please press star 1. We will pause for just a moment.

And there are no questions at this time.

Aryeh Langer: Well, thank you very much. I want to thank Anita and Toula again for a wonderful a presentation. And I'd like to thank everybody on the lines for taking time out of their day today to learn more about Open Payments.

This document has been edited for spelling and punctuation errors.

On slide 74, you'll find information on how to evaluate their experience with today's call. Evaluations are anonymous, confidential, and voluntary and we hope you'll take a few moments to evaluate your MLN Connects Call experience. Again, my name is Aryeh Langer, I'd like to thank everybody who joined us for today's MLN Connects Call. Have a great day.

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

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