CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Open Payments Public Use Files: Methodology Overview & Data Dictionary

OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY INTO INDUSTRY-PHYSICIAN FINANCIAL RELATIONSHIPS

January 2021

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 CFR Parts 402 and 403 [CMS-5060-F]. This document is not intended as a supplement or replacement of the Final Rule.

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1 Introduction

Open Payments, which is managed by the Centers for Medicare & Medicaid Services (CMS), is a national disclosure program created by the Affordable Care Act (ACA). The program promotes transparency and accountability by helping consumers understand the financial relationships between pharmaceutical and medical device industries, and physicians and teaching hospitals. These financial relationships may include consulting fees, research grants, travel reimbursements, and payments made from the industry to medical practitioners.

It is important to note that financial ties between the health care industry and health care providers do not necessarily indicate an improper relationship.

This document provides a guide to how CMS publishes the informational data gathered by Open Payments for public use. It explains the sources of the data, the data files that are available from CMS, and the fields contained in each data file. View the data and learn more about the Open Payments program by visiting https://www.cms.gov/openpayments/index.html.

2 Methodology

Applicable manufacturers and applicable Group Purchasing Organizations (GPOs) are required to submit data about payments and other transfers of value made to physicians and teaching hospitals between January 1 and December 31 of each program year. They are also required to submit information regarding ownership or investment interests held by physicians or their immediate family members during the program year.

This data may then be reviewed and, if necessary, disputed by the physicians and teaching hospitals associated with those records. The data is then made available on https://openpaymentsdata.cms.gov/ for online browsing and downloading. Data submitted to Open Payments that are eligible for publication is published twice annually; first, in an initial publication, and then in a refresh publication. Refer to Section 2.3 for more information. Publishing rules, limitations, and exclusions are given in Section 2.6.

Figure 2.1, below, provides a high-level representation of the various periods during a given program year. Exact dates for the current program year are given in Appendix A: Key Dates for the Open Payments System for Program Year 2019.

Figure 2-1 Steps of the Open Payments Program

2.1 Steps 1 and 2: Data Collection and Submission

Applicable manufacturers and applicable GPOs submit their data for a program year during a designated submission period in the subsequent calendar year. For example, data collected from January 1-December 31, 2019 ("Program Year 2019") was submitted during the submission period, which ran from February 1 to March 31, 2020. During the submission period, applicable manufacturers and applicable GPOs may also submit data from earlier program years as well as updates to previously submitted data.

Physicians may be identified as covered recipients of records or as principal investigators associated with research-related payment records. To accurately identify physicians associated with records and correctly attribute those records to valid physicians, Applicable Manufacturers And Applicable GPOs are required to include in their records the names of the physicians and other identifying information, including the physician's state medical license number(s) and National Provider Identifier (NPI), if the physician has one.

Teaching hospitals may also be identified as covered recipients. Teaching hospitals are defined by CMS as any hospitals receiving payments 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. CMS has made available lists of reportable teaching hospitals for each program year, which can be found on the Resources page of the Open Payments website (https://www.cms.gov/OpenPayments/About/Resources.html).

During the submission process, the Open Payments system checks the submitted information to verify that the reported identifying data matches to valid physicians and teaching hospitals. This initial system matching can result in some records being rejected. These records must be corrected and re-submitted by the applicable manufacturer or applicable GPO in order for the records to be eligible for review, dispute, and publication.

2.2 Step 3: Review and Dispute Data/Review and Correct Data

Physicians and teaching hospitals may review the data attributed to them in the Open Payments system prior to its publication, and they may dispute any data they believe to be inaccurate. Each program year has a designated review, dispute, and correction period that begins after the end of the submission period. The Program Year 2019 dates for this period and all other periods referenced in this section are provided in Appendix A.

The review, dispute, and correction period starts with a 45-day review and dispute period for physicians and teaching hospitals to review, dispute, and work with the reporting entity to resolve any disputed record(s) submitted during the submission period. This includes records submitted for the previous program year, and any newly submitted records from prior program years. Similarly, records that are flagged for delay in publication by the reporting entity are eligible for review and dispute by physicians and teaching hospitals.

Immediately following the initial 45-day review and dispute period is an additional 15-day correction period for reporting entities to make final corrections to records and resolve any active disputes.

Note that although there is a designated review, dispute, and correction period, these activities can be performed through the end of the calendar year on all records that were submitted during the submission period of the current calendar year. This includes records for the latest program year and newly edited, submitted, and re-attested records from previous program years.

The designated review and dispute period only affects how the record is displayed in the data publication and subsequent data refresh. If a dispute is not resolved within the review, dispute, and correction period of a program year, all parties should still continue to seek a resolution until the dispute is resolved.

Disputes that are not resolved by the end of the correction period will be identified as disputed in the initial publication. Any disputes not resolved before the end of the calendar year (December 31st) will be identified as disputed in the refresh publication.

After the end of the calendar year, all records that had been available for review and dispute will no longer be available to covered recipients to review or dispute within the Open Payments system. Covered recipients can contact the reporting entity outside of the Open Payments system if any corrections are required to the published data after the end of calendar year. Reporting entities will still be able to edit records after the end of the calendar year.

2.3 Step 4: Data Publication

Only data submitted and attested to by the submission closing date is eligible for publication in the subsequent initial and refresh publications. Data submitted and attested after the submission closing date is considered late and will not be eligible for publication until the initial publication in the following calendar year. The Modified-Without-Dispute Cutoff Date is the end date for undisputed record edits to be included in the refresh publication; data that did not have any disputes against it and was modified after the modified- without-dispute cutoff date in November will not be available for review and dispute until the next calendar year during the review and dispute period hence this data will not be considered for the refresh publication but will be eligible for the next initial publication.

Data submitted to Open Payments that is eligible for publication is published twice annually, as explained below. Explanations of record limitations, exclusions, and ineligibility are provided in Section 2.6.

- Initial Data Publication
    - Occurs annually on or by June 30th.
    - 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.

- Refresh Publication
  - Occurs at least once annually, typically at the beginning of the calendar year.
  - 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.

CMS publishes the Open Payments data for public use at https://openpaymentsdata.cms.gov.

2.3.1 Effect of Disputes on Data Publication

If a dispute is resolved by making corrections to the record(s), the publication of the updated version depends upon when the record(s) were corrected. See Section 2.3, above, for an explanation of which version of the data will be published.

Records still under dispute at the time of publication may be published with an indicator that identifies those records as being under dispute. Whether a record is identified as disputed in data publications depends upon when the dispute was initiated and when/if the dispute was resolved. The table below lists scenarios for dispute initiation and resolution and explains how records are identified in data publications based upon those scenarios.

Figure 2-2: Records Identified as Disputed

Dispute Initiated/Resolved	Published As Disputed in Initial Publication?	Published As Disputed in Refresh Publication?
Initiated: During the 45-day Review and Dispute Period Resolved: By the end of the 15-day Correction	No	No
Initiated: During the 45-day Review and Dispute Period Resolved: After the end of the 15-day Correction Period	Yes	Yes, unless the dispute is resolved before the end of the calendar year
Initiated: During the 15-day Correction Period Resolved: By the end of the 15-day Correction Period	No	No
Initiated: During the 15-day Correction Period Resolved: After the end of the 15-day Correction Period	No	Yes, unless the dispute is resolved before the end of the calendar year

Dispute Initiated/Resolved	Published As Disputed in Initial Publication?	Published As Disputed in Refresh Publication?
Initiated: After the Correction Period Resolved: By the end of the calendar year	No	No
Initiated: After the Correction Period Resolved: After the end of the calendar year	No	Yes

Note: If a record was initially disputed during the 45-day review and dispute period and more disputes are initiated on that same record during the 15-day correction period, then the data attested to as of the end of the 15-day correction period is published in the initial publication, including any changes made due to dispute resolution.

2.4 Data Sources and Types

Applicable manufacturers and applicable GPOs must enter detailed information about payments, other transfers of value, or investment interests into the CMS Open Payments system. These payments, other transfers of value, and ownership or investment interests are categorized into three (3) payment types:

1. General Payments: Payments or other transfers of value made that are not in connection with a research agreement or research protocol.
2. Research Payments: Payments or other transfers of value made in connection with a research agreement or research protocol.
3. Physician Ownership or Investment Interest Information: Information about physicians who hold an ownership or investment interest in an applicable manufacturer or applicable GPO or who have an immediate family member holding such interest.

2.5 Reporting Limitations and Exclusions

The Open Payments data published by CMS is subject to limitations and exclusions.

Certain payments or other transfers of value are excluded from reporting, such as product samples and educational materials intended for patient use. Records of such payments and other transfers of value should not be submitted to the Open Payments system. These exclusions are outlined in the Open Payments final rule, at 42 C.F.R. § 403.904(i), available at https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Final-Rule.pdf.

Payment records will only be accepted by the Open Payments system if they are both successfully validated and successfully matched to a valid physician or teaching hospital.

2.6 Publication Rules

The publication rules for Open Payments are as follows:

- Eligible records submitted and attested before the end of the data submission period will be published in that year's initial and data refresh publications.
- The data published in the June (initial) publication is the latest attested version of the data at the end of the correction period.
- The data published in the early year (refresh) publication is the latest attested version of the data at the end of the calendar year.

Records may not be eligible for publication based upon publishing limitations. See Section 2.6.1 for details.

2.6.1 Publishing Limitations

The following limitations apply to what records are published by CMS through Open Payments:

1. **Data attested after the submission closing date** is considered late and will not be included in the initial publication or the next data refresh publication. Late submissions may be eligible for publication in the following calendar year's data publication.
2. **Records in which physician or physician principal investigator identifying information is changed after the submission end date** will not be included in the initial publication or the next data refresh publication. Such a change requires the deletion of the original record and submission of a new corrected record; after the submission closing date, the corrected record would be a late submission.
    a. These corrected records may be eligible for publication in the following calendar year's initial data publication.
3. **Records deleted** prior to the end of the correction period for that year will not be published in the initial data publication or in any subsequent publications.
    a. Records deleted after the correction period but prior to December 31 of that calendar year will be published in the initial publication but will be removed in the data refresh publication and any subsequent publications.
4. **Records without disputes against them that are updated after the submission period** will not be published in the initial data publication.
    a. The record may be eligible for the next data refresh publication if it was resubmitted and attested by the modified-without-dispute cutoff date in November of that year.
    b. Updates to undisputed records that are resubmitted and attested after the modified-without-dispute cutoff date in November will not be published in the subsequent refresh publication but may be eligible for publication in the following calendar year's publication.
5. **Records that had been published previously and were then edited after their publication** and not re-attested to by the end of the next correction period are not published.
6. **Reporting entities may request a delay in the publication of research payment records** if the records relate to research or development of a new drug, biological, device, or medical supply; a new application of an existing drug, biological, device, or medical supply; or clinical investigations regarding a new drug, biological, device, or medical supply. These payments will be published in later publications of Open Payments as appropriate. See the Open Payments Final Rule, 42 C.F.R. § 403.910, available at https://www.cms.gov/Regulations-and-Guidance/Legislation/National-

Physician-Payment-Transparency-Program/Downloads/Final-Rule.pdf.

a. Records for which submitters requested a delay in publication or a renewal of a delay in publication prior to the end of the submission period will not be published for the year they are delayed. These records will be eligible for publication in the next year's publication, unless the delay in publication is renewed.
b. Records may be delayed up to four years from the year of the payment (i.e., the record's program year).
c. Records without disputes that are updated to remove delay in publication after the submission period will not be published in the initial publication, but will be published in the refresh publication.

7. **Program Year 2013:** Beginning with the Program Year 2019 data submission, reporting entities were no longer able to submit records for Program Year 2013.

2.7 Data in Context

The context of the data is shown in two different ways. General contextual information about the program can be found on the Data in Context page on the Open Payments website (https://www.cms.gov/OpenPayments/About/Open-Payments-Data-in-Context.html).

Context at the individual payment level is available when reported by the applicable manufacturer or applicable GPO. This data is posted exactly as it was submitted and was not altered by CMS. This may be viewed when exploring the data.

3 Accessing the Data

Open Payments data is published at https://openpaymentsdata.cms.gov. From this site, all published Open Payments data can be viewed online and downloaded.

3.1 Online Data Access

The Open Payments data is accessible through the Open Payments Search Tool and the Open Payments Data Explorer. The Search Tool (https://openpaymentsdata.cms.gov/search), allows users to search Open Payments data for physicians, teaching hospitals, and companies making payments. The Data Explorer (https://openpaymentsdata.cms.gov/browse), which allows users to browse datasets; search records by physician, teaching hospital, principal investigator, and reporting entity; and filter the data.

3.2 Downloading the Data

CMS has made available the capability to download complete Open Payments data sets. Data sets for all program years are available. The data sets are contained in downloadable ZIP files. Each program year ZIP file contains several comma-delimited character-separated value (CSV) files and a README text file. The program year is included in each ZIP file's name.

Also available for download is a supplement file that contains detailed information about physicians who were indicated as recipients of payments, other transfers of value, or as holding ownership or investment interests in applicable manufacturers on records that were published by CMS through the Open Payments program. The supplement file also contains information about physician principal investigators who were associated with research payments or other transfers of value in records published by CMS through the Open Payments program. The supplement file contains only physicians who have at least one payment record associated with them that has been published by CMS through the Open Payments program. This list is available in a downloadable ZIP file, which contains a comma-delimited character-separated value (CSV) file and a README text file.

CMS does not recommend using Windows File Compression to decompress downloaded files. Programs recommended for file decompression are WinZip, WinRAR, and 7-Zip.

The **Program Year ZIP files** contain CSV files of the following types:

- **General Payments Details**
    - General payment records provide the total value of general payments or other transfers of value to a particular recipient for a particular date.
    - Each record includes identifying information for the applicable manufacturer or applicable GPO who made the payment, and identifying information for the recipient.
    - For Program Year 2016 and onwards, each record may list up to five products if the payment was made in relation to any such products. Records for program years 2013-2015 may include up to five covered drugs or biologicals and also up to five covered devices or medical supplies.

- **Research Payments Details**
  - Research payment records provide the total value of a payment or other transfer of value made for research purposes to a particular recipient for a particular date.
  - Each record includes identifying information for the applicable manufacturer or applicable GPO who made the payment, as well as identifying information for the recipient. Information is also provided for up to five physician principal investigators associated with the payment.
  - For Program Year 2016 and onwards, each record may list up to five products if the payment was made in relation to any such products. Records for program years 2013-2015 may include up to five covered drugs or biologicals and also up to five covered devices or medical supplies.
- **Physician Ownership Details –** The complete published data set for physician ownership or investment interest data. Physician ownership records provide information on physician ownership or investment interests in an applicable manufacturer or applicable GPO.

Records for all three payment categories (general, research, physician ownership) include a Change Type indicator that explains the record's status relating to previous publications.

Figure 3-1: Change Type Values and Meanings

Change Type value	Meaning
NEW	The payment record was submitted during the most recent submission window and is being published for the first time.
ADD	The payment record had been submitted prior to the most recent submission window but was not eligible for publication until the current publication. The record is being published for the first time.
CHANGED	The payment record has been published in a previous publication and has been modified since its last publication, which may include an update to its dispute status.
UNCHANGED	The payment record has been published in the previous publication and is being republished without change in the current publication.

- Deleted and Removed Records – The Deleted Records File contains the Record ID, Payment Type, and Program Year of records that were previously published and have been deleted or removed from the Open Payments system for that program year. Each record also has a Change Type indicator, which shows if the record was deleted or removed.
  - Note: The initial publication of the latest program year's data will not include a Deleted and Removed Record file, as the initial publication contains records that have not been
  - Note: In the event there are no REMOVED or DELETED records for this program year, the

Removed and Deleted Records file will not be included in the compressed (.zip) file.

The text file in the program year ZIP files is:

- **README** - A text file that provides information about the files available for download, their formats, special handling considerations, and other alternatives for viewing the Open Payments data.

Also available for download is the **Physician Profile Supplement Detail ZIP file**, which contains one (1) CSV file and one (1) README file. The CSV file contains all of the identifying information for physicians who were indicated as recipients of payments, other transfers of value, or ownership and investment interest in Open Payments records, as well as physician principal investigators who were associated with payments or other transfers of value. The README file provides information about the contents of the CSV file.

Appendices A through G list the data elements displayed in the General Payments Details files, Research Payments Details files, Physician Ownership Details files, and Deleted Records files. These appendices also provide descriptions and sample data for each data element. Note that general and research payments have separate appendices for Program Years PY 2013-2015 and for PY 2016-2020. Appendix J provides a complete list of data elements displayed in the Physician Profile Supplement File, including descriptions and sample data for each data element.

Note: **The CSV data files may be too large for Microsoft Excel and other common spreadsheet programs.** Excel cannot display worksheets with more than 1,048,576 rows. To display the data in its entirety requires the use of programs capable of handling very large numbers of records.

3.3 2019 Program Year Files

The ZIP file OP_DTL_PGYR2019_P01222021.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2019 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-2: Program Year 2019 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	10347916	75	5.7G
Research Payments Details	612785	176	495M
Physician Ownership Details	2552	29	969K
Deleted and Removed Records Details	25292	4	915K

3.4 2018 Program Year Files

The ZIP file OP_DTL_PGYR2018_P01222021.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2018 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-3: Program Year 2018 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	10897274	75	6.0G
Research Payments Details	611664	176	510M
Physician Ownership Details	3388	29	1.5M
Deleted and Removed Records Details	819	4	30K

3.5 2017 Program Year Files

The ZIP file OP_DTL_PGYR2017_P01222021.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2017 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-4: Program Year 2017 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	11395222	75	6.3G
Research Payments Details	673165	176	558M
Physician Ownership Details	3187	29	1.3M
Deleted and Removed Records Details	248	4	9.1K

3.6 2016 Program Year Files

The ZIP file OP_DTL_PGYR2016_P01222021.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2016 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-5: Program Year 2016 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	11697158	75	6.5G
Research Payments Details	778138	176	625M
Physician Ownership Details	4217	29	1.6M
Deleted and Removed Records Details	9	4	394K

3.7 2015 Program Year Files

The ZIP file OP_DTL_PGYR2015_P01222021.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2015 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-6: Program Year 2015 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	11561876	65	5.9G
Research Payments Details	945466	166	735M
Physician Ownership Details	5046	29	2.0M
Deleted and Removed Records Details	23	4	914K

3.8 2014 Program Year Files

The ZIP file OP_DTL_PGYR2014_P012220210.zip contains the four (4) CSV files and one (1) text file as described above for Program Year 2014 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-7: Program Year 2014 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	11318428	65	5.7G
Research Payments Details	793338	166	603M
Physician Ownership Details	5422	29	2.1M
Deleted and Removed Records Details	8	4	357K

3.9 2013 Program Year Files

The ZIP file OP_DTL_PGYR2013_P01222021.zip contains the three (3) CSV files and one (1) text file as described above for Program Year 2013 data. The table below summarizes key information for each of the above-referenced files.

Figure 3-8: Program Year 2013 Data Files

File Name	Number of Rows	Number of Columns	Raw Data File Size
General Payments Details	4172205	65	2.1G
Research Payments Details	435119	166	316M
Physician Ownership Details	5240	29	2.1M

3.10 Physician Profile Supplement File

The Physician Profile Supplement File contains all of the identifying information for physicians who were indicated as recipients of payments, other transfers of value, or ownership and investment interest in records published by CMS through Open Payments as well as physician principal investigators who were associated with payments or other transfers of value in records published in Open Payments. This list can be used as a resource when analyzing Open Payments datasets.

The ZIP file OP_PH_PRFL_SPLMTL_P01222021.zip contains one (1) CSV file with the Physician Profile Supplement File and one (1) text file, a README file that provides information about the file available for download, its format, special handling considerations, and other alternatives for viewing the data.

Figure 3-9: Physician Profile Supplement File

File Name	Number of Rows	Number of Columns	Raw Data File Size
Physician Profile Supplement	1086593	27	213M

3.10.1 Contents of the Physician Profile Supplement File

The file contains only physicians who were associated with at least one payment record published in Open Payments since the start of the program in 2013. Each record includes the physician's demographic information, specialties, and states in which the physician holds a medical license(s), as well as the Open Payments' unique identification number (Physician Profile ID) for each physician. The Physician Profile ID is a unique identifier for a physician within the Open Payments system and can be used to search the data files to find payments made to that specific physician as well as to link physician records across program years.

3.10.2 How to Use the Physician Supplement File

Individuals and organizations can use the identifying information provided in the Physician Profile Supplement File as an analytical resource to search for records of payments or other transfers of value made to a particular physician, as well as to link physician data across program years. A complete list of data elements displayed in the Physician Profile Supplement File, including descriptions and sample data for each data element, can be found in Appendix H.

Information related to the taxonomy codes included in the physician profiles is provided in the "Taxonomy / Specialty Lookup Document," available on the Resources page of the Open Payments website, at https://www.cms.gov/OpenPayments/About/Resources.html.

Appendix A: Key Dates for the Open Payments System for Program Year 2019

Figure A-0-1: Key Dates for Program Year 2019

Program Activity	Start Date	End Date
Applicable manufacturers and applicable GPOs collected payment data	January 1, 2019	December 31, 2019
Applicable manufacturers and applicable GPOs submitted data to the Open Payments system	February 1, 2020	March 31, 2020
Physicians and teaching hospitals reviewed data and disputed records as necessary	April 1, 2020	May 15, 2020
Applicable manufacturers and applicable GPOs corrected data as necessary	May 16, 2020	May 30, 2020
Data published by CMS	N/A	June 30,2020
Data refresh published by CMS	N/A	January 2021

Registration for applicable manufacturers, applicable GPOs, physicians, and teaching hospitals is available year-round.

Record review, dispute, and correction can take place year-round. The dates above are the dates that drive how the data is reflected in the initial data publication of June 2020. Disputes initiated after May 15, 2020 or changes to records made after May 30, 2020 may be reflected in the data refresh publication in early 2021. See Sections 2.2 and 2.3 of this document for details.

Appendix B: General Payments Detail (Program Year 2016-2020)

Figure B-0-1: General Payment File Attributes (PY 2016-2020)

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Change_Type	An indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from the end of previous submission deadline until the current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which is eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	string	20
Covered_Recipient_Type	An indicator showing if the recipient of the payment or transfer of value is a physician covered recipient or a teaching hospital.	Physician	VARCHAR2(50)	string	50
Teaching_Hospital_CCN	A unique identifying number (CMS Certification Number) of the Teaching Hospital receiving the payment or other transfer of value.	330024	VARCHAR2(06)	string	6
Teaching_Hospital_ID	The system generated a unique identifier of the Teaching Hospital receiving the payment or other transfer of value.	1000000999	NUMBER(38,0)	number	38

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Teaching_Hospital_Name	The name of the Teaching Hospital receiving the payment or other transfer of value. The name displayed is as listed in CMS teaching hospital list under Hospital name.	Healthy Heart Hospital	VARCHAR2(100)	string	100
Physician_Profile_ID	System generated unique identifier for physician profile receiving the payment or other transfer of value.	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Physician_Last_Name	Last name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Physician_Name_Suffix	Name suffix of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Recipient_City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Baltimore	VARCHAR2(40)	string	40
Recipient_State	The primary practice/business state or territory abbreviation of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value, if the primary practice/business address is in United States.	MD	CHAR(2)	string	2
Recipient_Zip_Code	The 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Recipient_Postal_Code	The international postal code for the primary practice/business location of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Physician_Primary_Type	Primary type of medicine practiced by the physician (covered recipient).	Medical Doctor (MD)	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Physician_Specialty	Physician's single-specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Physician_License_State_code1	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MA	CHAR(2)	string	2
Physician_License_State_code2	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states if a physician is licensed in multiple states.	PA	CHAR(2)	string	2
Physician_License_State_code3	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Physician_License_State_code4	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states if a physician is licensed in multiple states.	MI	CHAR(2)	string	2
Physician_License_State_code5	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states if a physician is licensed in multiple states.	WI	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of the submitting applicable manufacturer or submitting applicable GPO.	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	System generated unique identifier of the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) Making payment or other transfer of value	1000000049	VARCHAR2(12)	Number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of the submitting applicable manufacturer or submitting applicable GPO as provided in Open Payments	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) as provided in Open Payments	United States	VARCHAR2(100)	string	100
Total_Amount_of_Payment_US Dollars	U.S. dollar amount of payment or other transfer of value to recipient (manufacturer must convert to dollar currency if necessary)	1978.00	NUMBER(12,2)	decimal	12
Date_of_Payment	If a singular payment, then this is the actual date the payment was issued; if a series of payments or an aggregated set of payments, this is the date of the first payment to the covered recipient in this program year	04/01/2013	DATE	Date MM/DD/YYYY	12
Number_of_Payments_Included_in_Total_Amount	The number of discrete payments being reported in the "Total Amount of Payment".	1	NUMBER(3,0)	number	3

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Form_of_Payment_or_Transfer_of_Value	The method of payment used to pay the covered recipient or to make the transfer of value.	In-kind items and services	VARCHAR2(100)	string	100
Nature_of_Payment_or_Transfer_of_Value	The nature of payment used to pay the covered recipient or to make the transfer of value.	Consulting Fee	VARCHAR2(200)	string	200
City_of_Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	San Diego	VARCHAR2(40)	string	40
State_of_Travel	For "Travel and Lodging" payments, the destination state where covered recipient traveled.	CA	CHAR(2)	string	2
Country_of_Travel	For "Travel and Lodging" payments, the destination country where covered recipient traveled.	United States	VARCHAR2(100)	string	100
Physician_Ownership_Indicator	Indicates whether the physician holds an ownership or investment interest in the applicable manufacturer; this indicator is limited to physician's ownership, not the physician's family members' ownership	No	CHAR(3)	string	3
Third_Party_Payment_Recipient_Indicator	Indicates if a payment or transfer of value was paid to a third party entity or individual at the request of or on behalf of a covered recipient (physician or teaching hospital).	Entity	VARCHAR2(50)	string	50
Name_of_Third_Party_Entity_Receiving_Payment_or_Transfer_of_Value	The name of the entity that received the payment or other transfer of value.	EDCBA Manufacturing	VARCHAR2(50)	string	50
Charity_Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	No	CHAR(3)	string	3

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Third_Party_Equals_Covered_Recipient_Indicator	Indicator showing the "Third Party" that received the payment or other transfer of value is a Covered Recipient.	No	CHAR(3)	string	3
Contextual_Information	Any free String which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value.	Transfer made to promote use of product	VARCHAR2(500)	string	500
Delay_in_Publication_Indicator	Indicator showing if an Applicable Manufacturer/GPO is requesting a delay in publication of a payment or other transfer of value	No	CHAR(3)	string	3
Record_ID	System-assigned identifier to the general transaction at the time of submission	100000000241	NUMBER(38,0)	number	38
Dispute_Status_for_Publication	Indicates whether the payment or other transfer of value is disputed by the covered recipient or not	Yes	CHAR(3)	string	3
Related_Product_Indicator	Indicator allows the applicable manufacturer or applicable GPO to select whether the payment or other transfer of value is related to one or more product(s) (drugs, devices, biologicals, or medical supplies). If the payment was not made in relation to a product, select "No". If the payment was related to one or more product, select "Yes".	Y	VARCHAR2(100)	string	100
Covered_or_Noncovered_Indicator_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_1	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_1	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 1	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_1	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-61	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_2	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_2	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 2	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_2	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_3	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_3	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 3	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_3	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-63	VARCHAR2(100)	string	12

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Covered_or_Noncovered_Indicator_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Biological	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_4	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_4	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 4	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_4	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-64	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Device	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Product_Category_or_Therapeutic_Area_5	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_5	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 5	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_5	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-65	VARCHAR2(100)	string	12
Program_Year	The year in which the payment occurred, as reported by submitting entity.	2016	CHAR(4)	number	4
Payment_Publication_Date	The predefined date when the payment or other transfer of value is scheduled to be published	06/30/2017	DATE	DATE MM/DD/YYYY	12

Appendix C: General Payments Detail (Program Years 2013-2015)

Figure C-0-1: General Payment File Attributes (PY 2013-2015)

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from end of previous submission deadline until current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which are eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	String	20
Covered_Recipient_Type	Indicator showing if recipient of the payment or other transfer of value is a physician covered recipient or a teaching hospital	Physician	VARCHAR2(50)	string	50
Teaching_Hospital_CCN	A unique identifying number (CMS Certification Number) of the Teaching Hospital receiving the payment or other transfer of value	330024	VARCHAR2(06)	string	6

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Teaching_Hospital_ID	Open Payments system-generated unique identifier of the teaching hospital receiving the payment or other transfer of value	1000000999	NUMBER(38,0)	number	38
Teaching_Hospital_Name	The name of the teaching hospital receiving the payment or other transfer of value – the name displayed is as listed in the CMS teaching hospital list	Healthy Heart Hospital	VARCHAR2(100)	string	100
Physician_Profile_ID	Open Payments system-generated unique identifier for physician profile receiving the payment or other transfer of value	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	A	VARCHAR2(20)	string	20
Physician_Last_Name	Last name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	Smith	VARCHAR2(35)	string	35

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Name_Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	III	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Recipient_City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value	Baltimore	VARCHAR2(40)	string	40
Recipient_State	The primary practice/business state or territory abbreviation of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States	MD	CHAR(2)	string	2

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Recipient_Zip_Code	The 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20
Recipient_Postal_Code	The international postal code for the primary practice/business location of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Physician_Primary_Type	Primary type of medicine practiced by the physician (covered recipient)	Medical Doctor (MD)	VARCHAR2(100)	string	100

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Physician_License_State_code 1	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MA	CHAR(2)	string	2
Physician_License_State_code 2	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	PA	CHAR(2)	string	2
Physician_License_State_code 3	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Physician_License_State_code 4	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MI	CHAR(2)	string	2
Physician_License_State_code 5	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	WI	CHAR(2)	string	2
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of the submitting applicable manufacturer or applicable GPO	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	Open Payments system-generated unique identifier of the applicable manufacturer or applicable GPO making payment or other transfer of value	1000000049	VARCHAR2(38)	Number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	ABCDE Manufacturing	VARCHAR2(100)	string	100

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	United States	VARCHAR2(100)	string	100
Total_Amount_of_Payment_USDollars	US dollar amount of payment or other transfer of value to recipient (manufacturer must convert to dollar currency if necessary)	1978.00	NUMBER(12,2)	decimal	12
Date_of_Payment	If a singular payment, then this is the actual date the payment was issued; if a series of payments or an aggregated set of payments, this is the date of the first payment to the covered recipient in this program year	04/01/2013	DATE	Date MM/DD/YYYY	12
Number_of_Payments_Included_in_Total_Amount	The number of discrete payments being reported in the "Total Amount of Payment"	1	NUMBER(3,0)	number	3
Form_of_Payment_or_Transfer_of_Value	The method of payment used to pay the covered recipient or to make the transfer of value	In-kind items and services	VARCHAR2(100)	string	100

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Nature_of_Payment_or_Transfer_of_Value	The nature of payment used to pay the covered recipient or to make the transfer of value	Consulting Fee	VARCHAR2(200)	string	200
City_of_Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled	San Diego	VARCHAR2(40)	string	40
State_of_Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled	CA	CHAR(2)	string	2
Country_of_Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled	United States	VARCHAR2(100)	string	100
Physician_Ownership_Indicator	Indicates whether the physician holds ownership or investment interest in the applicable manufacturer; this indicator is limited to physician's ownership, not physician's family members' ownership	No	CHAR(3)	string	3
Third_Party_Payment_Recipient_Indicator	Indicates if a payment or other transfer of value was paid to a third party entity or individual at the request of or on behalf of a covered recipient (physician or teaching hospital)	Entity	VARCHAR2(50)	string	50

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Third_Party_Entity_Receiving_Payment_or_Transfer_of_Value	The name of the entity that received the payment or other transfer of value	EDCBA Manufacturing	VARCHAR2(50)	string	50
Charity_Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity	No	CHAR(3)	string	3
Third_Party_Equals_Covered_Recipient_Indicator	Indicator showing the "Third Party" that received the payment or other transfer of value is a covered recipient	No	CHAR(3)	string	3
Contextual_Information	Any free text which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value	Transfer made to promote use of product	VARCHAR2(500)	string	500
Delay_in_Publication_Indicator	Indicator showing if an applicable manufacturer or applicable GPO is requesting a delay in publication of a payment or other transfer of value	No	CHAR(3)	string	3
Record_ID	Open Payments system-assigned identifier to the general transaction at the time of submission	100000000241	NUMBER(38,0)	number	38
Dispute_Status_for_Publication	Indicates whether the payment or other transfer of value is being disputed by the covered recipient or not	Yes	CHAR(3)	string	3

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Product_Indicator	Indicator that allows the applicable manufacturer or applicable GPO to select whether the payment or other transfer of value is associated with only covered drugs, devices, biologicals or medical supplies ("Covered"), *or* only non-covered drugs, devices, biologicals or medical supplies ("Non-covered"), *or* neither covered or non-covered drugs, devices, biologicals or medical supplies ("None"), *or* both covered and/or non-covered drugs, devices, biologicals or medical supplies ("Covered" or "Combination")	Covered	VARCHAR2(50)	string	50
Name_of_Associated_Covered_Drug_or_Biological1	The marketed name of the drug or biological associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 1	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological2	The marketed name of the drug or biological associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 2	VARCHAR2(500)	string	500

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Associated_Covered_Drug_or_Biological3	The marketed name of the drug or biological associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 3	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological4	The marketed name of the drug or biological associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 4	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological5	The marketed name of the drug or biological associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 5	VARCHAR2(500)	string	500
NDC_of_Associated_Covered_Drug_or_Biological1	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(12)	string	12

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
NDC_of_Associated_Covered_Drug_or_Biological2	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-62	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological3	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-2726-2	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological4	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological5	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-2726-2	VARCHAR2(12)	string	12
Name_of_Associated_Covered_Device_or_Medical_Supply1	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 1	VARCHAR2(500)	string	500

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Associated_Covered_Device_or_Medical_Supply2	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 2	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply3	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 3	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply4	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 4	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply5	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 5	VARCHAR2(500)	string	500

Attribute Name	Description	Sample Data	Data Type	Format	Max Length
Program_Year	The year in which the payment occurred	2014	CHAR(4)	number	4
Payment_Publication_Date	The predefined date when the payment or other transfer of value is scheduled to be published	06/30/2015	DATE	DATE MM/DD/YYYY	12

Appendix E: Research Payments Detail (Program Year 2016-2020)

Figure D-0-1: Research Payment File Attributes (PY 2016-2020)

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from end of previous submission deadline until current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which are eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	string	20
Covered_Recipient_Type	Indicator showing if recipient of the payment or other transfer of value is a physician covered recipient, teaching hospital covered recipient, non-covered recipient entity or non-covered recipient individual	Covered Recipient Teaching Hospital	VARCHAR2(50)	string	50
Noncovered_Recipient_Entity _Name	The name of the non-covered recipient entity receiving the payment or other transfer of value	EDCBA Corporation	VARCHAR2(50)	string	50
Teaching_Hospital_CCN	A unique identifying number (CMS Certification Number) of the Teaching Hospital receiving the payment or other transfer of value.	330024	VARCHAR2(06)	string	6
Teaching_Hospital_ID	System generated unique identifier of the Teaching Hospital receiving the payment or other transfer of value.	1000000999	NUMBER(38,0)	number	38

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Teaching_Hospital_Name	The name of the Teaching Hospital receiving the payment or other transfer of value. The name displayed is as listed in CMS teaching hospital list under Hospital name.	Healthy Heart Hospital	VARCHAR2(100)	string	100
Physician_Profile_ID	System generated unique identifier for physician profile receiving the payment or other transfer of value.	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Physician_Last_Name	Last name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Physician_Name_Suffix	Name suffix of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Recipient_City	The primary practice/business address city of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	Baltimore	VARCHAR2(40)	string	40
Recipient_State	The state or territory abbreviation of the primary business address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary business address is in the United States.	MD	CHAR(2)	string	2
Recipient_Zip_Code	The 9-digit zip code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is in the United States	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Recipient_Postal_Code	The international postal code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary business address is outside the United States	5600098	VARCHAR2(20)	string	20

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Physician_Primary_Type	Primary type name of medicine practiced by the physician covered recipient.	Doctor of Osteopathy (DO)	VARCHAR2(50)	string	50
Physician_Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Physician_License_State_code 1	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Physician_License_State_code 2	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	CA	CHAR(2)	string	2
Physician_License_State_code 3	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	TX	CHAR(2)	string	2
Physician_License_State_code 4	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Physician_License_State_code 5	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MA	CHAR(2)	string	2
Principal_Investigator_1_Profil e_ID	An identifier for Principal Investigator profile after validation	3843332	NUMBER(38,0)	number	38
Principal_Investigator_1_First _Name	First name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Principal_Investigator_1_Midd le_Name	Middle name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Principal_Investigator_1_Last_ Name	Last name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Principal_Investigator_1_Nam e_Suffix_	Name suffix of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Principal_Investigator_1_Busi ness_Street_Address_Line1	The first line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_1_Busi ness_Street_Address_Line2	The second line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_City	The primary practice/business city of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	Baltimore	VARCHAR2(40)	string	40
Principal_Investigator_1_State	The primary practice/business state or territory abbreviation of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	MD	CHAR(2)	string	2
Principal_Investigator_1_Zip_Code	The 9-digit zip code for the primary business location of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_1_Country	The primary practice/business address country name of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_1_Province	The primary practice/business province name of the Principal Investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_1_Postal_Code	The international postal code for the primary practice/business location of the principal investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_1_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_Specialty	Principal Investigator's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_1_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Principal_Investigator_1_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Principal_Investigator_1_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	ME	CHAR(2)	string	2
Principal_Investigator_1_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	NY	CHAR(2)	string	2
Principal_Investigator_1_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MI	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_Profile_ID	An identifier for Principal Investigator profile after validation	3843342	NUMBER(38,0)	number	38
Principal_Investigator_2_First_Name	First name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Principal_Investigator_2_Middle_Name	Middle name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Principal_Investigator_2_Last_Name	Last name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Principal_Investigator_2_Name_Suffix	Name suffix of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Principal_Investigator_2_Business_Street_Address_Line1	The first line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_2_Business_Street_Address_Line2	The second line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_2_City	The primary practice/business city of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	Baltimore	VARCHAR2(40)	string	40

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_state	The primary practice/business state or territory abbreviation of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	MD	CHAR(2)	string	2
Principal_Investigator_2_Zip_Code	The 9-digit zip code for the primary business location of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_2_Country	The primary practice/business address country name of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_2_Province	The primary practice/business province name of the Principal Investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_2_Postal_Code	The international postal code for the primary practice/business location of the principal investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_2_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_Specialty	Principal Investigator's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_2_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Principal_Investigator_2_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Principal_Investigator_2_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	TX	CHAR(2)	string	2
Principal_Investigator_2_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	CA	CHAR(2)	string	2
Principal_Investigator_2_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	AL	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Profile_ID	An identifier for Principal Investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_3_First_Name	First name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Principal_Investigator_3_Middle_Name	Middle name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Principal_Investigator_3_Last_Name	Last name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Principal_Investigator_3_Name_Suffix	Name suffix of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Principal_Investigator_3_Business_Street_Address_Line1	The first line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_3_Business_Street_Address_Line2	The second line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_3_City	The primary practice/business city of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	Baltimore	VARCHAR2(40)	string	40

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_State	The primary practice/business state or territory abbreviation of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	MD	CHAR(2)	string	2
Principal_Investigator_3_Zip_Code	The 9-digit zip code for the primary business location of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_3_Country	The primary practice/business address country name of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_3_Province	The primary practice/business province name of the Principal Investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_3_Postal_Code	The international postal code for the primary practice/business location of the principal investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_3_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Specialty	Principal Investigator's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_3_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Principal_Investigator_3_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Principal_Investigator_3_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	CA	CHAR(2)	string	2
Principal_Investigator_3_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	TX	CHAR(2)	string	2
Principal_Investigator_3_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	AL	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_Profile_ID	An identifier for Principal Investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_4_First_Name	First name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Principal_Investigator_4_Middle_Name	Middle name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Principal_Investigator_4_Last_Name	Last name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Principal_Investigator_4_Name_Suffix	Name suffix of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Principal_Investigator_4_Business_Street_Address_Line1	The first line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_4_Business_Street_Address_Line2	The second line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_4_City	The primary practice/business city of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	Baltimore	VARCHAR2(40)	string	40

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_State	The primary practice/business state or territory abbreviation of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	MD	CHAR(2)	string	2
Principal_Investigator_4_Zip_Code	The 9-digit zip code for the primary business location of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_4_Country	The primary practice/business address country name of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_4_Province	The primary practice/business province name of the Principal Investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_4_Postal_Code	The international postal code for the primary practice/business location of the principal investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_4_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_Specialty	Principal Investigator's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_4_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Principal_Investigator_4_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Principal_Investigator_4_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	CA	CHAR(2)	string	2
Principal_Investigator_4_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	TX	CHAR(2)	string	2
Principal_Investigator_4_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	AL	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Profile_ID	An identifier for Principal Investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_5_First_Name	First name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Principal_Investigator_5_Middle_Name	Middle name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Principal_Investigator_5_Last_Name	Last name of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Principal_Investigator_5_Name_Suffix	Name suffix of the Principal Investigator receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Principal_Investigator_5_Business_Street_Address_Line1	The first line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_5_Business_Street_Address_Line2	The second line of the primary practice/business street address of the Principal Investigator receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_5_City	The primary practice/business city of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	Baltimore	VARCHAR2(40)	string	40

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_State	The primary practice/business state or territory abbreviation of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States.	MD	CHAR(2)	string	2
Principal_Investigator_5_Zip_Code	The 9-digit zip code for the primary business location of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_5_Country	The primary practice/business address country name of the Principal Investigator receiving the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_5_Province	The primary practice/business province name of the Principal Investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_5_Postal_Code	The international postal code for the primary practice/business location of the principal investigator receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_5_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Specialty	Principal Investigator's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_5_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MD	CHAR(2)	string	2
Principal_Investigator_5_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2
Principal_Investigator_5_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	CA	CHAR(2)	string	2
Principal_Investigator_5_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	TX	CHAR(2)	string	2
Principal_Investigator_5_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	AL	CHAR(2)	string	2

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO).	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	System generated unique identifier of the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) Making payment or other transfer of value	1000000049	NUMBER(38,0)	number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of the submitting applicable manufacturer or submitting applicable GPO as provided in Open Payments	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) as provided in Open Payments	United States	VARCHAR2(100)	string	100
Related_Product_Indicator	Indicator allows the applicable manufacturer or applicable GPO to select whether the payment or other transfer of value is related to one or more product(s) (drugs, devices, biologicals, or medical supplies). If the payment was not made in relation to a product, select "No". If the payment was related to one or more product, select "Yes".	Y	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Covered_or_Noncovered_Indicator_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_1	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_1	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 1	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_1	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-61	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Device	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Product_Category_or_Therapeutic_Area_2	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_2	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 2	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_2	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-62	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Device	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_3	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_3	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 3	VARCHAR2(500)	string	500

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Associated_Drug_or_Biological_NDC_3	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-2726-3	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_4	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_4	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 4	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_4	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-64	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_5	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_5	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 5	VARCHAR2(500)	string	500
Associated_Drug_or_Biological_NDC_5	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-2726-5	VARCHAR2(100)	string	12
Total_Amount_of_Payment_USDollars	U.S. dollar amount of payment or transfer of value to recipient (manufacturer must convert to dollar currency if necessary).	2016	NUMBER(12,2)	decimal	12
Date_of_Payment	If a singular payment, then this is the actual date the payment was issued; if a series of payments or an aggregated set of payments, this is the date of the first payment to the covered recipient in this program year	06/30/2017	DATE	Date MM/DD/YYYY	12
Form_of_Payment_or_Transfer_of_Value	The method of payment used to pay the covered recipient or to make the transfer of value.	In-kind items and services	VARCHAR2(100)	string	100
Expenditure_Category1	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Expenditure_Category2	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category3	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category4	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category5	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category6	Contextual category for this research payment or other transfer of value	Patient Care	VARCHAR2(50)	string	50
Preclinical_Research_Indicator	Indicator showing if payment or other transfer of value is related to research, which is pre-clinical	Yes	CHAR(3)	string	3
Delay_in_Publication_Indicator	Indicator showing if an applicable manufacturer or applicable GPO is requesting a delay in publication of a payment or other transfer of value when the payment or other transfer of value is made in connection with: (1) research on or development of a new product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply)	No	CHAR(3)	string	3

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Name_of_Study	The textual name of the study for which the covered recipient is receiving this payment or other transfer of value. The textual name of the study for which the covered recipient is receiving this payment or other transfer of value	A Comparison of the Heart	VARCHAR2(500)	string	500
Dispute_Status_for_Publication	Indicates whether the payment or other transfer of value is disputed by the covered recipient or not	Yes	CHAR(3)	string	3
Record_ID	System assigned identifier to the research transaction at the time of submission	100000000023	NUMBER(38,0)	number	38
Program_Year	The year in which the payment occurred, as reported by submitting entity.	2016	CHAR(4)	number	4
Payment_Publication_Date	The predefined date when the payment or other transfer of value is scheduled to be published	06/30/2017	DATE	Date MM/DD/YYYY	12
ClinicalTrials_Gov_Identifier	Identifier assigned if research study is registered on clinicaltrials.gov	NCT21498631	VARCHAR2(11)	string	11
Research_Information_Link	Optional link to information relevant to the research study for which this payment or other transfer of value is being reported (there can be a maximum of five links reported)	Research	VARCHAR2(2083)	string	2083
Context_of_Research	Textual description of research context or research objectives	Objective is new designs for heart valve replacements	VARCHAR2(500)	string	500

Appendix G: Research Payments Detail (Program Years 2013-2015)

Figure E-0-1: Research Payment File Attributes (PY 2013-2015)

Name	Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from end of previous submission deadline until the current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which are eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	String	20
Covered_Recipient_Type	Indicator showing if recipient of the payment or other transfer of value is a physician covered recipient, teaching hospital covered recipient, non-covered recipient entity or non-covered recipient individual	Covered Recipient Teaching Hospital	VARCHAR2(50)	string	50
Teaching_Hospital_CCN	A unique identifying number (CMS Certification Number) of the Teaching Hospital receiving the payment or other transfer of value	330024	VARCHAR2(06)	string	6

Name	Description	Sample Data	Data Type	Format	Max Length
Noncovered_Recipient_Entity_Name	The name of the non-covered recipient entity receiving the payment or other transfer of value	EDCBA Corporation	VARCHAR2(50)	string	50
Teaching_Hospital_ID	Open Payments system-generated unique identifier of the teaching hospital receiving the payment or other transfer of value	1000000999	NUMBER(38,0)	number	38
Teaching_Hospital_Name	The name of the teaching hospital receiving the payment or other transfer of value – the name displayed is as listed in the CMS teaching hospital list	Healthy Heart Hospital	VARCHAR2(100)	string	100
Physician_Profile_ID	Open Payments system-generated unique identifier for physician profile receiving the payment or other transfer of value	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	A	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Last_Name	Last name of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	Smith	VARCHAR2(35)	string	35
Physician_Name_Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value, as reported by the submitting entity	III	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Recipient_City	The primary practice/business address city of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value	Baltimore	VARCHAR2(40)	string	40

Name	Description	Sample Data	Data Type	Format	Max Length
Recipient_State	The state or territory abbreviation of the primary business address of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary business address is in the United States	MD	CHAR(2)	string	2
Recipient_Zip_Code	The 9-digit zip code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is in the United States	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Recipient_Postal_Code	The international postal code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary business address is outside the United States	5600098	VARCHAR2(20)	string	20
Physician_Primary_Type	Primary type name of medicine practiced by the physician covered recipient	Doctor of Osteopathy (DO)	VARCHAR2(50)	string	50
Physician_Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Physician_License_State_code1	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_License_State_code2	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	CA	CHAR(2)	string	2
Physician_License_State_code3	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	TX	CHAR(2)	string	2
Physician_License_State_code4	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Physician_License_State_code5	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MA	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_Profile_ID	An Open Payments system-generated unique identifier for principal investigator profile after validation	3843332	NUMBER(38,0)	number	38
Principal_Investigator_1_First_Name	First name of the principal investigator associated with the payment or other transfer of value	John	VARCHAR2(20)	string	20
Principal_Investigator_1_Middle_Name	Middle name of the principal investigator associated with the payment or other transfer of value	A	VARCHAR2(20)	string	20
Principal_Investigator_1_Last_Name	Last name of the principal investigator associated with the payment or other transfer of value	Smith	VARCHAR2(35)	string	35
Principal_Investigator_1_Name_Suffix_	Name suffix of the principal investigator associated with the payment or other transfer of value	III	VARCHAR2(5)	string	5
Principal_Investigator_1_Business_Street_Address_Line1	The first line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_Business_Street_Address_Line2	The second line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_1_City	The primary practice/business city of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	Baltimore	VARCHAR2(40)	string	40
Principal_Investigator_1_State	The primary practice/business state or territory abbreviation of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	MD	CHAR(2)	string	2
Principal_Investigator_1_Zip_Code	The 9-digit zip code for the primary business location of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_Country	The primary practice/business address country name of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_1_Province	The primary practice/business province name of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_1_Postal_Code	The international postal code for the primary practice/business location of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_1_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_Specialty	Principal investigator's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_1_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2
Principal_Investigator_1_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Principal_Investigator_1_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	ME	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_1_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	NY	CHAR(2)	string	2
Principal_Investigator_1_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MI	CHAR(2)	string	2
Principal_Investigator_2_Profile_ID	An Open Payments system-generated unique identifier for principal investigator profile after validation	3843342	NUMBER(38,0)	number	38
Principal_Investigator_2_First_Name	First name of the principal investigator associated with the payment or other transfer of value, as reported by the submitting entity	John	VARCHAR2(20)	string	20
Principal_Investigator_2_Middle_Name	Middle name of the principal investigator associated with the payment or other transfer of value, as reported by the submitting entity	A	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_Last_Name	Last name of the principal investigator associated with the payment or other transfer of value, as reported by the submitting entity	Smith	VARCHAR2(35)	string	35
Principal_Investigator_2_Name_Suffix	Name suffix of the principal investigator associated with the payment or other transfer of value, as reported by the submitting entity	III	VARCHAR2(5)	string	5
Principal_Investigator_2_Business_Street_Address_Line1	The first line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_2_Business_Street_Address_Line2	The second line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_2_City	The primary practice/business city of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	Baltimore	VARCHAR2(40)	string	40

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_state	The primary practice/business state or territory abbreviation of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	MD	CHAR(2)	string	2
Principal_Investigator_2_Zip_Code	The 9-digit zip code for the primary business location of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_2_Country	The primary practice/business address country name of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_2_Province	The primary practice/business province name of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_Postal_Code	The international postal code for the primary practice/business location of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_2_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50
Principal_Investigator_2_Specialty	Principal investigator's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_2_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_2_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Principal_Investigator_2_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	TX	CHAR(2)	string	2
Principal_Investigator_2_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	CA	CHAR(2)	string	2
Principal_Investigator_2_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	AL	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Profile_ID	An Open Payments system-generated unique identifier for principal investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_3_First_Name	First name of the principal investigator associated with the payment or other transfer of value	John	VARCHAR2(20)	string	20
Principal_Investigator_3_Middle_Name	Middle name of the principal investigator associated with the payment or other transfer of value	A	VARCHAR2(20)	string	20
Principal_Investigator_3_Last_Name	Last name of the principal investigator associated with the payment or other transfer of value	Smith	VARCHAR2(35)	string	35
Principal_Investigator_3_Name_Suffix	Name suffix of the principal investigator associated with the payment or other transfer of value	III	VARCHAR2(5)	string	5
Principal_Investigator_3_Business_Street_Address_Line1	The first line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Business_Street_Address_Line2	The second line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_3_City	The primary practice/business city of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	Baltimore	VARCHAR2(40)	string	40
Principal_Investigator_3_State	The primary practice/business state or territory abbreviation of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	MD	CHAR(2)	string	2
Principal_Investigator_3_Zip_Code	The 9-digit zip code for the primary business location of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Country	The primary practice/business address country name of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_3_Province	The primary practice/business province name of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_3_Postal_Code	The international postal code for the primary practice/business location of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_3_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_Specialty	Principal investigator's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_3_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2
Principal_Investigator_3_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Principal_Investigator_3_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	CA	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_3_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	TX	CHAR(2)	string	2
Principal_Investigator_3_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	AL	CHAR(2)	string	2
Principal_Investigator_4_Profile_ID	An Open Payments system-generated unique identifier for principal investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_4_First_Name	First name of the principal investigator associated with the payment or other transfer of value	John	VARCHAR2(20)	string	20
Principal_Investigator_4_Middle_Name	Middle name of the principal investigator associated with the payment or other transfer of value	A	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_Last_Name	Last name of the principal investigator associated with the payment or other transfer of value	Smith	VARCHAR2(35)	string	35
Principal_Investigator_4_Name_Suffix	Name suffix of the principal investigator associated with the payment or other transfer of value	III	VARCHAR2(5)	string	5
Principal_Investigator_4_Business_Street_Address_Line1	The first line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55
Principal_Investigator_4_Business_Street_Address_Line2	The second line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_4_City	The primary practice/business city of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	Baltimore	VARCHAR2(40)	string	40

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_State	The primary practice/business state or territory abbreviation of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	MD	CHAR(2)	string	2
Principal_Investigator_4_Zip_Code	The 9-digit zip code for the primary business location of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Principal_Investigator_4_Country	The primary practice/business address country name of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_4_Province	The primary practice/business province name of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_Postal_Code	The international postal code for the primary practice/business location of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_4_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50
Principal_Investigator_4_Specialty	Principal investigator's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_4_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_4_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Principal_Investigator_4_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	CA	CHAR(2)	string	2
Principal_Investigator_4_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	TX	CHAR(2)	string	2
Principal_Investigator_4_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	AL	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Profile_ID	An Open Payments- system-generated unique identifier for principal investigator profile after validation	3843347	NUMBER(38,0)	number	38
Principal_Investigator_5_First_Name	First name of the principal investigator associated with the payment or other transfer of value	John	VARCHAR2(20)	string	20
Principal_Investigator_5_Middle_Name	Middle name of the principal investigator associated with the payment or other transfer of value	A	VARCHAR2(20)	string	20
Principal_Investigator_5_Last_Name	Last name of the principal investigator associated with the payment or other transfer of value	Smith	VARCHAR2(35)	string	35
Principal_Investigator_5_Name_Suffix	Name suffix of the principal investigator associated with the payment or other transfer of value	III	VARCHAR2(5)	string	5
Principal_Investigator_5_Business_Street_Address_Line1	The first line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	7500 Security Blvd.	VARCHAR2(55)	string	55

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Business_Street_Address_Line2	The second line of the primary practice/business street address of the principal investigator associated with the payment or other transfer of value	Suite 100	VARCHAR2(55)	string	55
Principal_Investigator_5_City	The primary practice/business city of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	Baltimore	VARCHAR2(40)	string	40
Principal_Investigator_5_State	The primary practice/business state or territory abbreviation of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	MD	CHAR(2)	string	2
Principal_Investigator_5_Zip_Code	The 9-digit zip code for the primary business location of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Country	The primary practice/business address country name of the principal investigator associated with the payment or other transfer of value if the primary practice address is in the United States	United States	VARCHAR2(100)	string	100
Principal_Investigator_5_Province	The primary practice/business province name of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable	Manitoba	VARCHAR2(20)	string	20
Principal_Investigator_5_Postal_Code	The international postal code for the primary practice/business location of the principal investigator associated with the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Principal_Investigator_5_Primary_Type	Primary type name of medicine practiced by the principal investigator	Medical Doctor	VARCHAR2(50)	string	50

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_Specialty	Principal investigator's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians/ Independent Medical Examiner	VARCHAR2(300)	string	300
Principal_Investigator_5_License_State_code1	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	MD	CHAR(2)	string	2
Principal_Investigator_5_License_State_code2	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	VA	CHAR(2)	string	2
Principal_Investigator_5_License_State_code3	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	CA	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Principal_Investigator_5_License_State_code4	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	TX	CHAR(2)	string	2
Principal_Investigator_5_License_State_code5	The state license number of the principal investigator, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states	AL	CHAR(2)	string	2
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of either the submitting applicable manufacturer or applicable GPO	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	Open Payments system-generated unique identifier of the applicable manufacturer or applicable GPO making the payment or other transfer of value	1000000049	NUMBER(38,0)	number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	ABCDE Manufacturing	VARCHAR2(100)	string	100

Name	Description	Sample Data	Data Type	Format	Max Length
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of the submitting applicable manufacturer or applicable GPO	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the applicable manufacturer or applicable GPO	United States	VARCHAR2(100)	string	100
Product_Indicator	Indicator that allows the applicable manufacturer or applicable GPO to select whether the payment or other transfer of value is associated with only covered drugs, devices, biologicals or medical supplies ("Covered"), only non-covered drugs, devices, biologicals, or medical supplies ("Non-covered"), neither covered or non-covered drugs, devices, biologicals or medical supplies ("None"), or both covered and/or non-covered drugs, devices, biologicals or medical supplies ("Covered" or "Combination")	Covered	VARCHAR2(50)	string	50

Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Associated_Covered_Drug_or_Biological1	The marketed name of the drug or biological associated with this payment or other transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 1	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological2	The marketed name of the drug or biological associated with this payment or other transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 2	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological3	The marketed name of the drug or biological associated with this payment or other transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 3	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Drug_or_Biological4	The marketed name of the drug or biological associated with this payment or other transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 4	VARCHAR2(500)	string	500

Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Associated_Covered_Drug_or_Biological5	The marketed name of the drug or biological associated with this payment or other transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Drug 5	VARCHAR2(500)	string	500
NDC_of_Associated_Covered_Drug_or_Biological1	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological2	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-62	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological3	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-2726-2	VARCHAR2(12)	string	12
NDC_of_Associated_Covered_Drug_or_Biological4	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(12)	string	12

Name	Description	Sample Data	Data Type	Format	Max Length
NDC_of_Associated_Covered_Drug_or_Biological5	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(12)	string	12
Name_of_Associated_Covered_Device_or_Medical_Supply1	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 1	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply2	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 2	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply3	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 3	VARCHAR2(500)	string	500

Name	Description	Sample Data	Data Type	Format	Max Length
Name_of_Associated_Covered_Device_or_Medical_Supply4	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 4	VARCHAR2(500)	string	500
Name_of_Associated_Covered_Device_or_Medical_Supply5	The marketed name of the device or medical supply associated with this payment or other transfer of value; the record may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies)	Sample Device 5	VARCHAR2(500)	string	500
Total_Amount_of_Payment_US Dollars	US dollar amount of payment or other transfer of value to recipient (manufacturer must convert to dollar currency if necessary)	1978.00	NUMBER(12,2)	decimal	12
Date_of_Payment	If a singular payment, then this is the actual date the payment was issued; if a series of payments or an aggregated set of payments, this is the date of the first payment to the covered recipient in this program year	04/01/2013	DATE	Date MM/DD/YYYY	12
Form_of_Payment_or_Transfer_of_Value	The method of payment used to pay the covered recipient or to make the transfer of value	In-kind items and services	VARCHAR2(100)	string	100

Name	Description	Sample Data	Data Type	Format	Max Length
Expenditure_Category1	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category2	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category3	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category4	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category5	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Expenditure_Category6	Contextual category for this research payment or other transfer of value (up to 6)	Patient Care	VARCHAR2(50)	string	50
Preclinical_Research_Indicator	Indicator showing if payment or other transfer of value is related to research, which is pre-clinical	Yes	CHAR(3)	string	3

Name	Description	Sample Data	Data Type	Format	Max Length
Delay_in_Publication_Indicator	Indicator showing if an applicable manufacturer or applicable GPO is requesting a delay in publication of a payment or other transfer of value when the payment or other transfer of value is made in connection with: (1) research on or development of a new product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply)	No	CHAR(3)	string	3
Name_of_Study	The textual name of the study for which the covered recipient is receiving this payment or other transfer of value	A Comparison of the Heart	VARCHAR2(500)	string	500
Dispute_Status_for_Publication	Indicates whether the payment or other transfer of value is disputed by the covered recipient or not	Yes	CHAR(3)	string	3
Record_ID	Open Payments system-generated unique identifier of the research transaction at the time of submission	100000000023	NUMBER(38,0)	number	38
Program_Year	The year in which the payment occurred, as reported by submitting entity	2014	CHAR(4)	number	4

Name	Description	Sample Data	Data Type	Format	Max Length
Payment_Publication_Date	The predefined date when the payment or other transfer of value is scheduled to be published	06/30/2015	DATE	Date MM/DD/YYYY	12
ClinicalTrials_Gov_Identifier	Open Payments identifier assigned if research study is registered on https://clinicaltrials.gov	NCT21498631	VARCHAR2(11)	string	11
Research_Information_Link	Optional link to information relevant to the research study for which this payment or other transfer of value is being reported (there can be a maximum of five links reported)	Research	VARCHAR2(2083)	string	2083
Context_of_Research	Textual description of research context or research objectives	Objective is new designs for heart valve replacements	VARCHAR2(500)	string	500

Appendix H: Physician Ownership Information Detail (All Program Years)

Figure F-0-1: Physician Ownership Information File Attributes

Name	Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from end of previous submission deadline until current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which are eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	String	20
Physician_Profile_ID	Open Payments system-generated unique identifier for physician profile with the ownership or investment interest being reported	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) with the ownership or investment interest being reported	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) with the ownership or investment interest being reported	A	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Last_Name	Last name of the physician (covered recipient) with the ownership or investment interest being reported	Smith	VARCHAR2(35)	string	35
Physician_Name_Suffix	Name suffix of the physician (covered recipient) with the ownership or investment interest being reported	Jr.	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary practice street address of the physician with the ownership or investment interest being reported	7500 Security Blvd.	VARCHAR2(55)	string	55
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary practice street address of the physician with the ownership or investment interest being reported	Suite 100	VARCHAR2(55)	string	55
Recipient_City	The primary practice city of the physician with the ownership or investment interest being reported	Baltimore	VARCHAR2(40)	string	40
Recipient_State	The primary practice/business state or territory abbreviation of the of the physician with the ownership or investment interest being reported, if the primary practice/business address is in the United States	MD	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Recipient_Zip_Code	The 9-digit zip code for the primary practice location of the physician with the ownership or investment interest being reported, if the primary practice address is in the United States	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country name of the physician with the ownership or investment interest being reported	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States, and if applicable	Ontario	VARCHAR2(20)	string	20
Recipient_Postal_Code	The international postal code for the primary practice/business location of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Physician_Primary_Type	Primary type of medicine practiced by the physician covered recipient with the ownership or investment interest being reported	Doctor of Dentistry (DDS)	VARCHAR2(50)	string	50

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Record_ID	Open Payments system-generated unique identifier for the ownership payment record	10000000052	NUMBER(38,0)	number	38
Program_Year	The year in which the ownership/investment interest occurred	2014	CHAR(4)	number	4
Total_Amount_Invested_USD ollars	The dollar amount the physician or immediate family member has invested in the applicable manufacturer or applicable GPO during the program year, in US dollars	6000.22	NUMBER(12,2)	decimal	12
Value_of_Interest	The cumulative value of ownership or investment interest held by the physician or immediate family member in the applicable manufacturer or applicable GPO, in US dollars	6000.22	NUMBER(12,2)	decimal	12
Terms_of_Interest	Description of any applicable terms of the ownership or investment interest	Terms of interest are standard	VARCHAR2(500)	string	500

Name	Description	Sample Data	Data Type	Format	Max Length
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of either the submitting applicable manufacturer or applicable GPO	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	Open Payments ID of either the submitting applicable manufacturer or applicable GPO	1000000049	NUMBER(38,0)	number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of either the submitting applicable manufacturer or applicable GPO	EDCBA	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of either the submitting applicable manufacturer or applicable GPO	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the submitting applicable manufacturer or applicable GPO	US	VARCHAR2(100)	string	100

Name	Description	Sample Data	Data Type	Format	Max Length
Dispute_Status_for_Publication	Indicates whether the ownership or investment interest is disputed by the physician	Yes	CHAR(3)	string	3
Interest_Held_by_Physician_or_an_Immediate_Family_Member	Indicator showing if the ownership or investment interest is held by the physician themselves or by an immediate family member	Immediate family member	VARCHAR2(50)	string	50
Payment_Publication_Date	The predefined date when the ownership or investment interest is scheduled to be published	06/30/2015	DATE	Date MM/DD/YYYY	12

Appendix I: Deleted and Removed Records File

Figure G-0-1: Deleted Records File

Name	Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is deleted or removed in the current publication compared to the previous publication. **DELETED** - Payment record was published in the last publication and since then it was deleted by the reporting entity and the payment record no longer exists in the Open Payments system **REMOVED** - Payment record was published in the last publication, since then it became ineligible for publication	DELETED	VARCHAR2(20)	string	20
Program_Year	Indicator showing the program year of the deleted or removed record.	2013	CHAR(4)	number	4
Payment_Type	Indicator showing the payment category (General Payment, Research Payment, or Ownership/Investment) of the deleted or removed record	General	VARCHAR2(50)	string	50
Record_ID	Open Payments system-generated unique identifier assigned to the record at the time of submission	13641	NUMBER(38,0)	number	38

Appendix J: Physician Profile Supplement File

Figure H-0-1: Physician Profile Supplement File

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_ID	Open Payments system-generated unique identifier for the physician receiving the payment or other transfer of value	3843322	NUMBER(38,0)	number	38
Physician_Profile_First_Name	The physician's first name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the first name as verified against the external data source	CONRAD	VARCHAR2(20)	string	20
Physician_Profile_Middle_Name	The physician's middle name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were matched against the CMS-approved external data source, the middle name is the middle name most frequently reported by reporting entities in the latest year records were submitted that identify the physician	MICHAEL	VARCHAR2(20)	string	20
Physician_Profile_Last_Name	The physician's last name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the last name as verified against the external data source	KELLY	VARCHAR2(35)	string	35

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_Suffix	The physician's suffix as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the suffix is the suffix most frequently reported by reporting entities in the latest year records were submitted that identify the physician	Jr	VARCHAR2(5)	string	5
Physician_Profile_Alternate_First_Name	The physician's alternate first name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the alternate first name as verified against the external data source	CONNIE	VARCHAR2(20)	string	20
Physician_Profile_Alternate_Middle_Name	The physician's alternate middle name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the alternate middle name field is empty	MIKE	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_Alternate_Last_Name	The physician's alternate last name as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the alternate last name field is empty	KELL	VARCHAR2(35)	string	35
Physician_Profile_Alternate_Suffix	The physician's alternate suffix as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the alternate suffix field is empty	Jr	VARCHAR2(5)	string	5
Physician_Profile_Address_Line_1	The first line of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the first line of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	3106 Lord Baltimore Dr.	VARCHAR2(55)	string	55

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_Address_Line_2	The second line of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the second line of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	Suite 90	VARCHAR2(55)	string	55
Physician_Profile_City	The city of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the city of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	Ellicott City	VARCHAR2(40)	string	40

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_State	The state of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the state of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	MD	CHAR(2)	string	2
Physician_Profile_Zipcode	The zip code of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the zip code of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	21244-3712	VARCHAR2(10)	number-number	10

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_Country_Name	The country of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the country of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician	United States	VARCHAR2(100)	string	100
Physician_Profile_Province_Name	The province of the latest "Provider Business Practice Location Address" as provided in CMS physician reference data if the primary practice/business address is outside the United States and if applicable For physicians who are not in CMS physician reference data but were successfully matched against the CMS-approved external data source, the province of the latest "Provider Business Practice Location Address" most frequently reported by reporting entities in the latest year records were submitted that identify the physician if the primary practice/business address is outside the United States and if applicable	Manitoba	VARCHAR2(20)	string	20

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_Primary_Specialty	The primary specialty as listed in CMS physician reference data for physicians who have a valid Open Payments primary taxonomy For all other physicians, the primary specialty displayed as blank	Allopathic & Osteopathic Physicians |Internal Medicine| Rheumatology	VARCHAR2(300)	string	300
Physician_Profile_OPS_Taxonomy_1	The primary Open Payments valid taxonomy code as listed in CMS physician reference data for physicians that have a valid Open Payments taxonomy For physicians in CMS physician reference data who do not have a valid Open Payments taxonomy, this field is blank. For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and have a valid Open Payments taxonomy, this field will display the taxonomy most frequently reported by reporting entities as the primary taxonomy For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and who do not have a valid Open Payments taxonomy, this field will be blank	207ZN0500X	VARCHAR2(10)	string	10

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_OPS_Taxonomy_2	The secondary Open Payments valid taxonomy code as listed in CMS physician reference data for physicians that have a valid Open Payments taxonomy For physicians in CMS physician reference data who do not have a valid Open Payments taxonomy, this field is blank. For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and also have a valid Open Payments taxonomy, this field will display the taxonomy most frequently reported by reporting entities as the secondary taxonomy For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and who do not have a valid Open Payments taxonomy, this field will be blank	2080B0002X	VARCHAR2(10)	string	10

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_OPS_Taxonomy_3	The secondary Open Payments valid taxonomy code as listed in CMS physician reference data for physicians that have a valid Open Payments taxonomy For physicians in CMS physician reference data who do not have a valid Open Payments taxonomy, this field is blank. For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and also have a valid Open Payments taxonomy, this field will display the taxonomy most frequently reported by reporting entities as the secondary taxonomy For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and who do not have a valid Open Payments taxonomy, this field will be blank	111NT0100X	VARCHAR2(10)	string	10

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_OPS_Taxonomy_4	The secondary Open Payments valid taxonomy code as listed in CMS physician reference data for physicians that have a valid Open Payments taxonomy For physicians in CMS physician reference data who do not have a valid Open Payments taxonomy, this field is blank. For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and also have a valid Open Payments taxonomy, this field will display the taxonomy most frequently reported by reporting entities as the secondary taxonomy For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and who do not have a valid Open Payments taxonomy, this field will be blank	1223P0221X	VARCHAR2(10)	string	10

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_OPS_Taxonomy_5	The secondary Open Payments valid taxonomy code as listed in CMS physician reference data for physicians that have a valid Open Payments taxonomy For physicians in CMS physician reference data who do not have a valid Open Payments taxonomy, this field is blank. For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and also have a valid Open Payments taxonomy, this field will display the taxonomy most frequently reported by reporting entities as the secondary taxonomy For physicians not in CMS physician reference data but matched against the CMS-approved external data source, and who do not have a valid Open Payments taxonomy, this field will be blank	152WL0500X	VARCHAR2(10)	string	10
Physician_Profile_License_State_Code_1	The state in which the physician is licensed according to the physician's profile in Open Payments system The physician's profile may contain up to 5 license states if the physician is licensed in multiple states	VA	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_License_State_Code_2	The state in which the physician is licensed according to the physician's profile in Open Payments system The physician's profile may contain up to 5 license states if the physician is licensed in multiple states	MD	CHAR(2)	string	2
Physician_Profile_License_State_Code_3	The state in which the physician is licensed according to the physician's profile in Open Payments system The physician's profile may contain up to 5 license states if the physician is licensed in multiple states	MT	CHAR(2)	string	2
Physician_Profile_License_State_Code_4	The state in which the physician is licensed according to the physician's profile in Open Payments system The physician's profile may contain up to 5 license states if the physician is licensed in multiple states	DC	CHAR(2)	string	2

Name	Description	Sample Data	Data Type	Format	Max Length
Physician_Profile_License_State_Code_5	The state in which the physician is licensed according to the physician's profile in Open Payments system The physician's profile may contain up to 5 license states if the physician is licensed in multiple states	MO	CHAR(2)	string	2

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 to published Open Payments data, including sources of the data, how the data files are presented by CMS, and the fields contained in each data file.
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- **Replacement / Revision Status:** Revision to previous versions
- **Agency Identifier:** CPI DSPG DDI 355
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