



Open Payments

***Applicable Manufacturers & Applicable GPOs:
2016 Program Year Review, Dispute, and Correction***

O P E N P A Y M E N T S

**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

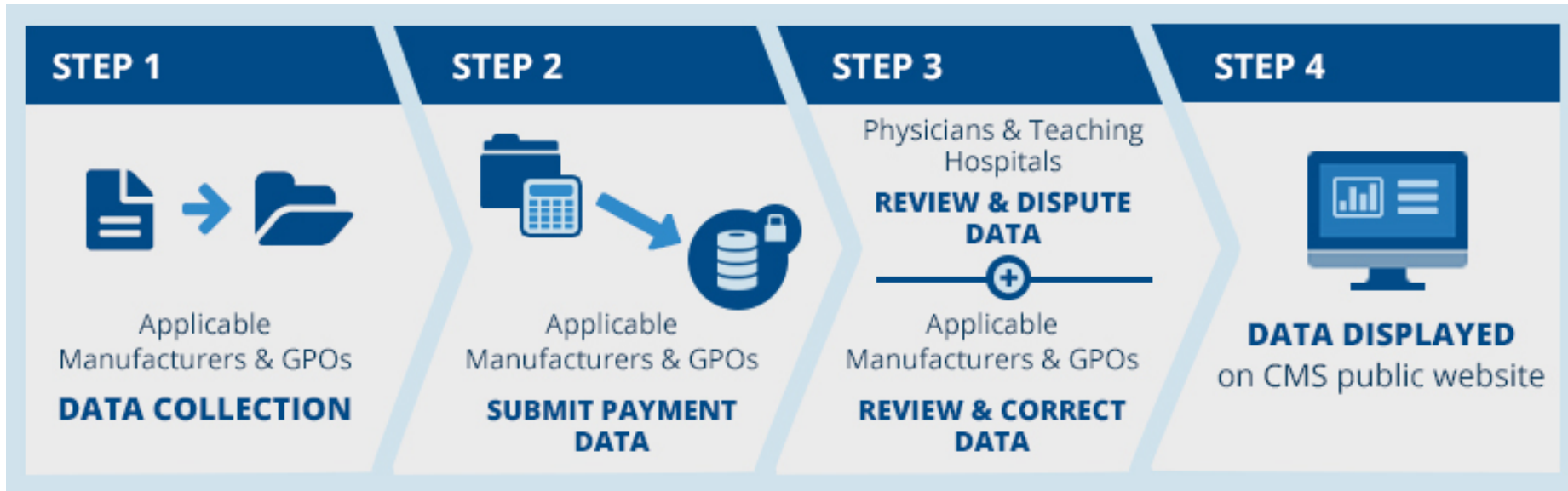
- Target Audience and Learning Objectives
- Open Payments Program and Timeline
- Review, Dispute, and Correction Process Overview
- Reviewing and Acknowledging Disputes
- Resolving Disputes, and Correcting and Deleting Records
- Open Payments System: Review and Dispute Enhancements
- Next Steps and Available Resources

Target Audience & Learning Objectives

- Target audience:
 - Applicable manufacturers and applicable group purchasing organizations (“reporting entities”) who need to respond to disputes initiated by physicians and teaching hospitals
- Learning objective:
 - Understanding of the process for reviewing disputes, resolving disputes, and correcting and deleting records, and how to perform these actions in the Open Payments system

Open Payments Program and Timeline

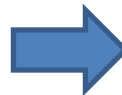
Open Payments Process Flow



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 teaching hospitals review 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

2016 Program Year Timeline



Note: Review and Dispute activities start on April 1st and can continue until 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 date

Review, Dispute, and Correction Process Overview

Review, Dispute, and Correction Overview

- Physicians and teaching hospitals can review, affirm, and/or dispute records submitted about them by the reporting entities during the review and dispute period
- Review and Dispute period for physicians and teaching hospitals begins April 1, 2017* and ends May 15, 2017*
- This allows physicians and teaching hospitals to review records attributed to them and, if applicable, request corrections to records they believe to be incorrect prior to June 2017 publication
- **Review and Dispute activities can continue until end of the calendar year, however, disputes initiated after the dispute period will not be included in the June 2017 publication**
- Review and correction period for entities begins May 16, 2017* and ends May 30, 2017*. Corrections made by entities during the review and correction period will be included in the June 2017 publication

Review, Dispute, and Correction Overview (cont.)

- During the review, dispute, and correction period, the reporting entities acknowledge and work to resolve those disputes
- **Dispute resolution takes place outside of the Open Payments system**; reporting entities should work directly with the physician, physician's authorized representative, physician principal investigator, or a teaching hospital's authorized official or authorized representative to reach a resolution for the dispute
- Once a resolution is reached, the results of the resolution must be captured in the Open Payments system (instructions in the following slides)
- **CMS does not mediate disputes between reporting entities, physicians and teaching hospitals**

Review, Dispute, and Correction Overview (cont.)

Permitted Actions by Reporting Entities	Permitted Actions by Physicians and Teaching Hospitals
<ul style="list-style-type: none">• Acknowledge disputes• Resolve disputes with changes to records• Resolving disputes by deleting records• Resolving disputes with no changes to records	<ul style="list-style-type: none">• Review and affirm records• Initiate disputes• Withdraw disputes

- It is not required that physicians and teaching hospitals review, acknowledge, or dispute any records
- Records not affirmed by the physicians and teaching hospitals are eligible for publication and will be published using the latest attested-to data submitted by the reporting entity
- Only users who hold the role of submitter can perform review, dispute, and correction actions for a reporting entity
- Changes made to records are not complete until the record is re-attested by a user who holds the role of attester

Review, Dispute, and Correction Overview (cont.)

- The review, dispute, and correction period consists of:
 - 45 days for data review, dispute, and correction
 - 15 days immediately following the 45-day period for reporting entities to continue to make corrections
- Records edited or deleted resulting from a dispute resolved during this 60-day period will be reflected in the June 2017 publication
- Disputes unresolved at the end of the 60-day period will be published as disputed in the initial data publication
- Reporting entities can continue to make edits to records with no disputes against them until the refresh publication cutoff (Modified-Without-Dispute Cutoff Date). All undisputed records edited before Modified-Without-Dispute Cutoff Date will be eligible for the refresh publication
- Edits to records with no disputes against them made after refresh publication cutoff will be eligible for publication in the next publication of the data
- Physicians and teaching hospitals have until the end of the 2017 calendar year to initiate disputes on data submitted in 2017 (including late submissions from previous program years). The resulting activity from those disputes will be reflected in a future publication

Dispute Timing and Public Display

- Disputes initiated within the initial 45-day review, dispute, and correction period, and resolved by the end of the additional 15-day correction period, will be published and identified as non-disputed in the initial public posting of data
- If the dispute is not resolved by the end of the correction period, the record will be published and identified as being under dispute
- Disputes initiated or resolved after the full 60-day review, dispute, and correction period will not be reflected in the initial publication of data. Those disputes and any related data changes will be published in the next publication of data, which may be a refresh publication of the program year data or the publication of the next program year's data
- Records with a new dispute initiated after the 45-day review and dispute period will be published as original attested-to data in the initial data publication
- Additional details regarding disputes initiated after the 45-day review and dispute period are available in the quick reference guide “Review and Dispute Timing, and Data Publication” (see Resources page of the Open Payments website <https://www.cms.gov/OpenPayments/About/Resources.html>)

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:
 - Initiated – The dispute has been initiated by a physician or teaching hospital
 - Acknowledged – The dispute has been acknowledged by the reporting entity
 - Resolved – The dispute has been resolved by the reporting entity with updates made to the record
 - Resolved No Change – The reporting entity and physician or teaching hospital have resolved the dispute in accordance with the Final Rule and no changes were made to the disputed record
 - Withdrawn – The dispute has been withdrawn by the physician or teaching hospital

Reviewing and Acknowledging Disputes

Reviewing & Acknowledging Disputes

- Submitters associated with a reporting entity receive an email notification when a dispute has been initiated against a record submitted by the entity; submitters associated with the entity may then review the dispute
- The purpose of acknowledging the dispute is to notify the physician or teaching hospital that the dispute has been received by the reporting entity
- Acknowledging a dispute does not indicate that agreement or acceptance of the dispute by the reporting entity
- Acknowledging a dispute is optional
- After the dispute has been acknowledged and/or reviewed in the Open Payments system, actions can be taken towards resolving the dispute
- The physician or teaching hospital receives an email notification if the dispute has been acknowledged in the Open Payments system

Reviewing & Acknowledging Disputes (cont.)

- Reporting entities can download a report of disputes initiated against their records available from entity review and dispute page by selecting “Download Disputes Zip File” link
- Quick reference guide “Acknowledging Disputes and Resolving Disputes with No Changes to Data” provides additional guidance (see Resources page of the Open Payments website <https://www.cms.gov/OpenPayments/About/Resources.html>)

Resolving Disputes, and Correcting and Deleting Records

Resolving Disputes

Only users who hold the role of a submitter can perform review, dispute, and correction actions for a reporting entity

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 deletion of the record is attested-to, the record, along with the review and dispute history of the record, are deleted from the Open Payments system

Resolving Disputes (cont.)

2. **The dispute can be resolved with no changes 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.)

- **CMS will not mediate disputes**
- Reporting entities, physicians, and teaching hospitals should work outside of the Open Payments system to resolve disputes
- Physicians and teaching hospitals may initiate another dispute on the same record if they believe the disputed record has not been sufficiently resolved
- When the dispute status is updated in the Open Payments system, the physician or teaching hospital will receive an email notification

Correcting Disputed Records

- Once a resolution has been reached by the reporting entity and the covered recipient, the reporting entity can move forward with making any needed data corrections
- Disputed records can be corrected via two methods:
 1. Bulk data file resubmission
 2. Manual data entry (via Graphic User Interface)
- Corrected records must be re-submitted and re-attested to by the reporting entity's submitter and attester

Correcting Disputed Records (cont.)

- If a change to the covered recipient identifying information (such as name, NPI, license, etc.) is required to resolve a dispute, the reporting entity must:
 - Delete the original attested-to record
 - Submit a new record with the corrected covered recipient details
 - **Do not submit the previously attested record as a resubmission with new covered recipient identifying information; the original must be deleted and the changed record treated as new**
- Refer to the quick reference guides available on the Resources page of the Open Payments website (<https://www.cms.gov/OpenPayments/About/Resources.html>) for instructions on how to re-submit and re-attest

Deleting Disputed Records

- Records may be deleted as a result of the dispute resolution process
- When a user selects a record that had been previously attested to and then selects “Delete Record,” the record is not immediately deleted; the record is “marked for deletion”
 - To complete the deletion of a record “Marked for Deletion”, the reporting entity’s attester must re-attest to the records for that program year; until re-attestation, the record will remain visible to covered recipients and be eligible for publication
- Any records submitted and attested to after the start of the review and dispute period as a result of updating the covered recipient information will become available for review to the new covered recipient in the next calendar year

Deleting Disputed Records (cont.)

- After re-attestation occurs, the record is deleted from the Open Payments system along with the review and dispute history for the record
- A deleted record will no longer be visible to the reporting entity or the covered recipient
- Quick reference guide “Record Deletion” provides additional guidance (see Resources page of the Open Payments website <https://www.cms.gov/OpenPayments/About/Resources.html>)

Open Payments System: Review and Dispute Enhancements

Open Payments System: Review and Dispute Enhancements

- **Updated Columns on Review and Dispute grid for reporting entities**
 - To reduce scrolling, the following columns have been removed from the grid:
 - File ID
 - Date of Payment
 - Dispute Last Modified By
 - Records Status
 - The columns on the grid have been re-ordered. See below:

Show Entries 10

Select All <input type="checkbox"/>	Action	Record ID <input type="button" value="v"/>	Home System Payment ID <input type="button" value="v"/>	Dispute ID <input type="button" value="v"/>	Recipient <input type="button" value="v"/>	Total Payment Amount or Dollar Amount Invested <input type="button" value="v"/>	Value Of Interest <input type="button" value="v"/>	Review and Dispute Status <input type="button" value="v"/>	Date Dispute Initiated <input type="button" value="v"/>	History of Disputes	Delay in Publication of Research Payment Indicator <input type="button" value="v"/>	Marked for Deletion: <input type="button" value="v"/>
<input type="checkbox"/>	View Edit	1257520	101	4517	Craig Hospital	\$76,767.22		Resolved	2016-04-11	View	No	Yes
<input type="checkbox"/>	View Edit	766649	TH_test	4382	ST. ROSE DOMINICAN - SIENA	\$333.23		Resolved No Change	2016-01-04	View	No	No
<input type="checkbox"/>	View Edit	766649	TH_test	4379	ST. ROSE DOMINICAN - SIENA	\$333.23		Resolved No Change	2016-01-04	View	No	No

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Next Steps and Available Resources

Next Steps

- Review any records your reporting entity submitted that have been disputed by a physician or teaching hospital
- Acknowledge and resolve disputes with physicians and teaching hospitals
- Correct and delete records as needed
- Re-submit and re-attest to corrected and/or deleted records
- **Only users who hold the role of submitter and/or attester can perform these functions**
- Contact the Open Payments Help Desk for assistance if needed

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, contact the Open Payments Help Desk at:
 - openpayments@cms.hhs.gov
 - 1-855-326-8366