OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY INTO INDUSTRY-PHYSICIAN FINANCIAL RELATIONSHIPS

Centers for Medicare & Medicaid Services

Open Payments Removed Records Correction Process Webinar Transcript November 2014

Operator: Hello! I would like to welcome everyone to today's Open Payments Removed Records Correction Process Webinar.

All phone lines will remain in the 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.

Moderator: [SLIDE 1] Hello! This is a presentation by the CMS Center for Program Integrity Group. I'd like to welcome everyone to the Open Payments Removed Records Correction Process Webinar.

The purpose of this webinar is to provide you with detailed instructions on the process of correcting the 2013 payment records that were removed from the Open Payments system as a result of the intermingled data fix that went into effect in August, and to respond to any questions that you may have.

Before we get started, there are a few items I'd like to cover quickly. First, you should've received a link to today's slide presentation in the webinar reminder message that was delivered on Tuesday, November 11th.

If you have not seen the e-mail message and do not have the link to today's slide presentation, you can find it on our Open Payments webpage at www.cms.gov/OpenPayments.

Click the 2013 Payment Records Returned link in the Announcement section on the left side of the page. You'll be taken to the 2013 Payment Records Returned for Review and Correction page. Scroll down to the sub-header, "Learn more at upcoming CMS webinar," and click the registration link.

[SLIDE 2] Second, the audio and video for this webinar may be out of sync, depending upon how you are listening and which audio option you choose. To ensure that your audio and video are synchronized, take the following steps.

If you are listening to this webinar over a telephone, please push the "Listen By Phone," button below the playback window. If you are listening to this webinar through your computer, do not push this button. Listening over the computer is the default setting.

And last, all lines will be muted during this call until the Q&A session. If you did not submit your questions at the time of registration, feel free to submit your questions via the chat feature on your screen. Your question will be put in a queue for a response at the end of this call.

If time permits, we will also take live Q&A's from the audience.

At this time, we'll begin the formal part of our presentation, by turning the call over to Doug Brown, the director of the data sharing and partnership group for the Center for Program Integrity.

Doug Brown: All right. Thanks. Good afternoon, everyone.

[SLIDE 3] Again, this is Doug Brown, and I really appreciate everyone's time today by joining the call. What we really want to do is talk through the process that we used in identifying the records that have been returned to the industry.

Also, talk about the data return process that we went through. And then talk about what's coming up next in data corrections and data resubmissions.

Then we would like to get through as many questions as possible. So I'll really try to keep my presentation as short as possible, so that we can answer as many questions as we can.

We'll go through the questions that people are submitting through the live chat first. Try and get through as many of those as we can. Then if there are no more questions within that queue, we'll move on to live Q&A's.

[SLIDE 4] So let's just back up a little bit and talk through how we got to where we are now.

[SLIDE 5] As you all know, between the time of August 3rd and August 15th, CMS shut down the Open Payments system. Because we identified that there were records that were in the system that had incongruent or inconsistent identifiers associated with individual covered recipient physicians.

We took a look then at all 4.7 million records that we received and identified 1.7 million that contained this type of incongruent information. Once we identified any of those records that did have intermingled identifiers or identifiers associated with covered recipients that we could not validate, we put those into a queue for our data return.

We wanted to make sure that we were also making as much information available to the public as possible. Those records that we weren't quite sure of with regard to who the covered recipient was that you were reporting the payment on --

We did publish those data. Yet we published those in a de-identified fashion.

[SLIDE 7] So this is just a very high-level review of the data that was published on September 30th. We did publish in an identified fashion 2.7 million records at a value of approximately $1.3 billion.

There was also de-identified files made available, which contained 1.7 million records, at a value of about $2.2 billion. Making the total number of records that we published -- 4.4 million -- at a value of $3.5 billion.

There were also about 199,000 records that were not published. On this slide, there's actually a typo that I'll point out. [*NOTE: This error has been corrected in the slide deck posted on the CMS Open Payments website.]* But these records fell into primarily two different categories.

First, any of the records that were under dispute as of the last day of the review-and-dispute period -- September 11th -- we put on-track to be published at a later date. And we'll talk about that date in a few minutes.

Also, the rule provides an opportunity for applicable manufacturers and applicable group purchasing organizations to request a delay in publication. We have upheld that request for delay in publication, and will talk more about how applicable manufacturers and GPOs need to re-request or renew that delay in publication in future sessions. As well, we could probably answer a few questions on it today.

Then also, and here is where the mistake on the slide is [*NOTE: The mistake described below has been corrected in the slide deck posted on the CMS Open Payments website.*]

Part of the de-identified files contained records that were or payments that were made to non-covered recipients for research. The principle investigators who are also covered recipient physicians were not afforded the opportunity to review and dispute those records.

These records composed about 200,000 records that were published in the de-identified set. But the mistake here is that they were published, and they're not part of the non-published category.

There was also another system glitch that we encountered that was brought to our attention through our helpdesk. Some applicable manufacturers were sort of curious as to where all of their records were located, because they weren't present in either the de-identified or the identified datasets.

Upon further review, we identified a problem in the logic that we used when we extracted the datasets for publication in the beginning. Where we look for any attested records before July 7th -- the last day of data submission and attestation.

Unfortunately, this did not include any of the records that were attested to on July 7th. This affected approximately 62,000 records that spanned across just over 80 individual applicable manufacturers and GPOs.

These records did go through review and dispute. Any of the records that we were able to validate within this dataset will be published in an identified fashion during the data refresh that we're targeting for December.

[SLIDE 8] So, before we go much further, let's talk about the way that our previous data matching process worked.

Here's an example of an individual payment record that would be reported to CMS by an individual applicable manufacturer or GPO. The way that our system worked is that we would look at both NPPES and PECOS as well as any records that were unable to be validated using those two systems. But we would look at NPPES, PECOS, and Truven as three independent isolated places for validation to occur.

On this particular record, you can see that Jane Smith and PECOS or NPPES -- I'm sorry -- could have the right NPI number associated with them. And in PECOS, for example, J Smith would not be able to be validated simply because of the difference in the last name, and a unique NPI.

But this also identifies a way that our system was ingesting sometimes inconsistent identifiers associated with two different people. So in this case, if the NPI reported was associated with Jane Smith, and Jane Smith is not the same person as J Smith, then our system has just associated the state license number of XY123456Z associated with any additional payment record that came in, and would attribute all of those payment records with that particular state license number to Jane Smith. And essentially, awarding Jane Smith a state license number that she does not have.

[SLIDE 9] So, while we took the system down in August, we wanted to redesign our matching logic. We had two primary objectives in mind.

We wanted to first minimize the number and effect of inconsistent submitted data, and the effect that they have on the program. Meaning that if a state license number as submitted that was incongruent with the NPI of the individual, we wanted to isolate that problem to just that single record, and not allow it to have sort of a systematic effect. That any point thereafter, if that state license number was reported, we attributed that payment to the wrong covered recipient.

We also wanted to efficiently and effectively reduce the rate of data rejection in future submission periods, while we are preserving the data integrity.

[SLIDE 10] So, based on all this, we have worked through ways to enhance our data matching process. First and foremost, we are using NPPES and PECOS, instead of using them as isolated ways to validate individual records.

We're now combining them, looking at the different variations of name across both systems. And also, there could be different state license numbers reported in each system.

Had we left them independent, if you reported two different state license numbers, both of those state license numbers would have to be present in any one system, in order for that record to be valid.

In this case, now that we have combined NPPES and PECOS, any state license number that is part of those two CMS systems will be able to be validated.

And just a couple of notes on the difference in the two systems.

NPPES, for those of you that don't know, is a system which physicians may update themselves. So there is the possibility that the data within NPPES becomes dated very quickly, if there's not a need for the physician to continuously go back into that system to keep it updated.

However, PECOS, on the other hand, is part of the way that Medicare bases payments. So we feel that utilizing PECOS as a primary system to validate individual payments and the identifiers reported, is an extremely valid source of information. Because where there is an opportunity for the individual covered recipient not to get paid, we feel as though this PECOS system is up-to-date or being updated far more frequently than NPPES.

The next thing we have done is, we have looked at the way that we were validating previously. The way that we're redesigning the validation process moving forward is relatively similar to the way that we implemented the strict matching logic in August.

Because we are matching exactly on first name, doing an exact match on last name and an exact match on the NPI, we will also do exact matches on state license numbers. But here, we will ignore special characters, leading and trailing zeros, and even leading and trailing spaces.

We will essentially collapse the state license down to its core, unique identifiers and do the exact matching based on that.

As part of this, we recognize that applicable manufacturers and GPOs do not have access to PECOS. So what we have done, and we've also provided as part of the data return process, is a validated physician list.

This validated physician list does sort of pre-combine PECOS and NPPES. Essentially, provides an answer key for the industry to report on individual unique covered recipients.

So lastly, if a record cannot be validated through NPPES or through PECOS or the combination of the two, we will continue to send records to Truven as a last-ditch effort in order to try to establish a valid record.

This becomes critical, especially in those cases that the individual covered recipient does not have an NPI or does not have a relationship with Medicare. [For] those records, we will continue to rely on Truven Health Analytics for that validation.

The process that they are using to conduct the validation is very similar. Actually, it's the same as the way that we're applying it to NPPES and PECOS. So, [Open Payments is now] requiring that the first and last names have an exact match. And any state license number that is reported to be an exact match as per the Truven database.

[SLIDE 11] So now we can talk about the records that we removed, and how you can access those records.

[SLIDE 12] On October 30th, we notified the applicable manufacturer and GPO community that we have returned records. You can log onto the Open Payments system and immediately on your homepage you will be presented with instructions or information about the data return process. If you do not see anything on your homepage as you log on, that means that no data files are being returned.

Now we will also talk about this more in-depth in a few minutes, as we talk about the timeline. But the corrections to these records -- and we'll talk about corrections, as well.

The timeline for resubmitting the 2013 payment records, we are putting on the same timeline as the data submission for the 2015, representing the 2014 payments or transfers of value. So the deadline for resubmission will be March 31st, 2015.

In the interim, what we are doing is, we are continuing to develop and to test this matching logic that we have just gone through. And we plan to deploy this into the system, and it to be live in late January of 2015.

If you do resubmissions before that time, any and all records that come into the system either as corrections or new records -- and when I mean corrections, these are corrections that are not associated with a specific dispute. All of these records will go on hold.

We will place them on hold until this new matching logic is in place. Then we will process all of those on-hold records at the same time as we are processing the 2015 data submissions.

[SLIDE 13] So correcting and removing or resubmitting removed records.

[SLIDE 14] Step 1 is to log onto the system and actually download your removed record reports. We have provided several different reasons for a record being removed and returned to the industry.

These descriptions are not always completely intuitive. We expect that there are questions, and people might be struggling with them, if you've already downloaded your file.

I welcome you to submit those questions, and we will also be thinking of creative ways to engage either on a one-on-one or at least a small-group basis, in order to work through any specific questions on specific records that you might have.

Once you have your records downloaded, you have reviewed them for the reason for their removal, you can determine whether or not corrections or what corrections need to be made.

The one thing that I'll point out here is that not all of the 1.7 million records that are being returned will really need to be adjusted by the industry. The reason why is that as I explained a few minutes ago, what we did in August is we validated each record using NPPES and PECOS as independent validation sources. We took every one of the 4.7 million records and we took them through NPPES. Those that were able to be validated within NPPES showed up in the identified dataset.

If a record was not able to be validated using NPPES, we took that record in its entirety and tried to do the validation again, using PECOS. Looking at first name, last name, NPI and any state license number that was reported.

If any of those factors were not met exactly as per PECOS, we then rejected that file. And that's part of the data return. If it was able to be validated, it showed up in the identified dataset that we published on September 30th.

Then finally as a last step, we took all of those remaining records and passed them through the Truven matching logic. Where they looked again for an exact match on first name, last name, NPI and any and all state license numbers that were reported.

That is where the bulk of the 1.7 million records were derived. Now that we have combined NPPES and PECOS into a single-validation source, the variations that did exist between NPPES and PECOS are alleviated.

Some records that had partial data that was validated by NPPES and partial data that was validated by PECOS have now been sort of grouped into the same category, and could very well be valid under this new matching logic.

[SLIDE 15] This is essentially what you're presented with as you log onto the system through the enterprise portal. You will navigate to the records tab, select the entity for which to view from the drop-down. So those individuals that have roles within multiple reporting -- applicable manufacturers

and group purchasing organizations -- will have to download and retrieve these files uniquely for each individual applicable manufacturer or GPO that you have a role with.

Once you have selected that entity from the drawdown, also select a reporting year, which will be 2013. On the records review page, select the link under the "Removed Records Report" header to download the actual file.

[SLIDE 16] So then to open up the Removed Records Report. This is a CSV file. It's based on each individual organization making payment. It's not the submitting organization or the parent company or however some may have used the consolidated reporting activity. This is a unique file for each individual making-payment company under each report.

Each individual report has an error code explaining to some degree why it was removed. All users associated with a reporting entity can download that particular entity's report.

Reporting entities in the failed-vetting or pending-vetting status will not be able to review their Removed Records Report until we actually get through that vetting process.

[SLIDE 17] Here are the four reasons that we have returned data. Some of these are far better-described than others. I think the most problematic of these four reasons is the very last one, which is a name mismatch.

But I'll quickly go through the others, as well.

As part of the August fix, one of the primary reasons for data return is that there was some disconnect between the NPI and the license. Now this could be anything from the state license number that was submitted simply does not belong to the person that holds that particular NPI.

It could also be that the state license reported for that particular NPI simply wasn't able to be validated using the three data sources that we have talked through.

Another reason for data return is that an NPI was not provided. The rule specifically states that where there is an NPI associated with the individual covered recipient, applicable manufacturers and GPOs should report that NPI.

Now, this isn't a common reason for data return. So in essence, there were really only a handful of these instances occurring. So much so that I would almost put this reason for data return not so much as part of incongruent information that was reported to CMS, but more so that these were simply not following the reporting requirements that we could validate on our end.

Secondly, or the third reason for doing the data return is that the first name, last name and there was a license mismatch. Here again, this was more so where the NPI did not exist for the individual covered recipient. So again, after we had identified all those records that were supposed to have an NPI and simply did not contain an NPI, we were left with a bulk of records that were appropriately missing the NPI.

And we sent all of those records to Truven for validation. And any time that there was any way that we were not able to exactly match the state license number to the exact first and last name reported, we are returning that record.

And then last is almost a catch-all category. Whereby pieces of the information submitted simply did not align in one way or another. That the name was not appropriately aligned with the state license number. The name was not appropriately aligned with the NPI. Or some combination of all of those three categories.

Where it just was pointing to lots of opportunities for mistakes to happen. And we wanted to take a very conservative approach and simply return those records, to have AMs and GPOs take another look at them.

[SLIDE 18] So now that we have this new validated physician list, we are providing it as a resource. AMs and GPOs are not required to use it.

The one note is that this represents probably about 95% of the validation opportunity that we have. Meaning that this list is essentially the information that we have to do almost all of the validation of the individual payment records that will be submitted.

So we wanted to provide the answer key to the AM and GPO industry in order for you to know exactly what it was that we were validating your individual payment records against.

And we have received lots of questions in the interim about whether or not an AM or GPO knows of a different state license number that is not on the list. How should they treat that situation?

We will -- for the vast majority of circumstances -- still be in the position of needing to reject that record. Because of our inability to validate it using the data sources that we have on-hand.

There will be a sort of exceptions-handling process that if AMs and GPOs are insistent that they cannot do this reporting without including this particular state license number, we will consider ways to handle those unique situations moving forward.

But I would recommend that we think of that process as the exception, and not the rule.

This list again represents a combination of NPPES and PECOS. Any of the names that are provided on the list, attributable to an individual NPI, may be reported. Where there is variation in the name, for example, AMs and GPOs can select which name they would like to submit from the list. And the attributable identifiers associated with that individual covered recipient, as well.

This also brings up other questions that we've received as to whether or not AMs and GPOs should report a single state license number or any-and-all state license numbers that are found on the list.

This is really your decision. The reason that we're collecting these identifiers to begin with is so that we can make sure that we know to which covered recipients you're wanting us to attribute payments.

What we do on the backend, just to give you some insight into how the process works -- we will take these records, and if valid, we will begin populating individual covered recipient positions and covered recipient teaching-hospital profiles with all records that were reported about them.

These will be queued up for review and dispute by those individual covered recipients. So it's more important that we are able to make sure that we're on the same page between us and you as industry, as to who exactly you're wanting the payment to be reviewed and disputed by.

Then to collectively submit records, again, you will access the Open Payments system. You'll go into the --

[SLIDE 19] I'm sorry. How to access the Physician Combined List. It is made available through a link on the right-hand side of your screen. And you can download that list.

It's also a pipe-delimited CSV file. So I know that there will be lots of questions around this physician list. And we will get to those later on in the presentation.

A few additional notes about the physician list.

We are in the process right now of contemplating several things associated with a physician list that will help industry. First obviously is how often, and the timing of making these lists available.

We provided the list on October 30th. We plan on making an updated list available at the beginning of the year, in order for you to do any final corrections to the identifiers that you're wanting to report.

The intent of providing an updated or supplemental list at the beginning of the year is to capture any new information that has come into those two systems, NPPES or PECOS -- between October 30th and the beginning of the new reporting year.

Another limiting factor associated with this list is that it only contains physicians that were in one way or another attempted to be reported in 2013 data. We have been relatively liberal with how to populate this list.

For example, if an NPI was reported, that NPI is now on the list. And all other attributable identifiers associated with that NPI are provided in the breadth of the profile.

If the state license number was reported, even if that state license number was incongruent with the NPI that that state license number appeared on the payment record for, we have provided that state license number, and the individual covered recipient physician profile, along with that state license.

We also took the step of reporting names. If you had attempted to report a particular name attributable to the NPI and state license number on the payment record, we have scoured those two systems and provided anyone with that name on the list as well.

So overall, the list contains about just over 700,000 individual covered recipient physicians. We think that as far as the 2013 data reporting, it's relatively a very powerful tool.

We'll also talk through any additional questions that you might have. So please feel free to submit those questions through the chat, as we continue forward. Because I know that there'll be lots of operational things to work out when it comes to this list.

It is something that we think is important to ongoing payment years. Or data reporting years.

It is something that we would like to continue to provide on an ongoing basis. But again, the things that we need to work out are timing and making the most accurate and available data available to the industry, for and at such a point that it's useful to you, and you're not doing a lot of adjusting to hundreds of thousands or tens of thousands of records right before data submission.

[SLIDE 20] So the way that these returned data can be corrected -- there are two ways. First, you can use the bulk file record-correction, which is the recommended process. You would create a file that would contain all of the records that you're wanting to update and resubmit.

Just like you do normally for data submission and data resubmission. You would follow those step-by-step instructions that we have laid out in the quick reference guide for data upload.

You can also use the manual record entry interface that we have within the system to adjust individual records, especially in those instances that some applicable manufacturers or GPOs may only be doing with a handful of records. The manual process for updating those is still available.

[SLIDE 21] As I previously explained, any record that is submitted before the new matching logic is put into place will be placed on hold within the system. These are on-hold, awaiting processing under the new matching logic.

The timing of us rolling out this new matching logic is late January. So already, you might be putting the pieces together for yourself that the timing of data submission next year.

We were envisioning it being between the months of February and March 31st. So, two full months of data submission. Next slide.

[SLIDE 22] I thought maybe we could go through just some very high-level, very simplistic examples of the scenarios for the data return.

Here, we're dealing with an NPI license mismatch. In this situation, the license-number reported is simply not congruent with the NPI. In this particular record, you see the reason that we are returning it.

This is the file layout of the data return file that you have just downloaded. It will indicate that the reason we're returning it is because of this NPI-to-license mismatching problem.

You can open the list and find a particular NPI that you're wanting to report on, and resubmit that record with the state license or with the NPI-associated identifiers from the list.

[SLIDE 23] Here's an example of how this was occurring within the data. The NPI in these records -- on top is the physician pre-validated list. And on bottom is the individual payment submission by the industry.

In this case, we have the NPIs the same, yet the reported state license number is a number that we are unable to validate. Or it's not congruent with the NPI that was also submitted.

[SLIDE 24] For Scenario 2, the NPI not provided. Again, this is affecting only a handful of records, where industry submitted a payment record associated with an individual covered recipient, and we were able to identify an NPI that belonged to that covered recipient.

This was most-likely based on the available information within the payment records, such as name and state license. On these records, simply identifying or finding on the list the appropriate NPI attributable to that individual covered recipient and returning that record with the NPI field populated.

[SLIDE 25] Here's an example of a missing NPI, where the physician list shows the individual with the name of Jane Doe, and the state license number -- although we are showing that an NPI does exist for Jane Doe.

[SLIDE 26] The Scenario 3, where you have no NPI reported because the individual covered recipient physician does not have an NPI. And how we have pushed these over into the Truven Analytics in order to validate a particular record.

[SLIDE 27] So in this case, there could be some mix-up with the way that the state license was reported. This example shows that a particular validation within the Truven Analytics is, assuming that the state license number is not 12345 or 12341234, and what was actually reported by the industry is a different, unique state license number that Truven was just unable to appropriately attribute to the individual covered recipient.

[SLIDE 28] Then lastly, the most or probably the most confusing category of data that is being returned is this name mismatch. Again, this name mismatch could be sort of a hodgepodge of various different ways that the file has not been able to be validated. Either the first and last name to the NPI, or the first and last name to the state license. Or a combination of all three.

There are also instances that we had good matches of first and last name to NPI, and independently we could have good matches to first and last names to state license numbers. However part of the media feedback that we experienced in August identified situations where even though there are two individuals with the same name, and you can have good matches between name and NPI and name and state license independently. When you combine state license with that NPI, that's where you find the incongruent information.

[SLIDE 29] Here's an example of possibly one scenario that could have gone wrong with this particular record. It could also be that he individual covered recipients have gotten married, for example. Yet if the information in our data validation sources is not reflective of that, we were not able to process that individual record.

[SLIDE 30] Let's talk about next steps and timeline.

[SLIDE 31] Again, download the Removed Records Report; make any necessary corrections.

Again, I will note that not all of the returned records will need to be corrected.

We've received questions asking whether or not CMS will simply re-ingest records that we know will pass validation. Unfortunately, we will not do that on behalf of AMs and GPOs.

To give you a little bit of background into our reasoning, we have had several requests from the applicable manufacturer and GPO community asking for lots and lots of changes to be made to data after they have been attested to.

Given that this is our first year of data reporting, and that several AMs and GPOs may still be sort of adjusting numbers or even in some cases, questioning whether individual payment records should have been reported in the first place, we thought it would be best to return all 1.7 million records to the industry -- and allow for you to make independent value-judgments as to whether or not those records were appropriately reported in the first place.

So we will not just make the assumption on our end that all of those 1.7 million records that can be validated are necessarily intended for reporting by the applicable manufacturers.

So you have this time to take another very critical look at all of those records within that return file, and make decisions on your own, as to whether or not to resubmit them.

Lots of times, there are also situations where disputes that occurred not on these records but on other records led to various other changes to other payment transactions that the industry wanted to update. Here, too, led to our final decision as to not to re-ingest automatically those records that we could.

It was explained to us on several different occasions that by virtue of the dispute existing, it did alter or change the way that they were looking at other thousands of records. They wanted to update or alter those records, as well. So this is, again, why we are returning all 1.7. So you can take that extra look at them.

Again, any corrected records that are resubmitted, or any new records that are submitted for the first time, between now and when the new matching logic is put into place in late January. all of those records will go on hold.

This doesn't affect any changes that you're making to disputed records, unless those changes that you're making to the disputed records are actually altering the covered recipient position in the payment transaction itself.

So if you decided that you did not pay John -- you actually paid Jane -- or Jane was part of the payment transaction instead of John, then we recognize that Jane has not had the opportunity to review and dispute that record.

We will process that record, validate that we know exactly which Jane in the system you're talking about. And then make that record available for Jane to review and dispute, in line with the review and dispute time frame next year.

[SLIDE 32] I've mentioned the data refresh a couple of times. And I wanted just to specifically address it.

All records that were corrected that had an associated dispute will be posted on our website in a supplemental file before December 31st of this year. These are also records that were attested to on or before 7/7 of 2014 that had the dispute initiated on or before September 11th, 2014, and had corrections made on or before October 31st, of 2014.

This will also -- this data refresh will also -- cover those 54,000 payment transactions that I mentioned earlier that were omitted from our publication in September. Due to the fact that we extracted all attested records that were attested to before 7/7, but yet did not include those payment transactions that were attested to on 7/7.

This December publication will not cover any disputed records that involved the correction of those data, which affected the individual covered recipient physician or teaching hospital.

It will not cover any record that is submitted to Open Payments for the first time. So if you're making new submissions outside of that dispute, we will not be posting those in December. We will put those on-track for publication in June of next year, following a full 45-day review-and-dispute period.

We will also not be publishing any modifications that you make to existing records. Again, without the dispute attributable to that particular change that you're making, we feel as though all of those records would need to re-undergo, if they haven't already, a complete review-and-dispute process.

[SLIDE 33] So, here's the operational timeline that we're functioning under.

On October 30th, we did the data return. We also provided the pre-validated physician list. Before December 31st, we will make our refresh data publication, which will include those disputed records that require changes.

Any disputes that still remain in place as of October 31st will be published on the data refresh page, or within the data refresh file. They will simply be noted as "disputed records."

All corrections that you have submitted about those disputed records will be published as non-disputed data.

Then we plan on the new matching logic going into place sometime late in January, where all of those records that have been on hold will then be processed, queued up for physician review-and-dispute, and also your next-year's data submission for 2014 records will also be ingested at that time.

We are targeting between February 1st and March 31st to be the data submission window for both processing the existing records that are currently on hold, processing any of the corrected records or the data returned records. As well as processing and ingesting all of the 2014 payments or transfers of value reported for the first time.

Following this deadline of March 31st, we will have a couple of days within the system to get ready for review and dispute. So doing some last Q&A to make sure that all of the records that are within profiles for individual covered recipients and teaching hospitals are appropriately marked and ready for review-and-dispute.

Then in line with the rule, the applicable manufacturer industry will have 15 days to do data corrections, and then finally culminating into a June 30th publication.

The timeline to June 30th publication is incredibly tight. I believe we only have maybe about two weeks of potential flex-time within that time period within our schedule that will allow for any delays or system down-time.

So we will be in constant communication with the industry, as well as the covered recipient community as to any down-times that we expect; the effect that those down-times might have on the timeline.

So expect lots of messages coming out of CMS during that very aggressive period leading to the June 30th publication.

We do not expect June 30th to contain any de-identified data. That goes for both 2013 and 2014 payments or transfers of value.

On June 30th, we will update the entire dataset for 2013 with fresh files that contain all of the corrected information that has gone through a review-and-dispute, and will also be joined by 2014 data submissions, as well.

But we do expect all of it to be identified.

[SLIDE 34] So here again is the just basic outline of this upcoming reporting year. So between February 1st and March 31st of 2015, AMs and GPOs will be doing data submissions.

Beginning in May and wrapping up in June will be this Stage 2 of review and dispute and data corrections. All going into data publication on June 30th.

We have lots of resources available. For this, I'll turn this back over to my colleague, who is going to list additional resources.

Moderator: [SLIDE 35] CMS has provided a number of resources for the Removed Records process. Foremost among these is the quick-reference guide for the applicable manufacturer and applicable GPO Removed Records Report document. A link to which is available on your Review Records page.

Other resources are available on the CMS Open Payments website -- www.cms.gov/openpayments.

The resources page of this site contains much useful information. One of the major resources on that page is the Open Payments User Guide, which provides detailed information about the program, registration, data submission and reviewing and disputing records.

Also available there are other quick-reference guides, which provide short, step-by-step instructions for key aspects of the Open Payments system.

On the CMS Open Payments website, you can register for the CMS list-serve, to receive e-mail updates about open payments, if you haven't already. And if you have additional questions, you can also contact the Open Payments helpdesk by e-mail, at OpenPayments@CMS.hhs.gov. And by phone at 1-855-326-8366. The phone lines are open Mondays through Fridays from 7.30 AM to 6.30 PM Central Time.

[SLIDE 36] At this time, we'd like to answer a few questions that you submitted prior to today's webinar, or via the chat vehicle.

Presenter: [SLIDE 37] So some of the questions that we've received prior to the webinar is, "Where are the removed records published in September 2014?" When will they be eligible for publication?

So the removed records were a part of the de-identified dataset that was published on September 2014. So these records will be -- once corrected -- they will go on-publication in June of 2015 in the identified form.

The next question is, "Will the removed records report prevent me from submitting the 2014 reporting year?" No.

Your removed records report only affects those payments and transfers of value that occur between August 1 through December 31st, 2013, and will have no impact on your ability to report 2014 payments.

[SLIDE 38] Another question that we've received is that people have analyzed their data, and the information they originally submitted is accurate. What should they do?

Again, I think that there are the possibilities that several of your records that were rejected or removed may very well be acceptable under the new design of the matching logic.

In those cases, you can resubmit them without change. And we will tee them up for review-and-dispute next year, targeting for a publication in June of 2015.

The next question is, "I am responsible for submitting records for several entities. How do I see data for all of my entities?" Here is where you would need to select the appropriate entity making payment from the drop-down list, as you navigate through, in order to find the record-return file.

[SLIDE 39] Another question is, "NPI is not a required field. Why did you remove records where the NPI was not included?" This is actually- it's not a required field because some physicians simply do not have an NPI; so we could not require it. However, the rule does specify that where an NPI exists, the applicable manufacturer or applicable group purchasing organization must report that NPI.

So it's more so of an adherence to the final rule requirement than necessarily a suggestion of inconsistent or incongruent data.

The next question is, "When will these resubmitted records be available for physicians and teaching hospitals, for review and dispute?"

All of these records that will be reprocessed or processed under the new matching logic will be teed up for review and dispute in the 2015 review and dispute cycle.

So, following March 31st, 2015, a few days after that we will kick off the 45-day period for review and dispute.

Both the resubmitted 2013 data as well as the newly submitted 2014 data will be made available for review and dispute during that time.

[SLIDE 40] So we will also now transition to the live Q&A session.

Moderator: We'll now open the lines for the live question-and-answer session. Before I do that, I'd like to remind everyone once again, that this call is being recorded and transcribed.

Operator: If you would like to ask any questions at this time, please hit #5. Again, if you would like to ask any questions at this time, please hit #5.

Caller 1:   Hello?

CMS Speaker: Hello.

Caller 1:   What about the questions that were submitted online?

CMS Speaker: Yes. We'll actually jump to those right now. Give us just one second and we'll find the questions that were submitted online and start addressing them.

Caller 1:   Thank you.

CMS Speaker: All right. So the first question I want to address is, "Please clarify the name mismatch. From what I can see, the names match." So let's talk about the different information that was provided as the mismatch.

The two that the most questions were about were the name mismatch and the NPI mismatch. So specifically, the NPI mismatch is saying that the NPI and one or more of the licenses do not correlate to the same physician. So that's what NPI mismatch means.

Name mismatch means that the total amount of information that was validated -- that is -- NPI, first name, last name and all licenses -- that they did not correlate to a single physician. So that's what name mismatch means.

Now, "How do I fix these?" The information provided on the physician list -- we use that information. Then when it processes, it should match that to the list, if it's put in correctly.

Doug Brown: So one other note on the physician list -- another update that we're contemplating -- is that we did have some very specific rules when we created the first version of the physician list. We're now in the process of reconsidering some of those rules that we had in place.

First and foremost is a rule whereby we said that an individual state license number should not repeat across the list. We have since done some additional investigating and have determined that some states actually provide or will repeat a certain series of numbers for state licenses.

So I think we're in the process right now of giving an updated list out to the industry. We will make an announcement when that list is ready to go.

But it will really contain any and all state licenses that we have between both NPPES and PECOS. So the industry can select any or all -- up to five -- of those state licenses that we will provide on the list for your data submission.

CMS Speaker: The next question we have is, "We received returned records for CRs whose NPIs are not found in the validated physician list. However, we have determined they do have valid NPIs and NPPES. How should we correct and resubmit these records?

So if you have information for a CR that is on the list, you should go ahead and enter it according to your sources. When the record is submitted after the on-hold status is lifted, you will get immediate notification as to whether that record was accepted or rejected at that point.

Doug Brown: Yes. This could also be a product or rule that I just described about how the list was generated, as well. So we'll work through that and try and provide an updated, validated physician list as soon as possible.

CMS Speaker: Next question. "Does our entry on the physician's name need to match the first name and last name fields? Or the ultimate first name and alternate last name fields?" It can match either set. As long as the name matches -- either first name/last name or alternate first name/last name, it will match to the list.

Next question. What is the source used to populate the license information on the list? The source is the PECOS and NPPES systems. So, CMS systems. PECOS is the Medicare-enrollment system. So information that is in there would be put on the list. That's the system that has precedence on the list.

	If a record is in PECOS, it would be on the list. If it's not in PECOS but it's still a covered recipient, then it would be the information from NPPES. So the list is a combination of the two systems, with PECOS taking precedence.
Caller 2:	Hi. We have a situation where we find that for a covered recipient, the CMS list information is incongruent with the information on the NPPES data. So the recipient was not on the CMS list, but is clearly listed on NPPES. And our record was rejected. So I want to understand what CMS would want us to do. Would you like us to continue submitting it?
Speaker:	Yes. Continue to submit it. The list-update that will be coming out will have additional information on there. So it may very well be included on the list at that time. Even if it's not still submitted because we have additional validations, that will be on the list.
Caller 2:	Thank you.
Caller 3:	On our de-identified data, we received a number of duplicate and triplicate returns. We went back and looked and we only submitted similar unique records for those expenses with their own system IDs. Can you explain why there are duplicate and triplicate returns?
CMS Speaker:	So the specific question's about returned records -- it'd be best to contact the Open Payments Help Desk. But each one of those, I'd have to look at and identify the reasoning for that.
Caller 3:	Certainly. They said it would be discussed today on the call.
CMS Speaker:	Well we will discuss returned records. But specifically, questions about differences -- those need to be investigated.
Doug Brown:	Yes. So this is Doug Brown, again. Can you please repeat that question? I want to make sure that we have it clearly noted down, so that we can follow up and provide additional information as to how this may have happened. So does the gentleman mind repeating the question?
Caller 3:	Certainly. So in our de-identified data, we received several thousand records with duplicate and triplicate system IDs. So if I went in and did a count-by-record, I would say the same home system ID, the same record-return. Everything the same, 3-times or perhaps 2-times.
Doug Brown:	Yes. Give us some time to look into that, and we'll try to track down the root cause of how this is happening. But obviously, in the end, if it's a duplicate record with a duplicate home ID and a duplicate payment ID, because it's the same record, obviously we're not expecting that you'll resubmit two unique records as you address it. You would only need to submit the number of records that you find are in-error.
Caller 3:	Thank you.
Caller 4:	If I could just jump in real quick. We noticed the same thing on the first day that those files were posted for download. We had a lot of duplicates. But there was a chance that must've been made when those files were reposted with longer home-IDs. The full 50-character field. So we found that the duplicates disappeared in the updated files.
Doug Brown:	Yes. That is a possibility as well. Just to let everyone know, when we first created the list and made it available on October 30th, there was a problem with the home IDs being truncated at 20 characters. We corrected this on the following Monday. So now, and this is hopefully addressing the gentleman's question, as well -- Take another look. If it's not this, then give us a call and let us know. Or you can call the helpdesk and let them know that you're still seeing duplicates.

Caller 4:   Will do. Thank you.

Caller 5:   Question for you. Will CMS permit a 2014 filing for the reportable period of 2014 in 2015, if we don't include all of this corrected data that's been resubmitted?

                   In other words, if it's discovered that we don't need to be resubmitting all of this data that was sent back to us -- is there a system by which you folks would stop the ability for us to submit in 2015 if we don't have every single one of these records resubmitted?

Doug Brown: I'm not quite sure I'm entirely following the question, so let me try and rephrase it. Are you asking that if you did not submit a resubmission file that contains all of the data that we have returned, or all of the payment records that we have returned -- whether we will not allow you to make any future data submissions?

Caller 5:   Yes.

Doug Brown: No, that is not the case. 2014 reporting is unique and independent of 2013 reporting. So, if for example -- and I spent some time talking about this during the presentation, itself. But I'll definitely -- I think it's an important point that should be reiterated.

                   You do not have to resubmit all of the files that have been returned. If you have made a determination independently as the reporting entity that some of the records are no longer valid, or incorrect or should never have been reported in the first place --

                   You can make that determination on your own and resubmit only those records of the data that has been returned that you feel are appropriately being reported. Does that help?

Caller 6:   Yes, it does. Thank you.

Doug Brown: You're welcome.

Caller 6:   I have two questions, if you don't mind.

                   I wanted to first piggyback off of the last question, with regard to the fact that if the data we find are -- that we look up and go ahead and do our own checks and verify that it was actually correct and maybe just did not meet the criteria of the first matching system that you guys used. Do we still have to resubmit it the same way again, in hopes that it will match with the data refresh?

Doug Brown: Yes.

Caller 6:   Or do we not have to at all?

Doug Brown: No, this actually goes back to the discussion during the presentation about whether or not CMS would, by virtue of the fact that we -- I mean we can certainly, once we have the new matching logic in place, we can determine which of your records would have passed validation under the new matching logic.

                   We have actually elected not to do that processing automatically, and instead ask AMs and GPOs to take another critical look at all of your returned records. Based on the amount of feedback that we have received from other AMs and GPOs to do minor corrections, or sometimes major corrections to data, on a large scale.

                   So as individual AMs and GPOs have learned new information, they feel as though that affects thousands if not tens of thousands of individual payment transactions that they want to then take action on.

So we will not make the assumption that simply by virtue that we can now accept it, that you as the AM or GPO want it to be resubmitted at all. So we're offering that, this time. That you can take another critical look at all of those records that we are returning. Make sure that they are correct, with regard to all of the --

The entire payment record. Not necessarily just the individual identifiers for the covered recipients. But then based on your resubmission, we will use that as the process by which we know the AM and GPO industry wants those data to be resubmitted.

Caller 6:   Okay.

Caller 7:   You have a question, here -- if you can hear me clearly.

Doug Brown: I thought the lady that was just speaking had two questions. I want to make sure that I get to both of them.

Caller 6:   Yes. I had just one more. Not sure if it's quick -- hopefully, it is. We received also some blank lines when it came to first name/last name reports. It's basically looking like some of our payments were to doctors' offices or physicians' offices versus the actual PI for the research. Though the PI is a covered recipient, the physician's office may not have been because of the fact that it's not a teaching hospital. But they were the payee.

So it looks like those all got removed. So in terms of matching, it's probably time to match those physicians' offices to the teaching-hospital list. It wouldn't be a valid match. In those instances, what would be the guidance, as far as correcting that?

Doug Brown: Yes. Again, it was quite a bit covered in your questions. So let me try and restate it.

Because the way I'm looking at it, you could be talking about a couple of different things. So, first off, any payments that were made to non-covered recipient either individuals or entities, where there were principle-investigators that were covered recipient physicians listed on the payment transaction --

Our system did not allow for those principle investigators to review-and-dispute those records. So all of those records that went to non-covered recipient individuals or entities are in the de-identified dataset.

That does not necessarily mean that the principle- investigator identifying information was incongruent or inconsistent. It simply means that our system did not allow for those principle investigators to review-and-dispute it. So the most-reasonable thing that we could do is publish it in a de-identified form.

Now in that same token, there were payments that were made -- research payments that were made -- to non-covered recipients that did have identifiers attributable to the principle- investigator covered recipients that did have inconsistencies or incongruent information associated with them.

All of those principle investigators reported on a research payment did go through the validation and the matching that we did in August. So if you were getting a data return, that included a research-payment made to a non-covered recipient individual or entity, then please validate the information attributable to the principle investigators that were listed on that research payment.

Does that help? Or does that address your question? I felt like it was mixing the de-identified dataset maybe with the data return. I tried to address both possibilities.

Caller 6:   Yes. That helps. Thank you.

Doug Brown: Okay.

Caller 8:   I'm sorry. Can I just ask a follow-up question to that situation? Or a follow-up question to your answer.

                If I understand your explanation correctly, within the returned-records report for research-transactions, everything was returned to us if it was a transaction to a non-covered recipient because the principle investigator did not have the opportunity to review that transaction. Now was that included in the returned-record set?

Doug Brown: No. That's not true.

Caller 8:   Okay.

Doug Brown: Only those research payments that were made to non-covered recipients that had mismatching or incongruent principle- investigator-covered recipient information included are being returned.

Caller 8:   Okay.

Doug Brown: However, all of the non-covered recipient payments on our website -- the published data -- all of that is in the de-identified dataset, awaiting -- let's just term them for this conversation as "congruent," or "non-returned."

                Those files that we were able to validate the individual covered receptions principle- investigator information are out on the website in the de-identified dataset. But not because they contain incongruent information. But because those principle investigators were not awarded the opportunity for review-and-dispute. So there's a little bit of both in those research payments that went to non-covered recipients.

Caller 8:   Gotcha. All right. Then my last question is -- so the returned-record reports -- the way it's structured only identifies the recipient of the payment. So if we get a research payment back and there's no information --

                Let me just make it a more simple question. Is there any validation going on for teaching hospitals who may have been the recipient of a research payment?

Doug Brown: As a primary recipient? Yes. We will validate individual teaching hospitals according to the teaching-hospital list that we provided.

Caller 8:   Okay. So if we get a returned one or more of our rows in the returned-records report or research payments has name mismatch or whatever that kind of big bucket is. Right? You admitted it's probably most problematic.

                We wouldn't necessarily know whether or not the name mismatch was on the teaching hospital or on the principle investigator. And the returned-records report doesn't even include the principle-investigator information. We'd have to actually go back into our original transaction to get that information to them compare it against your validated physicians' list. Right?

Doug Brown: Yes. You're absolutely right.

Caller 8:   So is there a reason why the actual -- like on my "reject" list for research-payments with an error code of name mismatch. The first, middle, and last name of the physician is blank. It's removed. But I know when we submitted the data, it was populated. Is that what everyone else is seeing on their "reject" list?

Doug Brown: Well, it could be that what you're seeing is -- I mean the data return file is not intended to be a complete representation of your data submission.

                   We wanted to give enough information in the data return file for you to be able to trace it back to the individual payment that was made, and do validation.

Caller 8:   I did that. But where I'm having trouble is, we have a laundry list of items with an error code of name mismatch. All of them -- other than the ones that are research -- the first, middle, and last names are removed. They're blank. Is that why I'm getting an error here? Because the system didn't pick up the first, middle and last name? Or --

Doug Brown: Yes. I wouldn't make that assumption. I can sort of go back and work with the team to make sure that I personally understand why some first and last name on the data return files are blank. Off the top of my head, I wouldn't want to sort of misstate anything. But I'm assuming that it could be for different reasons that it may have gone to either entity non-covered recipients or individual non-covered recipients.

                   However, before we go too much further with the live questions, I know that I did sort of make the promise that we would try and get through as many questions that were in the electronic chat as possible. So we'll ask Danielle to close the live questions, so that we can go back to the chat questions and get through lots of those. Because I think that there's a queue of about 300 questions.

                   Hopefully, we've covered several through this discussion. And I hope to get back to any remaining questions after we get through some of the chats.

Operator: Are you muting the lines, then, now?

CMS Speaker: Okay. Okay. So going back to the questions that were submitted through the chat. We had a question of, "Is the middle name or address field used to match sources?" So, for physician matching, they're not. So, middle name and address are not used.

                   I think Doug had already discussed some of the questions that were submitted through the chat. So I won't go over those again.

                   There was another question about, "Does capitalization matter for the name?" And it does not. It's case-insensitive.

                   There was a question about the home-system ID was truncated in the returned-report. Is there a plan to update and repost to the manufacturer's account? Yes. Those should've been reposted. If you'd please contact the helpdesk, we'll look into that.

                   The question, "We are still receiving mutual Open Payments website. Why hasn't the functionality been turned off, since the dispute-resolution period is over?"

                   The dispute-resolution period was over for the full publication. But disputes are available until the end of the calendar year. So covered recipients still have the opportunity to dispute payment records through the end of this year for the 2013 program year.

                   After reviewing the reject-record report, the validated physician list, and my original submission files, I found a number of instances where records were rejected, even though the data in the original submission, name, and PI-license matched the data in the validated physician-list, exactly. How should I proceed with these records? Should I simply resubmit with no changes?

                   What we would urge you to do is just carefully look at that validated physician list. Make sure that there's no transcending of the letters, that there are no extra characters.

If you have a license that you have on your submitted record that is not on the validated physician list, go ahead and remove that extra license, and go ahead and try to resubmit it that way. Once the on-hold benefits list is lifted, yes. Go ahead and resubmit them, and you will get identification as to whether the record was passed, at that point.

Doug Brown: Another question is, "How will the original attestation from applicable manufacturers during the submission of 2013 data in June of last year differ from an updated attestation from applicable manufacturers for the resubmission of data?"

"Will the process of submission and attestation be reviewed and adjusted for the 2013 resubmission, as well as the 2014 submission?"

So -- a lot's embedded in that question. We are not necessarily planning on readjusting attestation right now. I think maybe at the core of this question is, "How does this list affect someone's attestation? Or if they have to resubmit in accordance with the list, whether or not that invalidates the attestation that they would otherwise do.

Attestation in general, and let's maybe talk in principle at first. Then we can take it down to specific situations.

But in principle, attestation is wanting to make sure that applicable manufacturers and GPOs have reported all payments that have taken place during the reporting year. That they are correct as you can make them. And to the best of your knowledge, they are complete. And an accurate representation of all that has transpired.

The identification of a particular physician-covered recipient is really between you as the industry or the reporting entity and us. We are not publishing NPI. We are not publishing state license number.

So this part of the data submission is simply there to make sure that we are understanding exactly who you're trying to report about. We can correctly attribute those payments within the system, in order to make them available for proper review and dispute.

So it's not our intent to necessarily change the construct of the way that attestation is either done, or what it is that you're attesting to. We still think that by virtue of you following the way that we have put out all of these identifiers within the pre-validated physician list that you're not undermining the data that you're wanting to submit.

We feel as though it's a process by which we need to go through, in order to make sure that we're properly attributing to the right people.

CMS Speaker: Next question has to do with name, again. So, "If a name was entered, submitted in the NPPES system, had the name listed with the last name having the medical credential -- so, like Smith, MD or something like that --

Was that considered part of the last name? And could it be a reason for rejection for when the submission was done last summer?"

So yes, it could have been a reason for rejection last summer. But going forward, with the next submission period, these suffixes are going to be removed, if they're not on the list.

If a name was submitted with a suffix, it won't cause the match to fail. So we're counting for that information being there in the matching.

Next question, "How do we know what to report if a physician or recipient does not have an NPI, but they were in the rejected records, and all of our reported identifiers match to the state database?

We do not have access to PECOS." So for physicians that do not have NPIs, we go against the state-licensure information.

So, verify that the information you're submitting matches the state-licensure information. Again, the license format is different from state-to-state. This submission period coming up, we are not going to fail a match for special characters. So if the license has a dash in it, you can leave it in there and it'll match that. Leading zeros -- also -- if leading zeros are the only difference, that will not fail the match.

So just verify carefully that the license information is correct as listed in the state-licensure information.

Next question -- "What is the source of the identifier supplied to PECOS, and is this consistent with the format provided in the state board sites?"

I'm not going to read too much into the PECOS system. Just realize that it's the Medicare-enrollment system, and that information is provided by the physician when they enroll in Medicare. But the list only contains information that was submitted to open payments. That was validated using the PECOS data.

The next question is, "Is there any plan to require physicians to update NPPES on at least an annual basis?" The Open Payments program cannot require physicians to update NPPES.

Okay. Next question. "Is the physician list a mirror of PECOS? How did we get the information from PECOS?"

So the physician list is not a mirror of PECOS. The physician list contains physician data submitted to open payments that's been validated using PECOS data and NPPES data. There's no reason for AMVPOs that need to try to get PECOS data specifically. You can use the list that's provided by CMS.

Our next question is for license matching. "Is it possible that trailing zeros would cause a problem?" And that is true. If there are trailing zeros, the licenses would be considered a mismatch.

Doug Brown: In the old way that we did match it.

CMS Speaker: In the new way, too. It's only leading zeros and special characters that we allow not to fail a match.

The next question is, "Can the returned-records correction file be manually input into the CMS portal?" The answer is yes. You can submit. You can resubmit your records either bulk-file methodology by doing the resubmission. Having that indicator set to yes. Or, you can answer them manually, as well. They would just be --

You'd have to enter them as new records, because they've been removed from the system. So you wouldn't be able to edit them or find them in the system. But you can manually enter those records as new records.

The next question is, "What if we don't have physicians on the approved physician list?" Even if the physician is not on the approved-physician list, go ahead and submit the record. It can go through the established matching logic and process.

Next question has to do with licenses. The question essentially is, "Did the licenses submitted on the record need to be in the same order as the licenses on the list?" The answer is, "No." It's order-independent. So, it could have a different order and it will still pass validation if the licenses match.

Next question. "If a manufacturer determines that their originally-submitted transaction matches the validated physician list, should they resubmit the same identical record?" The answer is yes.

Next question. "Should we use the CMS physician list for submitting 2014 data in 2015? Or only for correcting rejected 2013 records?" The list that was published recently is for correcting the 2013 records. There'll be a supplemental list that'll be published in the January time frame that will be for the 2014 year.

Doug Brown: But if the information is consistent between those two reporting years, 2013 and 2014, those data will still be pertinent. So look for that supplemental file to identify any changes from the October 30 posting to what we might provide as a supplement in 2014 or early 2014.

We don't expect that there will be too drastic of a shift in the information. But we are wanting to provide you with the most-recent data as of just-before the reporting period next year, so that you can update any records that you feel necessary.

CMS Speaker: The next question is, "How do you delete records that have been removed from the system, when you can't pull them up?" So they're already removed, so you don't need to delete them. At this point, you would just need to resubmit those that you would like to.

Doug Brown: Or just simply do not resubmit those that you want deleted.

CMS Speaker: Exactly. Yes. The next question is, "You have given general reasons for removal. But where and when will you provide the specific reasons for the removal, so the same mistakes are not repeated?" With the new submission cycle, when you submit the record, you will get a validation message back that will provide some insight as to why the record was rejected.

Next question is, "If returned records do not need to be changed, do we need to re-attest to these?" Yes. When you submit them, you will need to re-attest to them.

"You mentioned some records that were de-identified that don't need correction. How will we be able to identify these types of records?" Those records that were returned to you on the "removed records," report are those that need to be looked at again.

CMS Speaker: Next question. "Please explain the difference between name mismatch and NPI mismatch." I had talked about this earlier, but I'll reiterate again.

The NPI mismatch is where the NPI and one or more licenses do not correlate to a single physician. The name mismatch indicated that the NPI, first name/last name and all licenses did not correlate into a single physician. That's the questions that we'd identified earlier. So do we want to do additional questions? Or --

Doug Brown: Okay. Another question that we received is, "Where can we get that list?" I'd imagine that we're talking about the validated physician list.

Once you log into the system, it is on the right-hand side of your interface. And you can do a download. There's a box labeled on the right, "Physician-validated list."

Caller 9:   Is this an open q/a time, now?

Doug Brown: Sure. We do have more questions that were submitted through the chat.

Caller 9:   Oh. I'm sorry. I thought I heard him say that was done. Okay.

Doug Brown: I'm comfortable either way. Give us a few more seconds to try and find some juicy questions in the queue. And we'll bring those up. While the team is looking for a good question to stump everyone on, why don't we go ahead and open it up for a few more live-chat questions.

Caller 9:   I just had a quick follow-up question to something that was brought up earlier. So for records where the covered recipient does not have an NPI, we assume it's matching it against Truven data.

                And if we believe that the data we're submitting is correct but it still gets rejected, what do we do? How do we try to figure out how to correct that record if we can't see the Truven data that it's validating against?

CMS Speaker: So Truven -- the service that they offer -- aggregates the licensure information across the 50 states and territories. The information at the state-licensure board -- going to their website and looking at the information -- if you see that the information there is different or --

                Maybe I should say it this way -- if you see the information there is exactly what you submitted, then you should contact the helpdesk. Because we have had that happen in the past, and we would need to look into that.

                But in general, if the information that's there at the state-licensure -- if you submit that, it will get through the system and match.

Caller 9:   Okay. And if it doesn't, you're saying call the helpdesk and there's an implication that they would change the Truven data so that it would load?

CMS Speaker: Well, no. I' not implying that they would change it. I think there would be an investigation that we would have to do.

                Then we would look for the source of the discrepancy and get it resolved at the point where it's introduced.

Caller 9:   So they could help us understand what's mismatching in the Truven data?

CMS Speaker: Yes. Yes.

Caller 9:   Okay.

Caller 9:   I think we can get the air file with all the fields we had originally submitted. We have several transactions that have just the date and the amount, and it's really difficult for us to go back and identify the original row. We're not sure if we're getting duplicates when we do that. So, any thoughts on that?

Doug Brown: I'm sorry. Would you mind repeating that question? I didn't quite follow it entirely.

Caller 9:   Sure. So when we got the air file back, I think this was addressed by another person before. But there are many transactions for which we are not getting the first name, middle name, and last name that they had originally submitted.

                We're getting all the scales are just empty. All we have is just the date and the amount. And your transaction ID and things like that.

                So for us to go back, take just that information -- the date and amount -- back to our database and find out which of the transactions that you may have rejected, we are coming with a lot of duplicates.

So we really don't understand what is the particular row that we're talking about that needs to be fixed. And it's all the name mismatch error.

So it would really help if we knew what the original transaction looked like, so we could compare it to what they'd submitted, and then compare it to NPPES and fix what's needed to be fixed.

Doug Brown: Yes. So yes, I do recall the gentleman earlier mentioning that some of the fields in the data returned files were blank. We need to investigate why that is.

But maybe starting with the home-ID. Taking that home-ID back to your home system, to identify what type of payment those are most-commonly attributed to.

We will be doing this research on our end, as well. I have a hunch that it's associated with payments that are made to non-covered recipients. Therefore the name for which we pulled to populate that field is not appropriately sort of placed in the file. But we will continue to look at it.

However, if that is the case -- if it is isolated to those non-covered recipient payments for research, and it was some component of the identifiers attributable to the principle- investigator also mentioned on that payment record, then it could be any or all of the individuals that were identified as principle investigators that could have the mismatch.

Caller 9:   And when we tried to do that, we came up with more rows than what we had submitted. And that's why we're concerned. We don't know which particular transaction is in question. (inaudible) amount.

Doug Brown: Yes. I'm sorry. Even by looking at the home-ID or the payment record ID?

Caller 9:   We don't have a home-ID.

Doug Brown: Okay.

Caller 9:   Because all we know is that once we submit the file, you give it an ID. But we don't know what -- we're getting the ID back, but there's no way for us to map it into our system. The only way we map the data back into our system is using the first name, middle name, last name, or teaching-hospital name. Or, you know. But information like that. Just date and amount is not helping us get the exact transactions.

Doug Brown: Okay. Yes. We'll take another hard look at that and see what we can do to help you find those exact transactions.

Caller 10:   I have a question on the validated physicians list.

Doug Brown: So, one note.

My recommendation is that you engage the helpdesk, so that the helpdesk can -- on a one-on-one basis -- help navigate through those types of problems.

And I've also got a correction to something that I mentioned earlier. That was about where to find the physician or the validated physician list. That link is only available on the payments-overview page. So it's not on the homepage itself.

You have to go to the payments-overview page, and then on the right-hand side of that, within the application, you'll see the link for the pre-validated physician list.

Caller 10:   I had a question on the validated physicians list. I believe it is provided to the industry so that we can match to it. And for 2013, it was more of a reactive list.

I was wondering, for 2014, as they are preparing the payment data for 2014, if we could get a 2014 physician's validated list that we could match to. So that we are proactively matching during the first submittal and don't have to rework it after the fact.

Doug Brown: Yes. We're absolutely on the same page with you about that. We have to go through some steps on our end, in order to make sure that we can provide the industry this type of thing on a proactive basis.

You're absolutely right. We don't want to keep it as a reactive type of response to any errors that we're receiving.

We're currently underway with the changes that we need to make to systems in order to have the proper authorities in place, so we can continue to provide it. So, more information on that will be forthcoming.

Just know that we have to go through these internal processes in order to make sure that that data is made available on an ongoing basis.

Caller 10:   Okay. Thank you.

Caller 11:   Hi. Can you hear me?

Doug Brown: Yes, I can.

Caller 11:   I have a quick question about how to resubmit these records.

On the removed records spreadsheet, I don't have any information, unless mine is truncated, somehow. I don't have NPI numbers submitted. It's not consistent with the actual record we submitted. Do we need to resubmit on the same spreadsheet we used in July? The same type? A blank one?

Doug Brown: Yes. A CSV file, I'd assume you're describing. Yes.

The resubmission process will follow the same pathway as regular data submission would in any other period. You can either do the bulk upload file -- that is the CSV file -- or you can go through the manual interface to make these resubmissions.

Caller 11:   Okay. Yes. But we're not using the CSV file that we just downloaded that contains the removed records?

Doug Brown: No, no.

Caller 11:   We use the other one we originally used. Okay.

Doug Brown: Right.

Caller 11:   Got it. Thanks.

Caller 12:   Will we have to use the home-ID -- the Open Payments ID -- when we resubmit?

Doug Brown: Will you have to use the home-payment ID when you resubmit? No.

Caller 12:   Not the home-payment. I'm sorry. The CMS Open Payments ID that you provided.

Doug Brown: Yes.

Caller 12:   Will we have to include that in our resubmission?

Doug Brown: Yes. So those payments, you'll attribute to that CMS-issued payment ID.

Caller 12:   Okay. That's not in the instructions. So you might update the instructions so that it includes that ID.

Doug Brown: Okay. We absolutely will.

Caller 13:   Hello. Can you hear me?

Doug Brown: Yes.

Caller 13:   Yes.

                  The question I had was about the format specifically for the license fields. The original submission format was the 2-character state identifier, a hyphen and then the state license number. Is that going to be the same format?

CMS Speaker: It's the same format. The template for submitting the records is not changing. So it's the same format.

Caller 13:   Okay.

Doug Brown: I think we're coming up on time, here. So there is another question that hopefully will be helpful to everyone. And then maybe I'll just have a few closing remarks, if everyone isn't sick of hearing me.

                  The last question that we have -- well -- it's not the last question. It's just one of the ones that we wanted to walk away with. It's, "Will this presentation be available in some form for download as a future reference?"

                  Yes. We will be posting this presentation as a PDF in our archives link on our webpage. So feel free to access it and download it.

                  The questions that we have received that we haven't gotten to answer specifically, we will try and put out additional guidance to address them in some other format. Probably another downloadable document on our website that will walk through the questions that we have received.

                  So maybe as a closing statement, I think what I'm seeing personally and what we want to do as CMS and in our future engagements with the industry, is maybe have more of these types of interactions.

                  Where we do have an open-dialogue between us and the industry going forward. And where you're able to ask any of the questions that are on your mind. We're able to talk through timelines more on a one-on-one, or on a group basis.

                  So what we -- and if the industry is also amenable to this, as well, we can sort of work out a schedule that we can have these types of interactions more frequently. As you're going through these data, that there is a proper in-forum for you to take these type of questions.

                  I hope that over time, as we mature as a program -- as we get more and more used to dealing with each other, maybe it's industry helping industry at some point.

                  User-groups that are formed in order to help address particular struggles or obstacles that individual entities might be facing.

But we are open to having these far more frequently if those would be helpful. I don't want to take up everyone's time. I know that you're all very busy people.

But at the same time, it's very much in our best interest that we stay in more-frequent, regular communication. That we're able to respond more quickly to your questions. To give you deeper levels of insight as to how the program is running, what our timelines are, the things that we're trying to deal with on our end. And how any of those changes or timelines affect you.

So, what we will do is, we'll try some creative ways of how to engage the individual stakeholders or groups of stakeholders. So we will be posting some things online, perhaps, as to how we are envisioning that engagement to take place.

We want to get as many questions answered as possible. We want to make sure that you're armed with the information that you need to successfully report -- successfully adhere -- to the program. And therefore, the public and how they are viewing the data is also sort of poised that much more for a useful interaction with the data that's made available.

So, again, we will do some thinking internally as to how to form these groups. We'll post some information and maybe some possible dates that individual AMs can sign up for -- as well as GPOs.

Then we'll hold sort of informal sessions or Q&A sessions where there isn't any didactic going through a Power Point deck but more so just an open session. Where any question that you have or any struggle that you're dealing with can be addressed.

So with that, we will have to close today's session. I truly appreciate everyone's time in joining us.

Again, be on the lookout for additional information coming from the website or on our website about follow-up on the questions that have been submitted today. And we will stay in contact.

All right. Thanks, everyone.