



Open Payments Change Summary: Submission Data Mapping Document

Centers for Medicare & Medicaid Services

September 2016

Version 2.0

O P E N P A Y M E N T S

CREATING PUBLIC TRANSPARENCY
INTO INDUSTRY-PHYSICIAN
FINANCIAL RELATIONSHIPS

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1 Introduction

This document lists the changes made to the Submission Data Mapping Document and CSV templates (also known as sample files), since their last publication.

These changes are being provided to applicable manufacturers and applicable group purchasing organizations to aid in data collection activities for the 2016 Program Year. The changes described in this document should **not** be implemented for the 2015 Program Year (e.g., the submission period which started in February 2016).

This document is organized into the following sections:

- General updates;
- Changes to the four tabs of the Submission Data Mapping Document (General Payments tab, Research Payments tab, Physician Ownership tab, and Allowed Special Characters); and
- Changes to CSV templates/sample files.

To understand changes to the Submission Data Mapping Document, follow the steps below:

1. In this document, note which tab in the Submission Data Mapping Document is affected. Then, note the Data Element Name and the Data Element Number (DE#) for a specific entry. The change to the data element is listed below the Data Element Name and Data Element Number.
2. In the Submission Data Mapping Document, select the affected tab and then find the corresponding Data Element Number in Column A. The Data Element Name is listed in Column B.
3. Once you have located the Data Element Name and Data Element Number in the Submission Data Mapping Document, you can match it to the update noted in this document.

2 Changes Made for Program Year 2016

2.1 Changes to the Submission Data Mapping Document

This section of the Change Summary Document lists the changes that are being made to the Submission Data Mapping Document for Program Year 2016. This will create version 2.0 of the Submission Data Mapping Document, as shown in its Revision Log tab.

This Submission Data Mapping Document should be used when submitting payments or other transfers of value for Program Year 2016 only. To submit payments or other transfers of value for a previous program year, refer to the 2015 Data Submission Data Mapping Document.

2.1.1 General Updates

- **Allowed Special Characters (Column L):** Updated Column L heading name to “Allowed Special Characters”

2.1.2 Changes to the General Payments (Non-Research) Tab

- **Data Element Name: Resubmission File Indicator (DE#4)**
 - Updated Definition/Description (Column C) to read: Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to renew, or previously submitted records that you now wish to delete.
 - Updated Data Type (Column D) to read: Enumeration
 - Updated Format (Column E) to read:
 - "N" = New Submission
 - "Y" = Resubmission
 - "R" = Renew Delay in Publication
 - "D" = Delete
 - Updated Validation Rules (Column H) to read: Validates that only character "N","Y","R", or "D" is provided. If "R" is provided, only DE# 2, 3, 4, 33, 34, 36, and 49 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 33, 34, and 36 are required for the record. All other fields are optional. All records in a file must have the same value in this field.
- **Data Element Name: Teaching Hospital Name (DE#7)**
 - Updated Required? (Column F) to read: Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital). IF DE# 6 Covered Recipient Type = "1" (Physician), this field must be blank.
- **Data Element Name: Teaching Hospital Tax ID Number (TIN) (DE#8)**
 - Updated Required? (Column F) to read: Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital). IF DE# 6 Covered Recipient Type = "1" (Physician), this field must be blank.
- **Data Element Name: Physician First Name (DE#9)**
 - Updated Definition/Description (Column C) to read: Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Physician Middle Name (DE#10)**
 - Updated Definition/Description (Column C) to read: Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If

applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).

- Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Physician Last Name (DE#11)**
 - Updated Definition/Description (Column C) to read: Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Physician Name Suffix (DE#12)**
 - Updated Definition/Description (Column C) to read: Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Recipient State (DE#16)**
 - Updated Required? (Column F) to add: IF DE# 18 is any other value, this field must be blank.
- **Data Element Name: Recipient Zip Code (DE#17)**
 - Updated Required? (Column F) to add: IF DE# 18 is any other value, this field must be blank.
- **Data Element Name: Recipient Province (DE#19)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Recipient Postal Code (DE#20)**
 - Updated Required? (Column F) to add: IF DE# 18 = "US" or "United States", this field must be blank.
- **Data Element Name: Physician Primary Type (DE#22)**
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Physician NPI (DE#23)**
 - Updated Required? (Column F) to read: Yes IF Physician has an NPI. IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Physician Specialty (DE#24)**
 - Updated Required? To add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.

- **Data Element Name: Physician License State and License Number (DE#25)**
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.
- **Data Element Name: Related Product Indicator (DE#26)**
 - Updated Additional Notes (Column K) to read: If reporting multiple products, the information in DE# 27-31 must be reported for one product before moving on to the next product in the record (i.e., report all information for one product, then all information for the next product, etc.)
- **Data Element Name: Covered or Non-covered Product Indicator (DE#27)**
 - Updated Required? (Column F) to add: IF DE# 26 = "N", this field must be blank.
 - Updated CSV Field Name (Column J) to read:
 - COVERED_OR_NONCOVERED_INDICATOR_1
 - COVERED_OR_NONCOVERED_INDICATOR_2
 - COVERED_OR_NONCOVERED_INDICATOR_3
 - COVERED_OR_NONCOVERED_INDICATOR_4
 - COVERED_OR_NONCOVERED_INDICATOR_5
- **Data Element Name: Indicate Drug, Device, Biological, or Medical Supply (DE#28)**
 - Updated Required? (Column F) to read: Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non-covered Product Indicator (DE #27) is "Covered" OR Related Product Indicator (DE #26) is "Yes", Covered or Non-covered Product Indicator (DE #27) is "Non-covered", and an Associated Drug or Biological NDC (DE#31) has been provided. In this case, this field must be "1" or "3". IF DE# 26 = "N", this field must be blank.
- **Data Element Name: Product Category or Therapeutic Area (DE#29)**
 - Updated Required? (Column F) to add: IF DE# 26 = "N", this field must be blank.
 - Updated Validation Rules (Column H) to add: The values in this field may not consist of only zeroes.
 - Updated CSV Field Name (Column J) to read:
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_1
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_2
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_3
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_4
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_5
- **Data Element Name: Marketed Name of Drug, Device, Biological, or Medical Supply (DE#30)**
 - Updated Required? (Column F) to read: Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non-covered Product Indicator (DE #27) is "Covered" and Indicate Drug,

Device, Biological, or Medical Supply (DE#28) is "1" or "3" OR Related Product Indicator (DE #26) is "Yes", Covered or Non-covered Product Indicator (DE #27) is "Non-covered", Indicate Drug, Device, Biological, or Medical Supply (DE#28) is "1" or "3" and an Associated Drug or Biological NDC (DE#31) has been provided. IF DE# 26 = "N", this field must be blank.

- Updated Validation Rules (Column H) to add: The values in this field may not consist of only zeroes.
- **Data Element Name: Associated Drug or Biological NDC (DE#31)**
 - Updated Required? (Column F) to read: Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non-covered Product Indicator (DE #27) is "Covered" and when the reported drug or biological has an NDC. IF DE# 26 = "N" or if DE# 28 = "2" or "4", this field must be blank.
 - Updated Validation Rules (Column H) to read: Validated against format and field size (columns E and G). If a drug or biological named in the record (DE#30) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#30. If no NDC exists for a named drug or biological in DE#30, leave the corresponding NDC field blank for that drug or biological. The numeric values in this field may not consist of only zeroes.
 - Updated CSV Field Name (Column J) to read:
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_1
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_2
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_3
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_4
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_5
 - Updated Allowed Special Characters (Column L) to read: Minus sign/hyphen (-)
- **Data Element Name: Applicable Manufacturer or Applicable GPO Making Payment Name (DE#32)**
 - Updated Definition/Description (Column C) to read: Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or other transfer of value being reported in this record.
 - Updated Validation Rules (Column H) to add: If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).
- **Data Element Name: Applicable Manufacturer or Applicable GPO Making Payment Registration ID (DE#33)**
 - Updated Definition/Description (Column C) to read: Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.

- Updated Validation Rules (Column H) to add: If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).
- **Data Element Name: Resubmitted Payment Record ID (DE#34)**
 - Updated Required? (Column F) to read: Yes IF DE# 4 Resubmission File Indicator = "Y", "R" or "D"
- **Data Element Name: City of Travel (DE#40)**
 - Updated Required? (Column F) to add: If DE# 39 Nature of Payment is any other value, this field must be blank.
- **Data Element Name: State of Travel (DE#41)**
 - Updated Required? (Column F) to add: For all other conditions, this field must be blank.
- **Data Element Name: Country of Travel (DE#42)**
 - Updated Required? (Column F) to add: If DE# 39 Nature of Payment is any other value, this field must be blank.
- **Data Element Name: Physician Ownership Indicator (DE#43)**
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be left blank.
- **Data Element Name: Name of Third Party Entity Receiving Payment or Transfer of Value (DE#45)**
 - Updated Required? (Column F) to add: IF DE# 44 is any other value, this field must be blank.

2.1.3 Changes to the Research Payments Tab

- **Data Element Name: Resubmission File Indicator (DE#4)**
 - Updated Definition/Description (Column C) to read: Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to renew, or previously submitted records that you now wish to delete.
 - Updated Data Type (Column D) to read: Enumeration
 - Updated Format (Column E) to read:
 - "N" = New Submission
 - "Y" = Resubmission
 - "R" = Renew Delay in Publication
 - "D" = Delete
 - Updated Validation Rules (Column H) to read: Validates that only character "N","Y","R", or "D" is provided. If "R" is provided, only DE# 2, 3, 4, 34, 35, 36A, and 40 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 34, 35, and 36A are

required for the record. All other fields are optional. All records in a file must have the same value in this field.

- **Data Element Name: Non-covered Recipient Entity Name (DE#7)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Covered Recipient Physician First Name (DE#10)**
 - Updated Definition/Description (Column C) to read: Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Covered Recipient Physician Middle Name (DE#11)**
 - Updated Definition/Description (Column C) to read: Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field must be blank.
- **Data Element Name: Covered Recipient Physician Last Name (DE#12)**
 - Updated Definition/Description (Column C) to read: Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Covered Recipient Physician Name Suffix (DE#13)**
 - Updated Definition/Description (Column C) to read: Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field must be blank.
- **Data Element Name: Recipient Business Street Address Line 1 (DE#14)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Recipient City (DE#16)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Recipient State (DE#17)**

- Updated Required? (Column F) to add: IF DE# 19 is any other value, this field must be blank.
- **Data Element Name: Recipient Zip Code (DE#18)**
 - Updated Required? (Column F) to add: IF DE# 19 is any other value, this field must be blank.
- **Data Element Name: Recipient Country (DE#19)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Recipient Province (DE#20)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Recipient Postal Code (DE#21)**
 - Updated Required? (Column F) to add: For all other conditions, this field must be blank.
- **Data Element Name: Covered Recipient Physician NPI (DE#23)**
 - Updated Required? (Column F) to add: IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field must be blank.
- **Data Element Name: Covered Recipient Physician Specialty (DE#25)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Covered Recipient Physician License State and License Number (DE#26)**
 - Updated Required? (Column F) to add: IF DE# 6 is any other value, this field must be blank.
- **Data Element Name: Related Product Indicator (DE#27)**
 - Updated Additional Notes (Column K) to read: If reporting multiple products, the information in DE# 28-32 must be reported for one product before moving on to the next product in the record (i.e., report all information for one product, then all information for the next product, etc.)
- **Data Element Name: Covered or Non-covered Product Indicator (DE#28)**
 - Updated Required? (Column F) to add: IF DE# 27 = "N", this field must be blank.
 - Updated CSV Field Name (Column J) to add:
 - COVERED_OR_NONCOVERED_INDICATOR_2
 - COVERED_OR_NONCOVERED_INDICATOR_3
 - COVERED_OR_NONCOVERED_INDICATOR_4
 - COVERED_OR_NONCOVERED_INDICATOR_5
- **Data Element Name: Indicate Drug, Device, Biological, or Medical Supply (DE#29)**
 - Updated Required? (Column F) to read: Yes IF Related Product Indicator (DE #27) is "Yes" and Covered or Non-covered Product Indicator (DE #28) is "Covered" OR Related Product Indicator (DE #27) is "Yes", Covered or Non-covered Product Indicator (DE #28) is "Non-

covered", and an Associated Drug or Biological NDC (DE#32) has been provided. In this case, this field must be "1" or "3." IF DE# 27 = "N", this field must be blank.

- **Data Element Name: Product Category or Therapeutic Area (DE#30)**
 - Updated Required? (Column F) to add: IF DE# 27 = "N", this field must be blank.
 - Updated Validation Rules (Column H) to add: The values in this field may not consist of only zeroes.
 - Updated CSV Field Name (Column J) to add:
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_2
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_3
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_4
 - PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_5
- **Data Element Name: Marketed Name of Drug, Device, Biological, or Medical Supply (DE#31)**
 - Updated Required? (Column F) to read: Yes IF Related Product Indicator (DE #27) is "Yes" and Covered or Non-covered Product Indicator (DE #28) is "Covered" and Indicate Drug, Device, Biological, or Medical Supply (DE#29) is "1" or "3" OR Related Product Indicator (DE #27) is "Yes", Covered or Non-covered Product Indicator (DE #28) is "Non-covered", Indicate Drug, Device, Biological, or Medical Supply (DE#29) is "1" or "3" and an Associated Drug or Biological NDC (DE#32) has been provided. IF DE# 27 = "N", this field must be blank.
 - Updated Validation Rules (Column H) to add: The values in this field may not consist of only zeroes.
- **Data Element Name: Associated Drug or Biological NDC (DE#32)**
 - Updated Required? (Column F) to add: IF DE# 27 = "N" or if DE# 29 = "2" or "4", this field must be blank.
 - Updated Validation Rules (Column H) to read: Validated against format and field size (columns E and G). If a drug or biological named in the record (DE#31) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#31. If no NDC exists for a named drug or biological in DE#31, leave the corresponding NDC field blank for that drug or biological. The numeric values in this field may not consist of only zeroes.
 - Updated CSV Field Name (Column J) to add:
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_2
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_3
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_4
 - ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_5
 - Updated Allowed Special Characters (Column L) to read: Minus sign/hyphen (-)
- **Data Element Name: Applicable Manufacturer or Applicable GPO Making Payment Name (DE#33)**

- Updated Required? (Column F) to read: Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or transfer of value being reported in this record.
- Updated Required? (Column F) to read: Yes
- Updated Validation Rules (Column H) to add: If DE# 3 (Consolidated Report Indicator) = “N”, the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).
- **Data Element Name: Applicable Manufacturer or Applicable GPO Making Payment Registration ID (DE#34)**
 - Updated Definition/Description (Column C) to read: Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.
 - Updated Validation Rules (Column H) to add: If DE# 3 (Consolidated Report Indicator) = “N”, the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).
- **Data Element Name: Resubmitted Payment Record ID (DE#35)**
 - Updated Required? (Column F) to read: Yes IF DE# 4 Resubmission File Indicator = "Y", "R" or "D"
- **Data Element Name: Principal Investigator Province (DE#56)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Principal Investigator Province (#72)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Principal Investigator Province (#88)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Principal Investigator Province (#104)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Principal Investigator Province (#120)**
 - Updated Required? (Column F) to read: No

2.1.4 Changes to the Physician Ownership Tab

- **Data Element Name: Applicable Manufacturer or Applicable GPO Registration ID (DE#2)**
 - Updated Field Size (Column G) to read: System generated : ≤ 38 digits
- **Data Element Name: Resubmission File Indicator (DE#4)**
 - Updated Definition/Description (Column C) to add: Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or

corrected versions of previously submitted records, or previously submitted records that you now wish to delete.

- Updated Data Type (Column D) to read: Enumeration
- Updated Format (Column E) to read:
 - "N" = New Submission
 - "Y" = Resubmission
 - "D" = Delete
- Updated Validation Rules (Column H) to read: Validates that only character "N","Y", or "D" is provided. If "D" is provided, only DE# 2, 3, 4, 24, and 25 are required for the record. All other fields are optional.
- **Data Element Name: Ownership/Investment Physician's First Name (DE#6)**
 - Updated Definition/Description (Column C) to read: Textual first name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
- **Data Element Name: Ownership/Investment Physician's Middle Name (DE#7)**
 - Updated Definition/Description (Column C) to read: Textual middle initial or middle name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
- **Data Element Name: Ownership/Investment Physician's Last Name (DE#8)**
 - Updated Definition/Description (Column C) to read: Textual last name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
- **Data Element Name: Ownership/Investment Physician's Name Suffix (DE#9)**
 - Name suffix of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).
- **Data Element Name: Ownership/Investment Physician's State (DE#13)**
 - Updated Required? (Column F) to add: IF DE# 15 is any other value, this field must be blank.
- **Data Element Name: Ownership/Investment Physician's Zip Code (DE#14)**
 - Updated Required? (Column F) to add: IF DE# 15 is any other value, this field must be blank.
- **Data Element Name: Ownership/Investment Physician's Province (DE#16)**
 - Updated Required? (Column F) to read: No
- **Data Element Name: Ownership/Investment Physician's Postal Code (DE#17)**
 - Updated Required? (Column F) to add: IF DE# 15 = "US" or "United States", this field must be blank.

- **Data Element Name: Applicable Manufacturer or Applicable GPO Reporting Ownership Name (DE#23)**
 - Updated Definition/Description (Column C) to read: Textual proper name of either the Applicable Manufacturer or Applicable GPO reporting the ownership or investment interest being reported in this record.
 - Updated Required? (Column F) to read: Yes
 - Updated Validation Rules (Column H) to read: If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).
- **Data Element Name: Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID (DE#24)**
 - Updated Definition/Description (Column C) to read: Open Payments system-identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.
 - Updated Validation Rules (Column H) to read: If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE #2 (Applicable Manufacturer or Applicable GPO Registration ID).
- **Data Element Name: Resubmitted Ownership Record ID (DE#25)**
 - Updated Required? (Column F) to read: Yes IF DE# 4 Resubmission File Indicator = "Y" or "D"

2.1.5 Changes to the Allowed Special Characters Tab

- The Special Characters tab and title have been renamed to Allowed Special Characters. The Description column on the Allowed Special Characters tab has been renamed to Name.
- **Special Character +**
 - Updated Name (Column B) to read: Plus sign
- **Special Character @**
 - Updated Name (Column B) to read: At sign
- **Special Character \$**
 - Updated Name (Column B) to read: Dollar sign
- **Special Character Space**
 - Updated Name (Column B) to read: Space character
- **Special Character =**
 - Updated Name (Column B) to read: Equal
- **Special Character -**
 - Updated Name (Column B) to read: Minus sign/hyphen
- **Special Character (**

- Updated Name (Column B) to read: Left parenthesis
- **Special Character [**
 - Updated Name (Column B) to read: Left square brackets
- **Special Character)**
 - Updated Name (Column B) to read: Right parenthesis
- **Special Character |**
 - Updated Name (Column B) to read: Pipe
- **Special Character _**
 - Updated Name (Column B) to read: Underscore

3 Changes Made to CSV Templates

The CSV templates (also known as sample files) have been updated in accordance with the above changes.