



Open Payments & You Call

Moderated by: Aryeh Langer
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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 like to turn the call over to Aryeh Langer. Thank you, you may begin

Introduction

Aryeh Langer: Hello 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 Open Payments. Reporting entities submit data to the Open Payments system about payments or transfers of value made to physicians in teaching hospitals.

Beginning on April 1st, you have 45-days to review and dispute 2020 payment data before it's published on the CMS website by June 30th. We will go over the agenda for the call shortly. Before we get started, you received the link to the presentation and your confirmation email. The presentation is available at the following URL, go.cms.gov/mln-events. Again, that URL is go.cms.gov/mln-events.

This call is open to everyone. If you're a member of the press, you're welcome to listen, but please don't ask questions during the Q&A session. Send your inquires to press@cms.hh.gov.

At this time, I would like to turn the call over to Amy Hammonds from the Division of Transparency Projects in the Center of Program Integrity, CPI.

Presentation

Amy Hammonds: Thank you Aryeh and thank you everyone for joining today's call. Your presenters today are me and then also Ashley Han, who is a member of our Open Payments team here in CPI as well. So, this call has become an annual call for us. We like to take some time to go over the program and your role that you can have within the program.

So, really quick before we get started. If you're following along on the presentation, slide 2 has some key terms that you'll hear throughout this presentation. The first being reporting entities. So, when you hear the term reporting entities, we're referring to the pharmaceutical and medical device manufacturers or their distributors who are required to report payments and other transfers of value to CMS.

And then it also refers to applicable manufacturers and applicable group purchasing organizations. So again, that firm reporting entities, that is the companies that are reporting data to CMS. When you hear the term covered recipient, this refers to the physicians in teaching hospitals that are receiving payments or other transfers of value from those reporting entities.

Some of you, and this is something a little bit ahead in the agenda, but some of you may have heard that the program expanded the definition of a covered recipient, which is true that expansion did go into play, but it is effective for program year 2021. So that is moving forward, and again, we'll talk about that a little bit later in the



presentation, but for the purpose of the current upcoming review and dispute period, covered recipients still just include the physician and teaching hospital.

Moving on to Slide 3 is a look at our agenda, so we'll take you through what the program is. Again, there's that program expansion piece, we'll give you a little bit of an update on that. We'll talk about your role of how you can be involved in the program, the review and dispute and corrections process, the actions that you can take during review and dispute, the way that dispute resolution works, and finally we'll open the floor for some questions and answers.

And we do also have available resources listed here as well and we'll give you some information on where you can find further details if you would need anything after the call.

So, at this time, I'm going to hand the presentation over to Ashley, who is going to give us a look at the program and take us through our current program timeline and a few other notable updates.

So, Ashley, take it away.

Open Payments: The Program

Ashley Han: Thanks, Amy. Hello everyone, thank you all again for attending today. Now I'll go ahead and get started and talk about the program. So, slide 4 is just a title slide. So, moving on to Slide 5, we talk about what the program is. What we could call the textbook definition is that the Open Payments Program is a National Disclosure Program that promotes a more transparent and accountable healthcare system by making the financial relationship between reporting entities and covered recipients available to the public.

So, on reporting entities make payment to covered recipients, this is reported to CMS and published on the public facing website. Now, there is a specific timeline that the program runs on during which the data is collected, reported, reviewed, and published. And on Slide 6, you can see an outline of our program timeline using the program timeline -- program year 2020 timeline, which is a current timeline.

As you can see, reporting entities keep records of their payments throughout the entire calendar year, January 1st to December 31st. Then beginning in February of the following year, they begin submitting that data to the Open Payments system.

The mission runs from February 1st to March 31st. And then beginning on April 1st, covered recipients have the option to review the data reported about them, and if necessary, they can dispute any payments that they believe to be incomplete or inaccurate in any way before the data is published. The reporting entities also make corrections during this time period if necessary.

One thing to note is that the review and dispute period is a 45-day period beginning April 1st and going through May 15th. And during this time, reporting entities may make corrections to the data. Then when the review and dispute period closes, reporting entities are given an additional 15-days to make any corrections that may be outstanding; that way the corrections can be included in the data publication.



And then, finally, the data is published on or by June 30th. On slide 7, you can see what is included in the Open Payments data, which is direct or indirect payment or other transfers of value made by reporting entities to covered recipients.

Also, certain ownership or investment interest held by physician owners, investors, or their immediate family members are included in the data. Moving on to Slide 8, there are three main payment categories that are reported in Open Payments. These are general, research, and ownership or investment interest.

General payments are payments that are made that do not have a connection with a research agreement or protocol. And some examples of general payments include meal, travel, or gift. Research payments are payments made that are in connection with a formal research agreement or protocol, and then lastly ownership or investment interests include information about ownership or investment interest that physicians or their immediate family members have in the reporting entity.

On Slide 9, you can see that our most recent full year of data publication took place in June 2020, which included the program year 2019 data and other updates that have been made to previous program year's data. And as explained on our timeline, covered recipients were able to participate in a pre-publication review period before this data was made public.

And also, following the data publication, covered recipients were able to review and if necessary, dispute newly published records through the end of the 2020 calendar year. We also refresh the data at least once after its initial publication and this took place on January 22nd, 2021. The refresh updates the data to reflect any changes that have taken place after the initial June data publication.

On Slide 10, you can see a snapshot of what the program year 2019 data looks like and this is based on the most recent data refresh that took place in January. So, in 2019, there was a total dollar value of 10 billion dollars supported and Open Payments made up of 10.96 million records and of this amount we can break this down by payment type or category.

In general, payments there was 3.56 billion dollars representing 10.35 million records. Research payments totaled to 5.20 billion dollars and 613,000 records. And lastly value of ownership account were 1.24 billion dollars and 2,552 records.

Now if you look at the chart on the right of the slide, you can see that in 2019, there were 615,000 physicians receiving payment, 1,194 teaching hospitals receiving payments, and 1,601 companies making payments.

Moving on, so earlier Amy sort of went over the general description of a reporting entity, but here on Slide 11, we can break it down into the two types of reporting entities, which are applicable manufacturers and applicable group purchasing organizations, which are more commonly referred to as GPOs, and you can see the definition here on the slide for more information.

Moving onto Slide 12, again we broadly touched on the definition of the coverage recipient earlier, but this chart here it breaks it down in a more definitive way of who falls under the category of covered recipient. So please feel free to hang on to this and use it for your reference. We also have more detailed information of the covered recipient on our resources page if you'd like more information.



Program Expansion

So, moving on. Some of you may have heard about the recent program expansion, which was also mentioned earlier, but we wanted to take a little bit of time during this call to provide an overview of this and some things to keep in mind now that the expansion is in place.

On to Slide 14, beginning on January 1st of this year, the Open Payments Program expansion went into place. And this means that the definition of a covered recipient has been updated to include five additional provider types, which are physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and anesthesiologist assistants, and lastly certified nurse midwives.

Now the big thing to keep in mind around the implementation of expansion is that it applies to data collection beginning on January 1st, 2021, which is the data currently being collected this calendar year and will be reported to CMS in 2022.

So, at this point in time, the added covered recipients do not have any actions to take within the Open Payments system, but it is really important for these provider types to be familiar with the program and know how these changes do affect them because they will have the ability to register and participate and review and dispute activities in calendar year 2022.

We developed a number of resources about the program expansion, which are available on our website at cms.gov/openpayments. Now if you work with anyone affected by the expansion, please share these resources with them so they can learn about the programs and be prepared for any participation they may want to have starting next year.

At this point, I'll turn it back to Amy for her to tell you some more details about how you can be a part of Open Payments.

Your Role

Amy Hammonds: Thanks, Ashley. So as Ashley mentioned, the expansion, the activities that will be taking place related to those added providers will be next year, and that was a big thing that we did want to point out in this presentation as we move into the role that covered recipients tend to have, what you can take action on this year.

So, slide 16 goes over the general role that a covered recipient can have, which is that covered recipients have the ability to review and if needed dispute data, that's attributed to them. In order to participate in this, you do have to be registered in the Open Payments system. And once you're registered, there is a variety of ways that you can participate as far as the review and dispute goes, but also, we like to point out that review and dispute is voluntary for covered recipients. It is not a requirement, but we do strongly encourage it as it ensures that the data is accurate.

So, we talked about this a little bit earlier when we went over the timeline that the pre-publication review and dispute starts on April 1st. So, we're a week out from that, it will open next Thursday, and that will be the pre-publication review and dispute period for the program year 2020 data. So at that point in time, when that opens



that's your opportunity to come in and see if there is any data that has been attributed to you in the 2020 calendar year, you can look at it, and you're allowed to affirm it which notifies that it's correct or if something looks off, you can initiate a dispute and work with the reporting entity to resolve it that way that it appears correctly in the upcoming June publication.

Slide 17 is a snapshot of the registration process. It is a 2-step process. So, in order to register, you must be registered in both the CMS Identity Management system, IDM. Some of you if you had previously registered, you might be familiar with that being called EIDM. We just upgraded the system and they renamed it, so don't worry. It's still the CMS Identity Management system, it just dropped that E.

So, if that looks like a new name to you, that is why. And then once you are registered in IDM, you do need to request access to the Open Payments system.

Alright. Moving on to Slide 18, a few registration things to be aware of. If you did register in a previous year, you do not need to register again, but you should be aware of a few things that might have taken place on your account. If you haven't had any activity on your account within 60-days or more, IDM will have locked the account. So, you'll need to log in and correctly answer your challenge questions; that way you can create a new password and regain access to the account.

If you have not been in your account for more than a 180-days, the account is in a de-activated status. And in order to get it re-activated, you do need to call the Open Payments help desk. We like to specify that if you are in a deactivated status, just go ahead and call the help desk right away instead of sending an email because they will still ask for a phone call with you to go through some of the identity steps and verifying the account that way.

Another thing to note is that if you're a hospital-based physician, you still need to register as a physician unless you are reviewing and disputing records on behalf of the teaching hospital. So that's the big thing, it's again, like I said, if you're a hospital-based physician, make sure that you're still registered as a physician and not just counting on the teaching hospital reviewing and disputing their own data because you may have data attributed to you on an individual physician account.

Slide 19 is some registration and vetting information for physicians. We do vet everyone who's coming into the system to verify identity and to make sure that we match everything up properly. So, some things to keep in mind is first and last name, National Provider Identifier, state license information, and primary type if no NPI is provided.

So, when you're registering, these are things that you want to have on here and that will help you get through the registration process quickly and smoothly. If you do not pass through the vetting process, you will receive an email noting unsuccessful vetting and if you would need any further assistance on that, you can always contact our help desk.

They are able to answer any questions that you might have and walk you through any of the steps that you might be having some trouble with. Also, physicians are allowed to nominate an authorized representative to perform functions on their behalf. So, once you are registered as a physician, if you have someone in mind,



maybe a member of your office staff that you would like to have access to your account and be able to review and dispute on your behalf, you are able to do that.

But you, yourself as a physician still need to be registered within the system in order to set up an authorized representative.

Slide 20 is some tips for successful vetting. So again, having that information on hand is very helpful when you are registering and we suggest that you make sure that the name used for registration, it matches exactly as it appears in NPPES, that's the National Plan and Provider Enumeration System.

Again, that note about hospital-based physicians must still register as physicians, not as the hospital, in order to view your physician records. Enter a NPI if you have one and enter your active state license if you have that on hand as well. And really, just provide as much information as possible. Again, the more information that is on hand ensures the vetting moves quickly and the all the records associated with the physician profile are accurately matched to that physician.

Slide 21 is some registration information for teaching hospitals. Again, it's a teaching hospital registered during a previous program year; you do not have to register again. Those same days and inactivity account locks apply to teaching hospitals as well. So again, if there's been no activity for 60 days or more, the account would be locked, and you would have to answer the proper challenge questions to get the account unlocked and renew that access.

Also, if it's past the 180-day mark, it's going to be in that deactivated status. So, go ahead and give the help desk a call if you are sitting in that status and need to reactivate the account.

Teaching hospitals are able to designate up to 10 authorized representatives and authorized officials to act on their behalf in the Open Payments system. One thing to note is the difference from the teaching hospital authorized representative and the teaching hospital authorized official.

A teaching hospital authorized representative is able to complete the review and dispute process. And can also nominate others for the role, and the teaching hospital authorized official can do the same as the authorized representative, but in addition they can complete the registration process and keep the teaching hospital profile information up to date.

So, if you are registering a teaching hospital, you have to be in the teaching hospital authorized official role; they're also able to modify existing users associated with the teaching hospital account, approve nominations, and remove user roles if necessary.

We do have the reference slides on all of this information as well. They're on our resources page. So that's a great tool to have on hand as well if you're registering that way, you just have a quick kind of cheat sheet, so to speak, to help out with the registration process.

On Slide 22, there are some tips for a successful teaching hospital registration. Again, make sure that the name, the teaching hospital information, is matching the teaching hospital list. We do provide a teaching



hospital list. It is on Open Payments resource page that I just mentioned. So, you can find that there and make sure that the name matches exactly with that. So that everything is vetted properly.

And again, the plug for the quick reference guide, should you need those for reference when you are registering or completing any system related activity. So, once you're through the registration process and you are in the system, then you are good to go on any review and dispute activity.

Review & Dispute and Corrections Process

So, slide 24 takes us into what to review, dispute, and correction process is. So, the purpose of the review and dispute process is really to give covered recipients the opportunity to review data that is attributed to them and affirm its accuracy before it's made public. So, there are a couple of different actions that covered recipients can take on records that are attributed to them.

The first and biggest is obviously reviewing them. The second is that if everything is appearing correct, there is the option to affirm them. This indicates that they have reviewed the records and they agree that the reported information is correct.

Also, dispute may be initiated on records. This happens when a covered recipient is in disagreement of a record and believes that it needs to be updated for accuracy or completeness. And the final status is that disputes may be withdrawn. So, in the event that there would be a dispute that was initiated and then you realize that it actually is correct, you do have the ability to withdraw the dispute, which indicates to the reporting entity that you have no further action needed on the record.

Again, I would just like to remind everyone that review and dispute is voluntary. Also, we at CMS do not mediate or facilitate disputes. So covered recipients and reporting entities are to work directly with each other to resolve any disputes that are initiated.

While reviewing records, the contact information can be found on the record detail page; that's really important. If you would need any contact information and also to make sure that your contact information is correct within your profile; that way, if you are reporting entity would need to reach out, they are able to get in touch with you while they are reaching the dispute resolution.

So, slide 25 goes over the review, dispute, and correction timing. So, there are a few things to note here as far as the process and how things will appear in the data. So, the review and dispute period consists of 45 days for covered recipients to complete any review and dispute actions, and resolutions can be completed by the reporting entities during this time frame as well.

After that initial 45 days given for review and dispute action, reporting entities have an additional 15 days, to continue resolving disputes. The example that I like to use here is if a dispute is initiated on that last day of review and dispute, which is May 15th, then a reporting entity still has 15 days to reach a dispute resolution and get the correct version of the record published in the June 30th publication.



So that is why they have that extra additional 15 days for resolving any disputes that were initiated during that pre-publication review and dispute period. However, the recipients do have until the end of the calendar year to initiate dispute of data that is published within that calendar year.

So, the example here is if for some reason, you have missed the pre-publication review and dispute period, you do still have until the end of this current calendar year to dispute any payments that become public with the 2020 data publication.

The importance of the pre-publication review and dispute period is that any corrections that may need to be made can be included in the initial date of publication in June. So again, if something is published in June and you didn't have a chance to review it before June, you do still have the option to dispute it throughout the rest of the calendar year, but the advantage of using the pre-publication review and dispute period is that it can be corrected and accurately published in that first publication on June 30th.

Records that have new dispute after the initial 45-day review and dispute period will be published in the initial date of publication as originally attested to, and the updates will be reflected during the annual refresh. So, it would eventually appear updated, but it would just be a little bit longer until that correction was made public.

We also have a detailed guide on the review and dispute timing, and the impact on the data publication, which is available on the Open Payments resource page. So that breaks it down and will give you some examples of if I initiate after pre-publication review and dispute, how does that look if I initiate during, how does it look with that. So that's a really great resource to have on hand as well.

Side 26 goes over the different review and dispute statuses that a record might have; initiated, indicates that the dispute has been initiated by a covered recipient, acknowledged, indicate that the dispute has been acknowledged by the reporting entity.

This means that the reporting entity saw that a record was disputed. They are acknowledging that they see that, and that they are working towards a resolution. Resolved means that the dispute has been resolved by the reporting entity and updates were made to the record. Resolved no change means that the reporting entity and the covered recipient reached a dispute resolution, but no changes were necessary to the record.

So again, that would mean that a record had been disputed, and then working directly with the reporting entity you determined that the original way the record appeared was correct. So, it's resolved with no change necessary. And finally, the withdrawn status indicates that the dispute was withdrawn by the covered recipients and no further action is needed.

Review and Dispute Actions

Alright. Moving on to our next section, we'll talk about the review and dispute actions that you can take. Slide 28 is a breakdown: reviewing the records, affirming the records, initiating dispute, and if you do need to withdraw any disputes.



So again, the first thing, reviewing those records, you do have the option to affirm that they're accurate. Again, this is just a nice little plug for the data accuracy; it's nice when people do affirm that way, we have a little indicator that the data is being reviewed and that someone is signing off that it is correct.

Of course, the option to initiate dispute if something appears to be inaccurate and you need to get that corrected. And again, the withdrawing if that would be the case that you no longer need to dispute our record.

Slide 29 has a screenshot of what the review and dispute page looks like within the system. And in order to get here, so you will log into the Open Payments system, log into your account, and you would go to the available for review and dispute tab that is on your profile, and on this page is where users can affirm records and initiate or withdraw disputes.

The reporting entity contact information is available on the record ID page. There is a hyperlink record ID number with each record. If you click that, you're able to see the reporting entity contact if you would need to get in touch with them directly.

When you do initiate a dispute, their representatives do get an email that triggers that there is a disputed record. So, they are notified, but the contact information is provided there as well in case, if you need it.

Slide 30 goes over the affirming records. So again, this confirms that the information on the record is correct. I would like to note here that unaffirmed records are still published. So, either way, the records are published, it's just a matter that you have the option to affirm that they are correct.

Physicians can affirm records; the authorized representatives, if the physician has an authorized representative, have the availability to affirm the records; and of course the teaching hospital, authorized officials, and authorized representatives have the ability to affirm records as well.

And any principal investigators that might be associated with the record are also able to affirm, that is accurate. Even if you affirm a record, it is still available to be disputed. So, in the event that you would affirm something, and a little bit later realized that it was inaccurate, you do still have the ability to dispute it.

Slide 31 is about initiating dispute. So again, if I haven't said it already, covered recipients can initiate disputes on record that they believed to be inaccurate or incorrectly reported in anyway.

The reporting entity received an email notification on the dispute initiation, and they do have the ability to acknowledge the dispute within Open Payments system, again that's an optional thing for them to deal with flags that they see the dispute is there and that they will be working to resolve it.

The covered recipient receives an email notification if the dispute has been acknowledged by the reporting entity, and you can view the dispute status in real time on the review and dispute page in the Open Payments system. So, you can go back there and see if the status has changed or been updated.

And finally, the 4th being withdrawing disputes on Slide 32, that you can withdraw a dispute even after it was acknowledged by reporting entity. Again, the physician, physicians authorized reps, teaching hospital authorize



officials and authorized representatives as well as the principal investigators have the option to withdraw disputes as well.

We do have a quick reference guide that is all about the review and dispute process that is on the resources page as well.

Dispute Resolution

Alright, let's talk a little bit about the dispute resolution process. So, I know you have the snapshot of what those statuses are and what the dispute can be in.

So, on Slide 34, we talk about resolving the dispute. So, the dispute can be resolved in one of two ways. One being with changes and one being without changes. And no matter what the status is, covered recipients receive email notifications about their resolution status.

And if the covered recipient believes that the dispute with the status of resolved has not been sufficiently resolved, they do have the ability to initiate another dispute on the same record. So, it's not just the one and done deal. If the resolution status or I should say if the resolution is not how you believe that it should appear, you do have the option to re-dispute a record as well.

The Slide 35, again a reminder that we at CMS do not mediate or facilitate the dispute; the reporting entities and covered recipients should work together on reaching a dispute resolution status, and one important thing here is if a dispute is resolved by reassigning a record to another covered recipient, the record will no longer appear in your view.

So, the example there being if the record is accidentally assigned to you and it should belong to another physician or teaching hospital, and the resolution results in that change, you will no longer see that record because it will now appear on the other provider or teaching hospital's profile.

The review and dispute status of the records will automatically update to resolve. Once the disputed record has been resubmitted and re-attested. And when the dispute status is updated, you as a covered recipient will receive an email notification letting you know that has been updated and then you can go back into the system and take a look at anything that you would need to.

Slide 36 covers how review, dispute, and correction impacts the date of publication. So, we talk about this a little bit earlier, but to break it down a little bit more detail. Data corrections that are made by the reporting entities after the correction period has closed which this year is May 30th, 2021, will not be reflected in the June 2021 data publication. Those would appear later in other data refresh that we do annually.

Data corrections made by reporting entities are allowed to be made at any time, and again those would appear in the following publication. And in cases where the dispute is not resolved, the latest attested to data submitted by the reporting entity will be published and identified as disputed. So, an example here would be if you dispute a record during the pre-publication review and dispute period, and it is not resolved by that May 30th date, it will be published, but there will be a flag beside the record that notes that it's currently disputed.



So, on the public facing side of things, it's still noted that it's disputed. And again, we do refresh the data once annually; that refresh includes record updates to disputed records, record deletions, any corrections that took place between that first date of publication and the refresh.

Alright. So, slide 37 is the take action slide which is your call to action. We are getting ready to go into the pre-publication review and dispute period. As I mentioned, that opens next Thursday April 1st, and will run through May 15th for the covered recipient.

So now is the time to make sure that you have access to your account. If you had previously registered with Open Payments, if you have not, now is the time to get an account set up and be prepared to take a look at your data and participate in the pre-publication review and dispute period.

And with that, we will open the floor for questions and do our best to answer questions that you might have. I will throw it back to Aryeh really quick to see if there any other announcements or housekeeping rules before we move into Q&A.

Question & Answer Session

Aryeh Langer: Thank you very much for that very comprehensive presentation. As you heard, we will now take your questions. As a reminder, today's event is being recorded and transcribed. In an effort to get to as many questions as possible, each caller is limited to one question, please. To allow more participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox on Slide 39 so our staff can do more research.

Alright. Operator, we're ready for our first question please.

Operator: To ask a question, press star followed by the number one on your touch tone 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're asking your questions. So, anything you say, or any background noise, will be heard in the conference. If you have more than one question, press star one to get back in 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.

The first question will come from the line of Arlicia Tisdale.

Arlicia Tisdale: Hello. I had a question in regard to registering on Open Payments as a manufacturer and GPO. Is there any information on how you can register on Open Payments?

Amy Hammonds: Yeah, absolutely. This is Amy. So, registering for the reporting entity side of things is similar that you -- it's still the two-step process that you need to have an account with IDM, and then request access to the Open Payments system. There is a specific registration quick reference guide for reporting entities on our resources page, and that will have like the quick tips of things to have on hand of identifying information for your organization when you're registering to make sure that your processes is smooth as well.



Arlicia Tisdale: Thank you.

Operator: Again, to ask a question, press star followed by the number one on your touch tone 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 were asking your questions. So, anything you say, or any background noise, will be heard in the conference.

If you have more than one question, press star one to get back in 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.

Our next question will come from a participant whose information was not recorded. Participant, please state your name followed by your question.

You may be muted on your end.

Kathleen: Hi, my name is Kathleen and I have a question for the reporting entity and I'm wondering is there a threshold dollar amount that like, you know a cutoff for when the gift has to be reported?

Amy Hammonds: Hi Kathleen, this is Amy. There are reporting thresholds. I do not have it in front of me right now. Unfortunately, I was looking for it really quick. They are listed on our website and you are correct that there are different reporting thresholds. It's like -- if a single payment is under a certain amount. It's not reportable, but if the total aggregate value for the full year is over a certain amount then all the payments would be reportable.

Kathleen: Okay.

That will be on [cms.gov/openpayments](https://www.cms.gov/openpayments) and if you go to the applicable manufacturer and GPO section, there will be -- you'll find the information there. There's a nice table that breaks it down. It shows you the different thresholds for each program year because that does change and fluctuates it, and it is evaluated each year and changes based off of the Consumer Price Index.

Kathleen: Okay, thank you.

Ashley Han: Hi, Amy. Actually, I can answer that. I actually have that information in front of me for 2021. The individual is small team, and the threshold is 11 dollars and 4 cents, and the total annual amount is 110 dollars and 40 cents.

Kathleen: Thank you so much.

Ashley Han: No problem.



Operator: And again, to ask a question, press star followed by the number one 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 ensure clarity. Once your line is open, state your name and organization.

Please note your line will remain open during the time you're asking your questions. So, anything you say, or any background noise, will be heard in the conference. If you have more than one question, press star one to get back in 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.

The next question will come from the line of Anatasia Elliott.

Anatasia Elliott: Hi, there this is Anatasia Elliott with Children's Mercy in Kansas City. Is it possible for a provider to make any changes from the program year 2019? They had noticed that the charge went to them instead of the hospital.

Amy Hammonds: So, you're looking to make a change on the -- like to dispute a program year 2019 record, that's no longer available for dispute.

Anatasia Elliott: Correct, is that -- but I am understanding is that it is no longer available for dispute.

Amy Hammonds: So, it wouldn't be available for dispute within the Open Payments system, but you can reach out to the reporting entity and let them know that does need to be updated. They are still able to make updates to previous years. It's just that you won't be able to click that dispute, you know, within the system, but absolutely they could still make the update and get that resolved for you.

Anatasia Elliott: Perfectly. Just reaching directly -- reaching okay directly. Okay, great. Thanks so much.

Amy Hammonds: You're welcome.

Operator: The next question will come from the line of Liz Schoenknecht.

Liz Schoenknecht: Hi, this is Liz with UW Health in Wisconsin. I wanted to check to see if CMS Program Integrity would be sending any notifications out to providers. I know they did that in 2019. I don't believe it happened in 2020, and I don't know if that was just a one-time notification for them.

Amy Hammonds: Hi, Liz. This is Amy. I think what you're referring to is our physician mail campaign. We ran that in 2019. Are you talking about like a provider getting a specific letter that says you have data attributed to you?

Liz Schoenknecht: Right.

Amy Hammonds: Okay, yes. So, you are correct. We did not do that last year. We actually scaled back just due to the pandemic. We knew people were focused on a lot of other bigger issues. So, we did not do our full



mailing campaign. We did an email campaign instead. So, if the provider has an email that is on file with us, if they register within the system and we can pull that, we did send courtesy emails last year.

We are planning to do that again this year, that's the direction that we're going to go again. We just want to be respectful. I know that the world has adjusted to living in the midst of a pandemic, but we just thought that it was in our best interest to. So just to the email outreach this year and then we'll pick up that mailing campaign next year.

Liz Schoenknecht: Okay, thank you.

Amy Hammonds: Yes.

Operator: Our next question will come from the line of Erika Ivanov.

Erika Ivanov: Hi, this is Erica Ivanov with Yukon Health in Connecticut. I just had a quick question about when you go on to the system and you see what's reported for a provider, we did it I forget what year it was, but when we looked, we noticed we had a date of an activity, but we struggled to match it up in the system because it seems like the date that the activity occurred wasn't the same as the date the payment was made and so it sometimes doesn't match.

So, there's multiple activities say it's a little harder to identify what is what. Is there any tip for that?

Amy Hammonds: Hey, Erica. Sorry, I am thinking through that.

Erika Ivanov: Does that make sense? I don't mind.

Amy Hammonds: Yes, it does. So, what you're saying is like the activity like looks right, but the date doesn't necessarily match. It's just like the discrepancy there.

Erika Ivanov: Yes, it is like sometimes let's say the date occurred on May 5th, but they booked and it was say like travel was involved and so the airline ticket was bought on March something and the hotel was booked on a different date and so all these dates are like sort of in the general area of the activity date, but some a few months before, some could be after, sometimes it was a little hard to just kind of match it up. So that was something we discovered the first time we looked at it.

We thought okay, well the date was May 5th. So, we're going to see May 5th as a reporting date, but that wasn't necessarily the case.

Amy Hammonds: So, I do know that there is a like a test on that of how reporting entities can do the date, and I think that there's something involving if it's like also like the multiple payment.

I would say reach out to them and just clarify why they're reporting the different date like if you say like we have all these activities that line up, but we just want to know why it's reported under this date instead. They should be able to answer that for why and you could even if it is something that you need to dispute to get the attention, that would be fine to do that as well.



I know that there is a reason and I'm sorry I can't think of the exact reason, but there is like a little like how to almost or how they can roll stuff into one date if it meets certain criteria.

Erika Ivanov: Okay.

Amy Hammonds: I'm sorry. I know this acts like a roundabout answer and still puts it kind of in your court to follow up with them. But I was going to say, I can do some research and try to get back on that one.

Erika Ivanov: Well, no. I was just trying to see if there was anybody else who experienced that where, and in our case this provider would travel. So, when we looked, you would see different airline with one and maybe hotel was another and the consulting fee, and so there are different types of things that get reported, but it seems like in the reporting agency seems to put it into the system on the date that they made that payment versus tying it to the date of the activity.

Amy Hammonds: Yes, okay. I see exactly what you mean and yes that is what I was talking about or how they have that like they are allowed to do that, but as far as like I would say talk with them directly if there's something as far as your organization is concerned, you just want to clear that up with them. I would say reach out to them directly just to confirm that.

Erika Ivanov: Okay, very good. Thank you.

Amy Hammonds: Yes.

Operator: And again, to ask a question, press star followed by the number one 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 ensure clarity. Once your line is open, state your name and organization.

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The next question comes from the line of Hamanie Burr.

Hamanie, your line is open.

Tammany Durr: Hi, this is Tammany Durr with Texas Brain and Spine center. I am somewhat new to the role in most of the username, and addresses that I have access has been set up by the prior practice manager, and I'm looking at the CMS enterprise portal with the IEDM from before. Is that something different than the CMS ID that we access with Novitasphere.

Amy Hammonds: Hey, this is Amy. You're asking about the difference between EIDM versus IDM.



Tammany Durr: No, no, no. Actually, I kind of caught that there was a revamp on the IEDM and IDM, but I do go to Novitasphere and I access that with, you know, the username and password that we have -- that was set up by the prior practice manager here, but then I go to the CMS enterprise portal is that the same username that I have to, or it looks like we have been registered, but it's not logging in.

Amy Hammonds: Okay. So, for that if you want to reach out to the help desk, they should be able to help you because they can pull up your account and since you're new to the role and if there's like a past role, they can help you get set up so that you have access to that as well. So that is definitely something that the help desk should be able to get for you and I can give you a number. It's also on this presentation, but the number you can call is 1-855-326-8366.

Tammany Durr: Okay, thank you.

Amy Hammonds: You are welcome.

Aryeh Langer: We have time for one final question.

Operator: The final question comes from the line of Dr. Joseph Camelguard.

Dr. Joseph Camelguard: Thank you. This is Dr. Joseph Camelguard. I'm a medical director for Anthem in California. I have a question with regard to the ownership and investment interest. It would seem that most of us in life have IRA accounts, investment accounts, all sorts of other compensation accounts either working directly for a company, reporting company or through personal investments.

I only see 1,600 companies making payments and only 615 physicians receiving payments. What is the threshold or what is the reporting requirement when it comes to ownership and investment interest?

Amy Hammonds: Hi, this is Amy, that's a great question. There are different reporting requirements as far as ownership and investment. I can't think of the term that I'm looking for right now. There's a thing about it being exercised.

And this is into some of technical pieces. Unfortunately, I don't have Kathleen on the line with me today. She's our compliance guru that then I would definitely share this question her way because I think what you're getting at is that it looks a little low in the data compared to what you would expect based off of personal experience of what would be reported, is that correct.

Dr. Joseph Camelguard: Well, I just don't know if a physician has investments in a sector of the economy like healthcare, you expect that they will be receiving lots of payments from lots of different companies, but it would seem unreasonable that should be reported under this program and I just want to understand that aspect of ownership because it just seems very unclear what constitutes ownership or investment.

Amy Hammonds: So, it would, it does include direct ownership or investment interest with a reporting entity so tied directly to a company that is doing reporting. I'm looking on our site right now under the definition of an ownership and investment interest, so it states that it includes but is not limited to stocks, stock options,



partnership share, limited liability company membership, loan, bonds or other financial instruments that are secured within an entity's, property or revenue of a portion of that property or revenue.

Dr. Joseph Camelguard: So, if I buy stock in Merck or Pfizer or any of these other companies, it's going to then be reported that I'm receiving money from them.

Amy Hammonds: No. So, the difference would be like if a reporting entity is using ownership or investment interest as a form of payment. They say if you come in do X, Y, and Z, will give you 4 shares of our stock. It's when ownership and investment interest is as a form of transfer value and it can be direct or indirect forms of payment as well.

There and again, this is into some of the weedy portions of the program that is definitely a great question because there are a few exceptions to the definition of ownership and investment interest as well, which is all noted in our final rule of what constitutes as ownership and investment and how it is reported.

Dr. Joseph Camelguard: So, an employee compensation in the form of stock or options something, that's reportable because it's compensation for work that's being performed, it's not a grant or a gift.

Amy Hammonds: So, you mean like coming directly from the reporting entity?

Dr. Joseph Camelguard: Yes. If you work for a company that is the reporting entity and part of your annual compensation package includes equity or options, does that get reported to this system?

Amy Hammonds: So, I am very sorry that I don't have a direct answer to this because I know that there is some language around the being an employee of a reporting entity versus just being a physician that's receiving payments from the reporting entity. So again, not some of the more nuance portions of the program that we would have to take a closer look at where things fall within the legislation of what's reportable and not reportable, and also that employee versus non-employee status.

The quickest answer that I would have to give to you without getting into the details and reading through the final rule would be, honestly, ask. If you do have something like that and you're wondering if it is reported, you can ask the company; they would definitely know if they are collecting that data on you and reporting it.

Additional Information

Aryeh Langer: And thank you so much, we really appreciate it. We're sorry, that's all the time we have for questions today. If we did not get to your question, you can email it to the address listed on Slide 39. We hope you will take a few moments to evaluate your experience with today's call. See Slide 40 for more information.

An audio recording and transcript will be available in about 2 weeks at go.cms.gov/mln-event.

Again, my name is Aryeh Langer. I like to thank Amy and Ashley, our presenters here at CMS, and also thank you 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.