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# User Guide for Covered Recipients

## **OPEN PAYMENTS**

## CREATING PUBLIC TRANSPARENCY INTO INDUSTRY-PHYSICIAN FINANCIAL RELATIONSHIPS

January 2025

Disclaimer: The Centers for Medicare & Medicaid Services (CMS) is providing this guidance document as informational material on Open Payments. Although every reasonable effort has been made to assure the accuracy of the information, it is the responsibility of the user to ensure adherence to the requirements of the Open Payments implementing regulations, the Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests Final Rule codified at 42 C.F.R. Parts 402 and 403 [CMS-5060-F]. This User Guide is not intended as a supplement or replacement of the Final Rule.

## **Table of Contents**

Purpose of the Open Payments User Guide	1
Chapter 1: Introduction to Open Payments (the Sunshine Act)	3
Section 1.1: Program Overview	3
1.1a: What is the Affordable Care Act Section 6002?	3
1.1b: What is the Purpose of Open Payments (the Sunshine Act)?	3
1.1c: Who Participates in Open Payments (the Sunshine Act)?	4
1.1d: Key Dates for Open Payments Program Years	4
Section 1.2: Determining if an Entity is an Applicable Manufacturer or Applicable GPO	6
Section 1.3: Who Are Entities Reporting On	8
Section 1.4: Open Payments System Overview	9
1.4a: Open Payments System Browser Requirements	10
1.4b: Functionalities within the Open Payments System	11
1.4c: Setting Email Filters to Accept Open Payments Emails	11
1.4d: Accessibility Guidance	11
Section 1.5: Additional Information and Resources	12
1.5a: Open Payments Website	12
1.5b: Open Payments Resources	12
1.5c: Open Payments Help Desk	13
1.5d: Open Payments Mailing List	13
Chapter 2: Introduction to Reporting and Data Collection	16
Section 2.1: General Payments Reporting and Data Collection	16
Section 2.2: Research Payments Reporting and Data Collection	17
Section 2.3: Physician Ownership/Investment Interests Reporting and Data Collection	18
Chapter 3: Physician, NPP, and Teaching Hospital Registration	19
Section 3.1: Two-Step Registration Process	19
Section 3.2: Identity Management (IDM) Registration and Open Payments Access	20
3.2a: System Requirements	20
3.2b: IDM New User Registration	21
3.2c: Requesting Access to Open Payments with IDM Credentials	28

If you would like to request this role, go to Step 3c: Choosing the Open Payments Foreign User Role: (below)
Step 3a: Choosing the Reporting Entity Officer or Teaching Hospital Authorized Official Role:32
Step 3b: Choosing the Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance Role:
Step 3c: Choosing the Open Payments Foreign User Role:
3.2d: Adding additional Multi-Factor Authentication (MFA) Devices
Section 3.3: Open Payments System Users and User Roles for Physicians, NPPs, and Teaching Hospitals 44
3.3a: Creating an Open Payments Profile as a Physician: First Time System Users
3.3b: Creating a profile as a Physician for a User with another Role (Returning System Users)57
3.3c: Physician and NPP Vetting60
3.3d: Creating a profile as an NPP (First Time System Users)61
3.3e: Creating a profile as a NPP for a User with another Role (Returning System Users)
3.3f: NPP Vetting73
3.3g: Registering a Teaching Hospital (First Time System User)
3.3h: Registering a Teaching Hospital: Returning System Users
3.3i Registering a Teaching Hospital: Prior Program Year92
3.3j: Using the Switch User Functionality95
Section 3.4: Open Payments Covered Recipient Users and User Roles
3.4a: Physician and NPP User Roles97
3.4b: Teaching Hospital User Roles98
Section 3.5: Nominations
3.5a: Nominating an Authorized Representative for Physicians or NPPs (Returning System Users)101
3.5b: Nominating Additional Roles for a Teaching Hospital: Returning System Users
3.5c: Accepting or Rejecting a Nomination: Authorized Representative – First-Time Users
3.5d: Accepting or Rejecting a Nomination: Physician or NPP First Time System Users
3.5e: Accepting or Rejecting a Nomination (Teaching Hospital – First Time System Users)
3.5f: Accepting or Rejecting a Nomination (Teaching Hospital – Returning System Users)
3.5g: Self-Nomination: Requesting a Role: Teaching Hospital - First Time System Users
3.5h: Self-Nomination: Requesting a Role: Teaching Hospital - Returning System Users
3.5i: Approving or Modifying a Nomination: Authorized Official Returning Users Only

## Open Payments User Guide for Covered Recipients – July 2024

3.5j: Deactivating a User	54
Section 3.6: Updating Profile Information in the Open Payments System	57
3.6a: Updating a Covered Recipient Profile as an Authorized Representative1	58
3.6b: Updating Covered Recipient or Covered Recipient Authorized Representative Personal Profil	
Chapter 4: Review and Dispute for Physicians, NPPs, Teaching Hospitals, and Principal Investigators1	64
Section 4.1: Review and Dispute Process Overview1	64
4.1a: Review, Dispute, and Correction Period1	65
4.1b: Dispute Resolution: Changed Record10	66
4.1c: Review and Dispute Statuses1	66
Section 4.2: Reviewing Records	67
Section 4.3: Affirming Records1	78
Section 4.4: Disputing Records	82
Section 4.5: Withdrawing Disputes1	86
Section 4.6: Exporting Data1	90
Chapter 5: System Messages	92
Section 5.1: System Messages	92
5.1a: Instructions for searching messages1	92
Appendix A: Glossary of Terms for Open Payments1	98
Disclosure 204	

## List of Figures

Figure 1: Key Dates for the Open Payments Program Year	6
Figure 2: Determining if an Entity Is an Applicable Manufacturer	7
Figure 3: Determining if an Entity Is an Applicable GPO	8
Figure 4: High-Level Process Flow for Open Payments	. 10
Figure 5: Useful JAWS Keystrokes	. 12
Figure 6: Open Payments System Resources Page	. 12
Figure 7: Receive Email Updates	. 13
Figure 8: CMS New Subscriber Screen	. 14
Figure 9: Quick Subscribe	. 15
Figure 10: Open Payments System "Resources" Tab for Reporting Entities	. 18
Figure 11: Open Payments System Public Landing Page	. 21
Figure 12: Select Your Application	. 22
Figure 13 Select Your Application	. 22
Figure 14: Register Your Information Page	. 24
Figure 15: Create User ID, Password & Security Question/Answer Page	. 25
Figure 16: New User Registration Summary Page	. 27
Figure 17: Confirmation Page	. 28
Figure 18: CMS.gov Enterprise Portal Landing Page	. 28
Figure 19: Displaying Email as the initial MFA device	. 29
Figure 20: Entering Device MFA Information	. 30
Figure 21: "My Portal" Page	. 30
Figure 22: "Request Application Access" Page	.31
Figure 23: Request Application Access	. 32
Figure 24: Reason for Request	. 33
Figure 25: Confirmation	. 33
Figure 26: Request Application Access	. 34
Figure 27: Reason for Request	. 35
Figure 28: Confirmation	. 36
Figure 29: Second Confirmation	. 36
Figure 30: Request Application Access	. 37
Figure 31: Reason for Request	. 38
Figure 32: Confirmation	. 39
Figure 33: Second Confirmation	. 39
Figure 34: My Profile	. 40
Figure 35: Manage MFA Device Register a Device Page	
Figure 36: Register MFA Devices	
Figure 37: Send MFA Code	
Figure 38: Enter MFA Device Code	. 43
Figure 39: Manage MFA Devices Page	

Figure 40: Physician and NPP Registration Process	. 44
Figure 41: Required and Optional Fields for Physician Profiles	45
Figure 42: Required and Optional Fields for NPP Profiles	. 45
Figure 43: Required and Optional Fields for Individual User Profiles	45
Figure 44: Teaching Hospital Registration Process	. 46
Figure 45: Required and Optional Fields for Teaching Hospital Profiles	46
Figure 46: Required and Optional Fields for Individual User Profiles	47
Figure 47: Open Payments System Log In Page	. 49
Figure 48: Open Payments Home Page for First-Time System Users	. 49
Figure 49: Create My Profile Page	. 50
Figure 50: Select Profile Type Page	.51
Figure 51: Covered Recipient Personal Information Page	. 52
Figure 52: Covered Recipient Details Page	.54
Figure 53: Decision to NOT Nominate an Authorized Representative	. 55
Figure 54: Decision to Nominate an Authorized Representative	. 56
Figure 55: Review and Submit Profile Page	. 57
Figure 56: Registration Complete On-Screen Message	. 57
Figure 57: Open Payments System Landing Page	. 58
Figure 58: Open Payments System "Switch User Type" Option	. 59
Figure 59: Open Payments System Home Page for First-Time System Users	. 60
Figure 60: Open Payments System Log In Page	. 62
Figure 61: Open Payments Home Page for First-Time System Users	. 62
Figure 62: Create My Profile Page	. 63
Figure 63: Select Profile Type Page	. 64
Figure 64: Covered Recipient Personal Information Page	. 65
Figure 65: Covered Recipient Details Page	
Figure 66: Decision to NOT Nominate an Authorized Representative	. 68
Figure 67: Decision to Nominate an Authorized Representative	. 69
Figure 68: Review and Submit Profile Page	. 70
Figure 69: Registration Complete On-Screen Message	. 70
Figure 70: Open Payments System Landing Page Profile Icon	71
Figure 71: Open Payments System "Switch User Type" Option	. 72
Figure 72: Open Payments System Landing Page for First-Time System Users	. 73
Figure 73: Open Payments System Log In Page for First-Time System Users	. 75
Figure 74: Identity Verification Alert	. 75
Figure 75: Identity Verification Overview	. 76
Figure 76: Identity Verification Terms and Conditions	. 76
Figure 77: Enter Your Identity Verification Information	. 78
Figure 78: Successful Identity Verification Confirmation	
Figure 79: Unable to Verify Information	. 79
Figure 80: Create a Profile	. 79
Figure 81: Create My Profile Page	. 80

Figure 82: Select Profile Type Page	81
Figure 83: Teaching Hospital Search Page	82
Figure 84: Teaching Hospital Search Page Search Results	83
Figure 85: Register Teaching Hospital Page	84
Figure 86: Teaching Hospital Your Role Page	85
Figure 87: Teaching Hospital Nominate Roles Page	86
Figure 88: Teaching Hospital Nominate Roles Page Add Nominee	87
Figure 89: Teaching Hospital Nominate Roles Page with Added Nominees	88
Figure 90: Personal Information Page	89
Figure 91: Review and Submit Profile Page	90
Figure 92: Success Confirmed On-Screen Message	90
Figure 93: Open Payments Home Page for Returning System Users	91
Figure 94: Manage Teaching Hospitals Page	92
Figure 95: Teaching Hospital Nominate Roles Page	92
Figure 96: Open Payments System Home Page for Returning System Users	93
Figure 97: Manage Teaching Hospitals Page	93
Figure 98: Teaching Hospital Search Page	94
Figure 99: Teaching Hospital Search Page: Prior Program Year	95
Figure 100: Open Payments Landing Page for Returning Reporting Entity User	
Figure 101: Open Payments Landing Page for First-Time User	96
Figure 102: Open Payments Landing Page for Returning User	97
Figure 103: Physician User Roles and User Role Functions	98
Figure 104: Teaching Hospital User Roles and User Role Functions	99
Figure 105: Accepting Nominations Process	. 100
Figure 106: User Role Statuses for Physicians, NPPs, and Teaching Hospitals	. 101
Figure 107: Open Payments Landing Page for Returning User	. 102
Figure 108: My Profile Page	. 102
Figure 109: My Profile Details Page	. 103
Figure 110: My Profile Details Tab Editing	. 104
Figure 111: Open Payments Landing Page for Returning User	. 105
Figure 112: Manage Teaching Hospitals Page	. 106
Figure 113: Teaching Hospital Information Page	. 106
Figure 114: Manage Teaching Hospital Manage Roles Tab	. 107
Figure 115: Teaching Hospital Manage Roles Tab Nominate Roles	. 107
Figure 116: Teaching Hospital Manage Roles Tab Confirmation	
	. 108
Figure 117: Open Payments Landing Page for First-Time System Users	
Figure 117: Open Payments Landing Page for First-Time System Users Figure 118: Create My Profile Page	. 109
	. 109 . 110
Figure 118: Create My Profile Page	. 109 . 110 . 111
Figure 118: Create My Profile Page Figure 119: Select Profile Type Page	. 109 . 110 . 111 . 111 . 112
Figure 118: Create My Profile Page Figure 119: Select Profile Type Page Figure 120: Search for Nomination Page	. 109 . 110 . 111 . 112 . 113

Figure 124: Authorized Representative Page	116
Figure 125: Review and Submit Profile Page	117
Figure 126: Success Confirmed Page	117
Figure 127: Open Payments Landing Page for First-Time System Users	118
Figure 128: Create Profile Page	119
Figure 129: Select Profile Type Page	120
Figure 130: Search for Nomination Screen	121
Figure 131: Nomination Search Results Page	122
Figure 132: Confirm Covered Recipient Information	123
Figure 133: Authorized Representative Basic Information	125
Figure 134: Review and Submit Profile Page	126
Figure 135: Nomination Accepted Page	126
Figure 136: Open Payments Landing Page for First-Time System Users	127
Figure 137: Create Profile Page	128
Figure 138: Select Profile Type Page	129
Figure 139: Search for Nomination Page	130
Figure 140: Search for Nomination Select Page	131
Figure 141: Confirm Nomination Page	132
Figure 142: Personal Information Page	133
Figure 143: Review and Submit Profile Page	134
Figure 144: Success Confirmed Page	
0 0 -	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users	135
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page	136 136
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations	136 136 137
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User	136 136 137 137 138
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page	136 136 137 137 138 139
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page	136 137 137 137 138 139 140
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page	
<ul> <li>Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users</li> <li>Figure 146: My Profile Page</li> <li>Figure 147: My Profile Page My Roles and Nominations</li> <li>Figure 148: Success</li> <li>Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User</li> <li>Figure 150: Create Profile Page</li> <li>Figure 151: Select Profile Type Page</li> <li>Figure 152: Teaching Hospital Search Page Search Results</li> </ul>	136 136 137 137 138 139 140 141 141
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 154: Register Teaching Hospital Page	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page	136 136 137 137 138 139 140 141 141 142 143
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 150: Create Profile Type Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations. Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 153: Teaching Hospital Search Page Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page Figure 157: Review and Submit Profile Page	136 137 137 137 138 139 140 141 141 141 142 143 144 145
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 153: Teaching Hospital Search Page Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page Figure 157: Review and Submit Profile Page Figure 158: Success Confirmation Page	
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 153: Teaching Hospital Search Page Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page Figure 157: Review and Submit Profile Page Figure 158: Success Confirmation Page Figure 159: Open Payments Landing Page for Returning User	136 137 137 137 138 139 140 141 141 141 142 143 144 145 146 147
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Search Results Figure 153: Teaching Hospital Search Page Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page Figure 157: Review and Submit Profile Page Figure 158: Success Confirmation Page Figure 159: Open Payments Landing Page for Returning User Figure 160: Create My Profile Page	136 136 137 137 138 139 140 141 141 141 142 143 143 144 145 146 147 148
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page Figure 147: My Profile Page My Roles and Nominations Figure 148: Success Figure 148: Open Payments Landing Page for First-Time Teaching Hospital User Figure 150: Create Profile Page Figure 150: Create Profile Type Page Figure 151: Select Profile Type Page Figure 152: Teaching Hospital Search Page Figure 153: Teaching Hospital Search Page Figure 154: Register Teaching Hospital Page Figure 155: Teaching Hospital Your Role Page Figure 156: Personal Information Page Figure 157: Review and Submit Profile Page Figure 158: Success Confirmation Page Figure 159: Open Payments Landing Page for Returning User Figure 159: Open Payments Landing Page for Returning User Figure 160: Create My Profile Page	136 137 137 137 138 139 140 141 141 141 142 143 144 145 145 146 147 148 149
Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users Figure 146: My Profile Page	136 137 137 137 138 139 140 141 141 141 142 143 143 144 145 145 146 147 148 149 150

Figure 166: Teaching Hospital Manage Roles Tab Confirmation	152
Figure 167: Teaching Hospital Manage Roles Tab Modify Roles	153
Figure 168: Modify Role Page	153
Figure 169: Teaching Hospital Manage Roles Tab Confirmation	154
Figure 170: Open Payments Landing Page for Returning User	155
Figure 171: Manage Teaching Hospitals Page	155
Figure 172: Teaching Hospital Information Page	156
Figure 173: Teaching Hospital Manage Roles Tab Deactivate User	157
Figure 174: Teaching Hospital Manage Roles Tab- Confirmation Page	157
Figure 175: Open Payments Landing Page	158
Figure 176: Manage Covered Recipients Page	158
Figure 177: Covered Recipient Details	159
Figure 178: Update Covered Recipient	160
Figure 179: Open Payments Landing Page for Returning Physician and NPP Users	161
Figure 180: My Profile Page	161
Figure 181: My Profile Details Page	162
Figure 182: My Profile Details Tab	163
Figure 183: Open Payments Home Page: Review and Dispute Tab	
Figure 184: Review and Dispute Overview Page: Important Information	169
Figure 185: Review and Dispute Overview Page: Review Summary Button	171
Figure 186: Review and Dispute Overview Page: Review Records Button	
Figure 187: Review and Dispute Page: Covered Recipient Records	173
Figure 188: Review and Dispute Page: Available for Review and Dispute Button	
Figure 189: Review and Dispute Page: Deleted and in Progress Records Button	
Figure 190: Review and Dispute Page: Record ID Pages	176
Figure 191: Review and Dispute Page: Dispute Details View Hyperlink	177
Figure 192: Review and Dispute Page: Dispute Details View Window	178
Figure 193: Review and Dispute Page: Search Filter for Affirmed Records	
Figure 194: Review and Dispute Page: Affirm Record(s) Button	180
Figure 195: Affirm Records Window: Affirm Button	181
Figure 196: Affirm Record Confirmation Message	181
Figure 197: Review and Dispute Page: Record Filtering Tool	182
Figure 198: Review and Dispute Page: Dispute Record Button	183
Figure 199: Dispute Record Window: Send Dispute Button	185
Figure 200: Dispute Confirmed Window	186
Figure 201: Review and Dispute Page: Record Filtering Tool	187
Figure 202: Review and Dispute Page: Dispute Details Column "View" Link	188
Figure 203: Dispute Details Window: Withdraw Dispute Button	189
Figure 204: Withdraw Dispute ID: Withdraw Dispute Button	190
Figure 205: Dispute Withdrawn Confirmation Window	190
Figure 206: Review and Dispute Page: Download Zip File Link	191
Figure 207: Open Payments Messages Tab: System Messages Option	192

Figure 208: Messages Page: System Messages Search Criteria	193
Figure 209: Search Button for System Messages	194
Figure 210: System Messages Search Results Filter Button	195
Figure 211: Message Subject Hyperlink	196
Figure 212: Full Message Window: Close Button	197
Figure 213: Special Characters Allowed in Free-Text Fields	201
Figure 214: Conversions for Foreign Language Characters	202

# INTRODUCTION

### Purpose of the Open Payments User Guide

This Open Payments User Guide includes definitions, descriptions, screenshots, tools, and tips designed to help <u>physicians</u>, <u>non-physician practitioners (NPPs)</u>, and <u>teaching hospitals</u> better understand how to comply with Open Payments (the Sunshine Act).

As the Open Payments system develops, the Open Payments User Guide will be updated at least once annually. The User Guide consists of the following chapters:

- Introduction to Open Payments
- Introduction to Reporting and Data Collection
- Physician, NPPs, and Teaching Hospital Registration
- Review and Dispute
- Additional Information and Resources

## **Revision History**

Version	Date Published	Description	Version Updates
1.0	August 2013	Initial Release	Chapters 1, 2, 3, & 4
2.0	June 2014	Update	Chapters 1, 2, 3, 4, & 7
3.0	July 2014	Update	Chapters 5, 8, & 9
3.1	August 2014	Update	Minor corrections and updates
4.0	December 2014	Update	Updates made to Chapter 5
5.0	January 2015	Update	Chapter 10 and updates for registration and data submission
6.0	March 2015	Update	Updates for registration and data submission
7.0	April 2015	Update	Updates for review and dispute
8.0	June 2015	Update	Updated Chapter 10 for PY2014 data publication
9.0	January 2016	Update	Updated throughout to reflect system updates in Jan 2016
10.0	June 2016	Update	Updated publication chapter, added to glossary
11.0	January 2017	Update	Updated to reflect changes to registration and data submission
12.0	June 2017	Update	Updated publication chapter, removed outdated information
13.0	September 2017	Update	Updated to reflect system updates
14.0	January 2018	Update	Updated to reflect system updates
15.0	March 2018	Update	Updated to reflect system updates for Review and Dispute
16.0	January 2019	Update	Updated to reflect system updates
17.0	September 2019	Update	Updated to reflect system updates
18.0	January 2020	Update	Updated to reflect system updates
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22.0	September 2021	Update	Updated to reflect system updates
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27.0	January 2025	Update	Updated to reflect system updates

### **Chapter 1: Introduction to Open Payments (the Sunshine Act)**

This introduction chapter provides general information about the program, an overview of the Open Payments system, and an explanation of how to determine if an entity is required by Open Payments to report certain payments or other transfers of value to physicians, non-physician practitioners (NPP) and teaching hospitals, or certain physician ownership or investment interests.

#### Section 1.1: Program Overview

#### 1.1a: What is the Affordable Care Act Section 6002?

Section 6002 of the Affordable Care Act [P.L. 110-148] amends Title XI of the Social Security Act to add Section 1128G, which mandates the creation of a program for (1) reporting payments and other transfers of value made to <u>covered recipients</u> and <u>physician owners or investors</u>, by manufacturers of drugs, devices, biologicals, or medical supplies for which payment is available under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); and (2) reporting ownership or investment interests held by physicians or their immediate family members in <u>applicable manufacturers</u> and <u>applicable group purchasing organizations (GPOs)</u>, as well as reporting payments or other transfers of value made by these applicable manufacturers and applicable GPOs to these physicians.

As of January 2022, the Open Payments program is updated per <u>section 403.902</u> of the Affordable Care Act to include the NPPs as covered recipients in the Open Payments program. Per the Final Rule, the updated definition of covered recipient means— (1) Any physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, anesthesiologist assistant, or certified nurse-midwife who is not a bona fide employee of the applicable manufacturer that is reporting the payment; or (2) A teaching hospital, which is any institution that received a payment under 1886(d)(5)(B), 1886(h), or 1886(s) of the Act during the last calendar year for which such information is available.

This program establishes a system for annually reporting this data to the Centers for Medicare & Medicaid Services (CMS).

#### 1.1b: What is the Purpose of Open Payments (the Sunshine Act)?

Open Payments is a national disclosure program that promotes transparency by publishing data on the financial relationships between the healthcare industry (applicable manufacturers and applicable GPOs; together referred to as reporting entities) and healthcare providers (physicians, NPPs, and teaching hospitals) on a publicly accessible website. This publicly available website is designed to increase access to, and knowledge about, these relationships and provide the public with information to enable them to make informed decisions. The public can search, download, and evaluate the reported data.

Disclosure of the financial relationships between industry and healthcare providers is not intended to signify an inappropriate relationship, and Open Payments does nothing to prohibit such transactions. Collaborations among the medical product industry, physicians, NPPs, and teaching hospitals contribute to the design and delivery of life-saving drugs, devices, biologicals, and medical supplies. However, these

relationships may also influence research, education, and clinical decision-making in ways that compromise clinical integrity and patient care and may potentially lead to increased healthcare costs. While disclosure alone is not sufficient to differentiate between the beneficial financial relationships and those that may create conflicts of interest, transparency will shed light on the nature and extent of the relationships that exist and discourage the development of inappropriate relationships.

#### 1.1c: Who Participates in Open Payments (the Sunshine Act)?

Open Payments requires participation from certain manufacturers of drugs, devices, biologicals, or medical supplies covered under Title XVIII of the Social Security Act (Medicare), or a State plan under Title XIX (Medicaid) of XXI of the Social Security Act (CHIP) and certain GPOs. These products are defined as "Covered Products" under Open Payments.

Applicable manufacturers of covered products, and entities under <u>common ownership</u> with applicable manufacturers who also provide <u>assistance and support</u>, are required to annually report to CMS:

- Payments or other transfers of value, including general and research, made to physicians, NPPs, and teaching hospitals.
- Certain ownership or investment interests held by physicians or their immediate family members.
- Applicable GPOs are required to annually report to CMS:
  - Payments or other transfers of value, including general and research, made to physician owners or investors.
  - Certain ownership or investment interests held by physicians or their immediate family members.

While not required to participate, Open Payments encourages physicians, NPPs, and teaching hospitals to participate by tracking their financial relationships with applicable manufacturers and applicable GPOs and reviewing data reported about them in the Open Payments system to ensure the accuracy of the information.

Open Payments also encourages the public and healthcare consumers to access, review, and use the data to make informed healthcare decisions.

#### 1.1d: Key Dates for Open Payments Program Years

For each program year, the following dates are of key importance:

Applicable manufacturers and applicable GPOs are required to **collect data** documenting their financial relationships with certain physicians, NPPs, and teaching hospitals for the period of January 1 to December 31 of each year.

**Data submission** for a program year begins in February of the following year and runs through the end of March. For example, data submission for Program Year 2022 took place in February and March of 2023.

The review and dispute period occurs immediately after the submission period ends and extends for at least 45 days. During this period, physicians, NPPs, and teaching hospitals review and, if necessary, dispute data submitted by reporting entities. Applicable manufacturers and applicable GPOs can then correct the data to resolve any disputes for an additional fifteen-day correction period. Review, dispute, and correction activities can occur until the end of the calendar year that the record was submitted, though the initial publication of the program year data will reflect the state of the record as of the end of the correction period. Disputes initiated after the review and dispute period, or corrections made after the end of the correction period will be reflected in later publications. For details refer to the "Methodology and Data Dictionary Document" available on the Resources page of the Open Payments website, at <u>https://www.cms.gov/OpenPayments/Resources</u>.

Data publication occurs twice per year, with a June publication and an early year publication.

- June Publication Initial Publication
  - The first publication of the eligible records submitted and attested on or before the submission closing date of the latest program year.
  - The republication of eligible records from prior program years, including updates to previously published records made since the previous publication.
  - The data published is the latest attested version of the payment records at the end of the correction period of the latest program year.
- Early Year Publication Refresh Publication
  - $\circ$   $\;$  Publishes updates to the data made since the Initial Publication.
  - The second publication of eligible records submitted and attested on or before the submission closing date of the latest program year.
  - Contains updates made to records after the correction period of the latest program year and before the end of the calendar year (or before the modified-without-dispute cutoff date in November for records not under dispute).
  - The data published is the latest attested version of the data at the end of the calendar year.

For example, the June 2023, data publication included the initial publication of Program Year 2022 data and republication of prior program years. The early 2023 data publication included the refresh publication of Program Year 2022 data and republication of prior program years.

**Registration** for the Open Payments system, and the ability to dispute data, is available year-round. Information on these activities and time periods is provided throughout this document.

The table below lists key program dates for a program year, which is the year the reported payments or other transfers of value were made.

Program Activities	Program Timeline
Data Collection:	January 1 – December 31 of program year
Reporting entities collects data	
Data Submission:	February – March of the calendar year after the
Reporting entities submits and attests to data in	program year
the Open Payments system	
Pre-publication Review Dispute and correction:	Review, Dispute, and Correction period:
Physicians, NPPs, and teaching hospitals review	April – May
the reported data and dispute any data they	
believe is inaccurate; industry makes corrections	
to the data (reflected in the initial publication)	
Annual Data Publication:	On or by June 30
Initial program year initial data publication	
Prior program year data refresh publication	
Physicians, NPPs, and teaching hospitals continue	May 15 – December 31
to review and dispute data; industry continues to	
make corrections to the data (reflected in the	
data refresh publication)	
Data Refresh:	January
Open Payments data refresh	

#### Figure 1: Key Dates for the Open Payments Program Year

#### Section 1.2: Determining if an Entity is an Applicable Manufacturer or Applicable GPO

Open Payments requires certain entities that make payments or other transfers of value to physicians, NPPs, or teaching hospitals to report relevant data regarding the payment or other transfers of value to CMS.

To determine if a particular entity is required to report, follow these steps:

<u>Step 1:</u>	Determine if the entity <u>operates in the United States</u> (including any territory, possession, or commonwealth of the United States). See the reference guide in <b>Figure 2.</b>
<u>Step 2:</u>	Determine if the entity engages in <u>activities</u> of Type 1 or Type 2 applicable manufacturer. See the reference guide in <b>Figure 2.</b>
<u>Step 3:</u>	Determine if the entity's products are covered drugs, devices, biologicals, or medical supplies, or <u>covered products</u> . See the reference guide in <b>Figure 2.</b>
<u>Step 4:</u>	If the entity possesses the characteristics illustrated in Figure 2, the entity is determined to be an applicable manufacturer in Open Payments.

	If the entity does not meet these characteristics, the entity is not determined to be an applicable manufacturer. Note that the entity still may be an applicable GPO in Open Payments.
	Proceed to Step 5 to determine if the entity is an applicable GPO.
<u>Step 5:</u>	Determine if the entity <u>operates in the United States</u> (includes any territory, possession, or commonwealth of the United States). See the reference guide in <b>Figure 3</b> .
<u>Step 6:</u>	Determine if the entity engages in <u>activities</u> of an applicable GPO. See the reference guide in <b>Figure 3.</b>
<u>Step 7:</u>	Determine if the entity's products are covered drugs, devices, biologicals, or medical supplies, or <u>covered products.</u> See the reference guide in <b>Figure 3.</b>
<u>Step 8:</u>	If the entity possesses the characteristics illustrated in Figure 3, the entity is determined to be an applicable GPO in Open Payments.
	If the entity does not possess the characteristics as illustrated in <b>Figure 3,</b> the entity is not determined to be an applicable GPO in Open Payments.

**The below** figure provides a reference guide for determining if a drug, device, biological, or medical supply manufacturer is an applicable manufacturer in accordance with Open Payments and outlines the characteristics of two types of applicable manufacturers.

Characteristic	Type 1 Manufacturer IF	Type 2 Manufacturer IF
Operate in US?	• Entity's physical location is within the United States and/or it conducts activities within the United States. This includes any territory, possession, or commonwealth of the United States, either directly or through a legally authorized agent.	• Same as Type 1 Manufacturer.
Activities	<ul> <li>Engages in the production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply.</li> <li>This includes distributors or wholesalers that hold title to a covered drug, device, biological, or medical supply.</li> </ul>	<ul> <li>Exists under common ownership with a Type 1 applicable manufacturer AND</li> <li>Provides assistance or support to such an entity with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale, or distribution of a covered drug, device, biological, or medical supply.</li> </ul>

#### Figure 2: Determining if an Entity Is an Applicable Manufacturer

Characteristic	Type 1 Manufacturer IF	Type 2 Manufacturer IF
Covered Products	<ul> <li>Reimbursed by Medicare, Medicaid, or Children's Health Insurance Program AND</li> </ul>	<ul> <li>Same as Type 1 Manufacturer.</li> </ul>
	<ul> <li>If the product is a drug or biological, and it requires a prescription (or doctor's authorization) to administer OR</li> </ul>	
	<ul> <li>If the product is a device or medical supply, and it requires premarket approval or premarket notification by the Food and Drug Administration (FDA).</li> </ul>	

**Figure 3** provides a reference guide for determining if a drug, device, biological, or medical supply purchasing entity is an applicable GPO in accordance with Open Payments. **Figure 3** also outlines the characteristics of applicable GPOs.

Characteristic	Group Purchasing Organization IF
Operate in US?	<ul> <li>Entity's physical location is within the United States and/or it conducts activities within the United States. This includes any territory, possession, or commonwealth of the United States, either directly or through a legally authorized agent.</li> </ul>
Activities	<ul> <li>Purchases, arranges for, or negotiates the purchase of a covered drug, device, biological, or medical supply for a group of individuals or entities, but not solely for use by the entity itself.</li> </ul>
Covered products	<ul> <li>Reimbursed by Medicare, Medicaid, or Children's Health Insurance Program AND</li> </ul>
	<ul> <li>If the product is a drug or biological, it requires a prescription (or doctor's authorization) to administer OR</li> </ul>
	<ul> <li>If the product is a device or medical supply, it requires pre-market approval or pre-market notification by the FDA.</li> </ul>

#### Figure 3: Determining if an Entity Is an Applicable GPO

#### Section 1.3: Who Are Entities Reporting On

Applicable manufacturers and applicable GPOs are required to report payments or other transfers of value to covered recipients, and physician owners/investors. Covered recipients in Open Payments include any physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, anesthesiologist assistant, or certified nurse-midwife who is not a bona fide employee of the applicable manufacturer that is reporting the payment, and teaching hospitals.

For the purposes of Open Payments, physicians are defined as legally authorized to practice by their state as follows:

- Doctors of medicine or osteopathy practicing medicine or surgery
- Doctors of dental medicine or dental surgery practicing dentistry
- Doctors of podiatric medicine
- Doctors of optometry
- Chiropractors

For the purposes of Open Payments, NPPs are defined as legally authorized to practice by their state as follows:

- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse-midwife
- Anesthesiologist assistant

A teaching hospital is any institution that received a payment for Medicare direct graduate medical education (GME), inpatient prospective payment system (IPPS) indirect medical education (IME), or psychiatric hospital IME programs under 1886(d) (5) (B), 1886(h), or 1886(s) of the Social Security Act during the last calendar year for which such information is available.

Additionally, applicable manufacturers and applicable GPOs are required to report ownership or investment interests in the entity held by a physician (referred to as a physician owner or investor) or the physician's immediate family members, and report payments or other transfers of value to these physicians holding ownership or investment interests. A physician's immediate family member is the physician's (1) spouse; (2) natural or adoptive parent, child, or sibling; (3) stepparent, stepchild, stepbrother, or stepsister; (4) father, mother, daughter, son, brother, or sister-in-law; (5) grandparent or grandchild; or the (6) spouse of a grandparent or grandchild.

#### Section 1.4: Open Payments System Overview

The Open Payments system is the tool developed to support Open Payments. Users will interact with the system to perform several functions based on their role.

Applicable manufacturers, applicable GPOs, physicians, NPPs, and teaching hospitals who participate in the Open Payments program must register in the Open Payments system. **Figure 4** provides a high-level process flow.

Data Collection	Applicable manufacturers and applicable GPOs collect data about their financial relationships with physicians, non- physician practitioners, and teaching hospitals.
IDM Registration	Applicable manufacturers, applicable GPOs, physicians, non- physician practitioners, teaching hospitals register in CMS's Enterprise Portal and request access to the Open Payments System
Open Payments System Registration	Applicable manufacturers, applicable GPOs, physicians, non- physician practitioners, teaching hospitals register in the Open Payments System.
Data Submission	Applicable manufacturers and applicable GPOs submit detailed data and legally attest to the accuracy of the data.
Review and Dispute	Physicians, non-physician practitioners, and teaching hospitals review and dispute (if necessary) data in the Open Payments System. Applicable manufacturers and applicable GPOs correct data and resolve disputes as appropriate.
Publication	CMS posts the data on the public website.

#### Figure 4: High-Level Process Flow for Open Payments

#### 1.4a: Open Payments System Browser Requirements

The Open Payments system is a web-based application and can be run on one of the listed browsers below:

- Google Chrome (Version 89 or higher),
- Microsoft Edge (Version 89 or higher),
- Safari (Version 13.1.2), and
- Mozilla Firefox (Version 83 or higher) browsers.

#### 1.4b: Functionalities within the Open Payments System

Users will perform functions within the Open Payments system based on what is required of them by the program and their specific user roles. Most of the functions required by Open Payments will require interaction with the Open Payments system.

Key functions of Open Payments system users include the following:

- For applicable manufacturers/applicable GPOs: Create a profile in the system, submit data into the system, verify the data, and attest to the accuracy of the data.
- For physicians/NPPs/teaching hospitals: Create a profile, review the data supplied by applicable manufacturers and/or applicable GPOs, and dispute or affirm the data.

This User Guide will cover functions of the system in detail in each chapter.

#### 1.4c: Setting Email Filters to Accept Open Payments Emails

The Open Payments system will transmit emails to communicate with users. Take precautions to ensure that these emails are not directed into your junk mail or spam folders. Open Payments notification emails will come from the address <u>openpaymentsnotifications@cms.hhs.gov</u>.

#### 1.4d: Accessibility Guidance

This section provides some basic guidance for keyboard and JAWS screen reader users. While not all screen reader users use JAWS and not all JAWS users have the same version, this guidance should be applicable to other screen readers and most versions of JAWS.

#### 1.4d (1): "Skip to Main Content" Link

The "Skip to main content" link provides a shortcut to the main content of the page. Using the link allows a keyboard user to reach the core information on the page without having to tab through the global portal banner.

Screen reader users can use the link to jump their screen reader to the start of the portal content and skip the global banner area on each page. Activating the "Skip to main content" link brings the user to the beginning of the Open Payments content area on the page.

#### 1.4d (2): Useful JAWS Keystrokes

The keystrokes given in **Figure 5** find the next occurrence of a particular element on a page. Using the Shift key at the same time will find the previous occurrence. These shortcuts allow a screen reader user to quickly jump their screen reader between the form fields on each page or explore the overall structure of the page by jumping between the different headings on the page that denote the start of different content areas on the page.

Кеу	What it finds	Why this is useful
F	Form field	The F key allows users to move from form field to form field. Many pages on the Open Payments website are made of forms. The F key allows JAWS users to determine what fields are on the Open Payments form pages quickly.
н	Heading	The H key allows users to move from heading to heading. Headings define the structure of many pages. Moving between sections of an Open Payments page allows for a quick guide to page structure and a way to access sections easily.

#### Figure 5: Useful JAWS Keystrokes

#### Section 1.5: Additional Information and Resources

CMS supports Open Payments system users through several different methods. These include webinars, Frequently Asked Questions (FAQs), step-by-step quick reference guides (QRGs), and technical support provided by the Open Payments Help Desk.

#### 1.5a: Open Payments Website

The Open Payments website at <u>https://www.cms.gov/openpayments</u> is your primary resource for information about Open Payments. This website contains numerous resources aimed at preparing and informing users about Open Payments regulations as well as the system. Check this website often for updated tools, resources, and important announcements on Open Payments.

#### 1.5b: Open Payments Resources

CMS has developed many resources to help applicable manufacturers, applicable GPOs, physicians, NPPs, and teaching hospitals understand and participate in the Open Payments program. These resources cover topics such as registration, data collection and submission, the review and dispute process, and data publication. They can be found on the Resources page of the Open Payments website, at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a>.

Covered recipients can also access the Open Payments User Guide for Covered Recipients, the Open Payments FAQ's and other useful resources within the Open Payments system on the "Resources" tab.

			<u>User Guide</u>	ide Help Privacy Polic		X O STEPHEN PERSELL	
OPEN PAYMENTS'	Home	Review and Dispute	Manage Covered Recipient:	5	Messages 👻	Contact Us	Resources
Resources							
Physician or Non-Physician Practitioner Resources Links to the Open Payments resources are available below							
For help obtaining a PDF viewer, go to the <u>CMS gov Help Page</u>							
Resource Links           Open Payments User Guide for Reporting Entities [PDF]           Open Payments User Guide for Covered Recipients [PDF]           Open Payments IAQ's           CMS Resources Website           CMS Resources Website           Errors and Warning Gode Key [MSS]           List of Drug Names and National Drug Codes.(NDC)           List of Medical Device or Medical Supply Names and Primary Device Identifier							
Return to top							

#### Figure 6: Open Payments System Resources Page

#### 1.5c: Open Payments Help Desk

The Open Payments Help Desk serves as the single point of contact for all Open Payments-related inquiries. The Help Desk offers guidance on Open Payments, actions users can take in the system, and technical support. You can submit inquiries to <u>openpayments@cms.hhs.gov</u> or call 1-855-326-8366. For the TTY line, call 1-844-649-2766. The Help Desk's hours of operation are posted on the Open Payments website.

#### **1.5d: Open Payments Mailing List**

By registering for the Open Payments mailing list, you will be signed up to receive periodic email notifications regarding program, system, and resource updates. This is a good way to keep informed on any updates, changes, or important messages from CMS. To sign up for the Open Payments mailing list, visit the Open Payments website at <a href="https://www.cms.gov/priorities/key-initiatives/open-payments/contact">https://www.cms.gov/priorities/key-initiatives/open-payments/contact</a> and enter your email address at the bottom of the home page.

#### Figure 7: Receive Email Updates

To sign up for Open Payments updates or to access your subscriber preferences, please enter your contact information below. *Email Address	Get Updates from Open Payments	
*Email Address		ur subscriber preferences, please enter your contact
	Email Address	_

Entering your email address will take you to a page where you can select which mailing list you want to subscribe to.

Primary Emai	
	Address
	primary email address. You will use this to access and update your modify your subscriber preferences.
Email Address	* Subscriber@yopmail.com
Confirm Email Address	*
below.	to change how subscription updates are delivered to you, select an option mmediately by email
O Selid updates c	any by email
O Send updates v	veekly by email
	veekly by email ity updates may be sent regardless of your delivery preferences.
Certain high priori Optional Pase	ity updates may be sent regardless of your delivery preferences.
Certain high priori Optional Pase	ty updates may be sent regardless of your delivery preferences.
Certain high priori Optional Pase Enter an optional	Ity updates may be sent regardless of your delivery preferences.  sword password to add password protection to your subscriber preferences.

Figure 8: CMS New Subscriber Screen

Under the Section "Open Payments," select "General Updates on Open Payments" and then the "Submit" button at the bottom of the page to join the mailing list. You may also select either the boxes entitled "Physicians and teaching hospitals", "Non-physician practitioner", or "Applicable Manufacturers and Group Purchasing Organizations". Make sure you also select the general updates box to ensure you receive all appropriate email updates.

Centers for Medicare & Medicaid Services www.cms.gov www.medicaid.gov www.medicare.gov
Quick Subscribe for subscriber@yopmail.com
Centers for Medicare & Medicaid Services (CMS) offers updates on the topics below. Subscribe by checking the boxes; unsubscribe by unchecking the boxes.
Access your subscriber preferences to update your subscriptions or modify your password or email address without adding subscriptions.
🗄 🗆 Medicare Tools & Information
Generation     Medicare-Medicald Coordination
B 🗆 Innovations
🗄 🗌 Regulations & Guidance
🗄 🗌 Research, Statistics, Data, & Systems
<sup>⊞</sup> □ Outreach & Education
🗄 🗌 Office of Acquisition and Grants Management
🗄 🗌 CMS Internal Communications
🗄 🗌 Regional Office Lists
🗄 🗌 Resources & Tools
🖲 🗋 WETG Email Updates
🗄 🗌 Chief Technology Office
Open Payments
General Updates on Open Payments
Physicians and Teaching Hospitals
□ Applicable Manufacturers and Group Purchasing Organizations
Non-physician practitioner
CMS System Notifications/Outages
Orvider Compliance
B 🗆 OIS Portal Project
🗄 🗌 Master Data Management (MDM)
Submit Cancel
Your contact information is used to deliver requested updates or to access your subscriber preferences.
Privacy Policy I Cookie Statement I Help

#### Figure 9: Quick Subscribe

# **Reporting and Data Collection**

### **Chapter 2: Introduction to Reporting and Data Collection**

This chapter provides information about data collection for entities required to report certain payments and other transfers of value in Open Payments.

Data is reported to the Open Payments system through bulk file uploads using character-separated values (CSV) files and through manual data entry through a graphic user interface (GUI).

A complete listing of metadata elements used for payments data input into the Open Payments system can be found in the "Submission Data Mapping Document." Due to changes in record formats, there are three versions of the Submission Data Mapping document, one for Program Years "2016-2020", one for Program Years 2021-2022, one for Program Years "2023 and Onwards". The three documents are available on the Resources page of the Open Payments website at https://www.cms.gov/OpenPayments/Resources. These documents provide specific, detailed descriptions of the information that must be collected by reporting entities to document general, research, physician ownership/investment interest payments.

#### Section 2.1: General Payments Reporting and Data Collection

This section on general payments reporting and data collection provides information about data collection for entities required to report certain general payments and other transfers of value in the Open Payments system. Five categories of information related to <u>general payments</u> made by applicable manufacturers and applicable GPOs to recipient physicians, NPPs, and teaching hospitals are captured during data collection; these categories are shown in the bulleted list below.

**Submission File Information** contains metadata elements collected to properly identify and attribute submitted files.

**Recipient Demographic Information** identifies the recipient of the general payment or other transfers of value.

**Associated Drug, Device, Biological, or Medical Supply Information** identifies the drug, device, biological, or medical supply that is related to the payment or other transfers of value.

**Payment or Other Transfers of Value Information** specifies information regarding the general payment or other transfers of value.

**General Record Information** captures other general information about the payment or other transfers of value.

On the Resources page of the Open Payments website

(<u>https://www.cms.gov/OpenPayments/Resources</u>), users can find and download the CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

#### Section 2.2: Research Payments Reporting and Data Collection

This section on research payments reporting and data collection provides information about data collection for entities required to report certain research-related payments and other transfers of value in the Open Payments system. Five categories of information related to <u>research payments</u> made by applicable manufacturers and applicable GPOs to covered recipient physicians, NPPs, and teaching hospitals are captured during data collection; these categories are shown in the bulleted list below.

**Submission File Information** contains metadata elements collected to properly identify and attribute submitted files.

**Recipient Demographic Information** identifies the recipient of the research payments or other transfers of value.

**Associated Drug, Device, Biological or Medical Supply Information** identifies the drug, device, biological, or medical supply that is related to the payment or other transfers of value.

**Payment or Other Transfers of Value Information** specifies information regarding the research payment or other transfers of value.

**Research-related Information** captures specific information about payments or other transfers of value for research activities.

On the Resources page of the Open Payments website

(<u>https://www.cms.gov/OpenPayments/Resources</u>), users can find the CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

Users who hold a submitter role can access submission templates within the Open Payments system on the "Resources" tab.

Figure 10: Open Payments System "Resources" Tab for Reporting Entities

OPEN PAYMENTS	Home	Submissions	¥	Review and Dispute	Manage Entities	Messages 🗸	Contact Us	Resources
Resources								
Applicable Manufacturer or Group Purchasing Organization Resources Links to the Open Payments resources are avaialble below								
For help obtaining a PDF viewer, go to the CMS gov Help Page								
Resource Links         Open Payments User Guide for Reporting Entities (PDF)         Open Payments User Guide for Covered Recipients (PDF)         Open Payments FAQ's         CMS Resources Website         Firor and Warning Code Key (XLSX)         List of Drug Names and National Drug Codes (NDC)         List of Medical Device or Medical Supply Names and Primary Device Identifier         Report templates are available through the links below. Download the template(s) for the program year(s) and payment be system will reject files prepared with an incorrect payment category or program year template.	t category,	'categories for t	he rec	ords to be submitte	Н.			
Research         • PY 2018 - 2020 CSV Template File: Research Payments [CSV]         • PY 2021 - 2022 CSV Template File: Research Payments [CSV]         • PY 2023 and Onwards CSV Template File: Research Payments [CSV]								
General • PY 2018 - 2020 CSV Template File: General Payments (CSV) • PY 2021 - 2022 CSV Template File: General Payments (CSV) • PY 2023 and Onwards CSV Template File: General Payments (CSV)								
Ownership PY 2018 and Onwards CSV Template File: Physician Owner/Investor [CSV]								

## Section 2.3: Physician Ownership/Investment Interests Reporting and Data Collection

This section on physician ownership/investment interests reporting and data collection provides information about data collection for reporting entities required to report physician ownership or investment interests in the Open Payments system.

Three categories of information related to ownership/investment interests held by physicians in applicable manufacturers and applicable GPOs are captured during data collection; these categories are shown in the bulleted list below.

**Submission File Information** contains metadata elements collected to properly identify and attribute submitted files.

Physician Demographic Information identifies the recipient of the ownership or investment interests.

Ownership or Investment Information captures information about the ownership or investment.

On the Resources page of the Open Payments website <u>https://www.cms.gov/OpenPayments/Resources</u>, users can find the CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

# Registration

### Chapter 3: Physician, NPP, and Teaching Hospital Registration

This chapter provides information for physician, NPP, and teaching hospital (known collectively as "covered recipients") registration in CMS's Identity Management system (IDM) and creation of a profile in the Open Payments system. Both activities are required to obtain access to the Open Payments system. All covered recipients who wish to review data reported about them must complete both activities prior to accessing the system.

This chapter is divided into the following sections:

**<u>3.1</u>: Two-Step Registration Process** provides an overview of the registration process. Registration includes user registration in IDM, requesting a role in the Open Payments system, and user registration in the Open Payments system.

**<u>3.2</u>**: **IDM Registration** provides an overview of the first step in registration, how to register in IDM and request access to the Open Payments system.

**<u>3.3</u>**: Open Payments System Users and User Roles for Physicians, NPPs, and Teaching Hospitals provides walkthroughs of various scenarios for registering a physician, an NPP, or a teaching hospital in the Open Payments system.

**<u>3.4</u>: Open Payments Covered Recipient Users and User Roles** contains information on who is authorized to register in the Open Payments system and the user roles that may be filled by the Open Payments system users.

**<u>3.5</u>**: **Nominations** contains information on how to nominate other individuals for roles associated with physicians, NPPs, and teaching hospitals.

**3.6**: Updating Profile Information in the Open Payments System contains information on how physicians, NPPs, their authorized representatives, and users affiliated with teaching hospitals can update their profiles in the Open Payments system.

#### Section 3.1: Two-Step Registration Process

Covered recipients must register in the Open Payments system to view, review, and/or dispute data submitted about them. Registration for Open Payments is a two-step process. First, users must register in IDM to obtain IDM credentials and request further access to the Open Payments system. Once the user has obtained IDM credentials, he or she will be able to complete the registration process in the Open Payments system.

Physicians, NPPs, and teaching hospitals are not required to participate, but are encouraged to do so to view information reported about them prior to CMS's publication of the data, as well as ensuring accuracy of the data.

#### Section 3.2: Identity Management (IDM) Registration and Open Payments Access

Identity Management (IDM) is an identity management and services system that (1) serves as an identity proofing tool to verify a person's identity; and (2) provides you with access to various CMS applications. Registering in IDM provides you with log in credentials required for access to the Open Payments system. You will be able to set up your own log in credentials in the form of a user ID and password during the IDM registration process.

To begin the registration process, IDM can be accessed via the Open Payments system at <u>https://openpayments.system.cms.gov</u>. A list of IDM FAQs is available on the CMS Portal website at <u>https://portal.cms.gov/portal/help/digital/faqs?app=portal</u>. If you already have IDM credentials, you can move ahead to <u>section 3.3</u>, Registering in the Open Payments System.

IDM will lock your user account if no activity is reported in the account for 60 or more days. When you log in after 60-days, the system will display the "Unlock my Account" view. To unlock the account, enter the user ID and correctly answer the challenge question. Then enter a new password in the input fields of "New Password" and "Confirm New Password". If the account does not reactivate, contact the Open Payments Help Desk at 1-855-326-8366. For the TTY line, call 1-844-649-2766.

IDM will automatically deprovision your account if you have not logged in for two years or more. IDM will send out a series of deprovision warning emails to the email address in your account prior to deprovisioning. Once deprovisioned, the IDM account cannot be reactivated again, and you will be required to set up a new IDM account using steps in Section 3.2b through 3.2d, followed by steps in Section 3.4.

**NOTE FOR INDIVIDUALS WITH FOREIGN ADDRESSES:** Individuals with addresses outside of the United States can enter their foreign address during registration. However, identity proofing may require a manual process for only those users creating a new reporting entity. Contact the Open Payments Help Desk at 1-855-326-8366 for questions regarding this manual proofing process.

#### **3.2a: System Requirements**

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768. For optimal performance, screen resolution should be set to 1920 x 1080. The following additional considerations optimize access to the Open Payments system:

- Disable pop-up blockers prior to accessing CMS Enterprise Portal.
- Use one of the following browsers with JavaScript enabled:
  - Microsoft Edge
  - Chrome (recommended for optimal performance)

- Firefox
- o Safari

#### 3.2b: IDM New User Registration

<u>Step 1:</u> On the Open Payments system website, https://openpayments.system.cms.gov, and select **New User Registration** to continue. You will be sent to the CMS IDM portal to complete the process that includes IDM registration and requesting role in the Open Payments system.

		ser Guide Help	Privacy Policy
OPEN PAYMENTS	About Us	Resources	Contact Us
, 10.6X			
OPEN PAYMENTS	- /		
User ID			
Password			
✓ I agree to Terms & Conditions			
Log In			
Forgot your <u>User ID</u> and <u>Password?</u> Need to <u>unlock</u> your account?			
New User Registration			

#### Figure 11: Open Payments System Public Landing Page

<u>Step 2</u>: On the "Select Your Application" page, select "Open Payments" from the drop-down list and then select **Next** to continue.

#### Figure 12: Select Your Application

Select Your Application		~
OneMAC		
OneMAC Micro	_	
Open Payments		
PARHM Dashboard		
Payment Recovery Inform	tion System (PRIS) - RAC & RADV Appeals	
PCG-FHIR		

**<u>Step 3</u>**: Accept the Terms and Conditions of the CMS Portal and then select **Next** to continue.

#### Figure 13 Select Your Application

Open Payments	×
<b>O</b> Application Description : Open Payments is a national disclosure program that promotes a transparent and accour relationships between applicable manufacturers and group purchasing organizations (GPOs) and health care provic (OPS) is used by applicable manufacturers and GPOs to report payments and other transfers of value made to cover the ownership or investment interests held by physicians or physicians' immediate family members. OPS is also ava functionalities related to review and dispute of reported data. Covered recipients may use OPS for activities related physicians, non-physician practitioners and teaching hospitals. For more information and full definitions of covered www.cms.gov/OpenPayments.	lers available to the public. The Open Payments Syste ed recipients, as well as certain information regarding ilable for covered recipients and provides to review and dispute. Covered Recipients include
Terms & Conditions OMB No.0938-1236   Expiration Date: 08/31/2025   Paperwork Reduction Act Consent to Monitoring	
OMB No.0938-1236   Expiration Date: 08/31/2025   Paperwork Reduction Act	0

Two Terms and Conditions sections of particular importance to read are:

- Consent to monitoring; and
- Collection of Personal Identifiable Information (PII).

"Consent to monitoring" means that you agree to allow CMS to monitor your activity and actions performed through CMS applications while logged into the CMS Enterprise Portal and accessed through IDM.

"PII" is information that someone can use to uniquely identify, contact, or locate a single person, or use with other sources to uniquely identify a single individual. CMS applications collect personal information collected to use for the purpose of verifying your identity only.

<u>Step 4:</u> On the "Register Your Information" page, enter your personal user information. Be sure to enter all information in all required fields. Select **Next** when you have entered all the information. **Selecting** "Cancel" causes you to lose all data entered.

Data fields to be completed are the following:

- Name (First, Middle, Last, Suffix)
- Date of Birth (Month, Date, Year)
- Is Your Address US Based (Yes/No)
- Home Address, City, State, Zip Code
- Personal Email Address
- Confirm Email Address
- Personal Phone Number

Enter your legal name, current home address, primary personal phone number, and personal email address correctly.

Step #2: Register Your Information Step 2 of 3 - Please enter your personal and contact information. All fields are required unless marked (optional).						
Enter First Name	Enter Middle Name (optional)	Enter Last Name	Suffix (optional)			
Select Birth Month	Select Birth Date 🗸	Select Birth Year 🗸				
Is Your Home Address U.S. Based?						
Enter Home Address Line 1		Enter Home Address 2 (optional)				
Enter City	Select State	Enter ZIP Code	Enter ZIP+4 Code (optional)			
Enter Email Address		Confirm Email Address				
Enter Phone Number						
Back	Next	<u>Cancel</u>				

Figure 14: Register Your Information Page

<u>Step 5:</u> On the "Create User ID, Password & Security Question/Answer" page, create an IDM username and password in accordance with the requirements provided below. This User ID and password will be used to log in to the Open Payments system. You must select a security question and provide a security answer. Select **Next** when finished.

User IDs cannot be changed once your account is created. Passwords never expire, as long as you log in at least every 60 days.

Selecting Cancel causes you to lose all data entered.

Step #3: Create User ID, Passwo Step 3 of 3 - Please create User ID and Password. Select a Security Question All fields are required unless marked (optional).						
Enter User ID						
Enter Password 🔊	2					
Security answer to be used in case you forget your password or you need to unlock your account.						
Select Security Question	~					
Enter Security Answer						
Back Next	Cancel					

- The IDM/Open Payments system User ID:
  - Must be between 6 74 characters and contain at least one letter;
  - Can contain alphanumeric characters;
  - Allowed special characters are limited to hyphens (-), underscores (\_), apostrophes ('), and periods (.)
  - The @ symbol is allowed only if the User ID is in a valid email address format (j.doe@abc.edu or 123@abc.com)
  - Cannot contain eight (8) consecutive numbers;
  - Cannot begin or end with special characters;
  - Cannot contain more than one (1) consecutive special character;
  - User IDs are not case-sensitive.
- Password Requirements:
  - Password must be a minimum of 15 characters;
  - Password must contain: one (1) upper case and one (1) lower case letter, and one (1) number;

- The following special characters may be used: " ! # \$ % & ' ( ) \* + , . / \ : ; < = > ? @ [ ] ^ ` {
- Password cannot contain: Parts of User ID, First Name, Last Name, common passwords;
- Password can only be changed once every 24 hours;
- Password must be different from the last six (6) passwords;
- Password must not exceed 60 characters;
- Confirm password:
  - Confirm password;
  - Enter the same password;
- Select your security question:
  - Select a question from the drop-down list of questions;
- Security answer:
  - Can contain alphanumeric characters;
  - Can contain spaces;
  - Must be at least four (4) characters;
  - Cannot contain part of the security question;
  - Your security answer is required for you to reset your password or unlock your account

<u>Step 6:</u> On the "New User Registration Summary" page, review the information and make any necessary changes before submitting. Select **Submit User** to submit the information.

Figure 16:	New User	Registration	Summary Page

Open Payments					~
• Application Description : Open Payme relationships between applicable manui (OPS) is used by applicable manufacture the ownership or investment interests h functionalities related to review and dia physicians, non-physician practitioners www.cms.gov/OpenPayments.	facturers and group purchas ers and GPOs to report paym eld by physicians or physicia pute of reported data. Cover	ing organizations ents and other tra- ens' immediate far ed recipients may	(GPOs) and health care provi onsfers of value made to cover mily members. OPS is also ave use OPS for activities related	ders available to the put red recipients, as well as ailable for covered recipi to review and dispute.	olic. The Open Peyments System certain information regarding ients and provides Covered Recipients include
First Name indy	Enter Middle Name (optio	onal)	Last Name Smith	Suf	fix (optional)
Birth Month	Birth Date		Birth Year		
October 🗸 🗸	17	~	1990	~	
Home Address Line 1	-				
502 Stagecoach Lane			Enter Home Address 2 (op	tional)	
lty	State		ZIP Code		
logdon	Texas	~	78234	Ent	er ZIP+4 Code (optional)
Email Address bliss@index-analytics.com			Confirm Email Address sbliss@index-analytics.co	m	
Phone Number 10-602-4955 fields are required unless marked (o	ptional).				
Jser ID NDREW					
Enter Password	Confirm Password	અ			
		~			
- Security Question What is the food you least liked as a child?					
- Security Question What is the food you least liked as a child? Security Answer					

<u>Step 7:</u> A "Confirmation" page displays acknowledging successful registration in IDM. Select the Login link in the green window to go to the portal log in page. The profile configuration can take up to 24 hours but is normally instant. If you are unable to login after 24 hours, call the Open Payments Help Desk at 1-855-326-8366. For the TTY line, call 1-844-649-2766.

#### Figure 17: Confirmation Page

• Confirmation Your User ID has been successfully registered with CMS Enterprise Portal. An email has been sent to your registered email address. You can no <mark>Alogin.</mark>	×
Your User ID has been successfully registered with CMS Enterprise Portal. An email has been sent to your registered email address.	

**<u>Step 8:</u>** Request access to the Open Payments system.

# 3.2c: Requesting Access to Open Payments with IDM Credentials

<u>Step 1:</u> After selecting Login in the last step in section 3.2b, you will return to the CMS Portal website. On the IDM Portal page (portal.cms.gov, in case you closed your browser after the last step), enter your User ID, Password, and agree to "Terms & Conditions" by selecting the checkbox next to "I agree to the Terms & Conditions" link. Select Login to log in.

CMS.gov Enterprise Portal		
	Login Login with PIV Card	
	CMS.gov Enterprise Portal	
	andrew	
	✓ I agree to the <u>Terms &amp; Conditions</u>	
	Login	5
	Forgot your <u>User ID</u> or your <u>Password</u> ?	19
	Need to <u>unlock</u> your account?	
		$\triangleleft$
	New User Registration	A la
	69	

#### Figure 18: CMS.gov Enterprise Portal Landing Page

You will receive a prompt to enter a Multi-Factor Authentication (MFA) device.

The personal email address you entered during registration will become the initial MFA device by default. The email MFA is required and cannot be deleted. You may, however, change the email for the MFA. To proceed, select **Send MFA Code** to receive the code in your email.

CMS.gov Enterprise Portal	
	Login Login with PIV Card
	CMS.gov Enterprise Portal
	♥ Multi-factor Authentication ❷
	Email
	Sand Tri e eminday_analytics com
	Send MFA Code
	Enter MFA Code
	Verify
	Send MFA code automatically
	Do not challenge me on this device for the next 30 minutes
	Learn how to add MFA Devices beyond email
	Unable to Access MFA Device or MFA Code?
	<u>Cancel</u>

#### Figure 19: Displaying Email as the initial MFA device

Next, enter the information MFA code you received, and select **Verify**.

CMS.gov Enterprise Portal	
	Login with PIV Card
	CMS.gov Enterprise Portal
	♥ Multi-factor Authentication ?
	Email 🗸
	Send To: ss@index-analytics.com
	Send MFA Code
	Enter MFA Code
	Verify
	Send MFA code automatically
	Do not challenge me on this device for the next 30 minutes
	Learn how to add MFA Devices beyond email
	Unable to Access MFA Device or MFA Code?
	<u>Cancel</u>

# Figure 20: Entering Device MFA Information

**<u>Step 2</u>**: You will land on the "My Portal" page. Select **Add Application**.

# Figure 21: "My Portal" Page

CMS.gov My Enterprise Portal		<b>A</b>	<u>Andy Smith</u> ▼	? <u>Help</u>	🗭 <u>Log Out</u>
	My Portal @	Add Application			
		Previous Login: View Login Histor	x		
	Welcome to CMS Enterprise Portal. Welcome Andy Smith to CMS Enterprise Portal. You've selected Open Payments application during your registration. You can request access to this application by clickin	ıg <u>here</u> .			
	You may request access to other applications by selecting "Add Application" button.	evices section.			

<u>Step 3:</u> Select "Open Payments" from the drop-down list and then select Next.

You are now asked to select a role. The role you select will determine how you later create your Open Payments system profile.

There are many roles to choose from, however only one of three may be selected by Open Payments reporting entity and covered recipient end users.

Figure 22: "Request Application Access" Page	Figure 22	22: "Reques	t Application	Access"	Page
--	-----------	-------------	---------------	---------	------

	Select a Role	
)	CMS Compliance Government Agents File Transfer Research File Transfer	
	Reporting Entity Officer or Teaching Hospital Authorized Official Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance Open Payments Foreign User	

# Reporting Entity Officer or Teaching Hospital Authorized Official Role:

You should select this role if you are a US user that would like to register a NEW reporting entity (applicable manufacturer or applicable group purchasing organization) or a **teaching hospital** that is not currently registered in the Open Payments system.

*If you would like to request this role, go to* Step 3a: Choosing the Reporting Entity Officer or Teaching Hospital Authorized Official Role: *(below).* 

# Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance Role:

You should select this role if you fall into one of the following scenarios:

- US and foreign (foreign users are those that do not have a US-based address and/or a US Social Security number) physicians, non-physician practitioners, and users nominated for a role by a covered recipient/registered entity.
- US and foreign (foreign users are those that do not have a US-based address and/or a US Social Security number) that have been nominated to associate with a teaching hospital that already exists in the Open Payments system.
- US and foreign (foreign users are those users that do not have a US-based address and/or a US Social Security number) that have been nominated (or are self-nominating) to a role in the Open Payments system.

*If you would like to request this role, go to* Step 3b: Choosing the Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance Role: *(below).* 

#### **Open Payments Foreign User Role:**

You should select this role if you are a foreign user (those users that do not have a US-based address and/or a US Social Security number) that falls into one of the following scenarios:

• You would like to create a NEW teaching hospital profile or have been nominated for a role in a teaching hospital or with a physician or NPP.

After selecting this role, users should wait for an email from the Open Payments Help Desk that will provide additional information.

If you would like to request this role, go to Step 3c: Choosing the Open Payments Foreign User Role: (below).

# Step 3a: Choosing the Reporting Entity Officer or Teaching Hospital Authorized Official Role:

1) Select the Reporting Entity Officer or Teaching Hospital Authorized Official Role, and then select **Next.** 

Figure 23: Request Application Access	Figure	23:	Request	Application	Access
---------------------------------------	--------	-----	---------	-------------	--------

Request Application Access 🤋	
\Xi The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be presented with related information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current level of acc	
You can review your current roles and pending role requests in My Access.	
Select an Application	Completed
✓ Open Payments	
2 Select a Role Role Reporting Entity Officer or Teaching Hospital Authorized Official	× ¥
• Role Description: Select this role if you are an officer of an applicable manufacturer or GPO trying to report data, or an authorized official of a Teaching Hospital trying to a that was reported about the teaching hospital. If you are an officer of an applicable manufacturer or GPO and based outside of United States, you need to request Open Payn foreign user role.	
	Next

2) Enter a brief statement about why you are requesting the role, then select **Submit**.

Figure 2	24: Reason	for Request
----------	------------	-------------

E The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken w lated information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the rol	
ou can review your current roles and pending role requests in My Access.	
1 Select an Application	✓ Completec ☑ Edit
✓ Open Payments	
2 Select a Role	✓ Completec ☑ Edit
<ul> <li>Reporting Entity Officer or Teaching Hospital Authorized Official</li> </ul>	
3 Enter Reason for Request	
3 Enter Reason for Request	
3 Enter Reason for Request	

3) You will be shown a confirmation screen. Select **OK**.

# Figure 25: Confirmation

Your IDM requ	est has been successfully submitted.
Request N	ew Application Access Acknowledgement
Your IDM reques	st has been successfully submitted.
The tracking nu	mber for your request for Reporting Entity Officer or Teaching Hospital Authorized Official role in Open Payments application is: 5385839
Please use this	number in all correspondence concerning this request.
You will receive	an email once your request is processed.
	n approves your request, please log out of your account and log back in using the Open Payments System URL: https://openpayments.system.cms.gov/. If you experience issues, be Open Payments Help Desk by telephone at 855-326-8366.

4) After selecting **OK**, see <u>Section 3.3</u> to proceed with creating your Open Payments system profile.

# Step 3b: Choosing the Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance Role:

1) Select the Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance role, and then select **Next**.

#### Figure 26: Request Application Access

Request Application Access 💿	
\Xi The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be pre- related information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current	
You can review your current roles and pending role requests in <u>My Access</u> .	
1 Select an Application	✓ Completed ☑ Edit
✓ Open Payments	
Role Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance	× 🗸
Role Description: Select this role if you are a submitter, attester, or compliance user of an applicable manufacturer or GPO trying to report data; or a physician, representative, non-physician practitioner, non-physician practitioner representative; or a teaching hospital representative trying to access attributed data. Non-Practitioners include: Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist/Anesthesiologist Assistant and Certified Registered Nurse Anesthetist/Anesthesiologist Assistant Anesthet	Physician
	Next
3 Enter Reason for Request	
	Cancel

Enter a brief reason for requesting the role and then select **Submit**.

# Figure 27: Reason for Request

equest Application Access @	
The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be presented ted information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current level of	
can review your current roles and pending role requests in My Access.	
Select an Application	✓ Completed
✓ Open Payments	
Select a Role	✓ Completed ✓ Edit
<ul> <li>Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance</li> <li>Enter Reason for Request</li> </ul>	
Enter a Reason for Request	
Required field.	Submit
	Cancel

2) You will be shown a confirmation screen. Select **OK**.

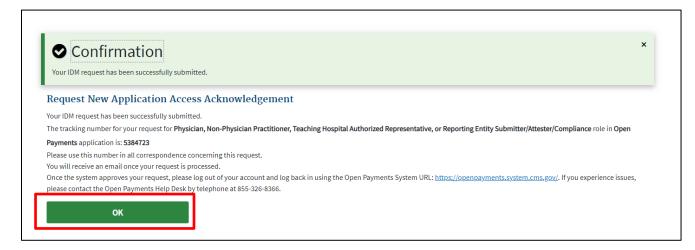
**Figure 28: Confirmation** 

Request Application	n Access @		
		on. A summary of each step taken will be shown after each step. Ye	
nated information to review at the last step. Pleas		asked will vary depending on the role that you are requesting and	your current level of access.
1 Select an Application			✔ Complete
Open Payments	Confirmation	× Close	<u> </u>
2 Select a Role	Are you sure you want to proceed?		✔ Complete
Physician, Non-Physic Submitter/Attester/Compli		Cancel OK , or Report	rting Entity
Submitter/Attester/Compli	dhee		
Benter Reason for Request			
I need the role			
			Submit
			Cance

3) You will see confirmation that you requested this role. Select OK.

You may now log out of the CMS Portal website and proceed to the Open Payments system website at https://openpayments.system.cms.gov and create your covered recipient profile.

#### **Figure 29: Second Confirmation**



# Step 3c: Choosing the Open Payments Foreign User Role:

1) Select the Open Payments Foreign User Role and then select Next.

# Figure 30: Request Application Access

Request Application Access 💿
The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be presented with all your role related information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current level of access.
You can review your current roles and pending role requests in <u>My Access</u> .
Select an Application       Completed         Image: Completed in the second
V Open Payments
2 Select a Role
Open Payments Foreign User × V
• Role Description: Select this role if you are an officer of a reporting entity and your permanent address is outside of the United States and/or you do not have a social security number. Once you request the role, Open Payments Helpdesk will reach out to you.
Next
(3) Enter Reason for Request
Cancel

2) Enter a brief justification for requesting this role, and then select **Submit**.

# Figure 31: Reason for Request

Request Application Access @				
The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be presented with all your ro ated information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current level of access.				
u can review your current roles and pending role requests in My Access.				
Select an Application	✔ Complet: ☑ Ed			
V Open Payments				
2 Select a Role	✓ Complete ☑ Ed			
V Open Payments Foreign User				
3 Enter Reason for Request				
Enter a Reason for Request				
Required field.	Submit			
	Cance			

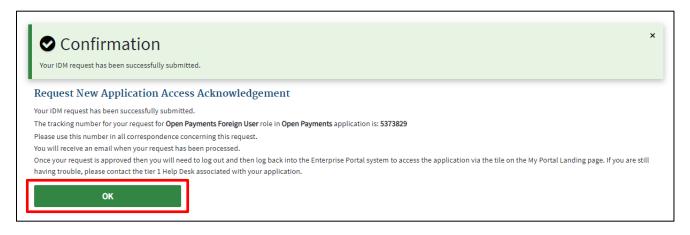
3) You will be shown a confirmation screen. Select **OK**.

Figure 32: Confirmation

can review your current roles and pending	role requests in <u>My Access</u> .		
Select an Application			✔ Complete ☑ Edi
<ul> <li>Open Payments</li> </ul>	Confirmation	X Close	
Select a Role	Are you sure you want to proceed?		✔ Complete
Open Payments For	reign	Cancel OK	
Enter Reason for Reque	est		
Reason for Request			

4) You will see confirmation that you requested this role. You will receive an email from the Open Payments Help Desk in one to two business days providing you with your next steps.

#### Figure 33: Second Confirmation



# 3.2d: Adding additional Multi-Factor Authentication (MFA) Devices

Multi-Factor Authentication (MFA) provides a second layer of security to your account. You should already have Email registered as your first MFA. Again, Email is a required MFA, and cannot be removed.

IDM suggests having more than one MFA registered to your account as a backup. To add additional MFAs:

<u>Step 1:</u> Navigate to portal.cms.gov, select My Profile in the dropdown below your name, and then select **Manage MFA Devices**.

	III Му Аррз	•	■ <u>Andy Smith</u> ▼	● <u>Help</u>	🕩 <u>Log Out</u>
My Profile					
	View Profile				
View Profile	First Name: Andy				
Change Profile	Middle Name:				
-	Last Name: Smith				
Change Business Contact Information	Date of Birth: 10/17/1990				
Change Password	Email Address: sbliss@index-analytics.com				
Change Security Question and Answer	Phone Number: 210-602-4955				
Manage MFA Devices	Home Address Line 1: 3502 Stagecoach Lane				
•	Home Address Line 2:				
Uogin History	City: Bogdon				
My Help Desk Contact Information	State: TX				
	ZIP Code: 78234				
	ZIP+4 Code:				

#### Figure 34: My Profile

# Step 2: Select Register a Device.



Ay Profile				
	Manage Multi-Facto	or Authentication (MF	A) Devices	
View Profile	Device Type	Identifier	Status	Actions
Change Profile	Email	sbliss@index-analytics.co m	Active	Edit
Change Business Contact Information	Register a devi	ce		
Change Password				
Change Security Question and Answer				
Manage MFA Devices				
S Login History				
My Help Desk Contact Information				

**<u>Step 3</u>**: In the dropdown menu, select the new MFA device you wish to register.

Figure 36: Register MFA Devices

My Profile				
	Manage Multi-Factor	Authentication (MF	A) Devices	
View Profile	Device Type	Identifier	Status	Actions
Change Profile	Email	sbliss@index-analytics.co m	Active	Edit
Change Business Contact Information				
Change Password	Register Multi-Factor	Authentication (MI	FA) Device	
Change Security Question and Answer	Adding a MFA Code to your login, by providing an extra layer of pro			can make your login more secure
Manage MFA Devices	Select the MFA device typ	oe that you want to use t	o login	
Login History	Select MFA Device			~
My Help Desk Contact Information				

**<u>Step 4</u>**: Depending on the device you choose to register, you will be asked to provide information about that device. For example, if you choose "Text Message", you will be asked to provide a phone number.

Figure 37: Send MFA Code

View Profile	Device Type	Identifier	Status	Actions
Change Profile	Email	sbliss@index-analytics.co m	Active	Edit
Change Business Contact Information				
Change Password	Register Multi-Factor	Authentication (MI	A) Device	
Change Security Question and Answer	Adding a MFA Code to your login, by providing an extra layer of pro		· · · · ·	can make your login more sec
Manage MFA Devices	Select the MFA device typ	oe that you want to use t	o login	
U Login History	Text Message (SMS)			~
My Help Desk Contact Information	Text Message (SMS)			
	The SMS option will send your MF provide a ten (10) digits U.S. phor service charges may apply for this	ne number for a mobile device th		
	Phone Number 555-555-5555			

<u>Step 5:</u> Enter the code sent to your device and select **Add Device** to successfully add your MFA Device.

# Figure 38: Enter MFA Device Code

	The MFA code has been sent to your MFA device. If you are having trouble, we can resend the MFA code in 30 seconds.
	Re-send MFA Code
1	ired field.
	Add Device Cancel

<u>Step 6:</u> You have successfully added an MFA device to your IDM account.



CMS.gov My Enterprise Portal		i⊟ My App	s			٥	😫 Karen Miller 🔫	Help	€→ Log Out
My Profile									
	Mana	ge Multi-Factor	Authentication (MFA	A) Devi	ces				
View Profile		Device Type	Identifier	Status	Actions				
Change Profile		Email	karenmiller@yopmail.com	Active	Edit				
Change Business	Contact Information	Text Message (SMS)	+1 555-555-5555	Active	Edit Remove				
Change Password									
Change Security C	luestion	Register a devic	e						
Manage MFA Dev	ices								

# Section 3.3: Open Payments System Users and User Roles for Physicians, NPPs, and Teaching Hospitals

A physician and NPP must create a profile for him or herself in the Open Payments system and undergo a vetting process to be fully registered in the Open Payments system. See Section 3.3c for more information on physician vetting and section 3.3f for more information on NPP vetting. The physician and NPP profile process has five steps, as shown in **Figure 40** below. Details on these steps are included later in this chapter.



#### Figure 40: Physician and NPP Registration Process

**Figures 41, 42, and 43** detail the fields which are required and optional when creating your physician or NPP user profile. It is important to have this information on hand prior to beginning the registration process.

Fields	Required or Optional?			
Practice Name	Optional			
Practice Business Address	Required			
Covered Recipient Type	Required			
Physician Primary Type	Required			
National Drawiday Identifier (NDI)**	Optional (If you have an NPI,			
National Provider Identifier (NPI)**	adding your NPI is required)			
Drug Enforcement Administration (DEA) Number**	Optional			
Taxonomy Code (at least 1)	Required			
License State (at least 1)	Required			
License Number (at least 1)	Required			

# Figure 41: Required and Optional Fields for Physician Profiles

Figure 42: Required and Optional Fields for NPP Profiles

Fields	Required or Optional?
Practice Name	Optional
Practice Business Address	Required
Covered Recipient Type	Required
Non-Physician Practitioner Primary Type	Required
National Provider Identifier (NPI)**	If you have an NPI, adding
National Provider identifier (NPI)	your NPI is required
Drug Enforcement Administration (DEA)	Optional
Number**	
Taxonomy Code (at least 1)	Required
License State (at least 1)	Required
License Number (at least 1)	Required

\*\*The National Provider Identifier (NPI) must be entered if you have one. If you do not have an NPI, you can still proceed with registration.

Profile information submitted to Open Payments is associated with physician and NPP license numbers and NPI for the purposes of vetting. Therefore, when registering in the Open Payments system, physicians and NPPs must enter at least one of the state license numbers they hold, as well as their NPI number (if they have one).

Fields	Required or Optional
First Name	Required
Middle Name	Optional

# Open Payments User Guide for Covered Recipients - July 2024

Fields	Required or Optional
Last Name	Required
Suffix	Optional
Job Title (for physicians and NPPs)	Optional
Job Title (for authorized representative)	Required
Business Address	Required
Business Phone Number	Required
Business Email Address	Required

Teaching hospitals are pre-populated into the Open Payments system based on the Open Payments Teaching Hospital List, which is maintained by CMS and updated annually. Teaching hospitals do not need to be vetted after profile creation and are approved automatically in the Open Payments system with a status of "vetted." CMS makes the current and past Teaching Hospital Lists available on the Resources page of the CMS Open Payments website at

<u>https://www.cms.gov/OpenPayments/Resources</u>. Teaching hospitals not on the lists will not have payments or other transfers of value reported.

Teaching hospitals must register using the hospital's "Doing Business As" name rather than its legal name. In the Teaching Hospital List, the "Doing Business As" name is under the heading of "Hospital Name." The address should be the "NPPES Business Address." For directions on registering a teaching hospital for a prior program year, see Section 3.3i

Teaching hospital registration has five steps, as shown in **Figure 44** below. Details on these steps are included later in this chapter.

#### Figure 44: Teaching Hospital Registration Process



**Figures 45 and 46** detail which fields are required and which fields are optional when creating teaching hospital and user profiles. It is important to have this information on hand prior to beginning the registration process.

Fields	Required or Optional?
State Where Teaching Hospital is Located	Required
Teaching Hospital Doing Business As Name	Required

#### Figure 45: Required and Optional Fields for Teaching Hospital Profiles

Fields	Required or Optional?
Teaching Hospital Business Address	Required
Taxpayer Identification Number (TIN)	Required

#### Figure 46: Required and Optional Fields for Individual User Profiles

Fields	Required or Optional?
First Name	Required
Middle Name	Optional
Last Name	Required
Suffix	Optional
Job Title	Required
Business Address	Required
Business Phone Number	Required
Business Email Address	Required
City Name	Required
State	Required
Zip Code	Required

The entire registration process takes approximately 30 minutes and must be completed in a single session. You cannot save entries or complete the profile later. You will be able to edit, manage, or update a profile once it is created.

# The system times out after 30 minutes of inactivity and it does not have an auto-save feature. If the system times out, your updates will not be saved.

Important notes on Open Payments physician, NPP, and teaching hospital registration:

- If your teaching hospital was registered in a previous year, it does not need to be registered again.
- Registration must be completed in one session.
- Physicians and NPPs, if you do not know your 10-digit NPI number, you can find it on the NPI Registry, located at <a href="https://npiregistry.cms.hhs.gov/">https://npiregistry.cms.hhs.gov/</a>.
- If you cannot find your DEA number, contact the DEA Office of Diversion Control. Their website is <a href="https://www.deadiversion.usdoj.gov">https://www.deadiversion.usdoj.gov</a>.

# 3.3a: Creating an Open Payments Profile as a Physician: First Time System Users

If you are registering as a physician and are a first-time user in the Open Payments system, follow the steps below.

If you are a physician or NPP who works in a teaching hospital and wish to see data related to you in your capacity as a physician or NPP, select the "Physician or Non-Physician Practitioner" option when registering. If you are a physician or NPP that works in a teaching hospital and wish to represent that teaching hospital as an authorized official or authorized representative, follow the instructions in <u>Section 3.3g</u> for registering a teaching hospital.

If you select the "Teaching Hospital" option, you will only be able to view payments made to the teaching hospital you are associating yourself with. If you wish to see data related to you as a physician or NPP, create a second profile and select the "Physician or Non-Physician Practitioner" option. You may be registered for both options and can alternate between physician and teaching hospital profiles using the "Switch User" functionality described in Section 3.3j.

For this scenario, the user previously registered an account in IDM, and requested the Open Payments role of "Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance", and will be registering a profile as a physician in the Open Payments system.

If you have not yet registered in IDM and requested access to the Open Payments system, please refer to the steps outlined in section 3.2b, above.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions.

You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

Figure 47: Open Payments System Log In Page

			User Guide Help Privacy Policy
OPEN PAYMENTS		About Us	Resources Contact Us
FR	Andrew Andrew	14.03/0	
	Log In Forgot your <u>User ID</u> and <u>Password?</u> Need to <u>unlock</u> your account?	Score	

The on-screen text contains important information regarding the registration process. Read the onscreen text and select **Create Profile** when you are ready to begin the registration process.

#### Figure 48: Open Payments Home Page for First-Time System Users

OPEN PAYMENTS	Home	About Us	Resources	Contact Us
Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable group purchasing organizations (GPOS) and healthcare providers (physicians, non-physician practitioners, and teaching hospitals) on a publicly accessible website. The Open Payments system requires the annual reporting of these relationships to CMS ( <u>42 CFR Part 403 Subpart I</u>				
Create Profile Our records indicate that you have not yet created a profile in the Open Payments system. Before you can perform any actions in the system, you must fregistration process.	rst create you		complete the eate Profile	
Your Current Registration Process	~	- 3 eate profile		

**Step 2:** The on-screen text contains important information regarding creating your physician profile. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

# Figure 49: Create My Profile Page

An official website of the United States	government <u>Here's how you know</u> ~ User Guide	Help Privacy Policy	CMS Test					
OPEN PAYMENTS	Home About Us	Resources	Contact Us					
Create Profile								
1 Select Profile Type	Creating a Profile							
2 Register Entity	To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an a group purchasing organization (GPO), teaching hospital, physician, or non-physician. Users with provider type of Ph Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assista	ysician Assistant, Nurs	e Practitioner,					
3 Personal Information	Open Payments system.		Stellar In the					
<b>4</b> Review and Submit Profile	For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.							
	For reporting teaching hospital, physician, or non-physician registration, prior to beginning registration, collect the irrecipient registration, then proceed with the registration process.	nformation required f	or covered					
	If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician has already been regis and you have not affiliated with them in the Open Payments system, you may:	stered in the Open Pa	yment system					
	<ul> <li>Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role: or</li> <li>Create a personal profile and request a role with the reporting entity or covered recipient user. Note that use themselves with physicians or non-physician must be nominated by the physician or non-physician.</li> </ul>	rs who wish to associa	ate					
	Required Information							
	Fields for required information are marked with an asterisk *.							
	It is important that you have all required information available when you begin because registration must be complete session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will		istration					
	A list of required information is available in the " <u>Required Information for Registration</u> " quick reference guide [PDF]". <u>Resources page of the Open Payments website.</u>	This QRG is also availab	ole on the					
	Registering as a Covered Recipient							
	Registering as a Physician or a Teaching Hospital		-					
	If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician Physician" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.							
	Physicians should register themselves in the Open Payments system and not delegate this task to another individual.							
	Registering as a Non-Physician		Ħ					
	If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Ane Anesthesiologist Assistant, select the "Physician or Non-Physician" option when registering. If you are a Physician Assista Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a t data related to you in your capacity as a non-physician, select the "Physician or Non-Physician Practitioner" option when	nt, Nurse Practitioner, ( eaching hospital and wi	Clinical Nurse					
	When you are ready to begin registratio	n, select "Star Back	r <mark>t Profile.</mark> Start profile					

**<u>Step 3</u>**: Select the profile type **Physician or Non-Physician Practitioner** and select the **Continue** button.

Figure 50: Select Profile Type Page

	Uter Gulde Hele Privacy Policy 🙁 Analy Smith
	Home About Us Resources Contact Us
Create Profile	
1 Select Profile Type	Select a Profile Type
2 Register Entity	A field with an asterisk (*) is required.
3 Personal Information	If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
4 Review and Submit Profile	If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
	Note: x If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
	If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk openpayments@cms.hhs.gov for guidance.
	Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID" <ul> <li>I have a Nomination ID and/or a Registration ID</li> <li>Applicable Manufacturer or applicable Group Purchasing Organization (GPO)</li> <li>Physician Practitioner</li> <li>Teaching hospital</li> </ul>
	Cancel

<u>Step 4:</u> Enter your personal and business information. All required fields will be marked with an asterisk (\*). You will not be able to proceed with registration until all the required fields have been entered. You may register with foreign address by selecting "Country" field drop down value other than "United States".

The first name and last name fields are prepopulated from your CMS Identity Management System (IDM) profile. You may edit these fields as needed. Changing this information in Open Payments will not change the corresponding information in your IDM profile.

If you are registered with the National Plan & Provider Enumeration System (NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here must match the information in those systems for successful profile vetting. It is also helpful to ensure that you update your information on those websites as needed.

Once a physician or non-physician profile has been successfully matched using CMS data sources (also known as "vetted"), the fields prepopulated by IDM data will no longer be editable. If you need to modify these fields after they have become non-editable, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.

When done, select the **Continue** button.

Selecting the "Cancel" button will cause you to lose all data entered.

Figure 51: Covered	Recipient	Personal	Information	Page

			Last Name *	
Indy			Smith	
iddle Name			Suffix (Jr., Sr., etc.)	
Susiness Information	ı			
ractice Name				
Andy's Office				
nail Address *				
lhgyhj@djsfghkl.com				
ountry *				
Jnited States		¢		
actice Business Address, Line 1 *				
45 Street				
actice Business Address, Line 2				
Practice Business Address, Line 2				
ty *			State *	
lewtown			Texas	0
p Code *	Zip Extension		Business Telephone Number *	

**<u>Step 5:</u>** Enter your covered recipient details. All required fields will be marked with an asterisk (\*).

The National Provider Identifier (NPI) and Drug Enforcement Administration (DEA) Number fields are not marked as required and must be entered if you have them. If you do not have these identifiers, you may proceed with registration.

- The ZIP Code you enter is validated to ensure it is a valid United States ZIP code and that it is within the "State" entered.
- If you have a National Provider Identifier (NPI), enter it exactly as listed in NPPES for the current calendar year.
- Enter at least one of your active state licenses. You may enter up to 50 licenses.

Taxonomy codes not on the taxonomy code list should not be entered. You may refer to the taxonomy code list on the Resources page of the Open Payments website (<u>https://www.cms.gov/priorities/key-initiatives/open-payments/resources/reporting-entitities</u>) As you begin entering information into the

Taxonomy Code field, the system will provide a list of codes to help guide your entry. If your taxonomy code is not available, select the code that most closely represents your specialty. Select **Add** after entering each taxonomy code to add it to your profile.

To enter license information, select the state in which the license is held and enter the license number. Select the **Add** button to add the license. The license number field may contain up to 25 characters, including special characters such as hyphens (-). You are required to enter at least one license. If you input data into the field and select the **Continue** button before selecting the **Add** button, the system will provide an error message.

If you have licenses in more than one state, enter in the first state and license number and then select **Add**. Repeat until you have added any additional licenses as you deen necessary.. You can enter up to 52 licenses.

When you are finished, select the **Continue** button.

Figure 52: Covered Recipient Details Page

ter the required covered recipient information below.			
u must provide your National Provider Identifier (NPI) if you	have one.		
Covered Recipient Identification			
Covered Recipient Type *			
Physician			
Covered Recipient Primary Type *			
Doctor of Optometry			
National Provider Identification (NPI) This is a 10-digit number that is required if you (the covered recipier	nt) have an NPI)		Drug Enforcement Administration (DEA) Number: This is a 9-character alphanumeric ID
Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous	we the entered code and	d allow y	ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are
Taxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the syste	we the entered code and ly entered taxonomy code n the <u>Resources page of</u>	d allow yo des may the Open	n will display a list of taxonomy codes that begin with the characters you have entered. Selve to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are
Taxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o	we the entered code and ly entered taxonomy code n the <u>Resources page of</u>	d allow yo des may the Open	n will display a list of taxonomy codes that begin with the characters you have entered. Selv ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered.
Taxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the syste Taxonomy Code *	we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca	d allow yo des may l the Open	n will display a list of taxonomy codes that begin with the characters you have entered. Selv ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered.
Faxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Faxonomy codes not on this list cannot be entered into the syst faxonomy Code * 111N00000X State Licensing Information Fo enter your license information, select the state and enter the another license if necessary. Enter each state and license numb	ve the entered code and ly entered taxonomy coo n the <u>Resources page of</u> em. If an exact match ca Add	d allow yi des may i <u>the Oper</u> innot be t	n will display a list of taxonomy codes that begin with the characters you have entered. Sel ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty w. Select the "Add" button to save the information to the profile. This will allow you to enter
Taxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the syste 111N00000X State Licensing Information To enter your license information, select the state and enter the	ve the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca Add license number in the fi er separately until all lice	d allow yi des may i <u>the Oper</u> innot be t	n will display a list of taxonomy codes that begin with the characters you have entered. Sel ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty w. Select the "Add" button to save the information to the profile. This will allow you to entu- re been added. You must enter at least one license number; you may add a total of 52 license

<u>Step 6:</u> At this point in registration, you may nominate an individual to serve as your authorized representative within the Open Payments system. By default, "Designate an Authorized Representative" will be selected. A physician cannot be his or her own authorized representative.

Physicians may only nominate one authorized representative. However, an authorized representative may represent more than one physician or NPP.

To nominate an authorized representative at this time, select **Yes** in the dropdown and enter the required information. You will also be asked to select the access level for the authorized representative. Authorized representative access levels are explained in depth in Section 3.4a. The access levels are also summarized on the page. When you are finished, select the **Continue** button.

You do not need to designate an authorized representative during initial registration and may do so later. If you choose not to designate an authorized representative during initial registration, select Not Now and then select the **Continue** button. Section 3.5a provides instructions on how to nominate an authorized representative after registration is complete.

Figure 53 shows how to NOT nominate an authorized representative.

Figure 54 demonstrates the steps to nominate an authorized representative.

#### Figure 53: Decision to NOT Nominate an Authorized Representative

All fields are required unless	indicated as optional
	nate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an ager, or any other person the covered recipient wants to designate.
system to become an authoriz	resentative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments ed representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days. or does not accept the role within the allotted 10 days, the covered recipient may nominate another person.
Nominate the Cov	ered Recipient in the Open Payments System
You can nominate an individua	al by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system.
	rized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open Payments stion. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.
	ntative? *
Designate an authorized represe	0
Designate an authorized represe	

If you wish to nominate an authorized representative, select Yes in the dropdown, and complete the fillable fields. When you have finished creating your profile, an email containing the steps to accept the nomination will be sent to the nominee.

# Figure 54: Decision to Nominate an Authorized Representative

office manager, a practice manager, or any other person the covered recipient wants to designate. The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Op system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nominated individual must accept this role in the Op system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nominated individual must accept this role in the Op system to become an authorized representative. The nominee will have 10 days, the covered recipient may nominate another person. <b>Nominate the Covered Recipient in the Open Payments System</b> You can nominate an individual by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system. Note: Covered recipient authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Op and take action on the nomination. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.  Designate an authorized representative?* Yes <b>Cuthorized Representative</b> Enter the name, business email, job title, and business telephone number of the nominated authorized representative. <b>First Name</b> *           Bo <b>Middle Name</b>	The nominated individual must accept this role in the Open Payments mination will expire if the nominee does not respond within 10 days. minate another person. while page in the Open Payments system. system for login credentials before they can log into Open Payments ual profile in the Open Payments system.	Telds ar equived unless indicated as optional   over equivaled authorized representative to the section exclusion on their bahalls in the Open Payments system. This person can be another ecovered recipient was to designate. combinated authorized representative will receive an enrall stating that they have been nominated for the role. The nominated individual must accept the involvement ecovered recipient was for exclusion will explicit the nominate does not respond within 100 days to accept or regist the role. The nominated individual must accept the involvement accept the rele will have 100 days to accept or regist the role. The nominated individual must accept the involvement accept the rele will have 100 days to accept or regist the role. The nominated individual must accept the involvement accept the rele will have 100 days to accept or regist the role. The nominated individual must accept the involvement ecovered recipient andivortation representative. The nominates and representative accept the rele will have 100 days to accept or regist the role. The nominated individual must accept the involvement ecovered recipient may moninate an individual must accept the rele will have 10 days to accept or regist the role. The nominate does not respond within 10 days to accept or regist the role. The nominate does not respond within 10 days to accept or regist the role. The nominated individual must accept the rele will have 10 days to accept or regist the role. The nominate does not respond within 10 days to accept or regist the authorized representative. <b>Explored authorized representative accepts the rele will have 10 days to accept or regist the role. The nominated individual prefere they can be authorized representative. <b>Explored Authorized Representative: Explored Authori</b></b>
A covered recipient may designate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient manager, a practice manager, or any other person the covered recipient wants to designate. The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments system. This person can be another covered recipient wants to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nominated individual must accept this role in the Open Payments enotine events and the nominee does not respond with the allotted 10 days, the covered recipient may nominate another person. Nominate the Covered Recipient in the Open Payments System Note: Covered recipient authorized representative nominees information below or later via the covered recipient profile page in the Open Payments system. Note: Covered recipient authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open and take action on the nominention. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.  Meter covered Representative?*  Nos  Authorized Representative  First Name *  Each  Mide Name  Suffix (Ir, Sr, etc.)  Suffix (Ir	The nominated individual must accept this role in the Open Payment mination will expire if the nominee does not respond within 10 days minate another person. The page in the Open Payments system. System for login credentials before they can log into Open Payment ual profile in the Open Payments system.	by the second enclosed enclos
	The nominated individual must accept this role in the Open Paymen mination will expire if the nominee does not respond within 10 days minate another person. while page in the Open Payments system. system for login credentials before they can log into Open Payment ual profile in the Open Payments system.	ice manager, a practice manager, or any other periods the covered recipient wants to designate. In nominated authorized representative will receive an email stating the they have been nominated for the role. The nominated individual must accept this role in the Doen Payment and authorized representative will receive an email stating the they have been nominated for the role. The nominated individual must accept this role to design an authorized or persentative. The nomine will have 10 days, the covered recipient may nominate another person. <b>Construct the Covered Recipient in the Doen Payments System</b> at a nominate an individual by providing the nomines's information below or later via the covered recipient profile page in the Open Payments system.  the Covered recipient authorized representative or muse must register in the CSI forenty Management (DM) system for login credentials before they can to ginto Open Payme t at eaction on the nominated authorized representative? <b>Authorized Representative fret wave faus faus</b>
Book authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Op stem to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nominated individual must accept this role in the Op stem to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nominate another person.  Commande the Covered Recipient in the Open Payments System su can nominate an individual by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system. ote: Covered recipient authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Ope at dake action on the nomination. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system. signate an authorized representative?* (es	nination will expire if the nominee does not respond within 10 days minate another person. file page in the Open Payments system. system for login credentials before they can log into Open Payment ual profile in the Open Payments system.	<pre>remoinated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payme tem to become an authorized representative. The nominae will have 10 days to accept or reject the role. The nominated individual must accept this role will the all the object or reject the role. The nominate another person.</pre>
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<u>Step 7:</u> Review the information entered. Select the **Back** button at the bottom of the page to go back and edit any information. Once you have reviewed the information and determined it to be correct, select **Submit**.

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OPEN PAYMENTS		Home	About Us Re	esources Contae
Create Profile				
1 Select Profile Type	0	Review and Submit Profile		
2 Personal Information	0	Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any Information. Select your profile.	the "Continue" b	utton to submit
Personal Details	0	Personal Information		_
Covered Recipient Detail	ls 🥑	reisonal miormatori		
Authorized Representation	ive 🥑	Name: Andy Smith Business Email Address: sbliss@index-analytics.com		
3 Review and Submit Prof	ïle	Business Ernali Address: 501589/index-analytics.com Business Telephone Number: 210-602-4955 Practice Name: Doctor Andy Practice Business Address: 6610 Cypress Lake Drive Houston TX 78244 TX, 78244, US		
		Covered Recipient Information		-
		Primary Type: Doctor of Optometry National Provider Identifier (NPI): 1558507830 Drug Enforcement Administration (DEA) Number: Taxonomy Codes: 111:000000X State Licenses: TX-78244		
		Back	Cancel	Submit

#### Figure 55: Review and Submit Profile Page

The following message will appear on-screen to confirm your profile has been successfully created. If you have chosen to designate an authorized representative, an email notification with a nomination ID will be sent to the nominated individual.

#### Figure 56: Registration Complete On-Screen Message

Registration Complete	×
Success: You have successfully submitted profile information for Doctor Andy.	
You may now go to <u>Open Payments Home.</u> You will receive an email confirming that a profile was submitted. The email confirmation message will have the covered recipient registration ID.	
The covered recipient will undergo vetting. You will receive an email with the results of the vetting soon. The covered recipient will be successfully registered in the Open Payments system if it passes vetting. You can refer to the Open Payments User Guide [PDF] for further information.	
For help obtaining a PDF viewer, go to the <u>CMS.gov Help page.</u>	
Continue to Open Payments Home Pag	ge -

# 3.3b: Creating a profile as a Physician for a User with another Role (Returning System Users)

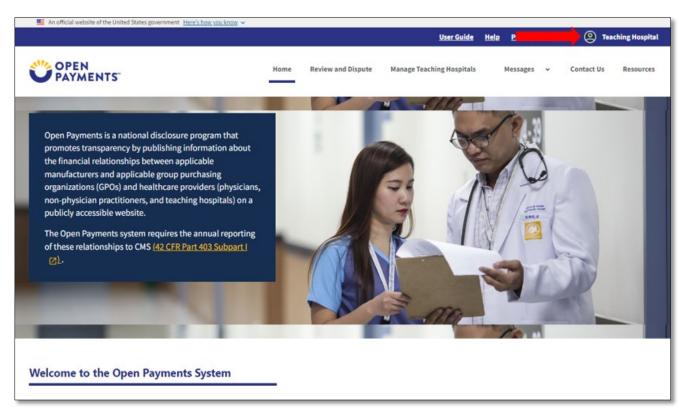
If you are creating a profile as a physician and you are already affiliated with a reporting entity or teaching hospital in the Open Payments system, follow the steps below.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions.

You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you entered during IDM registration will be the default MFA device.

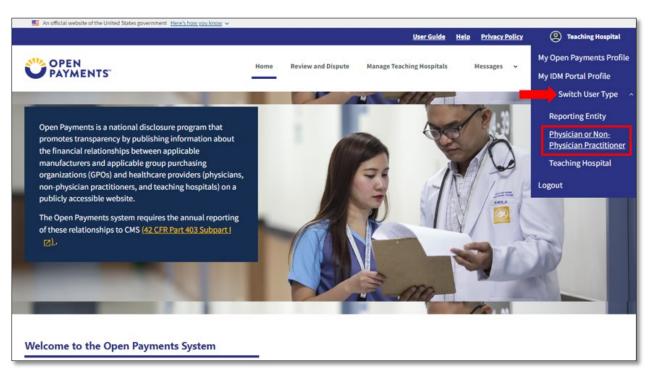
# Changes made here will not automatically update user's profile information in his/her other CMS accounts.

**<u>Step 2</u>**: Select your profile icon in the header menu to open a drop-down menu.



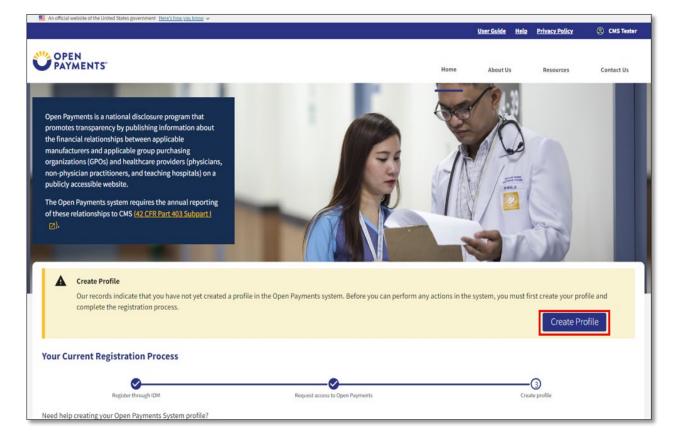
#### Figure 57: Open Payments System Landing Page

<u>Step 3:</u> Select the Switch User Type option in the drop-down menu and select Physician or Non-Physician Practitioner option.



#### Figure 58: Open Payments System "Switch User Type" Option

<u>Step 4:</u> Select the **Create My Profile** button to create the Physician profile. Follow the steps in Section 3.3a to complete Physician registration.



#### Figure 59: Open Payments System Home Page for First-Time System Users

#### 3.3c: Physician and NPP Vetting

Vetting is the process of verifying your identity. This is done to ensure that you are a valid covered recipient and aids in the matching of submitted payments to you. All physicians and NPPs registering in the Open Payments system will be vetted. Vetting occurs once you have submitted your profile to the Open Payments system. Your profile is not considered complete until the vetting process is successful.

Once you submit your profile, the automated vetting process begins. The process will attempt to vet you using the information provided in the physician/NPP profile, so it is important for you to provide as much accurate information as possible to aid in the vetting process. Particularly important are your first and last name, NPI (if you have an NPI), state license information, and primary specialty type. The Open Payments system will match your information against multiple data sources. If you have an NPI, you must include it in order to be successfully vetted.

If you "fail" the vetting process, you will have the opportunity to correct the information in your profile and resubmit the profile for vetting. You may update your profile as many times as necessary to successfully complete vetting.

If you do not successfully pass vetting despite all of the information provided in your profile being correct to the best of your knowledge, or if you require assistance with successfully vetting your profile, contact the Open Payments Help Desk at 1-855-326-8366. For the TTY line, call 1-844-649-2766.

The automatic vetting process normally takes less than 24 hours, though it could take longer depending upon the completeness of the information provided and the number of covered recipients undergoing vetting at the same time.

**Once vetting is successful, you will not be able to change the name or NPI referenced in your profile.** If edits to either of these fields is required after successful vetting, contact the Open Payments Help Desk at 1-855-326-8366 for assistance. CMS encourages physicians to register and begin the vetting process as early as possible to allow sufficient time for vetting to be completed.

If your profile is modified, the profile will undergo vetting again.

# 3.3d: Creating a profile as an NPP (First Time System Users)

If you are registering as a NPP and are a first-time user in the Open Payments system, follow the steps below.

If you are a NPP who works in a teaching hospital and wish to see data related to you in your capacity as an NPP, select the "Physician or Non-physician practitioner" option when registering. If you are a NPP who works in a teaching hospital and wish to represent that teaching hospital as an authorized official or authorized representative, follow the instructions in Section 3.3g for registering a teaching hospital.

If you select the "Teaching Hospital" option when registering, you will only be able to view payments made to the teaching hospital you are associating yourself with. If you wish to see data related to you as an NPP, register a second time and select the "Physician or Non-Physician Practitioner" option. You may be registered for both options and can alternate between NPP and teaching hospital profiles using the "Switch User" functionality described in <u>Section 3.3j</u>.

For this scenario, the user previously registered an account in IDM, and requested the Open Payments role of "Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance", and will be registering a profile as a non-physician practitioner (NPP) in the Open Payments system.

If you have not yet registered in IDM and requested access to the Open Payments system, please refer to the steps outlined in section 3.2b, above.

<u>Step 1:</u> Log in to the Open Payments system using your IDM credentials and agree to the Terms and Conditions.

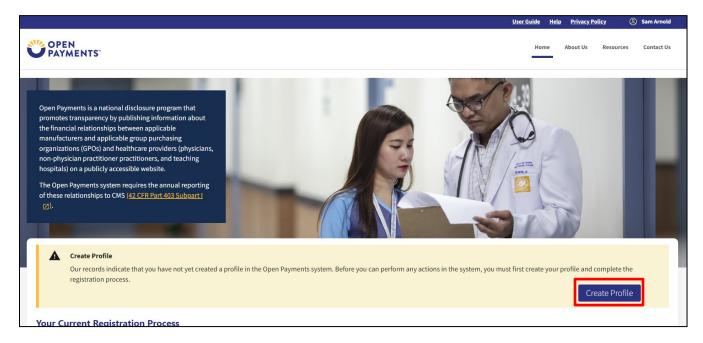
You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

OPEN PAYMENTS		Home	About Us	Resources	Contact Us
100	14.05/ 19.6×				
E -	Samuel		~		
	✓ I agree to <u>Terms &amp; Conditions</u> Log In				
	Forgot your <u>User ID</u> and <u>Password?</u> Need to <u>unlock</u> your account?	- "			

# Figure 60: Open Payments System Log In Page

Select **Create Profile** to start the registration process.

#### Figure 61: Open Payments Home Page for First-Time System Users



**Step 2:** The on-screen text contains important information regarding creating the NPP profile. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

#### Figure 62: Create My Profile Page

# **Creating a Profile**

To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:

- · Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

# **Required Information**

Fields for required information are marked with an asterisk \*.

It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.

A list of required information is available in the "Required Information for Registration" quick reference guide [PDF]". This QRG is also available on the Resources page of the Open Payments website.

# **Registering as a Covered Recipient**

Registering as a Physician or a Teaching Hospital

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

#### Registering as a Non-Physician Practitioner

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

When you are ready to begin registration, select "Start Pro	file.
---	-------

Back

Start profile

<u>Step 3:</u> Select the profile type **Physician or Non-physician Practitioner** and then select the **Continue** button.

	User Guide Help Privacy Policy 🕐 Sam An
	Home About Us Resources Contac
Create Profile	
1 Select Profile Type	Select a Profile Type
2 Register Entity	A field with an asterisk (*) is required.
3 Personal Information	If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
Review and Submit Profile	If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
	Note: × If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
	If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk openpayments@cms.hhs.gov for guidance.
	Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID"     I have a Nomination ID and/or a Registration ID     Application ID and/or a Registration ID and/or a Registration ID     Application ID and/or a Registration ID     Application ID and
	Cancel

Figure 63: Select Profile Type Page

**Step 4:** Enter your personal and business information. All required fields will be marked with an asterisk (\*). All required fields must be entered to proceed with the profile. You may register with foreign address by selecting "Country" field drop down value other than "United States".

The first name and last name fields are prepopulated from your CMS Identity Management System (IDM) profile. You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your IDM profile.

If you are registered with the National Plan & Provider Enumeration System (NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here must match the information in those systems for your registration to be successful.

Once a physician or non-physician profile has been successfully matched using CMS resources (vetted), the fields prepopulated by IDM data will no longer be editable. If you need to modify these fields after they have become non-editable, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.

When done, select the **Continue** button.

# Selecting the "Cancel" button will cause you to lose all data entered.

# Figure 64: Covered Recipient Personal Information Page

ersonal Details	
vide personal and business information below to create the physician o	or non-physician practitioner profile.
first name and last name fields have been prepopulated from your CN rmation in Open Payments will not change the corresponding information	IS Identity Management System (IDM) profile. You may edit these fields as needed. However, changing this tion in your IDM profile.
ou are registered with the National Plan & Provider Enumeration Syster st match the information in those systems for your registration to be su	m (NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here accessful.
	successfully matched using CMS resources (vetted), the fields prepopulated by IDM data will no longer be ditable, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.
Basic Information	
First Name *	Last Name *
Sam	Wilton
Middle Name	Suffix (Jr., Sr., etc.)
Business Information	
Practice Name *	
Nurse Sam's Place	
Email Address *	
sbliss@index-analytics.com	
Country*	
United States	✓
Practice Business Address, Line 1*	
1217 Cast Iron Drive	
Practice Business Address, Line 2	
Practice Business Address, Line 2	
L	
City *	State *
Longview	Texas 🗸
Zip Code * Zip Extension	Business Telephone Number *
78244 XXXX	210-602-4955

**<u>Step 5:</u>** Enter your covered recipient details. All required fields are marked with an asterisk (\*).

The National Provider Identifier (NPI) and Drug Enforcement Administration (DEA) Number fields are not marked as required; however, they must be entered if they have been assigned to you. If you do not have these identifiers, you can still proceed with registration.

Note the following:

- You may select up to 6 primary types in the "Non-Physician Practitioner Primary Type" multiselect field.
- The ZIP Code entered by the NPP is validated to ensure it is a valid United States ZIP Code and that it is within the "State" entered.
- If the NPP has a National Provider Identifier (NPI), enter it exactly as listed in NPPES for the current calendar year.
- Enter at least one active state license.
- For each license or taxonomy code entered, select the **Add** button to save the information to the profile. Without selecting the **Add** button, the information will not be saved. NPPs can register using up to 6 Taxonomy Codes. To update or replace an existing Taxonomy, select the **Edit** or the **Delete** button.

As you begin entering information into the Taxonomy Code field, the system will provide a list of codes to help guide your entry. If your taxonomy code is not available, select the code that most closely represents your specialty. If needed, you may refer to the taxonomy code list on the Resources page of the Open Payments website (<u>https://www.cms.gov/priorities/key-initiatives/open-payments/resources/reporting-entitities</u>) **Taxonomy codes not on the taxonomy code list should not be entered.** Select **Add** after entering each taxonomy code to add it to your profile.

To enter license information, select the state in which the license is held and enter the license number. Select the **Add** button to add the license. The license number field may contain up to 25 characters, including special characters such as hyphens (-). You are required to enter at least one license. If you input data into the field and select the **Continue** button before selecting the **Add** button, the system will give you an error message. If you have licenses in more than one state, enter in the first state and license number and then select **Add**. Repeat until all of your state licenses have been added. You can enter up to 52 licenses. When you are finished, select the **Continue** button. Figure 65: Covered Recipient Details Page

a must provide your National Provider Identifier (NPI) if you have one.	
overed Recipient Identification	
Covered Recipient Type *	
Non-Physician Practitioner	
Covered Recipient Primary Type *	
Nurse Practitioner	
lational Provider Identification (NPI) This is a 10-digit number that is required if you (the covered recipient) have an NPI)	Drug Enforcement Administration (DEA) Number: This is a 9-character alphanumeric ID
1558507830	200000000
Taxonomy Codes	
Taxonomy Code *     Add       163W00000X     Actions:       163W00000X     Delete	
163W00000X     Add       Taxenomy Code:     Actions:       163W00000X     Delete	
163W00000X       Add         Taxonomy Code:       Actions:         163W00000X       Delete         163W00000X       Delete         tate Licensing Information       For enter your license information, select the state and enter the license number in the field another license information, select the state and license number separately until all licen	lds below. Select the "Add" button to save the information to the profile. This will allow you to ent ses have been added. You must enter at least one license number; you may add a total of 52 licen
163W00000X     Add       Taxonomy Code:     Actions:       163W00000X     Delete   tate Licensing Information for enter your license information, select the state and enter the license number in the field mother license if necessary. Enter each state and license number separately until all licen sumbers. License State *	ises have been added. You must enter at least one license number; you may add a total of 52 licen
Taxonomy Code:       Actions:         163W000000X       Delete         Bitte Licensing Information       To enter your license information, select the state and enter the license number in the field another license if necessary. Enter each state and license number separately until all licen numbers.	ises have been added. You must enter at least one license number; you may add a total of 52 licen
163W000000X       Add         Taxonomy Code:       Actions:         163W000000X       Delete         35ate Licensing Information         For enter your license information, select the state and enter the license number in the field another license if necessary. Enter each state and license number separately until all licen numbers.         License State *       License N	ises have been added. You must enter at least one license number; you may add a total of 52 licen

<u>Step 6:</u> At this point in registration, you may nominate an individual to serve as your authorized representative within the Open Payments system. By default, "Designate an Authorized Representative" will be selected. A NPP cannot be his or her own authorized representative.

Physicians may only nominate one authorized representative. However, an authorized representative may represent more than one physician or NPP.

To designate an authorized representative, enter the required information. You will also be asked to select the access level for the authorized representative. Authorized representative access levels are explained in depth in Section 3.4b. The access levels are also summarized on the page. When you are finished, select the **Continue** button.

You do not need to designate an authorized representative during initial registration and may do so later. If you choose not to designate an authorized representative at this time, select **Not Now** and then select the **Continue** button. For instructions on how to nominate an authorized representative after registration is complete, see Section 3.5a.

Figure 66 shows how to NOT nominate an authorized representative.

Figure 67 demonstrates the steps to nominate an authorized representative.

#### Figure 66: Decision to NOT Nominate an Authorized Representative

# **Authorized Representative**

#### All fields are required unless indicated as optional

A covered recipient may designate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an office manager, a practice manager, or any other person the covered recipient wants to designate.

The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days. If the nominee rejects the role or does not accept the role within the allotted 10 days, the covered recipient may nominate another person.

#### Nominate the Covered Recipient in the Open Payments System

You can nominate an individual by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system.

Note: Covered recipient authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open Payments and take action on the nomination. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.

Designate an authorized representative? *		
Not Now	\$	
Back	Cancel	Continue

If you wish to nominate an authorized representative, select Yes in the dropdown, and complete the fillable fields. When you have finished creating your profile, an email containing the steps to accept the nomination will be sent to the nominee.

# Figure 67: Decision to Nominate an Authorized Representative

Authorized Representative			
All fields are required unless indicated as optional			
A covered recipient may designate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an office manager, a practice manager, or any other person the covered recipient wants to designate.			
The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days. If the nominee rejects the role or does not accept the role within the allotted 10 days, the covered recipient may nominate another person.			
Nominate the Covered Recipient in the Open Payments	System		
You can nominate an individual by providing the nominee's information below or later via t	he covered recipient profile page in the Open Payments system.		
Note: Covered recipient authorized representative nominees must register in the CMS Iden and take action on the nomination. If the nominee accepts the role, they will then be prom	tity Management (IDM) system for login credentials before they can log into Open Payments pted to create an individual profile in the Open Payments system.		
Designate an authorized representative? *			
Ves ‡			
Authorized Representative Enter the name, business email, job title, and business telephone number of the nominal	ted authorized representative.		
First Name "	Last Name *		
Roger	Stevens		
Middle Name	Suffix (Jr., Sr., etc.)		
Enter the nominated authorized representative's business address information below. En addresses Email Address *	Job title *		
sbliss@index-analytics.com			
Country *			
United States 🗘			
Business Address, Line 1 *			
123 chicken st			
Business Address, Line 2			
Business Address, Line 2			
City*	State *		
Haymarket	Texas 🗸		
Zip Code * Zip Extension	Business Telephone Number *		
78244 XXXXX	210-602-4955		
Assign the Covered Recipient Authorized Representative's Access Level The authorized representative's access level will determine the actions they can take on behalf of the covered recipient in the Open Payments system. By default, the covered recipient authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the authorized representative below. covered recipient authorized representatives cannot edit their access levels. Access Level			
<ul> <li>Read - (Default access level) Able to see covered recipient profile and records associated with the covered recipient.</li> <li>Modify Profile - Able to edit or enter the covered recipient's profile information (NPI, license, taxonomy code, etc.).</li> <li>Dispute Records - Able to dispute records of payments or other transfers of value associated with the covered recipient that was submitted by reporting entities.</li> </ul>			
Back	Cancel		

<u>Step 7:</u> Review the information entered. Select the **Back** button at the bottom of the page to go back and edit any information. Once you have reviewed the information and determined it to be correct, select **Submit**.

			<u>User Guide Help Privacy Policy</u> (2) Sam Arnolo
OPEN PAYMENTS			Home About Us Resources Contact U
Create Profile			
1 Select Profile Type	•	Review and Submit Profile	
2 Personal Information	0	Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to corre your profile.	ect any Information. Select the "Continue" button to submit
Personal Details	0	Personal Information	
Covered Recipient Detail	s 🥥	Personal Information	
Authorized Representativ	ve 🥑	Name: Sam Wilton	
3 Review and Submit Profi	ile	Business Email Address: sbliss@index-analytics.com Business Telephone Number: 210-602-4955	
	_	Practice Name: Nurse Sam's Place	
		Practice Business Address: 1217 Cast Iron Drive Longview TX 78244 TX, 78244, US	
		Covered Recipient Information	-
		Primary Type: Nurse Practitioner	
		National Provider Identifier (NPI): 1558507830	
		Drug Enforcement Administration (DEA) Number: Taxonomy Codes: 163W00000X	
		State Licenses: TX-34978	
		Back	Cancel
		Back	Cancel Submit

#### Figure 68: Review and Submit Profile Page

The following message will appear on-screen to confirm your profile has been successfully created. If you have chosen to delegate someone to be an authorized representative, an email notification with a nomination ID will be sent to that individual.

#### Figure 69: Registration Complete On-Screen Message

Registration Complete	×
Success: You have successfully submitted profile information for Nurse Sam's Place.	
- You may now go to <u>Open Payments Home</u> . You will receive an email confirming that a profile was submitted. The email confirmation message will have the covered recipient registration ID. The covered recipient will undergo vetting. You will receive an email with the results of the vetting soon. The covered recipient will be successfully registered in the Open Payments system if it passes vettine can refer to the <u>Open Payments User Guide (PDF)</u> for further information.	g. You
For help obtaining a PDF viewer, go to the CMS.gov Help page.	Page

# 3.3e: Creating a profile as a NPP for a User with another Role (Returning System Users)

If you are registering as a NPP and you are already affiliated with a reporting entity or teaching hospital in the Open Payments system, follow the steps below.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions.

You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

# Changes made here will not automatically update user's profile information in his/her other CMS accounts.

**<u>Step 2</u>**: Select your profile icon in the header menu to open a drop-down menu.

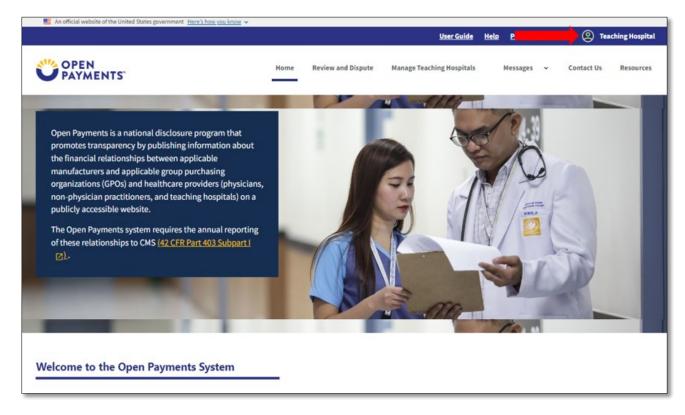
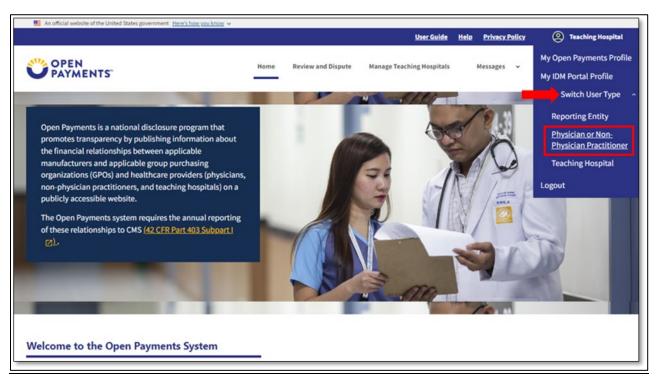


Figure 70: Open Payments System Landing Page Profile Icon

<u>Step 3:</u> Select the Switch User Type option in the drop-down menu and select Physician or Non-Physician Practitioner option.



# Figure 71: Open Payments System "Switch User Type" Option

<u>Step 4:</u> Select the "Create My Profile" button to create the NPP profile. Follow the steps in Section 3.3d to complete NPP registration.

	<u>User Guide</u> Help Privacy Policy	@ CMS Tester
OPEN PAYMENTS	Home About Us Resources	Contact Us
Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioners, and teaching hospitals) on a publicly accessible website. The Open Payments system requires the annual reporting of these relationships to CMS (42.CER Part 403 Subpart 1 c).		
Create Profile Our records indicate that you have not yet created a profile in the Open Payments system. Before you complete the registration process.	I can perform any actions in the system, you must first create your	
Your Current Registration Process		
Register through IDM Request access to Open Payments	Create profile	
Need help creating your Open Payments System profile?		

# Figure 72: Open Payments System Landing Page for First-Time System Users

#### 3.3f: NPP Vetting

Vetting is the process of verifying an NPP's identity. This is done to ensure that you are a valid covered recipient. All NPPs registering in the Open Payments system will be vetted. Vetting occurs once you have submitted your profile to the Open Payments system. **NPP registration is not considered complete until the vetting process is successful.** 

The vetting process will typically require little action from you. Once you submit your NPP user profile, the vetting process begins. The process will attempt to vet your profile using the information you provided, so it is important for you to provide as much information as possible to aid in the vetting process. Particularly important are your first and last name, NPI (if you have one), state license information, and your primary type. The Open Payments system will match your provided information against multiple data sources.

Note: If you have an NPI but you did not provide it, you provide it you will not be able to successfully complete vetting.

If vetting fails, you will have the opportunity to correct the information in your profile and resubmit your profile for vetting. You may update their profile as many times as necessary to successfully complete vetting.

If you do not successfully pass vetting despite all the information provided in your profile being correct to the best of his or her knowledge, or you require assistance with successfully vetting your profile, contact the Open Payments Help Desk at 1-855-326-8366. For the TTY line, call 1-844-649-2766.

The automatic vetting process normally takes less than 24 hours, though it could take longer depending upon the completeness of the information provided by the user and the number of NPPs undergoing vetting at the same time.

**Once vetting is successful, you will not be able to change the name or NPI referenced in your profile.** If edits to either of these fields are required after successful vetting, contact the Open Payments Help Desk at 1-855-326-8366 for assistance. CMS encourages NPPs to register and begin the vetting process as early as possible to allow sufficient time for vetting to be completed.

Note: If a NPP profile is modified, the profile will undergo vetting again.

# 3.3g: Registering a Teaching Hospital (First Time System User)

If you are a first-time user registering a teaching hospital in the Open Payments system, follow the steps below. By creating a profile for a teaching hospital, you must take the role of authorized official for the teaching hospital in the Open Payments system. See <u>Section 3.4c</u> for information on user roles for teaching hospitals.

A physician or NPP who is employed by a teaching hospital should not register him or herself with the option "Teaching Hospital" unless he or she will represent the teaching hospital regarding the data reported by applicable manufacturers and applicable GPOs. Physicians and NPPs who select the "Teaching Hospital" option when registering will only be able to view payments made to the teaching hospital they are affiliated with. If you wish to see data related to you as a physician or NPP, register a second time and select the "Physician or Non-Physician Practitioner" option. Users may be registered for both "Teaching Hospital" and "Physician or Non-Physician Practitioner" User Type options.

<u>Note:</u> For this scenario, the user previously registered an account in IDM, and requested the Open Payments role of "Reporting Entity Officer or Teaching Hospital Authorized Official Role" and will be registering a profile as a teaching hospital in the Open Payments system.

If you have not yet registered in IDM and requested access to the Open Payments System, please refer to the steps outlined in <u>Section 3.2b</u>, above.

**Step 1:** Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions. You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

	User.Guide Help Privacy.Policy
OPEN Open Payments System for Reporting	intities & Covered Recipients About Us Resources Contact Us
	em is for reporting Open Payments Data to CMS and used for covered recipient review of the data. The published Open le on <u>Open Payments Data</u> .
T	PRINCLE  Princle  I agree to the Terms & Conditions  Log In
	Forgot your <u>User ID</u> or <u>Password?</u> Need to <u>unlock</u> your account?
	New User Registration For more information, visit Open Payments Resources
18-11-11-11-11-11-11-11-11-11-11-11-11-1	For more information, visit Open Payments <u>Resources</u>

Figure 73: Open Payments System Log In Page for First-Time System Users

**Step 2:** Experian will perform a soft credit inquiry to verify your identity. Identity proofing does not affect your credit score. Soft credit inquiries are visible only to the user and only appear on credit reports produced by Experian. Credit inquiries are not visible to lenders. If you order a credit report from Experian, you will see an entry of inquiry by the Centers for Medicare & Medicaid Services with CMS's address and the date of request.

If you have questions about Experian's verification process, please refer to Experian Customer Assistance at <u>http://www.experian.com/help/</u>.

Select **Launch** to continue.

		<u>User Guide Help Privacy Policy</u> (2) John Doe			
OPEN PAYMENTS		ID Verification About Us Resources Contact Us			
Complete Identity Verification	Complete Identity Verification				
This role requires an additional level of verification. You will be a Please select the "Launch" button to begin the identity verificatio		Launch			
OPEN DATA TOOLS Data.CMS.gev DeenPaymentSData.CMS.gov Data.Medicaid.gov Data.Medicaid.gov Data.testithcare.gov	EAOs Ethasy aelisy Unauthorized use of the application is strictly prohibited	Centers for Medicaré & Medicald Services 7500 Security Boulevard, Baltimore, MD 21244 1-855-326-8366 openpayments@cms.hhs.gov			
PAIMENIS	onautionized use of the application is strictly promoted				

#### **Figure 74: Identity Verification Alert**

**<u>Step 3</u>**: View the Experian Identity Verification overview and select **Continue**.



		<u>User Guide</u> Help Privacy Policy 🛞 John Doe			
OPEN PAYMENTS		ID Verification About Us Resources Contact Us			
Identity Verification Overview	Identity Verification Overview				
To complete this role request, it is important to know that Exper	ian, a trusted and reliable agent, needs to collect further details about you.				
Please ensure that you have entered your full legal name, curren	t home address, your personal primary phone number, date of birth, and your personal email address correctly to ensure a	seamless and secure process.			
For assistance and questions, we encourage you to visit the Expe	erian customer assistance website: http://www.experian.com/help.				
	tories only. If you have a foreign address please <u>Contact Us</u> at the Open Payments Help Desk to verify your identity.				
Back		Cancel			
Return to top					
OPEN DATA TOOLS ADDITIONAL RESOURCES Data_CMS.gov CMS contact info	FAQs	CMS			
OpenPaymentsData.CMS.gov Help Desk Data.Medicaid.gov Help with file formats & plug-ins	Privacy policy	Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244			
Data.Healthcare.gov		1-855-326-8366			
		openpayments@cms.hhs.gov			
<b>OPEN</b> PAYMENTS	Unauthorized use of the application is strictly prohibited				

**<u>Step 4</u>**: After reading the Terms and Conditions and select **Continue**.

	User Guide	Help Privacy	Policy	Ø John Doe
OPEN PAYMENTS	ID Verification	About Us	Resources	Contact Us
Accept Terms & Conditions				
DMB No. 0938-1236   Spiration Date 08/31/2025    <u>Batemeterk Reduction Act</u>				
Protecting Your Privacy Protecting your Privacy Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the <u>CMS Privacy Act Statement</u> , which describes how we use the informati Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PI data. In personal information is verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. It collected, we will validate your Social Security Number with E identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User	act, we share	your concerr		
HHS Rules of Behavior We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users. Including Federal employees, contractors, and other system users. I have read the HHS Rules of Behavior for Privileged User Accounts (addendum to the HHS Rules of Behavior (HHS Rol), occurrent number HHS-COLO-2013-00035 and dated July 24, 2013), and understand and agree to comply with eHHS Rules of Behavior for Privileged User Accounts transmit policies and attandards may lead to disciplinary action and that these actions may include termination of employment removal or distancement from we access to federal information, information systems, and/or facilities; criminal penalties; and/or imprisonment. I understand that exceptions to the HHS Rules of Behavior for Privileged User Accounts must be authorized in advance Officer or high-edisple. J also understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS Rules of Behavior for Privileged User Accounts draw upon, can result in more result in imprisonment.	ork on federal in writing by	contracts or the OpDiv Ch	projects; ren nief Informat	rocation of ion
Identity Verification You understand that by checking 'I agree to the Terms & Conditions', you are providing 'written instructions' to CMS under the Fair Credit Reporting Act authorizing CMS to obtain information from your personal credit profile or CMS to obtain such information solely to provide you access to personally identifiable information and prevent fraudulent transactions. CMS may need to verify mobile phone data through an external service provided by Boku, Inc. You authorize your wireless to use or disclose information about your account and your wireless device, if available, to CMS or its service altor the Terms & Conditions agree to the Terms & Conditions Back				

#### Figure 76: Identity Verification Terms and Conditions

<u>Step 5:</u> When entering your information into the Identity Verification screen, only enter your personal information.

#### You will only have three attempts to enter information that matches the Experian database.

Tips for successfully completing Identity Verification:

# Full Legal Name:

• You must use your full legal name as listed on your Driver's License or financial account information.

- Your surname must match the surname Experian has for you on file.
- Do not use nicknames.
- If you have a two-part name, enter the second part in the middle name field.

## Social Security Number:

• If you elect to add your Social Security Number, ensure that the fields are filled in correctly. Users can review and edit these fields prior to sending the information to Experian.

#### Date of Birth:

• Ensure that the Date of Birth field is entered accurately. Users can review and edit this field prior to sending the information to Experian.

#### **Current Residential Address:**

- Ensure your personal/residential/home address is used:
- Where you receive Credit card, utility bill statements.
- Associated with your credit report.
- Do NOT use your business address.
- If you have a recent change in address, try to identity proof with a prior address.
- Do not enter any extraneous symbols in the address field.

#### Personal Phone Number

- Enter a personal landline phone number (if you have one).
- A cell phone can be used, but a residential landline is preferred.

After reviewing the above information enter your information in the spaces provided, and then select **Continue**.

				User Guide Help	Privacy Policy	Sohn Doe
OPEN PAYMENTS				ID Verification Abo	ut Us Resources	Contact Us
Enter Your Information Please enter your legal first name and legal last name, as it may be required for ide						
A field with an asterisk (*) is required.	nuty vernication.					
Personal Information						
Legal First Name *	Middle Name	Legal Last Name *	Suffix			
John		Doe				
Social Security Number	Date of Birth *					
	1952-02-20					
Contact Information						
Home Address Line 1 *	Home Address Line 2					
123 North						
City *	State	Zip Code *	Zip Extension			
New Town	Select \$	78244				
Personal Email Address *	Confirm Personal Email Address *					
gdfs@hjtgfhj.com	gdfs@hjtgfhj.com					
Personal Phone Number *						
555555555						
Check here if you have read and verified the information above is	accurate and complete as required by Identity Verification.				_	
Back					Cancel	Continue

# Figure 77: Enter Your Identity Verification Information

<u>Step 6:</u> If identity verification is successful, you will receive the confirmation notice. Select **Continue to Open Payments Home page** to continue.

#### Figure 78: Successful Identity Verification Confirmation

Vau have successfully completed the Experian Identity Verification process. Please select the Continue to Open Payments Home button.									
Personal Information									
Submitted Information -									
Name: Naomi Burgess	Suffix:	Date of Birth: 05/26/1953							
Address Line 1: 204 N HOSKINS ST	Address Line 2:	City: SPEARMAN							
State: Texas	Zip Code: <b>79081</b>	Zip Code Extension: 2341							
Personal Phone Number: 806-659-1563	Personal Email Address: naomi123456abcd@donkeykong.com								
Experian Support Services can be contacted at 1-833-203-6550.									
			Continue to Open payments Home page						

**Step 7:** If identity verification is unsuccessful, note the reference number, and follow the directions in the error message. If the error message refers you to the "Tier 1 Help Desk", call the Open Payments Help Desk at 1- 855-326-8366. For the TTY line, call 1-844-649-2766.

Figure 79: Unable to Verify Information

<ul> <li>Error</li> <li>We were unable to verify the information you have provided. You have 2 attempt(s) remaining. If there is an error in the information you've submitted, you can modify and resubmit or contact Experian Support Services at 1-833-203-6550 to complete the one-time verification process over the phone and provide the Reference Number - IDM-OPENPAYMENTS-37990047.</li> <li>Submitted Information</li> <li>Name: robert james</li> <li>Date of Birth: 01/13/1992</li> <li>Adress Line 1: 234 North Street</li> <li>City: New Town</li> <li>State: TX</li> <li>Zip Code: 78244</li> <li>Phone Number: 210-475-8745</li> <li>Email Address: asdfg@sdghj.com</li> </ul>	Identity Verification		
Name: robert james Date of Birth: 01/13/1992 Adress Line 1: 234 North Street City: New Town State: TX Zip Code: 78244 Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	We were unable to verify the information you have provided resubmit or contact Experian Support Services at 1-833-203		
Date of Birth: 01/13/1992         Adress Line 1: 234 North Street         City: New Town         State: TX         Zip Code: 78244         Phone Number: 210-475-8745         Email Address: asdfg@sdghj.com	Submitted Information		
Adress Line 1: 234 North Street City: New Town State: TX Zip Code: 78244 Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	Name: robert james		
City: New Town State: TX Zip Code: 78244 Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	Date of Birth: 01/13/1992		
State: TX Zip Code: 78244 Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	Adress Line 1: 234 North Street		
Zip Code: 78244 Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	City: New Town		
Phone Number: 210-475-8745 Email Address: asdfg@sdghj.com	State: TX		
Email Address: asdfg@sdghj.com	Zip Code: 78244		
	Phone Number: 210-475-8745		
	Email Address: asdfg@sdghj.com		
Retry I have contacted Experian Cancel	Retry I have co	ntacted Experian	Cancel

<u>Step 7:</u> After successfully completing the Experian Identity Verification, you will create your teaching hospital profile in the Open Payments system. The on-screen text contains important information regarding the registration process. Read the on-screen text and select **Create Profile** when you are ready to begin the registration process.

#### Figure 80: Create a Profile

	<u>User Guide</u>	<u>Help</u> Privac	y Policy	Bill Zahm
OPEN PAYMENTS	Home	About Us	Resources	Contact Us
Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioner practitioners, and teaching hospitals) on a publicly accessible website. The Open Payments system requires the annual reporting of these relationships to CMS (42 CFR Part 403 Subpart 1 g).				
Create Profile Our records indicate that you have not yet created a profile in the Open Payments system. Before you can perform any actions in the system, you mus registration process. Vour Current Registration Process	t first create yo		l complete the reate Profile	

**<u>Step 2</u>**: The on-screen text contains important information regarding creating the individual profile.

#### Figure 81: Create My Profile Page

#### **Creating a Profile**

To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:

- · Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

#### **Required Information**

Fields for required information are marked with an asterisk \*.

It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.

A list of required information is available in the "Required Information for Registration" quick reference guide [PDF]". This QRG is also available on the Resources page of the Open Payments website.

# **Registering as a Covered Recipient**

Registering as a Physician or a Teaching Hospital

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

Registering as a Non-Physician Practitioner

Back

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse-Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

Start profile

When you are ready to begin registration, select "Start Profile."

**<u>Step 3</u>**: Select the **Teaching Hospital** profile type, and then select the **Continue** button.

Figure 82: Select Profile Type Page

Select a Profile Type
A field with an asterisk (*) is required.
If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
Note:     X      If you are a physician who works at a teaching begaited and wish to can data related to you in your conscitutes a physician collect the "Division or Nan Division
If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk <u>openpayments@cms.hhs.gov</u> for guidance.
* Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID" 🕕
<ul> <li>I have a Nomination ID and/or a Registration ID</li> </ul>
O Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
O Physician or Non-Physician Practitioner
Teaching hospital
Cancel

<u>Step 4:</u> Search for the teaching hospital by selecting the appropriate state, teaching hospital legal name, teaching hospital business address, and Taxpayer Identification Number (TIN) from the dropdowns and select **Search**.

If your teaching hospital is not found, select **Register for Prior Program Year** to search for your teaching hospital in a previous program year. If you can find your teaching hospital only in a prior program year, you may select the teaching hospital and proceed with registration. For instructions on registering a teaching hospital for a prior program year, see <u>Section 3.3i</u>.

If your teaching hospital cannot be found in any program year, contact the Open Payments Help Desk at 1-855-326-8366 for assistance.

The name of the hospital selected during registration must be the hospital's "Doing Business As" name. In the CMS Teaching Hospital List, the "Doing Business As" name is under the heading of "Hospital Name."

The hospital address selected must be the address listed in the CMS Teaching Hospital List as the hospital's "NPPES Business Address."

Teaching hospitals are pre-populated into the Open Payments system based on the Open Payments Teaching Hospital List. Teaching hospitals not on this list or prior program year lists will not have payments or other transfers of value reported about them. Populate the required fields using the dropdown filters, then select **Search**.

# Figure 83: Teaching Hospital Search Page

Feaching Hospital > Search		
o register a teaching hospital for the current program year, select the correct information from each of the dropdown fields below a ospital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.	and select the "Search" b	utton. If the teaching
or assistance, you can refer to the <u>Teaching Hospital List</u> , available on the <u>Resources page of the Open Payments website</u> . The Teach or all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.	ning Hospital List contain	s identifying information
you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at openpayme	<u>nts@cms.hhs.gov</u> for ass	istance.
lote: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Ope ho works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or reques ospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the san	uesting a nomination for	
egister for Prior Program Year		
State Where Teaching Hospital is Located *		
New Jersey         Teaching Hospital Doing Business As Name *         Cooper University Hospital         Taxpayer Identification Number (TIN) *	\$	
Teaching Hospital Doing Business As Name *       Cooper University Hospital		
Teaching Hospital Doing Business As Name *         Cooper University Hospital         Taxpayer Identification Number (TIN) *         210634462         Teaching Hospital Business Address *	:	
Teaching Hospital Doing Business As Name *         Cooper University Hospital         Taxpayer Identification Number (TIN) *         210634462	:	Search

<u>Step 5:</u> Review the information displayed on the page. Select the **Continue** button if the information displayed is the teaching hospital you wish to register. If this is not the correct teaching hospital, select the **Back** button at the bottom of the page to return to the previous page and re-enter the information.

	Teaching Hospital > Search	
	To register a teaching hospital for the current program year, select the correct information from each of the dropdown fields below and select the "Search" button. If the teaching hospital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.	
	For assistance, you can refer to the Teaching Hospital List, available on the Resources page of the Open Payments website. The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.	
	If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at openpayments@cms.hhs.gov for assistance.	
	Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.	
	Register for Prior Program Year	
	State Where Teaching Hospital is Located *	
	New Jersey 🗘	
	Teaching Hospital Doing Business As Name *	
	Cooper University Hospital	
	Taxpayer Identification Number (TIN) *	
	210634462 \$	
	Teaching Hospital Business Address *	
	1000 S 10th St Camden Nj 08103	
	Search	
	Teaching Hospital Search Results	
	This teaching hospital is not yet registered in the Open Payments system:	
	Cooper University Hospital 1000 S 10th St Camden, Nj 08103 TIN: 210634462	
	To begin registering a teaching hospital, select the "Continue" button.	
Back		Cancel

#### Figure 84: Teaching Hospital Search Page Search Results

**<u>Step 6</u>**: Review the information displayed on the page. When complete, select the **Continue** button.

Figure 85: Register Teaching Hospital Page

	Home About Us Resources Contact Us
Create Profile	
1 Select Profile Type 🛛 📀	Teaching Hospital > Register Teaching Hospital
2 Teaching Hospital	Review the teaching hospital information below to ensure this is the teaching hospital you wish to register. To proceed with registering this teaching hospital, select
Search 📀	the "Continue" button. To change your search criteria and find a different teaching hospital, select the "Back" button.
Register Teaching Hospital	
Your Role	Cooper University Hospital —
Nominate Roles	
3 Personal Information	Business Address:
4 Review and Submit Profile	Camden, Nj 08103
	Taxpayer Identification Number (TIN):
	210634462
	Back Cancel Continue

**Step 7:** Review the information generated by the system related to your role. You must select the role of "Authorized Official" for yourself to proceed with registration. Information on teaching hospital user roles is available in Section 3.4c

Your first name, last name, email address, and business phone will be pre-populated with information from your IDM profile. Edit these fields as necessary. All required fields will be marked with an asterisk (\*). You will not be able to proceed with registration until all the required fields have been entered. When complete, select the **Continue** button.

Figure 86: Teaching Hospital Your Role Page

tal. the teaching hospital. May nominate other individuals others as well as deactivating users. ehalf of the teaching hospital. May nominate other inc	
the teaching hospital. May nominate other individuals others as well as deactivating users.	
the teaching hospital. May nominate other individuals others as well as deactivating users.	
others as well as deactivating users.	
others as well as deactivating users.	
lame *	
n	
(Jr., Sr., etc.)	
ess Telephone Number *	
555-5555	
n	m x (Jr., Sr., etc.) ness Telephone Number *

**Step 8:** You may choose to nominate additional users to fill the authorized official or authorized representative roles. To do so, select **Add** to nominate any additional individual(s). If you choose not to add nominees at this time, select the **Continue** button without adding any nominee information and proceed to Step 9.

Figure 87: Teaching Hospital Nominate Roles Page

A field with an asterisk (*) is required.										
		with t <sup>i</sup>	he teaching hosp	ital be	low. The two roles are authorized	officia	l and authorized representative.			
			5 1							
User Roles										+
Note:										×
-	receive an email no	tifying	g them of their non	ninatio	on. The nominee must confirm the ro	ole or re	eject the nomination. If the nominee a	accept	s the role, he or s	
prompted to create	e an individual profi	le in th	ne Open Payments	s syster	n. If the nominee does not accept th	e role,	another person may be nominated.			
Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.										
• •										
Add Nomine	e									
You may nominate individ	luals below. An ind	lividua	al can be nominat	ted for	r only one user role with a teaching	g hosp	vital.			
							elow and the role for which they ar to 10 active users, of whom up to			
								5 can	be authorized o	fficials.
A nominee has 10 calenda	ar days to accept o	r reje	ct the role. After 1	10 cale	endar days, the nomination will be	deact	ivated.			
Role 🗘	First Name	\$	Last Name	\$	Business Email Address	\$	Business Phone Number	\$	Status 🗘	Actions
Authorized Official	Bill		Zahm		sbliss@index-analytics.com		555-555-5555		Approved	(YOU)
			1						1	, ,
Autonzed Onicial										
Add										_

**Step 8a:** If you selected **Add**, enter the required information for one individual and select either "Authorized Official" or "Authorized Representative" to nominate the individual for the selected role. Information on teaching hospital user roles is available in Section 3.4c. When you have entered the information, select **Add**. This will add the nominee information to the teaching hospital's profile, as well as open another set of information fields to enter an additional nominee.

Repeat the process until you have entered all the individuals you wish to nominate. A teaching hospital may have up to 10 unique active users, 5 of whom can hold the role of authorized official. When you have added all the individuals you wish to nominate, select **Continue**.

Each nominated individual will receive an email notifying them of their nomination. The nominee must confirm or reject the role within 10 calendar days.

You do not have to nominate additional individuals during initial registration. You can nominate individuals later by updating your teaching hospital profile within the **Manage Teaching Hospitals** tab.

Т	eaching Hos	pital > No	minate Role	s					
A	ield with an asterisk (*) is	required.							
Yo	a can nominate individual	Is for user roles with t	the teaching hospital bel	ow. The two roles are authorized	official and authorized represent	tative.			
	User Roles					+			
	prompted to create a	n individual profile in t	he Open Payments system	n. The nominee must confirm the ro i if the nominee does not accept th credentials prior to accepting or rej	e role, another person may be no	minated.	the role, he or sh	x e will be	
A	dd Nominee								
Yo	a may nominate individua	als below. An individu	al can be nominated for	only one user role with a teaching	g hospital.				
Se	lect the "Add" button to o tton again to save the infi	open information field ormation and open a	is for a nominee. Enter a nother set of information	n individual's information in the f 1 fields. A teaching hospital can h	ields below and the role for wh ave up to 10 active users, of wh	ch they are nomi om up to 5 can b	inated, then sele authorized of	ct the "Add" ficials.	
A	nominee has 10 calendar	days to accept or reje	ect the role. After 10 cale	ndar days, the nomination will be	deactivated.				
	ole 1	First Name 1	Last Name 1	Business Email Address	Business Phone Number	1	Status 🚦	Actions	
	uthorized Official	Bill	Zahm	sbliss@index analytics.com	555 555 5555		Approved	(YOU)	
ſ	Nominee Inf	ormation							
	First Name*			Last Name *					
	Steve			Jones					
	Middle Name			Suffix (Jr., Sr., etc.)					
	Email Address *			Business Telephone Number *					
	sjones@TH.net			214-857-5236					
	Job title *			7					
	Indicate the role this person Authorized Official: N roles. They are also re-	tay access/review data sponsible for approvin	g/denving nominations m	<ul> <li>ecords on behalf of the teaching ho ade by others as well as deactivatin ates on records on behalf of the tea</li> </ul>	R US015				
	Business Ad	dress							
	Business Address, Line 1*								
	623 LAFAYETTE AVENUE								
	Business Address, Line 2								
	Business Address, Line 2								
	City* Hawthorne			State * New Jersey	Zip Code * crsos	, i	Zip Extension		
							Cancel	Add	
Back									 Cancel

# Figure 88: Teaching Hospital Nominate Roles Page Add Nominee

If you entered any nominees, you would see the nominee information displayed on the page. Confirm the information and when complete select the **Continue** button.

	Teaching Hosp	ital > No	minate R	oles						
	A field with an asterisk (*) is re	equired.								
	You can nominate individuals	for user roles with	the teaching hospi	tal below. The two roles are auth	orized official and authorized rep	oresentative.				
	Confirmation:						×			
	Your nominee has been successfully added.									
	User Roles +									
	Note:     Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.									
	Nominees must register	r in Identity Manage	ment (IDM) to obtai	n login credentials prior to accepti	ng or rejecting the role in the Open I	Payments system.				
	Add Nominee									
	You may nominate individuals	below. An individu	ial can be nominat	ed for only one user role with a	teaching hospital.					
					in the fields below and the role fo al can have up to 10 active users, o					
	A nominee has 10 calendar da	iys to accept or reji	ect the role. After 1	0 calendar days, the nomination	will be deactivated.					
	Role \$	First Name 🗘	Last Name 🗘	Business Email Address 🗘	Business Phone Number 🗘	Status \$	Actions			
	Authorized Official	Authorized Official Bill Zahm bzahm@index-analytics.com 354-258-7425 Approved (YOU)								
	Authorized Representative	Steve	Jones	sjones@index-analytics.com	254-785-3025	Nomination Approved	Delete Edit			
								-		
	Add									
Back								Cancel Conti		

Figure 89: Teaching Hospital Nominate Roles Page with Added Nominees

**<u>Step 9</u>**: Enter your personal and business information. When finished, select the **Continue** button.

ersonal Information	
eld with an asterisk (*) is required.	
the requested personal and business information to your user profile. Some fields ar rmation.	re pre-populated. Review pre-populated information for accuracy and correct any invalid
Note that any changes made here will not automatically update your profile informatic System (NPPES) or Identity Management (IDM) accounts.	on in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration
Basic Information	
First Name *	Last Name *
Roger	White
Middle Name	Suffix (Jr., Sr., etc.)
Business Information	Email Address *
Supervising Authority	bzahm@index-analytics.com
Business Address, Line 1 *	
623 LAFAYETTE AVENUE	
Business Address, Line 2	
Business Address, Line 2	
City *	State *
Hawthorne	Texas 🗘
Zip Code * Zip Extension	Business Telephone Number *
78244 XXXX	248-521-0254
Back	Cancel

**Step 10:** Review your profile information on the "Review and Submit Profile" page. Select the **Back** button at the bottom of the page to go back and edit any information. Once you have reviewed the information and determined it to be correct, select the **Submit** button.

Teaching Hospital Information						
Teaching Hospital Name: Coop Teaching Hospital Business Ad 1000 S 10th St Camden Nj 08103 Taxpayer Identification Numbe Your Role: Authorized Official First Name: Roger Middle Name: Last Name: White Suffix: Business Email Address: bzahn Business Telephone Number: 7 Job Title: Supervising Authors Business Address, Line 1: 623 L Business Address, Line 1: 623 L Business Address, Line 1: 623 L Business Address, Line 2: City Name: Hawthorne State: TX Zip Code: 78244	dress: er (TIN): 210634462 n@index-analytics.cor 248-521-0254					
Nominations						-
Role:	First Name:	\$ Last Name:	\$ Business Email Address:	\$ Business Phone Number:	\$	Status: \$
	Roger	White	bzahm@index-analytics.com	248-521-0254		Approved
Authorized Official	Noger				-+	

#### Figure 91: Review and Submit Profile Page

The following message will appear on-screen to confirm your profile has been successfully created. You will have immediate access to the teaching hospital data. If you nominated additional individuals for user roles, an email notification is sent to the nominees that will instruct them on their next steps.

#### Figure 92: Success Confirmed On-Screen Message



# 3.3h: Registering a Teaching Hospital: Returning System Users

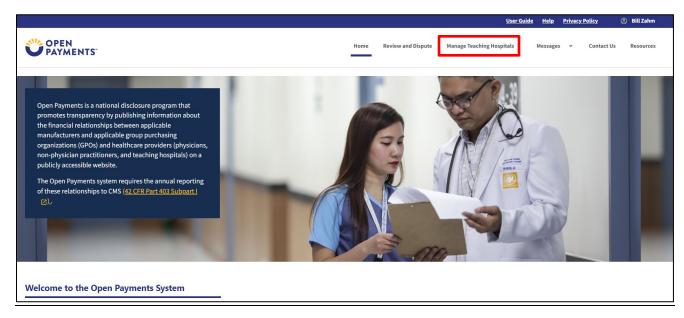
If you are a returning user registering an additional teaching hospital in the Open Payments system, follow the steps below.

For example: You have already registered a teaching hospital in the Open Payments system, and now you want to register another teaching hospital.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions.

You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

Select the Manage Teaching Hospitals tab on the home page.



# Figure 93: Open Payments Home Page for Returning System Users

**<u>Step 2:</u>** From the "Manage Teaching Hospitals" page, select, **Register New Teaching Hospital**.

#### Figure 94: Manage Teaching Hospitals Page

			<u>User Guide</u>	<u>Help Pri</u>	ivacy Policy	Bill Zahm
OPEN PAYMENTS		Home Review and Dispute	Manage Teaching Hospitals	Messages	<ul> <li>Contact Us</li> </ul>	Resources
Manage Teaching Hospitals Below are the teaching hospitals with which you are affiliated. To view details list below. You may register a new teaching hospital by selecting the "Registe			the			
Doing Business As (DBA) Name \$	TIN \$	Address		\$	Status	\$
	21-0634462	1000 S 10th St Camden, NJ	08103		Registered	
Return to top				Regi	ister New Teaching	; Hospital

**Step 3:** The remaining steps in this scenario are identical to registering your first teaching hospital. Please see Step 4 in <u>Section 3.3g</u>, above.

#### Figure 95: Teaching Hospital Nominate Roles Page

	25 %. 
Success: You have successfully submitted profile information for	
You may now go to <u>Open Payments Home.</u> For help obtaining a PDF viewer, go to the <u>CMS.gov Help page.</u>	
	Continue to Open Payments Home Page

#### 3.3i Registering a Teaching Hospital: Prior Program Year

If you wish to register a teaching hospital in Open Payments that does **not** appear on the current program year's CMS Teaching Hospital List, but **does** appear in previous Teaching Hospital Lists, you can register the hospital for a prior program year. Doing so will allow you to view records associated with that teaching hospital from a prior program year.

If your teaching hospital is already registered in the Open Payments system, you do not need to reregister the teaching hospital for the prior program year.

The Teaching Hospital List is updated on an annual basis. If your teaching hospital does not appear in <u>any</u> CMS Teaching Hospital Lists, it will not have any records associated with it in the Open Payments system and cannot be registered.

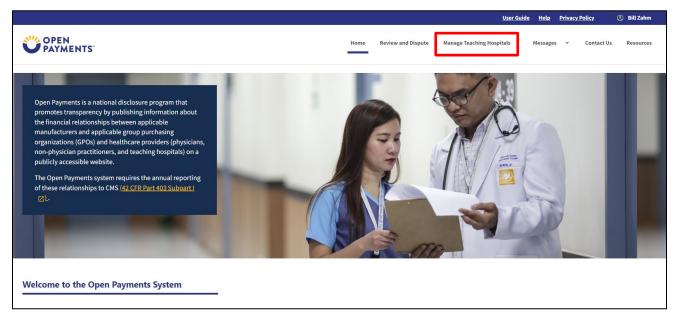
To register your teaching hospital for a prior program year, follow these steps:

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and agree to the Terms and Conditions.

You will need to verify your identity using Multi-Factor Authentication (MFA) after selecting the **Log In** button. The email address you input during IDM registration will be the default MFA device.

Select the Manage Teaching Hospitals tab on the Home page.

# Figure 96: Open Payments System Home Page for Returning System Users



<u>Step 2:</u> On the "Manage Teaching Hospitals" page, select **Register New Teaching Hospital**.

						<u>User Gu</u>	ide Hi	elb	Privacy Po	ucy (	g) Bill Zahm
OPEN PAYMENTS			-	Home	Review and Dispute	Manage Teaching Hospitals	Mes	sages	~	Contact Us	Resources
Manage Teaching Hospitals											
Below are the teaching hospitals with which you are affiliated. To view d list below. You may register a new teaching hospital by selecting the "Re					ching hospital from t	the					
	1	TIN	↑						1 Stat	•	•
Doing Business As (DBA) Name	Ť	IIN	Ŷ	Addre	55				1 Stat	tus	Ļ
Cooper University Hospital		21-0634462		1000 9	10th St Camden, NJ (	08103			Reg	istered	
							_				
								D	a aliata y Na	w Teaching	Uponital
								R	egister Ne	w reaching	nospitat
								_			

# Figure 97: Manage Teaching Hospitals Page

**<u>Step 3</u>**: On the "Teaching Hospital> Search" page, select the link "Register for Prior Program Year."

Figure 98: Teaching Hospital Search Page

	the current program year, select the correct i results, select the "Register for Prior Program	nformation from each of the dropdown fields below and select Year" link to register for a prior year.	the "Search" button. If the teaching
	e <u>Teaching Hospital List</u> , available on the <u>Resc</u> ed with CMS. The list is updated annually and	urces page of the Open Payments website. The Teaching Hospi ists for all program years are available.	tal List contains identifying informatio
you do not find your teaching	nospital below or on a Teaching Hospital List, o	ontact the Open Payments Help Desk at <u>openpayments@cms.</u>	<u>hhs.gov</u> for assistance.
ho works at a teaching hospital	and wish to represent that teaching hospital,	ata associated with you as a physician, register in Open Paymer oroceed with registering the teaching hospital or requesting a hing hospital, though this cannot be done in the same registra	nomination for a role with a teaching
<u>igister lor rior riogram rear</u>			
State Where Teaching Hospital	is Located *		
State Where Teaching Hospital	is Located *		\$
			\$
Select			•
Select Teaching Hospital Doing Busin	iss As Name *		
Select Teaching Hospital Doing Busin	iss As Name *		
Select Teaching Hospital Doing Busin Select Taxpayer Identification Number	rs As Name * r (TIN) *		\$
Select Teaching Hospital Doing Busin Select Taxpayer Identification Number Select	rs As Name * r (TIN) *		\$
Select  Teaching Hospital Doing Busin     Select  Taxpayer Identification Number     Select  Teaching Hospital Business Ad	rs As Name * r (TIN) *		•

**Step 4:** In this scenario, you are registering a teaching hospital from a prior year. The only thing different from registering a teaching hospital for the first time is the addition of the first entry field, asking for the prior reporting year. Please continue with this completing the fields, then proceed to Step 4, section 3.3g, above, to continue this process.

#### Figure 99: Teaching Hospital Search Page: Prior Program Year

	eaching Hospital > Search	
	egister a teaching hospital for the current program year, select the correct information from each of the dropdown fields below and select the "Search" button. pital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.	If the teaching
	assistance, you can refer to the Teaching Hospital List, available on the <u>Resources page of the Open Payments website</u> . The Teaching Hospital List contains iden all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.	tifying informatior
lf you	ou do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at openpayments@cms.hhs.gov for assistance	e.
who	e: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If y works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role pital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.	
Г	Prior Program Year *	
[	2021	
Ľ		
_	State Where Teaching Hospital is Located *	
[	Florida \$	
l		
l	Florida \$	
[	Florida    Teaching Hospital Doing Business As Name *	
[	Florida     \$       Teaching Hospital Doing Business As Name*     \$       Jackson Memorial     \$	
[	Florida     Image: Constraint of the second se	
[	Florida     Image: Constraint of the second se	
[	Florida     Image: Constraint of the second se	
[	Florida     Image: Constraint of the second se	Search
[ [	Florida     Image: Constraint of the second se	Search

#### **3.3j: Using the Switch User Functionality**

The Open Payments system allows you to hold multiple user roles based on your affiliations with multiple entities. You can switch among the Reporting entity, physician or NPP, and teaching hospital user types through a "Switch User Type" functionality. Once you have successfully registered within the Open Payments system under any user type (reporting entity, physician, or teaching hospital), the "Switch User Type" functionality will become available. The pages in the Open Payments system will look similar for each user type, though the actions available will change depending on the user type you are operating under at that time.

All users have access to the "Switch User Type" functionality. Users who have only a single user type can use the functionality to request roles for and/or register as another user type.

Follow these steps to switch between user types or request a role as another user type in the Open Payments system:

<u>Step 1:</u> At the very top of the page, select your name. In the dropdown, select the Switch User Type link, and then select the user type you would like to register a profile for.

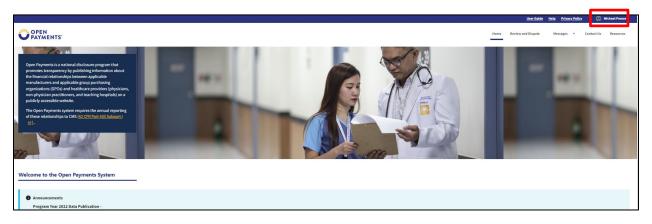


Figure 100: Open Payments Landing Page for Returning Reporting Entity User

<u>Step 2:</u> In this example, the NPP user wants to create a profile for a reporting entity. If you are not currently assigned a role for the selected user type, you will be prompted to create a profile. Select the "Create My Profile" button to begin that process.



#### Figure 101: Open Payments Landing Page for First-Time User

**Step 3a:** As another example, the NPP user already has a role in a teaching hospital. By switching the user type to "Teaching Hospital", the user can now work within that profile.

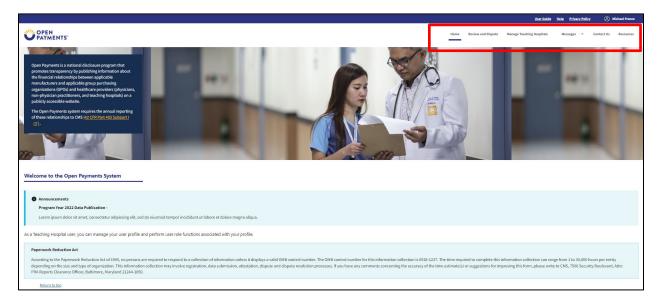


Figure 102: Open Payments Landing Page for Returning User

The profile type will be displayed at the top of the page.

You may switch between user types at any time. To perform system actions such as registration and nominations, data submission, and review and dispute for the user type that is displayed, refer to the corresponding section of Open Payments User Guide for Reporting Entities or Open Payments User Guide for Covered Recipients.

# Section 3.4: Open Payments Covered Recipient Users and User Roles

There are two user roles available for individuals associated with physicians, NPPs or teaching hospitals: authorized officials or authorized representatives.

# 3.4a: Physician and NPP User Roles

A physician may designate **one authorized representative** within the Open Payments system to take certain actions on behalf of the physician. This person can be another physician, an office manager, a practice manager, or another person the physician would like to designate to interface with the Open Payments system on his or her behalf. A physician cannot be his or her own authorized representative.

The physician will designate the level of access for their authorized representative; more than one access level can be granted. The different levels of access that can be granted to the authorized representative are:

- 1. Read: Default access level. Able to see covered recipient profile and records information.
- 2. **Modify Profile:** Able to edit or enter the covered recipient's My Profile information (NPI, license, specialties, etc.).

3. **Dispute Records:** Able to dispute reported payments, other transfers of value, or physician ownership and investment interests.

User Role	Function
Physician	Registers him- or herself in the Open Payments system
	<ul> <li>Nominates an authorized representative</li> </ul>
	<ul> <li>Has full access to review and dispute records</li> </ul>
	<ul> <li>Views and download system generated email messages</li> </ul>
Authorized	Physician can grant one or more of the following access levels:
Representative	<ul> <li><u>Read-only</u>: (default) Able to see covered recipient profile and records information</li> </ul>
	<ul> <li><u>Modify Profile</u>: Able to edit or enter a covered recipient's "My Profile" information (NPI, license, specialties, etc.)</li> </ul>
	<ul> <li><u>Dispute Records</u>: Able to dispute records related to the covered recipient submitted by reporting entities</li> </ul>
	<ul> <li>Access levels are separate; having "dispute records" access does not automatically include "modify profile" access, or vice versa</li> </ul>
	<ul> <li>Views and download system generated email messages</li> </ul>

## Figure 103: Physician User Roles and User Role Functions

# 3.4b: Teaching Hospital User Roles

Teaching hospitals can have up to 10 unique users holding the role of either an authorized official or authorized representative. There can be a maximum of five authorized officials per teaching hospital. For teaching hospitals, authorized officials are responsible for approving all user role nominations and modifying user roles. The teaching hospital authorized representatives will be granted certain permissions to access/review data, initiate a dispute on behalf of the teaching hospital, and make/approve nominations by an authorized official. The authorized representatives can be a physician, NPP, an office manager, a practice manager, or any person the teaching hospital would like to designate. There can be a maximum of five authorized official(s) per teaching hospital. The user roles applicable for teaching hospitals are given in the figure below.

User Role	Function
Authorized Official	<ul> <li>Registers with the teaching hospital in the Open Payments system</li> <li>Nominates other users and modifies existing user roles</li> <li>Approves or modifies nominations made by others and requests for user roles made by others, including self-nominations</li> <li>Removes user roles from other users</li> <li>Reviews and disputes records associated with the teaching hospital</li> <li>Views and download system generated email messages</li> </ul>
Authorized Representative	<ul> <li>Reviews and disputes records associated with the teaching hospital</li> <li>Nominates other individuals for user roles with teaching hospital (nominations must be confirmed by an authorized official)</li> <li>Views and download system generated email messages</li> </ul>

## Figure 104: Teaching Hospital User Roles and User Role Functions

To nominate an individual for any role, the following information must be input into the Open Payments system about that individual:

- First name
- Last name
- Business phone
- Business address
- Email address

# **Section 3.5: Nominations**

The nomination process allows you to assign specific roles to individuals to act on behalf of a physician, NPP, or a teaching hospital. Physicians and NPPs can nominate an individual to serve as an authorized representative, and users affiliated with teaching hospitals can nominate individuals to serve as authorized representatives or authorized officials. Also, individuals can nominate themselves for a user role with a teaching hospital.

An authorized official from the teaching hospital must approve all nominations before users can begin performing actions in the system. Note: If you nominate yourself for a role with a teaching hospital that is already registered but lacks an active authorized official, please call the Open Payments Help Desk.

Individuals may not self-nominate to serve on behalf of physicians and NPPs. The physician or NPP must directly nominate the individual to serve as the authorized representative.

Nominations can be made during registration or afterwards. The system will generate an email notification to the nominee informing them that they are nominated for a role in the Open Payments system. The email notifying teaching hospital authorized officials and authorized representatives will contain a registration ID and a nomination ID. The registration ID is specific to the teaching hospital; the nomination ID is specific to the individual nominee.

The email notifying physician and NPP authorized representatives of their nomination will contain only a nomination ID.

Users notified of their nomination for a role in a reporting entity must use the registration ID and/or nomination ID received in the nomination email to complete their profile in the Open Payments system to receive access to the functions for that specific role.

The nominee must confirm or reject the role within 10 calendar days. They can do so by registering in IDM to obtain credentials and request access to the Open Payments system. Nominees can then log in to the Open Payments system to confirm or reject the role. The Open Payments system will render the nomination expired if the nomination has not been accepted or rejected within 10 calendar days. This information is included in the email notification.

If the nomination is accepted, the individual will be able to complete a user profile, gain access to the system, and perform the duties of their role. If they reject the nomination, the individual will not be able to perform the actions on that entity's behalf and the authorized official will receive an email notification of the nomination rejection.

# Nominees will need to have IDM credentials to access the Open Payments system and accept or reject their nominations.

If there is no action taken by the nominee, a final reminder notification will be sent on the 9<sup>th</sup> calendar day, reminding the nominee that they have yet to accept or reject the nomination. If the nomination is still not accepted or rejected by the end of the 10<sup>th</sup> calendar day, an expired nomination notification will be sent to the nominee. **Figure 105** shows the five steps in the nomination acceptance process.

## Figure 105: Accepting Nominations Process



Users can also be deactivated from a teaching hospital by a teaching hospital authorized official. Deactivation removes an individual's association with a teaching hospital in the Open Payments system, including removing the individual's access to that teaching hospital's information and records. It does not remove the individual from the Open Payments system.

In the "My Open Payments Profile" page of the Open Payments system, user roles are listed with a status. An explanation of those statuses is in the table below.

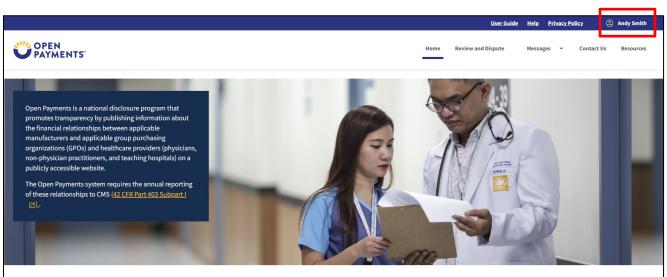
User Role Status	Meaning
Nominated	The individual has been nominated for a user role with the teaching hospital or physician or NPP
Declined	The individual declined the nomination for the user role
Accepted	The individual accepted the nomination for the user role
Requested (teaching hospital only)	An individual has self-nominated for a user role with a teaching hospital
Approved (teaching hospital only)	The individual's self-nomination for the user role has been approved by an authorized official with the teaching hospital
Vetted (physician and NPP only)	The physician or NPP has successfully completed the vetting process
Pending Vetting (physician and NPP only)	The physician or NPP has not yet undergone the vetting process
Vetting In Progress (physician and NPP only)	The physician or NPP is undergoing the vetting process
Failed Vetting (physician and NPP only)	The physician or NPP has not yet undergone the vetting process

## Figure 106: User Role Statuses for Physicians, NPPs, and Teaching Hospitals

# **3.5a:** Nominating an Authorized Representative for Physicians or NPPs (Returning System Users)

If you are a physician or NPP that did not delegate an authorized representative during initial registration, follow the steps below to nominate an individual for that role.

<u>Step 1:</u> Log in to the CMS Enterprise Portal at https://openpayments.system.cms.gov using your IDM credentials, navigate to the Open Payments home page, and select the "My Open Payments Profile" link under your name in the upper-right corner of the home page.



# Figure 107: Open Payments Landing Page for Returning User

**<u>Step 2</u>**: From the "My Profile" page, select the **Authorized Representative** link on the left side of the page. tab.

## Figure 108: My Profile Page

			<u>User Guide</u>	<u>Help</u>	Privacy Po	<u>licy</u> (	Andy Smith
OPEN PAYMENTS"		Home	Review and Dispute	Messa	ges 👻	Contact Us	Resources
My Profile							
My IDM Portal Profile	Overview						
My Open Payments Profile	This page contains information about a	uthorized roles.					
Overview	An explanation of the statuses below ca	n also be found in the <u>Open Payments User Guide [PDF]</u> 🗹.					
Personal Information	Profile Name						
Basic Information	Andy Smith						
Covered Recipient Details	User Role Statuses for Reporting Entities	S					-
Authorized Representative	Nominated	The individual has been nominated for the user role with the	reporting entity.				
My Roles & Nominations	Nomination Approved	The individual's nomination has been approved by an officer. nomination.	The individual has not ye	et accep	oted or decl	ined the	
	Declined	The individual declined the user role.					
	Accepted	The individual accepted the user role.					

<u>Step 3:</u> On the bottom of the Authorized Representative Details page, select **Update Authorized Representative Details** button.

Figure	109:	My	Profile	<b>Details Page</b>
--------	------	----	---------	---------------------

Business Address, Line 2		
City Name *		State *
		Select 🗘
Zip Code *	Zip Extension	Business Telephone Number *
XXXXXX	XXXX	XXX+XXX+XXXX
The authorized representativ	,	e on behalf of the covered recipient in the Open Payments system.
The authorized representativ By default, the covered recipi authorized representative be	e's access level will determine the actions they can tak	e on behalf of the covered recipient in the Open Payments system. n in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the
The authorized representativ By default, the covered recipi authorized representative be Access Level	e's access level will determine the actions they can tak ent authorized representative can read any informatic low. covered recipient authorized representatives can	e on behalf of the covered recipient in the Open Payments system. n in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the not edit their access levels.
The authorized representativ By default, the covered recipi authorized representative be Access Level Read - (Default access lev Modify Profile - Able to e	e's access level will determine the actions they can tak ent authorized representative can read any informatio low. covered recipient authorized representatives can el) Able to see covered recipient profile and records as if or enter the covered recipient's profile information	e on behalf of the covered recipient in the Open Payments system. n in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the not edit their access levels. sociated with the covered recipient.
The authorized representativ By default, the covered recipi authorized representative be Access Level Read - (Default access lev Modify Profile - Able to e	e's access level will determine the actions they can tak ent authorized representative can read any informatio low. covered recipient authorized representatives can el) Able to see covered recipient profile and records as if or enter the covered recipient's profile information	e on behalf of the covered recipient in the Open Payments system. n in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the not edit their access levels. sociated with the covered recipient. NPI, license, taxonomy code, etc.).

<u>Step 4</u>: On the Authorized Representative Details page, if you have not delegated an authorized representative, there will be nothing entered in the fields. To delegate an authorized representative, complete the fields shown.

You may only delegate one authorized representative. If this page shows an authorized representative, and you want to change it to someone else, you may do so at this time by deleting and re-entering the appropriate fields.

The default level of access is "Read." If you would like the authorized representative to have more access while representing you in the Open Payments system, select "Modify Profile" or "Dispute Records." Access levels are discussed in Section 3.4. When complete, select **Update Authorized Representative Details**.

Figure 110: My Profile Details Tab Editing

Authorized Representative Details	
Your Authorized Representative Details are provided below. To modify your profile information, select the "Update Authorized Representative Details" button.	
First Name *	Last Name *
Middle Name	Suffix (Jr., Sr., etc.)
Authorized Representative's Business Address	
Enter the nominated authorized representative's business address information below. Enter the primary business address if the authorized representative has multiple	de business addresses
Email Address *	Job title *
email⊛email.com	
Country*	
- Select C	2
Business Address, Line 1 *	
Business Address, Line 1	
Business Address, Line 2	
Business Address, Line 2	
City *	State *
	Select O
Zip Code * Zip Extension	Business Telephone Number *
X00X	X00:000-000X
Assign the Covered Recipient Authorized Representative's Access Level	
The authorized representative's access level will determine the actions they can take on behalf of the covered recipient in the Open Payments system.	
By default, the covered recipient authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient system authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient system authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient system authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient system authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient system authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional effects of the covered recipient's profile in the Open Payments system.	ional level(s) of access to be granted to the authorized representative below. covered recipient authorized representatives cannot edit their access levels.
Access Level	
Read-(Default access level) Able to see covered recipient profile and records associated with the covered recipient.     Modify Profile Able to default encovered recipient's profile information (PP) (access, tascommy code, etc.).     Depute Mecocy-Able to depute record or covered architecture and and and accessible and the covered recipient that was submitted by reporting entities.	
	Cipitale Authorized Representative Bretails

**Step 5:** The nominee will receive an email notification that they have been nominated for a role in the Open Payments system. The email will contain a nomination ID and specific instructions. Users notified of their nomination for a role must use the nomination ID received in the nomination email to complete their profile in the Open Payments system and receive access to the functions for that specific role. The nominee will have 10 calendar days to accept or reject the nomination.

## 3.5b: Nominating Additional Roles for a Teaching Hospital: Returning System Users

If you are an authorized official for a teaching hospital that did not nominate individuals for user roles during initial registration, follow the steps below. The authorized representative can be a physician, NPP, an office manager, a practice manager, or any person the teaching hospital would like to designate.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and select the **Manage Teaching Hospitals** tab.

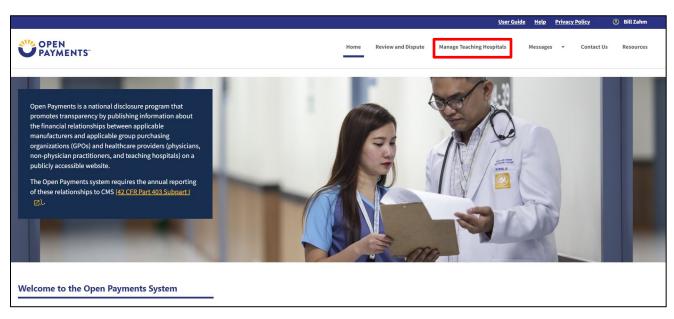


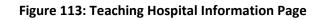
Figure 111: Open Payments Landing Page for Returning User

**<u>Step 2</u>**: Select the teaching hospital for which you wish to nominate a new role.

# Figure 112: Manage Teaching Hospitals Page

					<u>User Guide</u>	<u>Help</u>	Privacy	<u>y Policy</u>	Bill Zahm
OPEN PAYMENTS		Home	Review and Dispute	Manage Teaching	Hospitals	Messages	¥	Contact Us	Resources
Manage Teaching Hospitals									
Below are the teaching hospitals with which you are affiliated. To view details list below. You may register a new teaching hospital by selecting the "Register			hing hospital from t	he					
Doing Business As (DBA) Name \$	tin \$	Addres	5 <b>S</b>				\$	Status	\$
	21-0634462	1000 S	10th St Camden, NJ 0	8103			1	Registered	
						R	egister	New Teachin	g Hospital

# Step 3: Select Manage Roles.



				<u>User Guide</u>	Help Privacy Policy (2) Bill Zah
			Home Review and Dis	pute Manage Teaching Hospitals	Messages 🗸 Contact Us Resourc
Below are the d	letails for the te	tal Details aching hospital you selected, I ber (TIN): 21-0634462 DBA Name	isted by program year.	Cost Report Address	NPPES Address
2023	21-0634462	Cooper University Hospital	Legativalle	One Cooper Plaza Camden Nj 08103	1000 S 10th St Camden Nj 08103
2022	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2021	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2020	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2020 2019	21-0634462 21-0634462	Cooper University Hospital Cooper University Hospital		One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
			-		
2019	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103

## **<u>Step 4:</u>** Select the **Nominate an Additional Role** button.

Figure 114: Manage	Teaching Hospital	Manage Roles	Tab
--------------------	-------------------	--------------	-----

Teaching Hospital Details	Manage Ro	les						
Manage Roles	Select the "Nominate a	an Additional Role" button to nominat	e a new individua	l to fill a role for your teaching	hospital.			
	Select the "Modify" button to change the role of an existing user with your teaching hospital.							
	Select the "Deactivate User" button to remove an active user completely from your teaching hospital.							
	Note:     An authorized o	fficial may modify or deactivate another	authorized official	but cannot deactivate themselv	es for the teaching hos	pital.	×	
	Nominate an Additional Role							
	Teaching Hospital User Role Types +							
	Name	\$ Role	\$	Status	\$ A	ctions		
	Roger White	Authorized Official		Approved		Modify		
	Steve Jones	Authorized Representative		Nomination Approved		Modify		
					· · · · ·			

**Step 5:** Enter the required fields and select the desired role for the nomination, such as authorized official. All required fields are marked with an asterisk. When finished, select the **Send Nomination** button.

## Figure 115: Teaching Hospital Manage Roles Tab Nominate Roles

Elizabeth         Indicate the role this person will have: *         Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we         Authorized Representative: May access/review data and Business Contact Information         Job title *         Administrator         Business Address, Line 1*	vell as deactivating users		ls for user roles or modi		
Elizabeth         Indicate the role this person will have: *         Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we         Authorized Representative: May access/review data and initiate for approving/denying nominations made by others as we         Business Contact Information         Job title *         Administrator         Business Address, Line 1*         Business City *	e disputes on records on behalf of the teaching h vell as deactivating users	Jenkins ospital. May nominate other individual	ls for user roles or modi	ify existing user roles. T	
Indicate the role this person will have: * Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we Authorized Representative: May access/review data and Business Contact Information Job title * Administrator Business Address, Line 1* Business Address, Line 1* EusineLize City * State	vell as deactivating users	ospital. May nominate other individual			
Authorized Official: May access/review data and initiate- for approving/denying nominations made by others as we Authorized Representative: May access/review data and Business Contact Information Job title*     Administrator Business Address, Line 1* Business Address, Line 1* Business Address, Line 1* Lity* State	vell as deactivating users				
Business Address, Line 1 * Busin 123 chicken st Busin City * State					
123 chicken st     Busi       City*     State					
City* State	ness Address, Line 2	٦			
	siness Address, Line 2				
Haymarket	e *	Zip Code *	Zip Extension		
	xas 🗸	78244	XXXX		
Email Address * Busin	ness Telephone Number *				
ejenkins@cuh.com 214-	1-257-4578	]			

After you send the nomination, you will be brought back to the **Manage Roles** page, and you will see that the new nomination and the status of the nomination are now listed on the page.

Teaching Hospital Details Manage Roles	You have successfully nomi	nated Elizabeth Jenkins for a role.							
	Manage Roles Select the "Nominate an Additional Role" button to nominate a new individual to fill a role for your teaching hospital. Select the "Modify" button to change the role of an existing user with your teaching hospital. Select the "Deactivate User" button to remove an active user completely from your teaching hospital.								
	<ul> <li>Note: An authorized official may modify or deactivate another authorized official but cannot deactivate themselves for the teaching hospital.</li> <li>Nominate an Additional Role</li> <li>Teaching Hospital User Role Types</li> </ul>								
	Name ‡	Role ‡	Status 🗘	Actions					
	Roger White	Authorized Official	Approved	Modify					
	Steve Jones	Authorized Representative	Nomination Approved	Modify					
	Elizabeth Jenkins	Authorized Representative	Nomination Approved	Modify					

Figure 116: Teaching Hospital Manage Roles Tab Confirmation

The nominee will receive an email notification that they have been nominated for a role in the Open Payments system.

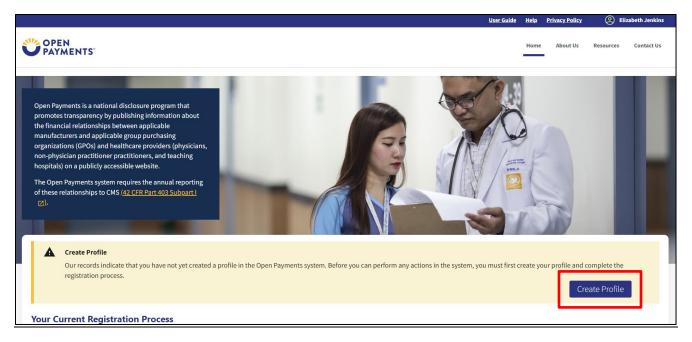
The email notifying the nominee will contain a registration ID and a nomination ID. Users notified of their nomination for a role must use the registration ID and nomination ID received in the nomination email to complete their profile in the Open Payments system and receive access to the functions for that specific role.

## The nominee will have 10 calendar days to accept or reject the nomination.

## **3.5c:** Accepting or Rejecting a Nomination: Authorized Representative – First-Time Users

If you have been nominated for a physician and/or NPP authorized representative role, you will receive a notification email containing instructions and important information needed to accept your nomination. You will have 10 calendar days to accept or reject the nomination. If you have not taken action on your nomination within 10 days, the nomination will expire. Follow the steps below to accept the nomination.

<u>Step 1:</u> You will need to create an IDM account, and then request access to the Open Payments system. Follow the instructions in section 3.1 of this guide. When requesting a role in IDM, select "Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Attester/Compliance". Then, log in to the Open payments system at https://openpayments.system.cms.gov using your IDM credentials. The on-screen text contains important information regarding the registration process. Read the on-screen text and select **Create Profile** when you are ready to begin the registration process.



## Figure 117: Open Payments Landing Page for First-Time System Users

<u>Step 2</u>: The on-screen text contains important information regarding creating the physician, NPP, and individual profiles. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

Figure 118: Create My Profile Page

	User Guide Help Privacy Policy	(
	Home About Us	Resourc
Creating a Profile		
begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization P(D), teaching hospital, physician, or non-physician practitioner: Users with provider type of Physician Ausstant, Nurse Practitioner, Clinical Nurse Specialist, Cettified Registered Nurse extension, Cettified Neuro-Honologi Ausstant are called Non-Physician Practitioner (Dece Payments System).		
or reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.		
or reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, en proceed with the registration process.		
the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not filiated with them in the Open Payments system, you may:		
<ul> <li>Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or</li> <li>Create a personal profile and request a role with the reporting entity or covered recipient user. Note that uses who wish to associate themselves with physicians or non-physician particulated by the physician corrulations or mono-physician particulations.</li> </ul>		
Required Information		
Fields for required information are marked with an asterisk *. It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minute of inactivity. If that accurs, all information information for <u>Revistration</u> "outck reference <u>aude IPOFF</u> ". This QRG is also available on the <u>Resources care of the Deen Pryments</u> sublate.		
Registering as a Covered Recipient		
Registering as a Physician or a Teaching Hespital –		
If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Hon Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital for edd.		
Physicians should register themselves in the Open Payments system and not delegate this task to another individual.		
Registering as a Non-Physician Practitioner –		
If you are registering as a Physician Assistant, Name Practitioner, Clinical Nume Specialist, Certified Registered Name Anesthetist, Certified Nume Midwife, or Anesthetisologist Assistant, Name Practitioner Option When registering. If you are a Physician Assistant, Name Practitioner, Clinical Name Specialist, Certified Registered Name Anesthetist, Certified Registere		
Vhen you are ready to begin registration, select "Start Profile."		

<u>Step 3:</u> Although you are affiliating with a physician or NPP, do not select **Physician or Non-Physician Practitioner** on the "Select Profile Type" page. Instead, select the I have a Nomination ID and/or a **Registration ID** link.

## Figure 119: Select Profile Type Page

# Select a Profile Type

A field with an asterisk (\*) is required.

If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

#### Note:

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

×

Cancel

Continue

If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk openpayments@cms.hhs.gov for guidance.

#### \* Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID" • I have a Nomination ID and/or a Registration ID

• Applicable Manufacturer or applicable Group Purchasing Organization (GPO)

- O Physician or Non-Physician Practitioner
- Teaching hospital

Step 4: Select the User Type Physician or Non-Physician Practitioner from the dropdown. Enter the nomination ID included in the nomination notification email you received and then select the Show Nomination button.

Search for Nomination
A field with an asterisk (*) is required.
From the dropdown list below, select your User Type.
On the second
Enter your Nomination ID and Registration ID included in the nomination email you have received.

\$

Select the "Show Nomination" button to see the information associated with your nomination.

User Type \*

Nomination ID \* The ID is a 12-digit number. 10000001373

**Show Nomination** 

Physician or Non-Physician Practitioner

## Figure 120: Search for Nomination Page

Step 5: Review the nomination information displayed. If the information is correct, select the Continue
button. If the information is incorrect, select the <b>Cancel</b> button and contact the nominator directly.

Cancel

# Figure 121: Search for Nomination Page with Nomination Shown

Search for Nomination	
field with an asterisk (*) is required.	
rom the dropdown list below, select your User Type.	
Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers.	
Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Select the "Show Nomination" button to see the information associated with your nomination.	
User Type *	
Physician or Non-Physician Practitioner	
Nomination ID *	
The ID is a 12-digit number.	
10000001373	
Show Nomination	
Nomination Search Results:	-
Below is the information associated with the nomination.	
Select "Cancel" to return to the previous page if the information displayed is incorrect.	
Elizabeth Jenkins was nominated as Non-Physician Authorized Rep.	
User Type: Non-Physician Practitioner	
Non-Physician Practitioner's Name: Sam Wilton	
	Cancel Continue

**Step 6:** Review the physician or NPP information displayed on the page. You will not be able to edit the information. Ensure that this is the physician or NPP for which you want to accept the user role nomination. If it is not the correct physician or NPP, either select the **Back** button at the bottom of the page to return to the previous page to correct the information you have entered or select the **Cancel** button to end the acceptance process.

## Figure 122: Confirm Covered Recipient Information Page

Confirm Covered Recipier	t Information
*All fields are required unless indicated as	ptional*
Below is the information for your selected Co	ered Recipient. Review and confirm the Covered Recipient identified below is correct. Select "Continue" to begin creating your user pro
Information:	-
Personal Information	
First Name: Sam	Middle Name:
Last Name: Wilton	Suffix (Jr., Sr., etc.):
Business Email Address: sbliss@index-analy	ics.com
Business Telephone: 210-602-4955	
<b>Business Information</b>	
Business Address, Line 1: 1217 Cast Iron Driv	Business Address, Line 2:
City: Longview State: TX	Zip Code: 78244 Country: US
Covered Recipient Information:	-
Covered Recipient Primary Type: Nurse Pra	ditioner
National Provider Identifier (NPI): 15585078	30
Drug Enforcement Administration (DEA) Nu	nber:
Taxonomy Code(s): 163W00000X	
State Licensing Information: TX - 34978	
Back	Cancel

<u>Step 7:</u> Review the nomination information on the page. Select "Yes, I accept the role of Authorized Representative" if you wish to accept the role or "No, I do not accept" if you do not wish to accept the role. If you accept the role and select **Continue**, you will continue the nomination confirmation process.

If you reject the role for which you have been nominated, select the **Continue** button after selecting "No, I do not accept" for the role. The system will ask you if you are sure you want to reject this role. If you confirm your choice to reject the role, you will exit the system and the nominator will receive an email that you rejected the nomination. The nominator will then be allowed to nominate another individual for the role.

# Figure 123: Confirm Nomination Page

Confirm Nomination	
All fields are required unless indicated as optional	
Confirm the user role by accepting or rejecting the nomination. Select the appropriate option below. Then select the "Continue" button to proceed.	
Nominations	-
Sam Wilton	
1217 Cast Iron Drive	
Longview TX 78244	
Covered Recipient Primary Type: Nurse Practitioner	
National Provider Identifier (NPI): 1558507830	
Business Telephone: 210-602-4955	
Confirm Nomination?	
<ul> <li>Yes, I accept the role of Authorized Representative.</li> <li>No, I do not accept</li> </ul>	
Access Level:         Read - (Default access level) Able to see covered recipient profile and records associated with the covered recipient.         Modify Profile - Able to edit or enter the covered recipient's profile information (NPI, license, taxonomy code, etc.).         Dispute Records - Able to dispute records of payments or other transfers of value associated with the covered recipient that was submitted by reporting entities.	
Back	nue

**<u>Step 8</u>**: Enter your personal information and select the **Continue** button.

## Figure 124: Authorized Representative Page

uthorized Repre	esenta	tive					
II fields are required unless indi	icated as o	ptional*					
ld the requested personal and bu formation.	isiness infor	mation to your user profile. So	ome fields are	pre-populated. Review pre-populate	ed informati	ion for accuracy and correct any invalid	I
Note that any changes made System (NPPES) or Identity M			file information	in your other CMS accounts, such as y	our Medicare	e, National Plan & Provider Enumeration	
Basic Information							
First Name *		Last Name *		Middle Name (optional)		Suffix (Jr., Sr., etc.) (optional)	
Elizabeth		Jenkins					
Business Address							
Administrator							
Business Email Address *							
ejenkins@Sam.com		Business Telephone Number*					
Business Address, Line 1 *							
123 Chicken Street							
Business Address Line 2 (optional)							
Country *		City *		State *			
United States	\$	San Antonio		Texas	\$		
Zip Code *		Zip Extension					
78244		XXXX					
							_
Back						Cancel	tinue

**Step 9:** Now you will be asked to review the information you have entered. To correct any errors, select the **Back** button at the bottom of the page to return to previous pages and make your corrections. If the information is correct, select the **Submit** button.

Figure 125: Review and Submit Profile Page

Review and Submit Profile
*All fields are required unless indicated as optional*
Review the information enterered in the previous sections.
Select the "back" button to navigate to the previous page(s) and correct any incorrect information, Select then "Continue" button to submit your user profile.
Authorized Representative Information —
Personal Information
First Name: Elizabeth Middle Name: Last Name: Jenkins
Suffix (Jr., Sr., etc.): Job Title: Administrator
Business Email Address: ejenkins@Sam.com Business Telephone: 210-584-7841
Business Information
Business Address, Line 1: 123 Chicken Street
Business Address, Line 2:
City: San Antonio State: TX
<b>Zip Code:</b> 78244
Country: US
Back Cancel Continue

The following message will appear on-screen to confirm your nomination has been successfully accepted.

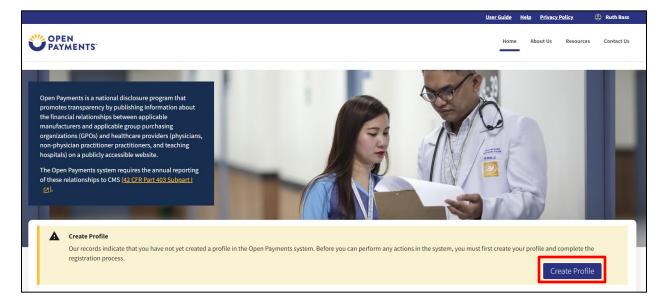
# Figure 126: Success Confirmed Page

Nomination Accepted	×
Success: You have successfully accepted your nomination.	
- You may return to <u>Open Payments Home.</u> For help obtaining a PDF viewer, go to the <u>CMS.gov Help page.</u>	
Continue to Open Payments Home I	Page

## 3.5d: Accepting or Rejecting a Nomination: Physician or NPP First Time System Users

If you have been nominated for a physician or NPP user role, you will receive a notification email. Take note of the information in the email, including the nomination ID, then follow the steps below to accept the nomination.

**Step 1:** If you are a first-time system user, you will need to create an IDM account, and request access to the Open Payments system. To do this, see <u>Section 3.1</u> of this document. Once you have done that, log in to the Open payments system at https://openpayments.system.cms.gov using your IDM credentials. The on-screen text contains important information regarding the registration process. Read the on-screen text and select **Create Profile** when you are ready to begin the registration process.



## Figure 127: Open Payments Landing Page for First-Time System Users

**Step 2:** The on-screen text contains important information regarding creating the physician, NPP, and individual profiles. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

# Figure 128: Create Profile Page

Create Profile	
	Creating a Profile
	To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.
	For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.
	For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.
	If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:
	<ul> <li>Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or</li> <li>Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.</li> </ul>
	Required Information
	Fields for required information are marked with an asterisk *.
	It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.
	A list of required information is available in the "Required Information for Registration" quick reference guide (PDF)". This QRG is also available on the Resources page of the Open Payments website.
	Registering as a Covered Recipient
	Registering as a Physician or a Teaching Hospital -
	If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital fineeded.
	Physicians should register themselves in the Open Payments system and not delegate this task to another individual.
	Registering as a Non-Physician Practitioner
	If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.
	When you are ready to begin registration, select "Start Profile."
	Back

<u>Step 3:</u> On the "Select a Profile Type" page though you are affiliating with a physician or an NPP, do not select **Physician or Non-Physician Practitioner**. Instead, select the link **I have a Nomination ID and/or a Registration ID**, then, select **Continue**.

## Figure 129: Select Profile Type Page

Select a Profile Type
A field with an asterisk (*) is required.
If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
• Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk openpayments@cms.hhs.gov for guidance.
* Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID"
Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
O Physician or Non-Physician Practitioner
O Teaching hospital
Cancel

<u>Step 4:</u> Select the user type "Physician or Non-Physician Practitioner" from the drop-down menu. Enter the nomination ID that you received in the nomination notification email and then select **Show Nomination**.

Figure 130: Search for Nomination Screen

earch for Nomination
ield with an asterisk (*) is required.
m the dropdown list below, select your User Type.
Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers.
Enter your Nomination ID and Registration ID included in the nomination email you have received.
Select the "Show Nomination" button to see the information associated with your nomination.
User Type *
Physician or Non-Physician Practitioner
Nomination ID * The ID is a 12-digit number.
752201894114
Show Nomination

<u>Step 5:</u> Review the nomination information displayed. If the information is correct, select **Continue**. If the information is incorrect, select the **Cancel** button and contact the Open Payments Help Desk at <u>openpayments@cms.hhs.gov</u>.

Figure 131: Nomination Search Results Page

Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers.		
Enter your Nomination ID and Registration ID included in the nomination email you have received.		
Select the "Show Nomination" button to see the information associated with your nomination.		
User Type *		
Physician or Non-Physician Practitioner		
Nomination ID * The ID is a 12-digit number.		
752201894114		
Show Nomination		
Show Nomination		
Nomination Search Results:		-
Selow is the information associated with the nomination.		
elect "Cancel" to return to the previous page if the information displayed is incorrect.		
Daniel Mertz was nominated as Physician Authorized Rep.		
Jser Type: Physician		
Physician Name: Andy Smith		
	Cancel	Continue

**Step 6:** Review the covered recipient information to confirm it is correct. If it is, select **Continue** to proceed. If it is not, contact the provider than nominated you.

<b>Confirm Covered Recipie</b>	nt Information
Below is the information for your selected Cove	red Recipient. Review and confirm the Covered Recipient identified below is correct. Select "Continue" to begin creating your user profile
Information:	-
Personal Information	
First Name: Andy	Middle Name:
Last Name: Smith	Suffix (Jr., Sr., etc.):
Business Email Address: sbliss@index-analytic	:s.com
Business Telephone: 148-572-6842	
Business Information	
Business Address, Line 1: 345 Main	
Business Address, Line 2:	
City: Central	
State: TX	
Zip Code: 78244	
Country: US	
Covered Recipient Information:	-
Covered Recipient Primary Type: Medical Doc	tor
National Provider Identifier (NPI): 155850783	0
Drug Enforcement Administration (DEA) Num	iber:
Taxonomy Code(s): 111N00000X	
State Licensing Information: IL - 45324	
Back	Cancel

## Figure 132: Confirm Covered Recipient Information

<u>Step 7:</u> Select "Yes, I accept the role of" if you wish to accept the role or "No, I do not accept" if you do not wish to accept the role. If you accept the role and select **Continue**, you will continue the nomination confirmation process.

If you reject the role for which you have been nominated, select the **Continue** button after selecting "No, I do not accept" for the role. The system will ask you if you are sure you want to reject this role. If you confirm your choice to reject the role, you will exit the system and the nominator will receive an email that you rejected the nomination. The nominator will then be allowed to nominate another individual for the role.

Confirm Nomination
A field with an asterisk (*) is required.
Confirm the user role by accepting or rejecting the nomination. Select the appropriate option below. Then select the "Continue" button to proceed.
Nominations —
Andy Smith
345 Main Central TX 78244
Covered Recipient Primary Type: Medical Doctor National Provider Identifier (NPI): 1558507830
Business Telephone: 148-572-6842
Confirm Nomination?     Ves, I accept the role of Authorized Representative.     No, I do not accept
Access Level:
<ul> <li>Read - (Default access level) Able to see covered recipient profile and records associated with the covered recipient.</li> <li>Modify Profile - Able to edit or enter the covered recipient's profile information (NPI, license, taxonomy code, etc.).</li> <li>Dispute Records - Able to dispute records of payments or other transfers of value associated with the covered recipient that was submitted by the reporting entities.</li> </ul>
Back Cancel Continue

**<u>Step 8</u>**: Review your personal information. If the information displayed is correct, select the **Continue** button. If the information displayed is incorrect, update the necessary fields. When finished, select the **Continue** button.

First Name *	Last Name *	Middle Name (optional)	Suffix (Jr., Sr., etc.) (optiona	al)
Daniel	Mertz			
Business Address				
Job Title *				
Administrator				
Business Email Address *	Business Telephone Number *			
	Pasificos receptione manificer			
fdgjhg@fsdkgjsdfk.com Business Address, Line 1 *	210-965-0214			
fdgjhg@fsdkgjsdfk.com Business Address, Line 1 * 543 North				
fdgjhg@fsdkgjsdfk.com Business Address, Line 1 * 543 North Business Address Line 2 (optional)		State *		
fdgjhg@fsdkgjsdfk.com Business Address, Line 1 * 543 North Business Address Line 2 (optional)	210-965-0214	State *	¢	
fdgjhg@fsdkgjsdfk.com Business Address, Line 1 * 543 North Business Address Line 2 (optional)	210-965-0214		¢	

## Figure 133: Authorized Representative Basic Information

<u>Step 9:</u> Review the information you have entered. To correct any errors, select the **Back** button at the bottom of the page to return to previous pages and make your corrections. If the information is correct, select the **Continue** button.

Figure 134: Review and Submit Profile Page

Review and Submit Profile	
Review the information enterered in the previous sections.	
Select the "back" button to navigate to the previous page(s) and correct any incorrect information, Select then "Continue profile.	e" button to submit your user
Authorized Representative Information	-
Personal Information	
First Name: Daniel	
Middle Name:	
Last Name: Mertz	
Suffix (Jr., Sr., etc.):	
Job Title: Administrator	
Business Email Address: fdgjhg@fsdkgjsdfk.com Business Telephone: 210-965-0214	
business receptore. 210 505-0214	
Business Information	
Business Address, Line 1: 543 North	
Business Address, Line 2:	
City: Central	
State: TX	
<b>Zip Code:</b> 78244	
Country: US	
Back	Cancel

The following message will appear on-screen to confirm your nomination has been successfully accepted.

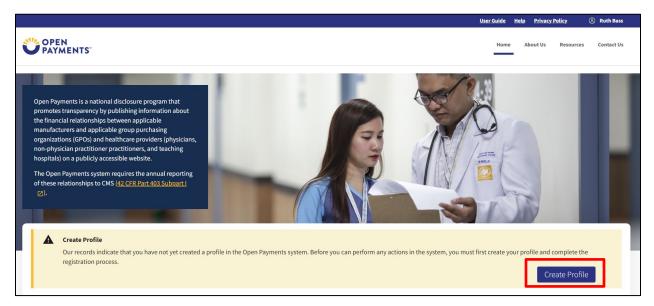
# Figure 135: Nomination Accepted Page

<b>R</b> ≹e'	Nomination Accepted	×	
Sel	Success: You have successfully accepted your nomination.		in
	You may return to <u>Open Payments Home.</u> For help obtaining a PDF viewer, go to the <u>CMS.gov Help page.</u> <b>Continue to Open Payments Home Page</b>		

# 3.5e: Accepting or Rejecting a Nomination (Teaching Hospital – First Time System Users)

If you have been nominated for a teaching hospital user role, you will receive a notification email. Take note of the information in the email, including registration ID and nomination ID, then follow the steps below to accept the nomination.

**Step 1:** If you are a first-time system user, you will need to create an IDM account, and request access to the Open Payments system. To do this, see <u>Section 3.1</u> of this document. Once you have done that, log in to the Open payments system at https://openpayments.system.cms.gov using your IDM credentials. The on-screen text contains important information regarding the registration process. Read the on-screen text and select **Create Profile** when you are ready to begin the registration process.



## Figure 136: Open Payments Landing Page for First-Time System Users

<u>Step 2</u>: The on-screen text contains important information regarding creating the physician, NPP, and individual profiles. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

Figure 137: Create Profile Page

Create Profile	
Create Prome	
	Creating a Profile
	To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.
	For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.
	For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.
	If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:
	<ul> <li>Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or</li> <li>Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.</li> </ul>
	Required Information
	Fields for required information are marked with an asterisk *.
	It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.
	A list of required information is available in the " <u>Required Information for Registration" quick reference guide (PDF</u> )". This QRG is also available on the <u>Resources page of the Open Payments</u> website.
	Registering as a Covered Recipient
	Registering as a Physician or a Teaching Hospital
	If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering, Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
	Physicians should register themselves in the Open Payments system and not delegate this task to another individual.
	Registering as a Non-Physician Practitioner –
	If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.
	When you are ready to begin registration, select "Start Profile."
	Back

<u>Step 3:</u> On the "Select a Profile Type" page though you are affiliating with a teaching hospital, do not select Teaching Hospital. Instead, select the link I have a Nomination ID and/or a Registration ID, then, select Continue.

Figure 138: Select Profile Type Page

Select a Profile Type
A field with an asterisk (*) is required.
If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
• Note: x If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk <u>openpayments@cms.hhs.gov</u> for guidance.
I have a Nomination ID and/or a Registration ID
O Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
O Physician or Non-Physician Practitioner
<ul> <li>Teaching hospital</li> </ul>
Cancel

<u>Step 4:</u> Select the user type "Teaching Hospital" from the drop-down menu. Enter the registration ID and nomination ID that you received in the nomination notification email and then select **Show Nomination**.

Figure 139: Search for Nomination Page

<u>Step 5:</u> Review the nomination information displayed. If the information is correct, select **Continue**. If the information is incorrect, select the **Cancel** button and contact the Open Payments Help Desk at <u>openpayments@cms.hhs.gov</u>.

Figure 140: Search for Nomination Select Page

eld with an asterisk (*) is required.			
n the dropdown list below, select you	ur User Type.		
Mominees for Physician or No	n-Physician Practitioner authorized represe	ntatives receive only Nomination ID numbers.	
	ation ID included in the nomination email yo		
Select the "Show Nomination" button	to see the information associated with your	r nomination.	
User Type *			
Teaching Hospital		•	
Registration ID *	Nomination ID *		
The ID is a 12-digit number.	The ID is a 12-digit number.		
100009000484	10000001376		
Show Nomination			
Show Nomination			
Show Nomination Iomination Search Results:			
omination Search Results:			
omination Search Results: elow is the information associated with	h the nomination.		
omination Search Results: elow is the information associated with elect "Continue" if the information disp	h the nomination.		
Iomination Search Results: Below is the information associated with Belect "Continue" if the information disp	h the nomination. olayed on the screen is correct. s page if the information displayed is incorre		
omination Search Results: elow is the information associated with elect "Continue" if the information disp elect "Cancel" to return to the previous	h the nomination. olayed on the screen is correct. s page if the information displayed is incorre		
omination Search Results: elow is the information associated with elect "Continue" if the information disp elect "Cancel" to return to the previous uth Bass was nominated as Authorized I	h the nomination. played on the screen is correct. s page if the information displayed is incorre <b>Representative.</b>		

**Step 6:** Select "Yes, I accept the role of" if you wish to accept the role or "No, I do not accept" if you do not wish to accept the role. If you accept the role and select **Continue**, you will continue the nomination confirmation process.

If you reject the role for which you have been nominated, select the **Continue** button after selecting "No, I do not accept" for the role. The system will ask you if you are sure you want to reject this role. If you confirm your choice to reject the role, you will exit the system and the nominator will receive an email that you rejected the nomination. The nominator will then be allowed to nominate another individual for the role.

Figure 141: Confirm Nomination Page

	User Guide Help Privacy Poli	cy 🕘 Ruth Bass
OPEN PAYMENTS	Home About Us F	esources Contact Us
Create Profile		
1 Select Profile Type 🛛 🤡	Confirm Nomination	
2 Teaching Hospital: Search	A field with an asterisk (*) is required.	
Search Nomination	Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with.	
Confirm Nomination		
3 Personal Information	1000 S 10th St	
Review and Submit Profile	Camden, Nj 08103 TIN: 210634462	
	Confirm Nomination: *  Yes I accept the role of Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nomi other individuals for user roles with the teaching hospital. No I do not accept.	nate
	Back	el Continue

<u>Step 7:</u> Review your personal information. If the information displayed is correct, select the **Continue** button. If the information displayed is incorrect, update the necessary fields. When finished, select the **Continue** button.

Figure 142: Personal Information Page

ersonal Information	
eld with an asterisk (*) is required.	
d the requested personal and business information to your use prmation.	er profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid
Note that any changes made here will not automatically upda System (NPPES) or Identity Management (IDM) accounts.	late your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration
Basic Information	
First Name *	Last Name *
James	White
Middle Name	Suffix (Jr., Sr., etc.)
Job title * Administrator	Email Address *
Business Address, Line 1 *	
428 Hayne St	
Business Address, Line 2	
Business Address, Line 2 Business Address, Line 2	
	State *
Business Address, Line 2	State *
Business Address, Line 2	
Business Address, Line 2 City * Walkin	Arizona 🗘
Business Address, Line 2 City * Walkin Postal Code *	Arizona    Business Telephone Number *

<u>Step 8:</u> Review the information you have entered. To correct any errors, select the **Back** button at the bottom of the page to return to previous pages and make your corrections. If the information is correct, select the **Submit** button.

<b>Teaching Hospital Informat</b>					,	-			(
reaching Hospital Informat	tion								-
Teaching Hospital Name Teaching Hospital Busine 1000 510th 5t Camden Nj 08103 Taxpayer Identification N Your Role: Authorized Rep First Name: James Middle Name: Last Name: White Suffix: Business Email Address:	ess Address: Number (TIN): 2100 presentative	)634462							
Business Telephone Num ob Title: Administrator	nber: 2102789999								
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2:	nber: 2102789999 : 428 Hayne St								
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ	nber: 2102789999 : 428 Hayne St								
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin	nber: 2102789999 : 428 Hayne St		<b>-</b>						
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ	nber: 2102789999 : 428 Hayne St								
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code:	nber: 2102789999 : 428 Hayne St								_
Business Telephone Num Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code:	nber: 2102789999 : 428 Hayne St	nme: ‡	Last Name:	¢ Bu	usiness Email Address:	ţ	Business Phone Number:	\$ Status:	-

## Figure 143: Review and Submit Profile Page

The following message will appear on-screen to confirm your nomination has been successfully accepted.

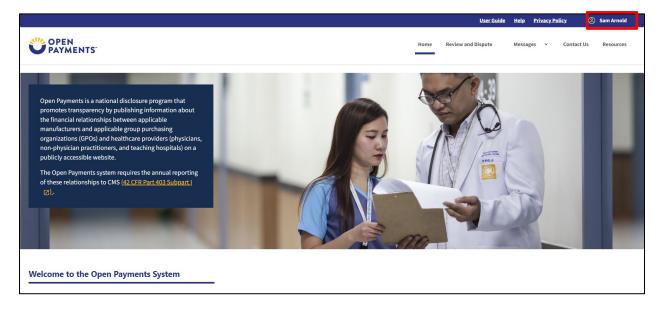
#### Figure 144: Success Confirmed Page



3.5f: Accepting or Rejecting a Nomination (Teaching Hospital – Returning System Users)

If you have been nominated for a teaching hospital user role you will receive a notification email. Take note of the information in the email, including registration ID and nomination ID, then follow the steps below to accept the nomination.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and select the **My Open Payments Profile** link.



#### Figure 145: Open Payments Landing Page for Returning Teaching Hospital Users

Step 2: Select My Roles and Nominations.

Figure 146: My Profile Page

		<u>User Guide Help Privacy Policy</u> ③ Sam Arnold
OPEN PAYMENTS		Home Review and Dispute Messages V Contact Us Resources
My Profile		
My IDM Portal Profile	Overview	
My Open Payments Profile	This page contains information about au	thorized roles.
Overview	An explanation of the statuses below car	n also be found in the <u>Open Payments User Guide [PDF]</u> Z.
Personal Information	Profile Name	
Basic Information	Sam Arnold	
Covered Recipient Details	User Role Statuses for Reporting Entities	-
Authorized Representative	Nominated	The individual has been nominated for the user role with the reporting entity.
My Roles & Nominations	Nomination Approved	The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the nomination.
	Declined	The individual declined the user role.
	Accepted	The individual accepted the user role.

Step 3: Select Accept or Reject Nominations.



		User G	uide Help Privacy Policy	Sam Arnold
	Home	Review and Dispute	Messages 🗸 Cont	act Us Resources
My Roles & Nominations				
		ich you have been	nominated or request addit	ional roles.
An explanation of the statuses below can be found in the <u>Open Paymer</u>	nts User Guide [PDF] 团.			
Accept or Reject Nominations				
My Roles				
Role \$	Practice Name	\$	Vetting Status	\$
Non-Physician Practitioner	Nurse Sam's Place		Failed Vetting	
	An explanation of the statuses below can be found in the <u>Open Payme</u> Accept or Reject Nominations My Roles Role	My Roles & Nominations         Below are the user roles with which you are affiliated. You have the option to accept or reject roles for while An explanation of the statuses below can be found in the Open Payments User Guide [PDE] [2].         Accept or Reject Nominations         My Roles         Role          Practice Name	My Roles & Nominations         Below are the user roles with which you are affiliated. You have the option to accept or reject roles for which you have been An explanation of the statuses below can be found in the Open Payments User Guide [PDF] [2].         Accept or Reject Nominations         My Roles         Role       1         Practice Name       1	My Roles & Nominations         Below are the user roles with which you are affiliated. You have the option to accept or reject roles for which you have been nominated or request addit         An explanation of the statuses below can be found in the Open Payments User Guide (PDE) [2].         Accept or Reject Nominations         My Roles         Role       1         Practice Name       1         Vetting Status

**Step 4:** Select your user type from the drop-down and enter the registration ID and nomination ID in the appropriate fields. When complete, select **Show Nomination**. The rest of the role accepting process is the same as Step 4, <u>Section 3.5e</u>.

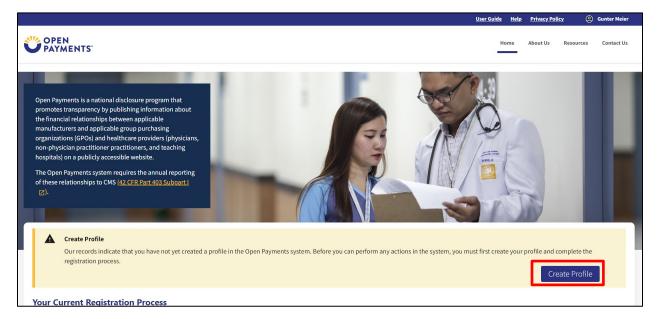
#### Figure 148: Success

Creat			×
1 Selec	Success: You have successfully accepted your affiliation with Cooperative Statement of the Statement of State	r Green Mercy Hospital and created your own profile, Steven Thompson.	
2 Teach Sea	You may now go to <u>Open Payments Home</u> , For help obtaining a PDF viewer, go to the <u>CMS.gov Help p</u>	95.	
Cor 3 Perso			Continue to Open Payments Home Page
4 Revie		Bitmingham Al 35233 Tasagare Hentification Number (THI): 636001579 Your Role: Authorized Representative First Name: Snoven Middle Rame: Last Name: Thompion Suffic: Business Enail Address: sbliss@index-analytics.com Business Enail Address: sbliss@index-analytics.com	

## 3.5g: Self-Nomination: Requesting a Role: Teaching Hospital - First Time System Users

If you are a first-time user and would like to self-nominate for a teaching hospital role as an authorized official or authorized representative, follow the steps below.

<u>Step 1:</u> First, you must create an account in IDM, and request access to the Open Payments system (See <u>Section 3.1</u>, above). After you create an IDM account and request access to Open Payments, log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials. The on-screen text contains important information regarding the registration process. Read the on-screen text and select **Create Profile** when you are ready to begin the registration process.



#### Figure 149: Open Payments Landing Page for First-Time Teaching Hospital User

<u>Step 2:</u> Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

## Figure 150: Create Profile Page

Creating a Profile
To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.
For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.
For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.
If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:
<ul> <li>Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or</li> <li>Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.</li> </ul>
Required Information
Fields for required information are marked with an asterisk *.
It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.
A list of required information is available in the " <u>Required Information for Registration</u> " quick reference guide [PDF]". This QRG is also available on the <u>Resources page of the Open Payments</u> website.
Registering as a Covered Recipient
Registering as a Physician or a Teaching Hospital —
If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
Physicians should register themselves in the Open Payments system and not delegate this task to another individual.
Registering as a Non-Physician Practitioner -
If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.
When you are ready to begin registration, select "Start Profile."
Back

**<u>Step 3</u>**: Select the profile type **Teaching Hospital**. When finished, select the **Continue** button.

Figure 151: Select Profile Type Page

Select a Profile Type
A field with an asterisk (*) is required.
If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
• Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
- If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk <u>openpayments@cms.hhs.gov</u> for guidance.
* Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID"
O I have a Nomination ID and/or a Registration ID
O Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
O Physician or Non-Physician Practitioner
Teaching hospital
Cancel

<u>Step 4:</u> Search the database for the correct teaching hospital. Select the teaching hospital's state, name, business address, and Taxpayer Identification Number (TIN) from the dropdowns. When finished, select the **Search** button.

Figure 152: Teaching Hospital Search Page

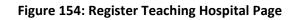
eaching Hospital > Search		
register a teaching hospital for the current program year, select the correct information from each of the dropdo spital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.		ch" button. If the teaching
r assistance, you can refer to the <u>Teaching Hospital List</u> , available on the <u>Resources page of the Open Payments w</u> all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are availab		ntains identifying informati
rou do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Des	k at <u>openpayments@cms.hhs.gov</u> fo	r assistance.
ite: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physiciar io works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching spital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be	hospital or requesting a nomination	n for a role with a teaching
gister for Prior Program Year		
State Where Teaching Hospital is Located *		
State Where Teaching Hospital is Located *	\$	
New Jersey	\$	
	\$	
New Jersey	:	
New Jersey Teaching Hospital Doing Business As Name *		
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) *	:	
New Jersey Teaching Hospital Doing Business As Name *		
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) *	:	
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462	:	
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462 Teaching Hospital Business Address *	•	
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462 Teaching Hospital Business Address *	•	Search
New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462 Teaching Hospital Business Address *	•	Search

<u>Step 5:</u> Review the returned information displayed on the page. Select the **Continue** button if the information displayed is correct. If the information is not correct, select the **Back** button at the bottom of the page to return to the previous page and edit the search information you entered.

Figure 153: Teaching Hospital Search Page Search Results

<section-header><section-header></section-header></section-header>
Nopital is not listed in the search results, select the "Register for Phor Program Year" link to register for a prior year.       The sestiance, you can refer to the "Register duth (KLK). The list is updated annually and lists for all program years are available.         To ran sestiance, you can refer to the "Register duth (KLK). The list is updated annually and lists for all program years are available.       The caching hospital List, contact the Open Payments Help Deck at open payments Rems hits gov for assistance, you can refer to the "Register duth (KLK). The list is updated annually and lists for all program years are available.         Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician. Fighter in Open Payments are aphysician for a role with a teaching hospital in works at a teaching hospital and wish to see data associated with you as a physician for a role with a teaching hospital and wish to acted with registering the teaching hospital and years are available.         Restrict for Program Year       Impact and wish for a program year         Set Worker Teaching Hospital is Located *       Impact and wish for a program year         Impact and the follower for the follower for and payments the payment is the program year       Impact and year         Impact and the follower for the payment is to cated *       Impact and year         Impact and wish for a program year       Impact and year         Impact and wish for a program year       Impact and year         Impact and year       Impact and year         Impact and year       Impact and year      <
for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.         if you do not find your teaching hospital allow or on a teaching hospital List, contact the Open Payments Heip Desk at generaments@cms.hh.gov for assistance.         Note: if you are a physician if your basis in a teaching hospital and with to see data associated with you as a physician, register in Open Payments as a physician if you are a physician if you wish to do both, you may register both as a physician and a teaching hospital though this cannot be done in the same registration session. <i>Better for Prior Program Year</i> 0         for all teaching hospital is Located *       0         New Joneson       0         Tacking Hospital Biologica Jon
Note if you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician such as a chacking hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nonination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session. <b>Capter for Program Year</b> Stet for Program Year <b>Cathing Hospital is Located</b> Imension <b>Cathing Hospital B Doing Business &amp; Name</b> Imension <b>Cathing Hospital B Doing Business &amp; Name</b> Image: Identification Number (TMI)*   Intellige Hospital Business Address*   Image: Identification Number (TMI)*   Intellige Hospital Business Address* Intellige Hospital Business Address* Intellige Hospital Business Address* Intellige Hospital Is already registered in the Open Payments System: Integrame Hospital Is already registered in the Open Payments System: Integrame Hospital Business Hospital Is already registered in the Open Payments System: Integrame Hospital Business Hospital Is already registered in the Open Payments System: Integrame Hospital Hospital Hospital Is already Hospital Hospital Is already Hospital Is already Hospital Hospital Is already Hospital Hospital Is already Hospital Is already Hospital Is already Hospital Is
who works at a taxing hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or equesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session. <b>Breater for Prior Program Year</b> Set Were Teaching Hospital is Located *       •         Iter Were Teaching Hospital is Located *       •         Iter Were Teaching Hospital is Located *       •         Iter Were Teaching Hospital Notices & Name *       •         Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Shame *       •         Iter Were Teaching Hospital Business & Address *       •         Iter Were Teaching Hospital Business Address *       •         Iter Were
State Where Teaching Hospital is Located *         New Jersey         Teaching Hospital Doing Business As Name *         1000         Tappager Identification Number (TIN) *         1000 S 10th St Camden Nij 08103
New Jensey       c         Teaching Hospital Doing Business As Name*       c         Taxpayer Identification Number (TNN)*       c         10005100h St Camden Ng 06103       c         Search         Teaching Hospital Business Address*         10005100h St Camden Ng 06103       c         Search         Teaching Hospital Search Results         Tis teaching hospital is already registered in the Open Payments System:         1000510th St Camden, Ng 08103       c         Toto St 10th St Camden, Ng 08103
New Jensey       c         Teaching Hospital Doing Business As Name*       c         Taxpayer Identification Number (TNI)*       c         10005 10th St Camden Ng 06103       c         Search Results         Teaching Hospital Search Results         Tits teaching hospital is already registered in the Open Payments System:         1000 5 10th St Camden Ng 06103         Tits teaching hospital is already registered in the Open Payments System:         Toops 100 5 10th St Camden, Ng 08103         Itin teaching hospital is already registered in the Open Payments System:         Toops 10th St Camden, Ng 08103         Itin teaching hospital is already registered in the Open Payments System:         Toops 10th St Camden, Ng 08103         Toops 10th St Camden, Ng 08103         Totage 1000 S 10th St Camden, Ng 08103         Totage 2000 S 10th St Camden Ng 08103
Taxpayer Identification Number (TIN) *         210634462         Teaching Hospital Business Address *         1000 5 10th St Camden NJ 06103         Canden NJ 06103
Taxpayer Identification Number (TIN) *         210634462         Teaching Hospital Business Address *         1000 5 10th St Camden NJ 06103         Canden NJ 06103
Taxapyer Identification Number (TNI) * 2 10053462 Teaching Hospital Business Address * 1000 5 10th St Camden Nj 08103 Teaching hospital Search Results This teaching hospital is already registered in the Open Payments System: 1000 5 10th St Camden, Nj 08103 TN: 21063462
20054462       C         Teaching Hospital Business Address *         1000 5 10th St Camden NJ 08103       C         Search         Teaching Hospital Search Results         This teaching hospital is already registered in the Open Payments System:         Toto S 10th St         Conden, NJ 08103         This teaching hospital is already registered in the Open Payments System:         Toto S 10th St         Canden, NJ 08103         TN: 210634462
Teaching Hospital Business Address *         1000 S 10th St Camden NJ 08103         Camden NJ 08103         Teaching Hospital Search Results         This teaching hospital is already registered in the Open Payments System:         1000 S 10th St         Camden, NJ 08103         This teaching hospital is already registered in the Open Payments System:         1000 S 10th St         Camden, NJ 08103         Th: 210634462
1000 S 10th St Camden NJ 08103       C         Search         Teaching Hospital Search Results         This teaching hospital is already registered in the Open Payments System:         1000 S 10th St         Cander, NJ 08103         This teaching hospital is already registered in the Open Payments System:         Toto S 10th St         Cander, NJ 08103         TN: 210634462
Search Teaching Hospital Search Results This teaching hospital is already registered in the Open Payments System: 1000 5 10th St Camden, Nj 08103 TIN: 21063462
Teaching Hospital Search Results This teaching hospital is already registered in the Open Payments System: 1000 S 10th St Camden, Nj 08103 TIN: 210634462
This teaching hospital is already registered in the Open Payments System: 1000 S 10th St Camden, KJ 08103 TIN: 210634462
1000 S 10th St Camden, Nj 08103 TIN: 210634462
Camden, Nj 08103 TIN: 210634462
Caniden, Nj 08103 TIN: 210634462
If this is the correct teaching begoinal select the "Continue" button to continue with the process. If this is not the teaching bosnital you wich to affiliate yourself with change the search
in this is the context teaching indipleta jetter into continue with the process in this is not the teaching indipleta you wan to annake you send for another teaching hospital.

**Step 6:** Review the information displayed on the page. If the information is correct, select the **Continue** button. If the information is not correct, select the **Back** button at the bottom of the page to select a different teaching hospital.



	<u>User Guide</u> <u>Help</u>	Privacy Policy	Q Gunter Meier
OPEN PAYMENTS	Home	About Us R	esources Contact Us
Create Profile			
(1) Select Profile Type Select Profile Type Teaching Hospital > Register Teaching Hospital			
2 Teaching Hospital Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with.			
Search			
Register Teaching Hospital			_
Your Role			
(3) Personal Information Business Address:			
A Review and Submit Profile         1000 S 10th St,			
Camden, Nj 08103			
Taxpayer Identification Number (TIN):			
210634462			
Back		Cance	Continue

**Step 7:** Select the role you wish to nominate yourself for in the teaching hospital. Note that as you are not registering with the teaching hospital, you may select either role. After you have chosen your role, enter in the role-related information in the data fields. Required fields are marked with an asterisk. Once you have entered all the information, select the **Continue** button.

#### Figure 155: Teaching Hospital Your Role Page

eaching Hospital > Your Role	
eld with an asterisk (*) is required.	
ect the role for which you want to nominate yourself with the teaching	ng hospital.
'he user roles are as follows:	
existing user roles. They are also responsible for approving/der	tes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify nying nominations made by others as well as deactivating users. Ite disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles
Your Role Related Information	
	Last Name *
Enter your personal information below.	Last Name * Meier
Enter your personal information below.	
Enter your personal information below. First Name * Gunter	Meier
Enter your personal information below.  First Name *  Gunter  Middle Name	Meier Suffix (Jr., Sr., etc.)

**<u>Step 8</u>**: Review your information displayed on the page. Enter your job title and business address. When finished, select the **Continue** button.

Personal Information	
A field with an asterisk (*) is required.	
Add the requested personal and business information to your user profile. Some fields are information.	pre-populated. Review pre-populated information for accuracy and correct any invalid
Note that any changes made here will not automatically update your profile information System (NPPES) or Identity Management (IDM) accounts.	in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration
Basic Information	
First Name *	Last Name *
Gunter	Meier
Middle Name	Suffix (Jr., Sr., etc.)
Business Information	
Job title *	Email Address *
Administrator	gmeier@tkb.com
Business Address, Line 1 *	
623 LAFAYETTE AVENUE	
Business Address, Line 2	
Business Address, Line 2	
City *	State *
Hawthorne	New Jersey
Zip Code * Zip Extension	Business Telephone Number *
07506 XXXX	147-526-8745
_	
Back	Cancel

#### Figure 156: Personal Information Page

**Step 9:** Review your profile information on the "Review and Submit Profile" page. Select the **Back** button at the bottom of the page to go back and edit any information. Once you have reviewed the information and determined it to be correct, select the **Submit** button.

	on						
Teaching Hospital Name							
Teaching Hospital Busines	s Address:						
1000 S 10th St							
Camden Nj 08103							
Taxpayer Identification Nu							
Your Role: Authorized Repre First Name: Gunter	esentative						
Middle Name:							
Last Name: Meier							
Suffix:							
Business Email Address: gr							
Business Telephone Numb	er: 147-526-8745						
Job Title: Administrator							
Business Address, Line 1: 6							
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne State: NJ							
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne							
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne State: NJ Zip Code: 07506							
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne State: NJ							-
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne State: NJ Zip Code: 07506	523 LAFAYETTE AVENUE	↑ Lart Nama	Burineer Email Addance	t Puning	r Bhana Numhar	↑	-
Business Address, Line 1: 6 Business Address, Line 2: City Name: Hawthorne State: NJ Zip Code: 07506	523 LAFAYETTE AVENUE  First Name:	Last Name:     Meier	Business Email Address:     gmeier@tkb.com	Busine	is Phone Number:		– tatus: ‡ tequested

#### Figure 157: Review and Submit Profile Page

The following message will appear on-screen to confirm your profile has been successfully created. You will receive an email when your nomination is approved. Also, the authorized officials for the teaching hospital will receive emails notifying them of your request for a user role.

Once an authorized official approves your request, you will receive another email, and then you may start any teaching hospital activities.

If you are nominating yourself for a role with a teaching hospital that has already been registered but which lacks an active authorized official to approve your self-nomination, please contact the Open Payments Help Desk at 1-855-326-8366.

## Figure 158: Success Confirmation Page

Registration Complete	×
Success: You have successfully requested to be affiliated with Cooper University Hospital and created your own profile, Gunter Meier.	
You may now go to <u>Open Payments Home.</u> For help obtaining a PDF viewer, go to the <u>CMS.gov Help page.</u>	
Continue to Open Payments Home	Page

#### 3.5h: Self-Nomination: Requesting a Role: Teaching Hospital - Returning System Users

If you would like to self-nominate for a teaching hospital role as an authorized official or authorized representative, and already have a profile in the Open Payments system, follow the steps below.

<u>Step 1:</u> Log in to the CMS Enterprise Portal at <u>https://openpayments.system.cms.gov</u> using your IDM credentials.

Select the "Switch User Type" link under your name at the top of the screen.

Then, select the Teaching Hospital link from the dropdown.

Select **Create Profile** from the new page.



#### Figure 159: Open Payments Landing Page for Returning User

**<u>Step 2</u>**: The on-screen text contains important information regarding creating the physician or NPP individual profiles. Read the on-screen text and **Start Profile** at the bottom of the page when you are ready to continue.

#### Figure 160: Create My Profile Page

#### **Creating a Profile**

To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:

- · Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

#### **Required Information**

Fields for required information are marked with an asterisk \*.

It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.

A list of required information is available in the "Required Information for Registration" quick reference guide (PDF)". This QRG is also available on the Resources page of the Open Payments website.

## **Registering as a Covered Recipient**

#### Registering as a Physician or a Teaching Hospital

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

#### Registering as a Non-Physician Practitioner

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

Start profile

When you are ready to begin registration, select "Start Profile."

Back

Step 3: Select the user type "Teaching Hospital", and then select Continue.

Figure 161: Select Profile Type

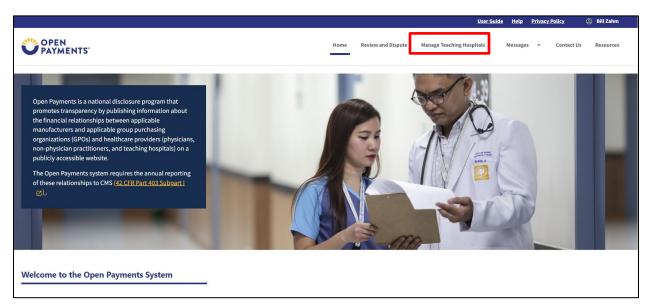
Select a Profile Type
A field with an asterisk (*) is required.
If you received a nomination ID and/or registration ID in an email notifying you of your nomination for a user role, begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.
If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.
• Note: x If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.
- If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk <u>openpayments@cms.hhs.gov</u> for guidance.
Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID"     I have a Nomination ID and/or a Registration ID     Teaching hospital     Cancel     Continue

**<u>Step 4</u>**: The rest of this workflow is the same as Step 4, 3.5e.

#### 3.5i: Approving or Modifying a Nomination: Authorized Official Returning Users Only

If you are an authorized official for a teaching hospital and would like to approve or modify a nomination, follow the steps below.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and Select Manage Teaching Hospitals.



#### Figure 162: Open Payments Landing Page for Returning User

**<u>Step 2</u>**: On the "Manage Teaching Hospitals" page, select the teaching hospital for which you want to confirm a nomination.

					<u>User Guide</u>	<u>Help</u>	Privacy Policy	Bill Zahm
OPEN PAYMENTS			Home	Review and Dispute	Manage Teaching Hospitals	Messages	<ul> <li>✓ Contac</li> </ul>	ct Us Resources
Manage Teaching Hospitals								
Below are the teaching hospitals with which you are affiliat	ad Tauisu dataila							
list below. You may register a new teaching hospital by sele				icning nospital from t	ne			
Doing Bueinges As (DBA) Name	\$	TIN \$	Addr	ess			\$\$ Status	\$
		21-0634462	1000	S 10th St Camden, NJ (	08103		Registere	d
								able a the solution
						R	egister New Tea	ching Hospital
Return to top							egister New Tea	

Figure 163: Manage Teaching Hospitals Page

Step 3: Select the Manage Roles link on the left side of the screen..



#### Figure 164: Teaching Hospital Information Page

<u>Step 4:</u> To approve a nomination, select the **Approve** button next to a nominee's name. The nominee will receive an email notification informing them of the acceptance of their nomination.

Figure 165:	<b>Teaching Hospital</b>	<b>Manage Roles</b>	Tab
-------------	--------------------------	---------------------	-----

Manage Roles								
Select the "Nominate an Additi	onal Role" button to nominate a new individua	al to fill a role for your teaching hospital.						
select the "Modify" button to c	hange the role of an existing user with your te	eaching hospital.						
Select the "Deactivate User" bu	tton to remove an active user completely from	n your teaching hospital.						
Note:     An authorized official ma	ay modify or deactivate another authorized officia	al but cannot deactivate themselves for the tea	× ching hospital.					
Nominate an Additional Role								
Teaching Hospital User Role Types +								
Teaching Hospital User Role Ty	pes		+					
Teaching Hospital User Role Ty Name	pes Role ‡	Status ‡	+ Actions					
		Status \$	+ Actions Modify					
Name \$	Role ‡							
Name 🗘	Role \$	Approved	Modify					
Name ‡ Roger White Gunter Meier	Role            Authorized Official           Authorized Representative	Approved     Requested	Modify Approve Modify Cancel Request					
Name ‡ Roger White Gunter Meier Steve Jones	Role     \$       Authorized Official     \$       Authorized Representative     \$       Authorized Representative     \$	Approved     Requested     Nomination Approved	Modify Approve Modify Cancel Request Modify					

#### Figure 166: Teaching Hospital Manage Roles Tab Confirmation

V rou have successi	ully approved Gunter Meier's r	ole.				
Manage Role	es					
Select the "Nominate an	Additional Role" button to	nominate a new individual t	o fill a role for y	our teaching hospital.		
Select the "Modify" butto	on to change the role of an	n existing user with your teach	hing hospital.			
Select the "Deactivate Us	ser" button to remove an a	ctive user completely from yo	our teaching hos	spital.		
Note:     An authorized offi	icial may modify or deactivat	te another authorized official b	ut cannot deactiv	vate themselves for the teaching hospit.	al.	
Nominate an Additional	Role					
Teaching Heavited Heavi						
Teaching Hospital User F	Role Types					
Name	Role Types  Role Role		¢ s	Status	ţ	Actions
-		Official		Status D Approved	ţ	Actions Modify
Name	Role           Authorized C	Official Representative			ţ	
Name Roger White	Role       Authorized C       Authorized F		•	Approved	<b>‡</b>	Modify
Name Roger White Gunter Meier	Role           Authorized C           Authorized F           Authorized F	Representative		Approved	\$	Modify Modify Deactivate User
Name Roger White Gunter Meier Steve Jones	Role       Authorized C       Authorized F       Authorized F       Authorized F	Representative		Approved Approved Nomination Approved	+	Modify Modify Deactivate User Modify

<u>Step 4a:</u> To modify a nomination, select the **Modify** button next to a nominee's name. This will allow you to change the individual's information and/or role. When modifications are complete, select **Save Role**.

In this scenario, the user is holding the authorized representative role. The authorized official wants to change his role to an authorized official.

## Figure 167: Teaching Hospital Manage Roles Tab Modify Roles

Manage Roles								
Select the "Nominate an Additional Role" button to nominate a new individual to fill a role for your teaching hospital.								
Select the "Modify" button to change the role of an existing user with your teaching hospital.								
Select the "Deactivate User" button to remove an active user completely from your teaching hospital.								
Note:     An authorized official may modify or deactivate another authorized official but cannot deactivate themselves for the teaching hospital.								
Nominate an Additional Role								
Teaching Hospital User Role Types						+		
Name \$	Role	\$	Status \$	Actions				
Name 🗘 Roger White	Role Authorized Official	\$	Status ‡ Approved	Actions Modify				
· · · · ·		t			Deactivate User			
Roger White	Authorized Official	¢	Approved	Modify	Deactivate User			
Roger White Gunter Meier	Authorized Official Authorized Representative	\$	Approved     Approved	Modify Modify	Deactivate User			
Roger White Gunter Meier Steve Jones	Authorized Official Authorized Representative Authorized Representative	t 	Approved     Approved     Nomination Approved	Modify Modify Modify	Deactivate User			
Roger White Gunter Meier Steve Jones Andy Smith	Authorized Official Authorized Representative Authorized Representative Authorized Representative	\$ 	Approved     Approved     Nomination Approved     Nomination Approved	Modify Modify Modify Modify	Deactivate User			

Note that you cannot remove all user roles from a nominee.

## Figure 168: Modify Role Page

Tea		Gunter Meier	×	
	Indicate the role this	person will have: *		
	responsible for appr	May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also oving/denying nominations made by others as well as deactivating users <b>intative:</b> May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital.		×
	Cancel	. Save Role		
		Teaching Hospital User Role Types		+

<u>Step 5:</u> You will now see an updated list of nominations and roles on the Manage Roles page.

Vou have successfully modified Gunter Meier's role information.							
- Manage Roles							
Select the "Nominate an Additional I	Role" button to nominate a new individual to fill a role fo	r your teaching hospital.					
Select the "Modify" button to change	e the role of an existing user with your teaching hospital.						
Select the "Deactivate User" button t	o remove an active user completely from your teaching h	hospital.					
Note:     An authorized official may mo	dify or deactivate another authorized official but cannot dea	ctivate themselves for the teaching hospital.	×				
Nominate an Additional Role							
Teaching Hospital User Role Types			+				
Name 🗘	Role \$	Status 🗘	Actions				
Roger White	Authorized Official	Approved	Modify				
Gunter Meier	Authorized Official	Approved	Modify Deactivate User				
Steve Jones	Authorized Representative	Nomination Approved	Modify				
Andy Smith	Authorized Representative	Nomination Approved	Modify				
Elizabeth Jenkins	Authorized Representative	Nomination Approved	Modify				
Sam Arnold	Authorized Official	Nomination Approved	Modify				

#### **3.5j: Deactivating a User**

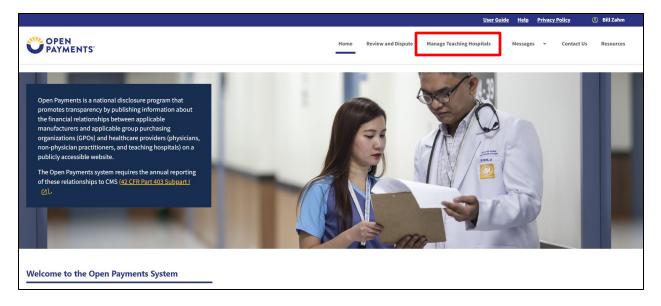
A user holding the role of a teaching hospital authorized official can deactivate other individuals' user roles with that teaching hospital, including other authorized officials. Deactivation removes an individual's association with a teaching hospital in the Open Payments system, including removing the individual's access to that teaching hospital's information and records. It does not remove the individual from the Open Payments system.

You cannot deactivate yourself. If you wish to be deactivated, contact the Open Payments Help Desk.

Only active users can be deactivated; individuals who have not yet accepted or rejected a user role nomination cannot be deactivated, nor can individuals who have self-nominated for a user role, but their nomination has not yet been approved or denied.

To deactivate an individual's user role, follow these steps.

**Step 1:** Log in to the CMS Enterprise Portal at https://openpayments.system.cms.gov using your IDM credentials, navigate to the Manage Teaching Hospitals link from the menu bar on the at the top of the page.



#### Figure 170: Open Payments Landing Page for Returning User

**Step 2:** You will see a list of all teaching hospitals you are associated with. Select the hyperlink for the teaching hospital for which you will be deactivating a user.

#### Figure 171: Manage Teaching Hospitals Page

OPEN PAYMENTS		Home	Review and Dispute	Manage Teaching Hospitals	Messages	v	Contact Us	Resources
Manage Teaching Hospitals	_							
Below are the teaching hospitals with which you are affil list below. You may register a new teaching hospital by s			ching hospital from t	he				
Doing Business As (DBA) Name	\$ TIN \$	Addre	255		1	; Sta	tus	\$
	21-0634462	1000 5	S 10th St Camden, NJ 0	8103		Dea	to the second second	
			o roth of canach, no c	5105		Reg	gistered	
			<u></u>		Reg		gistered ew Teaching H	ospital

<u>Step 3:</u> Select the Manage Roles link on the left side of the page.

Figure 172: Teaching Hospital Information Page

Teaching Hospital Details	Below are the de	etails for the te	tal Details aching hospital you so ber (TIN): 21-063446	elected, listed by program year.		
	Program Year	TIN	DBA Name	Legal Name	Cost Report Address	NPPES Address
	2023	21-0634462			One Cooper Plaza Camden Nj 08103	1000 S 10th St Camden Nj 0810
	2022	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2021	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2020	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2019	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2018	21-0634462	_		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2017	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2016	21-0634462			One Cooper Plaza Camden NJ 8103	1 Cooper Plz Camden NJ 8103

**<u>Step 4</u>**: Select the **Deactivate User** button associated with name of the individual's name.

#### Figure 173: Teaching Hospital Manage Roles Tab Deactivate User

Manage Roles							
	ole" button to nominate a new individual to fill a role fo	r your teaching hospital.					
Select the "Modify" button to change	the role of an existing user with your teaching hospital.						
Select the "Deactivate User" button to	premove an active user completely from your teaching l	hospital.					
Note:     An authorized official may modify or deactivate another authorized official but cannot deactivate themselves for the teaching hospital.							
Nominate an Additional Role							
Teaching Hospital User Role Types				+			
Name \$	Role \$	Status	\$	Actions			
Roger White	Authorized Official	Approved		Modify			
Gunter Meier	Authorized Official	Approved		Modify Deactivate User			
Steve Jones	Authorized Representative	Nomination Approved		Modify			
Andy Smith	Authorized Representative	Nomination Approved		Modify			
Elizabeth Jenkins	Authorized Representative	Nomination Approved		Modify			
Sam Arnold	Authorized Official	Nomination Approved		Modify			

<u>Step 5:</u> The Open Payments system will ask you to confirm the deactivation. Select the **Continue** button to confirm deactivation or the **Cancel** button to return to the Manage Roles page with no action taken. If you confirm deactivation, the Open Payments system will send emails to you and the individual being deactivated that confirms the individual's user role deactivation.

#### Figure 174: Teaching Hospital Manage Roles Tab- Confirmation Page

Deactivate User	×
Reminder: All teaching hospitals must have at least one active authorized official in the Open Payment System.	
Selecting this option will deactivate Gunter Meier from your teaching hospital. They will no longer be able to perform actions on behalf of your teaching hospital.	
Select "Continue" to deactivate this user, or select "Cancel" to return to the previous page.	
Cancel	Continue

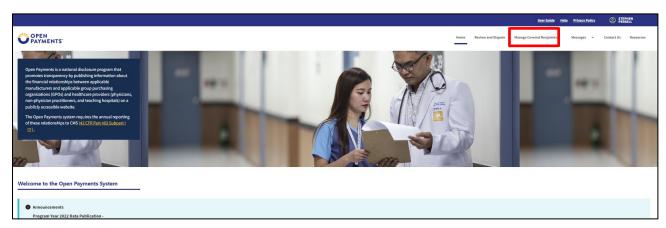
## Section 3.6: Updating Profile Information in the Open Payments System

Physician, NPP, and teaching hospital profiles can be kept current by updating them as information changes. The steps for profile updates are given below.

#### 3.6a: Updating a Covered Recipient Profile as an Authorized Representative

As an authorized representative who holds the level of access of "Modify Profile" to edit their covered recipient's profile, follow these steps.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials, and select the **Manage Covered Recipients** tab.



#### Figure 175: Open Payments Landing Page

<u>Step 2:</u> Find the covered recipient for which you wish to make updates on the "Manage Covered Recipients" page and select **Manage Covered Recipient**.

#### Figure 176: Manage Covered Recipients Page

					User Guide	Help Privacy Polis	sa 🕲 🂱	EPHEN RSELL
			Home	Review and Dispute	Manage Covered Recipients	Messages	✓ Contact Us	Resources
Manage Covered Recipients								
	sentative is shown below. Depending on the access level the covered rec ported payments, other transfers of value, or ownership and investment	ipient gives you, your ability to take actions on their behalf might be limited. You can a interests.	lways view ti	he covered recipient's	s profile of see the records	reported for them	n. If allowed, you	i might also
>> Go to Switch User Type								
Name: \$	Date Confirmed:	t Actions:						
Roger White	2024-04-30	Manage Covered Recipient						
Diffusion for two						Regi	ister as a Covered	Recipient

**<u>Step 3</u>**: First, you can edit the covered recipient's basic information. To do so:

#### Select Update Basic Information.

Update the information needed.

Select Save.

Next, you can update the covered recipient's details by selecting that link on the left side of the screen.

OPEN PAYMENTS				Home Revie	ew and Dispute Manage Covered Recipients	Messages 🗸	Contact Us	Resources
Manage Covered Recipients								
Covered Recipient Information Basic Information	Basic Information Your Covered Recipient's profile information is provided be	low. To modify their profile information, select the " <b>Update Ba</b>	sic Information" button.					
	First Name * Roger Your Business Contact Information	Middle Name	Last Name * White		Suffix (Jr., Sr., etc.)			
	Email Address * sbliss@index analytics.com Country *	Practice Name *	]					
	- Select	\$	]					
	Practice Business Address, Line 1 *	Practice Business Address, Line 2 Practice Business Address, Line 2	]					
	City Name * Hawthorne	State *		Extension XX	Business Telephone Number *			
					Update Ba	usic Information		

Figure 177: Covered Recipient Details

**<u>Step 4</u>**: To edit the covered recipient details:

Select Update Covered Recipient.

Update the information needed.

Select Save.

Figure 178: Update Covered Recipient

Manage Covered Recipients	
Covered Recipient Information Basic Information	Covered Recipient Details Vour cever environment dans are solved been. So mothy your information, sees the "Ubanc" button
Covered Recipient Details	
control accipient occasio	Covered Receiver Type *
	error mogeni ryse
	Physician Primary Type *
	Nedical Dector
	Nutional Provider Identification (PP)         Drug Enforcement Administration (DEA) Number:           (11%) is a 30-days cumber that is required if you (the cument and/op)         This is a 30-days cumber that is a solution (D
	15550700 XXXXXXX
	Taxonomy Codes
	Construction To Construct To Table State (Feb State) (
	Transmy Cole *
	Transmig Calls
	State Licensing Information To outry our locase information determines the block block. Select the "Add" butter to save the information to the profile. This will allow you to enter another locance if necessary. Enter each state and locance number separately writi all locases have been added. You must enter at two or other numbers numbers and add add 3d locases numbers.
	enier a reas une score nanoer, you may sou a usa or sa natore nanoers.
	License Rumber * License Rumber *
	Larma Racer         Llocas Manhaer           AJ         200
	Update Crimed Baciliant

Any updates made to the covered recipient profile may require that the covered recipient be revetted. Once the updated information has been re-vetted, both the covered recipient and authorized representative will be able to perform the necessary actions in the Open Payments system. See <u>Section 3.3c</u> for information on physician and NPP vetting.

## **3.6b: Updating Covered Recipient or Covered Recipient Authorized Representative Personal Profile**

As a user of the Open Payments system, you can update your personal profile information. You will be able to update your name, business email address, business telephone number, job title, and business address. Steps for updating your profile are explained below.

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and select the **My Open Payments Profile** by selecting your name in the upper-right corner of the page.

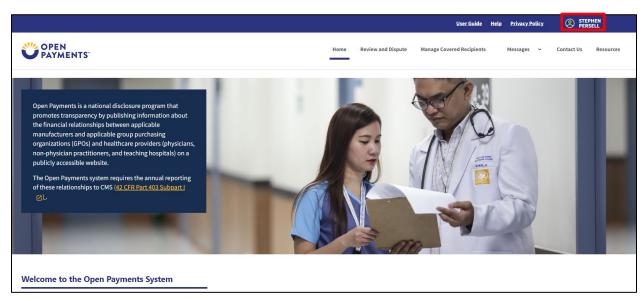


Figure 179: Open Payments Landing Page for Returning Physician and NPP Users

**<u>Step 2</u>**: Select the Profile Details link. You will be able to view your existing profile information.

#### Figure 180: My Profile Page

IDM Portal Profile	Overview	
Open Payments Profile	This page contains information about a	authorized roles.
verview	An explanation of the statuses below of	an also be found in the <u>Open Payments User Guide (PDF)</u> Ø.
Profile Details	Profile Name	
My Roles & Nominations	STEPHEN PERSELL	
	User Role Statuses for Reporting Entitie	25
	Nominated	The individual has been nominated for the user role with the reporting entity.
	Nominated     Nomination Approved	The individual has been nominated for the user role with the reporting entity. The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the nomination.
		The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the
	Nomination Approved	The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the nomination.
	Nomination Approved     Declined	The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the nomination. The individual declined the user role.

<u>Step 3:</u> Select **Update Profile** to begin making edits and/or updates. When changes are complete, select **Save**. In this scenario, this user added information in the "Business Address, Line 2" field.

Basic Information				
First Name * Stephen Your Business Contac	Middle Name	Last Name * Persell		Suffix (Jr., Sr., etc.)
Email Address *	Job title *			
sdpersell@xyz.com	Boss			
Country *				
United States	\$			
Business Address, Line 1 *	Business Address, Line 2	]		
123 chicken st	Business Address, Line 2			
City *	State *	Zip Code *	Zip Extension	Business Telephone Number *
Haymarket	Texas 🗘	78244	XXXX	475-253-2035
				Update Profile

Figure	181:	My	Profile	Details	Page
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<u>Step 4:</u> Update fields as necessary. When changes are complete, select **Save Updates**.

The updated information will now appear on the "My Profile Details" page.

Figure	182:	Μv	Profile	Details	Tab
i igui c	TOT.		1 I O III C	Detunis	IUN

Confirmation: You have successfully updated your pro	file.				×
Basic Information					
First Name * Stephen Your Business Contact Inf	Middle Name	Last Name * Persell		Suffix (Jr., Sr., etc.)	
Email Address * sdpersell@xyz.com	Job title * Boss				
Country * United States	\$				
Business Address, Line 1 * 123 chicken st	Business Address, Line 2 Suite 206				
<b>City *</b> Haymarket	State * Texas \$	<b>Zip Code *</b> 78244	Zip Extension	Business Telephone Number * 475-253-2035	
				Update Profile	

# **Review and Dispute**

# Chapter 4: Review and Dispute for Physicians, NPPs, Teaching Hospitals, and Principal Investigators

This chapter provides information on the review, dispute, and correction process for physicians, NPPs, teaching hospitals (known as "covered recipients"), and principal investigators in the Open Payments system.

This chapter is divided into the following sections:

- **Review and Dispute Process Overview:** provides a general overview on the covered recipient review and dispute process within the Open Payments system.
- **Reviewing Records:** how covered recipients, and principal investigators can review data submitted about them.
- Affirming Records: how covered recipients, and principal investigators can affirm data submitted about them is correct.
- **Disputing Records:** how covered recipients, and principal investigators can initiate disputes against data submitted about them.
- Withdrawing Disputes: how covered recipients, and principal investigators can withdraw their initiated disputes.

This chapter covers the review and dispute functions for covered recipients, and principal investigators.

## Section 4.1: Review and Dispute Process Overview

Covered recipients and principal investigators may review reported data within the Open Payments system that was submitted about them during the most recent calendar year's data submission period. For a covered recipient to review their data within the Open Payments System, they must complete the Open Payments registration (see Chapter 3 for registration details).

This includes records submitted for the previous program year and any records submitted late from prior program years. Covered recipient registration and review of the data is voluntary, but strongly encouraged as this ensures the accuracy of the Open Payments data.

As a covered recipient or principal investigator, you may perform one of the two actions below.

- Affirm record is accurate: If you agree a record is accurate, you can **affirm** the record. Affirmation is not a required action. Records that have not been affirmed will still be included in the next data publication.
- Dispute a record: If you believe a record is inaccurate or incomplete in any way, you can **initiate a dispute** against the record. Records that are disputed, but not resolved, will still be included in the next data publication.

You may dispute any part of a record in which you are identified as the covered recipient.

Physicians and NPPs identified in a record as a Principal Investigator (PI) rather than covered recipient may only dispute their association with the record and their personal identifying information given in that record. They should not dispute any other information in the record, such as payment amount, nature of payment, etc.

Covered recipients should work directly with the reporting entity to resolve a dispute. **CMS does not** mediate or facilitate disputes between physicians, NPPs, teaching hospitals, principal investigators, and reporting entities.

The outcome of the resolution will be recorded in the Open Payments system. Dispute resolutions can lead to changes to the submitted data, or the dispute may be resolved without changes to the data. In addition, a dispute may be withdrawn by the individual who initiated it.

Email notifications are sent to alert applicable manufacturers, applicable GPOs, physicians, NPPs, teaching hospitals, and principal investigators of review and dispute activities in the Open Payments system.

Records that are flagged for a delay in publication by the reporting entity are eligible for review and dispute by physicians, NPPs, teaching hospitals, and principal investigators.

Refer to the "Methodology and Data Dictionary Document" available on the Resources page of the Open Payments website, at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a> for details on how dispute and resolution changes and timing affect data publication. In the publication, the data will be associated with the program year of the data, not the year of its publication.

#### 4.1a: Review, Dispute, and Correction Period

Each program year has a scheduled pre-publication review, dispute, and correction period. The period is 60 days long and divided into two activities.

April 1<sup>st</sup> through May 15<sup>th</sup> is the 45-day covered recipients' pre-publication review and dispute period. During this time, you may review, affirm or if necessary, dispute data, and work with the reporting entity to resolve the disputed record(s) submitted during the submission period.

Immediately following the 45-day period is a 15-day correction period, May 16<sup>th</sup> through May 30<sup>th</sup>, for reporting entities to continue to make corrections to records and resolve any active disputes.

Although there is a distinct pre-publication review, dispute, and correction period, these activities can be performed within the Open Payments system through December 31.

Disputes initiated within the pre-publication 45-day review, dispute, and correction period, and resolved by the end of the additional 15-day correction period, will be published and identified as non-disputed in the initial public posting of data.

If the dispute is not resolved by the end of the correction period, the record will be published and identified as being under dispute. Disputes initiated or resolved after the full 60-day review, dispute, and correction period will not be reflected in the initial publication of data. Those disputes and any related data changes will be published in the next publication of data, which may be a refresh publication of the program year data or the publication of the next program year's data.

If a dispute is not resolved before the end of the calendar year, all parties should continue to seek a resolution until the dispute is resolved. In some cases, this dispute resolution may need to occur outside of the Open Payments system. **CMS does not mediate or facilitate disputes between physicians, NPPs, teaching hospitals, principal investigators, and reporting entities.** 

## 4.1b: Dispute Resolution: Changed Record

When a dispute resolution results in changes to a record, reporting entities must re-submit and re-attest the record with the revisions to the Open Payments system. You will be able to view the original record disputed under the "Deleted and In Progress Records" tab with status of "In Progress", and the user(s) that have disputes in "Initiated" or "Acknowledged" status will be notified via email that the record is being updated by the entity. Once the changes to a record have been attested, the record will be available under the "Available for Review and Dispute" tab again.

If a record is deleted in response to a dispute, any user(s) that have disputes in "Initiated" or "Acknowledged" status will be notified via email that the record has been deleted by the entity when the record is re-attested. The records that have been deleted will display under the "Deleted and In Progress Records" tab with a "Deleted" status. The newly identified physician, NPP, teaching hospital, or principal investigator will see the record during the next calendar year's review and dispute period under the "Available for Review and Dispute" tab.

Note: You should provide a current and direct email address in your Open Payments profile as the Open Payments system will send an email notification to the individual(s) who initiated the dispute(s) if a reporting entity edits or deletes a disputed record. If the dispute initiator is a covered recipient's authorized representative, email notifications will be sent to both the authorized representative and the physician and/or NPP.

#### 4.1c: Review and Dispute Statuses

Records that have been disputed will have one of the following review and dispute statuses:

• **Initiated**: Indicates that a covered recipient initiated a dispute against a record submitted by an applicable manufacturer or applicable GPO.

- Acknowledged: Indicates that an applicable manufacturer or applicable GPO has received and acknowledged an initiated dispute.
- **Resolved No Change**: Indicates that the applicable manufacturer or applicable GPO and the physician, NPP, teaching hospital, or principal investigator resolved the dispute in accordance with the guidance in the Final Rule, and no changes were made to the disputed record.
- **Resolved:** Indicates that disputed data was updated and then re-submitted and re-attested to by the applicable manufacturer or applicable GPO.
- Withdrawn: Indicates that the dispute on a record is no longer needed by a covered recipient and that it has been withdrawn.

Records submitted during the submission period may be unavailable for review and dispute for one of the following reasons:

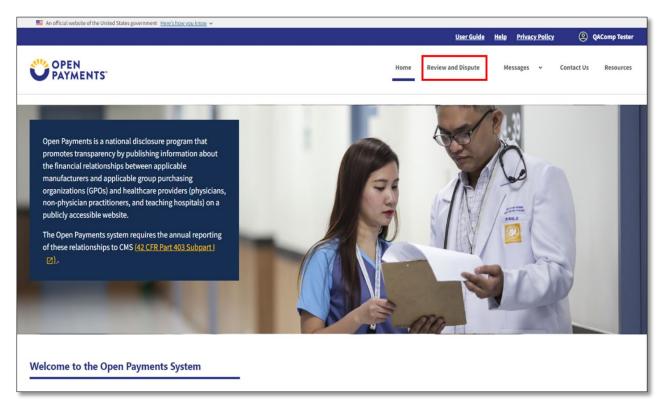
- The record was deleted. A deleted record can only be viewed under the "Deleted and In Progress Records" tab and cannot be disputed. For deleted records, only the record information will display. Disputes associated with the record will not be available once the record has been deleted.
- A record undergoing editing by its reporting entity can only be viewed under the "Deleted and In Progress Records" tab and cannot be disputed. Records undergoing editing will display all the dispute statuses and dispute details (where available).

## Section 4.2: Reviewing Records

Physicians, NPPs, teaching hospitals, and principal investigators that have registered with the Open Payments system may review all payments, other transfers of value, and physician ownership or investment interests submitted about them by an applicable manufacturer or applicable GPO.

A step-by-step walkthrough for reviewing records follows.

<u>Step 1:</u> Log in to the Open Payments system at <u>https://openpayments.system.cms.gov</u> using your IDM credentials and select the **Review and Dispute** tab on the menu bar.



#### Figure 183: Open Payments Home Page: Review and Dispute Tab

<u>Step 2:</u> On the "Review and Dispute Overview" page, please review the instructions in the expanded "Important Information" section.

#### Figure 184: Review and Dispute Overview Page: Important Information

		<u>User Guide</u>	<u>Help</u> Priva	acy Policy (	QAComp T
OPEN PAYMENTS	Home	Review and Dispute	Messages	✓ Contact	Us Resou
Review & Dispute					
Review & Dispute Overview					
Important Information					
A field with an asterisk (*) is required.					
Covered Recipient Records					
To see a summary of a covered recipient's records, select the covere summary of the number of payment records and their total amount			ummary" butt	on. This will disp	lay a
If the covered recipient is listed as a principal investigator on a resea with the payment. A covered recipient identified as a principal inves identifying information. The date, amount, and other elements of th	tigator in a record can only dispute his or her associa	ation to the research re	ported in that		
To review a covered recipient's payment records, select the covered payments or other transfers of value reported for the selected cover			button. This w	vill display the de	tails of the
Disputing Records					
Only records submitted and attested by the submission deadline for	a calendar year will be eligible for review and disput	te that year.			
Covered recipients may initiate a dispute for a record from the start	of the review and dispute period for that calendar ye	ear until the end of the	calendar year.		
Disputes initiated during the year's 45-day review and dispute windo					that year's
June publication. Any disputes initiated for the first time after the 45	-day review and dispute period will be published as	not anopated in that je	an a constant		

**Step 3**: In the "Select A Covered Recipient" drop down menu, select the covered recipient whose records are to be reviewed. Select the **Show Summary** button to bring up the Summary of Payment Records for the covered recipient chosen.

If the name of the Covered Recipient is not populating in the "Select A Covered Recipient" drop down menu, he or she is in a "Failed Vetting" status and will need to correct identifying information inputted in their Open Payments profile to successfully vet.

The Summary of Payment Records displays the total number of records available for review and dispute and the total dollar amount for those records. The totals are grouped by program year and payment category.

For physicians and NPPs, the research payment category totals are split to differentiate between the records in which the physician and/or the NPP is identified as the covered recipient and the records in which the physician and/or the NPP is identified a principal investigator.

Note that teaching hospital and NPP summaries do not include an Ownership/Investment section, as that payment category is not applicable to them.

# Figure 185: Review and Dispute Overview Page: Review Summary Button

							<u>User (</u>	<u>iuide Help Privacy Po</u>		QAComp
OPEN PAYMEN	TS.					Home	Review and Disp	ute Messages 🗸	Contact Us	Res
eview & I	Dispute									
eview 8	Dispute	Overvie	w							
nportant Inform	nation									ł
field with an a	sterisk ( * ) is require	d.								
overed Recipi	ent Records									
				ecipient's name from th vailable for review and				ow Summary" button. 1	his will display	а
ith the paymer	nt. A covered recipier	nt identified as a	principal investiga		ly dispute his or h	er associa	tion to the resear	ent of the payment but ch reported in that pays stigator role.		
				cipient's name from the recipient that are availa				ords" button. This will d	splay the detail	s of the
isputing Reco	rds									
only records sub	omitted and attested	by the submission	on deadline for a c	alendar year will be eli	igible for review a	and disput	e that year.			
overed recipier	nts may initiate a dis	pute for a record	from the start of t	he review and dispute	period for that ca	alendar ye	ar until the end o	f the calendar year.		
								vill be identified as unde		t year's
				ay review and dispute p step-by-step instruction				hat year's June publicati	on.	
or more more	action about the revit									
ct a Covered Re octor Patient	cipient *		\$ Show	Summary	rds					
ct a Covered Re octor Patient Summary	of Payment R		\$ Show				Paymentz			
ct a Covered Re octor Patient	of Payment R				rds Ownership or In Program Year		: Payments ber of Records	Amount Investment	Value of Int	terest
ct a Covered Re octor Patient Summary General Payme	of Payment R	Records	Tota	Summary	Ownership or la			Amount Investment \$0.00	Value of Int \$0.00	terest
ct a Covered Re octor Patient Summary General Paymo Program Yea	of Payment R ents ar Numb	Records	Tota	Summary	Ownership or In Program Year	r Numl				terest
ct a Covered Re octor Patient Summary General Paymo Program Yes 2023	of Payment R ents ar Numb 2	Records	<b>Tota</b> \$1,10	Summary	Ownership or In Program Year 2023	r Numl		\$0.00	\$0.00	terest
ct a Covered Re octor Patient Summary General Payme Program Yes 2023 2022	r of Payment R ents ar Numb 2 0	Records	<b>Tota</b> \$1,10 \$0.00	Summary	Ownership or In Program Year 2023 2022	r Numb O O		\$0.00 \$0.00	\$0.00 \$0.00	terest
ct a Covered Re octor Patient Summary General Payme Program Yes 2023 2022 2021	ar Numb 2 0 0 0	Records	<b>Tota</b> \$1,10 \$0.00 \$0.00	Summary	Ownership or In Program Year 2023 2022 2021	r Numb 0 0 0		\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	terest
ct a Covered Re octor Patient Summary General Paymo 2023 2022 2021 2020	t of Payment R ents 2 0 0 0 0	Records	Tota \$1,14 \$0.00 \$0.00 \$0.00	Summary	Ownership or In Program Year 2023 2022 2021 2020	r Numb 0 0 0		\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	terest
ct a Covered Re octor Patient Summary General Payme 2023 2022 2021 2020 2019	t of Payment R ents 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Records	Tota \$1,10 \$0.00 \$0.00 \$0.00	Summary	Ownership or In Program Year 2023 2022 2021 2020 2019	r Numb 0 0 0 0 0		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	terest
ct a Covered Re octor Patient Summary General Payme Program Yes 2023 2022 2021 2022 2021 2020 2019 2018	scipient * t Cof Payment R ents  r Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	Records	Tota \$1,14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Summary	Ownership or In Program Year 2023 2022 2021 2020 2019 2018	r Numb 0 0 0 0 0 0		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	terest
ct a Covered Re octor Patient Summary General Payme 2023 2022 2021 2020 2019 2019 2018 2017 Research Paym	copient * t t t t t t t t t t t t t t t t t t	Recipient	Tota \$1,11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Summary	Ownership or In Program Year 2023 2022 2021 2020 2019 2018	r Numb 0 0 0 0 0 0		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	erest
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<u>Step 4:</u> Select the **Show Records** button to navigate to the "Review and Dispute" page for the covered recipient.

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## Figure 186: Review and Dispute Overview Page: Review Records Button

**<u>Step 5</u>**: The "Review and Dispute" page displays all available records for review. Users can use the available filtering tool on the page to narrow search results as desired.

									User	<u>Guide Help</u>	Privacy Poli	ka 🙁	QACom
OPEN PAYMENTS							,	lome	Review and Dis	oute Me	ssages 👻	Contact Us	s Res
eview & Dispute													
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## Figure 187: Review and Dispute Page: Covered Recipient Records

**<u>Step 5a</u>**: There are two buttons that may contain information related to the disputes attributed to the covered recipient:

• Available for Review and Dispute: This button displays all records in a data table that are currently available for review and dispute. All records in this table are in "Attested" status.

Figure 188: Review and Dispute Page: Available for Review and Dispute Button

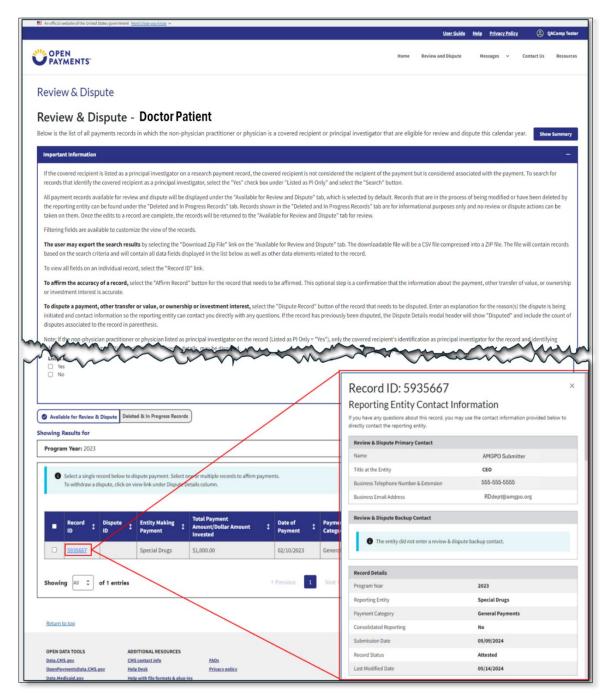
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• **Deleted and In Progress Records**: This button displays all records that were available for review and dispute in the current calendar year but were deleted or are in the process of being edited by the reporting entity and are not available for review. Review and dispute actions will not be allowed for these records as they can only be viewed.

#### Figure 189: Review and Dispute Page: Deleted and in Progress Records Button

Important Information  If the covered recipient is listed as a principal investigator on a research payment record, the covered recipient is not considered the recipient of the payment but is considered associated with the payment. To search for records that identify the covered recipient as a principal investigator, select the "Yes" check box under "Listed as PI Only" and select the "Search" button.  All payment records available for review and dispute will be displayed under the "Available for Review and Dispute" tab. Which is selected by default. Records that are in the process of being modified or have been deleted by the records available to customize the view of the records: shown in the "Overleted and In Progress Records" tab. Records shown in the "Overleted and In Progress Records" tab. Records shown in the "Deleted and Dispute" tab for review.  Filtering fields are available to customize the view of the records.  The user may export the search results by selecting the "Download Zip File" link on the "Available for Review and Dispute" tab. The downloadable file will be a CSV file compressed into a ZIP file. The file will contain record based on the search criteria and will contain all data fields displayed in the list below as well as other data elements related to the record.  To view all fields on an individual record, select the "Affirm Record" button for the record that needs to be affirmed. This optional step is a confirmation that the information about the payment, other transfer of value, or ownership or investment interest, select the "Dispute Record" button of the record that needs to be disputed, the Dispute Details modulated to the record and include the count disputes associated to the record in garenthesis.  Note (If the neord physician practitioner or physician listed as principal investigator on the record (Listed as PI Only = "Yes"), only the covered recipient's identification as principal investigator for the record and identifying "Pile" believe & Dispute Record" but the covered recipi									Us	er Guide Hel	e P	ivacy Policy	QAComp
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**Step 6:** Records on the "Review and Dispute" page are displayed in a table format. To see all a record's information, select the hyperlinked number under the "Record ID" column. This will open the "Record ID" page for that record, which contains the record's details, general information, and reporting entity Review and Dispute contact information. The Record Details page also displays any "Active Disputes," if available.



#### Figure 190: Review and Dispute Page: Record ID Pages

**<u>Step 7</u>**: Select the "View" link in the "Dispute Details" column to view all initiated dispute(s) associated with the record. Each dispute is displayed in the Dispute Details window and listed in descending order of Dispute ID. The record header also displays the total number of disputes for the record.

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Showing All 🗘 of 1 e	ntries			< Previous	1	Next >								

## Figure 191: Review and Dispute Page: Dispute Details View Hyperlink

Record ID: 5935667	Disputed(1)
Entity Making Payment: Special Drugs Payment Category: General Payments	Dollar Amount Invested: Value of Interest:
Program Year: 2023 Affirmed: Yes	Principal Investigators Associated: <b>Yes</b> Listed as PI Only: <b>Yes</b>
Total Payment Amount: <b>\$1,000.00</b> Date of Payment: <b>02/10/2023</b>	Delay in Publication of Research Payment Indicator: Yes
Dispute ID: 230 (Initiated) Dispute Details and Contact Information	
justification verbiage	
Initiated on 05/15/2024 by Yamini Virkud	Withdraw Dispute
	Close

Figure 192: Review and Dispute Page: Dispute Details View Window

# Section 4.3: Affirming Records

Records that have been reviewed and determined to be accurate can be affirmed by the physician, NPP, teaching hospital, or principal investigator in the Open Payments system. Affirmation is not a required action. Records that have not been affirmed will still be included in the data publication. You may initiate disputes on records that have been previously affirmed if you determine that the record contains an error.

To affirm a record, follow the steps below.

<u>Step 1:</u> On the "Review and Dispute" page, use the filtering tools to help find the records to be affirmed, by selecting the **No** checkbox for the "Affirmed?" filter, and then select the **Search** button. All records available for affirmation will be under the **Available for Review and Dispute** tab.

# Figure 193: Review and Dispute Page: Search Filter for Affirmed Records

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Important Information			- 6
	nvestigator on a research payment record, the covered recipient principal investigator, select the "Yes" check box under "Listed a	is not considered the recipient of the payment but is considered associated with the payment. To s as PI Only" and select the "Search" button.	earch for
the reporting entity can be found under the "D		pute" tab, which is selected by default. Records that are in the process of being modified or have bee ted and In Progress Records" tab are for informational purposes only and no review or dispute activ w and Dispute" tab for review.	
Filtering fields are available to customize the v	iew of the records.		
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For more information about the review and di	pute process, including step-by-step instructions, refer to the Og	pen Payments User Guide (PDF).	
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<u>Step 2</u>: Select the checkbox next to the record you want to affirm, and then select the Affirm Record(s) button to open the "Affirm Records" window.

Figure 194	: Review and	Dispute	Page:	Affirm	Record(s)	<b>Button</b>
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Record       Dispute       Entity Making       Total Payment       Date of Invested       Payment       Listed as       Program       Record       Affirmed       Dispute         2       5935567       230       Special Drugs       \$1,000.00       02/10/2023       General Payments       N/A       2023       Attested       No       View	Note: If the non-physician practiti	ioner or physician listed	idetails may be discurd.	he record (Listed as PI C	inly = "Yes"), only the co	vered recipient's ide	ntification as princ	ipal investigator	for the record a	
Record       Dispute       Entity Making       Total Payment       Date of       Payment       Payment       Listed as       Program       Record       Affirmed       Dispute         2       5935667       230       Special Drugs       \$1,000.00       02/10/2023       General Payments       N/A       2023       Attested       No       View	Note: If the non-physician practile Available for Review & Dispute owing Results for Program Year: 2023	ioner or physician listed	idetails may be discurd.	ne record (Listed as PI (	hnly = "Yes"), only the co	wered recipient's ide	ntification as princ	ipal investigator	for the record a	
Record       Dispute       Entity Making       Total Payment       Date of       Payment       Payment       Listed as       Program       Record       Affirmed       Dispute         2       5935667       230       Special Drugs       \$1,000.00       02/10/2023       General Payments       N/A       2023       Attested       No       View	Note: If the non-physician practile Available for Review & Dispute owing Results for Program Year: 2023	ioner or physician listed	idetails may be discurd.	ne record (Listed as PI (	Inly = "Yes"), only the co	wered recipient's ide	ntification as princ	ipal investigator	for the record a	
Record       Dispute       Program       Program       Program       Record       1       Dispute       Dispute       Affirmed       Dispute       Dispute       Program       1       Record       1       Affirmed       Dispute       Dispute       Dispute       1       Record       1       Affirmed       1       Dispute       Dispute       1       Record       1       <	Available for Review & Dispute owing Results for Program Year: 2023 Affirmed: No	Deleted & In Progress Recc	ndezile powho discol d		inly = "Yes"), only the co	wered recipient's ide	ntification as princ	ipal investigator	for the record a	
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Record       Dispute       Dispute       Payment       Payment       Payment       Payment       Listed as       Program       Record       1       Affirmed       Dispute       Dispute         ID       ID       1       Payment       1       Invested       Payment       1       Payment       1       Listed as       1       Program       1       Affirmed       1       Dispute       Dispute       1       Affirmed       1       Dispute       Dispute       1       Affirmed       1       Dispute       1       Dispute       1       Affirmed       1       Dispute       1       Affirmed       1       Dispute       1       Dispute       1       Affirmed       1       Dispute       1       Affirmed       1       Dispute       1       Affirmed       1       Dispute       1       Dispute       1       Dispute       1       Dispute       1       Affirmed       1       Dispute       1<	Note: If the non-physician practiti Available for Review & Dispute owing Results for Program Year: 2023 Affirmed: No	Deleted & In Progress Recc	rds ct one or multiple records to aff		hely = "Yes"), only the co	vered recipient's ide	ntification as princ			Download Z
ID       ID       Payment       Amount/Dollar Amount       Payment       Category       PI Only       Year       Status       Amirmed       Details         ID       ID       ID       Payment       Invested       Payment       Category       PI Only       Year       Status       Amirmed       Details         ID       5935667       230       Special Drugs       \$1,000.00       02/10/2023       General Payments       N/A       2023       Attested       No       View	Available for Review & Dispute owing Results for Program Year: 2023 Affirmed: No	Deleted & In Progress Recc	rds ct one or multiple records to aff		Inly = "Yes"), only the co	wered recipient's ide	ntification as princ			Download Z
2         5935667         230         Special Drugs         \$1,000.00         02/10/2023         General Payments         N/A         2023         Attested         No         View	Note: If the pon-physician practite Available for Review & Dispute owing Results for Program Year: 2023 Affirmed: No Select a single record below To withdraw a dispute, clic	oner or physician listed	to be a set of the discord of the set of the	firm payments.						Download Z
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Showing All 🗘 of 1 entries K Previous 1 Next >	Note: If the non-physician practification procession in the procession of the procession	Deleted & In Progress Reco v to dispute payment. Sele k on view link under Disput	to be a set of the discord of the set of the	firm payments.	t Payment Category	t Listed as PI Only	t Program Year	Affi Record Status	im Record(s)	Despute Record      Dispute     Dispute     Dispute
Showing All C of 1 entries Previous 1 Next >	Note: If the non-physician practification practification is a straight of the non-physician practification is straight of the non-physician practification is a strai	Deleted & In Progress Reco v to dispute payment. Sele k on view link under Disput	to be a set of the discord of the set of the	firm payments.	t Payment Category	t Listed as PI Only	t Program Year	Affi Record Status	im Record(s)	Despute Record      Dispute     Dispute     Dispute
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**<u>Step 3</u>**: Review the information displayed on the "Affirm Records" window and select the **Affirm** button to affirm the record.

# Figure 195: Affirm Records Window: Affirm Button

any records by Principal n the table process, ref	Affirm Record" button to co that were already Affirmed Investigators) were selecte below and will not be affirmer to the <u>Open Payments Up</u> rming the following record	or have any active of d on the records pag ned. For more inform ser Guide [PDF] [2].	disputes (including di ge, then those record	sputes initiated s will not display
Record ID	Entity Making Payment	Date of Payment	Payment Amount	Record Status

<u>Step 4</u>: A confirmation message is displayed that the record has been successfully affirmed. Select the **OK** button to exit out the window and return to the "Review and Dispute page" to perform any additional actions on other records, if applicable.

Once a record has been affirmed, the "Affirm Record" button will be grayed out.

## Figure 196: Affirm Record Confirmation Message

А	Affirm F	Records				×
I	Vou You	have successfully affirmed Rec	ord ID 5935667			
an by in pr	ny records t / Principal I the table k rocess, refe	ffirm Record" button to co that were already Affirmed nvestigators) were selected below and will not be affirm r to the <u>Open Payments Us</u> ming the following record	or have any active or d on the records pag ned. For more inform ser Guide [PDF] 2.	lisputes (including di ge, then those record	sputes initiated s will not display	
R	Record ID	Entity Making Payment	Date of Payment	Payment Amount	Record Status	
5	5935667	Special Drugs	02/10/2023	\$1,000.00	Attested	

# **Section 4.4: Disputing Records**

Records can only be disputed individually. To initiate a dispute on a record, follow the steps below.

**Step 1:** On the "Review and Dispute" page, use the filtering tool to help find the records to be disputed, (i.e., search by Program Year, Entity Making Payment, Payment Category) then select the **Search** button. All records available for dispute will be under the **Available for Review and Dispute** tab.

#### Figure 197: Review and Dispute Page: Record Filtering Tool

6 An official website of the United States government <u>Here's how you know</u> ~	<u>User Guide</u> Help Privacy Policy QAComp Tr
OPEN PAYMENTS	Home Review and Dispute Messages - Contact Us Resou
Review & Dispute	
Review & Dispute - Doctor Patient	
	ioner or physician is a covered recipient or principal investigator that are eligible for review and dispute this calendar year. Show Summar
Important Information	-
	ment record, the covered recipient is not considered the recipient of the payment but is considered associated with the payment. To search for the "Yes" check box under "Listed as PI Only" and select the "Search" button.
	r the "Available for Review and Dispute" tab, which is selected by default. Records that are in the process of being modified or have been deleted by s's 'tab. Records shown in the "Deleted and in Progress Records" tab are for informational purposes only and no review or dispute actions can be eturned to the "Available for Review and Dispute" tab for review.
Filtering fields are available to customize the view of the records.	
based on the search criteria and will contain all data fields displayed in the l	e" link on the "Available for Review and Dispute" tab. The downloadable file will be a CSV file compressed into a ZIP file. The file will contain record: ist below as well as other data elements related to the record.
To view all fields on an individual record, select the "Record ID" link. To affirm the accuracy of a record, select the "Affirm Record" button for the	e record that needs to be affirmed. This optional step is a confirmation that the information about the payment, other transfer of value, or ownershi
or investment interest is accurate.	e receive date receive de comment rais optional aceptis a commination date de monimation about de payment, duiet datister of value, of ownershi
	ent interest, select the "Dispute Record" button of the record that needs to be disputed. Enter an explanation for the reason(s) the dispute is being ectly with any questions. If the record has previously been disputed, the Dispute Details modal header will show "Disputed" and include the count of the dispute dispute dispute of the dispute disput
	igator on the record (Listed as PI Only = "Yes"), only the covered recipient's identification as principal investigator for the record and identifying
select the "Show Summary" button.	e that needs to be withdrawn. The dispute must be in the status of "Initiated" or "Acknowledged" to be withdrawn. To return to the previous page,
select the "Show Summary" button. For more information about the review and dispute process, including step-	
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records Program Year	by-step instructions, refer to the <u>Open Payments User Guide [PDF]</u> . Entity Making Payment Dispute Status
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records Program Year 2023 C	by-step instructions, refer to the <u>Open Payments User Guide (PDF)</u> .  Entity Making Payment Dispute Status - Select \$ Selec
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records Program Year	by-step instructions, refer to the <u>Qoen Payments User Guide (PDF)</u> .  Entity Making Payment  Select  Dispute ID  Payment Category  Affirmed?  General Payments  Ves
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records Program Year 2023  C	by-step instructions, refer to the <u>Open Payments User Guide [PDF]</u> .  Entity Making Payment Select  Dispute ID Payment Category Affirmed?
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records  Program Year  2023  Record ID  Listed as P1 Only?  Yes	by-step instructions, refer to the <u>Open Payments User Guide [PDF]</u> .  Entity Making Payment  Select   Dispute Status  Select   Payment Category  Affirmed?  General Payments No No
select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records  Program Year  2023  Record ID  Listed as PIOnky?  Yes No	by-step instructions, refer to the <u>Quen Payments User Suide (PDF)</u> .  Entity Making Payment Select  Dispute ID  Payment Category  Affirmed?  Payments  Ves  Ownership or Investment Interest
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select the "Show Summary" button. For more information about the review and dispute process, including step- Covered Recipient Records  Program Year 2023  Record ID  Listed as P1 Only? Ves No	by-step instructions, refer to the <u>Open Payments User Guide [PDF].</u> Entity Making Payment  - Select  Dispute ID  Payment Category  Affirmed?  General Payments  Ownership or Investment Interest  Ctear All Search
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<u>Step 2:</u> Check the box next to the Record ID and select the **Dispute Record** button to dispute the record.

Figure 198:	<b>Review</b> and	Dispute	Page: [	Dispute	Record	Button
1.6010 1901	neview and	Dispute		Dispace	neccoi a	Datton

PAYMENTS										
Review & Dispute										
Review & Dispute	- Doctor Pa	atient								
elow is the list of all payments reco			sician is a co	overed recipie	nt or principal investig	ator that are el	igible for review	and dispute this	s calendar year.	Show Summa
Important Information										9
If the covered recipient is listed as a records that identify the covered re-							nt but is considere	d associated wit	h the payment.	To search <mark>f</mark> or
All payment records available for re the reporting entity can be found us taken on them. Once the edits to a r	nder the "Deleted and In	Progress Records" tab. Record	rds shown in	the "Deleted a	nd In Progress Records"	tab are for info				
Filtering fields are available to custo										
The user may export the search re based on the search criteria and wil						oadable file wil	be a CSV file com	pressed into a Zl	IP file. The file wi	ill contain record
To view all fields on an individual re			ven as other	data elements	related to the record.					
To affirm the accuracy of a record or investment interest is accurate.			needs to be	affirmed. This	optional step is a confirm	nation that the i	nformation about	the payment, of	ther transfer of v	alue, or ownersh
disputes associated to the record in Note: If the non-physician practition								ader will show "	for the record an	d identifying
Available for Review & Dispute		principal investigator on the r								d identifying
Note: If the non-physician practition	her or physician listed as	principal investigator on the r								
Available for Review & Dispute     Available for Review & Dispute     Demoving Results for     Program Year: 2023	er or physician listed as	principal investigator on the or page much or discovery of the original of the	record (Liste	ed as PI Only =						
Available for Review & Dispute	er or physician listed as	principal investigator on the stalls may be discurd as	record (Liste	ed as PI Only =				pal investigator I		
Available for Review & Dispute     Available for Review & Dispute     Demoving Results for     Program Year: 2023     Select a single record below to	er or physician listed as	principal investigator on the stalls may be discurd as	record (Liste	ed as PI Only =				pal investigator I		Download Zi
Available for Review & Dispute     Available for Review & Dispute     Demoving Results for     Program Year: 2023     Select a single record below to	er or physician listed as	principal investigator on the stalls may be discurd as	m payments.	ed as PI Only =				pal investigator I		Download Zi
Available for Review & Dispute  Available for Review & Dispute  howing Results for  Program Year: 2023  Select a single record below to To withdraw a dispute, click of  Record Dispute	er or physician listed as er or physician listed as leted & In Progress Record o dispute payment. Select o dispute link under Dispute I + Entity Making +	principal investigator on the prails graw to clicol the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	m payments.	ed as PI Only=	Yes"), only the covered	Listed as	Program	pal investigator	rm Record(s)	Download Zi      Dispute Record      Dispute

When the user selects the **Dispute Record** button to initiate a dispute on a record that already has an active dispute (Dispute Status is "Initiated" or "Acknowledged"), the system will display a pop-up window identifying that a dispute has already been initiated against the record with the following messages based on the scenarios explained below:

• The covered recipient (not principal investigator), covered recipient's Authorized Representative (AR), or Teaching Hospital's Authorized Representative (AR)/Authorized Official (AO) has ACTIVE (Dispute Status is "Initiated" or "Acknowledged") disputes against the record. The Record ID

header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the "Dispute Record" button:

- The selected payment record has a dispute that is currently in progress.
- Select Yes to continue with your dispute request.
- Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as principal investigator and has NO ACTIVE disputes against the record. The Record ID header only displays the Record ID, and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has the covered recipient listed as a principal investigator. A principal investigator is not considered a recipient of a payment but rather is considered associated with the payment.
  - As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select Yes to continue with your dispute request.
  - Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as a principal investigator and has disputes in status other than "Initiated" or "Acknowledged" against that record. The Record ID header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has the covered recipient listed as a principal investigator. A principal investigator is not considered a recipient of a payment but rather is considered associated with the payment.
  - As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select Yes to continue with your dispute request. Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as a principal investigator and has ACTIVE ("Initiated" or "Acknowledged") disputes against the record. The Record ID header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has a dispute that is currently in progress. Note that the covered recipient is listed as a principal investigator in this record. As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select **Yes** to continue with your dispute request.
  - Select **No** to cancel your dispute request.

<u>Step 3:</u> Review the information on the "Dispute Record" window. Enter a detailed reason for why the dispute has been initiated and select the **Send Dispute** button.

Note it is recommended that the "Dispute Details and Contact Information" text includes direct contact information, such as an email address and/or phone number, within the text box, to facilitate the resolution of the dispute in a timely manner.

The Open Payments system will send an email to the reporting entity to notify them that a dispute has been initiated. The email will include the contents of the "Dispute Details and Contact Information" text box.

Doctor Pati	ient		
A field with	an asterisk (*) is requ	iired.	
nformation he "Send D only dispute	so the reporting enti- Dispute" button when	ity can contact you finished. If you are th the payment or a	e text box below. Include your contact regarding the dispute resolution. Select e listed as a principal investigator, you may any inaccurate identifying information.
Record ID	Entity Making Payment	Date of Payment	Total Payment Amount/Dollar Amount Invested
5935667	Special Drugs	02/10/2023	\$1,000.00

#### Figure 199: Dispute Record Window: Send Dispute Button

<u>Step 4:</u> The "Dispute Confirmed" window displays a confirmation message that the dispute has been successfully initiated for that record. Select the **Ok** button to exit out the window and return to the "Review and Dispute" page to perform any additional actions on other records, if applicable.

Figure 200: Dispute Confirmed Window

Dispute	Confirmed			×
🕑 You h	ave successfully initiated the	following dispute.		
An email has	been sent to notify the re	porting entity.		
Record ID	Dispute ID Assigned	Date Dispute Initiated	Entity Making Payment	
5935667	231	05/16/2024	Special Drugs	
Dispute Details	and Contact Information:			
Close			ок	

The covered recipient who initiated the dispute will receive an email notification from the Open Payments system if the reporting entity takes any action on the record. Also, the covered recipient can see any records that are undergoing editing by the entity under the **Deleted and In Progress Records** tab. Records under the **Deleted and In Progress Records** tab will be in either "In Progress" or "Deleted" statuses. The records "In Progress" will display under the **Available for Review and Dispute** tab once the entity has re-attested to them.

# Section 4.5: Withdrawing Disputes

Only records with a dispute status of "Initiated" and/ or "Acknowledged" can be withdrawn. To withdraw a dispute on a record, follow these steps.

<u>Step 1:</u> On the "Review and Dispute" page, use the filtering tool to help find the records to be withdrawn (i.e., search for Dispute Status, Dispute ID, etc.), then select the **Search** button. All records available for withdrawing will be under the **Available for Review and Dispute** tab.

# Figure 201: Review and Dispute Page: Record Filtering Tool

				User Gu	de <u>Help Pr</u>	ivacy Policy	QAComp Teste
OPEN PAYMENTS			Home	Review and Disput	e Messag	es 🗸 Cont	tact Us Resources
PAYMENTS							
Review & Dispute							
Review & Dispute - Doctor Patien	t						
Below is the list of all payments records in which the non-physician	practitioner or physician is a co	vered recipient or principal investig	ator that are eligit	le for review and	dispute this o	alendar year.	Show Summary
Important Information							-
If the covered recipient is listed as a principal investigator on a researc records that identify the covered recipient as a principal investigator,				ut is considered as	sociated with	the payment. To	search for
All payment records available for review and dispute will be displayed the reporting entity can be found under the "Deleted and In Progress taken on them. Once the edits to a record are complete, the records w	Records" tab. Records shown in	the "Deleted and In Progress Records"	tab are for informa				
Filtering fields are available to customize the view of the records.							
The user may export the search results by selecting the "Download based on the search criteria and will contain all data fields displayed i			oadable file will be	a CSV file compre	ssed into a ZIP	file. The file will	contain records
To view all fields on an individual record, select the "Record ID" link.							
To affirm the accuracy of a record, select the "Affirm Record" button or investment interest is accurate.	for the record that needs to be a	iffirmed. This optional step is a confirr	nation that the info	rmation about the	payment, oth	er transfer of val	ue, or ownership
To dispute a payment, other transfer or value, or ownership or inv initiated and contact information so the reporting entity can contact y disputes associated to the record in parenthesis.							
Note: If the non-physician practitioner or physician listed as principal information, such as name, NPI (if applicable), and license details, ma		d as PI Only = "Yes"), only the covered	recipient's identific	ation as principal	investigator for	the record and	identifying
To withdraw a dispute, select the "Withdraw Dispute" button in the		wn. The dispute must be in the status	of "Initiated" or "Ad	knowledged" to b	e withdrawn. 1	o return to the p	previous page,
select the "Show Summary" button. For more information about the review and dispute process, including	a stan-bu-stan instructions, refer	to the Open Payments Licer Guide [PF					
For more mormation about the review and dispute process, including	g step-by-step instructions, relef	to the <u>open Payments user Guide (PL</u>	<u>a</u> 1.				
Covered Recipient Records							
<b>D</b>			Plant				
Program Year	Entity Making Payment     Select	c	Dispute				¢
		c	Initiate	d			\$
2023	≎ Select	\$	Initiate Paymer			(	
2023	≎ Select	\$	Paymer Ger Res	d <b>t Category</b> eral Payments	nt Interest	(	Affirmed?
2023 Record ID	≎ Select	C	Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	(	Affirmed?
2023 Record ID Listed as PI Only? Ves	≎ Select	\$	Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	(	Affirmed?
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2023 Record ID Listed as PI Only? Yes No Available for Review & Dispute Deleted & In Progress Records	≎ Select		Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	( Clear All	Affirmed? Yes No Search
2023         Record ID         Listed as PI Only?         Yes         No         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for	≎ Select	0	Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	( Clear All	Affirmed? Yes No Search
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2023         Record ID         Listed as PI Only?         Yes         No         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for         Program Year: 2023         Review & Dispute Status: Initiated <ul> <li>Available for Review &amp; Dispute</li> <li>Deleted &amp; In Progress Records</li> </ul>	≎ Select	\$	Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	Clear All	Affirmed? Yes No Search
2023         Record ID         Listed as PI Only?         Yes         No         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for         Program Year: 2023         Review & Dispute Status: Initiated         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for	≎ Select	C	Paymer Ger Res	d <b>t Category</b> eral Payments earch Payments	nt Interest	Clear All	Affirmed? Yes No Search
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2023         Record ID         Listed as PI Only7         Yes         No         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for         Program Year: 2023         Review & Dispute Status: Initiated         Available for Review & Dispute         Deleted & In Progress Records         Showing Results for         Program Year: 2023         Review & Dispute Status: Initiated         Showing Results for         Program Year: 2023         Review & Dispute Status: Initiated         Select a single record below to dispute payment. Select one or mu To withdraw a dispute, click on view link under Dispute Details col         Record       Dispute         Record       Dispute	C Select Dispute ID  I I I I I I I I I I I I I I I I I I	ste of + Payment +	Listed as	d t Category eral Payments sarch Payments hership or Investme	Affirm	Clear All S S Clear All S S S S S S S S S	Affirmed?  Yes No Search  Covenload Zip Fil Dispute Record Dispute
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**<u>Step 2</u>**: Select the "View" link in the "Dispute Details" column to view dispute details for the record with the initiated dispute.

# Figure 202: Review and Dispute Page: Dispute Details Column "View" Link

						User	<u>Guide Help</u>	Privacy Polic	ax (	QAComp
PAYMENTS					Home	Review and Dis	oute Me	ssages v	Contact	Us Reso
Review & Dispute										
Review & Dispute -	Doctor Pat	ient								
elow is the list of all payments records			ian is a covered recip	ient or principal investiga	tor that are eli	gible for review a	nd dispute th	is calendar	year.	Show Summa
Important Information										
If the covered recipient is listed as a prin records that identify the covered recipie						t but is considered	l associated w	ith the paym	nent. To sea	arch for
All payment records available for review the reporting entity can be found under taken on them. Once the edits to a reco	r the "Deleted and In Pre	ogress Records" tab. Records	shown in the "Deleted	and In Progress Records" t						
Filtering fields are available to customia										
The user may export the search result based on the search criteria and will con					adable file will	be a CSV file comp	ressed into a 2	ZIP file. The f	file will cor	ntain re <mark>co</mark> rd
To view all fields on an individual record										
To affirm the accuracy of a record, sel or investment interest is accurate.	ect the "Affirm Record"	button for the record that ne	eds to be affirmed. Thi	s optional step is a confirm	ation that the in	formation about	the payment, o	other transfe	er of value,	or ownersh
To dispute a payment, other transfer	or value, or ownership	or investment interest, sel	ect the "Dispute Recor	d" button of the record that	needs to be di	sputed. Enter an e	xplanation for	the reason(s	s) the disp	ute is being
initiated and contact information so the disputes associated to the record in par		ontact you directly with any q	uestions. If the record	has previously been dispute	ed, the Dispute	Details modal hea	der will show	"Disputed" a	and include	e the count
Note: If the non-physician practitioner of	or physician listed as pri	incipal investigator on the rec	cord (Listed as PI Only	"Yes"), only the covered re	ecipient's ident	ification as princip	al investigator	for the reco	ord and ide	ntifying
								$\sim$		m
min	$\sim$	m	- M		~	m			$\sim$	~
			- M			222		~~	$\sim$	~
Available for Review & Dispute Delete	ed & In Progress Records					7			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	ed & In Progress Records					7			 ±	Download 2
nowing Results for	ed & In Progress Records					711- 71-			<u>+</u>	Download 2
•	ed & In Progress Records					<i>7777</i>			<u>.</u>	Download 2
nowing Results for	ed & In Progress Records								<u>+</u>	Download 2
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rowing Results for     Program Year: 2023     Select a single record below to di	spute payment. Select or		payments.					Affirm Record(	_	
howing Results for Program Year: 2023  Select a single record below to di To withdraw a dispute, click on vi Record Dispute	spute payment. Select or iew link under Dispute De	tails column. Total Payment		Payment	litted as	Program			is) Dis	pute Record
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Anowing Results for Program Year: 2023  Select a single record below to di To withdraw a dispute, click on vi Record Dispute	spute payment. Select or iew link under Dispute De Entity Making +	tails column. Total Payment	↑ Date of			I	t Record		is) Dis	upute Record
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howing Results for Program Year: 2023  Select a single record below to di To withdraw a dispute, click on vi Record t Dispute D 5935667 230	spute payment. Select or iew link under Dispute De Entity Making Payment	tails column. Total Payment Amount/Dollar Amount Invested	Date of Payment     02/10/2023	Category     General Payments	PI Only	¥ Year	Carl Record Status	‡ Affir	is) Dis	upute Record

**<u>Step 3</u>**: Select the "Withdraw Dispute" button in the Dispute Details window.

	Dispute ID Dispute Details	Payment C:	×
	Record ID: 5935667	Disputed(1)	
ogre	Entity Making Payment: <b>Special Drugs</b> Payment Category: <b>General Payments</b> Program Year: <b>2023</b> Affirmed: <b>Yes</b> Total Payment Amount: <b>\$1,000.00</b> Date of Payment: <b>02/10/2023</b>	Dollar Amount Invested: Value of Interest: Principal Investigators Associated: <b>Yes</b> Listed as PI Only: <b>Yes</b> Delay in Publication of Research Payment Indicator: <b>Yes</b>	
ner	Dispute History Dispute ID: 230 (Initiated) Dispute Details and Contact Information:	-	
lal t	justification verbiage Initiated on 05/15/2024 by Yamini Virkud	Withdraw Dispute	
	< rievious	Close	

# Figure 203: Dispute Details Window: Withdraw Dispute Button

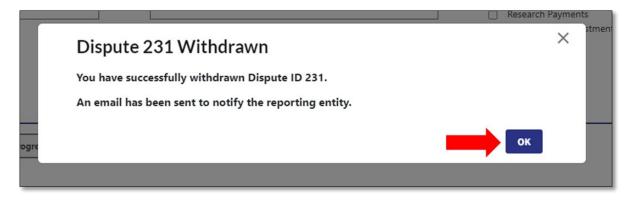
**<u>Step 4</u>**: Review the information on the "Withdraw Dispute ID" window and select the **Withdraw Dispute** button.

#### Figure 204: Withdraw Dispute ID: Withdraw Dispute Button

Withdra	w Dispute: ID 23	1			×	stme
Once the disp For more info <u>Guide [PDF]</u> .	Iraw Dispute" to confirm the oute is withdrawn, the status ormation about the review ar drawing the following disp	of the dispute will be ad dispute process, re	displayed as "V			
Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status		
5935667	Special Drugs	02/10/2023	\$1,000.00	Attested		
Cancel				Withdraw Dispute		

<u>Step 5:</u> A confirmation message is displayed that the dispute has been successfully withdrawn. Select **Ok** button to exit out of the window and return to the "Review and Dispute page" to perform any additional actions on other records, if applicable. An email notification will be sent to the reporting entity informing them the initiated dispute was withdrawn.

## Figure 205: Dispute Withdrawn Confirmation Window



# Section 4.6: Exporting Data

Users can download records associated with them by selecting the "Download Zip File" link on the "Review and Dispute" page.

Records are exported into a pipe ("|") delimited CSV format, compressed into a ZIP file. It will contain all data fields displayed in the table and other data elements related to the dispute, including the status of each record's dispute(s), if applicable.

Downloaded data files cannot exceed the acceptable limit of 20,000 records. If your record volume exceeds the record limit, apply filtering criteria to create smaller subsets of records and download them in multiple files.

#### Figure 206: Review and Dispute Page: Download Zip File Link

low is the list of Important Inform If the covered rec- records that iden All payment reco the reporting ent taken on them. C Filtering fields ar The user may ex- based on the sea To view all fields To affirm the act or investment int	Dispute Dispute - all payments records aton ify the covered recipi ds available for revie ty can be found unde nee the edits to a record e available to customi port the search resu ch criteria and will co on an individual record	incipal investigator on ient as a principal inve w and dispute will be tr the "Deleted and In rd are complete, the i ize the view of the recc Its by selecting the "D ontain all data fields di	hysician practitioner or physici a research payment record, the stigator, select the "Ves" check i displayed under the "Available f Progress Records "tab. Records records will be returned to the "A	e covere box und or Revie shown Availabl	ed recipient is not der "Listed as PI O ew and Dispute" in the "Deleted a	considered the recipien nly" and select the "Sea ab, which is selected by nd In Progress Records"	t of the paymer irch" button. default. Record	t but is consider	and dispute th	is calendar year.	
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the reporting ent taken on them. C Filtering fields ar <b>The user may ex</b> based on the sea To view all fields <b>To affirm the ac</b> or investment int	ty can be found unde nee the edits to a reco e available to customi port the search resu ch criteria and will co on an individual reco uracy of a record, se	er the "Deleted and In ord are complete, the ize the view of the reco Its by selecting the "D ontain all data fields di rd, select the "Record	Progress Records" tab. Records records will be returned to the "/ ords. ownload Zip File" link on the "A	shown Availabl	in the "Deleted a	nd In Progress Records"		s that are in the			
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To view all fields To affirm the act or investment int	on an individual recon uracy of a record, se	rd, select the "Record					oadable file will	be a CSV file con	npressed into a 2	ZIP file. The file w	ill contain recor
or investment int			ID" link.								
		elect the "Affirm Record	d" button for the record that nee	eds to b	e affirmed. This o	ptional step is a confirm	nation that the i	nforma <mark>tion</mark> abou	it the payment, o	other transfer of v	alue, or owners
Available for Results f Program Year: Select a s	or 2023	ied & In Progress Record	as one or multiple records to affirm 1	paymen	ts.					Affirm Record(s)	Download
To withd		view link under Dispute	Total Payment								
Record     ID	‡ <sup>Dispute</sup> ‡ ID ‡	Entity Making Payment	Amount/Dollar Amount Invested	\$	Date of Payment	Payment Category	Listed as PI Only	Program Year	1 Affirmed	Dispute     Status	Dispute Details
<u> </u>	230	Special Drugs	\$1,000.00		02/10/2023	General Payments	N/A	2023	No	Withdrawn	View
D <u>593566</u>	231	Special Drugs	\$1,000.00		02/10/2023	General Payments	N/A	2023	No	Withdrawn	View
Showing All	\$ of 2 entries			<	Previous 1	Next >			1		

# **Chapter 5: System Messages**

This chapter on System Messages provides detailed information on how to search for system generated email messages received by the covered recipient physician or teaching hospital in the past 12 months.

# Section 5.1: System Messages

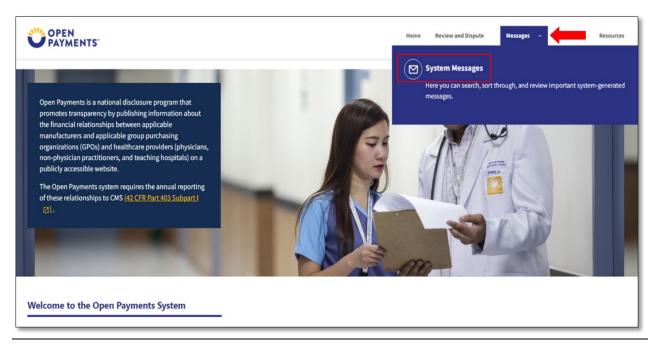
As a Covered Recipient user, you can view system generated messages sent to you within the past 12 months.

A system generated email is an email generated in response to any action performed in the Open Payments system. For example, during the registration process, once a covered recipient registers on the CMS Open Payments system, an email is sent out to the covered recipient confirming registration. This is a system generated email that can be viewed on the "Messages" tab.

The "Messages" tab is accessible from the Open Payments system home page. Once you are redirected to the "System Messages" page, you can view the following searchable fields: (1) Teaching Hospital, Physician, or NPP Name, (2) Record ID, (3) Payment Category, and (4) Message Category. All these fields are optional to refine your search.

## 5.1a: Instructions for searching messages

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and select the **Messages** tab on the tool bar and then select **System Messages**.



## Figure 207: Open Payments Messages Tab: System Messages Option

**<u>Step 2</u>**: On the "Messages" page, you can search results based on the following search criteria:

- Teaching Hospital or Physician or NPP Name
- Record ID (only applicable for Message Category of "Review and Dispute")

## Figure 208: Messages Page: System Messages Search Criteria

OPEN PAYMENTS		Home Rev	view and Dispute Message:	s 👻 Contact Us Resources
Messages				
System				÷
Search and filtering tools ab	ormation on the system generated email messages received by the covered ove the table can customize the view of the messages displayed. actions you can take on this page, refer to the <u>Open Payments User Guide fo</u>		No F	Search il <u>ters Applied</u> Filter +
Message Category	Message Subject	\$ Recipient Role(s)	Payment Category \$	Date/Time Received 🗘
Registration	Open Payments System Successful Vetting Notification	Covered Recipient		05/22/2024   08:50 PM

<u>Step 3a:</u> Select the **Search** button to initiate the search. After selecting the **Search** button, a data table with the list of messages will display. This list of messages is sorted from newest to oldest.

Figure 209: Search Button for System Messages

OPEN PAYMENTS			,	ome Revie	w and Dispute	Messages	Ŷ	Contact Us	Resource
lessages									
System									
Search and filtering tools abo	we the table can cust	m generated email messages received by the cor omize the view of the messages displayed. on this page, refer to the <u>Open Payments User Gr</u> Covered Recipient		<u>DE].</u> .				Se	earch
							ters Appl		
Message Category	Message Subj	(4.17-10)	Recipient		Payment Ca	itegory 🇘		ime Receive	
Registration		: System Successful Vetting Notification	Covered R					2024   08:50 F	
Registration		System Vetting In Process Notification	Covered R					2024   08:50 F	
Registration	Open Payment	System Vetting In Process Notification	Covered R	cipient			05/22/2	2024   08:48 F	M

**<u>Step 3b</u>**: Select the **Filter** button to help refine your search results based on the following criteria:

- Message Category
- Payment Category (only applicable for Message Category of Review and Dispute)

Figure	210:	System	Messages	Search	Results	Filter	Button
		•,•••		00010.			

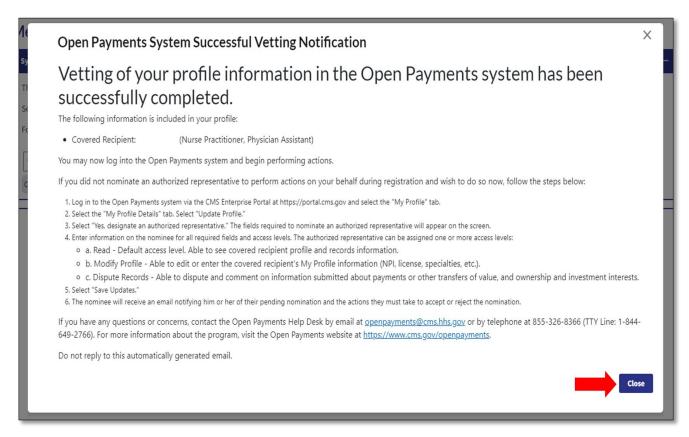
PAYMENTS		Home	Review and Dispute	Messages v Contact Us Reso
essages				
iystem				
The table below provides info	ormation on the system generated email messages received by the covered recipie	ent.		
Search and filtering tools abo	we the table can customize the view of the messages displayed.			
For more information on the	actions you can take on this page, refer to the Open Payments User Guide for Cove	ered Recipients [PDF].		
Covered Recipient Name	<b></b>			Search
Covered Recipient Name	×			
				No Filters Applied Filter +
Message Category	Message Subject	\$ Recipient Role(s)	‡ Payment (	Message Category:
Registration	Open Payments System Successful Vetting Notification	Covered Recipient	1	Registration Submissions
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Review and Dispute Nomination
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Payment Category Select
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Reset Apply
Nomination	Open Payments System - Authorized Representative Rejected Nomination	Covered Recipient	(	05/21/2024   11:40 AM

<u>Step 4:</u> Select the message subject hyperlink under the "Message Subject" column for the message you wish view.

essages					
ystem					
The table below provides information on the system generated email messages received by the covered recipient. Search and filtering tools above the table can customize the view of the messages displayed. For more information on the actions you can take on this page, refer to the <u>Open Payments User Guide for Covered Recipients (PDF)</u> .					
Covered Recipient Name	\$		Search		
Covered Recipient Name:	×				
No Filters Applied Filter +					
			No Filters Applied Filter +		
Message Category ‡	Message Subject	Recipient Role(s)     Payment	No Filters Applied Filter + Category		
Message Category \$	Message Subject Open Payments System Successful Vetting Notification	Recipient Role(s)     Payment     Covered Recipient			
			Category ‡ Date/Time Received ‡		
Registration	Open Payments System Successful Vetting Notification	Covered Recipient	Category 1 Date/Time Received 1 05/22/2024   08:50 PM		
Registration Registration	Open Payments System Successful Vetting Notification Open Payments System Vetting In Process Notification	Covered Recipient Covered Recipient	Category 1 Date/Time Received 1 05/22/2024   08:50 PM 05/22/2024   08:50 PM		
Registration Registration Registration	Open Payments System Successful Vetting Notification Open Payments System Vetting In Process Notification Open Payments System Vetting In Process Notification	Covered Recipient Covered Recipient Covered Recipient	Category 1 Date/Time Received 1 05/22/2024   08:50 PM 05/22/2024   08:50 PM 05/22/2024   08:48 PM		
Registration Registration Registration Registration	Open Payments System Successful Vetting Notification Open Payments System Vetting In Process Notification Open Payments System Vetting In Process Notification Open Payments System Vetting In Process Notification	Covered Recipient Covered Recipient Covered Recipient Covered Recipient Covered Recipient	Category 1 Date/Time Received 1 05/22/2024   08:50 PM 05/22/2024   08:50 PM 05/22/2024   08:48 PM 05/22/2024   08:47 PM		

**<u>Step 5</u>**: View the full message displayed in the pop-up window and select the **Close** button when done.

#### Figure 212: Full Message Window: Close Button



# **Appendix A: Glossary of Terms for Open Payments**

<u>Note:</u> The text of the Open Payments Final Rule (42 C.F.R. § 403.902) is available at <u>https://www.cms.gov/OpenPayments/Downloads/Affordable-Care-Act-Section-6002-Final-Rule.pdf</u>.

## Applicable Manufacturer:

Applicable manufacturers are entities that operate in the United States and (1) are engaged in the production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply, but not if such covered drug, device, biological, or medical supply is solely for use by or within the entity itself or by the entity's own patients (this definition does not include distributors or wholesalers (including, but not limited to, repackagers, re-labelers, and kit assemblers) that do not hold title to any covered drug, device, biological, or medical supply); or (2) are entities under common ownership with an entity described in part (1) of this definition, which provides assistance or support to such entities concerning the production, preparation, propagation, compounding, conversion, marketing, promotion, sale, or distribution of a covered drug, device, biological, or medical supply. (See 42 C.F.R. § 403.902)

## Applicable Group Purchasing Organization (GPO):

Applicable group purchasing organizations (GPOs) are entities that operate in the United States and purchase, arrange for, or negotiate the purchase of covered drugs, devices, biologicals, or medical supplies for a group of individuals or entities, but not solely for use by the entity itself. (See 42 C.F.R. § 403.902)

## Assistance or Support:

Assistance or support means to provide a service or services needed to produce, prepare, propagate, compound, convert, market, promote, sell, or distribute a covered drug, device, biological, or medical supply. (See 42 C.F.R. § 403.902)

## **Biologicals:**

For the purpose of Open Payments, biologicals are defined as in Section 1927(k)(2)(B) of the Social Security Act, which includes a cross-reference to licensure under Section 351 of the Public Health Service Act ("PHS Act").

## Common Ownership:

Common ownership is when the same individual, individuals, entity, or entities directly or indirectly own five percent or more of two entities. This includes, but is not limited to, parent corporations, direct and indirect subsidiaries, and brother or sister corporations. (See 42 C.F.R. § 403.902)

## **Consolidated Report:**

A consolidated report is a report filed by an applicable manufacturer, which includes payments or other transfers of value to covered recipients, physician owners or investment interests for the applicable manufacturer filing and applicable manufacturers under common ownership. (See 42 C.F.R. § 403.908(d))

#### **Covered Recipients:**

Covered recipients are any physicians (see <u>Physicians</u> for an extensive explanation of how Open Payments defines this group) who are not employees of the applicable manufacturer that is reporting the payment; or NPPs (see *NPPs* for an extensive explanation of how Open Payments defines this group) who are not employees of the applicable manufacturer that is reporting the payment; or teaching hospitals that receive payment for Medicare direct graduate medical education (GME), inpatient prospective payment system (IPPS) indirect medical education (IME), or psychiatric hospital IME programs during the last calendar year for which such information is available. (See 42 C.F.R. § 403.902)

#### **General Payments:**

Payments or other transfers of value not made in connection with a research agreement or research protocol as required in Open Payments.

#### **Non-Covered Recipient Entity:**

Non-covered recipient entities are entities that do not meet the Open Payments definition of a covered recipient (see 42 C.F.R. § 403.902). Non-covered recipient entities may include non-teaching hospitals or clinics. A payment or other transfer of value to a non-covered recipient entity is reportable if it is a research payment with at least one associated covered recipient principal investigator.

#### Non-Covered Recipient Individual:

Non-covered recipient individuals are individuals who do not meet the Open Payments definition of a covered recipient (see 42 C.F.R. § 403.902). Non-covered recipient individuals may include non-physician employees of a teaching hospital or physician-owned practice. A payment or other transfer of value to a non-covered recipient individual is reportable if it is a research payment with at least one associated covered recipient principal investigator.

#### **Non-Physician Practitioners:**

The Open Payments program expanded the definition of covered recipients to include the following NPPs:

• Physician Assistant (PA): an individual who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such

services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.

- Nurse Practitioner (NP): an individual who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.
- Clinical Nurse Specialist (CNS): an individual who is a registered nurse and is licensed to
  practice nursing in the State in which the clinical nurse specialist services are performed;
  and holds a master's degree in a defined clinical area of nursing from an accredited
  educational institution.
- Certified Registered Nurse Anesthetist (CRNA)/Anesthesiologist Assistant (AA): a
  certified registered nurse anesthetist licensed by the State who meets such education,
  training, and other requirements relating to anesthesia services and related care as the
  Secretary may prescribe. In prescribing such requirements the Secretary may use the
  same requirements as those established by a national organization for the certification
  of nurse anesthetists.
- Certified Nurse-Midwife (CNM): a registered nurse who has successfully completed a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary

## **Open Payments:**

Open Payments is a national transparency program which requires:

- Applicable manufacturers of covered drugs, devices, biologicals, or medical supplies to report information about payments or other transfers of value to physicians, NPPs, and teaching hospitals to CMS every year.
- Applicable manufacturers and applicable group purchasing organizations (GPOs) to report information about ownership and investment interests held by physicians or their immediate family members to CMS every year.
- Applicable GPOs to report information about payments or other transfers of value made to physicians owners and investment interests to CMS every year.

#### **Physicians:**

For the purposes of Open Payments, physicians are defined as doctors of medicine or osteopathy practicing medicine or surgery, doctors of dental medicine or dental surgery

practicing dentistry, doctors of podiatric medicine, doctors of optometry, or chiropractors, all legally authorized to practice by their state.

#### **Physician Owners or Investors:**

Physicians who have an ownership or investment interests in an applicable manufacturer or applicable group purchasing organization. Applicable manufacturers and applicable group purchasing organizations are required to report ownership or investment interests held by a physician or a physician's immediate family member in an applicable manufacturer or applicable group purchasing organization.

#### **Research Payments:**

Payments or other transfers of value made in connection with a research agreement or research protocol as required in Open Payments.

#### **Special Characters:**

Characters that are neither letters nor numbers. Special characters include punctuation, spaces, and other non-alphanumeric symbols.

Special characters are required in registration fields where appropriate. For example, the "@" symbol and the period are required in email address fields, while dashes are required in telephone number fields.

**Data elements of submitted records** may contain only the special characters allowed per the "Submission Data Mapping Document," which is found on the Resources page of the Open Payments website at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a>. Note that there are multiple versions of the Submission Data Mapping Document based on program year. Consult the Submission Data Mapping Document for the program year of your records.

*Free text fields* allow all special characters on a standard U.S. keyboard, excepting ALT+NUMPAD ASCII Key characters. Below are the special characters allowed in free text fields.

Special Character	Description
+	Plus sign
&	Ampersand
I	Apostrophe
*	Asterisk
@	At sign
λ.	Backslash
^	Caret
:	Colon
,	Comma

## Figure 213: Special Characters Allowed in Free-Text Fields

Special Character	Description
\$	Dollar sign
Space	Space character
=	Equal
!	Exclamation mark
/	Forward slash
```	Grave accent
>	Greater than
-	Minus sign/hyphen
(	Left parenthesis
{	Left curly brackets
[	Left square brackets
<	Less than
%	Percent
•	Period
#	Pound
?	Question mark
Ш	Quotation marks
)	<b>Right parenthesis</b>
}	Right curly brackets
]	Right square brackets
;	Semi-colon
	Pipe
~	Tilde
+	Plus sign

**Characters used in foreign languages** that are not used in English must be converted to English characters to be acceptable to the Open Payments system. Refer to the conversion table below.

Foreign Character	Convert to English Character
À	A
Á	A
Â	A
Ã	A
Ä	A
Å	A
È	E
É	E
Ê	E
Ë	E

Figure	214:	Conver	sions for	<sup>r</sup> Foreign	Language	Characters

Foreign Character	Convert to English Character
Ì	I
Í	Ι
Î	Ι
Ï	I
Ò	0
Ó	0
Ô	0
Õ	0
Ö	0
Ø	0
Ù	U
Ú	U
Û	U
Ü	U

## **Teaching Hospital:**

Teaching hospitals are hospitals that receive payment for Medicare direct graduate medical education (GME), IPPS indirect medical education (IME), or psychiatric hospital IME programs during the last calendar year for which such information is available. (See 42 C.F.R. § 403.902). The full list of affected teaching hospitals can be found on the Resources page of the Open Payments website at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a>.

# Disclosure

- **Disclaimer**: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.
- Activities/persons addressed by this document: Guidance for physicians, NPPs, and teaching hospitals on Open Payments, including how to register, and review, and dispute attributed data.
- Date of document issuance: January 2025
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- **Summary of Document**: A one-stop-shop resource to help physicians, NPPs, and teaching hospitals understand in detail how the Open Payments system works.
- Citation to statutory provision/regulation applicable to this document:
  - o Statute citation: Social Security Act SEC. 1128G. [42 U.S.C. 1320a-7h]
  - o Rule citation: 42 C.F.R. §403.900-14