

OPEN PAYMENTS

Creating public transparency into industry –
provider financial relationships

Review, Dispute, & Corrections
Information for Reporting Entities

Open Payments Team

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Centers for Medicare & Medicaid Services
Center for Program Integrity



About Open Payments

- Open Payments is a national disclosure program that promotes a transparent and accountable healthcare system.
- Each year applicable manufacturers and group purchasing organizations (GPOs) collect data regarding payments or transfers of value they have made to covered recipients. In the following calendar year they submit this information to CMS for publication.
- Keep in mind that the expanded definition of a covered recipient is now in place

Common Terms

- **Reporting Entities:**

- refers to the Applicable Manufacturers and Applicable Group Purchasing Organizations (GPOs) that are required to collect and submit data to the Open Payments Program

- **Covered Recipients:**

- health care providers receiving payments or other transfers of value from the reporting entities. Covered recipients specifically includes: Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists (including anesthesiologist assistants) Certified Nurse Midwives, and Teaching Hospitals.

- **Non-Physician Practitioners (NPPs):**

- collectively refers to the additional provider types that were added beginning with Program Year 2021.

Data Submission Reminders

- **Program Year 2021 data submission closes Thursday, March 31, 2022.**
 - Data must be submitted **and** attested to by March 31, 2022 in order to be considered reported on time.
- Register / Recertify
 - If you have Program Year 2021 data to submit and have not yet recertified we recommend doing that as soon as possible and beginning the data submission process
- Submit Data Early
 - We recommend submitting your data as early as possible during the submission window. Starting early helps avoid longer upload times that might happen closer to the end of the submission window, and allows adequate time for addressing any errors or issues you may encounter.
- Refer to the [Data Submission Suggestions](#) for more tips and recommendations.

Upcoming Review, Dispute & Correction Period

- On April 1, 2022 the Pre-publication Review & Dispute period will open for covered recipients.
 - During this time covered recipients will have an opportunity to preview the data and dispute attributed payments / transfers of value they believe to be inaccurate or incorrect in any way.
 - Covered recipient pre-publication review and dispute is from April 1, – May 15, 2022.
- As a reporting entity, it is your responsibility to work with covered recipients to resolve disputes.
 - Reporting entities may resolve disputes during the initial pre-publication review and dispute period and are given an additional 15-day correction period (May 15, – May 30, 2022) to resolve any outstanding disputes.
- CMS does not facilitate or mediate disputes.

How Pre-publication Review & Dispute Works

- Covered recipients that are registered in the Open Payments system may review the data prior to its publication.
- If they believe a record associated with their profile is incorrect or inaccurate in any way, they may initiate a dispute.
 - When a dispute is initiated, the reporting entity will receive a notification, and should work with the covered recipient to resolve the dispute.
 - When you receive a dispute, it is recommended that you acknowledge the dispute so that the covered recipient knows you saw their dispute and are actively working to resolve it.

Dispute Statuses

- Records in the Review & Dispute Process will have one of the following statuses
 - **Initiated**
 - The dispute has been initiated by the covered recipient
 - **Acknowledged**
 - The reporting entity has acknowledged the dispute
 - **Resolved**
 - The reporting entity and covered recipient worked together to reach a dispute resolution
 - **Resolved No Change**
 - The reporting entity and covered recipient worked together and determined the originally reported information is correct and no change to the record is necessary
 - **Withdrawn**
 - The covered recipient withdrew the dispute; no further action is needed

Review & Dispute Impact on Publication

- Disputes initiated within the pre-publication review, and dispute, period and resolved by the end of the correction period (May 30, 2022) will be published and identified as non-disputed in the June 2022 data publication.
- If an initiated dispute is not resolved by the end of the correction period, the record will be published and identified as disputed.
- Disputes initiated or resolved after the full 60-day review, dispute, and correction period will not be reflected in the initial data publication and will be published as original attested-to data.
 - Those disputes and any related data changes will be published in the next publication which may be a refresh publication or the next program year data publication.

Questions & Answers

- To ask a question:
 - Submit your question via the Q&A box
 - We will try our best to answer all of your questions, however if we do not respond to your question please feel free to reach out to the Open Payments Help Desk for assistance
- Please note:
 - Questions with specific and/or detailed scenarios will be referred to the help desk.

Stay Connected & Informed

- **Visit the Open Payments Website**

- For resources including Open Payments FAQs and more information about the program visit <https://cms.gov/openpayments>

- **Subscribe to the Listserv**

- Receive program updates through the Open Payments listserv
- Subscribe at our Contact Us Page

- **Search the Data**

- Access the Open Payments data at <https://openpaymentsdata.cms.gov>

- **Have Questions or Need Help?**

- Email: openpayments@cms.hhs.gov
- Call: 1-855-326-8366 (TTY Line: 1-844-649-2766)
- Help Desk Hours: 8:30am – 7:30pm (ET)

