mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Open Payments: Your Role in Health Care Transparency

Key Terms in this Presentation

- Reporting entities
  - refers to pharmaceutical and medical device manufacturers and their distributors who are required to report payments and other transfers of value to Open Payments;
  - also referred to as applicable manufacturers and applicable group purchasing organizations (GPOs).
- Covered recipients
  - refers to physicians and teaching hospitals receiving payments or other transfers of value from applicable manufacturers and/or GPOs.

Agenda

- Open Payments: The Program
- SUPPORT for Patients and Communities Act
- Your Role
- Review & Dispute and Corrections Process
- Review & Dispute Actions
- Dispute Resolution
- Question & Answer Session
- Available Resources

Open Payments: The Program

The Program

- Open Payments is a national disclosure program that promotes a more transparent and accountable health care system by publishing the financial relationships between applicable manufactures and group purchasing organizations (GPOs) and health care providers (physicians and teaching hospitals) available to the public.

- Open Payments operates on a program timeline throughout which data is collected, reported, reviewed, and published.

Program Timeline

- The following is an example of the annual program timeline using Program Year 2019

The Data

- The data consists of direct or indirect payments or other transfers of value made to covered recipients
    - An indirect payment is a payment or other transfer of value made to a third party, where the applicable manufacturer or GPO requires, instructs, directs, or otherwise causes the third party to provide the payment or other transfer of value, in whole or in part, to a physician or teaching hospital
- Certain ownership or investment interests held by physician owners or investors, or their immediate family members

Payment Categories

- The data reported is divided into three major payment categories

  - General Payments: payments or other transfers of value made that are not in connection with research agreements or research protocol. These payments may include but are not limited to honoraria, gifts, meals, consulting fees, and travel compensation

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

  - Ownership or Investment Interest: Information about the ownership or investment interest that physicians or their immediate family members have in the reporting entities

Published Data – Program Year 2018

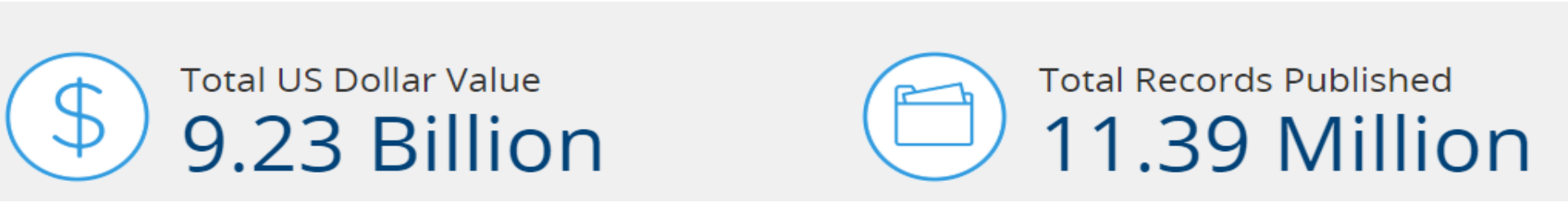
- In June of 2019 CMS published the Program Year 2018 data along with the refreshed data from previous program years (2013 – 2017)

- Prior to the data publication, covered recipients were provided an opportunity to review and if necessary dispute any records they believed to be inaccurate or incomplete

- Covered recipients were also able to review the published data and initiate any necessary disputes through December 31, 2019

- On January 17, 2020 the Open Payments data was refreshed to reflect any changes that had taken place following the initial data publication

Program Year 2018 Data



$ General Payments	
Amount $3.01 Billion	Payments 10.82 Million

Research Payments	
Amount $4.89 Billion	Payments 576,000

Value of Ownership	
Amount $1.33 Billion	Payments 3,288

Physicians	Receiving Payments 627,000
Teaching Hospitals	Receiving Payments 1,180
Companies	Making Payments 1,583

Program Participants – Reporting Entities

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

What is an applicable manufacturer?

- Operates in the United States
- Engages in the production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply. This includes distributors or wholesalers that hold title to a covered drug, device, biological or medical supply

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

What is an applicable GPO?

- Operates in the United States
- Purchases, arranges for or negotiates the purchase of a covered drug, device, biological, or medical supply for a group of individuals or entities, but not solely for use by the entity itself

Program Participants – Covered Recipients

Covered Recipient Physicians

- Doctors of medicine or osteopathy legally authorized to practice medicine or surgery by the state
- Doctors of dental medicine or dental surgery legally authorized to practice dentistry by the state
- Doctors of podiatric medicine legally authorized to perform by the state
- Doctors of optometry legally authorized to perform as a doctor of optometry by the state
- Chiropractors licensed by the state and legally authorized to perform by the state

Covered Recipient Teaching Hospitals

- The hospitals that CMS has recorded as receiving payment(s) under Medicare direct graduate medical education (GME), indirect medical education (IME) or psychiatric hospitals IME programs
- Each year, Open Payments publishes a list of these teaching hospitals; the list is available on the Open Payments website at http://cms.gov/openpayments

Physician Owners or Investors

- Physicians who are owners or investors of an applicable manufacturer or applicable GPO
- Immediate family members who have ownership or investment interest in an applicable manufacturer or applicable GPO: spouse, natural or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother, or stepsister, father-, mother-, daughter-, son-, brother-, or sister-in-law, grandparent or grandchild, spouse of a grandparent or grandchild

SUPPORT for Patients and Communities Act

SUPPORT for Patients and Communities Act

- The SUPPORT Act was passed in the fall of 2018 and included Open Payments provisions
- The definition of ‘covered recipient’ is expanded to include:
  - Physician Assistants
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Certified Registered Nurse Anesthetists
  - Certified Nurse-midwives
- Under these provisions CMS is enabled to publish National Provider Identifiers (NPIs)
- These changes apply to information required to be submitted on or after January 1, 2022.
  - This will be effective for data collection beginning in calendar year 2021 as this is the data that will be reported to CMS in 2022.

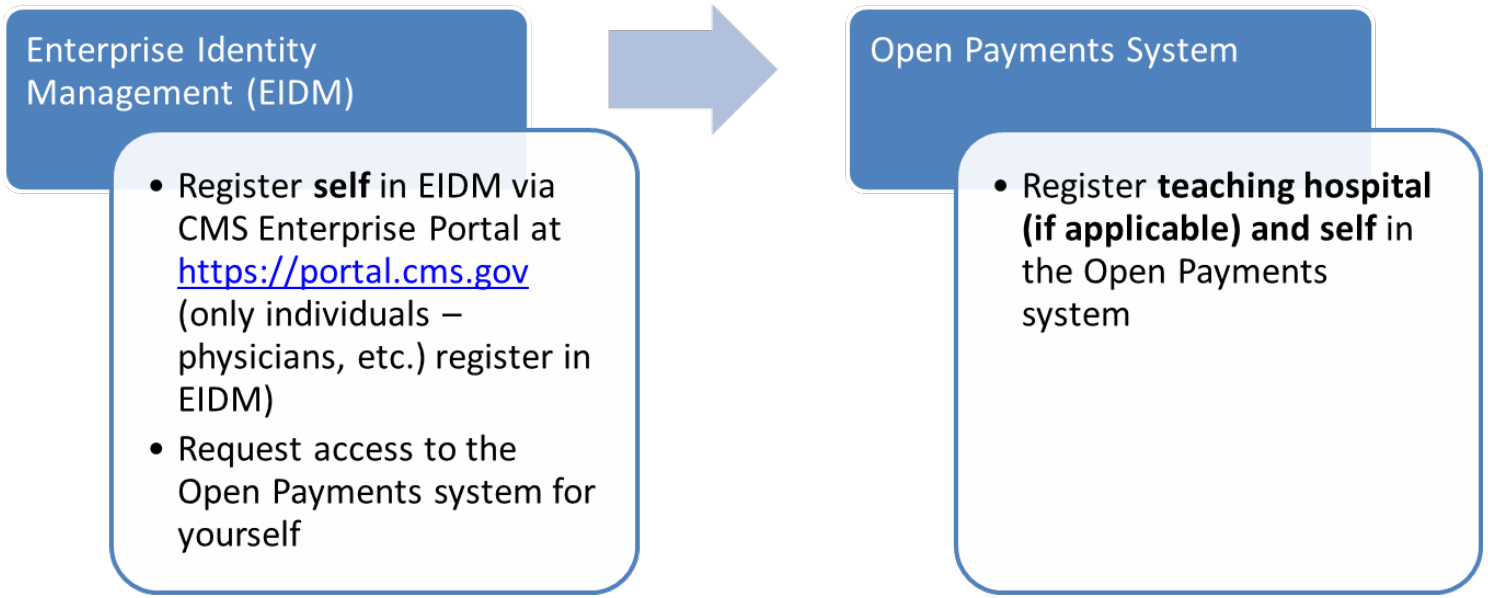
Open Payments: Your Role

Your Role

- Covered recipients may review data that has been attributed to them before it is published
- In order to review and take any actions on the data, covered recipients must register in the Open Payments system
    - Once registered, there are a variety of options to accommodate timely and accurate review of the data, including nominating an authorized representative.
- Covered recipient participation in Open Payments is voluntary.
- CMS encourages registration and participation as this ensures accuracy of the reported data.

The Registration Process

- Registration is a two step process
- Successful registration in BOTH the Enterprise Identity Management System (EIDM) and the Open Payments system is required to be able to perform any Open Payments system-related functions



Registration – Physicians

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

Registration and Vetting – Physicians

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

- Physicians will receive an email confirming vetting success or failure
  - If vetting is unsuccessful, physicians should double check the information provided. If further assistance is needed, please contact the Open Payments Help Desk

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

Tips for Successful Vetting

- Make sure the name used for registration matches **exactly** with the name in the National Plan and Provider Enumeration System (NPPES)
  - Hospital based physicians MUST register as physicians, not as hospitals to view their records.
- Enter NPI, if you have one
  - Enter exactly as listed in NPPES for the current calendar year
- Enter all active state license(s)
- Provide as much information as possible – more information can speed vetting and ensure all records associated with the physician will be accurately matched to them

Registration – Teaching Hospitals

- Teaching hospitals who registered during previous program years do not need to register again
    - The EIDM locks accounts if there is no activity for 60 days or more. To unlock an account, go to the CMS Enterprise Portal, enter your user ID and correctly answer all challenge questions; you'll then be prompted to enter a new password.
    - The EIDM deactivates accounts if there is no activity for 180 days or more. To reinstate an account that has been deactivated, contact the Open Payments Help Desk.
- Teaching hospitals can designate up to 10 authorized representatives and authorized officials to act on their behalf in the Open Payments system
    - Please note that the maximum number of 10 is inclusive of both authorized representatives and authorized officials

Registration – Teaching Hospitals Tips

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

Review, Dispute, & Corrections Process

Review, Dispute, & Correction

- Covered recipients may review, affirm and if necessary dispute attributed records
- Covered recipients may take the following actions on any data record:
  - Review records
  - Affirm records
  - Initiate disputes
  - Withdraw disputes
- Dispute resolution takes place outside of the Open Payments system
  - Covered recipients should work directly with reporting entities to resolve disputes
  - While reviewing records, contact information can be found on the “Record Detail” page; select the “Record ID” hyperlink (for each individual record)
  - **CMS does not mediate or facilitate disputes**

Review, Dispute, and Correction Timing

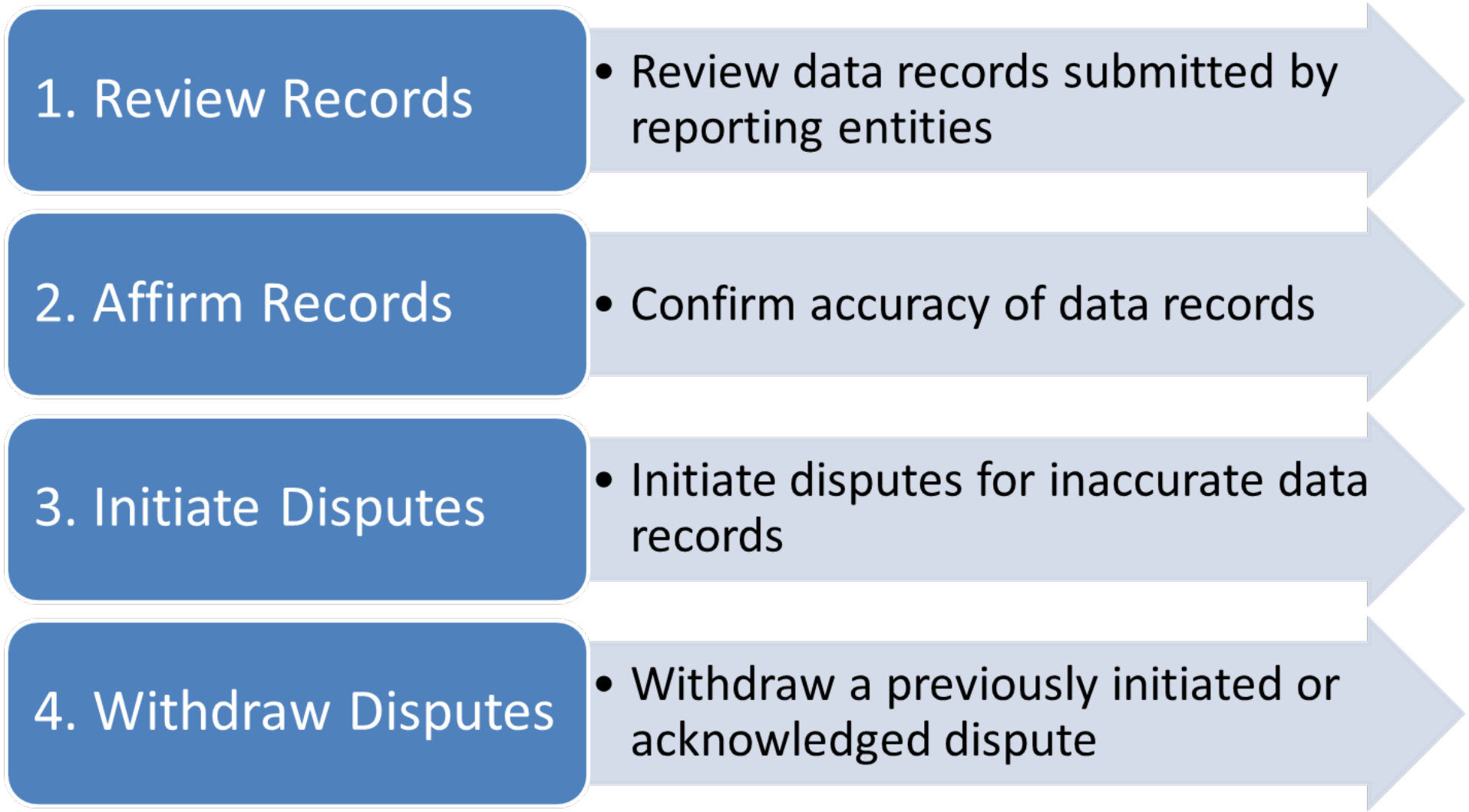
- The review, dispute, and correction period consists of:
  - 45 days for data review and dispute by covered recipients; resolutions can also be made by reporting entities
  - 15 days immediately following the 45-day review period for reporting entities to continue to resolve disputes
- Covered Recipients have until the end of the 2020 calendar year to initiate disputes of data published in 2020.
- Records with a new dispute initiated after the 45-day review and dispute period will be published as original attested-to data in the initial data publication
- Additional details regarding disputes initiated after the 45-day review and dispute period are available in the *Open Payments System Quick Reference Guide – Review and Dispute Timing and Data Publication* (see Resources page of the Open Payments website)

Review, Dispute, and Correction Record Statuses

- Initiated – The dispute has been initiated by a covered recipient
- Acknowledged – The dispute has been acknowledged by the reporting entity
- Resolved – The dispute has been resolved by the reporting entity with updates made to the record
- Resolved No Change – The reporting entity and covered recipient have resolved the dispute in accordance with the Final Rule and no changes were made to the disputed record
- Withdrawn – The dispute has been withdrawn by the covered recipient

Review & Dispute Actions

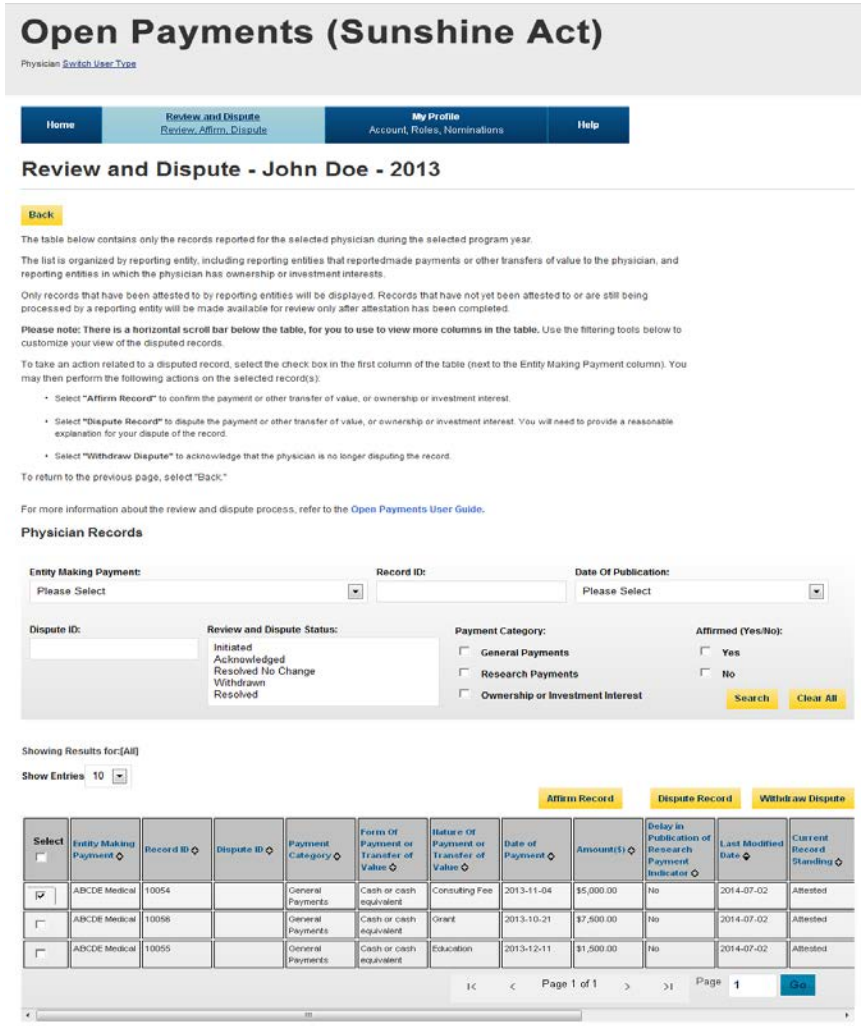
Review and Dispute Actions Overview



1. Review Records

- Covered recipients may review records attributed to them

- Go to the “Review and Dispute” tab and select the covered recipient you are associated with



2. Affirm Records

- Affirming records means that the covered recipient confirms that the information in the record is correct
- Affirming records is optional
  - un-affirmed records will still be published
- Who can affirm records
  - Physicians
  - Physician authorized representatives
    - Note: physician authorized representatives must hold the “Dispute Records” access level to affirm, review, and/or dispute records associated with their physician
  - Teaching hospital authorized officials and authorized representatives
  - Principal investigators (any records they are associated with)
- Records that have been affirmed may still be disputed at any time

3. Initiating Disputes

- Covered recipients may initiate disputes on records they believe to be inaccurate
- The reporting entity will receive an email notification of the dispute initiation – they may then acknowledge the dispute in the Open Payments system
- The covered recipient will receive an email notification if the dispute has been acknowledged by the reporting entity
- The dispute status can be viewed in real-time on the Review and Dispute page in the Open Payments system

4. Withdrawing Disputes

- A dispute can be withdrawn after it has been acknowledged by the reporting entity
- Who can withdraw disputes
  - Physicians
  - Physician authorized representative
    - Note: physician authorized representatives must hold the “Dispute Records” access level to affirm, review, and dispute records associated with their physician
  - Teaching hospital authorized officials and authorized representatives
  - Principal investigators (any records they are associated with)
- *Open Payments System Quick Reference Guide: Physician and Teaching Hospital Review and Dispute Process* provides additional guidance (see “Resources” page of the Open Payments website at https://www.cms.gov/OpenPayments/About/Resources.html)

Dispute Resolution

Resolving Disputes

- Reporting entities can resolve disputes in one of two ways:
    1. The dispute can be resolved with changes made to the disputed record
    2. The dispute can be resolved with no changes made to the disputed record

- Covered recipients receive email notifications of resolution status

- If the covered recipient believes that a dispute with a status of “Resolved” has not been sufficiently resolved, they may initiate another dispute on the same record

Resolving Disputes (cont.)

- **CMS does not mediate or facilitate disputes**
- Reporting entities and covered recipients should work outside of the Open Payments system to resolve disputes
- If a dispute is resolved by reassigning a record to another covered recipient, the record will no longer appear in your view
- The “Review and Dispute” status of the record will automatically update to “Resolved” once the disputed record has been re-submitted and re-attested
- When the dispute status is updated, the covered recipient will receive an email notification

Review, Dispute, and Correction Impact on Data Publication

- Data corrections made by reporting entities **after** the correction period has closed will not be reflected in the June 2020 data publication
- Data corrections made by reporting entities may be made at any time; data will be updated in the next publication
- In the cases where a dispute cannot be resolved, the latest, attested-to data submitted by the reporting entity will be published and identified as “disputed”
- In addition to the annual data publication CMS updates the data at least once annually to include updates from disputes and other data corrections made since the initial data publication
  - Refresh data includes record updates, disputed records, and record deletions

Take Action

- Register in CMS Enterprise Portal (EIDM) and in the Open Payments system – required to review and dispute data

- For records associated with you in the Open Payments system:

    - Review records
    - Affirm records
    - Initiate disputes against any information you feel is incorrect
    - Participate in dispute resolution activities with reporting entities
    - Withdraw disputes if appropriate

Question & Answer Session

Resources

- Resources are available on the CMS Open Payments website (http://www.cms.gov/openpayments)
  - Resources include quick reference guides, user guides and tutorials for participation in Open Payments
- CMS listserv
  - Register via the Open Payments website to receive Open Payments email updates
- Open Payments Help Desk:
  - openpayments@cms.hhs.gov
  - 1-855-326-8366
    - Help Desk hours are noted on the Open Payments website

Thank You – Please Evaluate Your Experience

Share your thoughts to help us improve – Evaluate today's event

Visit:

- MLN Events webpage for more information on our conference call and webcast presentations
- Medicare Learning Network homepage for other free educational materials for health care professionals.

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

CPT Disclaimer – American Medical Association (AMA) Notice