Open Payments
Covered Recipient Review, Dispute and Correction

January 2020

CMS Disclaimer: This information is a summary of the Final Rule implementing Open Payments (Medicare, Medicaid, Children’s Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests [CMS-5060-F], codified at 42 CFR Parts 402 and 403). The summary is not intended to take the place of the Final Rule which is the official source for information on the program.
Agenda

• Target Audience and Learning Objectives
• Open Payments Program and Timeline
• Review, Dispute, and Correction Process
• Review and Dispute Actions
• Resolving Disputes
• Open Payments System: Review and Dispute Enhancements
• Next Steps and Available Resources
Target Audience & Learning Objectives

• Target audience:
  – Physicians and teaching hospitals (collectively referred to as covered recipients) who need to view and possibly dispute data submitted about them by reporting entities (applicable manufacturers or applicable group purchasing organizations (GPOs))

• Learning objectives:
  – Understanding the Open Payments review, dispute, and correction process, and how to take appropriate actions in the Open Payments system
Open Payments Program & Timeline
Reporting entities collect payment data for a program year, which runs annually from January 1 to December 31.

Reporting entities submit their data for the program year to the Open Payments system.

Covered recipients review, affirm and, if necessary, dispute submitted data. Reporting entities correct the data to resolve any disputes.

Data for that program year is published for public viewing in accordance with the publication guidelines.
Note: Review and Dispute activities start on April 1st and can continue until end of the calendar year in which data is reported. The end dates provided on this slide are the cutoff for disputes and corrections to appear in the June 30 2019 data publication.

*Anticipated dates
Review, Dispute, & Correction Process
Review, Dispute, and Correction
Overview

- Covered recipients may review data associated with them in the Open Payments system regarding payments, other transfers of value, or physician ownership or investment interests that have been submitted by reporting entities. They can also affirm or dispute the accuracy of that data prior to its publication.
  - Physician authorized representatives may dispute their physician’s records if the representative has the access level “Dispute Records”
  - Both authorized officials and authorized representatives of teaching hospitals can review and dispute records associated with their hospital.

- A physician identified as a principal investigator in a research payment record may also review, affirm, and/or dispute records but should only dispute their association with a particular record or the identifying information about them in that record (e.g., name)
  - Note: “Physician” in this tutorial includes physician principal investigators.

- The dispute resolution process takes place outside of the Open Payments system; CMS does not mediate disputes.
Covered recipients must register in both the CMS Enterprise Identity Management (EIDM) system and the Open Payments system to review and dispute data.

Records eligible for review and dispute:

- All records submitted during the submission period of the current calendar year
  
  - This includes newly edited, submitted, and re-attested records from previous calendar years submitted during the submission period of the current calendar year
  
- Records that were submitted after the submission period of the previous calendar year and were ineligible for review in the previous calendar year

- Records submitted in the previous submission period that were not under dispute and modified by a reporting entity after the Modified-Without-Dispute Cutoff Date in the previous calendar year
Review, Dispute, and Correction Period

• Each calendar year has a scheduled pre-publication review, dispute, and correction period, which includes:
  – A 45-day period for covered recipients, to review record(s) submitted during the submission period, affirm records are complete and accurate or dispute records as necessary, and work with reporting entities to resolve those disputes
    • Note: covered recipients have an opportunity to review and dispute any records during this time before records are published in initial publication.
  – An additional 15-day correction period for reporting entities to make corrections to records and resolve any active disputes.

• Review, dispute, and correction activities can be performed through the end of the calendar year:
  – The distinct review, dispute, and correction period exists to set rules on how data is published
  – If a dispute is not resolved by the end of the correction period, all parties should continue to seek a dispute resolution
Dispute/Correction Impact on Data Publication

- CMS publishes data initially in June of each year, and a refresh publication approximately six months later with updated data
  - Records disputed within the pre-publication 45-day review, dispute, and correction period that are not resolved by the end of the additional 15-day correction period are identified as disputed in the initial data publication
  - Records disputed within the initial 45-day review, dispute, and correction period are resolved by the end of the additional 15-day correction period are not identified as disputed in the initial publication of data and any corrections made to the record will be reflected in the publication
  - Records disputed after the initial 45-day review, dispute, and correction period will be published as undisputed in the initial data publication
  - Corrections made to records by reporting entities after the correction period will not be reflected in the initial publication
  - Disputes initiated or corrections made to records after the pre-publication review, dispute, and correction period will be eligible for inclusion in the next publication of data, either the refresh publication of the program year data or the initial publication of the next program year’s data
Records that are flagged for delay in publication by the reporting entity are eligible for review and dispute by covered recipients but may not be eligible for publication in the program year.

Additional details regarding dispute timing and public display are available in the “Open Payments User Guide for Covered Recipients”, the quick reference guide “Review and Dispute Timing and Data Publication” and the “Methodology and Data Dictionary Document”.
Changes to Undisputed Records and Data Publication

• If a reporting entity updates an undisputed record after the end of the submission period, those updates will **not** be included in the initial data publication

• The updates may be included in the subsequent data refresh publication if the changed record was resubmitted and attested at least 45 days before the end of the calendar year
  – This deadline is to provide covered recipients identified in undisputed-but-changed records sufficient time to review and dispute them

• Updates to undisputed records that are resubmitted and attested after the modified-without-dispute cutoff date will not be published in the subsequent refresh publication but may be eligible for publication in the following calendar year’s initial publication
Review and Dispute Actions
Covered recipients can take four actions in the Open Payments system related to review and dispute:

- Review records submitted by reporting entities
- Confirm accuracy of records
- Initiate disputes for inaccurate records
- Withdraw a previously initiated dispute

All of these actions are voluntary and records will be published regardless of these actions.

Refer to the quick reference guide “Physician and Teaching Hospital Review and Dispute Process” for detailed information.
1. Review Records

- Covered recipients may review records submitted about them on the “Available for Review and Dispute” tab on the Review and Dispute Payment Records page in the Open Payments system.

- On this page, users may review and affirm records, as well as initiate and withdraw disputes.

- Reporting entity contact information for a record is available on the “Record ID” page of the record, accessed through the hyperlinked Record ID number.
2. Affirm Records

- After records have been reviewed, covered recipients may affirm that records associated with them are correct.

- Records can be affirmed by:
  - Physicians
  - Physician authorized representatives with “Dispute Records” access level
  - Teaching hospital authorized officials and authorized representatives
  - Physicians identified as principal investigators on research payments records

- Un-affirmed records are still eligible for publication as reported by the reporting entity.

- Records that have been affirmed can still be disputed through the end of the calendar year if inaccuracies are discovered during that time.
3. Initiating Disputes

• Covered recipients may initiate disputes on records associated with them that they believe require correction

• To initiate a dispute:
  – Find the record in the “Available for Review and Dispute” tab on the Review and Dispute page. Select the “Dispute Record” button.
  – In the Dispute Details and Contact Information box, provide the reason(s) for the dispute and contact information (e.g., phone number, email address)
  – Select the “Send Dispute” button

• The reporting entity will receive an email notification that a dispute has been initiated; the email will include what was provided in the Dispute Details and Contact Information box
3. Initiating Disputes (cont’d)

- Covered recipients can monitor the dispute status on the Review and Dispute Payment Record page in the Open Payments system.

- Reporting entities may acknowledge disputes in the Open Payments system, but are not required to do so; acknowledgement only serves as a notification that the reporting entity has received the dispute.
  - The covered recipient will receive an email notification if the dispute is acknowledged by the reporting entity.

- Covered recipients can export their disputed records into a downloadable character-separated values (CSV) file.
  - Select “Download ZIP File” link from the Review and Dispute page to download the file.
4. Withdrawing Disputes

• Covered recipients can withdraw a dispute from a record if they no longer wish to proceed with the dispute

• Disputes may be withdrawn after a dispute has been initiated or acknowledged

• Once the dispute is withdrawn, the reporting entity will receive an email notification that a dispute has been withdrawn

• No additional action is needed by the reporting entity once the dispute is withdrawn
Resolving Dispute
Resolving Disputes

- The dispute resolution process takes place outside of the Open Payments system; CMS does not mediate disputes between covered recipients, and reporting entities.

- Reporting entities should work directly with the covered recipient to resolve disputes.

- Once a resolution is reached, the status of the resolution is captured in the system by the reporting entity.

- If a record is deleted or is being updated by the reporting entity as a result of a dispute, the record will no longer be visible in the “Available for Review and Dispute” tab but can be viewed on the “Deleted or In Progress Records” tab. Review and dispute actions cannot be performed on the records on the “Deleted or In Progress Records” tab.

- The covered recipient receives an email when a disputed record is deleted.
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**
   - After the updated record is re-submitted to the Open Payments system and the reporting entity attests to its accuracy, the updated record will automatically be placed in a Review and Dispute status of “Resolved”
   - A record can also be deleted to resolve a dispute. Once the reporting entity deletes the record from the Open Payments system, the review and dispute history of the record is also deleted

2. **The dispute can be resolved with no changes made to the disputed record**
   - This can be done when the reporting entity and the covered recipient have resolved the dispute in accordance with the Final Rule and no changes were needed or made to the disputed record. Following this process will place the disputed records in a Review and Dispute status of “Resolved No Change”
Resolving Disputes

• The disputing covered recipient will receive an email notification when a disputed record has been resolved by either of these two methods

• Covered recipients can view the details of the resolution and any corrections that may have been made by logging into the Open Payments system and viewing the details associated with the record

• Once a disputed record has been corrected, re-submitted, and re-attested, the “Review and Dispute” status of that record will automatically change to “Resolved” in the Open Payments system

• If a covered recipient believes a dispute has not been sufficiently resolved despite the record having a status of “Resolved”, they can initiate another dispute for the same record
# Review and Dispute Statuses

Records in the review and dispute process will have one of the following review and dispute statuses in the Open Payments system.

<table>
<thead>
<tr>
<th>R&amp;D Status</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>Initiated</td>
<td>A covered recipient has initiated a dispute against a record submitted by a reporting entity</td>
</tr>
<tr>
<td>Acknowledged</td>
<td>A reporting entity has received and acknowledged an initiated dispute</td>
</tr>
<tr>
<td>Resolved</td>
<td>A disputed record was updated, re-submitted and re-attested to by the reporting entity</td>
</tr>
<tr>
<td>Resolved, No Change</td>
<td>The reporting entity and the covered recipient resolved the dispute, and no changes were made to the disputed record</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>A covered recipient withdrew a dispute they initiated against a record submitted by a reporting entity</td>
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Next Steps and Available Resources
Next Steps

• Register in EIDM and in the Open Payments system
  – Registration in both EIDM and the Open Payments system is required in order to perform any review and dispute actions

• Once registered in both EIDM and the Open Payments system, the user may:
  – Review records
  – Affirm records
  – Initiate disputes against any information that is inaccurate
  – Withdraw disputes if appropriate
  – Participate in dispute resolution activities with reporting entities
Available Resources

• Review available resources on the CMS Open Payments website Resources page at [https://www.cms.gov/OpenPayments/About/Resources.html](https://www.cms.gov/OpenPayments/About/Resources.html):
  – Open Payments User Guide for Covered Recipients
  – Quick Reference Guides
    • Physician and Teaching Hospital Review and Dispute Process
    • Review and Dispute Timing and Data Publication
  – Register for CMS email notifications via the Open Payments website to receive email updates about Open Payments

• For additional questions, contact the Open Payments Help Desk at:
  – openpayments@cms.hhs.gov
  – 1-855-326-8366
  – 1-844-649-2766 (TTY line)