

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Open Payments: Understanding Your Role as a Covered Recipient
Moderator: Jill Darling
March 30, 2022
1:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the Q&A session if you'd like to ask a question, press star 1 on your phone. Today's call is being recorded. If you have any objections, you may disconnect at this time. I'd like to turn the call over to Jill Darling. You may begin.

Jill Darling: Great. Thank you, (Ted). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Special Open Door Forum, "Open Payments: Understanding Your Role as a Covered Recipient."

Before we get into the presentation today I have one brief announcement. This Special Open Door Forum is open to everyone. But if you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

And now I would like to hand the call over to (Amy Bedsaul).

(Amy Bedsaul): Thanks, Jill, and welcome everyone. We are so happy that you all joined today's Special Open Door Forum about the Open Payments program.

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We hope that the information that we present on today's call is helpful for you to gain a better understanding of the program as well as how it might impact you as a covered recipient.

Also, before we jump into the presentation I do just want to remind everybody that a link to the slides was available in the Special Open Door Forum announcement and they are posted on the Open Payments Events page. So, if you didn't have a chance to download a copy of those and you would like to follow along, that's where you can obtain a copy of the slides.

And so, let's go ahead and get started.

On Slide 2, we have a brief agenda about the topics that we will go over today. So of course, Open Payments, understanding the program. We'll talk about what the program is.

We will also talk about our program expansion that is now in place, how you can be involved in Open Payments if you wish to do so. And then what's the involvement, how to register and what review and dispute looks like for covered recipients.

And then we will of course save questions and do our best to answer your questions. And then we have our resources available as well.

So, without further ado, let's jump right in and talk about what the program is.

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So, if you're following along, I am on Slide 4 titled "The Program." So Open Payments is a national disclosure program that promotes a transparent and accountable healthcare system. So, we do this because - or by each year applicable manufacturers and group purchasing organizations collect data regarding payments or transfers of value that they have made to certain healthcare providers.

And then in the following calendar year those applicable manufacturers and GPOs submit this information to CMS for publication.

So, our program does operate on a timeline with our four major milestones, as we like to call them, of data collection, the reporting, review and dispute and then publication. So those are our four key milestones that happened during the program.

Before I get too far into the presentation, on Slide 5 we have some key terms so that when you hear these, you'll know what we're talking about during today's call. So, when you hear the term "reporting entities," we're referring to the pharmaceutical and medical device manufacturers who are responsible and required to collect and report data to CMS.

And then the term "covered recipient" refers to the healthcare providers that are receiving the payments or transfers of value from the reporting entity.

The term "covered recipient" specifically includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered

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nurse anesthetists that also includes anesthesiologist assistants, certified nurse midwives and teaching hospitals. That's our big list of covered recipients.

And then also if you hear the term "non-physician practitioner," that's specifically referring to those five added provider types that came into the program starting this program year 2021. So that's specific to the program expansion.

On Slide 6 we have a visual to talk about the program cycle. So, you can see that it's really a continuous cycle that data collection happens all year long. So not to sound too far ahead but, you know, just wanted to point out we're already in program year 2022 as far as data collection is concerned because that always starts at the beginning of the calendar year. So that's an ongoing activity.

And then reporting entities submit their data that was collected from March or excuse me, from February 1 through March 31. So that's the period of time that we're in right now.

And then we move into the review and dispute and correction period which runs annually from April 1 to May 15 and reporting entities have an additional time from May 15 to May 30 to resolve any outstanding dispute which we'll talk about a little bit later.

And then finally the big publication date which is always on or by June 30. So that's a snapshot of how the cycle continuously flows.

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And on Slide 7, we wanted to share with you what the specific program year 2021 timeline looks like since that is the new data that's coming in right now and being prepared for publication this year.

So, as I mentioned, data collection happens in the previous calendar year, so January 1 through December 31 of 2021. That is the time period that we're talking about when we say program year 2021. It was that calendar year of 2021.

As I mentioned, starting on February 1 of 2022 the data submission period opened for reporting entities. So, they have been working on getting their data submitted to us. They're wrapping that up; tomorrow is the deadline for that. So, they have to have their data reported in by the 31st.

And then on Friday, review and dispute for covered recipients will open. So, this is the opportunity that covered recipients have to come in and look at the data before it's published. That way they can review and affirm that it's correct or, if needed, initiate disputes on the data to get it corrected. That way it appears as accurately as possible in the June 30 publication.

Also, May 16 through May 30, that is the additional time frame for reporting entities to close out and resolve any of those outstanding disputes that might still be floating around, you know, following the May 15 deadline.

And then of course on or by June 30 we make the data public. So that's what we're looking at as far as the timeline goes for program year 2021.

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So, let's talk about what data is actually reported. So, on Slide 8 the Open Payments data consist of direct or indirect payments or other transfers of value that the reporting entities make to covered recipients.

Also, certain ownership or investment interest held by physician owners or investors or their immediate family members is also reported.

I do want to make a note that the ownership and investment interest category is not applicable to the NPPs. So that is only still applicable to the physician covered recipients and their immediate family members.

We have three major payment categories that we divide everything into. So, there's general payments, research payments and then that ownership and investment interest category.

So, the general payment are payments or other transfers of value that are not in connection with research agreements or research protocols. So, these can include but are not limited to gifts, honoraria, meals, travel compensation and consulting fees.

The research payment category is payments or transfers of value that are made in connection with formal research agreements or research protocols.

And then finally we have that ownership and investment interest category which is information about the ownership or investment interest that physicians or their immediate family members have in reporting entities.

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Moving on to Slide 10. This talks about our natures of payment. So, under the general payment category, there are a number of different natures of payment that help to better explain what individual payments or transfers of value were made for.

So, this is a list I won't read through each individual item but you can see them on Slide 10. And we do have the full list of nature of payment categories available on our Open Payments Natures of Payment page.

And I also wanted to mention that we have just released a new feature video that talks about the natures of payments. I think this is a really great resource. I think the runtime is maybe, 4 to 5 minutes in length but it does a really great job to talk about what each of the natures of payment is and really gives a good understanding of that portion of the program. So, feel free to check out that video if you're interested in that.

One other thing that I wanted to talk about as far as the data that's reported is our annual dollar thresholds that are reported.

So, I'm on Slide 11 now if you're following along. And there are specific key thresholds that reporting entities must follow. So, these are also adjusted annually based on the consumer price index.

So, for a calendar year -- again running January 1st through December 31st -- if a small payment or transfer of value is less than the minimum amount for the specific program year, it is excluded from the reporting requirements under Open Payments.

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However, if the amount transferred to, requested by or designated on behalf of a covered recipient exceeds an aggregate total annual amount for the calendar year, then all payment or transfers of value must be reported.

So, to give you a sample of what that looks like on Slide 12, we included the reporting thresholds for both program year 2021 and then 2022. Since we are in 2022 I want to make sure that we gave you a snapshot of what those current thresholds looked like as well.

So, for program year 2021, the small payment or transfer of value amount that must be reported was \$11.04 or higher and then that aggregate amount of \$110.40 or higher.

And then looking at this year the minimum amount, that small one, is \$11.64 and then the large \$116.35.

We do have all of this information available on our web site as well. You can find that under the Data Collection page. And we also include all of the historic reporting thresholds as well. Just please keep in mind, - looking at the expansion, - the previous years - anything before 2021, is only applicable to the physicians and teaching hospital covered recipients since the NPP category came in starting in 2021.

So hopefully that's helpful to understand the data and also some of the amounts we know that that's always a question that people ask or interested in if there are minimums or maximums of things that are reported.

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So now that we've talked about what's in the data, I just want to do a brief snapshot of what our current data looks like of what's out on our site as of right now.

So, in June 2021 we published the program year 2020 data along with refresh data from our previous program years. And of course, prior to that data publication, the covered recipient did have the opportunity to review, affirm and, if needed, dispute any record attributed to them that they thought were inaccurate or incomplete in any way.

And then covered recipients were still able to review the published data and initiate any disputes through December 31 of 2021.

This past January we did our annual data refresh; that happened on January 21. And the reason that we do the data refresh is so that we can update it with anything that may have changed between the initial publication and the end of the calendar year.

So since covered recipients have the chance to continue review and dispute through the end of the calendar year, there's always a chance that the data could change a little bit and we want to make sure that we're always accurately displaying that and getting it updated. So that's what the refresh is all about.

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And on Slide 14 you will see a snapshot of what our program year 2020 data looks like. So, in 2020 there was \$9.03 billion of transfers of value made to the covered recipients. And that includes 6.36 million total published records.

In a general payments category, it was \$2.03 billion. The research payment category was \$5.88 billion. And the ownership and investment interest was \$1.12 billion.

And then just to give you a look at what that means as far as program participants goes, that is inclusive of 1,620 companies making payments to covered recipients. And then the covered recipient breakdown was 486,975 physicians with payment attributed to them and 1,212 teaching hospitals with attributed payment.

So of course, we're anxious to do the program year 2021 data. We know that, it will look a little bit different now that we do have the expansion. So, we just wanted to level set with what that looks like right now and, we'll be looking forward to sharing the program year 2021 data here in a couple of more months.

So, speaking of the program expansion on Slide 16, I know - I'm sure some of you have probably heard us talked about or received some of our communications about the expansion. We have been trying our best to lay the groundwork over really the last few years. We wanted to let everybody know that the expansion was coming and then of course in 2021 that it was finally here.

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And so, in 2021 the definition of a covered recipient data expansion includes five additional provider types. The five that were added are physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and anesthesiologist assistants, and certified nurse midwives.

So, the expansion of five covered recipient types applies to program year 2021 and moving forward; it is not retroactive. And as I mentioned earlier in the presentation, the program year 2021 data is currently being submitted and will be open for review and dispute starting this Friday, April 1.

So hopefully that gives a good foundation of what the program is all about and why it is important to understand what Open Payments is. And next we want to move into the specific role that a covered recipient can have within the program.

So, one thing to note is that covered recipient participation in Open Payments is 100% voluntary. There's no requirement but we do encourage it as it helps ensure that the data is accurate because covered recipients can review the data that's been attributed to them before it's published and they can affirm that the data attributed to them is correct or if necessary they can initiate a dispute and, get the data corrected if that's needed.

In order to review and dispute the data, covered recipients do need to be registered in Open Payments system.

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And then once registered, there are a variety of options to accommodate timely and accurate review of the data including that they can nominate/authorize representatives to review the data on their behalf.

So, with that being said, I'm going to turn it over to (Kathleen) and she is going to talk about our registration process so that you can learn a little bit more about that and how you can be involved in Open Payments.

(Kathleen): Okay. Thanks, (Amy).

Since you all have the slides, you can see these detailed instructions. So, I'm not going to waste everyone's time by reading line by line. But we thought it was important especially for any brand new covered recipients to have this information. So just to repeat (Amy) a little bit, it is in the slides that you can download for your reference if you need them.

So basically, registration happens in two main steps which are in place for identity protection. So, the first is the identity management portal, which is at the CMS level, and then the second step is in the Open Payments system itself.

So, moving to the next slide, we want to point out a couple of notes about this process. The first is that if there's no activity in 60 days you will need to answer your security question set to your account. And if there's no activity in 180 days, you will need to call the Open Payments helpdesk to reactivate the account.

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And also, if you're a physician that's associated with the hospital, you should still register as a physician unless you're specially disputing records on behalf of the hospital.

The next slide gives steps for new user registration within the identity management portal. Again, I'm not going to read this word for word but I will highlight that little speech bubble in the corner about the quick reference guides on the Resources page of cms.gov/openpayments. That is very helpful if you did need some more detailed information.

The next slide goes over how to request Open Payments access - access to the Open Payments system within CMS's identity management portal which is mostly about selecting the appropriate role.

Then we have a slide letting us know we are moving from instructions for the identity management portal to discussing the Open Payments itself.

And then the next slide, so I'm on the one titled "New User Registration Step 2." This is the process for a physician or a non-physician practitioner covered recipient type. Note that it is possible to nominate and authorize representatives. So, for example a physician can nominate an office assistant if they chose to do so.

The next slide titled "Vetting" explains that there is a behind-the-scenes process to verify your identity. It may take a while. I think it sometimes even takes a day or two to receive your success or failure e-mail. But if there is a

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failure, please call the helpdesk because they for sure are very helpful and most of the time can get that sorted with no problem.

All right. Next slide, slide 26, I want to go through the info here a little more pointedly because it will make it easier if you have this information on hand when you start because you may get timed out if you have to go on a hunt for it which will be annoying.

So, it's very important that you have your first and last name. Definitely write those down, your business or practice's e-mail, phone number, address, your taxonomy type, taxonomy code, license number and state and NPI and DEA numbers if you have them.

And to add an asterisk to all of that it should probably match what is an NPPES because that's what we use. So, if your NPPES is not up to date, you probably should take a minute to update what's in there because it really, really should be correct. But I guess CMS might be biased about that.

All right. So, moving on briefly to teaching hospitals, the teaching hospital process is very similar. Just choose "teaching hospital." That's very important. And then you will need to know the tax identification number. And you can also nominate different people to fill different roles.

So, as you can see on the next slide, you can nominate up to ten people to fill different roles. And also, for troubleshooting, just so you know, you can check out our teaching hospital list for the information you have on the organization.

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And finally, as always, I can't recommend enough the Resources page is highly useful for all the answers to your question.

All right. That was enough talking for me. So, (Amy), if you want to give the review and dispute process rundown.

(Amy Bedsaul): All right. Thank you, (Kathleen).

So yes, as we mentioned, the registration is important because if you want to come into the Open Payments system to see your data before it's published, you do have to be registered to do that.

And I will echo what (Kathleen) said about the Resources page. We have a lot of step-by-step instructions on there, tutorials with reference guides, really anything that you can imagine that would help you walk through that registration process.

So, once you're registered and good to go, then you can come in and participate in review and dispute and the corrections process if you wish to do so.

So, I am on Slide 31, talking about the program year 2021 prepublication review and dispute. So, on April 1, 2022, the prepublication review and dispute period will open for the covered recipients. During this time the covered recipients will have an opportunity to preview the data and dispute

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attributed payments or transfers of value that they believe to be inaccurate or incorrect in any way.

I know I've said these dates a lot. So hopefully it's starting to stick that the pre-publication review and dispute period runs from April 1 through May 15. And reporting entities may resolve disputes during the initial pre-publication review and dispute period and they have that extra 15 days from May 16 through May 30 to resolve any outstanding disputes.

So, let's talk about what covered recipients can do when they're reviewing the records. There are four actions that you can take which is, one, reviewing the records, you can affirm the records which indicates that they are accurate and you can initiate a dispute to get the record corrected if needed.

And then there's also the ability to withdraw a dispute if you've already initiated a dispute and you're like, "Oh wait, actually that's right. I don't need to dispute that anymore," you have the option to withdraw the dispute.

An important note from the CMS side is that dispute resolution takes place between the covered recipients and the reporting entities. CMS does not mediate or facilitate disputes. So that's an important thing to keep in mind.

As far as review, dispute and correction timing goes, there's the 45 days for the data review and dispute by covered recipients. And during these 45 days, the resolutions can also be made by reporting entities. And then again there's that 15 extra days to make sure that if something is outstanding that it can still be corrected by the reporting entities before the June publication.

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The other thing that I want to note while we've been talking a lot about the pre-publication review and dispute is that covered recipients do have until the end of the 2022 calendar year to initiate disputes on data that's published in 2022. So, while we would love for the covered recipients to take advantage of the pre-publication review and dispute period, if there is some reason that they missed that, they are still able to review and dispute through December 31st of this year.

The only catch to that is that anything that happens after that pre-publication review and dispute period ends, won't show up in the data until we do that refresh or potentially even the following program year publication. So that's why we are putting a strong emphasis on that pre-publication review and dispute period because it does give the opportunity for the data to be corrected before we actually put it out into the public database.

So, speaking of that, Slide 33 talks about the impact on publication. So, this is how the data would appear in the June 2022 publication. Disputes that are initiated within the pre-publication review and dispute period and resolved by the end of the correction period will be published and identified as non-disputed in that 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. So, it will have that disputed flag, so to speak, on the record on the Open Payments database.

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Disputes that are initiated or resolved after the full 60-day review, dispute and correction period, so if you're initiating a dispute after that May 15 date, it will not be reflected in the initial data publication and will be published as it was originally attested to.

And those disputes and any related data changes would be published in the next data publication which could be the annual refresh or potentially the next program year data publication.

So just wanted to put that out there again for why there is the emphasis on the upcoming review and dispute period.

So, moving on to the actions again that you can take. On Slide 35 here's the four again. So, reviewing the records, you have the opportunity as a covered recipient to review the records and then again affirm. There's a little button that you can click that says "Affirm" and that's you saying that you do believe that the data is accurate.

There's also the option to dispute it. So, initiating the dispute. That way you can work with the reporting entity to resolve the dispute and get the data corrected if needed. And then of course withdrawing disputes as well if that is needed.

So, I did want to note here and you'll see on the slide as well these four actions can be taken by physicians and NPPs as well as authorized representatives. They can also be taken by the teaching hospital authorized officials or authorized representatives and physicians and NPPs that are

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identified as principal investigators on any records that they're associated with can also take these actions on their record.

All right. So, moving on to Slide 36. Reviewing the records, there is a little screenshot here that shows a sample of what the system looks like when you're reviewing the records. And covered recipients can review the records submitted about them on the Available for Review and Dispute tab on the Review and Dispute Payment Record page in the Open Payments system.

And again, from this page is where you can take those four actions on the data.

The reporting entity contact information for a record is available on the Record ID page of the record which is accessed through the hyperlink record ID number. So, if you would need contact information, you can get it through that. I do want to mention that when disputes are initiated, the reporting entity does receive a notification so you don't have to worry that they don't get any notifications. They do. But there is contact information available in case if you need to reach out to them directly as well.

So, affirming the records, I'm on Slide 37 now. Affirming records means that the covered recipient confirms that the information in the record is correct. Affirming records is optional. And unaffirmed records will still be published.

Also, even if a record has been affirmed, it may still be disputed. So, in the event that you would affirm something and at a later time you're like,

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“Actually that doesn’t look right,” you do still have the ability to dispute it. Affirming does not mean that it is unable to be disputed. You still can.

The second option, initiating disputes, as I mentioned, if you believe a record is incomplete or inaccurate, you can initiate a dispute. In order to do this, you’d find the record in the Available for Review and Dispute tab on the Review and Dispute page and you would select the Dispute button.

In the dispute details contact information box you can provide the reason for the dispute and your contact information. And then you select the Send Dispute button.

The reporting entity does receive an e-mail notification of the dispute initiation and they do have the option to acknowledge the dispute which would then, notify you that they have received it. That is an optional step for the reporting entity. I just want to note that the acknowledgement is not necessarily a requirement for them to do but, it is available. That way you know that they received it.

And then you as the covered recipient, like I just said, you get an e-mail notification if or when the dispute has been acknowledged by the reporting entity and you can always view the dispute status in real-time on the Review and Dispute page in the Open Payments system. So, you can see, if it was acknowledged, resolved, wherever it is in the process. You can see that in the Open Payments system.

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And then finally if you do need to, you can withdraw dispute. So covered recipients can withdraw dispute if they no longer wish to proceed with the dispute. And disputes can be withdrawn after a dispute has been initiated or acknowledged. And once the dispute is withdrawn, the reporting entity receives a notification that the dispute is withdrawn and no further action is needed once the dispute is withdrawn.

Okay. So, let's talk about dispute resolution. Now that you know the actions that can be taken, how does a dispute actually get resolved?

So, on Slide 41, there are two ways that disputes can be resolved. One is the dispute can be resolved with changes made to the disputed records. Or two, the dispute could be resolved with no changes made to the disputed record.

Again, you will receive e-mail notifications of the resolution status. And if the covered recipient believes that the dispute with a status of "resolved" has not been efficiently resolved, they may initiate another dispute on the same record. So, it's not just a one and done deal. If it's not to the satisfaction of the covered recipient, they can dispute it again.

Just another reminder here that as you're going through this process, CMS does not mediate or facilitate the disputes. The reporting entities and covered recipients should work outside of the Open Payments system to resolve the dispute.

And if a dispute is resolved by reassigning a record to another covered recipient, then the record will no longer appear in your review.

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So, you know, if Dr. X disputes something and the payment really belongs to Dr. Y, when the reporting entity changes that, Dr. X will no longer see the data because it's reassigned to another covered recipient.

The review and dispute status of the record will automatically update to "resolved" once the disputed record has been resubmitted and re-attested by the reporting entity.

And again, whenever the dispute status is updated, their covered recipients receive an e-mail notification letting them know of that update.

On Slide 43, data corrections made by reporting entities after the correction period has closed -- so that's May 30 -- will not be reflected in the June - June 2022 data publication.

And data corrections made by reporting entities may be made at any time. Data will be made - or those updates will be made in the next publication.

And in the cases where a dispute cannot be resolved, the latest attested data submitted by the reporting entity will be published and identified as disputed.

In addition to the annual data publication, we do have our data refresh which we talked about a little bit earlier. And that includes the updates from disputes or other data corrections made since the initial publication.

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Just so you know, timeline-wise we typically do the refresh in January every year. So, I just wanted to put that out there as far as timing goes.

So, before we go into QA here on Slide 44 is just the summary of what you can do as a covered recipient. Registering and gaining access to the Open Payments system. That way that you are able to participate in review and dispute of the records that may be attributed to you.

So, I know that was a lot of information. And we are happy to move into Q&A and answer your questions.

And with that being said, I will hand it over to Jill for any housekeeping rules before we open the lines.

Jill Darling: Thanks, (Amy). We'll just pass it over to Ted who will open the Q&A and we'll let folks get into the queue.

Coordinator: The phone lines are now open for questions. If you would like to ask a question over the phone, please press star 1 and record your name and organization. If you'd like to withdraw your question, press star 2. Thank you. And again, if you would like to ask a question over the phone, please press star 1 and record your name. I'm currently showing no questions at this time.

Jill Darling: Hi everyone. It's Jill. I'll just pass it over to (Amy) for closing remarks.

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(Amy Bedsaul): All right. I did just want to backtrack really quick before I go into our last slide. On Slide 41 when we are talking about the resolving disputes and that disputes can be resolved with changes or with no changes,

I did just want to make a note that when disputes are resolved with changes that indicates, that the reporting entity and covered recipient worked together to reach the resolution and made the necessary changes and the with no changes also indicates that the covered recipient and reporting entities worked together.

And if no changes are necessary, then they determined that the record is actually accurate as they worked together on getting that dispute resolved.

So, I just wanted to make a little note of that because I realized that I kind of breezed through that one without saying that.

Well, I guess we'll take no questions as a good sign that hopefully the information was good and digestible. And before we go, I just want to remind everybody of our Open Payments resources. So, slide 46 of the presentation gives an overview of our available resources.

We have our Covered Recipients Resource page. This houses all of our stuff from user guides to quick reference guides and tutorials. We also have an Open Payments overview video. And as I mentioned during the presentation, we have our new nature of payment video. So, check those out if you're interested.

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And then if you aren't already subscribed, I would recommend signing up for the Open Payments listserv. This is really our most crucial way to share updates. We already have our e-mails ready to go for Friday to remind everybody that review and dispute opens. So that's a really great way to stay in touch with the program and know what's going on.

And then last but not least, our wonderful help desk. If you do have any questions or you would need technical assistance, they are available via e-mail and by phone. Their e-mail is openpayments@cms.hhs.gov. And their phone number is 1-855-326-8366. And that information is also available on our Contact Us page.

So, with that, I would just like to thank everybody again for their time today. And if you do have any questions or need anything, please do not hesitate to reach out to our program. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time. Speakers, please stand by.

END

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