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User Guide for Covered Recipients

OPEN PAYMENTS

CREATING PUBLIC TRANSPARENCY INTO INDUSTRY-PHYSICIAN FINANCIAL RELATIONSHIPS

July 2024

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

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INTRODUCTION

Purpose of the Open Payments User Guide

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

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

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

Revision History

Version	Date Published	Description	Version Updates
1.0	August 2013	Initial Release	Chapters 1, 2, 3, & 4
2.0	June 2014	Update	Chapters 1, 2, 3, 4, & 7
3.0	July 2014	Update	Chapters 5, 8, & 9
3.1	August 2014	Update	Minor corrections and updates
4.0	December 2014	Update	Updates made to Chapter 5
5.0	January 2015	Update	Chapter 10 and updates for registration and data submission
6.0	March 2015	Update	Updates for registration and data submission
7.0	April 2015	Update	Updates for review and dispute
8.0	June 2015	Update	Updated Chapter 10 for PY2014 data publication
9.0	January 2016	Update	Updated throughout to reflect system updates in Jan 2016
10.0	June 2016	Update	Updated publication chapter, added to glossary
11.0	January 2017	Update	Updated to reflect changes to registration and data submission
12.0	June 2017	Update	Updated publication chapter, removed outdated information
13.0	September 2017	Update	Updated to reflect system updates
14.0	January 2018	Update	Updated to reflect system updates
15.0	March 2018	Update	Updated to reflect system updates for Review and Dispute
16.0	January 2019	Update	Updated to reflect system updates
17.0	September 2019	Update	Updated to reflect system updates
18.0	January 2020	Update	Updated to reflect system updates
19.0	January 2021	Update	Updated to reflect system updates
20.0	February 2021	Update	Updated to reflect EIDM to IDM Migration changes
21.0	July 2021	Update	Updated to reflect system updates
22.0	September 2021	Update	Updated to reflect system updates
23.0	January 2022	Update	Updated to reflect system updates
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25.1	April 2023	Update	Updated to reflect new IDM password requirements
26.0	July 2024	Update	Updated to reflect changes from OPS1.0 to OPS2.0

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

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

Section 1.1: Program Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.1d: Key Dates for Open Payments Program Years

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

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

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

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

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

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

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

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

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

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

Figure 1: Key Dates for the Open Payments Program Year

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

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

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

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

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

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

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

Figure 2: Determining if an Entity Is an Applicable Manufacturer

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

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

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

Figure 3: Determining if an Entity Is an Applicable GPO

Section 1.3: Who Are Entities Reporting On

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

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

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

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

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

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

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

Section 1.4: Open Payments System Overview

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

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

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

Figure 4: High-Level Process Flow for Open Payments

1.4a: Open Payments System Browser Requirements

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

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

1.4b: Functionalities within the Open Payments System

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

Key functions of Open Payments system users include the following:

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

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

1.4c: Setting Email Filters to Accept Open Payments Emails

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

1.4d: Accessibility Guidance

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

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

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

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

1.4d (2): Useful JAWS Keystrokes

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

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

Figure 5: Useful JAWS Keystrokes

Section 1.5: Additional Information and Resources

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

1.5a: Open Payments Website

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

1.5b: Open Payments Resources

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

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

			<u>User Guide</u> He	lp Privacy Policy	
OPEN PAYMENTS'	Home	Review and Dispute	Manage Covered Recipients	Messages 🗸	Contact Us Resources
Resources					
Physician or Non-Physician Practitioner Resources Links to the Open Payments resources are available below					
For help obtaining a PDF viewer, go to the <u>CMS gov Help Page</u>					
Resource Links Open Payments User Guide for Reporting Entities (PDF) Open Payments User Guide for Covered Recipients (PDF) Open Payments FAQs CMS Resources Website Error and Warning Code Key (XLSX) List of Drug Names and National Drug Codes (NDC) List of Medical Device or Medical Supply Names and Primary Device Identifier					
Return to top					

Figure 6: Open Payments System Resources Page

1.5c: Open Payments Help Desk

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

1.5d: Open Payments Mailing List

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

Figure 7: Receive Email Updates

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

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

New Subscri	ber
Primary Ema	il Address
You must enter a subscriptions or	a primary email address. You will use this to access and update your modify your subscriber preferences.
Email Address	* Subscriber@yopmail.com
Confirm Email Address	*
 Send updates (Send updates (daily by email weekly by email
Certain high prior	ity updates may be sent regardless of your delivery preferences.
Optional Pas	sword
Enter an optiona	I password to add password protection to your subscriber preferences.
Password	
Password Confirm Passwo	rd

Figure 8: CMS New Subscriber Screen

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

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

Figure 9: Quick Subscribe

Reporting and Data Collection

Chapter 2: Introduction to Reporting and Data Collection

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

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

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

Section 2.1: General Payments Reporting and Data Collection

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

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

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

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

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

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

On the Resources page of the Open Payments website

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

Section 2.2: Research Payments Reporting and Data Collection

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

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

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

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

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

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

On the Resources page of the Open Payments website

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

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

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

OPEN PAYMENTS	Home	Submissions	ř	Review and Dispute	Manage Entities	Messages	Ŷ	Contact Us	Resources
Resources									
Applicable Manufacturer or Group Purchasing Organization Resources Links to the Open Payments resources are avaialble below									
For help obtaining a PDF viewer, go to the <u>CMS gov Help Page</u>									
Resource Links Open Payments User Guide for Reporting Entities (PDF) Open Payments User Guide for Covered Recipients (PDF) Open Payments Link Open Payments User Guide for Covered Recipients (PDF) Open Payments Link CMS Resources Website Firms and Warning Code Key (XLSX) List of Drug Names and National Drug Codes (NDC) List of Medical Device or Medical Supply Names and Primary Device Identifier Report templates Report templates are available through the links below. Download the template(s) for the program year(s) and payment The system will reject files prepared with an incorrect payment category or program year template.	category/ca	tegories for ti	he rec	ords to be submitted					
Presearch PY 2016 - 2020 CSV Template File: Research Payments [CSV] PY 2021 - 2022 CSV Template File: Research Payments [CSV] PY 2023 and Onwards CSV Template File: Research Payments [CSV]									
General • PY 2016 - 2020 CSV Template File: General Payments [CSV] • PY 2021 - 2022 CSV Template File: General Payments [CSV] • PY 2023 and Onwards CSV Template File: General Payments [CSV]									
Ownership PY 2018 and Onwards CSV Template File: Physician Owner/Investor.[CSV]									

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

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

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

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

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

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

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

Registration

Chapter 3: Physician, NPP, and Teaching Hospital Registration

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

This chapter is divided into the following sections:

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

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

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

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

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

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

Section 3.1: Two-Step Registration Process

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

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

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

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

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

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

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

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

3.2a: System Requirements

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

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

- Firefox
- o Safari

3.2b: IDM New User Registration

Go to the CMS Enterprise Portal page at https://openpayments.system.cms.gov. The system displays the CMS Enterprise Portal public landing page.

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

Figure 11: Open Payments System Public Landing Page

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

Figure 12: Select Your Application

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

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

Figure 13 Select Your Application

Open Payments	×
O Application Description : Open Payments is a national disclosure program that promotes a transparent and a relationships between applicable manufacturers and group purchasing organizations (GPOs) and health care p (OPS) is used by applicable manufacturers and GPOs to report payments and other transfers of value made to c the ownership or investment interests held by physicians or physicians' immediate family members. OPS is also functionalities related to review and dispute of reported data. Covered recipients may use OPS for activities rel physicians, non-physician practitioners and teaching hospitals. For more information and full definitions of cov www.cms.gov/OpenPayments.	ccountable health care system by making the financial roviders available to the public. The Open Payments Syster overed recipients, as well as certain information regarding o available for covered recipients and provides ated to review and dispute. Covered Recipients include rered recipient types visit the Open Payments website at:
Terms & Conditions OMB No.0938-1236 Expiration Date: 08/31/2025 Paperwork Reduction Act Consent to Monitoring	
Terms & Conditions OMB No.0938-1236 Expiration Date: 08/31/2025 Paperwork Reduction Act Consent to Monitoring By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Rules of Behavior.	or change information on this web site are strictly Sec.1001 and 1030. We encourage you to read the <u>HHS</u>

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

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

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

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

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

Data fields to be completed are the following:

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

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

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

Figure 14: Register Your Information Page

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

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

Selecting Cancel causes you to lose all data entered.

Step #3: Create User ID, Password Step 3 of 3 - Please create User ID and Password. Select a Security Question All fields are required unless marked (optional).	rd & Security Question/Answer			
Enter User ID				
Enter Password 📎 Confirm Password	8			
Security answer to be used in case you forget your password or you need to unlock your account.				
Select Security Ouestion	~			
Enter Security Answer				
Back Next	Cancel			

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

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

Figure 16:	New User	Registration	Summary Page
			• • • • • • • • • • • • • • • • • • •

Open Payments					
• Application Description : Open Payme relationships between applicable manu (OPS) is used by applicable manufacture the ownership or investment interests h functionalities related to review and dis physicians, non-physician practitioners www.cms.gov/OpenPayments.	ents is a national disclosure pro facturers and group purchasin ers and GPOs to report paymer ald by physicians or physicians pute of reported data. Covered and teaching hospitals. For mo	ogram that pron g organizations its and other tre s' immediate fai i recipients may pre information	otes a transparent and accou (GPOs) and health care provid nafers of value made to cover nily members. OPS is also ave use OPS for activities related and full definitions of covered	intable health car ders available to t red recipients, as silable for covered to review and dis d recipient types v	e system by making the financial he public. The Open Payments System well as certain information regarding d recipients and provides pute. Covered Recipients include risit the Open Payments website at:
First Name			Last Name		
indy	Enter Middle Name (option	al)	Smith		Suffix (optional)
Birth Month	Birth Date		Birth Year		
october v	17	~	1990	~	
Home Address Line 1 502 Stagecoach Lane			Enter Home Address 2 (op	tional)	
	Chaile				
lity	State		ZIP Code		Fater 701 4 Code (actions)
ogaon	Texas	×	78234		Enter 21P+4 Code (optional)
Email Address			Confirm Email Address		
bliss@index-analytics.com			sbliss@index-analytics.co	m	
Phone Number					
fields are required unless marked (o	ptional).				
NDREW					
Enter Password	Confirm Password				
		8			
ø					
8					
- Security Question		~			
- Security Question What is the food you least liked as a child?		~			

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

Figure 17: Confirmation Page

|--|

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

3.2c: Requesting Access to Open Payments with IDM Credentials

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

CMS.gov Enterprise Portal		
	Login Login with PIV Card	
	CMS.gov Enterprise Portal	
	andrew	
		1
	I agree to the <u>Terms & Conditions</u>	
	Login	1
	Forgot your <u>User ID</u> or your <u>Password</u> ?	XX
	Need to <u>uniock</u> your account?	17
		\checkmark
	New User Registration	No.
	69	

Figure 18: CMS.gov Enterprise Portal Landing Page

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

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

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

Figure 19: Displaying Email as the initial MFA device

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

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

Figure 20: Entering Device MFA Information

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

Figure 21: "My Portal" Page

CMS.gov My Enterprise Portal			Andy Smith ▼	? <u>Help</u>	🕞 <u>Log Out</u>
	My Portal @	Add Application			
		Previous Login: View Login History			
	Welcome to CMS Enterprise Portal. Welcome Andy Smith to CMS Enterprise Portal. You've selected Open Payments application during your registration. You can request access to this application by clickin You may request access to this applications by selecting "Add Application" button.	g here.			
	Learn how to add Multi-Factor Authentication (MFA) devices via My Profile in the Manage MFA D	evices section.			

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

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

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

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

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

Reporting Entity Officer or Teaching Hospital Authorized Official Role:

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

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

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

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

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

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

Open Payments Foreign User Role:

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

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

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

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

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

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

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

2) Next, select Launch to begin Identity Verification (RIDP).

Figure 24: Identity Verification

Request Application Access 💿
🚝 The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown after each step. You will be presented with all your role related information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are requesting and your current level of access.
You can review your current roles and pending role requests in My Access.
Select an Application Completed Zeit
V Open Payments
2 Select a Role ✓ Completed ✓ Edit
 Reporting Entity Officer or Teaching Hospital Authorized Official
3 Complete Identity Verification
Identity Verification This role requires an additional level of verification. You will be asked to provide additional information to verify your identity. Please select "Launch" to begin the identity verification process. You will return to the next step below when identity verification is complete.
Launch

3) Select Next to begin.

Figure 25: Identity Verification



Experian will perform a soft credit inquiry to verify your identity. Identity proofing does not affect your credit score. Soft credit inquiries are visible only to the user and only appear on credit reports produced by Experian. Credit inquiries are not visible to lenders. If you order a credit report from Experian, you will see an entry of inquiry by the Centers for Medicare & Medicaid Services with CMS's address and the date of request. If you have questions about Open Payments Experian's verification process, please refer to Experian Customer Assistance at http://www.experian.com/help/.

4) After reading the Terms and Conditions, select Next.

Figure 26: Terms and Conditions

Protecting Your Privacy Protecting Your Privacy Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement, which describes how we use the information you provide. Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB) CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answer to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior We need the UWD Poles of Debavior which personal with the personal the personal the purposes of the privacy and the personal	Protecting Your Privacy Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement, which describes how we use the information you provide. Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.	OMB No. 0938-1236 Expiration Date: 08/31/2025 Paperv	vork Reduction Act
Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the CMS Privacy Act Statement, which describes how we use the information you provide. Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB) CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answer to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior	Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the <u>CMS</u> <u>Privacy Act Statement</u> , which describes how we use the information you provide. Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.	Protecting Your Privacy	
Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB) CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answer to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior	Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password. HHS Rules of Behavior We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users. Lhave read the HHS Rules of Behavior for Brivilogod User Accounts (addendum to the HHS Rules of Behavior (HHS DoB), document number HHS OCIO 2013 00025	Protecting your Privacy is a top priority at CMS. We are commensued at CMS. We are commensued at CMS. We are commensued at the term of ter	mitted to ensuring the security and confidentiality of the user registering to EIDM. Please read the <u>CMS</u> rmation you provide.
HHS Rules of Behavior	HHS Rules of Behavior We encourage you to read the HHS Rules of Behavior, which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users. Lhave read the HHS Rules of Behavior for Brivilaged User Accounts (addendum to the HHS Rules of Behavior (HHS PoB), document number HHS OCIO 2013 0003S	Personal information is described as data that is unique to an CMS is very aware of the privacy concerns around PII data. I information will be disclosed to Experian, an external authent Number with Experian only for the purposes of verifying your to the challenge questions and other PII to later identify you i	n individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). In fact, we share your concerns. We will only collect personal information to verify your identity. Your tication service provider, to help us verify your identity. If collected, we will validate your Social Security identity. Experian verifies the information you give us against their records. We may also use your answers in case you forget or misplace your User ID /Password.
	We encourage you to read the <u>HHS Rules of Behavior</u> , which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.	HHS Rules of Behavior	
Federal employees, contractors, and other system users.		We encourage you to read the HHS Rules of Behavior, which	n provides the appropriate use of all HHS information technology resources for Department users, including

5) When entering your information into the Identity Verification screen, ensure you enter only your personal information.

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

6) Tips for successfully completing Identity Verification:

Full Legal Name:

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

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

Social Security Number:

• Ensure that Social Security Number fields are filled in correctly. Users can review and edit these fields prior to sending the information to Experian.

Date of Birth:

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

Current Residential Address:

• Ensure your personal/residential/home address is used:

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

Personal Phone Number

- Enter a personal landline phone number (if you have one).
- A cell phone can be used, but a residential landline is preferred.
- 7) After reviewing the above information enter your information in the spaces provided, and then select **Next**.

Andy	Enter Middl	e Name (optional)		Legal Last Name Smith			Suffix (optional)	,
Social Security Number		Birth Month February	~	Birth Date	~	Birth Year 1992	~	
Your Address US Based? Yes No Home Address Line 1				Enter Home Add	rass Line 2 (onti	nal)		
City Houston	State Texas		~	ZIP Code 78244	Enter ZIP	+4 Code (optional)	
Save home address to profile Personal Phone Number 210-602-4955								
Personal Email Address			Confirm Perso	onal Email Address				

Figure 27: Enter Your Information

8) If RIDP is successful, you will receive the confirmation notice. Select **Next** to continue.

Figure 28: Confirmation

Confirmation	×
You have successfully completed the Remote Identity Proofing process.	

9) If RIDP is unsuccessful, note the response code, and follow the directions in the Error message. If the Error message refers you to the "Tier 1 Help Desk", call the Open Payments Help Desk at 1-855-326-8366. For the TTY line, call 1-844-649-2766.

Figure 29: RIDP Error

der	ntity Verification	L	
	We were unable to verify the informati contact Experian Support Services at 1 28635679.	on you have provided. You have 2 attempt(s) remain -833-985-0709 to complete the one-time verification	ning. If there is an error in the information you've submitted, you can modify and resubmit or n process over the phone and provide the Reference Number - IDM-OPENPAYMENTS-
Submi	itted Information		
Name:	: Andy Smith		
Date o	of Birth: 02/12/1992		
Adress	s Line 1: 6610 Cypress Lake Drive		
City: H	Houston		
State:	TX		
Zip Co	ode: 78244		
Phone	e Number: 210-602-4955		
Email	Address: sbliss@index-analytics.com		
	Retry	I have contacted Experian	Cancel
	,		

10) Once you have completed Identity Verification, enter a brief reason for requesting this role, and select **Submit**.

Figure 30: Request Application Access

equest Application Access @	
The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown a ated information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you are	fter each step. You will be presented with all your role requesting and your current level of access.
u can review your current roles and pending role requests in <u>My Access</u> .	
Select an Application	✓ Completed
V Open Payments	
Select a Role	✓ Completed
 Reporting Entity Officer or Teaching Hospital Authorized Official 	
Enter Reason for Request	
Enter a Reason for Request	
Required field.	
	Submit

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

Figure 31: Confirmation

CMS.gov My Enterprise Portal	t≣ My Apps	A D Karen Miller	- O Help - D Log Out
Request Appli	cation Access		
O Select an Applicat	ion	V Circietza)	
V Open Paymen	Confirmation. ×		
😝 Select a Role	Are you save you want to proceed?	a constant	
🖌 Applicable Ma	Cancel CK		
Enter Reason for i	lequest		
tai			
		Submit	
		Jacob	

12) Review the information on the screen, then select **OK**.

Figure 32: Second Confirmation

Your IDM request	as been successfully submitted.	
Request Nev	Application Access Acknowledgement	
Your IDM request h	s been successfully submitted.	
The tracking numb	r for your request for Reporting Entity Officer or Teaching Hospital Authorized Official role in Open Payments application is: 5385839	
Please use this nur	ber in all correspondence concerning this request.	
You will receive an	mail once your request is processed.	
Once the system a	proves your request, please log out of your account and log back in using the Open Payments System URL: https://openpayments.system.cms.gov/. If you experience iss	ues,
please contact the	pen Payments Help Desk by telephone at 855-326-8366.	

13) After selecting **OK**, log out of the system and log back in to continue to the next steps.

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

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

Figure 33: Request Application Access

The following is the step-by-step process for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be shown ated information to review at the last step. Please note that the number of steps and the questions asked will vary depending on the role that you ar	after each step. You will be presented with all your role re requesting and your current level of access.
can review your current roles and pending role requests in <u>My Access</u> .	
Select an Application	🖌 Completed
✓ Open Payments	
Select a Role	
Role Physician, Non-Physician Practitioner, Teaching Hospital Authorized Representative, or Reporting Entity Submitter/Atter	ster/Compliance × 🗸
O Role Description: Select this role if you are a submitter, attester, or compliance user of an applicable manufacturer or GPO trying to representative, non-physician practitioner, non-physician practitioner representative; or a teaching hospital representative trying to Practitioners include: Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist/Anestheti	o report data; or a physician, physician access attributed data. Non-Physician esiologist Assistant and Certified Nurse-Midwife.
	Next

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

Figure 34: Reason for Reque	est
-----------------------------	-----

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

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

Figure 35: Confirmation

The following is the step-by-step process ted information to review at the last step.	for requesting a role in a CMS Enterprise Portal application. A summary of each step taken will be Please note that the number of steps and the questions asked will vary depending on the role tha	shown after each step. You will be presented with all your role It you are requesting and your current level of access.
can review your current roles and pendin	g role requests in <u>My Access</u> .	
Select an Application		V Complete
✓ Open Payments	Confirmation	K Close
Select a Role	Are you sure you want to proceed?	✔ Complete
Y Physician, Non-Phy	Cancel OK	, or Reporting Entity
Submitter/Attester/Com	ipliarice	
	ast	
Enter Reason for Requ	CSI	
Enter Reason for Requi		
Enter Reason for Request		
Enter Reason for Reque		
Enter Reason for Reque		
Enter Reason for Reque Reason for Request I need the role		Submit

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

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

Figure 36: Second Confirmation



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

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

Figure 37: Request Application Access

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

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

Figure 38: Reason for Request

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

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

Figure 39: Confirmation

cannend your canend ones and perioding rot	e requests in <u>My Access</u> .		
Select an Application			✔ Complete ☑ Edi
✓ Open Payments	Confirmation	X Close	
Select a Role	Are you sure you want to proceed?		✓ Complete
Open Payments Forei	gn	Cancel OK	
Enter Reason for Request	:		
I need the role			

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

Figure 40: Second Confirmation



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

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

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

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

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

Figure 41: My Profile

Step 2: Select Register a Device.



View Profile	ge Multi-Facto Device Type Email	or Authentication (MB	FA) Devices	Actions
View Profile	Device Type Email	Identifier sbliss@index-analytics.co	Status	Actions
Change Profile	Email	sbliss@index-analytics.co		
		m	Active	Edit
Change Business Contact Information	Register a devic	æ		
Change Password				
Change Security Question and Answer				
Manage MFA Devices				
Login History				
y Help Desk Contact Information				

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

Figure 43: Register MFA Devices

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

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

Figure 44: Send MFA Code

View Profile	Device Type	Identifier	Status	Actions
Change Profile	Email	sbliss@index-analytics.co m	Active	Edit
Change Business Contact Information				
Change Password	Register Multi-Factor	Authentication (MF	A) Device	
Change Security Question and Answer	Adding a MFA Code to your login, by providing an extra layer of pro	also known as Multi-Factor Auth ection to your User ID and Pass	nentication (MFA), word.	can make your login more sect
Manage MFA Devices	Select the MFA device typ	e that you want to use t	o login	
Login History	Text Message (SMS)			~
My Help Desk Contact Information	Text Message (SMS)			
	The SMS option will send your MF provide a ten (10) digits U.S. phor service charges may apply for this	A Code directly to your mobile o e number for a mobile device th s option.	device via a text m nat is capable of re	essage. This option requires yo ceiving text messages. Carrier
	Phone Number 555-555-5555			

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

Figure 45: Enter MFA Device Code

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

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



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

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

A physician and NPP must create a profile for him or herself in the Open Payments system and undergo a vetting process to be fully registered in the Open Payments system. See Section 3.3c for more information on physician vetting and section 3.3f for more information on NPP vetting. The physician and NPP profile process has five steps, as shown in Figure 31 below. Details on these steps are included later in this chapter.



Figure 47: Physician and NPP Registration Process

Figures 48, 49, and 50 detail the fields which are required and optional when creating your physician or NPP user profile. It is important to have this information on hand prior to beginning the registration process.

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

Figure 48: Required and Optional Fields for Physician Profiles

Figure 49: Required and Optional Fields for NPP Profiles

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

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

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

Figure 50: Required and Optional	Fields for Individual User Profiles
----------------------------------	-------------------------------------

Fields	Required or Optional
First Name	Required
Middle Name	Optional

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

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

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

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

Teaching hospital registration has five steps, as shown in **Figure 51** below. Details on these steps are included later in this chapter.

Figure 51: Teaching Hospital Registration Process



Figures 52 and 53 detail which fields are required and which fields are optional when creating teaching hospital and user profiles. It is important to have this information on hand prior to beginning the registration process.

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

Figure 52: Required and Optional Fields for Teaching Hospital Profiles

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

Figure 53: Required and Optional Fields for Individual User Profiles

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

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

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

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

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

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

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

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

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

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

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

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

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

Figure 54: Open Payments System Log In Page

	L	ser Guide Help	Privacy Policy
OPEN PAYMENTS	About Us	Resources Co	entact Us
Adrew I agree to Terms & Conditions	4.03/0		
Log In Forgot your User ID and Password? Need to unlock your account? New User Registration	Score		

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

Figure 55: Open Payments Home Page for First-Time System Users

OPEN PAYMENTS	Home	About Us	Resources	Contact Us
Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOS) and healthcare providers (physicians, non-physician practitioner practitioners, and teaching hospitals) on a publicly accessible website. The Open Payments system requires the annual reporting of these relationships to CMS (42 CFR Part 403 Subpart 1 2).				
Create Profile Our records indicate that you have not yet created a profile in the Open Payments system. Before you can perform any actions in the system, you must fir registration process.	st create you	ur profile and	complete the reate Profile	
Your Current Registration Process		-3		

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

Figure 56: Create My Profile Page

An official website of the United States	government Here's how you know v	CMS Teste
OPEN PAYMENTS	Home About Us Resources Ca	ntact Us
Create Profile		
1 Select Profile Type	Creating a Profile	
2 Register Entity	To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applic group purchasing organization (GPO), teaching hospital, physician, or non-physician. Users with provider type of Physician Assistant, Nurse Practit Clinical Nurse Specialist. Contified Registered Nurse Aparthetict. Contified Nurse, Midwife, or Apartheciple of the Assistant are called Non-Physician in	able ioner,
3 Personal Information	Open Payments system.	the
4 Review and Submit Profile	For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.	stration
	For reporting teaching hospital, physician, or non-physician registration, prior to beginning registration, collect the information required for cover recipient registration, then proceed with the registration process.	ed
	If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician has already been registered in the Open Payment sy and you have not affiliated with them in the Open Payments system, you may:	/stem
	 Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role: or Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician must be nominated by the physician or non-physician. 	
	Required Information	
	Fields for required information are marked with an asterisk *.	
	It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.	(
	A list of required information is available in the " <u>Required Information for Registration</u> " quick reference guide (PDE)". This QRG is also available on the Resources page of the Open Payments website.	2
	Registering as a Covered Recipient	
	Registering as a Physician or a Teaching Hospital	-
	If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non- Physician" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.	al
	Physicians should register themselves in the Open Payments system and not delegate this task to another individual.	
	Registering as a Non-Physician	-
	If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife Anesthesiologist Assistant, select the "Physician or Non-Physician" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical N Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician, select the "Physician or Non-Physician Practitioner" option when registering.	i, or lurse
	When you are ready to begin registration, select "Start Pro	ofile."

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

Figure 57: Select Profile Type Page

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

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

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

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

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

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

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

Figure 58: Covered Recipient Personal Information Page

First Name *		Last Name *		
Andy		Smith	 	
Middle Name		 Suffix (Jr., Sr., etc.)		
Business Infor	mation		 	
Practice Name				
Andy's Office				
Email Address *				
dhgyhj@djsfghkl.com				
Country *				
United States		\$		
Practice Business Address	, Line 1 *			
245 Street				
Practice Business Address Practice Business Address	, Line 2		 	
City *		State *		
Newtown		Texas	\$	
Zip Code *	Zip Extension	Business Telephone Number *		

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

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

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

Taxonomy codes not on the taxonomy code list should not be entered. You may refer to the taxonomy code list on the Resources page of the Open Payments website (<u>https://www.cms.gov/priorities/key-</u>

<u>initiatives/open-payments/resources/reporting-entitities</u>) As you begin entering information into the Taxonomy Code field, the system will provide a list of codes to help guide your entry. If your taxonomy code is not available, select the code that most closely represents your specialty. Select **Add** after entering each taxonomy code to add it to your profile.

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

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

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

Figure 59: Covered Recipient Details Page

ter the required covered recipient information below.			
u must provide your National Provider Identifier (NPI) if you	have one.		
Covered Recipient Identification			
Covered Recipient Type *			
Physician			
Covered Recipient Primary Type *			
Doctor of Optometry			
National Provider Identification (NPI) This is a 10-digit number that is required if you (the covered recipier	nt) have an NPI)		Drug Enforcement Administration (DEA) Number: This is a 9-character alphanumeric ID
1558507830 axonomy Codes :overed Recipient Taxonomy Code is a lookup field. Start typin he most accurate code and select the "Add" button. This will sa ntered. You may enter up to six taxonomy codes. Any previous ontinue the registration.	g a taxonomy code and t ive the entered code and ly entered taxonomy cod	the syste d allow y des may	m will display a list of taxonomy codes that begin with the characters you have entered. Selo bu to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to
1558507830 Taxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Faxonomy codes not on this list cannot be entered into the syste faxonomy Code *	g a taxonomy code and t we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca	the system d allow yn des may l i the Open mnot be f	n will display a list of taxonomy codes that begin with the characters you have entered. Selou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty
1558507830 Faxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the systematic teres and the second	g a taxonomy code and t we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca Add	the system d allow y des may the Open innot be f	n will display a list of taxonomy codes that begin with the characters you have entered. Selo ou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty
1558507830 Faxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will sa entered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the systematic service and the second seco	g a taxonomy code and t we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca Add	the system d allow yo des may i <u>the Oper</u> onnot be f	n will display a list of taxonomy codes that begin with the characters you have entered. Selo out o enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty
1558507830 Faxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typing the most accurate code and select the "Add" button. This will satentered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the system to the state and the set of the taxonomy code * 111N00000X State Licensing Information Fo enter your license information, select the state and enter the another license if necessary. Enter each state and license number numbers.	g a taxonomy code and t we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca Add license number in the fi er separately until all lice	the syste d allow yr des may i <u>i the Oper</u> ennot be f ields beld	n will display a list of taxonomy codes that begin with the characters you have entered. Sel bu to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a <u>Payments website</u> for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty www.Select the "Add" button to save the information to the profile. This will allow you to entu- ve been added. You must enter at least one license number; you may add a total of 52 license
1558507830 Faxonomy Codes Covered Recipient Taxonomy Code is a lookup field. Start typin the most accurate code and select the "Add" button. This will sa retered. You may enter up to six taxonomy codes. Any previous continue the registration. Refer to the Taxonomy/Specialty Lookup Document available o Taxonomy codes not on this list cannot be entered into the system 111N00000X State Licensing Information To enter your license information, select the state and enter the another license if necessary. Enter each state and license numb numbers. License State *	g a taxonomy code and t we the entered code and ly entered taxonomy cod n the <u>Resources page of</u> em. If an exact match ca Add license number in the fi er separately until all lice License	the system d allow yr des may i <u>the Open</u> ields belo enses ha e Numbe	n will display a list of taxonomy codes that begin with the characters you have entered. Selou to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to a Payments website for the complete list of taxonomy codes that can be entered. ound, choose the taxonomy code that best identifies your current specialty www. Select the "Add" button to save the information to the profile. This will allow you to enter e been added. You must enter at least one license number; you may add a total of 52 license.

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

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

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

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

Figure 60 shows how to NOT nominate an authorized representative.

Figure 61 demonstrates the steps to nominate an authorized representative.

Figure 60: Decision to NOT Nominate an Authorized Representative

All fields are required unles	indicated as optional
A covered recipient may design office manager, a practice ma	nate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an nager, or any other person the covered recipient wants to designate.
The nominated authorized re system to become an authori f the nominee rejects the role	presentative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments and representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days, or does not accept the role within the allotted 10 days, the covered recipient may nominate another person.
Nominate the Cov	ered Recipient in the Open Payments System
/ou can nominate an individu	al by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system.
Note: Covered recipient authors	rized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open Payments ation. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.
and take action on the nomin	
Designate an authorized represe	ntative? *
Designate an authorized represent	ntative? *
Pesignate an authorized representation of the Homin	ntative? *

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

Figure 61: Decision to Nominate an Authorized Representative

fields are required unless indicated as optional overed recipient may designate an authorized representative to take certain act ice manager, a practice manager, or any other person the covered recipient wan	tions on their behalf in the Open Payments system. This person can be another covered recipient, a
overed recipient may designate an authorized representative to take certain act ice manager, a practice manager, or any other person the covered recipient wan	tions on their behalf in the Open Payments system. This person can be another covered recipient, a
	its to designate.
: nominated authorized representative will receive an email stating that they have tem to become an authorized representative. The nominee will have 10 days to he nominee rejects the role or does not accept the role within the allotted 10 days.	ve been nominated for the role. The nominated individual must accept this role in the Open Payme accept or reject the role. The nomination will expire if the nominee does not respond within 10 da ays, the covered recipient may nominate another person.
ominate the Covered Recipient in the Open Paym	nents System
a can nominate an individual by providing the nominee's information below or I	later via the covered recipient profile page in the Open Payments system.
te: Covered recipient authorized representative nominees must register in the C 3 take action on the nomination. If the nominee accepts the role, they will then I	CMS Identity Management (IDM) system for login credentials before they can log into Open Payme be prompted to create an individual profile in the Open Payments system.
ignate an authorized representative? *	
s *	
Authorized Representative	
Enter the name, business email, job title, and business telephone number of the	e nominated authorized representative.
First Name *	Last Name *
800	Jackson
Middle Name	Suffix (Jr., Sr., etc.)
Email Address *	Job title *
annagemente energen and	силья паладог
United States	
6610 Cypress Lake Drive	
Business Address, Line 2	
Business Address, Line 2	
City *	State *
Houston	Texas 🗸
Zio Code "Zio Extension	Business Telephone Number *
78244 X0000	210-602-4955
Assign the Covered Recipient Authorized Repres	sentative's Access Level
The authorized representative's access level will determine the actions they can	take on behalf of the covered recipient in the Open Payments system.
By default, the covered recipient authorized representative can read any inform	ation in the covered recipient's profile in the Open Payments system. Select any additional level(s)
of access to be granted to the authorized representative below. covered recipie	nt authorized representatives cannot edit their access levels.
Access Level	
Read - (Default access level) Able to see covered recipient profile and record Modify Profile - Able to eff to enter the covered recipient's profile information	ds associated with the covered recipient.
Read - (Default access level) Able to see covered recipient profile and record Modify Profile - Able to edit or enter the covered recipient's profile informat Dispute Records - Able to dispute records of payments or other transfers of	ds associated with the covered recipient. tion (NPI, license, taxonomy code, etc.). I value associated with the covered recipient that was submitted by reporting entities.

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

			User Guide	Help	Privacy Poli	c <u>y</u>	Andy Sm
			Hor	me	About Us	Resources	Contac
Create Profile							
1 Select Profile Type	0	Review and Submit Profile					
2 Personal Information	0	Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any Infor your profile.	mation. Sel	lect the	e "Continue"	button t	o submit
Personal Details	0	Developed to fermiotics					
Covered Recipient Detai	ils 🥑	rersonal information					
Authorized Representati	ive 🥥	Name: Andy Smith					
3 Review and Submit Prof	file	Business Email Address: Solis@vindex-analytics.com Business Telephone Number: 210-602-4955 Practice Name: Doctor Andy Practice Business Address: 6610 Cypress Lake Drive Houston TX 78244 TX, 78244, US					
		Covered Recipient Information					-
		Primary Type: Doctor of Optometry National Provider Identifier (NPI): 1558507830 Drug Enforcement Administration (DEA) Number: Taxonomy Codes: 111.100000X State Licenses: TX-78244					
		Back			Cance		Submit

Figure 62: Review and Submit Profile Page

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

Figure 63: Registration Complete On-Screen Message

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

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

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

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

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

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

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



Figure 64: Open Payments System Landing Page

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




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



Figure 66: Open Payments System Home Page for First-Time System Users

3.3c: Physician and NPP Vetting

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OPEN PAYMENTS	Home	About Us	Resources	Contact Us
14.05/ 10.6%				
samuel	-	~		
Image: Second time Image:				
Forgot your <u>User ID</u> and <u>Password?</u> Need to <u>unlock</u> your account?				
New User Registration				

Figure 67: Open Payments System Log In Page

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

Figure 68: Open Payments Home Page for First-Time System Users



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

Figure 69: Create My Profile Page

Creating a Profile

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

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

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

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

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

Required Information

Fields for required information are marked with an asterisk *.

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

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

Registering as a Covered Recipient

Registering as a Physician or a Teaching Hospital

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

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

Registering as a Non-Physician Practitioner

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

When you are ready to begin registratior	n, select "Start Profile.
--	---------------------------

Back

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

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

Figure 70: Select Profile Type Page

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

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

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

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

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

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

Figure 71: Covered Recipient Personal Information Page

ersonal Details	
ovide personal and business information below to create the physician or no	on-physician practitioner profile.
e first name and last name fields have been prepopulated from your CMS lo formation in Open Payments will not change the corresponding information	dentity Management System (IDM) profile. You may edit these fields as needed. However, changing this n in your IDM profile.
you are registered with the National Plan & Provider Enumeration System (N ust match the information in those systems for your registration to be succe	NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here essful.
ote that once a physician or non-physician practitioner profile has been succ itable. If you need to modify these fields after they have become non-edital	cessfully matched using CMS resources (vetted), the fields prepopulated by IDM data will no longer be ble, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.
Basic Information	
First Name *	Last Name *
Sam	Wilton
Middle Name	Suffix (Jr., Sr., etc.)
Business Information	
Practice Name *	
Nurse Sam's Place	
Email Address *	
sbliss@index-analytics.com	
Country *	
United States	✓
Practice Business Address, Line 1 *	
1217 Cast Iron Drive	
Practice Business Address, Line 2	
Practice Business Address, Line 2	
City *	State *
Longview	Texas 👻
Zip Code * Zip Extension	Business Telephone Number *
78244 30000	210-602-4955
Back	Cancel

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

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

Note the following:

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

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

To enter license information, select the state in which the license is held and enter the license number. Select the **Add** button to add the license. The license number field may contain up to 25 characters, including special characters such as hyphens (-). You are required to enter at least one license. If you input data into the field and select the **Continue** button before selecting the **Add** button, the system will give you an error message. If you have licenses in more than one state, enter in the first state and license number and then select **Add**. Repeat until all of your state licenses have been added. You can enter up to 52 licenses. When you are finished, select the **Continue** button. Figure 72: Covered Recipient Details Page

must provide your National Provider Identifier (NPI) if you have one.	
overed Recipient Identification	
overed Recipient Type *	
Non-Physician Practitioner	
overed Recipient Primary Type *	
Nurse Practitioner	
iational Provider Identification (NPI) This is a 10-digit number that is required if you (the covered recipient) have an NPI)	Drug Enforcement Administration (DEA) Number: This is a 9-character alphanumeric ID
1558507830	20020000X
anneomy Codes	
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete	
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete tate Licensing Information	
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete 163W00000X Delete tate Licensing Information Information to enter your license information, select the state and enter the license number in the fiel nother license if necessary. Enter each state and license number separately until all licen numbers.	lds below. Select the "Add" button to save the information to the profile. This will allow you to en sees have been added. You must enter at least one license number; you may add a total of 52 licer
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete tate Licensing Information To enter your license information, select the state and enter the license number in the fiel nother license if necessary. Enter each state and license number separately until all licen umbers. License State *	lds below. Select the "Add" button to save the information to the profile. This will allow you to en uses have been added. You must enter at least one license number; you may add a total of 52 licen
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete 163W00000X Delete Exter Licensing Information Informatio Information Information Information Informatio Information Infor	lds below. Select the "Add" button to save the information to the profile. This will allow you to en sees have been added. You must enter at least one license number; you may add a total of 52 licer Number *
163W00000X Add Taxonomy Code: Actions: 163W00000X Delete tate Licensing Information To enter your license information, select the state and enter the license number in the fiel inother license if necessary. Enter each state and license number separately until all license numbers. License State * License I Idense State * License I State State * License I Texas Image: State * License I Tx 34978 Delete	lds below. Select the "Add" button to save the information to the profile. This will allow you to en sees have been added. You must enter at least one license number; you may add a total of 52 licen Number *

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

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

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

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

Figure 73 shows how to NOT nominate an authorized representative.

Figure 74 demonstrates the steps to nominate an authorized representative.

Figure 73: Decision to NOT Nominate an Authorized Representative

Authorized Representative

All fields are required unless indicated as optional

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

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

Nominate the Covered Recipient in the Open Payments System

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

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

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

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

Figure 74: Decision to Nominate an Authorized Representative

Authorized Representative				
All fields are required unless indicated as optional				
A covered recipient may designate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an office manager, a practice manager, or any other person the covered recipient wants to designate.				
The nominated authorized representative will receive an email stating that they have been system to become an authorized representative. The nominee will have 10 days to accept or If the nominee rejects the role or does not accept the role within the allotted 10 days, the or	nominated for the role. The nominated individual must accept this role in the Open Payments or reject the role. The nomination will expire if the nominee does not respond within 10 days. covered recipient may nominate another person.			
Nominate the Covered Recipient in the Open Payments	System			
You can nominate an individual by providing the nominee's information below or later via	the covered recipient profile page in the Open Payments system.			
Note: Covered recipient authorized representative nominees must register in the CMS Ider and take action on the nomination. If the nominee accepts the role, they will then be prom	ntity Management (IDM) system for login credentials before they can log into Open Payments pted to create an individual profile in the Open Payments system.			
Designate an authorized representative? *				
Yes 🇘				
Authorized Representative Enter the name, business email, job title, and business telephone number of the nomina	ated authorized representative.			
First Name *	Last Name *			
Roger	Stevens			
Middle Name	Suffix (Jr., Sr., etc.)			
addresses Email Address *	Job title "			
sbliss@index-analytics.com				
Country *				
United States 🛟				
Business Address, Line 1 *				
123 chicken st				
Business Address, Line 2				
Business Address, Line 2				
City*	State "			
Haymarket	Texas 👻			
Zip Code * Zip Extension	Business Telephone Number *			
78244 X000X	210-602-4955			
Assign the Covered Recipient Authorized Representa The authorized representative's access level will determine the actions they can take on By default, the covered recipient authorized representative can read any information in of access to be granted to the authorized representative below. covered recipient authorized Access Level	tive's Access Level behalf of the covered recipient in the Open Payments system. the covered recipient's profile in the Open Payments system. Select any additional level(s) prized representatives cannot edit their access levels.			
Read - Default access level Able to see concerd excision puells and	interfuelth the counterfunctions			
 Near - (Denaut access rever) when to see covered recipient profile and records assoc Modify Profile - Able to edit or enter the covered recipient's profile information (NP Dispute Records - Able to dispute records of payments or other transfers of value as 	It, license, taxonomy code, etc.). ssociated with the covered recipient that was submitted by reporting entities.			
Back	Cancel			

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

			<u>User Guide</u>	<u>Help</u>	Privacy Poli	sy (S	Sam Arno
OPEN PAYMENTS			Hom	ne Ab	out Us	Resources	Contact
Create Profile							
1 Select Profile Type	0	Review and Submit Profile					
2 Personal Information	0	Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any Inforr your profile.	nation. Selé	ect the "(Continue"	button to	submit
Personal Details	0						
Covered Recipient Details	s 🥑	Personal Information					—
Authorized Representativ	ve 🥑	Name: Sam Wilton					
3 Review and Submit Profil	le	Business Email Address: bblis@index-analytics.com Business Telephone Number: 210-602-4955 Practice Name: Nurse Sam's Place Practice Business Address: 1217 Cast Iron Drive Longview TX 78244 TX, 78244, US					
		Covered Recipient Information					-
		Primary Type: Nurse Practitioner National Provider Identifier (NPI): 1558507830 Drug Enforcement Administration (DEA) Number: Taxonomy Codes: 163W00000X State Licenses: TX-34978					
		Back			Cance	l S	ıbmit

Figure 75: Review and Submit Profile Page

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

Figure 76: Registration Complete On-Screen Message

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

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

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

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

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

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

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



Figure 77: Open Payments System Landing Page Profile Icon

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



Figure 78: Open Payments System "Switch User Type" Option

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

An official website of the United States government <u>Here's how you know</u>	<u>User Guide Help Privacy Policy</u>	@ CMS Tester
OPEN PAYMENTS	Home About Us Resources	Contact Us
Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioners, and teaching hospitals) on a publicly accessible website.		
Create Profile Our records indicate that you have not yet created a profile in the Open Payments system. Before you can complete the registration process.	perform any actions in the system, you must first create your p	rofile and Profile
Your Current Registration Process		
Register through IDM Request access to Open Payments	Create profile	
Need help creating your Open Payments System profile?	Contract of Service	

Figure 79: Open Payments System Landing Page for First-Time System Users

3.3f: NPP Vetting

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Figure 80: Open Payments System Log In Page for First-Time System Users Top Page View

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

Figure 81: Create a Profile



Step 2: The on-screen text contains important information regarding creating the individual profile.

Figure 82: Create My Profile Page

Creating a Profile

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

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

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

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

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

Required Information

Fields for required information are marked with an asterisk*.

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

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

Registering as a Covered Recipient

Registering as a Physician or a Teaching Hospital

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

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

Registering as a Non-Physician Practitioner

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

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

Back



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

Figure 83: Select Profile Type Page

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

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

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

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

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

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

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

Figure 84: Teaching Hospital Search Page

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

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

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

Figure 85: Teaching Hospital Search Page Search Results

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

Figure 86: Register Teaching Hospital Page

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

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

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

Figure 87: Teaching Hospital Your Role Page

eld with an asterisk (*) is required.	
egister a teaching hospital, you must take the role of autho	official with the teaching hospital.
er your personal information below to create your profile ar	ke the role of authorized official.
he user roles are as follows:	
Authorized Official: May access/review data and initial aviating user roles. They are also represented for approx	'denying nominations made by others as well as deactivating users.
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below.	nitiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below. First Name *	nitiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below. First Name * Bill	nitiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles Last Name * Zahm
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below. First Name * Bill Middle Name	nitiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles Last Name * Zahm Suffix (Jr., Sr., etc.)
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below. First Name* Bill Middle Name	Last Name * Zahm Suffix (Jr., Sr., etc.)
Authorized Representative: May access/review data a with the teaching hospital. Your Role Related Informatic Enter your personal information below. First Name * Bill Middle Name Email Address *	Last Name * Zahm Suffix (Jr., Sr., etc.) Business Telephone Number *

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

Figure 88: Teaching Hospital Nominate Roles Page

A field with an asterisk (*)	is required.										
You can nominate individ	uals for user roles	with tł	ne teaching hosp	oital be	low. The two roles are authorized	officia	l and authorized representative.				
User Roles											+
B Note:											×
Each nominee will prompted to creat	receive an email no e an individual profi	tifying ile in th	them of their noi ne Open Payment	minatic s syster	n. The nominee must confirm the ro n. If the nominee does not accept th	ole or re ie role,	eject the nomination. If the nominee another person may be nominated.	e accept	s the role, he o	or she v	vill be
Nominees must re	gister in Identity Ma	nagem	ient (IDM) to obta	in logir	credentials prior to accepting or re	jecting	the role in the Open Payments syste	em.			
Add Nomine	e										
You may nominate individ	C luals below. An inc	dividua	l can be nomina	ated for	only one user role with a teachin	g hosp	ital.				
Select the "Add" button to	o open information	n field	s for a nominee.	Enter a	an individual's information in the	ields b	elow and the role for which they	are non	ninated, then	select	the "Add"
button again to save the	ar days to accept o	or rejec	t the role. After	10 cale	endar days, the nomination will be	deacti	ivated.	o o can	be authorized	a onici	ais.
A nominee has 10 calenda	ar days to accept c				-						
A nominee has 10 calend	First Name	Î	Last Name	Î	Business Email Address	î	Business Phone Number	Î	Status	î /	Actions

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

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

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

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

Т	eaching Hos	pital > No	minate Role	s						
A	field with an asterisk (*) is	required.								
Ye	u can nominate individual	Is for user roles with t	the teaching hospital bel	ow. The two roles are authorized	official and authorized repres	intative.				
	User Roles							+	1	
	Note: Each nominee will re- prompted to create a Nominees must regist	ctive an email notifyinj n individual profile in t ter in Identity Manager	g them of their nomination he Open Payments system ment (IDM) to obtain login	n. The nominee must confirm the ro i if the nominee does not accept th credentials prior to accepting or rej	le or reject the normination. If the role, another person may be n jecting the role in the Open Payr	e nominee accept orninated. nents system.	ts the role, he or sl	x se wil be		
A	dd Nominee									
Ye	u may nominate individu:	als below. An individu	al can be nominated for	only one user role with a teaching	g hospital.					
Se	lect the "Add" button to o tton again to save the infi	open information field ormation and open a	ds for a nominee. Enter a nother set of information	n individual's information in the f 1 fields. A teaching hospital can h	felds below and the role for w ave up to 10 active users, of w	hich they are nor hom up to 5 can	minated, then sel be authorized of	ect the "Add" fficials.		
A	nominee has 10 calendar	days to accept or reje	ect the role. After 10 cale	ndar days, the nomination will be	deactivated.					
	tole 1	First Name 1	Last Name 1	Business Email Address	Business Phone Numb	er 1	Status 💲	Actions		
	uthorized Official	Bill	Zahm	sbliss@index analytics.com	555 555 5555		Approved	(YOU)]	
٦	Nominee Inf	ormation								
	First Name *			Last Name *						
	Steve			Jones						
	Middle Name			Suffix (Jr., Sr., etc.)						
	Email Address *			Business Telephone Number *						
	Job title *			7						
	Administrator Authorized Official: M Authorized Official: M roles. They are also re Authorized Represent teaching hospital.	will have: * Iay access/review data sponsible for approvin tative: May access/rev	and initiate disputes on r g/denying nominations m riew data and initiate disp	conds on behalf of the teaching ho ade by others as well as deactivatin ates on records on behalf of the tea	spital. May nominate other indi g users ching hospital. May nominate et	iduals for user rol her individuals fo	les or modify exist r user roles with th	ing user 10		
	Business Ad	dress								
	Business Address, Line 1*									
	623 LAFAYETTE AVENUE									
	Business Address, Line 2								1	
	muscriess Address, Line 2			4			The Reservation		1	
	Hawthorne			New Jersey	Zip Code * 07506		200 Extension			
							Cancel	Add	1	
Rack .										Cancel Centinue

Figure 89: Teaching Hospital Nominate Roles Page Add Nominee

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

	Teaching Hosp	ital > No	minate R	oles				
	A field with an asterisk (*) is re	equired.						
	You can nominate individuals	for user roles with	the teaching hospi	tal below. The two roles are auth	orized official and authorized rep	resentative.		
	Confirmation: Your nominee has bee	n successfully addeo	ł.				×	
	User Roles						+	
	Note: Each nominee will recei prompted to create an i Nominees must register	ive an email notifyin individual profile in t r in Identity Manager	g them of their nom he Open Payments ment (IDM) to obtain	ination. The nominee must confir system. If the nominee does not a login credentials prior to accepti	m the role or reject the nomination. ccept the role, another person may ng or rejecting the role in the Open I	If the nominee accepts the pe nominated. Payments system.	× role, he or she will be	
	Add Nominee							
	You may nominate individuals	below. An individu	ial can be nominat	ed for only one user role with a	teaching hospital.			
	Select the "Add" button to op button again to save the infor	en information field mation and open a	ds for a nominee. I nother set of infor	nter an individual's information mation fields. A teaching hospita	in the fields below and the role fo al can have up to 10 active users, o	r which they are nominat	ed, then select the "Add" uthorized officials.	
	A nominee has 10 calendar da	iys to accept or reje	ect the role. After 1	0 calendar days, the nomination	will be deactivated.			
	Role \$	First Name 🗘	Last Name 🗘	Business Email Address 1	Business Phone Number 🛛 🗘	Status ‡	Actions	
	Authorized Official	Bill	Zahm	bzahm@index-analytics.com	354-258-7425	Approved	(YOU)	
	Authorized Representative	Steve	Jones	sjones@index-analytics.com	254-785-3025	Nomination Approved	Delete	
	Add							
Back								Cancel

Figure 90: Teaching Hospital Nominate Roles Page with Added Nominees

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

Figure 91: Personal information Page	Figure	91:	Personal	Information	Page
--------------------------------------	--------	-----	----------	-------------	------

pre-populated information for accuracy and correct any invalid Ints, such as your Medicare, National Plan & Provider Enumeration
pre-populated information for accuracy and correct any invalid Ints, such as your Medicare, National Plan & Provider Enumeration
unts, such as your Medicare, National Plan & Provider Enumeration
ics.com
•
· ·
umber *

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

Teaching Hospital Name: Coop Teaching Hospital Business Ad 1000 5 Joth St Camden Nj 08103 Taxpayer Identification Numb- Your Role: Authorized Official First Name: Roger Middle Name: Last Name: White Susiness Email Address: bzahn Business Email Address: bzahn Business Email Address: bzahn Business Address, Line 1: 6231 Business Address, Line 2: City Name: Hawthorne State: TX Zip Code: 78244	er University Hospital dress: er (TIN): 210634462 1@index-analytics.cor 48-521-0254 / AFAYETTE AVENUE	n					
Nominations							
				t I	Business Email Address:	\$ Business Phone Number:	\$ Status: ‡
Role:	‡ First Name:	1 Last I	Name:	*			
Role: Authorized Official	First Name: Roger	Last I White	Name: (bzahm@index-analytics.com	248-521-0254	Approved

Figure 92: Review and Submit Profile Page

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

Figure 93: Success Confirmed On-Screen Message



3.3h: Registering a Teaching Hospital: Returning System Users

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

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

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

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

Select the Manage Teaching Hospitals tab on the home page.



Figure 94: Open Payments Home Page for Returning System Users

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

Figure 95: Manage Teaching Hospitals Page

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

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

Figure 96: Teaching Hospital Nominate Roles Page

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

3.3i Registering a Teaching Hospital: Prior Program Year

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

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

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

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

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

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

Select the Manage Teaching Hospitals tab on the Home page.

Figure 97: Open Payments System Home Page for Returning System Users



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

User Guide Help Bill Zahn Privacy Policy **OPEN** PAYMENTS Home **Review and Dispute** Manage Teaching Hospitals Messages Contact Us Resources Manage Teaching Hospitals Below are the teaching hospitals with which you are affiliated. To view details and manage user roles, select a teaching hospital from the list below. You may register a new teaching hospital by selecting the "Register New Teaching Hospital" butto Doing Business As (DBA) Name 1 TIN 1 Address Status Cooper University Hospital 1000 S 10th St Camden, NJ 08103 21-0634462 Registered

Figure 98: Manage Teaching Hospitals Page

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

Figure 99: Teaching Hospital Search Page

ospital is not listed in t	ospital for the current program year he search results, select the "Regist	, select the correct information from er for Prior Program Year" link to reg	each of the dropdown fields below and select ister for a prior year.	the "Search" button. If the teaching
or assistance, you can or all teaching hospital	efer to the <u>Teaching Hospital List</u> , a registered with CMS. The list is up	vailable on the <u>Resources page of th</u> dated annually and lists for all progr	e Open Payments website. The Teaching Hospi am years are available.	ital List contains identifying informa
you do not find your t	eaching hospital below or on a Tea	hing Hospital List, contact the Oper	Payments Help Desk at <u>openpayments@cms.</u>	<u>hhs.gov</u> for assistance.
ote: If you are a physic ho works at a teaching ospital. If you wish to o	ian who works in a teaching hospit hospital and wish to represent tha lo both, you may register both as a	al and wish to see data associated w t teaching hospital, proceed with reg physician and a teaching hospital, tl	ith you as a physician, register in Open Paymer jistering the teaching hospital or requesting a r nough this cannot be done in the same registra	nts as a physician. If you are a physi nomination for a role with a teachin tion session.
<u>igister for normoring gre</u>				
State Where Teachin	Hospital is Located *			
Select				\$
Select Teaching Hospital Do	ing Business As Name *			\$
Select Teaching Hospital Do	ing Business As Name *			\$ \$
Select Teaching Hospital Do Select Taxpayer Identificati	ing Business As Name *			≎ ≎
Select Teaching Hospital Do Select Taxpayer Identificati	ing Business As Name * on Number (TIN) *			•
Select Teaching Hospital Do Select Taxpayer Identificati Select Teaching Hospital Bu	ing Business As Name * on Number (TIN) *			• •
Select Teaching Hospital Dc Select Taxpayer Identificati Select Teaching Hospital Bu Select	ing Business As Name * on Number (TIN) * siness Address *			• •
Select Teaching Hospital Do Select Taxpayer Identificati	ing Business As Name * on Number (TIN) *			•

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

Figure 100: Teaching Hospital Search Page: Prior Program Year

o register a teaching hospita ospital is not listed in the se	al for the current program year, select the correct information from each of the dropdown fields below and select the "Search" button. If earch results, select the "Register for Prior Program Year" link to register for a prior year.	the teaching
or assistance, you can refer or all teaching hospitals regi	to the <u>Teaching Hospital List</u> , available on the <u>Resources page of the Open Payments website</u> . The Teaching Hospital List contains identif istered with CMS. The list is updated annually and lists for all program years are available.	fying informatior
you do not find your teach	ing hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at openpayments@cms.hhs.gov for assistance.	
lote: If you are a physician v /ho works at a teaching hos ospital. If you wish to do bo	who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you pital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role w oth, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.	u are a physician vith a teaching
Prior Program Year *		
2021	\$	
State Whore Teaching Herr	nital iel oratod *	
State where reaching hos		
Florida		
Florida Teaching Hospital Doing B	usiness As Name *	
Florida Teaching Hospital Doing B	usiness As Name *	
Florida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu	usiness As Name *	
Florida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu 591713947	usiness As Name *	
Florida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu S91713947 Teaching Hospital Busines	usiness As Name *	
Horida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu 591713947 Teaching Hospital Busines 18910 S Dixie Hwy Cutler B	uusiness As Name *	
Horida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu S91713947 Teaching Hospital Busines 18910 S Divie Hwy Cutler B	susiness As Name *	
Horida Teaching Hospital Doing B Jackson Memorial Taxpayer Identification Nu 591713947 Teaching Hospital Busines 18910 S Dixie Hwy Cutler B	itusiness As Name *	Search

3.3j: Using the Switch User Functionality

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

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

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

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



Figure 101: Open Payments Landing Page for Returning Reporting Entity User

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



Figure 102: Open Payments Landing Page for First-Time User

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



Figure 103: Open Payments Landing Page for Returning User

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

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

Section 3.4: Open Payments Covered Recipient Users and User Roles

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

3.4a: Physician and NPP User Roles

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

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

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

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

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

Figure 104: Physician User Roles and User Role Functions

3.4b: Teaching Hospital User Roles

Teaching hospitals can have up to 10 unique users holding the role of either an authorized official or authorized representative. There can be a maximum of five authorized officials per teaching hospital. For teaching hospitals, authorized officials are responsible for approving all user role nominations and modifying user roles. The teaching hospital authorized representatives will be granted certain permissions to access/review data, initiate a dispute on behalf of the teaching hospital, and make/approve nominations by an authorized official. The authorized representatives can be a physician, NPP, an office manager, a practice manager, or any person the teaching hospital would like to designate. There can be a maximum of five authorized official(s) per teaching hospital. The user roles applicable for teaching hospitals are given in the figure below.
User Role	Function
Authorized Official	 Registers with the teaching hospital in the Open Payments system Nominates other users and modifies existing user roles Approves or modifies nominations made by others and requests for user roles made by others, including self-nominations Removes user roles from other users Reviews and disputes records associated with the teaching hospital Views and download system generated email messages
Authorized Representative	 Reviews and disputes records associated with the teaching hospital Nominates other individuals for user roles with teaching hospital (nominations must be confirmed by an authorized official) Views and download system generated email messages

Figure 105: Teaching Hospital User Roles and User Role Functions

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

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

Section 3.5: Nominations

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

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

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

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

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

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

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

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

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

If there is no action taken by the nominee, a final reminder notification will be sent on the 9th calendar day, reminding the nominee that they have yet to accept or reject the nomination. If the nomination is still not accepted or rejected by the end of the 10th calendar day, an expired nomination notification will be sent to the nominee. **Figure 108** shows the five steps in the nomination acceptance process.

Figure 106: Accepting Nominations Process



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

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

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

Figure 107: User Role Statuses for Physicians, NPPs, and Teaching Hospitals

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

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

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

Figure 108: Open Payments Landing Page for Returning User

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

Figure 109: My Profile Page

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

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

business Address, Line 2		
City Name *		State *
		Select \$
Lip Code *	Zip Extension	Business Telephone Number *
XXXXXX	XXXX	XXXX-XXXX-XXXX
he authorized representative	's access level will determine the actions they can take	ENTATIVE'S ACCESS LEVEI on behalf of the covered recipient in the Open Payments system.
The authorized representative By default, the covered recipie authorized representative belo Access Level	's access level will determine the actions they can take nt authorized representative can read any information w, covered recipient authorized representatives canne	entative's Access level on behalf of the covered recipient in the Open Payments system. in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the t edit their access levels.
The authorized representative ay default, the covered recipie authorized representative belo Access Level Read - (Default access leve Modify Profile - Able to edi Dispute Records - Able to c	's access level will determine the actions they can take nt authorized representative can read any information w. covered recipient authorized representatives canne I) Able to see covered recipient profile and records ass to renter the covered recipient's profile information (N ispute records of payments or other transfers of value	entative's Access Level on behalf of the covered recipient in the Open Payments system. in the covered recipient's profile in the Open Payments system. Select any additional level(s) of access to be granted to the t edit their access levels. pl. license, taxonomy code, etc.). associated with the covered recipient that was submitted by reporting entities.

Figure 110: My Profile Details Page

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

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

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

Figure 111: My Profile Details Tab Editing

Authorized Representative Details	
Your Authorized Representative Details are provided below. To modify your profile information, select the "Update Authorized Representative Details" button.	
First Name *	Last Name *
Middle Name	Suffix (Jr., Sr., etc.)
Authorized Representative's Business Address	
Enter the nominated authorized representative's business address information below. Enter the primary business address if the authorized representative has multiple	le business addresses
Email Address *	Job title *
email@email.com	
Country*	
Select	
Business Address, Line 1 *	
Business Address, Line 1	
Business Address, Line 2	
Business Address, Line 2	
City *	State*
	Select 0
Zip Code * Zip Extension	Business Telephone Number *
X000X	100-000-0000
Assign the Covered Recipient Authorized Representative's Access Level	
The authorized representative's access level will determine the actions they can take on behalf of the covered recipient in the Open Payments system.	
By default, the covered recipient authorized representative can read any information in the covered recipient's profile in the Open Payments system. Select any additional and the open Payments system and the open Payments system.	ional level(s) of access to be granted to the authorized representative below. covered recipient authorized representatives cannot edit their access levels.
Access Level	
Read: [Default access level; Alah to see covered recipient profile and records associated with the covered recipient; Read: [Profile - Alah to see a renter the covered recipient; profile information (MR, license, taxonomy code, etc.). Depute Records: Alah to depute records of payments or other transfers of wales associated with the covered recipient that was submitted by reporting entities.	
	Update Authorized Representative Socialis

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

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

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

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



Figure 112: Open Payments Landing Page for Returning User

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

Figure 113: Manage Teaching Hospitals Page

					<u>User Guide</u>	<u>Help</u>	Privacy	<u>Policy</u>	Bill Zahm
OPEN PAYMENTS		Home	Review and Dispute	Manage Teaching	Hospitals	Messages	*	Contact Us	Resources
Manage Teaching Hospitals	_								
Below are the teaching hospitals with which you are affiliated. To view details list below. You may register a new teaching hospital by selecting the "Register	and manage user roles, sele ' New Teaching Hospital'' bu	ct a teac tton.	hing hospital from t	he					
Doing Business As (DBA) Name \$	TIN \$	Addres	s				\$	Status	\$
	21-0634462	1000 S	10th St Camden, NJ 0	8103			F	Registered	
						R	egister	New Teachin	g Hospital

Step 3: Select Manage Roles.



				<u>User Guide</u>	Help Privacy Policy (2) Bill Zah
			Home Review and Dis	pute Manage Teaching Hospitals	Messages 🗸 Contact Us Resourc
Below are the d Taxpayer Ident	g Hospi ietails for the te tification Numl	tal Details aching hospital you selected, I ber (TIN): 21-0634462	isted by program year.		
2023	21-0634462	Cooper University Hospital	Legativalle	One Cooper Plaza Camden Ni 08103	1000 S 10th St Camden Ni 08103
2022	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2021	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2020	21-0634462	Cooper University Hospital		One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2020 2019	21-0634462 21-0634462	Cooper University Hospital Cooper University Hospital		One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
2020 2019 2018	21-0634462 21-0634462 21-0634462	Cooper University Hospital Cooper University Hospital Cooper University Hospital	-	One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103 1000 S 10th St Camden NJ 8103 1000 S 10th St Camden NJ 8103
2020 2019 2018 2017	21-0634462 21-0634462 21-0634462 21-0634462	Cooper University Hospital Cooper University Hospital Cooper University Hospital Cooper University Hospital		One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103 One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103 1000 S 10th St Camden NJ 8103 1000 S 10th St Camden NJ 8103 1000 S 10th St Camden NJ 8103

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

Figure 115: Manag	ge Teaching Hospita	l Manage Roles Tab
-------------------	---------------------	--------------------

Teaching Hospital Details	Manage	Poles				
Manage Roles	Select the "Nomina	Active an Additional Role" button to r	ominate a new individua	I to fill a role for your teaching ho	ospital	
-	Select the "Modify	" button to change the role of an	existing user with your tea	aching hospital.		
	Select the "Deactiv	vate User" button to remove an act	tive user completely from	your teaching hospital.		
	Note: An authoriz	red official may modify or deactivate	another authorized officia	l but cannot deactivate themselves	for the teaching hospital.	×
	Nominate an Add	itional Role				
	Teaching Hospita	l User Role Types				+
	Name	1 Role	\$	Status	Actions	
	Roger White	Authorized Official		Approved	Modify	
	Steve Jones	Authorized Representative		Nomination Approved	Modify	

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

Figure 116: Teaching Hospital Manage Roles Tab Nominate Roles

User Information First Name* Middl Elizabeth Indicate the role this person will have: * Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we Authorized Representative: May access/review data and Business Contact Information Job title* Administrator Business Address, Line 1* Busine 123 chicken st City* State Haymarket Texa	Ile Name : disputes on records on behalf of the teaching h rell as deactivating users d initiate disputes on records on behalf of the te	Last Name * Jenkins ospital. May nominate other individual aching hospital. May nominate other ir	Su Is for user roles or modi ndividuals for user roles	uffix (Jr., Sr., etc.) ify existing user roles. T s with the teaching hosp	hey are also responsible pital.
First Name* Middl Elizabeth	dle Name e disputes on records on behalf of the teaching h vell as deactivating users d initiate disputes on records on behalf of the te	Last Name *	Is for user roles or modi	uffix (Jr., Sr., etc.) ify existing user roles. TI s with the teaching hosp	hey are also responsible pital.
Elizabeth Indicate the role this person will have: * Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we Authorized Representative: May access/review data and Business Contact Information Job title * Administrator Business Address, Line 1* Business City * State Haymarket	e disputes on records on behalf of the teaching h rell as deactivating users d initiate disputes on records on behalf of the te	Jenkins ospital. May nominate other individual aching hospital. May nominate other in	ls for user roles or modi	ify existing user roles. Ti s with the teaching hosp	hey are also responsible pital.
Indicate the role this person will have: * Authorized Official: May access/review data and initiate for approving/denying nominations made by others as we Authorized Representative: May access/review data and Business Contact Information Job title * Administrator Business Address, Line 1* Business Address, Line 1* Business Address, Line 1* City * State Haymarket Text	e disputes on records on behalf of the teaching h vell as deactivating users d initiate disputes on records on behalf of the te	ospital. May nominate other individual aching hospital. May nominate other ir	ls for user roles or modi ndividuals for user roles	ify existing user roles. The second	hey are also responsible pital.
Administrator Business Address, Line 1* Busin 123 chicken st City* Haymarket					
Business Address, Line 1* Busin 123 chicken st Busin City* State Haymarket Texa					
123 chicken st Busi City State Haymarket Texa	ness Address, Line 2	٦			
City * State Haymarket Texa	siness Address, Line 2				
Haymarket	e *	Zip Code *	Zip Extension		
	xas	78244	XXXX		
Email Address * Busin	ness Telephone Number *				
ejenkins@cuh.com 214-	-257-4578]			

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

Teaching Hospital Details Manage Roles	You have successfully nomi	nated Elizabeth Jenkins for a role.]
	Manage Roles Select the "Nominate an Addition Select the "Modify" button to cha Select the "Deactivate User" butt	nal Role" button to nominate a new individual to ange the role of an existing user with your teachi on to remove an active user completely from you	fill a role for your teaching hospital. ng hospital. ur teaching hospital.	_
	Note: An authorized official may Nominate an Additional Role Teaching Hospital User Role Type	modify or deactivate another authorized official bu	t cannot deactivate themselves for the teaching h	ospital.
	Name ‡	Role \$	Status 🗘	Actions
	Roger White	Authorized Official	Approved	Modify
	Steve Jones	Authorized Representative	Nomination Approved	Modify
	Elizabeth Jenkins	Authorized Representative	Nomination Approved	Modify

Figure 117: Teaching Hospital Manage Roles Tab Confirmation

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

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

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

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

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

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



Figure 118: Open Payments Landing Page for First-Time System Users

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

Figure 119: Create My Profile Page

	User Guide Help Privacy Policy	<u>e</u> 1
	Home About Us	Resources
Creating a Profile		
begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization SPO), testing hospital, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nume Practitioner, Clinical Nume Specialist, Certified Registered Nume embedded. Certified Registered Nume embedded. Certified Registered Nume		
or reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.		
or reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, hen proceed with the registration process.		
"the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not filliated with them in the Open Payments system, you may:		
 Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician particulated by the physician particulated physician particulated by the physician physici		
Required Information		
Fields for required information are marked with an asterisk *. It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of nackticity. If that occurs, all information entered during that session will be lost.		
A list of required information is available in the "Reputed information for Resistration" ouick reference pudic [PDE]". This QRG is also available on the Resources page of the Open Revenents website.		
Registering as a Covered Recipient		
Registering as a Populcian or a Teaching Hospital -		
If you are a physician who works at a teaching hospital and with to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitione" option when registering, Begistering as a user affiliated with a teaching hospital with allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and user affiliated with a teaching hospital if needed.		
Physicians should register themselves in the Open Payments system and not delegate this task to another individual.		
Registering as a Non-Physician Practitioner		
If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Medwile, or Anosthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Hidwile, or Anosthesiologist Assistant who works at a tacking hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.		
When you are ready to begin registration, select "Start Profile." Back		

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

Figure 120: Select Profile Type Page

Select a Profile Type

A field with an asterisk (*) is required.

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

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

Note:

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

×

Cancel

Continue

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

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

• Applicable Manufacturer or applicable Group Purchasing Organization (GPO)

- O Physician or Non-Physician Practitioner
- Teaching hospital

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

earch for Nomination
eld with an asterisk (*) is required.
n the dropdown list below, select your User Type.
A Namingoo for Dhusision or Nan Dhusision Drastitionar outhorized concomptation are in the direction ID
 Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers.
Enter your Nomination ID and Registration ID included in the nomination email you have received.
Select the "Show Nomination" button to see the information associated with your nomination.
User Type *
Physician or Non-Physician Practitioner
Nomination ID * The ID is a 12-digit number.
10000001373
Show Nomination

Figure 121: Search for Nomination Page

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

Figure 122: Search for Nomination Page with Nomination Shown

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

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

Figure 123: Confirm Covered Recipient Information Page

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

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

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

Figure 124: Confirm Nomination Page

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

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

Figure 125: Authorized Representative Page

uthorized Repre	sentat	ive					
ll fields are required unless indi	icated as opti	ional*					
ld the requested personal and bu formation.	siness informa	ation to your user profile. Son	ne fields are j	pre-populated. Review pre-populate	ed informatio	on for accuracy and correct any inva	alid
Note that any changes made I System (NPPES) or Identity Ma	here will not au anagement (ID	utomatically update your profil M) accounts.	e information	in your other CMS accounts, such as y	our Medicare	, National Plan & Provider Enumeratic	on
Basic Information							
First Name *	L	Last Name *		Middle Name (optional)		Suffix (Jr., Sr., etc.) (optional)	
Elizabeth		Jenkins					
Business Address							
Administrator							
Naministrator							
Business Email Address *	E	Business Telephone Number *					
ejenkins@Sam.com		210-584-7841					
Business Address, Line 1 *							
123 Chicken Street							
Business Address Line 2 (optional)							
Country *	c	City *		State *			
United States	¢	San Antonio		Texas	¢		
Zip Code *	z	Zip Extension					
78244		XXXX					
Back						Cancel	ontinue

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

Figure 126: Review and Submit Profile Page

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

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

Figure 127: Success Confirmed Page

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

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

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

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



Figure 128: Open Payments Landing Page for First-Time System Users

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

Figure 129: Create Profile Page

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

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

Figure 130: Select Profile Type Page

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

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

Figure 131: Search for Nomination Screen

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

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

Figure 132: Nomination Search Results Page

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

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

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

Figure 133: Confirm Covered Recipient Information

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

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

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

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

Dasic Information				
First Name *		Last Name *	Middle Name (optional)	Suffix (Jr., Sr., etc.) (optional)
Daniel		Mertz		
Business Address				
Job Title *				
Administrator				
Business Email Address *		Business Telephone Number *		
fdgjhg@fsdkgjsdfk.com		210-965-0214		
business Address, Line 1				
543 North Business Address Line 2 (optional	l)			
543 North Business Address Line 2 (optional Country *	()	City*	State *	
543 North Business Address Line 2 (optional Country * United States	•	City *	State *	\$
543 North Business Address Line 2 (optional Country * United States Zip Code *	0	City * Central Zip Extension	State *	\$
543 North Business Address Line 2 (optional Country * United States Zip Code * 78244	ı) 	City* Central Zip Extension XXXX	State *	\$
543 North Business Address Line 2 (optional Country United States Zip Code 78244	0	City * Central Zip Extension XXXX	State *	\$

Figure 134: Authorized Representative Basic Information

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

Figure 135: Review and Submit Profile Page

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

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

Figure 136: Nomination Accepted Page

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

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

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

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



Figure 137: Open Payments Landing Page for First-Time System Users

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

Figure 138: Create Profile Page

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

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

Figure 139: Select Profile Type Page

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

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

Figure 140: Search for Nomination Page

earch for Nomina	tion		
field with an asterisk (*) is required.			
om the dropdown list below, select	your User Type.		
Nominees for Physician or Inumbers. Enter your Nomination ID and Regis Select the "Show Nomination" butt User Type * Teaching Hospital	Non-Physician Practitioner authorized i tration ID included in the nomination e on to see the information associated w	representatives receive only Nomination ID email you have received. vith your nomination.	
Registration ID * The ID is a 12-digit number. 100009000484	Nomination ID * The ID is a 12-digit number. 10000001376		
Show Nomination]	
			Can

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

Figure 141: Search for Nomination Select Page

eld with an asterisk (°) is required. m the dropdown list below, select your User Type. Mominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Entry or Nomination ID and Registration ID included in the nomination email you have received. Select the "Show Nomination" button to see the information associated with your nomination. User Type Teaching Hospital The ID is a 12-digit number. 100000001376 Store Nomination Store No	eld with an asterisk (*) is required. m the dropdown list below, select your User Type. Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received.	
m the dropdown list below, select your User Type. Moninees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID Included in the nomination email you have received. Select the "Show Nomination" button to see the information associated with your nomination.	m the dropdown list below, select your User Type. Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Nomination Control Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received. Select the "show Nomination" button to see the information associated with your nomination. User Type * Taching Hospital Taching Hospital Nomination D Nomination N Nomin	On Main Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received. Select the "show Nomination" button to see the information associated with your nomination. User Type * Teaching Hospital Nomination D	Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Nomination ID and Registration ID included in the nomination email you have received. Select the "Show Nomination" button to see the information associated with your nomination. User Type * Teaching Hospital Nomination D The ID is a 12-digit number. 100000001376 Nomination N	Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers. Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Enter your Nomination ID and Registration ID included in the nomination email you have received. Select the "Show Nomination" button to see the information associated with your nomination. User Type * Teaching Hospital Nomination D * The ID is a 12-digit number. 10000000484 Inter ID is a 12-digit number. 10000001376 Show Nomination Show Nomination select "Continue" If the information displayed on the screen is correct. Lelect "Continue" If the information displayed on the screen is correct. Lelect "Continue" If the information displayed on the screen is correct. Let "Continue" If the information displayed on the screen is correct. Let "Continue" If the information displayed on the screen is correct. Let "Continue" If the information displayed is incorrect. Let "Continue" If the information displayed is incorrect. Let "Continue" If the information displayed is incorrect. Lett "Cancel" to return to the previous page if the information displayed is incorrect. Lett "Cancel" to return to the previous page if the information displayed is incorrect. Lett "Cancel" to return to the previous page if the information displayed is incorrect. Lett Bass was nominated as Authorized Representative. Lett Type: Teaching Hospital Letching Hospital Doing Business As Name: Cooper University Hospital	Enter your Nomination ID and Registration ID included in the nomination email you have received.	
Select the "Show Nomination" button to see the information associated with your nomination. User Type • Teaching Hospital Registration ID • The ID is a 12-digit number. 100000000484 Show Nomination Show Nomination Search Results: elect "Continue" if the information displayed on the screen is correct. elect "Continue" if the information displayed on the screen is correct. elect "Concel" to return to the previous page if the information displayed is incorrect. with Bass was nominated as Authorized Representative. ker Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital		
User Type * Teaching Hospital Registration D * Nomination D * The ID is a 12-digit number. Tool D is a 12-digit number. Tool D is a 12-digit number. Downood 34 Show Nomination Continuation Continuation Continuation Continuation displayed on the screen is correct. eleet "Continue" if the information displayed on the screen is correct. eleet "Continue" if the information displayed on the screen is correct. eleet "Continue" if the information displayed on the screen is correct. eleet "Continue" if the information displayed on the screen is correct. eleet "Continue" if the information displayed is incorrect. eleet "Continue" if the information displayed is incorrect. eleet Tore trum to the previous page if the information displayed is incorrect. Elser Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital	Select the "Show Nomination" button to see the information associated with your nomination.	
Teaching Hospital Registration ID* Nomination ID* The ID is a 12-digit number.	User Type *	
Registration ID * Nomination ID * The ID is a 12-digit number. The ID is a 12-digit number. 100000000484 100000001376 Show Nomination 100000001376 Iomination Search Results: Iomination Search Results: Ielew is the information displayed on the screen is correct. Ielew if the information displayed on the screen is correct. Ielew "Continue" if the information displayed is incorrect. Ielew is the information displayed on the screen is correct. Ielew Type: Teaching Hospital Image: Type: Teaching Hospital Beaching Hospital Doing Business As Name: Cooper University Hospital Image: Type: Teaching Hospital	Teaching Hospital	
Registration ID * Nomination ID * The ID is a 12-digit number. The ID is a 12-digit number. 100009000484 100000001376 Show Nomination 100000001376 omination Search Results: elow is the information associated with the nomination. elow is the information displayed on the screen is correct. elect "Continue" if the information displayed on the screen is correct. elect "Concel" to return to the previous page if the information displayed is incorrect. uth Bass was nominated as Authorized Representative. seer Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital		
100009000484 10000001376 Show Nomination Interface of the second sec	Registration ID * Nomination ID * The ID is a 12-digit number. The ID is a 12-digit number.	
Show Nomination comination Search Results: lelow is the information associated with the nomination. ielect "Continue" if the information displayed on the screen is correct. ielect "Cancel" to return to the previous page if the information displayed is incorrect. tuth Bass was nominated as Authorized Representative. Iser Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital	100009000484 100000001376	
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ielect "Cancel" to return to the previous page if the information displayed is incorrect. tuth Bass was nominated as Authorized Representative. Iser Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital	Iomination Search Results:	
tuth Bass was nominated as Authorized Representative. Iser Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital	Iomination Search Results: Below is the information associated with the nomination. Belect "Continue" if the information displayed on the screen is correct.	
Iser Type: Teaching Hospital eaching Hospital Doing Business As Name: Cooper University Hospital	iomination Search Results: ielow is the information associated with the nomination. ielect "Continue" if the information displayed on the screen is correct. ielect "Cancel" to return to the previous page if the information displayed is incorrect.	
eaching Hospital Doing Business As Name: Cooper University Hospital	Iomination Search Results: Ielow is the information associated with the nomination. Ielect "Continue" if the information displayed on the screen is correct. Ielect "Cancel" to return to the previous page if the information displayed is incorrect. Information displayed is incorrect.	
eaching neaplear poing parameas as name, cooper oniversity nospitar	Iomination Search Results: Below is the information associated with the nomination. ielect "Continue" if the information displayed on the screen is correct. ielect "Cancel" to return to the previous page if the information displayed is incorrect. tuth Bass was nominated as Authorized Representative. Jser Type: Teaching Hospital	
	Iomination Search Results: Below is the information associated with the nomination. ielect "Continue" if the information displayed on the screen is correct. ielect "Cancel" to return to the previous page if the information displayed is incorrect. Ruth Bass was nominated as Authorized Representative. Jser Type: Teaching Hospital Control Provide Data Sections of States Context University Hospital	
	Iomination Search Results: Below is the information associated with the nomination. ielect "Continue" if the information displayed on the screen is correct. ielect "Cancel" to return to the previous page if the information displayed is incorrect. tuth Bass was nominated as Authorized Representative. Iser Type: Teaching Hospital 'eaching Hospital Doing Business As Name: Cooper University Hospital	

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

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

Figure 142: Confirm Nomination Page

	User Guide Help Privacy Policy ③ R	uth Bass
OPEN PAYMENTS	Home About Us Resources Co	ntact Us
Create Profile		
1 Select Profile Type	Confirm Nomination	
2 Teaching Hospital: Search	A field with an asterisk (*) is required.	
Search Nomination	Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with.	
Confirm Nomination		
3 Personal Information	1000 S 10th St Camden Ni (8103	
4 Review and Submit Profile	TIN: 210634462	
	Confirm Nomination: * Yes I accept the role of Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital. No I do not accept.	
	Back Cancel Cont	inue

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

Figure 143: Personal Information Page

ersonal Information	
eld with an asterisk (*) is required.	
d the requested personal and business information to your use prmation.	er profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid
Note that any changes made here will not automatically upda System (NPPES) or Identity Management (IDM) accounts.	late your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration
Basic Information	
First Name *	Last Name *
James	White
Middle Name	Suffix (Jr., Sr., etc.)
Job title * Administrator	Email Address *
Business Address, Line 1*	
428 Hayne St	
Business Address, Line 2	
Business Address, Line 2	
Business Address, Line 2	State *
Business Address, Line 2 City • Walkin	State *
Business Address, Line 2 City * Walkin Postal Code *	State * Arizona Business Telephone Number *
Business Address, Line 2 City * Walkin Postal Code * 85001	State * Arizona Business Telephone Number * 2102789999
Business Address, Line 2 City * Walkin Postal Code * 85001	State * Arizona Business Telephone Number * 2102789999

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

Teaching Hospital Informat										
reacting respirat morning.	ion									-
Teaching Hospital Name Teaching Hospital Busine 1000 5 10th 5t Camden Nj 08103 Taxpayer Identification N Your Role: Authorized Rep First Name: James Middle Name: Last Name: White Suffix: Business Enail Address: Business Telephone Num	Iumber (TII presentative	N): 210634462		l						
ob Title: Administrator usiness Address, Line 1:	428 Hayne	89999 St								
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin	428 Hayne	• St								
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ	: 428 Hayne	: St								
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code:	: 428 Hayne						 			
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code: Nominations	: 428 Hayne	: St								
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code: Nominations	: 428 Hayne	: St								-
Job Title: Administrator Business Address, Line 1: Business Address, Line 2: City Name: Walkin State: AZ Zip Code: Nominations Role:	428 Hayne	sssss St	¢ La	st Name:	¢	Business Email Address:	\$ Business Phone Number:	¢	Status:	-

Figure 144: Review and Submit Profile Page
The following message will appear on-screen to confirm your nomination has been successfully accepted.

Figure 145: Success Confirmed Page



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

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

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



Figure 146: Open Payments Landing Page for Returning Teaching Hospital Users

Step 2: Select My Roles and Nominations.



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

Step 3: Select Accept or Reject Nominations.

Figure 148: My Profile Page My Roles and Nominations

			Use	Guide Help	Privacy Policy	Sam Arnold
OPEN PAYMENTS			Home Review and Disput	e Mess	ages 👻 Contact Us	Resources
My Profile						
My IDM Portal Profile My Open Payments Profile Overview Personal Information Basic Information Covered Recipient	My Roles & Nominations Below are the user roles with which you are affiliated An explanation of the statuses below can be found in Accept or Reject Nominations	d. You have the option to accept or reject r n the <u>Open Payments User Guide (PDF</u>)♂.	oles for which you have bee	n nominatec	l or request additional rc	oles.
Details Authorized Representative	Role	Practice Name	\$	Vetting Sta	tus	\$
My Roles & Nominations	Non-Physician Practitioner	Nurse Sam's Place		Failed Ve	etting	
	1					

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

Figure 149: Success

Creat			X
1 Selec	Success: You have successfully accepted your affiliation with Coop	r Green Mercy Hospital and created your own profile, Steven Thompson.	
2 Teach Sea	You may now go to <u>Open Payments Home.</u> For help obtaining a PDF viewer, go to the <u>CMS.gov Help p</u>	195.	
Cor 3 Perso			Continue to Open Payments Home Page
4 Revie		Binningham A 35235 Taxpayer Identification Number (TIN): 630001579 Your Role: Automized Representative First Name: Steven Middle Name: Thompson Suffix: Business Final Address: bblis@index.analytics.com Business Final Address: bblis@index.analytics.com	

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

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

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



Figure 150: Open Payments Landing Page for First-Time Teaching Hospital User

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

Figure 151: Create Profile Page

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

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

Figure 152: Select Profile Type Page

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

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

Figure 153: Teaching Hospital Search Page

5		
egister a teaching hospital for the current program year, select the correct information from each of the dropdo pital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year	wn fields below and select the "Sear	ch" button. If the teaching
r assistance, you can refer to the <u>Teaching Hospital List</u> , available on the <u>Resources page of the Open Payments w</u> all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are availab	ebsite. The Teaching Hospital List co le.	ntains identifying informati
rou do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Des	k at <u>openpayments@cms.hhs.gov</u> fo	or assistance.
ite: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physicia io works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teachin spital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot b	n, register in Open Payments as a ph g hospital or requesting a nominatio e done in the same registration sessi	nysician. If you are a physicia n for a role with a teaching on.
aister for Prior Program Year		
State Where Teaching Hospital is Located *		
State Where Teaching Hospital is Located * New Jersey	\$	
State Where Teaching Hospital is Located *	\$	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name *	\$	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name *	\$	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name *	۵]	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) *	•	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462	¢	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462 Teaching Hospital Business Address *	¢	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Taxpayer Identification Number (TIN) * 210634462 Teaching Hospital Business Address * 1000 S 10th St Canden Ni 08103	¢	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Image: State Where Inflication Number (TIN) * 210634462 Teaching Hospital Business Address * 1000 S 10th St Camden Nj 08103	\$ 	
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Image: State Where Itelevision State Sta	¢	Search
State Where Teaching Hospital is Located * New Jersey Teaching Hospital Doing Business As Name * Image: Comparison of the second	¢	Search

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

Figure 154: Teaching Hospital Search Page Search Results

Teaching Hospital > Search
To register a teaching hospital for the current program year, select the correct information from each of the dropdown fields below and select the "Search" button. If the teaching hospital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.
For assistance, you can refer to the Teaching Hospital List, available on the Resources page of the Open Payments website. The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.
If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at openpayments@cms.hhs.gov for assistance.
Note: If you are a physician who work in a teaching hospital and wich to see data associated with you are a physician register in Open Payments as a physician. If you are a physician who works at a teaching hospital or requesting a nomination for a role with a teaching hospital proceed with registering the teaching hospital proceed with registering the teaching hospital proceed with registering the teaching hospital for use of a role with a teaching hospital for a cole with a teaching hospital for use at the physician and a teaching hospital, through this cannot be done in the same registration session.
Register for Prior Program Year
State Where Teaching Hospital is Located *
New Jersey
Teaching Hospital Doing Business As Name *
\$
Taxpayer Identification Number (TIN) *
21063462
Teaching Hospital Business Address *
1000 S 10th St Camden NJ 08103
Search
Teaching Hospital Search Results
This teaching hospital is already registered in the Open Payments System:
1000 S 10th St
Campan, NJ US 103 TIN: 210634462
It is the contract reacting to some the Continue with the process it this is not the teaching hourself with change the cearch.
In this tare correct teaching incipate, seek are "Continue" oution to continue with the process, in this is not the teaching nospital you wish to attiliate yourself with, change the search criteria above to search for another teaching hospital.

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



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

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

Figure 156: Teaching Hospital Your Role Page

field with an asterisk (*) is required.	
ect the role for which you want to nominate yourself with the teaching	hospital.
The user roles are as follows:	
 Choose your role: * Authorized Official: May access/review data and initiate dispute existing user roles. They are also responsible for approving/denyi Authorized Representative: May access/review data and initiate with the teaching hospital. 	s on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify ng nominations made by others as well as deactivating users. disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles
Your Role Related Information	
Your Role Related Information Enter your personal information below.	Last Name *
Your Role Related Information Enter your personal information below.	Last Name *
Your Role Related Information Enter your personal information below. First Name * Gunter Middle Name	Last Name * Meier Suffix (Jr., Sr., etc.)
Your Role Related Information Enter your personal information below. First Name * Gunter Middle Name 	Last Name * Meier Suffix (Jr., Sr., etc.) Business Telephone Number *

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

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

Figure 157: Personal Information Page

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

	ation									
Teaching Hospital Name	e									
Teaching Hospital Busin	ess Address:									
1000 S 10th St										
Camden Nj 08103										
Taxpayer Identification	Number (TIN):	:210634462								
First Name: Gupter	presentative									
Middle Name:										
Last Name: Meier										
Suffix:	Last Names Meier									
Suffix: Business Email Address: emeier@tkb.com										
Business Email Address:	: gmeier@tkb.co	om								
Business Email Address: Business Telephone Num	: gmeier@tkb.co mber: 147-526-8	om 8745								
Business Email Address: Business Telephone Num Job Title: Administrator Business Address Line 1	: gmeier@tkb.co mber: 147-526-8	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nun Job Title: Administrator Business Address, Line J Business Address, Line 2	: gmeier@tkb.cc mber: 147-526-8 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nun Job Title: Administrator Business Address, Line J Business Address, Line 2 City Name: Hawthorne	: gmeier@tkb.co mber: 147-526-8 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address Business Telephone Nun Job Title: Administrator Business Address, Line 2 City Name: Hawthorne State: NJ	:: gmeier@tkb.co mber: 147-526-8 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nun Job Title: Administrator Business Address, Line J Business Address, Line Z City Name: Hawthorne State: NJ Zip Code: 07506	:: gmeier@tkb.cc mber: 147-526-& 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nun Job Title: Administrator Business Address, Line J Business Address, Line 2 City Name: Hawthorne State: NJ Zip Code: 07506	:: gmeier@tkb.cc mber: 147-526-{ 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nun Job Title: Administrator Business Address, Line J Business Address, Line J City Name: Hawthorne State: NJ Zip Code: 07506	:: gmeier@tkb.cc mber: 147-526-8 1: 623 LAFAYETT 2:	om 8745 TE AVENUE								
Business Email Address: Business Telephone Nur Job Title: Administrator Business Address, Line J Business Address, Line J City Name: Hawthorne State: NJ Zip Code: 07506 Nominations Role:	:: gmeier@tkb.cd mber: 147-526-? 1: 623 LAFAYETT 2: \$	om 8745 TE AVENUE First Name:	t	Last Name:	\$	Business Email Address:	¢ Bu	siness Phone Number:	t	Status: ‡

Figure 158: Review and Submit Profile Page

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

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

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

Figure 159: Success Confirmation Page

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

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

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

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

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

Then, select the Teaching Hospital link from the dropdown.

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

<image>

Figure 160: Open Payments Landing Page for Returning User

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

Figure 161: Create My Profile Page

Creating a Profile

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

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

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

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

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

Required Information

Fields for required information are marked with an asterisk *.

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

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

Registering as a Covered Recipient

Registering as a Physician or a Teaching Hospital

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

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

Registering as a Non-Physician Practitioner

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

Start profile

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

Back

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

Figure 162: Select Profile Type

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

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

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

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

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



Figure 163: Open Payments Landing Page for Returning User

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

					<u>User Guide</u>	<u>Help</u>	Privacy Po	<u>licy</u>	Bill Zahm
OPEN PAYMENTS			Home	Review and Dispute Manage 1	eaching Hospitals	Messages	~	Contact Us	Resources
Manage Teaching Hospitals									
Below are the teaching hospitals with which you are affiliated. To view	v details a	and manage user roles, se	ect a te	aching hospital from the					
list below. You may register a new teaching hospital by selecting the "	"Register	New Teaching Hospital" b	utton.	annig reepratient are					
Doing Business As (DBA) Name	\$	TIN ‡	Addr	ess			‡ Sta	tus	\$
		21-0634462	1000	S 10th St Camden, NJ 08103			Reg	istered	
						F	Register Ne	w Teaching	Hospital
Return to top									

Figure 164: Manage Teaching Hospitals Page

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



Figure 165: Teaching Hospital Information Page

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

Figure 166:	Teaching Ho	spital Manage	Roles Tab
-------------	--------------------	---------------	------------------

Manage Roles								
Select the "Nominate an Additi	onal Role" button to nominate a new individua	al to fill a role for your teaching hospital.						
Select the "Modify" button to c	hange the role of an existing user with your te	aching hospital.						
Select the "Deactivate User" bu	tton to remove an active user completely from	n your teaching hospital.						
1 Note: An authorized official ma	ıy modify or deactivate another authorized officia	al but cannot deactivate themselves for the tea	× ching hospital.					
Nominate an Additional Role								
Teaching Hospital User Role Types +								
Teaching Hospital User Role Ty	pes		+					
Teaching Hospital User Role Ty Name \$\$	pes Role ‡	Status ‡	T Actions					
Teaching Hospital User Role Ty Name Roger White	Role \$	Status \$	T Actions Modify					
Name ‡ Roger White	Role ‡ Authorized Official Authorized Representative	Status \$	T Actions Modify Approve Modify Cancel Request					
Name Image: Constraint of the second secon	Role Authorized Official Authorized Representative Authorized Representative	Status \$ • Approved • Requested • Nomination Approved	T Actions Modify Approve Modify Cancel Request Modify					
Name Image: Content of the second s	Role Authorized Official Authorized Representative Authorized Representative Authorized Representative	Status \$ • Approved • Requested • Nomination Approved • Nomination Approved	T Actions Modify Approve Modify Cancel Request Modify Modify					
Name Image: Constraint of the second secon	Role 1 Authorized Official 1 Authorized Representative 1	Status \$ • Approved • • Requested • • Nomination Approved • • Nomination Approved • • Nomination Approved •	T Actions Modify Approve Modify Cancel Request Modify Modify Modify					

Figure 167: Teaching Hospital Manage Roles Tab Confirmation

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

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

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

Figure 168: Teaching Hospital Manage Roles Tab Modify Roles

Manage Roles							
Select the "Nominate an Additional Role" button to nominate a new individual to fill a role for your teaching hospital.							
Select the "Modify" button to change the role of an existing user with your teaching hospital.							
Select the "Deactivate User" button to remove an active user completely from your teaching hospital.							
• Note: X An authorized official may modify or deactivate another authorized official but cannot deactivate themselves for the teaching hospital.							
Nominate an Additional Role							
Teaching Hospital User Role Types						+	
Name I	Role	\$	Status \$	Actions			
Name I	Role Authorized Official	\$	Status \$	Actions Modify			
Roger White Gunter Meier	Role Authorized Official Authorized Representative	\$	Status Approved Approved	Actions Modify Modify	Deactivate User		
Roger White Gunter Meier Steve Jones	Role Authorized Official Authorized Representative Authorized Representative	1	Status ‡ • Approved • Approved • Nomination Approved	Actions Modify Modify Modify	Deactivate User		
Roger White Gunter Meier Steve Jones Andy Smith	Role Authorized Official Authorized Representative Authorized Representative Authorized Representative	\$ 	Status 1 • Approved • Approved • Nomination Approved • Nomination Approved	Actions Modify Modify Modify Modify	Deactivate User		
Roger White Gunter Meier Steve Jones Andy Smith Elizabeth Jenkins	Role Authorized Official Authorized Representative Authorized Representative Authorized Representative Authorized Representative	\$	Status 1 • Approved • Approved • Nomination Approved • Nomination Approved • Nomination Approved	Actions Modify Modify Modify Modify Modify	Deactivate User		
Name Image: Constraint of the second secon	Role Authorized Official Authorized Representative Authorized Representative	\$	Status \$ Approved • Approved • Nomination Approved • Nomination Approved • Nomination Approved • Nomination Approved •	Actions Modify Modify Modify Modify Modify	Deactivate User		

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

Figure 169: Modify Role Page

Gunter Meier		×	
Indicate the role this person will have: *			
 Authorized Official: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify exist responsible for approving/denying nominations made by others as well as deactivating users Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the second secon	ng user roles. They are also e teaching hospital.		×
Cancel .	Save Role		
Teaching Hospital User Rolo Types			+
	Gunter Meier Indicate the role this person will have: Authorized Official: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify exist in responsible for approving/denying nominations made by others as well as deactivating users Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify exist in responsible for approving/denying nominations made by others as well as deactivating users Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the Cancel Authorized an Additional Note Authorized Representative: Nay access/review data and initiate types	Gunter Meier Indicate the role this person will have: Authorized Official: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsible for approxing/denying nominations made by others as well as deactivating users Authorized Representative: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital. Cancel Save Role Vominate an Additional Role Teaching Hospital User Role Types	Gunter Meier × Dicter be role this person will have: • • • Authorized Official: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsing/denying nominations made by others as well as deactivating users. • • Authorized Official: May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital. • Cancel . Save Role • Munimate an Additional Role . .

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

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

3.5j: Deactivating a User

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

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

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

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

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



Figure 171: Open Payments Landing Page for Returning User

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

Figure 172: Manage Teaching Hospitals Page

OPEN PAYMENTS			Home	Review and Dispute	Manage Teaching Hospitals	Messages	Ŷ	Contact Us	Resources
Manage Teaching Hospitals									
Below are the teaching hospitals with which you are affiliated. list below. You may register a new teaching hospital by selecti	. To view details ing the "Registe	and manage user roles, se r New Teaching Hospital" I	lect a tea outton.	ching hospital from t	he				
Doing Business As (DBA) Name	\$	TIN	C Addr	255			‡ St	atus	\$
		21-0634462	1000	S 10th St Camden, NJ (08103		Re	gistered	
						Rej	gister N	lew Teaching H	lospital
Return to top									

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

Figure 173: Teaching Hospital Information Page

hing Hospital Details	Feaching elow are the de axpayer Identi	g Hospi Itails for the te fication Num	tal Details aching hospital you s ber (TIN): 21-06344	elected, listed by program year. 62		
	Program Year	TIN	DBA Name	Legal Name	Cost Report Address	NPPES Address
	2023	21-0634462			One Cooper Plaza Camden Nj 08103	1000 S 10th St Camden Nj 08103
1	2022	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2021	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2020	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2019	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2018	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2017	21-0634462			One Cooper Plaza Camden NJ 8103	1000 S 10th St Camden NJ 8103
	2016	21-0634462			One Cooper Plaza Camden NJ 8103	1 Cooper Plz Camden N I 8103

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

Figure 174: Teaching Hospital Manage Roles Tab Deactivate User

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

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

Figure 175: Teaching Hospital Manage Roles Tab- Confirmation Page

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

Section 3.6: Updating Profile Information in the Open Payments System

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

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

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

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



Figure 176: Open Payments Landing Page

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



			User Guide	Help Privacy Policy O STEPHEN PERSELL
OPEN PAYMENTS		Home	Review and Dispute Manage Covered Recipients	s Messages V Contact Us Resources
Manage Covered Recipients				
Covered Recipient You Represent				
Any covered recipient who has listed you as an authorized repre- be able to update the covered recipient's profile or to dispute re-	sentative is shown below. Depending on the access level the covered recipient gives you, yo ported payments, other transfers of value, or ownership and investments interests.	our ability to take actions on their behalf might be limited. You can always view th	he covered recipient's profile of see the records	s reported for them. If allowed, you might also
Looking for a way to register entity or teaching hospital?				
>> Go to Switch User Type				
Name: ‡	Date Confirmed:	1 Actions:		
Roger White	2024-04-30	Manage Covered Recipient		
Britura la fao				Register as a Covered Recipient

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

Select Update Basic Information.

Update the information needed.

Select Save.

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

OPEN PAYMENTS				Home Revi	iew and Dispute Manage Covered Recipients	Messages 👻	Contact Us	Resources
Manage Covered Recipients								
Covered Recipient Information Basic Information Covered Recipient Busile	Basic Information Your Covered Recipient's profile information is provided below	w. To modify their profile information, select the " Update Bas	ic Information" button.)	
	First Name * Roger Your Business Contact Information	Middle Name	Last Name * White		Suffix (Jr., Sr., etc.)			
	Email Address * sbliss@index analytics.com	Practice Name *						
	Country *	\$						
	Practice Business Address, Line 1 * 623 LAFAYETTE AVENUE	Practice Business Address, Line 2 Practice Business Address, Line 2						
	City Name * Hawthome	State* New Jersey C	Zip Code * 2007506	Zip Extension	Business Telephone Number * 210-602-4955			
					Update i	Basic Information	J	

Figure 178: Covered Recipient Details

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

Select Update Covered Recipient.

Update the information needed.

Select Save.

Figure 179: Update Covered Recipient

Manage Covered Recipients	
	Course d Park Internet Park Internet
Covered Recipient Information	Covered Recipient Defails
Basic Information	Nor control recipient ceasis at provides terrors to indone control.
Covered Recipient Details	County Revisitor Runs *
	Physican 2
	Physician Primary Trans *
	Nedial Dector
	Nutional Provider (destification (NDI) Drug Enforcement Administration (DEA) Number: (This is a 30-digit number that is required if you (the covered recipient) have as NP() This is a 30-digit number (D
	15565/730
	Taxonomy Codes
	A second
	Transmy Cade*
	Taximory Code: 122209000
	State Licensing Information To the your Scone information, subscription and white the lacked white in the fields below. Select the "Add" batters to save the information to the profile. This will allow you to enter another license if reconsary, Enter each state and license number separately until all licenses have been added, You must
	enter at tests one incerse numeer; you may also a total of sa incerse numeers.
	Licens Rate* License lamber* -skitci-
	Learne Matter Learne Matcher NJ 7505
	Update Crewred Recipired

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

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

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

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



Figure 180: Open Payments Landing Page for Returning Physician and NPP Users

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

Figure 181: My Profile Page

/ IDM Portal Profile	Overview	
Open Payments Profile	This page contains information about a	authorized roles.
Overview	An explanation of the statuses below o	an also be found in the <u>Open Payments User Guide [PDF]</u> Ø.
Profile Details	Profile Name	
My Roles & Nominations	STEPHEN PERSELL	
	User Role Statuses for Reporting Entitie	85
	Nominated	The individual has been nominated for the user role with the reporting entity.
	Nomination Approved	The individual's nomination has been approved by an officer. The individual has not yet accepted or declined the nomination.
		The individual declined the user role.
	Declined	
	Declined Accepted	The individual accepted the user role.
	Declined Accepted Requested	The individual accepted the user role. An individual self-nominated for the user role.

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

Basic Information					
First Name * Stephen Your Business Cont	Middle Name		Last Name * Persell		Suffix (Jr., Sr., etc.)
Email Address * sdpersell@xyz.com	Job title * Boss				
Country * United States		\$			
Business Address, Line 1 *	Business Address, Line 2]		
City *	State *	^	Zip Code *	Zip Extension	Business Telephone Number *
nayındrket	ICAUS	~	16244	~^^^	415-205-2035
					Update Profile

Figure	182:	My	Profile	Details Page
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<u>Step 4:</u> Update fields as necessary. When changes are complete, select **Save Updates**.

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

Figure 183: My Profile Details Tab

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

Review and Dispute

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

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

This chapter is divided into the following sections:

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

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

Section 4.1: Review and Dispute Process Overview

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

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

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

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

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

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

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

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

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

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

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

4.1a: Review, Dispute, and Correction Period

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

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

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

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

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

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

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

4.1b: Dispute Resolution: Changed Record

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

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

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

4.1c: Review and Dispute Statuses

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

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

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

Records submitted during the submission period may be unavailable for review and dispute for one of the following reasons:

- The record was deleted. A deleted record can only be viewed under the "Deleted and In Progress Records" tab and cannot be disputed. For deleted records, only the record information will display. Disputes associated with the record will not be available once the record has been deleted.
- A record undergoing editing by its reporting entity can only be viewed under the "Deleted and In Progress Records" tab and cannot be disputed. Records undergoing editing will display all the dispute statuses and dispute details (where available).

Section 4.2: Reviewing Records

Physicians, NPPs, teaching hospitals, and principal investigators that have registered with the Open Payments system may review all payments, other transfers of value, and physician ownership or investment interests submitted about them by an applicable manufacturer or applicable GPO.

A step-by-step walkthrough for reviewing records follows.

<u>Step 1:</u> Log in to the Open Payments system at <u>https://openpayments.system.cms.gov</u> using your IDM credentials and select the **Review and Dispute** tab on the menu bar.



Figure 184: Open Payments Home Page: Review and Dispute Tab

<u>Step 2:</u> On the "Review and Dispute Overview" page, please review the instructions in the expanded "Important Information" section.

Figure 185: Review and Dispute Overview Page: Important Information

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Covered Recipient Records		
To see a summary of a covered recipient's records, select the o summary of the number of payment records and their total an	overed recipient's name from the drop-down list below, then select the nounts available for review and dispute during this calendar year.	e "Show Summary" button. This will display a
If the covered recipient is listed as a principal investigator on a with the payment. A covered recipient identified as a principal identifying information. The date, amount, and other element	research payment record, the covered recipient is not considered the re investigator in a record can only dispute his or her association to the res s of the record cannot be disputed by a covered recipient in a principal ir	recipient of the payment but is considered associated esearch reported in that payment and his or her investigator role.
To review a covered recipient's payment records, select the co payments or other transfers of value reported for the selected	vered recipient's name from the drop-down and then select the "Show R covered recipient that are available for review and dispute.	r Records" button. This will display the details of the
Disputing Records		
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Covered recipients may initiate a dispute for a record from the	start of the review and dispute period for that calendar year until the en	end of the calendar year.
Disputes initiated during the year's 45-day review and dispute	window and not resolved before the end of the 15-day correction windo	dow will be identified as under dispute in that year's
June publication. Any disputes initiated for the first time after	the 45-day review and dispute period will be published as not disputed i	d in that year's June publication.

Step 3: In the "Select A Covered Recipient" drop down menu, select the covered recipient whose records are to be reviewed. Select the **Show Summary** button to bring up the Summary of Payment Records for the covered recipient chosen.

If the name of the Covered Recipient is not populating in the "Select A Covered Recipient" drop down menu, he or she is in a "Failed Vetting" status and will need to correct identifying information inputted in their Open Payments profile to successfully vet.

The Summary of Payment Records displays the total number of records available for review and dispute and the total dollar amount for those records. The totals are grouped by program year and payment category.

For physicians and NPPs, the research payment category totals are split to differentiate between the records in which the physician and/or the NPP is identified as the covered recipient and the records in which the physician and/or the NPP is identified a principal investigator.

Note that teaching hospital and NPP summaries do not include an Ownership/Investment section, as that payment category is not applicable to them.
Figure 186: Review and Dispute Overview Page: Review Summary Button

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<u>Step 4:</u> Select the **Show Records** button to navigate to the "Review and Dispute" page for the covered recipient.

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Figure 187: Review and Dispute Overview Page: Review Records Button

<u>Step 5</u>: The "Review and Dispute" page displays all available records for review. Users can use the available filtering tool on the page to narrow search results as desired.

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Figure 188: Review and Dispute Page: Covered Recipient Records

<u>Step 5a</u>: There are two buttons that may contain information related to the disputes attributed to the covered recipient:

• Available for Review and Dispute: This button displays all records in a data table that are currently available for review and dispute. All records in this table are in "Attested" status.

Figure 189: Review and Dispute Page: Available for Review and Dispute Button

An onicial website of the clinice states government. <u>Nets 2107 (38</u>	<u>a man</u> •						<u>User</u>	<u>Guide Help</u>	Privac	<u>y Policy</u>	QAComp To
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Review & Dispute - Doc	ctor Patient										
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Important Information											an.
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To affirm the accuracy of a record, select the " or investment interest is accurate.	"Affirm Record" button f	or the record that needs to	o be affirmed. Th	is optic	onal step is a confin	nation that the in	formation about 1	he payment	, other ti	ansfer of valu	e, or ownershi
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Showing 🗐 of 2 entries			Previous	1	Next >						

• Deleted and In Progress Records: This button displays all records that were available for review and dispute in the current calendar year but were deleted or are in the process of being edited by the reporting entity and are not available for review. Review and dispute actions will not be allowed for these records as they can only be viewed.

Figure 190: Review and Dispute Page: Deleted and in Progress Records Button

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**Step 6:** Records on the "Review and Dispute" page are displayed in a table format. To see all a record's information, select the hyperlinked number under the "Record ID" column. This will open the "Record ID" page for that record, which contains the record's details, general information, and reporting entity Review and Dispute contact information. The Record Details page also displays any "Active Disputes," if available.



#### Figure 191: Review and Dispute Page: Record ID Pages

**<u>Step 7</u>**: Select the "View" link in the "Dispute Details" column to view all initiated dispute(s) associated with the record. Each dispute is displayed in the Dispute Details window and listed in descending order of Dispute ID. The record header also displays the total number of disputes for the record.

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Record       Disput       Entity Making       Total Payment       Date of Mount/Dollar Amount       Payment       Payment       Listed as       Program       Record       Record       Affirmed       Disput Details         0       5935667       230       Special Drugs       \$1,000.00       02/10/2023       General Payments       N/A       2023       Attested       No       View	Select a single record below to dispute To withdraw a dispute, click on view	ute payment. Select o v link under Dispute D	ne or multiple records to affirm etails column.	ayments.						1	Affirm Re	ecord(s) Di	spute Record
5935667         230         Special Drugs         \$1,000.00         02/10/2023         General Payments         N/A         2023         Attested         No         View	■ Record ‡ Dispute ID ‡ ID ‡ ID	Entity Making Payment	Total Payment Amount/Dollar Amount Invested	Date of Payment	‡ Pay Cat	ment egory	Listed as PI Only	‡ Progra Year	^m ‡	Record Status	\$	Affirmed \$	Dispute Details
	5 <u>935667</u> 230 5	Special Drugs	\$1,000.00	02/10/2023	Ger	eral Payments	N/A	2023		Attested		No	View
Showing All C of 1 entries Previous 1 Next>	ihowing All 🗘 of 1 entries			< Previous	1 Ne	xt >							

### Figure 192: Review and Dispute Page: Dispute Details View Hyperlink

Record ID: 5935667	Disputed(1)
Entity Making Payment: Special Drugs Payment Category: General Payments	Dollar Amount Invested: Value of Interest:
Program Year: 2023 Affirmed: Yes	Principal Investigators Associated: <b>Yes</b> Listed as PLOnly: <b>Yes</b>
Total Payment Amount: \$1,000.00	Delay in Publication of Research Payment
Dispute ID: 230 (Initiated) Dispute Details and Contact Information	
justification verbiage	
Initiated on 05/15/2024 by Yamini Virkud	Withdraw Dispute
	Close

Figure 193: Review and Dispute Page: Dispute Details View Window

## Section 4.3: Affirming Records

Records that have been reviewed and determined to be accurate can be affirmed by the physician, NPP, teaching hospital, or principal investigator in the Open Payments system. Affirmation is not a required action. Records that have not been affirmed will still be included in the data publication. You may initiate disputes on records that have been previously affirmed if you determine that the record contains an error.

To affirm a record, follow the steps below.

<u>Step 1:</u> On the "Review and Dispute" page, use the filtering tools to help find the records to be affirmed, by selecting the **No** checkbox for the "Affirmed?" filter, and then select the **Search** button. All records available for affirmation will be under the **Available for Review and Dispute** tab.

## Figure 194: Review and Dispute Page: Search Filter for Affirmed Records

An official website of the United States government Here's how you know V		<u>User Guide Help</u>	Privacy Policy (2) QAComp Te
OPEN PAYMENTS		Home Review and Dispute Me	ssages 🛩 Contact Us Resour
eview & Dispute			
eview & Dispute - Doctor Pa	tient		
low is the list of all payments records in which the non-ph	vsician practitioner or physician is a covered recipien	t or principal investigator that are eligible for review and dispute th	nis calendar year. Show Summar
Important Information			
If the covered recipient is listed as a principal investigator on records that identify the covered recipient as a principal invest	research payment record, the covered recipient is not o tigator, select the "Yes" check box under "Listed as PI Or	considered the recipient of the payment but is considered associated w Ily" and select the "Search" button.	ith the payment. To search for
All payment records available for review and dispute will be d the reporting entity can be found under the "Deleted and In P taken on them. Once the edits to a record are complete, the re	splayed under the "Available for Review and Dispute" ta rogress Records" tab. Records shown in the "Deleted an cords will be returned to the "Available for Review and I	b, which is selected by default. Records that are in the process of bein d In Progress Records" tab are for informational purposes only and no pispute" tab for review.	g modified or have been deleted by review or dispute actions can be
Filtering fields are available to customize the view of the reco	ds.		
The user may export the search results by selecting the "Do based on the search criteria and will contain all data fields dis	wnload Zip File" link on the "Available for Review and D played in the list below as well as other data elements re	spute" tab. The downloadable file will be a CSV file compressed into a elated to the record.	ZIP file. The file will contain records
To view all fields on an individual record, select the "Record II	" link.		
To affirm the accuracy of a record, select the "Affirm Record or investment interest is accurate.	button for the record that needs to be affirmed. This of	tional step is a confirmation that the information about the payment,	other transfer of value, or ownership
To dispute a payment, other transfer or value, or ownersh initiated and contact information so the reporting entity can disputes associated to the record in parenthesis.	p or investment interest, select the "Dispute Record" to ontact you directly with any questions. If the record has	utton of the record that needs to be disputed. Enter an explanation for previously been disputed, the Dispute Details modal header will show	the reason(s) the dispute is being "Disputed" and include the count o
Note: If the non-physician practitioner or physician listed as p information, such as name, NPI (if applicable), and license de	rincipal investigator on the record (Listed as PI Only = "Y ails, may be disputed.	es"), only the covered recipient's identification as principal investigato	r for the record and identifying
To withdraw a dispute, select the "Withdraw Dispute" button select the "Show Summary" button.	in the dispute that needs to be withdrawn. The dispute	must be in the status of "Initiated" or "Acknowledged" to be withdraw	n. To return to the previous page,
For more information about the review and dispute process, i	ncluding step-by-step instructions, refer to the Open Pay	rments User Guide (PDF).	
overed Recipient Records			
Program Year	Entity Making Payment	Dispute Status	
2023	C Select	• Select	\$
Record ID	Dispute ID	Payment Category	Affirmed?
		General Payments Research Payments	☐ Yes ☑ No
Listed as PI Only? Yes No		<ul> <li>Ownership or Investment Interest</li> </ul>	
			Clear All Search
Available for Review & Dispute Deleted & In Progress Records	)		
owing Results for			Download Zip

<u>Step 2</u>: Select the checkbox next to the record you want to affirm, and then select the Affirm Record(s) button to open the "Affirm Records" window.

Figure 195: Review and Dispute	e Page: Affirm F	Record(s) Button
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						Here	e Review and Di	oute Marca	PPS y Cont	ect Us Dece
PAYMENTS						Hom	e Review and Dr	spute Messa	ges v cont	ict US Reso
Review & Dispute										
Review & Dispute -	Doctor Pa	tient								
elow is the list of all payments record	s in which the non-ph	nysician practitioner or phys	sician is a c	covered recipie	nt or principal investig	gator that are e	ligible for review	and dispute this	calendar year.	Show Summ
Important Information										1
If the covered recipient is listed as a pr records that identify the covered recip	rincipal investigator on vient as a principal inve	a research payment record, i stigator, select the "Yes" cher	the covered	d recipient is not er "Listed as PI C	considered the recipie Only" and select the "Se	nt of the payme earch" button.	nt but is considere	d associated with	the payment. To	search for
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Filtering fields are available to custom	ize the view of the reco	ords.								
The user may export the search resubased on the search criteria and will c	<b>ilts</b> by selecting the "Do ontain all data fields di	ownload Zip File" link on the splayed in the list below as w	"Available ell as othe	for Review and I r data elements	Dispute" tab. The down related to the record.	loadable file wi	ll be a CSV file com	pressed into a ZIP	file. The file will	contain record
To view all fields on an individual reco	rd, select the "Record I	D" link.								
To affirm the accuracy of a record, so or investment interest is accurate.	elect the "Affirm Record	" button for the record that i	needs to be	e affirmed. This o	optional step is a confirm	mation that the	information about	the payment, oth	er transfer of valu	ie, or ownersh
To dispute a payment, other transfe	r or value, or ownersh	ip or investment interest, s	elect the "I	Dispute Record"	button of the record th	at needs to be o	lisputed. Enter an	explanation for th	e reason(s) the di	spute is being
initiated and contact information so the disputes associated to the record in p	ne reporting entity can arenthesis.	contact you directly with any	questions	. If the record ha	is previously been dispu	uted, the Disput	e Details modal he	ader will show "Di	isputed" and incl	ude the count
Note: If the non-physician practitione	r or physician listed as	principal investigator on the	record (List	ed as PI Only = "	Yes"), only the covered	recipient's ider	tification as princi	pal investigator fo	r the record and i	dentifving
		tails may be disp. d.							$\sim$	m
		r r v p						~~~~	$\sim$	vv
Available for Review & Dispute Delet	ed & In Progress Records	)								
owing Results for									<u>•</u>	Download Zi
Program Year: 2023										
Affirmed: No										
	ispute payment. Select o	ne or multiple records to affirn	n payments.							
• Select a single record below to d			population					Affir	n Record(s) D	ispute Record
Select a single record below to d To withdraw a dispute, click on v	riew link under Dispute C	etails column.	.,,					Affirm	n Record(s)	ispute Record
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Select a single record below to o To withdraw a dispute, click on v	view link under Dispute C	etails column.		κ.				Affir	n Record(s) D	ispute Record
Select a single record below to c To withdraw a dispute, click on v Record Dispute	Entity Making Payment	Total Payment Amount/Dollar Amount	:	Date of Payment _↓	Payment \$	Listed as PI Only	Program ↓ Year	Affire Record Status	n Record(s) D	ispute Record Dispute Details
<ul> <li>Select a single record below to c To withdraw a dispute, click on v</li> <li>Record ID</li> <li>Dispute ID</li> </ul>	Entity Making Payment	total Payment Amount/Dollar Amount Invested	\$	Date of Payment	Payment Category ‡	Listed as PI Only	‡ Program Year	Affire	n Record(s) D	ispute Record Dispute Details
<ul> <li>Select a single record below to c To withdraw a dispute, click on v</li> <li>Record t</li> <li>Dispute t</li> <li>59355657</li> <li>230</li> </ul>	Entity Making Payment	Total Payment Amount/Dollar Amount Invested \$1,000.00	\$	Date of Payment	Payment Category \$ General Payments	Listed as PI Only N/A	<ul> <li>Program Year</li> <li>2023</li> </ul>	Affire     Affire     Affire     Affire     Affire     Affire	Affirmed \$	bispute Record Dispute Details <u>View</u>
<ul> <li>Select a single record below to o To withdraw a dispute, click on the second to the second</li></ul>	Entity Making Payment Special Drugs	Total Payment Amount/Dollar Amount Invested \$1,000.00	:	Date of Payment \$ 02/10/2023	Payment Category General Payments	Listed as PI Only N/A	Program Year 2023	Affire     Affire     Affire     Affire     Affire	Affirmed \$	ispute Record Dispute Details <u>View</u>

**<u>Step 3</u>**: Review the information displayed on the "Affirm Records" window and select the **Affirm** button to affirm the record.

### Figure 196: Affirm Records Window: Affirm Button

Select the ", any records by Principal n the table process, ref <b>(ou are affi</b>	Affirm Record" button to co that were already Affirmed Investigators) were selected below and will not be affirmer to the <u>Open Payments Us</u> rming the following record	onfirm that the record or have any active of d on the records page ned. For more inform ser Guide [PDF] 2.	d(s) below are accura disputes (including di ge, then those record nation about the revi	te and valid. If sputes initiated s will not display ew and dispute
	Entity Making Payment	Date of Payment	Payment Amount	Record Status
Record ID	Enercy Making Payment			Children and the state of the state of the

<u>Step 4</u>: A confirmation message is displayed that the record has been successfully affirmed. Select the **OK** button to exit out the window and return to the "Review and Dispute page" to perform any additional actions on other records, if applicable.

Once a record has been affirmed, the "Affirm Record" button will be grayed out.

### Figure 197: Affirm Record Confirmation Message

А	Affirm F	Records				×
I	Vou You	have successfully affirmed Rec	ord ID 5935667			
Se an by in pro <b>Yo</b>	elect the "A ny records t / Principal I the table b rocess, refe ou are affin	ffirm Record" button to co that were already Affirmed nvestigators) were selected below and will not be affirm r to the <u>Open Payments Us</u> ming the following record	nfirm that the record or have any active of d on the records pag- ned. For more inform ser Guide [PDF] 2.	d(s) below are accura disputes (including di: ge, then those record: nation about the revi	te and valid. If sputes initiated s will not display ew and dispute	
R	Record ID	Entity Making Payment	Date of Payment	Payment Amount	Record Status	
5	5935667	Special Drugs	02/10/2023	\$1,000.00	Attested	

## **Section 4.4: Disputing Records**

Records can only be disputed individually. To initiate a dispute on a record, follow the steps below.

**Step 1:** On the "Review and Dispute" page, use the filtering tool to help find the records to be disputed, (i.e., search by Program Year, Entity Making Payment, Payment Category) then select the **Search** button. All records available for dispute will be under the **Available for Review and Dispute** tab.

#### Figure 198: Review and Dispute Page: Record Filtering Tool

The second s	<u>User Guide Help Privacy Policy</u> Q QAComp
OPEN PAYMENTS	Home Review and Dispute Messages 🛩 Contact Us Reso
eview & Dispute	
eview & Dispute - Doctor Patient	
low is the list of all payments records in which the non-physician practi	tioner or physician is a covered recipient or principal investigator that are eligible for review and dispute this calendar year. Show Summ
Important Information	
If the covered recipient is listed as a principal investigator on a research pay records that identify the covered recipient as a principal investigator, select	yment record, the covered recipient is not considered the recipient of the payment but is considered associated with the payment. To search for the "Yes" check box under "Listed as PI Only" and select the "Search" button.
All payment records available for review and dispute will be displayed unde the reporting entity can be found under the "Deleted and in Progress Record taken on them. Once the edits to a record are complete, the records will be	er the "Available for Review and Dispute" tab, which is selected by default. Records that are in the process of being modified or have been deleted b ds' tab. Records shown in the "Deleted and in Progress Records" tab are for informational purposes only and no review or dispute actions can be returned to the "Available for Review and Dispute" tab for review.
Filtering fields are available to customize the view of the records.	
The user may export the search results by selecting the "Download Zip Fi based on the search criteria and will contain all data fields displayed in the	lie" link on the "Available for Review and Dispute" tab. The downloadable file will be a CSV file compressed into a ZIP file. The file will contain record list below as well as other data elements related to the record.
To view an fields on an individual record, select the "Record ID" link. To affirm the accuracy of a record, select the "Affirm Record" button for th	ne record that needs to be affirmed. This optional step is a confirmation that the information about the payment, other transfer of value, or owners
initiated and contact information so the reporting entity can contact you di disputes associated to the record in parenthesis. Note: If the non-physician practitioner or physician listed as principal invest information, such as name, NPI (if applicable), and license details, may be d <b>To withdraw a dispute</b> , select the "Withdraw Disoute" button in the disout	rectly with any questions. If the record has previously been disputed, the Dispute Details modal header will show "Disputed" and include the count tigator on the record (Listed as PI Only = "Yes"), only the covered recipient's identification as principal investigator for the record and identifying disputed.
select the "Show Summary" button. For more information about the review and dispute process, including step	te that needs to be withdrawn. The dispute must be in the status of "initiated" or "Acknowledged" to be withdrawn. To return to the previous page, -by-step instructions, refer to the <u>Open Payments User Guide (PDF)</u> .
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select the "Show Summary" button. For more information about the review and dispute process, including step overed Recipient Records Program Year 2023  C Record ID	Entity Making Payment       Dispute Status         Select       C         Dispute ID       Payment Category
select the "Show Summary" button. For more information about the review and dispute process, including step overed Recipient Records Program Year 2023   Record ID	Let that needs to be withdrawn. The dispute must be in the status of "Initiated" or "Acknowledged" to be withdrawn. To return to the previous page,        by-step instructions, refer to the Open Payments User Guide [PDF].         Entity Making Payment       Dispute Status         Select       C         Dispute ID       Select       C         Payment Category       Affirmed7         Research Payments       No
select the "Show Summary" button. For more information about the review and dispute process, including step Covered Recipient Records  Program Year  2023  Record ID  Listed as PI Only? Yes No	Entity Making Payment       Dispute Status        Select       Ciseneral Payments         Dispute ID       Payment Category         Affirmed?       Select         Ownership or Investment Interest       No
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<u>Step 2:</u> Check the box next to the Record ID and select the **Dispute Record** button to dispute the record.

Figure 199:	<b>Review</b> and	Dispute P	Page: Disput	e Record	Button
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FAIMEITS									
Review & Dispute									
Review & Disput	e - Doctor Pa	atient							
elow is the list of all payments r	cords in which the non-ph	hysician practitioner or physi	ician is a covered r	ecipient or principal inve	tigator that are	eligible for review	and dispute this	s calendar year.	Show Summa
Important Information									9
If the covered recipient is listed a records that identify the covered	is a principal investigator on recipient as a principal inve	a research payment record, th estigator, select the "Yes" check	he covered recipient k box under "Listed	is not considered the reci as PI Only" and select the '	vient of the paym Search" button.	ent but is considere	ed associated wit	th the payment. 1	To search <mark>f</mark> or
All payment records available fo the reporting entity can be found taken on them. Once the edits to	review and dispute will be i under the "Deleted and In I a record are complete, the	displayed under the "Available Progress Records" tab. Record records will be returned to the	e for Review and Dis Is shown in the "Del "Available for Revie	pute" tab, which is selecte eted and In Progress Recor w and Dispute" tab for rev	l by default. Reco ds" tab are for inf ew.	ords that are in the p formational purpos	process of being es only and no re	modified or have eview or dispute	e been deleted by actions can be
Filtering fields are available to co	istomize the view of the reco	ords.							
The user may export the search	<b>results</b> by selecting the "D will contain all data fields di	ownload Zip File" link on the "	'Available for Review	v and Dispute" tab. The do	wnloadable file w	vill be a CSV file com	npressed into a Z	IP file. The file wi	ill contain record
To view all fields on an individua	I record, select the "Record	ID" link.		nents related to the record					
To affirm the accuracy of a reco	rd, select the "Affirm Record	d" button for the record that n	eeds to be affirmed.	This optional step is a con	firmation that the	e information abou	t the payment, o	ther transfer of v	alue, or ownersh
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When the user selects the **Dispute Record** button to initiate a dispute on a record that already has an active dispute (Dispute Status is "Initiated" or "Acknowledged"), the system will display a pop-up window identifying that a dispute has already been initiated against the record with the following messages based on the scenarios explained below:

• The covered recipient (not principal investigator), covered recipient's Authorized Representative (AR), or Teaching Hospital's Authorized Representative (AR)/Authorized Official (AO) has ACTIVE (Dispute Status is "Initiated" or "Acknowledged") disputes against the record. The Record ID

header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the "Dispute Record" button:

- The selected payment record has a dispute that is currently in progress.
- Select Yes to continue with your dispute request.
- Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as principal investigator and has NO ACTIVE disputes against the record. The Record ID header only displays the Record ID, and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has the covered recipient listed as a principal investigator. A principal investigator is not considered a recipient of a payment but rather is considered associated with the payment.
  - As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select Yes to continue with your dispute request.
  - Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as a principal investigator and has disputes in status other than "Initiated" or "Acknowledged" against that record. The Record ID header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has the covered recipient listed as a principal investigator. A principal investigator is not considered a recipient of a payment but rather is considered associated with the payment.
  - As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select Yes to continue with your dispute request. Select No to cancel your dispute request.
- The covered recipient is a principal investigator or AR for a covered recipient listed as a principal investigator and has ACTIVE ("Initiated" or "Acknowledged") disputes against the record. The Record ID header displays "Disputed (# of disputes)" and the following pop-up message is issued when the user selects the **Dispute Record** button:
  - The selected payment record has a dispute that is currently in progress. Note that the covered recipient is listed as a principal investigator in this record. As a result, the dispute can be initiated for the covered recipient's association with the selected research payment(s) but not the date, amount, or other values it contains. Select **Yes** to continue with your dispute request.
  - Select **No** to cancel your dispute request.

**<u>Step 3</u>**: Review the information on the "Dispute Record" window. Enter a detailed reason for why the dispute has been initiated and select the **Send Dispute** button.

Note it is recommended that the "Dispute Details and Contact Information" text includes direct contact information, such as an email address and/or phone number, within the text box, to facilitate the resolution of the dispute in a timely manner.

The Open Payments system will send an email to the reporting entity to notify them that a dispute has been initiated. The email will include the contents of the "Dispute Details and Contact Information" text box.

## × **Dispute Record Doctor Patient** A field with an asterisk (*) is required. Explain the reason(s) for disputing the record in the text box below. Include your contact information so the reporting entity can contact you regarding the dispute resolution. Select the "Send Dispute" button when finished. If you are listed as a principal investigator, you may only dispute your association with the payment or any inaccurate identifying information. You are disputing the following record: **Entity Making** Record Date of **Total Payment Amount/Dollar Amount** ID Payment Payment Invested 5935667 Special Drugs 02/10/2023 \$1,000.00 * Dispute Details and Contact Information: 4000 characters maximum. Characters entered over this limit will not be saved. Send Dispute Cancel

#### Figure 200: Dispute Record Window: Send Dispute Button

<u>Step 4:</u> The "Dispute Confirmed" window displays a confirmation message that the dispute has been successfully initiated for that record. Select the **Ok** button to exit out the window and return to the "Review and Dispute" page to perform any additional actions on other records, if applicable.

Figure 201: Dispute Confirmed Window

Dispute	Dispute Confirmed						
🕑 You h	ave successfully initiated the	following dispute.					
An email has l	been sent to notify the re	porting entity.					
Record ID	Dispute ID Assigned	Date Dispute Initiated	Entity Making Payment				
5935667	231	05/16/2024	Special Drugs				
Dispute Details	and Contact Information:						
Close			ок	2			

The covered recipient who initiated the dispute will receive an email notification from the Open Payments system if the reporting entity takes any action on the record. Also, the covered recipient can see any records that are undergoing editing by the entity under the **Deleted and In Progress Records** tab. Records under the **Deleted and In Progress Records** tab will be in either "In Progress" or "Deleted" statuses. The records "In Progress" will display under the **Available for Review and Dispute** tab once the entity has re-attested to them.

## **Section 4.5: Withdrawing Disputes**

Only records with a dispute status of "Initiated" and/ or "Acknowledged" can be withdrawn. To withdraw a dispute on a record, follow these steps.

<u>Step 1:</u> On the "Review and Dispute" page, use the filtering tool to help find the records to be withdrawn (i.e., search for Dispute Status, Dispute ID, etc.), then select the **Search** button. All records available for withdrawing will be under the **Available for Review and Dispute** tab.

## Figure 202: Review and Dispute Page: Record Filtering Tool

		User Guide Help Privacy Policy	QAComp Ter
"A OPEN		Homo Boulow and Dispute Messager at	Contact IIc Bosour
PAYMENTS		nome keview and Dispute Messages 🗸	Contact US Resour
Review & Dispute			
Review & Dispute - Doctor Patient			
selow is the list of all payments records in which the non-physician pra	ictitioner or physician is a covered recipient or principal invest	gator that are eligible for review and dispute this calendar yea	ar. Show Summary
Important Information			-
If the covered recipient is listed as a principal investigator on a research precords that identify the covered recipient as a principal investigator, selected as a principal investigator.	payment record, the covered recipient is not considered the recip ect the "Yes" check box under "Listed as PI Only" and select the "S	ent of the payment but is considered associated with the payment earch" button.	t. To search for
All payment records available for review and dispute will be displayed ur the reporting entity can be found under the "Deleted and In Progress Rec taken on them. Once the edits to a record are complete, the records will	nder the "Available for Review and Dispute" tab, which is selected cords" tab. Records shown in the "Deleted and In Progress Record be returned to the "Available for Review and Dispute" tab for revie	by default. Records that are in the process of being modified or ha s" tab are for informational purposes only and no review or disput w.	ave been deleted by te actions can be
Filtering fields are available to customize the view of the records.			
The user may export the search results by selecting the "Download Zip based on the search criteria and will contain all data fields displayed in the	o File" link on the "Available for Review and Dispute" tab. The dow he list below as well as other data elements related to the record.	nloadable file will be a CSV file compressed into a ZIP file. The file	will contain records
To view all fields on an individual record, select the "Record ID" link.			
To affirm the accuracy of a record, select the "Affirm Record" button for or investment interest is accurate.	r the record that needs to be affirmed. This optional step is a conf	rmation that the information about the payment, other transfer of	f value, or ownership
To dispute a payment, other transfer or value, or ownership or invest initiated and contact information so the reporting entity can contact you disputes associated to the record in parenthesis.	tment interest, select the "Dispute Record" button of the record directly with any questions. If the record has previously been dis	hat needs to be disputed. Enter an explanation for the reason(s) th outed, the Dispute Details modal header will show "Disputed" and	he dispute is being I include the count o
Note: If the non-physician practitioner or physician listed as principal inv	vestigator on the record (Listed as PI Only = "Yes"), only the covere	d recipient's identification as principal investigator for the record	and identifying
To withdraw a dispute, select the "Withdraw Dispute" button in the dis	e oisputed. pute that needs to be withdrawn. The dispute must be in the statu	s of "Initiated" or "Acknowledged" to be withdrawn. To return to t	the previous page.
select the "Show Summary" button.		9	
For more information about the review and dispute process, including st	tep-by-step instructions, refer to the <u>Open Payments User Guide</u>	2 <u>DF]</u> .	
Program Year	Entity Making Payment	Dispute Status	
2023	Select	Initiated	\$
B			
Record ID	Dispute ID	Payment Category	Affirmed?
Recora ID	Dispute ID	Payment Category General Payments Research Payments Ourseption or Instrument Interact	Affirmed?
	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest	Affirmed? Yes No
Kecora IU  Listed as PI Only? Ves No	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest	Affirmed? Yes No
Listed as PI Only? Ves No	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest Clear	Affirmed? Yes No r All Search
	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest Clear	Affirmed? Yes No Yas
Kecora ID      Listed as BI Only?      Yes      Yes      No      Available for Review & Dispute Deleted & In Progress Records  howing Results for	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest	Affirmed? Yes No r All Search & Download Zir
	Dispute ID	Payment Category General Payments Research Payments Ownership or Investment Interest Ctear	Affirmed? Yes No r All Search Endownload Zir
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		Payment Category General Payments Research Payments Ownership or Investment Interest	Affirmed? Yes No rAll Search Pownload Zip Cownload Zip
	Dispute ID	Payment Category	Affirmed? Ves Ves Affirmed? Ves Search
	ple records to afirm payments. n.	Payment Category  General Payments  Research Payments  Ownership or Investment Interest  Ctear	Affirmed?  Affirmed?  Yes No  r All Search  Convioual Zip  Dispute Record
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	ple records to affirm payments. n. plerecords to affirm payments. n. yment (Dollar Amount 2 Date of Payment Category 0 02/10/2023 General Payments < Previous 1 Next >	Payment Category         General Payments         Research Payments         Ownership or Investment Interest	Affirmed? Yes No rAll Search

**<u>Step 2</u>**: Select the "View" link in the "Dispute Details" column to view dispute details for the record with the initiated dispute.

## Figure 203: Review and Dispute Page: Dispute Details Column "View" Link

						Us	er Guide He	lp <u>Priva</u>	cy Policy	QAComp 1
PAYMENTS					Home	Review and D	ispute	Messages	✓ Cont	act Us Reso
Review & Dispute										
Review & Dispute -	Doctor Pa	tient								
elow is the list of all payments records	in which the non-phy	sician practitioner or physic	ian is a covered recip	ient or principal investigat	tor that are el	igible for review	and dispute	e this cale	ndar year.	Show Summa
Important Information										-
If the covered recipient is listed as a pri records that identify the covered recipi	ncipal investigator on a ent as a principal inves	research payment record, the tigator, select the "Yes" check	e covered recipient is n box under "Listed as P	not considered the recipient PI Only" and select the "Sear	of the payme rch" button.	nt but is consider	ed associate	d with the	payment. To	search for
All payment records available for review the reporting entity can be found unde taken on them. Once the edits to a reco	w and dispute will be di r the "Deleted and In Pr and are complete, the re	isplayed under the "Available rogress Records" tab. Records	for Review and Dispute shown in the "Deleted	e" tab, which is selected by a l and In Progress Records" to nd Dispute" tab for review.	default. Recon ab are for info	ds that are in the rmational purpos	process of be es only and	eing modi no review	fied or have b or dispute ac	een deleted by tions can be
Filtering fields are available to customi	ze the view of the recor	ds.								
The user may export the search result based on the search criteria and will co	ts by selecting the "Do ntain all data fields dis	wnload Zip File" link on the "A played in the list below as wel	Available for Review an Il as other data elemen	d Dispute" tab. The downlo ts related to the record.	adable <mark>file wi</mark> l	l be a CSV file con	npressed inte	o a ZIP file	. The file will	contain record
To view all fields on an individual recor	d, select the "Record ID	)" link.								
To affirm the accuracy of a record, se	lect the "Affirm Record"	button for the record that ne	eds to be affirmed. Thi	is optional step is a confirma	ation that the	nformation abou	t the payme	nt, other t	ransfer of val	ue, or ownershi
To dispute a program of her transfer	an and the second second		ast the "Dispute Deser	d" button of the second that	and the band	insuted Enter an		for the co	econ(c) the d	ionuto in boing
initiated and contact information so the	e reporting entity can c	ontact you directly with any q	uestions. If the record	has previously been dispute	ed, the Dispute	Details modal h	eader will sh	ow "Dispu	ited" and incl	lude the count
disputes associated to the record in part	renthesis.									
Note: If the non-physician practitioner	or physician listed as pr	rincipal investigator on the rea	cord (Listed as PI Only :	= "Ves") only the covered re	cinient's iden	ification as arias	inal investig	ator for th	e record and	identifying
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Available for Review & Dispute Delete	ed & In Progress Records	ails may be disputed.		res , only the coverence				×	$\sim$	X
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Available for Review & Dispute Delete nowing Results for Program Year: 2023      Select a single record below to d To withdraw a dispute, click on v	ed & In Progress Records	ne or multiple records to affirm etails column.	payments.					Affirm	tecord(s)	Download Z Dispute Record
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Available for Review & Dispute Delet howing Results for Program Year: 2023   Select a single record below to d To withdraw a dispute, click on v   Record to Dispute to Dispute D S935667 230  Showing All  of 1 entries	ed & In Progress Records	ne or multiple records to affirm etails column. Total Payment Amount/Dollar Amount Invested \$1,000.00	payments. Date of Payment 02/10/2023 < Previous	Image: Next 2-1       1	Listed as PI Only N/A	Program Year       2023	t Recoil	Affirm h	Affirmed No	Download Z     Dispute Record     Dispute     View
Available for Review & Dispute Delet howing Results for Program Year: 2023  Select a single record below to d To withdraw a dispute, click on v  Record to Dispute t	ed & In Progress Records	ne or multiple records to affirm etails column. Total Payment Amount/Dollar Amount Invested \$1,000.00	payments. Date of Payment 02/10/2023 <pre> </pre>	t Payment t General Payments 1 Next >	Listed as PI Only N/A	Program Year       2023	t Recoil	Affirm k s t ced	Affirmed No	Download Z     Dispute Record     Dispute     View

**<u>Step 3</u>**: Select the "Withdraw Dispute" button in the Dispute Details window.

	Disputed(1)
Entity Making Payment: Special Drugs	Dollar Amount Invested:
Payment Category: General Payments	Value of Interest:
Program Year: 2023	Principal Investigators Associated: Yes
Affirmed: Yes	Listed as PI Only: Yes
Total Payment Amount: \$1,000.00	Delay in Publication of Research Payment
Dispute History	
Dispute ID: 230 (Initiated)	- 1
Dispute Details and Contact Informatio	on:
	) ]
justification verbiage	
justification verbiage Initiated on 05/15/2024 by Yamini Virkud	Withdraw Dispute

## Figure 204: Dispute Details Window: Withdraw Dispute Button

**<u>Step 4</u>**: Review the information on the "Withdraw Dispute ID" window and select the **Withdraw Dispute** button.

#### Figure 205: Withdraw Dispute ID: Withdraw Dispute Button

Withdra Select "Withd Once the disp For more info <u>Guide [PDF]</u> . You are with	The provide the following disp	1 withdrawal of the sel- of the dispute will be d dispute process, re <b>oute:</b>	ected dispute. displayed as "V fer to the <u>Open</u>	Vithdrawn". <u>Payments User</u>	×	
Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status		
5935667	Special Drugs	02/10/2023	\$1,000.00	Attested		
Cancel	1	1		Withdraw Dispute		

<u>Step 5:</u> A confirmation message is displayed that the dispute has been successfully withdrawn. Select **Ok** button to exit out of the window and return to the "Review and Dispute page" to perform any additional actions on other records, if applicable. An email notification will be sent to the reporting entity informing them the initiated dispute was withdrawn.

#### Figure 206: Dispute Withdrawn Confirmation Window



## Section 4.6: Exporting Data

Users can download records associated with them by selecting the "Download Zip File" link on the "Review and Dispute" page.

Records are exported into a pipe ("|") delimited CSV format, compressed into a ZIP file. It will contain all data fields displayed in the table and other data elements related to the dispute, including the status of each record's dispute(s), if applicable.

Downloaded data files cannot exceed the acceptable limit of 20,000 records. If your record volume exceeds the record limit, apply filtering criteria to create smaller subsets of records and download them in multiple files.

#### Figure 207: Review and Dispute Page: Download Zip File Link

						User	<u>Guide Help Pri</u>	ivacy Policy	(g) QACom
PAYMENTS					Home	Review and Disp	oute Messag	es 👻 Contac	ct Us Res
eview & Dispute									
eview & Dispute -	<b>Doctor</b> Pa	tient							
low is the list of all payments record	s in which the non-ph	ysician practitioner or physician i	is a covered recipient	or principal investiga	tor that are elig	ible for review a	nd dispute this c	alendar year.	Show Summ
Important Information									
If the covered recipient is listed as a pr records that identify the covered recip	rincipal investigator on a vient as a principal investion of the second s	a research payment record, the cov itigator, select the "Yes" check box	vered recipient is not o under "Listed as PI On	onsidered the recipient ly" and select the "Sea	t of the payment rch" button.	but is considered	associated with t	the payment. To s	earch for
All payment records available for revie the reporting entity can be found under taken on them. Once the edits to a rec	ew and dispute will be d er the "Deleted and In P ord are complete, the re	isplayed under the "Available for R rogress Records" tab. Records sho ecords will be returned to the "Avai	eview and Dispute" ta wn in the "Deleted and lable for Review and D	b, which is selected by I In Progress Records" t ispute" tab for review.	default. Records ab are for inform	that are in the pr ational purposes	ocess of being mo only and no revie	odified or have be ew or dispute acti	en deleted l ons can be
Filtering fields are available to custom	ize the view of the reco	rds.		Andrea Antoinean a' Anna					
The user may export the search result based on the search criteria and will o	alts by selecting the "Do ontain all data fields dis	wnload Zip File" link on the "Avail played in the list below as well as	able for Review and Dis other data elements re	spute" tab. The downlo lated to the record.	adable file will b	e a CSV file comp	ressed into a ZIP	file. The file will co	ontain recor
To view all fields on an individual reco	rd, select the "Record II	D" link.							
To affirm the accuracy of a record, se	elect the "Affirm Record	" button for the record that needs	to be affirmed. This op	tional step is a confirm	ation that the inf	ormation about t	the payment, othe	er transfer of value	e, or owners
Available for Keview & Dispute Dele owing Results for Program Year: 2023	ted & In Progress Record:	Jurra							Download
	dispute payment. Select o	one or multiple records to affirm payr Vetails column.	nents.				Affin	m Record(s) D	
<ul> <li>Select a single record below to i To withdraw a dispute, click on</li> </ul>	view link under Dispute D								ispute Record
Select a single record below to To withdraw a dispute, click on     ID     Dispute     ID     ID     ID	Entity Making Payment	Total Payment Amount/Dollar Amount Invested	Date of Payment	Payment Category ‡	Listed as PI Only	Program Year	) Affirmed (	Dispute Status	Dispute Dispute Details
<ul> <li>Select a single record below to To withdraw a dispute, click on</li> <li>Record 1D</li> <li>Dispute 1D</li> <li>S935667</li> <li>230</li> </ul>	Entity Making Payment Special Drugs	Total Payment Amount/Dollar Amount Invested \$1,000.00	Date of Payment 02/10/2023	Payment Category ‡ General Payments	Listed as PI Only N/A	Program Year 2023	C Affirmed C	Dispute Status	Dispute Record Dispute Details <u>View</u>
<ul> <li>Select a single record below to To withdraw a dispute, click on To withdraw a dispute, click on the total select a single record to the total select a single record below to total select a single record below total select a single record below total select a single record sele</li></ul>	Entity Making Payment Special Drugs Special Drugs	Total Payment Amount/Dollar Amount Invested \$1,000.00 \$1,000.00	Date of Payment 02/10/2023 02/10/2023	Payment Category     ‡       General Payments       General Payments	Listed as PI Only N/A N/A	Program Year 2023 2023	C Affirmed ‡	Dispute Status Withdrawn Withdrawn	Dispute Record Dispute Details View
<ul> <li>Select a single record below to To withdraw a dispute, click on To withdraw a dispute, click on Dispute</li> <li>Sp35667</li> <li>Sp35667</li> <li>Showing All          <ul> <li>of 2 entries</li> </ul> </li> </ul>	Entity Making Payment	Total Payment Amount/Dollar Amount Invested \$1,000.00 \$1,000.00	Date of Payment	Payment Category     ‡       General Payments       General Payments       Next>	Listed as PI Only \$ N/A N/A	Program Year 2023 2023	Affirmed \$	Dispute Status Withdrawn Withdrawn	Dispute Record Dispute Details View

# **Chapter 5: System Messages**

This chapter on System Messages provides detailed information on how to search for system generated email messages received by the covered recipient physician or teaching hospital in the past 12 months.

## Section 5.1: System Messages

As a Covered Recipient user, you can view system generated messages sent to you within the past 12 months.

A system generated email is an email generated in response to any action performed in the Open Payments system. For example, during the registration process, once a covered recipient registers on the CMS Open Payments system, an email is sent out to the covered recipient confirming registration. This is a system generated email that can be viewed on the "Messages" tab.

The "Messages" tab is accessible from the Open Payments System home page. Once you are redirected to the "System Messages" page, you can view the following searchable fields: (1) Teaching Hospital, Physician, or NPP Name, (2) Record ID, (3) Payment Category, and (4) Message Category. All these fields are optional to refine your search.

### 5.1a: Instructions for searching messages

<u>Step 1:</u> Log in to the Open Payments system at https://openpayments.system.cms.gov using your IDM credentials and select the **Messages** tab on the tool bar and then select **System Messages**.



## Figure 208: Open Payments Messages Tab: System Messages Option

**<u>Step 2</u>**: On the "Messages" page, you can search results based on the following search criteria:

- Teaching Hospital or Physician or NPP Name
- Record ID (only applicable for Message Category of "Review and Dispute")

#### Figure 209: Messages Page: System Messages Search Criteria

OPEN PAYMENTS		Home	Review and Dispute	Messages 🗸	Contact Us Resources
Messages					
System					-
The table below provides in Search and filtering tools al For more information on th Select Record ID Covered Recipient Name	formation on the system generated email messages received by the covered in sove the table can customize the view of the messages displayed. e actions you can take on this page, refer to the <u>Open Payments User Guide for</u>	rcovered Recipients (PDE).			Search
				No Filters Ap	blied Filter +
Message Category	\$ Message Subject \$ Su	\$ Recipient Role(s)	‡ Payment Ca	ategory ‡ Date	Time Received 💲
Registration	Open Payments System Successful Vetting Notification	Covered Recipient		05/22	/2024   08:50 PM

<u>Step 3a:</u> Select the **Search** button to initiate the search. After selecting the **Search** button, a data table with the list of messages will display. This list of messages is sorted from newest to oldest.

Figure	210:	Search	Button	for S	vstem	Messages
1 ISUIC	210.	Jearen	Dutton	101.5	ystem	Micosuges

OPEN PAYMENTS				Home	Review and Dispute	Messages	<ul> <li>Contact U</li> </ul>	s Resources
<b>Messages</b>								
System								-
The table below provides infor Search and filtering tools abov For more information on the a Covered Recipient Name Covered Recipient Name:	mation on the syste e the table can custr ctions you can take o \$	m generated email messages received by the omize the view of the messages displayed. on this page, refer to the <u>Open Payments U</u> Covered Recipient	he covered recipient.	<u>PDF).</u>				Search
						No Filte	ers Applied F	lter +
Message Category	1 Message Subj	ect	‡ Recipier	t Role(s)	Payment C	ategory 🇘	Date/Time Reco	eived ‡
Registration	Open Payment	System Successful Vetting Notification	Covered	Recipient			05/22/2024   08:	50 PM
Registration	Open Payment	System Vetting In Process Notification	Covered	Recipient			05/22/2024   08:	50 PM
Registration	Open Payment	System Vetting In Process Notification	Covered	Recipient			05/22/2024   08:	48 PM

**<u>Step 3b</u>**: Select the **Filter** button to help refine your search results based on the following criteria:

- Message Category
- Payment Category (only applicable for Message Category of Review and Dispute)

OPEN PAYMENTS		Home	Review and Dispute	Messages 👻 Contact I	ls Resour
lessages					
System					
he table below provides info	ormation on the system generated email messages received by the covered recip	ient.			
earch and filtering tools abo	we the table can customize the view of the messages displayed.				
or more information on the	actions you can take on this page, refer to the Open Payments User Guide for Cov	vered Recipients [PDF].			
Covered Recipient Name	\$				Search
Covered Recipient Name	×				
				No Filters Applied	ilter +
Message Category	Message Subject	\$ Recipient Role(s)	‡ Payment (	Message Category:	
Registration	Open Payments System Successful Vetting Notification	Covered Recipient		Registration Submissions	
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Review and Dispute Nomination	
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Payment Category Select	•
Registration	Open Payments System Vetting In Process Notification	Covered Recipient		Reset	ly
			(		

## Figure 211: System Messages Search Results Filter Button

**<u>Step 4</u>**: Select the message subject hyperlink under the "Message Subject" column for the message you wish view.

essages				
ystem				
The table below provides information on the system generated email messages received by the covered recipient. Search and filtering tools above the table can customize the view of the messages displayed. For more information on the actions you can take on this page, refer to the <u>Open Payments User Guide for Covered Recipients (PDF)</u> .				
Covered Recipient Name	\$		Search	
Covered Recipient Name:	×			
			No Filters Applied Filter +	
Message Category ‡	Message Subject	\$ Recipient Role(s) \$ Payment	No Filters Applied Filter + Category ‡ Date/Time Received ‡	
Message Category \$	Message Subject Open Payments System Successful Vetting Notification	Recipient Role(s)     Payment Covered Recipient	No Filters Applied Filter + Category  Date/Time Received  05/22/2024   08:50 PM	
Message Category     \$       Registration     \$       Registration     \$	Message Subject Open Payments System Successful Vetting Notification Open Payments System Vetting In Process Notification	Recipient Role(s)     Payment       Covered Recipient     Covered Recipient	No Filters Applied         Filter +           Category         Date/Time Received         1           05/22/2024   08:50 PM         05/22/2024   08:50 PM         05/22/2024   08:50 PM	
Message Category     \$       Registration     \$       Registration     \$       Registration     \$	Message Subject           Open Payments System Successful Vetting Notification           Open Payments System Vetting In Process Notification           Open Payments System Vetting In Process Notification	Recipient Role(s)     Payment       Covered Recipient     Covered Recipient       Covered Recipient     Covered Recipient	No Filters Applied         Filter +           Category         Date/Time Received         1           05/22/2024   08:50 PM         0           05/22/2024   08:50 PM         0           05/22/2024   08:50 PM         0	
Message Category     \$       Registration     \$       Registration     \$       Registration     \$       Registration     \$       Registration     \$	Message Subject           Open Payments System Successful Vetting Notification           Open Payments System Vetting In Process Notification	Recipient Role(s)     Payment       Covered Recipient     Covered Recipient       Covered Recipient     Covered Recipient       Covered Recipient     Covered Recipient	No Filters Applied         Filter +           Category         Date/Time Received         1           05/22/2024   08:50 PM         0           05/22/2024   08:50 PM         0           05/22/2024   08:48 PM         0           05/22/2024   08:48 PM         0           05/22/2024   08:47 PM         0	
Message Category     \$       Registration     \$       Registration     \$       Registration     \$       Registration     \$       Nomination     \$	Message Subject           Open Payments System Successful Vetting Notification           Open Payments System Vetting In Process Notification           Open Payments System - Authorized Representative Rejected Nomination	Recipient Role(s)     Payment       Covered Recipient        Covered Recipient        Covered Recipient        Covered Recipient        Covered Recipient        Covered Recipient	No Filters Applied         Filter +           Category         Date/Time Received         1           05/22/2024   08:50 PM         0           05/22/2024   08:50 PM         0           05/22/2024   08:48 PM         0           05/22/2024   08:48 PM         0           05/22/2024   08:47 PM         0           05/22/2024   11:40 AM         0	
Message Category     \$       Registration     \$       Registration     \$       Registration     \$       Nomination     \$       Nomination     \$	Message Subject           Open Payments System Successful Vetting Notification           Open Payments System Vetting In Process Notification           Open Payments System - Authorized Representative Rejected Nomination           Open Payments System Action Required -Authorized Representative Nomination	Recipient Role(s)     Payment       Covered Recipient        Authorized Representative	No Filters Applied         Filter         +           Category         Date/Time Received         \$           05/22/2024         08:50 PM         \$           05/22/2024         08:50 PM         \$           05/22/2024         08:48 PM         \$           05/22/2024         08:48 PM         \$           05/22/2024         08:47 PM         \$           05/21/2024         11:40 AM         \$	

**<u>Step 5</u>**: View the full message displayed in the pop-up window and select the **Close** button when done.

#### Figure 213: Full Message Window: Close Button



# **Appendix A: Glossary of Terms for Open Payments**

<u>Note:</u> The text of the Open Payments Final Rule (42 C.F.R. § 403.902) is available at <u>https://www.cms.gov/OpenPayments/Downloads/Affordable-Care-Act-Section-6002-Final-Rule.pdf</u>.

### Applicable Manufacturer:

Applicable manufacturers are entities that operate in the United States and (1) are engaged in the production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply, but not if such covered drug, device, biological, or medical supply is solely for use by or within the entity itself or by the entity's own patients (this definition does not include distributors or wholesalers (including, but not limited to, repackagers, re-labelers, and kit assemblers) that do not hold title to any covered drug, device, biological, or medical supply); or (2) are entities under common ownership with an entity described in part (1) of this definition, which provides assistance or support to such entities concerning the production, preparation, propagation, compounding, conversion, marketing, promotion, sale, or distribution of a covered drug, device, biological, or medical supply. (See 42 C.F.R. § 403.902)

### Applicable Group Purchasing Organization (GPO):

Applicable group purchasing organizations (GPOs) are entities that operate in the United States and purchase, arrange for, or negotiate the purchase of covered drugs, devices, biologicals, or medical supplies for a group of individuals or entities, but not solely for use by the entity itself. (See 42 C.F.R. § 403.902)

#### Assistance or Support:

Assistance or support means to provide a service or services needed to produce, prepare, propagate, compound, convert, market, promote, sell, or distribute a covered drug, device, biological, or medical supply. (See 42 C.F.R. § 403.902)

#### **Biologicals:**

For the purpose of Open Payments, biologicals are defined as in Section 1927(k)(2)(B) of the Social Security Act, which includes a cross-reference to licensure under Section 351 of the Public Health Service Act ("PHS Act").

#### Common Ownership:

Common ownership is when the same individual, individuals, entity, or entities directly or indirectly own five percent or more of two entities. This includes, but is not limited to, parent corporations, direct and indirect subsidiaries, and brother or sister corporations. (See 42 C.F.R. § 403.902)

#### **Consolidated Report:**

A consolidated report is a report filed by an applicable manufacturer, which includes payments or other transfers of value to covered recipients, physician owners or investment interests for the applicable manufacturer filing and applicable manufacturers under common ownership. (See 42 C.F.R. § 403.908(d))

#### **Covered Recipients:**

Covered recipients are any physicians (see <u>Physicians</u> for an extensive explanation of how Open Payments defines this group) who are not employees of the applicable manufacturer that is reporting the payment; or NPPs (see *NPPs* for an extensive explanation of how Open Payments defines this group) who are not employees of the applicable manufacturer that is reporting the payment; or teaching hospitals that receive payment for Medicare direct graduate medical education (GME), inpatient prospective payment system (IPPS) indirect medical education (IME), or psychiatric hospital IME programs during the last calendar year for which such information is available. (See 42 C.F.R. § 403.902)

#### **General Payments:**

Payments or other transfers of value not made in connection with a research agreement or research protocol as required in Open Payments.

#### **Non-Covered Recipient Entity:**

Non-covered recipient entities are entities that do not meet the Open Payments definition of a covered recipient (see 42 C.F.R. § 403.902). Non-covered recipient entities may include non-teaching hospitals or clinics. A payment or other transfer of value to a non-covered recipient entity is reportable if it is a research payment with at least one associated covered recipient principal investigator.

#### Non-Covered Recipient Individual:

Non-covered recipient individuals are individuals who do not meet the Open Payments definition of a covered recipient (see 42 C.F.R. § 403.902). Non-covered recipient individuals may include non-physician employees of a teaching hospital or physician-owned practice. A payment or other transfer of value to a non-covered recipient individual is reportable if it is a research payment with at least one associated covered recipient principal investigator.

#### **Non-Physician Practitioners:**

The Open Payments program expanded the definition of covered recipients to include the following NPPs:

• Physician Assistant (PA): an individual who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such

services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.

- Nurse Practitioner (NP): an individual who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.
- Clinical Nurse Specialist (CNS): an individual who is a registered nurse and is licensed to
  practice nursing in the State in which the clinical nurse specialist services are performed;
  and holds a master's degree in a defined clinical area of nursing from an accredited
  educational institution.
- Certified Registered Nurse Anesthetist (CRNA)/Anesthesiologist Assistant (AA): a
  certified registered nurse anesthetist licensed by the State who meets such education,
  training, and other requirements relating to anesthesia services and related care as the
  Secretary may prescribe. In prescribing such requirements the Secretary may use the
  same requirements as those established by a national organization for the certification
  of nurse anesthetists.
- Certified Nurse-Midwife (CNM): a registered nurse who has successfully completed a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary

#### **Open Payments:**

Open Payments is a national transparency program which requires:

- Applicable manufacturers of covered drugs, devices, biologicals, or medical supplies to report information about payments or other transfers of value to physicians, NPPs, and teaching hospitals to CMS every year.
- Applicable manufacturers and applicable group purchasing organizations (GPOs) to report information about ownership and investment interests held by physicians or their immediate family members to CMS every year.
- Applicable GPOs to report information about payments or other transfers of value made to physicians owners and investment interests to CMS every year.

#### **Physicians:**

For the purposes of Open Payments, physicians are defined as doctors of medicine or osteopathy practicing medicine or surgery, doctors of dental medicine or dental surgery

practicing dentistry, doctors of podiatric medicine, doctors of optometry, or chiropractors, all legally authorized to practice by their state.

#### **Physician Owners or Investors:**

Physicians who have an ownership or investment interests in an applicable manufacturer or applicable group purchasing organization. Applicable manufacturers and applicable group purchasing organizations are required to report ownership or investment interests held by a physician or a physician's immediate family member in an applicable manufacturer or applicable group purchasing organization.

#### **Research Payments:**

Payments or other transfers of value made in connection with a research agreement or research protocol as required in Open Payments.

#### **Special Characters:**

Characters that are neither letters nor numbers. Special characters include punctuation, spaces, and other non-alphanumeric symbols.

Special characters are required in registration fields where appropriate. For example, the "@" symbol and the period are required in email address fields, while dashes are required in telephone number fields.

**Data elements of submitted records** may contain only the special characters allowed per the "Submission Data Mapping Document," which is found on the Resources page of the Open Payments website at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a>. Note that there are multiple versions of the Submission Data Mapping Document based on program year. Consult the Submission Data Mapping Document for the program year of your records.

*Free text fields* allow all special characters on a standard U.S. keyboard, excepting ALT+NUMPAD ASCII Key characters. Below are the special characters allowed in free text fields.

Special Character	Description	
+	Plus sign	
&	Ampersand	
I	Apostrophe	
*	Asterisk	
@	At sign	
λ.	Backslash	
^	Caret	
:	Colon	
,	Comma	

#### Figure 214: Special Characters Allowed in Free-Text Fields

Special Character	Description
\$	Dollar sign
Space	Space character
=	Equal
!	Exclamation mark
/	Forward slash
``	Grave accent
>	Greater than
_	Minus sign/hyphen
(	Left parenthesis
{	Left curly brackets
[	Left square brackets
<	Less than
%	Percent
•	Period
#	Pound
?	Question mark
п	Quotation marks
)	Right parenthesis
}	Right curly brackets
]	Right square brackets
;	Semi-colon
	Pipe
~	Tilde
+	Plus sign

**Characters used in foreign languages** that are not used in English must be converted to English characters to be acceptable to the Open Payments system. Refer to the conversion table below.

Foreign Character	Convert to English Character	
À	A	
Á	A	
Â	A	
Ã	A	
Ä	A	
Å	A	
È	E	
É	E	
Ê	E	
Ë	E	

Figure	215:	Conversions	for	Foreign	Language	Characters
0.	-		-	0		

Foreign Character	Convert to English Character	
Ì	I	
Í	I	
Î	I	
Ï	I	
Ò	0	
Ó	0	
Ô	0	
Õ	0	
Ö	0	
Ø	0	
Ù	U	
Ú	U	
Û	U	
Ü	U	

#### **Teaching Hospital:**

Teaching hospitals are hospitals that receive payment for Medicare direct graduate medical education (GME), IPPS indirect medical education (IME), or psychiatric hospital IME programs during the last calendar year for which such information is available. (See 42 C.F.R. § 403.902). The full list of affected teaching hospitals can be found on the Resources page of the Open Payments website at <a href="https://www.cms.gov/OpenPayments/Resources">https://www.cms.gov/OpenPayments/Resources</a>.

# Disclosure

- **Disclaimer**: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.
- Activities/persons addressed by this document: Guidance for physicians, NPPs, and teaching hospitals on Open Payments, including how to register, and review, and dispute attributed data.
- Date of document issuance: July 2024
- Replacement / Revision Status: Revision to previous versions
- Agency Identifier: CPI DASG/CPI DTP/DASG/CPI 3818
- **Summary of Document**: A one-stop-shop resource to help physicians, NPPs, and teaching hospitals understand in detail how the Open Payments system works.
- Citation to statutory provision/regulation applicable to this document:
  - o Statute citation: Social Security Act SEC. 1128G. [42 U.S.C. 1320a-7h]
  - o Rule citation: 42 C.F.R. §403.900-14