

Open Payments

Physician and Teaching Hospital 2016 Program Year Review, Dispute, and Correction

OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY
INTO INDUSTRY-PHYSICIAN
FINANCIAL RELATIONSHIPS

February 2017

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:

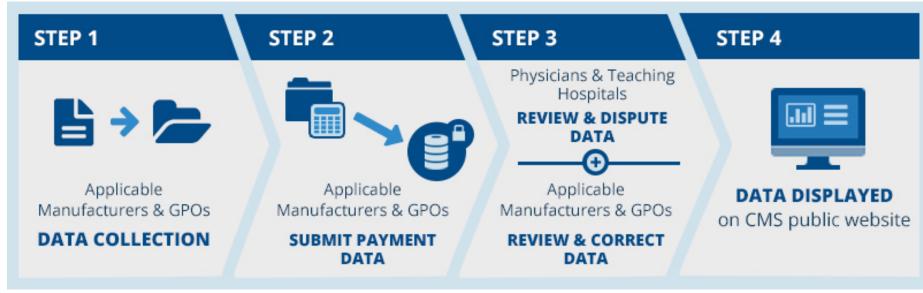
 Physicians and teaching hospitals who need to view and possibly dispute data submitted about them by reporting entities (applicable manufacturers or applicable group purchasing organizations (GPOs))

Learning objectives:

 Understanding the Open Payments review, dispute, and correction process, and how to take appropriate actions in the Open Payments system

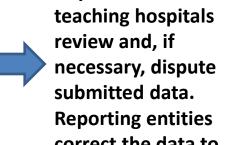
Open Payments Program and Timeline

Open Payments Process Flow



Reporting entities collect payment data for a program year, which runs from January 1 to December 31

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



Physicians and

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

2016 Program Year Timelines



Note: Review and Dispute activities start on April 1st and can continue until the end of the calendar year. The end dates provided on this slide are the cutoff for disputes and corrections to appear in the June 30 data publication.

*Anticipated dates

Review, Dispute, and Correction Process

Review, Dispute, and Correction Overview

- Physicians and teaching hospitals 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 and 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 between physicians, teaching hospitals, and reporting entities

Review, Dispute, and Correction Overview (cont'd)

- Physicians and teaching hospitals 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 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 Periods

- Each calendar year has a scheduled review, dispute, and correction period, which includes:
 - A 45-day period for physicians and teaching hospitals, to review record(s) submitted during the submission period, dispute records as necessary, and work with reporting entities to resolve those disputes
 - 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; if a dispute is not resolved by the end of the correction period, all parties should continue to seek a dispute resolution
- Though activities can be performed through the end of the year, the distinct review, dispute, and correction period exists to set rules on how data is published

Dispute/Correction Timing and Data Publication

- CMS publishes data initially in June of each year, and in a refresh publication approximately six months later with updated data
 - Records disputed within the initial 45-day review, dispute, and correction period whose disputes are not resolved by the end of the additional 15-day correction period are identified as disputed in the initial publication of data
 - Records disputed within the initial 45-day review, dispute, and correction period whose disputes 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 full 60-day review, dispute, and correction period will be not be reflected in the initial publication
 - Records disputed after the initial 45-day review, dispute, and correction period or corrections made to records after the full 60-day 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

Dispute/Correction Timing and Data Publication (cont'd)

- Records that are flagged for delay in publication by the reporting entity are eligible for review and dispute by physicians and teaching hospitals but not eligible for publication in that program year
- Additional details regarding dispute timing and public display are available in the quick reference guide "Review and Dispute Timing, and Data Publication" and the "Data Dictionary and Methodology Document" (see Resources page of the Open Payments website: https://www.cms.gov/OpenPayments/About/Resources.html)

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 physicians and teaching hospitals 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

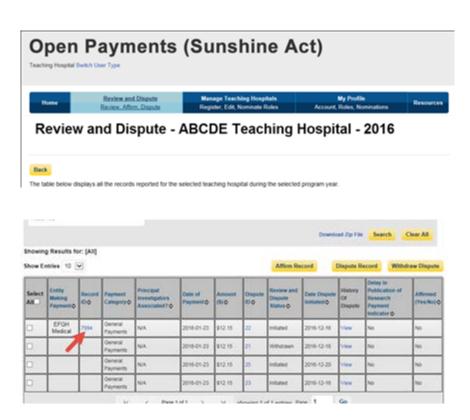
Review and Dispute Actions

Review and Dispute Actions Overview

- Physicians and teaching hospitals can take four actions in the Open Payments system related to review and dispute
- All of these actions are voluntary and records will be published regardless of these actions
- For detailed instructions on completing these actions, refer to the quick reference guide "Physician and Teaching Hospital Review and Dispute Process" on the Resources page of the Open Payments website: https://www.cms.gov/OpenPayments/About/Resources.html
 - 1. Review Records
- Review records submitted by reporting entities
- 2. Affirm Records
- Confirm accuracy of records
- 3. Initiate Disputes
- Initiate disputes for inaccurate records
- 4. Withdraw Disputes
- Withdraw a previously initiated dispute

1. Review Records

- Physicians and teaching hospitals may review records submitted about them on the "Review and Dispute" tab in the Open Payments system
- On this page, you 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 that record, accessed through the hyperlinked Record ID number in the table at the bottom of the Review and Dispute page



2. Affirm Records

- After records have been reviewed, physicians and teaching hospitals may affirm that records associated with them are correct
- Affirming records is optional but encouraged
- 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

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3. Initiating Disputes

- Physicians and teaching hospitals may initiate disputes on records associated with them that they believe require correction
- To initiate a dispute:
 - Find the record in the table at the bottom of the Review and Dispute page,
 select the checkbox next to it, then select "Dispute Record"
 - In the Dispute Details box that appears, provide the reason(s) for the dispute and your contact information (e.g., phone number, mail 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 box

3. Initiating Disputes (cont'd)

- 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 physician or teaching hospital will receive an email notification if the dispute is acknowledged by the reporting entity
- Physicians and teaching hospitals can monitor the dispute status on the "Review and Dispute" page in the Open Payments system
- Physicians and teaching hospitals 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

- Physicians and teaching hospitals 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 physician or teaching hospital withdraws a dispute, 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 Disputes

Resolving Disputes

- The dispute resolution process takes place outside of the Open Payments system; CMS does not mediate disputes between physicians, teaching hospitals, and reporting entities
- Reporting entities must work directly with the physician or teaching hospital 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 as a result of a dispute, the deleted record will no longer be visible to the covered recipient, and any review and dispute history will also be removed from the Open Payments system

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 <u>no changes</u> made to the disputed record

This can be done when the reporting entity and the physician or teaching hospital 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 (cont.)

- The disputing physician or teaching hospital will receive an email notification when a disputed record has been resolved by either of these two methods
- Physicians or teaching hospitals 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

Resolving Disputes (cont.)

- Once a disputed record has been corrected, re-submitted, and reattested, the "Review and Dispute" status of that record will automatically change to "Resolved" in the Open Payments system
- When the dispute status is updated, in the Open Payments system, the physician, teaching hospital, or principal investigator will receive an email notification
- If a physician or teaching hospital 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

R&D Status	Meaning
Initiated	A physician, teaching hospital, or physician principal investigator has initiated a dispute against a record submitted by a reporting entity
Acknowledged	A reporting entity has received and acknowledged a dispute initiated by a physician, teaching hospital, or physician principal investigator
Resolved	A disputed record was updated and then re-submitted and re-attested to by the reporting entity
Resolved, No Change	The reporting entity and the physician, teaching hospital, or physician principal investigator have resolved the dispute, and no changes were made to the disputed record
Withdrawn	A physician, teaching hospital, or physician principal investigator has withdrawn a dispute they initiated against a record submitted by a reporting entity

Open Payments System: Review and Dispute Enhancements

Review and Dispute Enhancements

Updated the Review and Dispute grid for Physicians

- "Value of Interest" column added to the grid
- "Amount (\$)" column has been re-named "Total Payment Amount or Dollar Amount Invested"
- "Date Dispute Initiated" column removed from the grid
- To reduce scrolling, the columns on the grid have been re-ordered

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 you have registered in both EIDM and the Open Payments system, you may:
 - Review records
 - Affirm records
 - Initiate disputes against any information you feel 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:
 - Open Payments User Guide
 - Tutorials
 - Quick Reference Guides
- Register for CMS email notifications via the Open Payments website to receive email updates about Open Payments
- For additional questions, you can also contact the Open Payments Help Desk at:
 - openpayments@cms.hhs.gov
 - **-** 1-855-326-8366