The Open Payments program operates on an annual cycle. There are several key dates in this cycle for health care providers and teaching hospitals (covered recipients) and drug and medical device companies (reporting entities) to remember.

**Data Collection**
Reporting entities are required to collect payment data on an ongoing basis.

**Data Submission**
From February 1st to March 31st, reporting entities submit to CMS detailed information about payments or transfers of value that they made to covered recipients in the previous calendar year.

**Pre-publication Review & Dispute**
From April 1st to May 15th, there is a voluntary review and dispute period to help ensure the validity of the data prior to publication. At this point, covered recipients can log into the Open Payments system to view the data attributed to them, affirm it’s correct or, if necessary, dispute any data they believe to be inaccurate or incomplete before the data is public.

Corrections to disputed data must be made by the reporting entities before May 30th for the changes to be reflected in the June publication.

Covered recipients may review and dispute data until December 31st, but corrections made after May 30th will only appear in a subsequent data publication, such as the annual data refresh or the following program year’s data publication.

CMS does not mediate or resolve disputes. Covered recipients work directly with the companies who have submitted the data to reach a dispute resolution. Reporting entities can make corrections to the data depending on the outcome of the dispute.

**Data Publication**
The fourth and final step is the annual data publication. CMS publishes the data by June 30th each year on its public website at OpenPaymentsData.cms.gov.

Just because financial ties are reported in Open Payments does not mean anyone has done anything wrong. Open Payments does not identify which payments are beneficial or which may cause conflicts of interest.

Questions About Open Payments?
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