Open Payments

Review and Dispute Notification Email Texts

Centers for Medicare & Medicaid Services

December 2016

OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY
INTO INDUSTRY-PHYSICIAN
FINANCIAL RELATIONSHIPS

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Approvals

The undersigned acknowledge that they have reviewed the OPS Registration Functional Requirements workbook and agree with the information presented within this document. Changes to this OPS Registration Functional Requirements workbook will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature:		**Date:**	
Print Name:			
Title:			
Role:	**Submitting Organization's Approving Authority**		
Signature:		**Date:**	
Print Name:			
Title:			
Role:	**CMS' Approving Authority**		
Signature:		**Date:**	
Print Name:			
Title:			
Role:	**CMS Business Owner**		

Revision Log

The table below provides a log of each revision of the document that has been issued.

Version	Description	Author	Issue Date	Reviewer	Review Date	Deadline Date
01.02.01	Gap analysis completed between System email and this document content for Release 15.1	G. Singh	2/11/15	T. Nettimi	2/17/2015	
01.02.02	Added Appendix A	G.Singh	2/15/15	T. Nettimi	2/20/2015	
01.02.03	PPQA Review	G. Singh	2/20/15	C. Williams	2/20/2015	
01.02.04	Outreach review	G.Singh	2/23/15	Outreach	2/23/2015	
01.03.01	PPQA Review	G. Singh	2/24/15	C. Williams	2/24/2015	
02.00.00	Reviewed all emails and revised document to reflect R17.2	C.Falaiye	12/2/2016			

Open Payments System - System Notification E-mails Content

Below are templates of emails to be sent out to applicable manufacturers, applicable group purchasing organizations (GPOs) (collectively referred to as "entities"), and teaching hospitals and physicians during the review and dispute process.

01. Dispute Initiated by the Physician or Teaching Hospital - EML_RD_001

Email Conditions: The applicable manufacturer or applicable GPO (entity) shall receive an email when the physician or teaching hospital initiates a dispute of certain payments or other transfers of value, or ownership or investment interests.

Email Subject Line: *Open Payments Dispute Initiated*

Body:
A dispute has been initiated in relation to a record of a payment or other transfer of value, or ownership or investment interests reported by <INSERT ENTITY NAME> for the <INSERT PROGRAM YEAR> program year. The dispute was initiated regarding the following record:

- Record ID: XXXX [dynamic text]
- Payment or Other Transfer of Value Date: XXXX [dynamic text]
- Payment Amount or Dollar Amount Invested: XXXX [dynamic text]
- Payment Category: XXXX [dynamic text]

The dispute was initiated by:

- First name Last name

Dispute ID: XXXX

Dispute Details
<Physician or Teaching Hospital Dispute Comments>

You may acknowledge receipt of the dispute by logging in to the Open Payments system, navigating to the "Review and Dispute" tab, and selecting "Acknowledge Dispute." The physician or teaching hospital who initiated the dispute will receive an email acknowledging your receipt of the dispute.

You may review the details of the dispute by navigating to the "Review and Dispute" tab of the Open Payments system and searching for the disputed record using the Record ID or Dispute ID noted above. You may resolve the dispute by submitting and attesting to the corrected data. After reviewing the disputed information, if you determine that no change is required to the data, you may dismiss the dispute or request the physician or teaching hospital who initiated the dispute to withdraw it. If you have questions or require any further information about this dispute, please contact <First name Last name> directly.

Recipients: Submitter

02. Dispute Acknowledged by the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) - EML_RD_002

Email Conditions: The physician or teaching hospital shall receive an email when the applicable manufacturer or applicable GPO (entity) acknowledges the dispute of certain payments or other transfers of value, or ownership or investment interests.

Email Subject Line: *Open Payments Dispute Acknowledged*

Body:
<INSERT ENTITY NAME> has acknowledged its receipt of your dispute (Dispute ID <XXXX>) regarding the following record:

- Record ID: XXXX [dynamic text]
- Payment or Other Transfer of Value Date: XXXX [dynamic text]
- Payment Amount or Dollar Amount Invested: XXXX [dynamic text]
- Payment Category: XXXX [dynamic text]

You may view the updated status of this record by logging in to the Open Payments system and navigating to the "Review and Dispute" tab. If you have questions pertaining to this dispute, please contact <Insert Entity Name> directly.

Recipients: Physician, physician authorized representative, teaching hospital authorized official, teaching hospital authorized representative.

03. Dispute Resolved No Change by the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) - EML_RD_003

Email Conditions: The physician or teaching hospital shall receive an email when the applicable manufacturer or applicable GPO (entity) resolves the dispute with no change to the data for the dispute of certain payments or other transfers of value, or ownership or investment interests.

Email Subject Line: *Open Payments Dispute Resolved with No Change*

Body:
<INSERT ENTITY NAME> has resolved your dispute (Dispute ID <XXXX>) regarding the following record with no change to the data:

- Record ID: XXXX [dynamic text]
- Payment or Other Transfer of Value Date: XXXX [dynamic text]
- Payment Amount or Dollar Amount Invested: XXXX [dynamic text]
- Payment Category: XXXX [dynamic text]

<INSERT ENTITY NAME> specified the following reason(s) for dismissal:
<Reason for Dispute Resolution with no change to the data>

You may view the updated status of this record by logging in to the Open Payments system and navigating to the "Review and Dispute" tab. If you disagree with this Dispute Resolution with no change to the data, you may dispute this transaction again.

If you have questions pertaining to this dispute, please contact <INSERT ENTITY NAME> directly.

Recipients: Physician, physician authorized representative, teaching hospital authorized official, teaching hospital authorized representative.

04. Dispute Withdrawn by the Physician or Teaching Hospital - EML_RD_003

Email Conditions: The applicable manufacturer or applicable GPO (entity) shall receive an email when the physician or teaching hospital withdraws the dispute of certain payments or other transfers of value, or ownership or investment interests.

Email Subject Line: *Open Payments Dispute Withdrawn*

Body:
<First name Last name> has withdrawn a dispute (Dispute ID <XXXX>) regarding the following record:

- Record ID: XXXX [dynamic text]
- Payment or Other Transfer of Value Date: XXXX [dynamic text]
- Payment Amount or Dollar Amount Invested: XXXX [dynamic text]
- Payment Category: XXXX [dynamic text]

No further action is required on this record at this time. You may view the updated status of this record by logging in to the Open Payments system and navigating to the "Review and Dispute" tab.

Recipients: Submitter

05. Dispute Resolved by the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) - EML_RD_004

Email Conditions: The physician or teaching hospital shall receive an email when the applicable manufacturer or applicable GPO (entity) resolves the disputed payments or other transfers of value, or ownership or investment interests.

Email Subject Line: *Open Payments Dispute Resolved*

Body:
<INSERT ENTITY NAME> has updated the information for the following payment or other transfer of value, or ownership or investment interest record you have disputed:

- Record ID: XXXX [dynamic text]
- Payment or Other Transfer of Value Date: XXXX [dynamic text]
- Payment Amount or Dollar Amount Invested: XXXX [dynamic text]
- Payment Category: XXXX [dynamic text]

The following disputes associated with this record are now considered resolved:

- Dispute ID: XXXX initiated on XXXX
- Dispute ID: XXXX initiated on XXXX
- Dispute ID: XXXX initiated on XXXX

You may view the updated record details by logging into the Open Payments system and navigating to the "Review and Dispute" tab. If you are not satisfied with this resolution, you may dispute this transaction again. If you have questions pertaining to this dispute, please contact<INSERT ENTITY NAME> directly.

Recipients: Physician, physician authorized representative, teaching hospital authorized official, teaching hospital authorized representative.

Appendix A: Summary of changes

1. **Dispute Initiated by the Physician or Teaching Hospital - EML_RD_001 email**: Replace physician or teaching hospital name with **First name Last name**

2. **Dispute Initiated by the Physician or Teaching Hospital - EML_RD_001 email**: If you have questions or require any further information about this dispute, please contact <**First name Last name>** directly.

3. **Dispute Withdrawn by the Physician or Teaching Hospital - EML_RD_003 email:** In the body of the email, replace physician or teaching hospital name with **First name Last name**

4. **Dispute Withdrawn by the Physician or Teaching Hospital** - **EML_RD_003** <First name Last name> has withdrawn a dispute (Dispute ID <XXXX>) regarding the following record:

5. **Text changes-** highlighted in yellow. By has been changed to by. physician has been changed to Physician. Submitter has been changed to Submitter