



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

## Open Payments & You

# 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
- Program Expansion
- Your Role
- Review & Dispute and Corrections Process
- Review & Dispute Actions
- Dispute Resolution
- Question & Answer Session
- Available Resources



# Open Payments: The Program

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# 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 2020



# 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 2019

- In June of 2020 CMS published the Program Year 2019 data along with the refreshed data from previous program years
- 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, 2020
- On January 22, 2021 the Open Payments data was refreshed to reflect any changes that had taken place following the initial data publication



# Program Year 2019 Data



Total US Dollar Value  
**10.00 Billion**



Total Records Published  
**10.96 Million**

## \$ General Payments

Amount \$3.56 Billion	Payments 10.35 Million
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## 🏥 Research Payments

Amount \$5.20 Billion	Payments 613,000
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## 📈 Value of Ownership

Amount \$1.24 Billion	Payments 2,552
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Physicians

Receiving Payments  
615,000



Teaching Hospitals

Receiving Payments  
1,194



Companies

Making Payments  
1,601



# 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**

**Applicable Group Purchasing Organizations (GPOs) of covered products 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

## **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



# Open Payments Program Expansion

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# Open Payments Program Expansion

- Beginning January 1, 2021 the definition of a covered recipient expanded to include five additional provider types:
  - Physician Assistants
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Certified Registered Nurse Anesthetists and Anesthesiologist Assistants
  - Certified Nurse-midwives
- Program Year 2020 review and dispute activities do not apply to the added covered recipients
  - In calendar year 2022, they will have the ability to register and participate in review & dispute activities.
- For more information about the program expansion visit the Newly Added Covered Recipient page at:  
<https://www.cms.gov/OpenPayments/Program-Participants/Newly-Added-Covered-Recipients>
  - There are a variety of resources available to help covered recipients become familiar with and understand their role in the program. Resources include but are not limited to a One Page Program Overview and a Program Overview Video



# Open Payments: Your Role as a Covered Recipient

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# Your Role

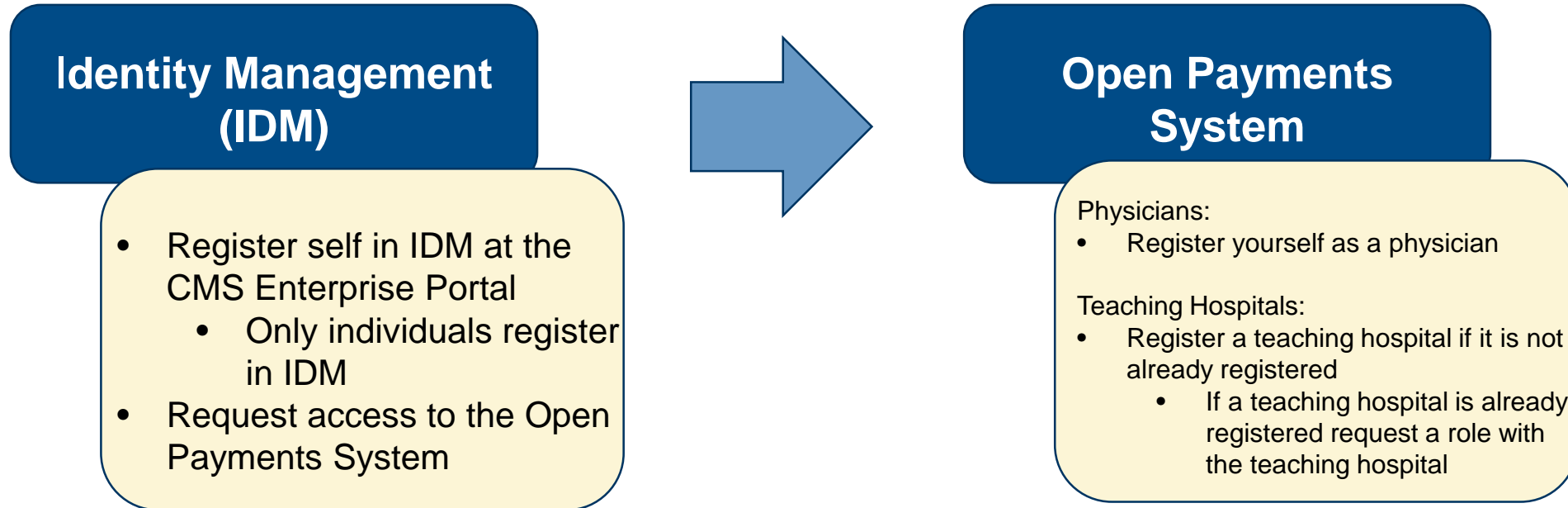
- Covered recipients may review data that has been attributed to them before it is published
- In order to review and take any actions on the data, covered recipients must register in the Open Payments system
  - Once registered, there are a variety of options to accommodate timely and accurate review 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 CMS Identity Management System (IDM) 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
  - IDM 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.
  - IDM 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.
- Note: hospital based physicians must register as physicians, unless they are reviewing and disputing records on behalf of the teaching hospital.
  - Users registering as teaching hospital users must be appropriately authorized by the hospital administration to review and dispute payments made to the hospital.



# 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
  - IDM 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.
  - IDM 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

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# 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 2021 calendar year to initiate disputes of data published in 2021.
- 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

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# Review and Dispute Actions Overview

## 1. Review Records

- Review data records submitted by reporting entities

## 2. Affirm Records

- Confirm accuracy of data records

## 3. Initiate Disputes

- Initiate disputes for inaccurate data records

## 4. Withdraw Disputes

- Withdraw a previously initiated or acknowledged dispute



# 1. Review Records

- Covered recipients may review records attributed to them
- Go to the “Available for Review and Dispute” tab and select the covered recipient you are associated with
  - On this page users may review and affirm records as well as initiate and withdraw disputes
  - Reporting entity contact information is available on the “Record ID” page – accessed through the hyperlinked Record ID number

The screenshot shows the Medicare Review and Dispute interface for John Johnson. The top navigation bar includes Home, Review and Dispute, Manage Physicians, My Profile, Messages, and Resources. The main heading is "Review and Dispute - John Johnson". Below this is a "Back" button and a message: "Below is the list of all payment records in which the physician is a covered recipient or principal investigator that are eligible for review and dispute this calendar year." followed by a "Read More" link. There are two tabs: "Available for Review and Dispute" (selected) and "Deleted and In Progress Records". A "Download Zip File" link is visible. The main content area shows a table with one record, "Record ID 3767", which is "Disputed (1)". The table has three columns: Entity Making Payment, Program Year, Record Status, Record ID, Affirmed, Payment Category, Total Payment Amount, Value of Interest, Delay in Publication of Research Payment Indicator, Date of Payment, Principal Investigators Associated, and Physician Listed as PI Only. At the bottom of the record details are "Affirm Record" and "Dispute Record" buttons. A footer note says "Dispute ID 36 (Initiated)".

Record ID 3767		Disputed (1)
Entity Making Payment	Program Year	Record Status
ABCD Medical Inc	2017	Attested
Record ID	Affirmed	Payment Category
3767	No	Research Payments
Total Payment Amount	Value of Interest	Delay in Publication of Research Payment Indicator
\$1,234.12	N/A	Yes
Date of Payment	Principal Investigators Associated	Physician Listed as PI Only
2017-06-06	No	No



## 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

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# 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 (May 30, 2021) will not be reflected in the June 2021 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 Identity Management Portal (IDM) 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

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# 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](mailto:openpayments@cms.hhs.gov)
  - 1-855-326-8366
    - Help Desk hours are noted on the Open Payments website



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