



Open Payments: Transparency and You Call

Moderated by: Leah Nguyen
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a 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. I will now turn the call over to Leah Nguyen, thank you. You may begin.

Announcements & Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communications Group here at CMS and I am your moderator today. I'd like to welcome you to this Medicare Learning Network Call on Open Payments. Reporting entities are submitting data to the Open Payments System on payments or transfer the value me to physicians and teaching hospitals during 2018.

Beginning in April physicians and teaching hospitals have 45 days to review and dispute records attributed to them. During this call, find out how to access the Open Payments System to review the accuracy of the data submitted about view before it is published on the CMS website. A question and answer session follows the presentation.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL go.cms.gov/npc, again that URL is go.cms.gov/npc.

Today's event is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen-in, but please refrain from asking questions during the question and answer session, if you have inquiries contact press@CMS.hhs.gov. At this time, I would like to turn the call over to Amy Hammonds from the Center of Program Integrity.

Presentation

Amy Hammonds: Thank you Leah, and thank you everyone for joining today's call, whether this is your first-time hearing about Open Payments, or this is a refresher for you. We hope that you walk away with some new knowledge and prepared for the review and dispute period that we're getting ready to enter in the next few weeks.

So, to start the presentation, I'm going to begin on slide 2, which goes over some key terms that you'll hear throughout today's call. Common terms that you'll hear are reporting entities which refers to pharmaceutical and medical device manufacturers and their distributors who are required to report payments and other transfers of value to Open Payments. And this also includes applicable manufacturers and Group Purchasing Organizations which we commonly referred to as GPOs. The other term that you'll hear is covered recipients which refers to physicians and teaching hospitals who are receiving the payments or the transfers of value from the reporting entity.

Sides 3 highlights our agenda for today's call which we will go over what the program is, how you can specifically participate in the program, the review and dispute and correction process, actions to take during review and dispute, how to resolve disputes, and then of course you will have a question and answer session.

Open Payments: The Program



On slide 4 is just the title slide, moving on to Open Payments the program. Slide 5 provides a definition. This is what I guess you could call our textbook definition of Open Payments of what the program is. Which is a national disclosure program that promotes a more transparent and accountable health care system by publishing the financial relationships between applicable manufacturers and Group Purchasing Organizations, and health care providers. So, again that's the reporting entities and cover recipients of the program is about the transfers of value between those two within the program.

We do operate on a program timeline which you can see on slide 6. So, I'll walk you through this timeline really quickly just an outline of how our program runs. This is based on Program Year 2018 which we consider our current program timeline right now and that's because the data for Program Year 2018 is what's currently being submitted. So, January 1st through December 31st, 2018, the reporting entities collected their data which was those payments made that ran for a whole calendar year as they collected all their payments and then beginning on February 1st the submission window opens. So, they are now able to submit all those payments into our system and they have until March 31st of 2019 to submit those records to us.

Following the close of the submission window, we move to the review and dispute period, which is an opportunity for cover recipients to come into the system and review the reported data before it's published. So, this is a pre-publication review and dispute period, where if anything is seen to be inaccurate in anyway covered recipients can initiate a dispute and work directly with the reporting entity to resolve that.

As you'll see, there's the review and correct period, which reporting entities have an additional 5 days at the end of the — I'm sorry- an additional 15 days at the end of the review and dispute period to come in and make any necessary corrections before the data is published. So, review and dispute for covered recipients is April 1st through May 15th. That additional correction period is May 16th through May 30th and then the data will be published on or by June 30th. We're required to publish that annually on or by that date.

Then moving on to slide 7, we can talk about what the data actually consists of. So, the data in Open Payments is made up of direct or indirect payments or other transfers of value made to covered recipient. An indirect payment is a payment or transfer of value made to a third party where the reporting entity requires, instructs, directs or otherwise causes the third party to provide the payment or other transfer value in whole or in part to a physician or teaching hospital. That's just a little note there for you to differentiate between those direct and indirect payments.

Also reported is ownership and investment interests that are held by physicians or their immediate family members. There are 3 payment categories which are highlighted on slide 8 and this is how the payments are broken up within all of our data. We have General Payments, Research Payments and Ownership or Investment Interest.

General payments are payments that are not made in connection with the research agreement or protocol. Examples of general payments can include meals, gifts or travel. And we do have a full list of the nature of the payment categories that fall under general payment which is available on our [cms.gov/openpayments](https://www.cms.gov/openpayments) website.

Research payments are payments that are made in connection with the formal research agreement or protocol, and ownership or investment interests include information about ownership or investment interest that physicians or their immediate family members have within the reporting entities.



On slide 9, we have some information about our recent published data which is Program Year 2017 as I mentioned before the Program Year 2018 data is what's currently being submitted. The information here is based on our refresh which we did in January. So first, we published Program Year 2017 data in June of 2018 and again the covered recipients did have the opportunity to review their data before this was published.

After publication, disputes and reviewing data can still be taken care of. It's just that – excuse me - not reflected in that initial data publication – sorry one second – And then on January 18th of this year, we ----excuse me, I'm so sorry. yeah, you may jump in.

Ian Mahoney: This is Ian Mahoney, I'm going to fill in for Amy while she is taking a drink of water. So just to wrap up what she was saying the data was refreshed in January 18th, 2019 in order to reflect any changes that happen after that initial publication. So that is the most recent data that is currently available.

If we move on now to slide 10, you'll see a quick summary of what's currently published for Program Year 2017 this reflects most recent refresh of the data. There was a total of 8.3 billion dollars reported in payments that made up of 11.27 million records.

These payments were in three major categories from Program Year 2017. There were 2.81 billion dollars in General Payment, 4.56 billion dollars in Research Payment and 932 million dollars in Ownership Investment and Interest. Also, as you can see, there are 1,522 reporting entities reporting payments on Program Year 2017 and 1,161 teaching hospitals receiving payments for this Program Year and 626,000 physicians. So, we went through that information and I'm going to pass back to Amy now to continue on.

Amy Hammonds: Thank you Ian, I'm so sorry about that everyone. So, slide 11 has the definitions – more in depth definitions of the reporting entities and who that includes. So, I'm so sorry, I'm having terrible hoarseness today. I won't exhaust the full definitions of the reporting entities as they are very lengthy and as most of you are probably interested about what the covered recipients include, which is slide 12.

So, this is a good slide to have on hand. If you're wondering if you fall into the covered recipient category and this goes over covered recipients, the teaching hospitals, physicians, and if you would be considered a physician owner or investor. This is also available on our resources page on [cms.gov/openpayments](https://www.cms.gov/openpayments). And I'm going to hand it back over to Ian to go over Your Role.

Open Payments: Your Role

Ian Mahoney: Thank you Amy, no problem. So now we're going to take you to slide 13, which is just health slide to start off the discussion about your role and again my name is Ian Mahoney, I also work on the Open Payments Team.

Now, let's go ahead and get started with slide 14 where we're getting some specifics about your role. So, covered recipients are able to participate as Amy said in a pre-publication review and dispute of the data to affirm that information is correct.





There's a 45-day period for this which Amy went over the timeline for that, but it generally starts in April 1st and runs through May 15th each program year. In order to review or taking any actions on your data, you do have to register with an Open Payments System. Once you're registered, covered recipients have several options for how to review the data including nominating an authorized representative to perform system later functions in their behalf.

So, an authorized representative may be a staff member or an office manager, someone you can nominate during your registration process or any time after your successful registration. And you can also set different levels of access for those authorized representatives up to and including completing the review and dispute process for you.

Participation in the process is totally voluntary, but we do encourage you to register and review your data because it helps to ensure the accuracy of the reported data.

All right, so on slide 15, now we're going to talk about some high-level information about how the registration process works? And broadly speaking registration is a two-step process.

The first step is registering with the Enterprise Identity Management System or EIDM. This step helps us to confirm that you are who you say you are, helps to confirm your identity. The second step is then registering with the Open Payments System which helped us ensure that you're a valid covered recipient. We take privacy and security very seriously and so only valid covered recipients are able to register with the Open Payments.

If you're new to Open Payments to get response process started, you can go to portal.cms.gov and then complete the new user registration there. Once you've done that registration, you can then request access to the Open Payments System and then you'll have to register with the Open Payments System. As always if you miss any of that information or you want to learn more about it, then go to our website cms.gov/openpayments About tab, there is a resources section to have all this there. You can also contact our help desk and we'll provide contact information for them later in the call.

All right, now are on slide 16 where we're going to talk about what happened if you've already registered. So if you previously registered, good news is you don't have to re-register; however, it's important in keep in mind that if you've not access your account in the last 60 days you are going to be locked out of that account, you can unlock it by accessing it through the Enterprise portal and answering your challenge questions correctly.

Now, if you've not accessed your account within the last 180 days or longer, your account's going to be deactivated. If that circumstance applies to you, please contact the help desk, they'll help you. It won't take very long to get it reactivated in the system.

Okay, so now, I'll turn the slide 17, where we'll talk about registration in vetting. When you're registering in the Open Payments System, physicians are vetted using the information that's provided during that registration process. The information used for vetting include your first and last name, your national provider identifier, your state license information and if you haven't provided NPI, your primary type.

One new thing to mention about the registration process this year is that physicians are now able to provide up to six Open Payments Taxonomy codes when they register and just so you know that's a change from previous



years. So, once your registration and vetting is complete, you'll receive an email confirming whether or not your vetting was successful or not and if you're vetting is not successful, we ask that you first check to make sure all the information you provided is correct. And then, if you need assistance beyond that please contact our help desk and they'll be able to assist you.

Okay, so now that we're going to turn slide 18. Now, we've talked about the vetting process at a high level. I'm going to provide you some tips for you know getting through vetting successfully. The first step is to make sure that use the name when you register that matches within NPPES or National Plan and Provider Enumeration System. And just a reminder, if you are a hospital-based physician, you must register as an individual physician in order to review your records that's associated with you.

Next make sure you have your NPI on hand when you register and again enter as it shown in NPPES. Please note that if you have an NPI and you don't enter it, you will fail the validation process, so that's an important piece of information. Please make sure to enter your state license information, but note that you only have to enter one of your state license as long as you provide one that's sufficient and then finally, we encourage you to provide as much information as possible more information helps speed up vetting though overall it's not a very lengthy process in the grand scheme. But it ensures - also helps to ensure that all records associated with a physician are actually matched to them.

All right, so now we've talked about physicians, we're going to turn slide 19 and talk about teaching hospitals which are another group of covered recipients. So as with physicians if a teaching hospital is previously registered with the Open Payments System, they do not need to re-register and the same rules apply. If they have not logged-in within the last 60 days, the account will be locked, and it can be unlocked by going into the Enterprise portal and answering the challenge questions correctly.

If the teaching hospital has not accessed their account within a 180 days or longer, that account will be deactivated. In order to reactivate your account, you'll have to contact the Open Payments help desk.

So, teaching hospitals are able to designate up to 10 authorized representatives or authorized officials that can act on their behalf within the system. And so just quickly the difference between these two an authorized representative can complete the review and dispute process and can nominate others for roles and authorized officials can do all the same things, but in addition they can also complete the registration process for the teaching hospital, keep the teaching hospital's profile up to date and can also modify user roles and move users and approve nominations.

Okay now, I'll turn to slide 20, where you'll see some information about tips for successfully getting registered as a teaching hospital and the first one is to definitely be sure to reference that teaching hospital information exactly as it appears on the published teaching hospital list, which is provided on our website and then why you're there please also look at the other quick reference guide we have available on the Open Payments website to be able to help you get through the registration process.

Okay, so now, I'm going to turn it back to Amy and she's going to help you talk about review, dispute, and correction.

Review, Dispute, & Corrections Process



Amy Hammonds: Thank you Ian. So, slide 21 is our title slide. So, moving on to slide 22, we will dive right into the review, dispute and correction process. So as a covered recipient, you have the option to review and affirm and also if necessary, dispute any records that are attributed to you. You have the ability to do this before the records are even published that way that you can be sure that they were being published accurately.

As Ian mentioned, review and dispute is voluntary for covered recipients, but we do suggest that you take advantage of it as it is your way to make sure that anything that appears in the publicly available data is accurate and that everything that would have your name tied to it would be something that you are comfortable that it out there and then it's accurate information.

There are a couple different steps that you can take which is reviewing records, affirming records, initiating disputes and also withdrawing disputes. Again, as a reminder, the dispute resolution takes place outside of our system and you should be working directly with the reporting entities to resolve any disputes that you do initiate. CMS does not mediate or facilitate disputes.

All right, slide 23 goes over the review, dispute and correction timing. So, as I mentioned when we looked at the program timeline the review and dispute period is 45 days long. That will begin on April 1st and run through May 15th where you can come in and participate in a pre-publication review of the data.

Following that period is the 15 days that is additional for reporting entities to make any corrections that might still be outstanding. Covered recipient, you do have until the end of the 2019 calendar to initiate any dispute that - are - would be needed on Program Year 2018 data or any new data that's appearing for you this year. But the key here is that the pre-publication review window is your opportunity to initiate disputes and get any resolutions needed before the data is published in June.

Records with the new dispute initiated after the 45-day review and dispute period will be published as originally attested to in that initial date of publication. And if you would like more details, we definitely recommend viewing the Open Payments System Quick Reference Guide Review and Dispute Timing and Data Publication. This will walk you through the different nuances of the timing of the dispute and how the data will be displayed.

Slide 24 goes over the different statuses that a record could have during the review and dispute period, if you are disputing records. The first would be initiated meaning that the dispute was initiated, you're in the system marking that it's incorrect according to your records or what you believe to be accurate. Acknowledged when it receives this status means that the reporting entity has acknowledged that the dispute is there. And hopefully you guys are beginning to work together on resolving the dispute.

Resolved, you have worked with the reporting entity and made any necessary updates corrections to the record. And it's now resolved. There is the option for Resolve No Change, which means that you worked with the reporting entity and reached the resolution that the record is actually accurate and no dispute is needed. No changes are needed and so, then it would be marked as resolved no change.

Withdrawn would mean that you are withdrawing the dispute, you no longer need it to be disputed and there would be no further action required from you or the reporting entity at that time.

Review & Dispute Actions



Slide 25 is our title slide for Review and Dispute Action. So, we can look at these in a little bit more detail of what all you can do during this period? So, slide 26, this is again what actions you can take within the system during review and dispute which is you can review the records, make sure that they're looking good for you, you can affirm records just say that you have reviewed and/or affirming that they are correct and accurate. You can initiate disputes stating that something needs to be updated and you can also withdraw a dispute if you would realize that something that you initiated is actually correct and you don't actually need to dispute it.

So, slide 27 goes over reviewing the record. In order to review the records, you do need to be registered within the system as I mentioned earlier, see - make sure that you are registered with us and please utilize the resources available to walk through the registration process. Once you've registered, you can log into the system and go to the Review and Dispute tab and select the covered recipient that you're associated with.

When you affirm records as I mentioned, this means that you're stating that the records are correct which again you can do it in the system. So that's really you signing off, saying that you reviewed them and everything is correct. Physicians can affirm records, physicians authorized representatives can also affirm records. The teaching hospital authorized officials and authorized representatives are permitted to affirm the records. And principal investigators that may have records associated with them, may also affirm records.

If you do affirm record, you still have the ability to dispute them at any time so that doesn't mean that now they're not available for dispute, you would still have the option, if you've caught something to go back and initiate a dispute.

As I mentioned initiating dispute should be done on records that are believed to be inaccurate in anyway. So, the reporting entity will receive an email notification when you do initiate a dispute that way they know that's something for them to work with you and resolve.

The covered recipient will also receive an email notification, if the dispute has been acknowledged by the reporting entity. So, when the reporting entity does their part on acknowledging it, you'll get confirmation on that and the two of you should begin working together to resolve the dispute.

The dispute status can also be viewed in real time on their review and dispute page in Open Payments System.

And slide 30, Withdrawing Disputes. So, as I mentioned, if for some reason you would have initiated a dispute and then later realized that no action is required on it and it is correct, you can withdraw the dispute.

Again, physicians and physician authorized representatives are permitted to withdraw disputes, teaching hospital authorized officials and authorize representatives are permitted to withdraw disputes and so are the principal investigators.

And at this time, I am going to hand it back over to Ian to talk about dispute resolution.

Dispute Resolutions

Ian Mahoney: Thank you Amy, it's now I'll talk about those actions we're going to go over the last step here which dispute resolution that's title slide on slide 31 and if you move to slide 32, you'll see some information



about last step in the review and dispute process. So, when a dispute is lodged, reporting entities can resolve it with either a change made to disputed record or without a change made to the disputed record. Of course, records can also be deleted at the result of a dispute. So when a dispute is resolved, the covered recipient will receive an email notification that give them an update about the resolution status and if after that they covered recipient believe that the dispute hasn't been sufficiently resolved, they can issue another dispute on that same record. So, they have the ability to lodge another dispute. And covered recipients are free to continue to dispute record until they feel that a satisfactory result has been obtained.

All right on slide 33, I just want to go over a little-- couple more details about resolving disputes. First off Amy has already mentioned this, but CMS does not mediate or facilitate disputes. and we really encourage reporting entities and covered recipients to work together outside of the system to come to a resolution on these disputes.

To help those facilitate this resolution process, we encourage covered recipients to enter their contact information into dispute detail text box when they're lodging their dispute. And additionally on the other side if you need to contact reporting entity about a record, you can find that review and dispute contact information listed at the top of each individual record in the Open Payments System.

So reporting entities are required to provide that information in there profile. And then again while we're on the topic of resolving disputes, if the dispute is resolved by reassigning that record to another covered recipient, you will no longer be able to view that record in your own view and then the review and dispute status of the record will automatically update to resolved once the disputed record has been resubmitted and reattested, so that will change the status.

Okay, so now I'll turn your attention to slide 34 and now that we've covered the review and dispute resolution process, we're going to talk a little bit about what impact that may have on data publication. So, the timing of corrections really hasn't influenced on when the corrections will appear in the published data.

So, for example if the data correction comes after the close of the review, dispute and correction period, those changes won't be reflected in the June 2019 publication. But corrections can be made at any time and once they're made, they will be updated in the next available data publication. We do plan to do at least one refresh annually and we do plan to do a refresh in January which will include update to data that has been made since the close of the correction period.

And then, finally of course in cases where dispute is not resolved, the latest attested data will be published, and it will be identified as disputed.

So to sum up on slide 35 here, if you aren't registered in the Open Payments System, we really do encourage you to register and participate in this opportunity to review your data before it's published, it helps us to ensure the accuracy of the data and helps you get a look at what's been reported out here, before it's made available to the public.

And then once you do register, the record associated to you in the system you can do go through the steps, and Amy went through, you can review or affirm or dispute as appropriate.



Okay, so I think we're now going to turn it back to moderator. Before we do, I just do want to note for the question and answer session that we want to remind everyone that the audience for today is attended to be health care providers and all questions should be related to topics that are discussed in today's presentation. Any other questions you may have that are related to what was covered in today's presentation, we could refer you to our Open Payments help desk which again we'll provide that contact information.

And then please know that we also can't comment on specific scenarios and you'll need to consult the available guidance and regulations as well reach out to the help desk if you have specific questions, so with that I'll turn it back over to Leah.

Question & Answer Session

Leah Nguyen: Thank you Ian. You will now take your questions. As a reminder, this event is being recorded and transcribed. In effort to get to as many of your questions as possible each call is limited to one question. To allow more participants the opportunity to ask questions, please send questions specific to your organization, the resource mailbox listed on slide 37 so our staff can do more research. Preference will be given to general questions applicable to a larger audience and we'll be mindful of the time spent on each question. All right, Dorothy, we're ready for our first caller.

Operator: To ask a question, press star followed by the number one on your touch tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you were asking your question, so anything you say, or any background noise will be heard in the conference. If you have more than one question, press the star one to get back into the queue and we will address additional questions as time permits.

Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from the line of Elizabeth Dunn.

Elizabeth Dunn: Hi, this is Elizabeth Dunn at Mayo Clinic. I'm just wondering what percentage of physicians are currently registered in Open Payments?

Leah Nguyen: Hold on a moment.

Elizabeth Dunn: Thank you.

Amy Hammonds: Hi Elizabeth, this is Amy. We do have a summary on our webpage of [CMS.gov/openpayments](https://www.cms.gov/openpayments). If you click on the data, Explore the Data tab under the data overview, I believe that there is a sheet that will breakout the summary based on Program Year 2017 data. So, I will point you to that I don't have it in front of me just right yet, but I can give you that information as a resource.

Elizabeth Dunn: Okay thank you, I will find that.

Leah Nguyen: Thank you.



Operator: Your next question comes from a line of Martha Interiano.

Martha Interiano: Hi, Yes, I have a question. If we find out we want to dispute data from the previous year like 2016, how do we initiate that dispute?

Ian Mahoney: Hi, this is Ian. Yes, so you can do that. It would depend on when the data was reported, so if it's from a previous year and its being reported this year, you should still be able to dispute that in the system, but if it's from a prior program year, you'll need to reach out to the reporting entity directly in order to inquire about that dispute. So, you're no longer able to do it in the system, but the company would be able to take action on that record, if you follow it up with them outside of the system.

Martha Interiano: Okay. Can I ask you another question?

Leah Nguyen: Sure.

Martha Interiano: Okay, I did that are ready, do they have a timeframe to do that, is there a specific time where they can do that because it's for year 2016?

Ian Mahoney: Yeah, I'm sorry, I can't comment on that specific scenario, but they may be doing that as they submit their data for this year, it really depends on their timeframe. So, I'm sorry, I can't give you more insight into how they are addressing it.

Leah Nguyen: Thank you.

Martha Interiano: Okay. Thank you.

Operator: As a reminder, if you would like to ask a question, please press star then the number one on your telephone keypad. Your next question comes from a line of Cynthia Desmond.

Cynthia Desmond: Hi, this is Cynthia Desmond, thank you for taking my call.

Leah Nguyen: Hello, we can hear you.

Cynthia Desmond: Hi, okay thank you. So, the question that I have is what responsibility do organizations have to disclose their funding source as a reporting entity?

Ian Mahoney: I'm sorry, I don't know that we'd be able to get into the particulars of that. It would be really depend on the specifics of the circumstance. There are some resources on our resources page like the FAQ that may be able to assist you and if not please, do reach out to the help desk for more, but we may not be able to address that in detail here on the call.

Cynthia Desmond: Okay thank you.

Leah Nguyen: Thank you.



Operator: Your next question comes from the line of Allison Williams.

Allison Williams: Hello, this is Allison Williams with Baylor Scott & White Health and I had a question about the teaching hospital records were the industry companies required to provide any additional information this year, for example maybe an associated department or employee name as we're reviewing the teaching hospital records, it can be challenging to validate payments without having any additional information?

Ian Mahoney: Hi thank you. To my knowledge, there were no changes for this program year, but we do appreciate that feedback and we will you know keep that in mind as we consider future enhancements. But to directly answer your question, no I do not believe there were any changes to the requirements for teaching hospital reporting for this year.

Allison Williams: Okay thank you.

Operator: As a reminder, if you would like to ask a question, please press star then the number one on your telephone keypad. Your next question comes from a line of Katie Wood. Miss Wood, your line is open.

Katie Wood: Hi, this is Katie Wood, and thank you for taking my call. I know we talked about how physicians can register, and teaching hospitals can register, but is there a way for someone say like in an administrative physician to register through the Open Payments website to the entire organization?

Ian Mahoney: So, yes there is, we covered a little bit in this presentation I believe what you're talking about is would be an authorized representative. And it really depends on the circumstances but for physicians if they are nominating an authorized representative physician would first have to go through the registration process and then select someone as an authorized representative. If it's a group of physicians though, they would each physician would have to do that individually. But they can select the same person to be authorized representative.

Amy Hammonds: Also, if you want on our resources page, there's a quick reference guide specifically for nominating a physician authorized representative and how to accept or reject those nominations. So that's on our resources page under Nominating a Physician Authorized Representative and Accepting/Rejecting Nominations.

Katie Wood: Okay. Thank you.

Amy Hammonds: Yep.

Operator: Your next question comes from a line of Stephanie Enfizer.

Stephanie Enfizer: Hi Good Afternoon, we're wondering I'm a little new to this. I just started as a practice manager, but is there a way that we can see what the prior reports were? I'm not even sure if we're on it, we're a smaller company, comprehensive neurology and if not, I guess we would need to, do we need to join?

Ian Mahoney: So, thank you for the question. Yes, so you can go to that all the data for every program year is published online at openpaymentsdata.cms.gov and you can see all the previous program years, you can search by reporting entity name, physician name. So, you should be able to look up if the parties you're interested in



there and see if there is any data from past years. That said we do also encourage you to come back in every year and check to see if new data is reported because again you have the opportunity to look at that data during this 45-day review period and get a sense of whether or not there's going to be data published for future years that you may want to review before it is published.

Stephanie Enfizer: So, if we were on there in the past, then it would be something we should definitely register for now so in case or something we need to do dispute we can do so?

Ian Mahoney: Our recommendation is to come into the system every year just to be sure that you're able to have that opportunity to review it before it is published. But once it is published it is made available on that website. So, you will be able to look and see whether or not anything was reported for a particular program year.

Stephanie Enfizer: Okay, thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Rhonda Longo.

Rhonda Longo: Yes, thank you very much. I just have an additional question about for teaching hospitals. The authorized representative and knowing how do we find out who's already listed as the authorized persons within our teaching hospital?

Ian Mahoney: So, thank you for the question. So, if you're already registered the people who are officer should be able to go and see that. If you need assistance with figuring out even registered or figuring out who are our associate with your account, we would encourage you to talk to the help desk and they should be able to assist you.

Rhonda Longo: Thank you very much.

Leah Nguyen: Thank you.

Operator: Your next question comes from a line of Marie Diaz.

Marie Diaz: Thank you for taking my question. Although there are 45 days within the review and dispute period. On average, is there any information or any guidance as far as the responsibility of the reporting entities how long do they have to or they give or allotted to complete their investigation or review of the disputes?

Ian Mahoney: Thank you for the question now. It's hard to speak to that on an individual scale because of the circumstances would vary. But we'll go back to that what you mentioned during the presentation which was if it's not resolved during that 45-day review, dispute and correction period it will still published if there's a dispute on it, it will publish as disputed and then when the correction has finally made, it will get updated in the next available publication. So unfortunately, hard to answer your question because it varies case-by-case, but once the resolution is reached, the data will be updated during the next available publication.

Marie Diaz: Thank you.



Leah Nguyen: Thank you.

Operator: There are no further questions at this time. I will turn the call back over to Leah.

Additional Information

Leah Nguyen: Thank you. We hope you will take a few moments to evaluate your experience. See slide 38 for more information. An audio recording and transcript will be available in about two weeks go.cms.gov/npc.

Again, my name is Leah Nguyen, I would like to thank our presenters and also thank you for participating in today's Medicare Learning Network® event on Open Payments. Have a great day everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect.