Open Payments

If you have not yet heard about the Open Payments program, it may be time to gain some insight on the matter. Also known as “the Sunshine Act”, Section 6002 of the Affordable Care Act (ACA) requires the establishment of a transparency program, now known as Open Payments. As described on the Centers for Medicare and Medicaid Services’ (CMS) website, “Open Payments is a national disclosure program that promotes transparency by publishing the financial relationships between the medical industry and healthcare providers (physicians and hospitals) on a publicly accessible website developed by CMS.” Essentially, the program provides patients the opportunity to know if their physician has a financial relationship with the manufacturers or group purchasing organizations (GPOs). The release of this information serves as a national resource for payers, consumers, and providers to know more about the relationships among physicians, hospitals, and industry.

Open Payment Requirements
Provided on behalf of CMS, Open Payments requires:

- Applicable manufacturers of covered drugs, devices, biologicals, and medical supplies to report to CMS payments or other transfers of value they make to physicians and teaching hospitals.
- Applicable manufacturers and GPOs to report to CMS certain ownership or investment interests held by physicians or their immediate family members.
- Applicable GPOs to report to CMS payments or other transfers of value made to physician owners or investors if they held ownership or an investment interest at any point during the reporting year.

CMS will annually compile the information and data reported and publish it for public viewing. Although Open Payments helps address and clarify financial relationships among physicians, manufacturing companies, and teaching hospitals, there is opportunity for physicians or other stakeholder groups to ensure the information reported about them is accurate.

Reviewing Data Before It Is Made Public
CMS does not require physicians to register or send any information to the Open Payments program. Nevertheless, physician anesthesiologists may want to take advantage of the chance to review the data linked to them and to dispute any inaccurate information prior to its publication.
Reviewing Information
Physicians need to first register in the CMS Enterprise Portal (Enterprise Identification Management System – EIDM) to be able to access, review, and dispute any data prior to it going public in the fall of 2014. Physician registration will be conducted in two phases:

**Phase 1:** Currently in progress, physicians can use this process to confirm their identity within CMS’ Enterprise Portal. Physicians who complete Phase 1 will be able to proceed to Phase 2.

**Phase 2:** Beginning in mid-July, physicians can begin to register in the Open Payments system to complete the registration process. Those who register will be notified when information is submitted about them. Also beginning in mid-July, physicians will have the opportunity to review that data. The review period will last for 45 days after the initial availability of the Open Payments system. This is the time to address concerns of inaccuracy and dispute/correct data submitted by applicable manufacturers and GPOs prior to public posting.

Any data disputed but not corrected by the manufacturer or industry before the dispute resolution period closes will remain public but will be marked as ‘disputed.’ CMS will post data for 2013 on September 30, 2014. The review/dispute/resolve/post cycle will repeat each year but going forward, the data will be posted on June 30.

For more information on the Open Payments program, please visit the CMS Open Payments Website to learn more about the program and what steps you need to take to review YOUR data before CMS makes it publically available.

References: