General Payments Submission File Specification

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
Submission File Information (this section contains data elements which are reported once per submission file)								
1	Applicable Manufacturer or Applicable GPO Submitting File Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) . If this file is a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records, this Applicable Manufacturer/GPO name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO Name will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS system IDs of the sub-companies making the payments/transfers of value will be recorded with every payment or transfer of value record in the file.	Text	Free form text	Yes	≤ 100 Char	Match the name on file for associated Registration ID	Yes
2	Applicable Manufacturer or Applicable GPO Submitting File Registration ID	OPEN PAYMENTS system generated identifier used to identify the Applicable Manufacturer or GPO (populated only with CMS provided identifier). If this file is a single Applicable Manufacturer/GPO's set of payment/transfer of value records, this Applicable Manufacturer/GPO ID will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO ID will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS System IDs of the sub-companies making the payments/transfers of value will be recorded with every payment/transfer of value record in the file.	System generated	System generated	Yes	System generated	Match the Registration ID on file	No
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N	No
4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or transfer(s) of value that are amended or corrected versions of previously submitted records.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N	No
5	Original File Submission ID	OPEN PAYMENTS system generated identifier used to identify the original file submission. This data will be reported to the submitter after a successful submission and should only be reported back in a resubmission for file identification purposes.	System generated	System generated	Yes IF Line 4 Resubmission File Indicator = "Y"	System generated	Matches Original File Submission ID on file for associated Registration ID	No
Submission Record Information (all sections from here to end of template contain data elements that are reported once per payment/transfer of value)								
Recipient Demographic Information								
6	Covered Recipient Type	Indicator showing if recipient of the payment or transfer of value is a physician covered recipient or a teaching hospital. Standardized list of covered Teaching Hospital names and information will be provided.	Enumeration	"1" = Physician "2" = Teaching Hospital	Yes	1 Char	Allowed values limited to: "1" or "2"	Yes
7	Teaching Hospital Name	The name of the Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	Text from Standardized Selection	Yes IF Line 6 is Covered Recipient Type = "2" (Teaching Hospital)	≤ 100 Char	Matches the hospital name provided in list for a given TIN	Yes
8	Teaching Hospital Tax ID Number (TIN)	Tax Identification number of Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	XXXXXXXXX	Yes IF Line 6 is Covered Recipient Type = "2" (Teaching Hospital)	9 Char	Matches a TIN provided on teaching hospital list	No

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9	Physician First Name	Textual first name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	≤ 20 Char	Validation by CMS	Yes
10	Physician Middle Name	Textual middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	No	≤ 20 Char		Yes
11	Physician Last Name	Textual last name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	≤ 35 Char	Validation by CMS	Yes
12	Physician Name Suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value chosen from a constrained list of values (Examples: Jr., Sr, III).	Text	Free form text	No	≤ 5 Char		Yes
13	Recipient Primary Business Street Address Line 1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	Text	Two line address format; First line contains building number, street name, street identifier	Yes	≤ 55 Char		Yes
14	Recipient Primary Business Street Address Line 2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No	≤ 55 Char		Yes
15	Recipient City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes	≤ 40 Char		Yes
16	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 the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country, Line 18 is the United States	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes
17	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, if the primary practice/business address is in the United States.	Text	9 digit numeric zip code	Yes IF Recipient Country, Line 18 is the United States	≤ 9 Char	Either exactly 5 or exactly 9 numeric digits	Yes
18	Recipient Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes	≤ 20 Char		Yes
19	Recipient Province	The primary practice/business province name of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Text	Free form text	No	≤ 20 Char		Yes
20	Recipient Postal Code	The international postal code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value, if the primary practice/business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country Line 18 is outside the United States	≤ 20 Char	Proper length and format validated for each country	Yes
21	Recipient Email Address	The primary email address for this payment recipient to be used for communication purposes.	Text	Email Address	No	≤ 100 Char	Proper email format enforced	No

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22	Physician Primary Type	Primary type of medicine practiced by the physician covered recipient.	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes
23	Physician or Teaching Hospital NPI	Individual NPI for Physician (not NPI of any group physician belonging to) or NPI of Teaching Hospital; required, if applicable.	Text	Numeric digits only	Yes IF the Physian has an NPI	10 Char	Validation by CMS	No
24	Physician Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	10 Char	Validation by CMS	Yes
25	Physician License State and License Number	Paired state and official state license number of the covered recipient physician; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXX	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	≤ 20 Char per comma separated item	Proper length and format validated for each state	Yes, for the State AND No, for the License #
Associated Drug, Device, Biological, or Medical Supply Information								
26	Product Indicator	Indicator allows the Applicable Manufacturer or 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"). If the payment or other transfer of value is associated with both covered drugs, devices, biologicals or medical supplies AND non-covered drugs, devices, biologicals or medical supplies, the Applicable Manufacturer must choose either "Covered" or "Combination", where: (1) "Covered" represents covered ≥ 1 AND non-covered product ≥ 0 AND that "Combination" is not selected OR (2) "Combination" to represent covered ≥ 1 AND non-covered product ≥ 1 AND that "Covered" is not selected.	Enumeration	"1" = "Covered" "2" = "Non-covered" "3" = "None" "4" = "Combination"	Yes	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes
27	Name of Associated Covered Drug or Biological	The marketed name of the drug or biological associated with this payment or transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies) provided in either line 27 or line 29. If the drug or biological associated with this payment or transfer does not have a marketed name, report the drug or biological name as it is registered on clinicaltrials.gov A standardized list based on validated industry lists (drug names, etc.) will be available for guidance.	Text	Maximum of 5 comma separated covered drugs or biologicals	Yes IF "Product Indicator" line 26 is "1" (Covered) OR is "4" (Combination) AND there is not at least 1 covered device or medical supply provided in line 29 (Name of Associated Covered Device or Medical Supply)	≤ 100 Char per comma separated item	Validation by CMS	Yes

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
28	NDC of Associated Covered Drug or Biological	The National Drug Code, if any, of the drug(s) or biological(s) associated with the payment or other transfer of value (if applicable; up to 5 NDCs). If no NDC for any named covered drug or biological in line 27, enter, "null." If more than one NDC provided, order must match order of named covered drugs or biologicals in line 27, "Name of Associated Covered Drug or Biological;" if no NDC for any named drug or biological in line 27, enter "null."	Alphanumeric	Free form text; Maximum of 5 comma separated NDCs	No	10 Char per comma separated item	Number of NDCs is same as number of names (line 27)	Yes
29	Name of Associated Covered Device or Medical Supply	The marketed name of the device or medical supply associated with this payment or transfer of value; may report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies) provided in either line 27 or line 29. Applicable Manufacturer or GPO may provide either (1) the marketed name under which the device or medical supply is or was marketed OR (2) the Therapeutic Area or Product Category. A list of Therapeutic Area or Product Category will be available for guidance.	Text	Maximum of 5 comma separated covered devices or medical supplies	Yes IF "Product Indicator" line 26 is "1" (Covered) OR is "4" (Combination) AND there is not at least 1 covered drug or biological provided in line 27 (Name of Associated Covered Drug or Biological)	100 Char per comma separated item	Validation by CMS	Yes
Transfer of Value (Payment) Information								
30	Applicable Manufacturer or Applicable GPO Making Payment Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or transfer of value being reported in this record. If this file contains a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records (i.e. is not a consolidated report), this data element will be the same as reported in data element #1 for each record.	Text	Free form text	Yes	≤ 100 Char	Matches AM/GPO names specified at registration for associated Registration IDs	Yes
31	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	CMS issued generated alphanumeric identifier for this Applicable Manufacturer or GPO issued during the registration process. If this file contains a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records (i.e. is not a consolidated report), this data element will be the same as reported in data element #2 for each record.	Alphanumeric string	System generated	Yes	System generated	Matches Registration ID(s) on file	No
32	Resubmitted Payment Record ID	This data element will be blank for initial file submissions. For resubmission files - this data element will either be blank (indicating an omitted record is being submitted in the Resubmission file) or will contain the original payment/transfer of value record ID (indicating which record is to be corrected). The original payment/transfer of value record ID is provided by the CMS OPEN PAYMENTS System.	Alphanumeric string	System generated	No	System generated	If reported, matches Initial Payment Record ID for given Original File Submission ID	No
33	Total Amount of Payment	U.S. dollar amount of payment or transfer of value to recipient (manufacturer must convert to dollar currency if necessary). The "total amount of payment" should be tied to a singular transaction or purchased service (items listed in "Nature of Payment" line 37).	Fixed point	Currency (US dollars) ##########.##	Yes	≤ 12 Char		Yes
34	Date of Payment	If reporting a singular payment, report the actual date the payment was issued. If reporting EITHER a series of payments or an aggregated set of payments, record the date of the first payment to the covered recipient in this reporting year.	Date	YYYYMMDD	Yes	8 Char	Is within correct reporting year	Yes

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35	Number of Payments Included in Total Amount	The number of discrete payments being reported in the "Total Amount of Payment" data element (#33). Report 1 in this data element if this is a singular payment to the covered recipient. Report the actual number of payments made to the covered recipient in this reporting year if the amount of payment reported is EITHER a series of payments or an aggregation of a set of payments.	Integer	Integer	Yes	3 Char		Yes
36	Form of Payment or Transfer of Value	The method of payment used to pay the covered recipient or to make the transfer of value.	Enumeration	"1" = Cash or cash equivalent; "2" = In-kind items and services; "3" = Stock, stock option, or any other ownership interest; "4" = Dividend, profit or other return on investment	Yes	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes
37	Nature of Payment or Transfer of Value	The nature of payment used to pay the covered recipient or to make the transfer of value.	Enumeration	"1" = Consulting Fee; "2" = Compensation for services other than consulting, including serving as faculty or as a speaker at a venue other than a continuing education program; "3" = Honoraria; "4" = Gift; "5" = Entertainment; "6" = Food and Beverage; "7" = Travel and Lodging; "8" = Education; "9" = Charitable Contribution; "10" = Royalty or License; "11" = Current or prospective ownership or investment interest; "12" = Compensation for serving as faculty or as a speaker for a non-accredited and noncertified continuing education program; "13" = Compensation for serving as faculty or as a speaker for an accredited or certified continuing education program; "14" = Grant; "15" = Space rental or facility fees (teaching hospital only);	Yes	≤ 2 Char	Limited to numeric characters 1 through 15	Yes
38	City of Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	Text	Free form text	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging	≤ 20 Char		Yes
39	State of Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging and Line 40 Country of Travel = "USA"	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
40	Country of Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled.	Text	Free form text	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging	≤ 30 Char		Yes
General Record Information								
41	Physician Ownership Indicator	If Recipient type = "Physician", does the physician hold ownership or investment interest in the applicable manufacturer? This indicator is limited to physician's ownership, not physician's family members' ownership.	Boolean	"Y" = Yes; "N" = No	Yes IF Line 6 Covered Recipient Type = "1" (Physician)	1 Char	Limited to characters "Y" or "N"	Yes
42	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).	Enumeration	"1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment"	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes
43	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.	Text	Free form text	Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity)	≤ 50 Char		Yes
44	Charity Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	Boolean	"Y" = Yes; "N" = No	No	1 Char	If reported, Third Party Payment Recipient Indicator = 1 (Entity)	Yes
45	Third Party Equals Covered Recipient Indicator	Indicator showing the "Third Party" that received the payment or transfer of value is a Covered Recipient.	Boolean	"Y" = Yes; "N" = No	Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity) or "2" (Individual)	1 Char	Limited to numeric characters Y or N	**Yes**
46	Contextual Information	Any free text which the reporting entity deems helpful or appropriate regarding this payment or transfer of value.	Text	Free form text	Yes IF the Delay in Publication of Research Payment Indicator equals "1" or "2"	≤ 500 Char		Yes
47	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/GPO is requesting a delay in publication of a payment or other transfer of value when the payment or 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). If the Delay in Publication of Research Payment Indicator equals "1" or "2", indicate the name of the related research study in line 46, "Contextual information." Applicable Manufacturers/GPOs not requesting a delay in publication of a payment or other transfer of value should select (3) not requesting a delay in publication to indicate that no delay is requested. CMS will display payments or other transfers of value no later than four years after the initial request for delay in publication of the [payment or transfer of value. Further details regarding notification to CMS of FDA approval will be forthcoming in guidance.	Enumeration	"1" = R &D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char	Validated by CMS	Yes