

User Guide

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

CREATING PUBLIC TRANSPARENCY
INTO INDUSTRY - PHYSICIAN
FINANCIAL RELATIONSHIPS

July 2014

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

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PART I: INTRODUCTION

INTRODUCTION

Purpose of the Open Payments User Guide

This Open Payments User Guide includes definitions, descriptions, screenshots, tools, and tips designed to help applicable manufacturers, applicable group purchasing organizations (GPOs), physicians, and teaching hospitals better understand how to comply with Open Payments (the Sunshine Act), including how to operationalize the collecting and reporting of data.

As the Open Payments system develops, the User Guide will be updated accordingly. The User Guide consists of the following chapters:

- **Introduction to Open Payments**
- **Introduction to Reporting and Data Collection**
- **Applicable Manufacturer and Applicable Group Purchasing Organization (GPO) Registration**
- **Data Submission and Attestation**
- **Audits**
- **Non-Compliance and Penalties**
- **Physician and Teaching Hospital Registration**
- **Review and Dispute**
- **Public Data Publishing**
- **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

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 organization is required by Open Payments to report certain payments or other transfers of value to [physicians](#) 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 [covered recipients](#) and [physician owners or investors](#), 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 [applicable manufacturers](#) and [applicable GPOs](#), as well as reporting payments or transfers of value made by these applicable manufacturers and applicable GPOs to these physicians.

This program establishes a system for annually reporting this data to the Centers for Medicare and 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 and teaching hospitals) on a publicly accessible website. This publically 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, 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 interests, transparency will shed light on the nature and extent of the relationships that exist and discourage 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) or XXI of the Social Security Act (CHIP) and certain GPOs.

Applicable manufacturers of covered products, and entities under [common ownership](#) with applicable manufacturers who also provide [assistance and support](#), are required to annually report to CMS:

- Payments or other transfers of value made to physicians and teaching hospitals.
- Certain ownership or investment interests held by physician owners or investors, or their immediate family members.

Applicable GPOs are required to annually report to CMS:

- Payments or other transfers of value made to physicians.
- Certain ownership or investment interests held by physician owners or investors and their immediate family members.

While not required to report in the program, Open Payments encourages physicians 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 general public and healthcare consumers to access, review, and use the data to make informed healthcare decisions.

1.1d: Key Deadlines for Open Payments Program Year 2013

For the Open Payments 2013 program year, applicable manufacturers and applicable GPOs were required to begin collecting data documenting their financial relationships with certain physicians and teaching hospitals beginning on August 1, 2013, and ending on December 31, 2013.

Open Payments registration and data submission **for applicable manufacturers and applicable GPOs** was conducted in a two-phased approach for this first reporting year:

- **Phase 1** (February 18 through March 31, 2014) included industry registration in CMS's Enterprise Portal (<https://portal.cms.gov/>), the gateway to CMS's Enterprise Identity Management system (EIDM), and submission of corporate profile information and aggregate information about 2013 payment or other transfer of value and ownership/investment interest data.
- **Phase 2** (early June through June 30, 2014) includes industry registration in the Open Payments system, submission of detailed information about 2013 payment or other transfer of value and ownership/investment interest data, and legal attestation to the accuracy of the data.

Open Payments registration **for physicians and teaching hospitals**, as well as review and dispute for all users, is also being conducted in a two-phased approach for this first reporting year:

- **Phase 1** (begins in early June 2014) includes physician and teaching hospital registration in CMS's Enterprise Portal (<https://portal.cms.gov/>), the gateway to EIDM.
- **Phase 2** (begins mid-July and extends for 45 days) includes physician and teaching hospital registration in the Open Payments system as well as review, dispute, and correction functionality for all users.

CMS will release the 2013 data publicly by September 30, 2014.

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 or teaching hospitals to report relevant data regarding the payment or other transfer of value to CMS.

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

Step 1: Determine if the entity operates in the United States (including any territory, possession, or commonwealth of the United States). See the reference guide in **Figure 1.1**.

Step 2: Determine if the entity engages in activities of a Type 1 or Type 2 applicable manufacturer. See the reference guide in **Figure 1.1**.

Step 3: Determine if the entity's products are covered drugs, devices, biologicals, or medical supplies or covered products. See the reference guide in **Figure 1.1**.

Step 4: If the entity possesses the characteristics illustrated in Figure 1.1, **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: The entity still may be an applicable GPO in Open Payments.

Proceed to Step 5 to determine if the entity is an applicable GPO.

Step 5: Determine if the entity operates in the United States (includes any territory, possession, or commonwealth of the United States). See the reference guide in **Figure 1.2**.

Step 6: Determine if the entity engages in activities of an applicable GPO. See the reference guide in **Figure 1.2**.

Step 7: Determine if the entity's products are covered drugs, devices, biologicals, or medical supplies or covered products. See the reference guide in **Figure 1.2**.

Step 8: If the entity possesses the characteristics illustrated in **Figure 1.2**, the entity is **determined to be an applicable GPO in Open Payments**.

If the entity does not possess the characteristics as illustrated in **Figure 1.2**, the entity is not determined to be an applicable GPO in Open Payments.

Figure 1.1 provides a reference guide for determining if a drug, device, biological, or medical supply manufacturer is an applicable manufacturer in accordance with Open Payments. **Figure 1.1** also outlines the characteristics for two types of applicable manufacturers.

Figure 1.1: Determining if an Entity Is an Applicable Manufacturer

Characteristic	Type 1 Manufacturer IF	Type 2 Manufacturer IF
Operate in US?	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Same as Type 1 Manufacturer
Activities	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
Covered Products	<ul style="list-style-type: none"> Reimbursed by Medicare, Medicaid, or Children's Health Insurance Program AND 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 FDA. 	<ul style="list-style-type: none"> Same as Type 1 Manufacturer

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Figure 1.2 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 1.2 also outlines the characteristics of applicable GPOs.

Figure 1.2: Determining if an Entity Is an Applicable GPO

Characteristic	Group Purchasing Organization IF
Operate in US?	<ul style="list-style-type: none">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.
Activities	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Reimbursed by Medicare, Medicaid, or Children's Health Insurance Program ANDIf the product is a drug or biological, it requires a prescription (or doctor's authorization) to administer ORIf the product is a device or medical supply, it requires pre-market approval or pre-market notification by the FDA.

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 physicians (except for physicians who are bona fide employees of the reporting entity) and teaching hospitals. 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.

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 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) step-parent, step-child, step-brother, or step-sister; (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 a number of functions based on their role.

The Open Payments system will be available for applicable manufacturer and applicable GPO registration starting in June 2014. Registration for physicians and teaching hospitals will be available in July 2014. **Figure 1.3** provides a high-level timeline for the system release dates and the actions associated with each release for reporting year 2013.

Figure 1.3: High-Level Timeline for Open Payments



1.4a: Open Payments Browser Requirements

The Open Payments system is a web-based application and should be run **only** on Internet Explorer, version 8 or higher.

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 the Open Payments system users include the following:

- For applicable manufacturers/applicable GPOs: Register in the system, submit data into the system, verify the data, and attest to the accuracy of the data.
- For physicians/teaching hospitals: Register in the system, review the data supplied by applicable manufacturers and/or applicable GPOs, and dispute, if necessary, data upon review.

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

When working in the Open Payments system, it is important to remember to never use the navigation buttons on your browser toolbar. Only use the navigation buttons (Back buttons) within the Open Payments system itself.

1.4c: Setting Email Filters to Accept Open Payments Emails

The Open Payments system will transmit emails to communicate to 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 OpenPaymentsNotification@cms.hhs.gov.

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 1.4 all 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

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structure of the page by jumping between the different headings on the page that denote the start of different content areas on the page.

Figure 1.4: Useful JAWS Keystrokes

Key	What it finds	Why this is useful
F	Form field	The F key allows users to move from form field to form field. The majority of pages in the Open Payments website is made of forms. The F key allows JAWS users to determine what fields are on the Open Payments form pages quickly.
H	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.

Section 1.5: Additional Information and Resources

CMS will support Open Payments system users through a number of different methods. These include webinars, Frequently Asked Questions (FAQs), step-by-step instructions and instructional videos, technical support, and the Open Payments Help Desk (available by emailing openpayments@cms.hhs.gov or calling 1-855-326-8366, Monday through Friday, from 7:30 a.m. to 6:30 p.m. (CT), excluding Federal holidays).

1.5a: Open Payments Website

The Open Payments website (<http://go.cms.gov/openpayments>) is your primary resource for information about Open Payments. The website contains numerous resources aimed at preparing and informing users about Open Payments regulations as well as the system. These resources are meant to provide guidance and instruction so users can successfully navigate through the system and understand the components of Open Payments that apply to them. Check this website often for updated tools, resources, and important announcements pertaining to Open Payments.

1.5b: Open Payments Help Desk

CMS has established the Open Payments Help Desk to serve as a single point of contact for all Open Payments-related inquiries. The Help Desk provides answers to questions ranging from basic business and program questions to technical questions. The Help Desk can also offer guidance on Open Payments, actions users must take in the system, and technical support. You can submit inquiries to openpayments@cms.hhs.gov or call 1-855-326-8366, Monday through Friday, from 7:30 a.m. to 6:30 p.m. (CT), excluding Federal holidays.

1.5c: Open Payments Listserv

By registering for the Open Payments listserv, 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 listserv, please visit the Open Payments website (<http://go.cms.gov/openpayments>) and enter your email address at the bottom of the home page. You may see one of two displays to enter your email address,

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depending on what website page you are on in the CMS site; on the Open Payments home page, you'll see this:

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Email Address

On other CMS websites, you'll see this:



Receive Email Updates

Entering your email address will take you to a screen where you can select which listserv you want to subscribe to. At the top of the screen, your email address will be pre-populated after “Quick Subscribe for.”



Centers for Medicare & Medicaid Services
www.cms.gov www.medicaid.gov www.medicare.gov

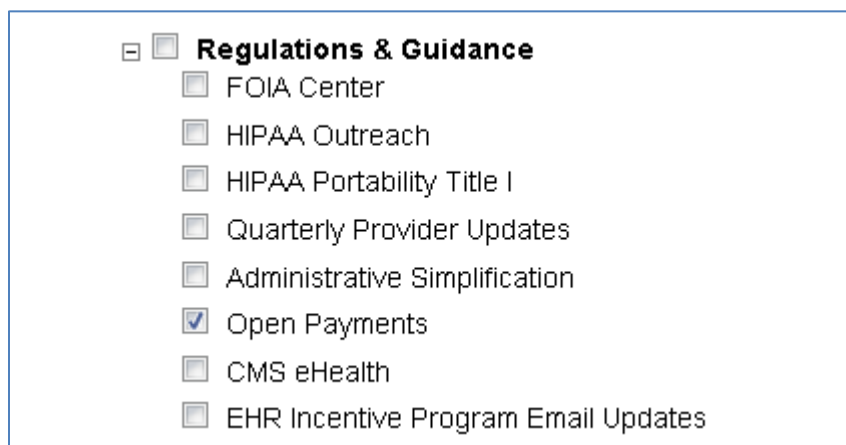
Quick Subscribe for [your email address]

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.

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Under the section “Regulations and Guidance,” select “Open Payments” and then the “Select” button at the bottom of the screen to join the mailing list.



1.5d: Open Payments Mobile Application

CMS has created two mobile applications to help applicable manufacturers, applicable GPOs, and physicians keep track of payment and other transfer of value information. Application users can use these apps as a way to track payments and other transfers of value in real time on a mobile device as they occur throughout the year.

There is a separate app for industry and physicians:

- For applicable manufacturers and applicable GPOs: *Open Payments Mobile for Industry*
- For physicians: *Open Payments Mobile for Physicians*

These mobile apps do not interface with CMS systems or contractors in any way, and only serve as a mechanism to store data. CMS does not validate the accuracy of data stored in the app and is not responsible for protecting data stored in the app. These mobile apps are free and can be downloaded at the Google Play app store or iOS Apple app store by searching for “Open Payments.” Additional information on the apps, including an FAQ for Open Payments Mobile, can be found on the Open Payments website (<http://go.cms.gov/openpayments>).

1.5e: Open Payments Webinars

CMS has conducted, and will continue to hold, a series of webinars to help industry, physicians, and teaching hospitals prepare for Open Payments. These webinars cover topics such as registration, data collection and submission, and the review and dispute process. Upcoming webinar dates and content will be posted on the Open Payments website and announced via the listserv prior to the scheduled webinar. At the conclusion of the webinar, the slides, transcript, and a recording of the session are made available for individuals who wish to view the session.

Visit the Events page (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Events.html>) of the Open Payments website for more information.

PART II: REPORTING AND DATA COLLECTION

Reporting and Data Collection

For Industry

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.

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 [general payments](#) made by applicable manufacturers and applicable GPOs to recipient physicians and teaching hospitals should be captured during data collection; these categories are shown in the bulleted list below.

Data is reported to the Open Payments system through bulk file uploads, using either extensible markup language (XML) or character-separated value (CSV) file formats, as well as through manual data entry through a graphic user interface. See Chapter 4 for details.

On the Data Submission and Attestation page of the Open Payments website, you can find the XML and CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

- **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 transfer 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 transfer of value.
- **Payment or Other Transfer of Value Information** specifies information regarding the general payment or other transfer of value.
- **General Record Information** captures other general information about the payment or other transfer of value.

A complete listing of metadata elements used for general payments data input into the Open Payments system can be found in the *Submission Data Mapping Document*, which is available on the Data Submission and Attestation page (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and->

[Attestation.html](#)) of the Open Payments website. This extensive listing includes specific, detailed descriptions of the information that must be collected by reporting entities to document general payments.

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 [research payments](#) made by applicable manufacturers and applicable GPOs to recipient physicians and teaching hospitals should be captured during data collection; these categories are shown in the bulleted list below.

Data is reported to the Open Payments system through bulk file uploads, using either extensible markup language (XML) or character-separated value (CSV) file formats, as well as through manual data entry through a graphic user interface. See Chapter 4 for details.

On the Data Submission and Attestation page of the Open Payments website, you can find the XML and CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

- **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 transfer of value.
- **Payment or Other Transfer of Value Information** specifies information regarding the research payment or other transfer of value.
- **Research-related Information** captures specific information about payments or other transfers of value for research activities.

A complete listing of metadata elements used for research payments data input into the Open Payments system can be found in the *Submission Data Mapping Document*, which is available on the Data Submission and Attestation page (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>) of the Open Payments website. This extensive listing includes specific, detailed descriptions of the information that must be collected by reporting entities to document research payments.

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

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

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

Data is reported to the Open Payments system through bulk file uploads, using either extensible markup language (XML) or character-separated value (CSV) file formats, as well as through manual data entry through a graphic user interface. See Chapter 4 for details.

On the Data Submission and Attestation page of the Open Payments website, you can find the XML and CSV sample files that show how the data elements listed below will be reported to the Open Payments system.

- **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 interest.
- **Ownership or Investment Information** captures information about the ownership or investment.

A complete listing of metadata elements used for ownership/investment interest data input into the Open Payments system can be found in the *Submission Data Mapping Document*, which is available on the Data Submission and Attestation page (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>) of the Open Payments website. This extensive listing includes specific, detailed descriptions of the information that must be collected by reporting entities to document physician ownership/investment interest.

PART III: APPLICABLE MANUFACTURERS AND APPLICABLE GROUP PURCHASING ORGANIZATIONS

Open Payments Registration

For Industry

Chapter 3: Applicable Manufacturer and Applicable GPO Registration

This chapter provides information on registering in CMS's Enterprise Identity Management system (EIDM) via the CMS Enterprise Portal (<https://portal.cms.gov/>), and registering in the Open Payments system. Registration in both systems is required for access to the Open Payments system. All applicable manufacturers and applicable GPOs that have made payments or other transfers of value to covered recipients and physician owners or investors during program years must complete registration for both systems (EIDM and Open Payments) prior to reporting payments or other transfers of value made to physicians and teaching hospitals. Note that registration is required for entities submitting data in a single report as well as entities submitting data as part of a consolidated report.

This chapter is divided into the following sections:

- **Overview of Registration**, which provides information on Phase 1 and 2 of the registration process. Phase 1 includes user registration in EIDM via the CMS Enterprise Portal, and Phase 2 includes registration in the Open Payments system.
- **Open Payments Users and User Roles**, which contains information on who is authorized to register in the Open Payments system and the user roles that must be filled by the Open Payments system users.
- **Registration and Access to the Open Payments System**, which contains instructions for registering, logging into the system, and managing the applicable manufacturer or applicable GPO registration and user roles.
- **Nominations**, which contains information on the process for nominating users to roles.
- **Vetting**, which contains information on the reporting entity vetting process and timeframes.

Section 3.1: Two-Phased Registration Process

Applicable manufacturers and applicable GPOs must register in the Open Payments system to submit, attest, correct, and view data.

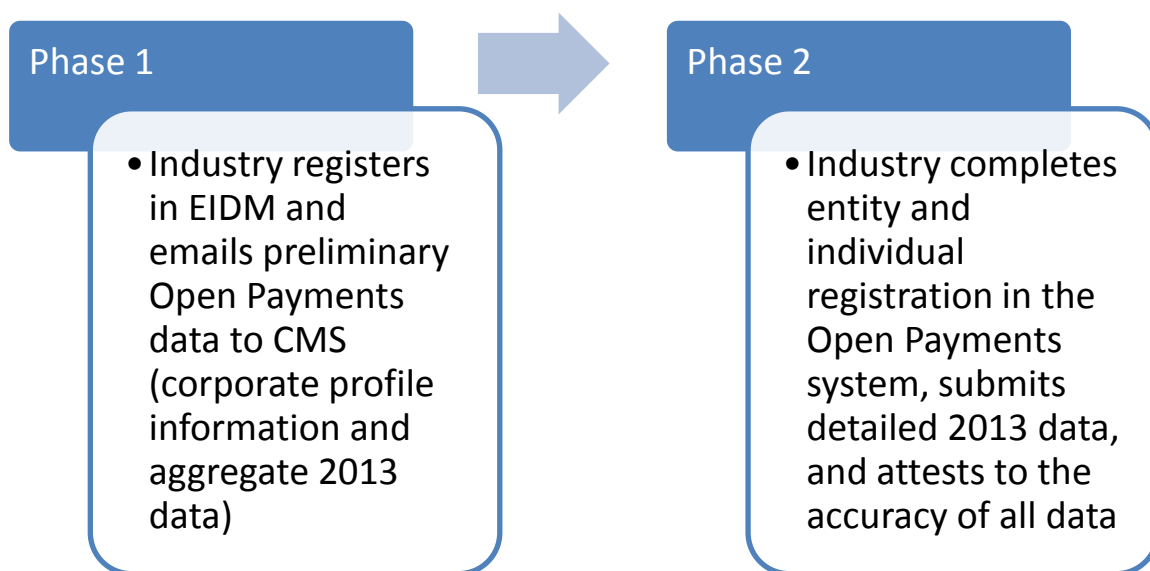
Prior to registration in the Open Payments system, users must successfully register in EIDM to obtain login credentials. Once the user has registered in EIDM, they will be able to register in the Open Payments system.

3.1a: Registration Phase 1 – EIDM Registration

Open Payments registration and data submission for the 2013 program year will be completed in a two-phased approach. **Figure 3.1**, below, illustrates the two-phased approach used only for this first program year.

Phase 1, which ran from February 18 - March 31, 2014, required authorized officials to obtain EIDM credentials, request access to the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>), and submit corporate profile and aggregated information about their 2013 payment or other transfer of value and ownership/investment interest data. Instructions for registering in EIDM and obtaining access to the Open Payments system can be found in Section 3.2. Information on the data elements required for Phase 1 data submission can be found in Section 4.1.

Figure 3.1: Phased Applicable Manufacturer and Applicable GPO Registration and Data Submission Process



3.1b: Registration Phase 2 – Open Payments System

Phase 2 of Open Payments registration and data submission begins when the Open Payments system becomes available in early June, 2014. Once the Open Payments system goes live, the authorized official will register the reporting entity in the Open Payments system following the steps in Section 3.3. In Phase 2, some entity registration information will be pre-populated in the Open Payments system using information that was submitted during Phase 1. Note: In order to access Phase 1 pre-populated data for the reporting entity, the authorized official who registered in Phase 1 must be the first person to access the Open Payments system for the reporting entity, using the same EIDM ID established in Phase 1. The authorized official will need to review the information in the reporting entity's profile and confirm its accuracy. Entities that did not submit information in Phase 1 will not have any information pre-populated for them in the Open Payments system and will need to complete all of the required fields.

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

Enterprise Identity Management (EIDM) is an identity management and services system that a) serves as an identity proofing tool to verify a person's identity, and b) provides users with access to various CMS applications. Registering in EIDM provides users with login credentials **required** for access to the Open Payments system. Users will be able to set up their own login credentials in the form of a user ID and password during the EIDM registration process. EIDM credentials allow login to the CMS Enterprise Portal and the ability to request access to various CMS applications, including the Open Payments system.

To begin the registration process, EIDM can be accessed via the CMS Enterprise Portal (<https://portal.cms.gov/>). A complete EIDM Operations Document (https://portal.cms.gov/wps/wcm/connect/6288dd9d-a7a3-4e69-87d4-3bea07cb1ade/EIDM_Authenticated_User_Operations_Document_2013.01.02_CR.pdf?MOD=AJPERES) and a list of EIDM FAQs (<https://portal.cms.gov/wps/portal/unauthportal/fag>) are available on the CMS website. Users who already have EIDM credentials can move ahead to Section 3.2b for instructions on how to request access to the Open Payments application.

EIDM will lock your user account if no activity is reported in the account for 60 or more days. When you login after 60 days, the system will display the "Unlock my Account" view. To unlock your account, enter your user ID and correctly answer all challenge questions. Then enter your new password in the input fields of "New Password" and "Confirm New Password" to unlock your account. If you are still unable to reactivate, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366.

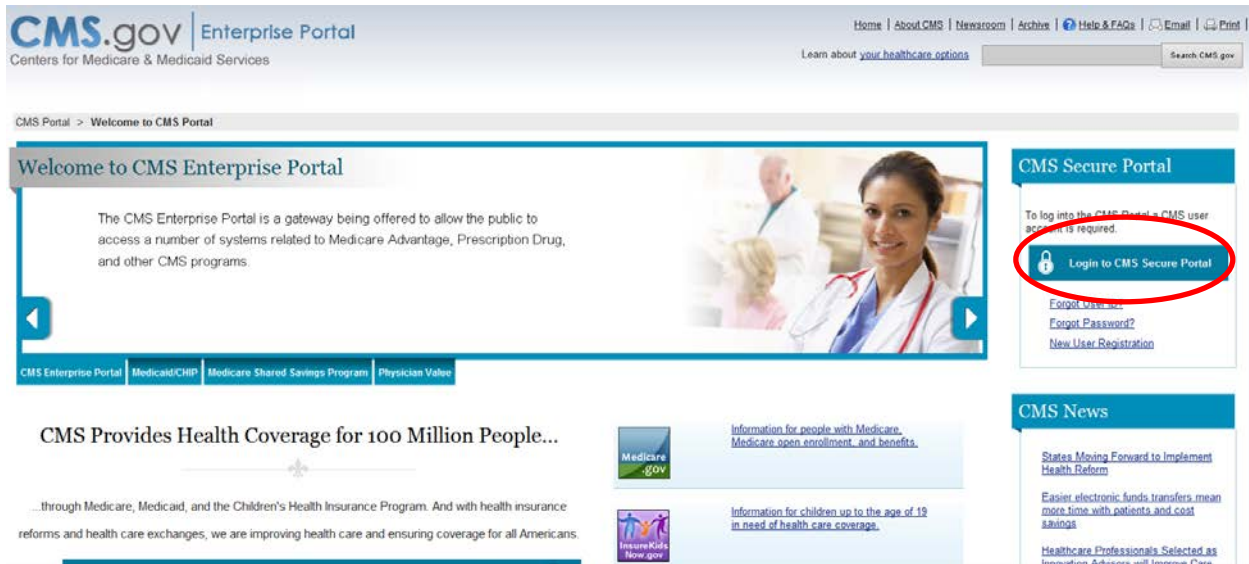
EIDM will automatically deactivate any user that has not logged in for 180 days or more. Once the user's account has been deactivated, the user will not be able to access CMS applications, including the Open Payments system. You can contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366 to reinstate your account after 180 days of inactivity.

Please note that system users who have addresses outside of the United States must contact the Open Payments Help Desk to register in EIDM.

Open Payments User Guide

3.2a: EIDM New User Registration

Step 1: Go to the CMS Enterprise Portal (<https://portal.cms.gov>) and select “New User Registration.” “New User Registration” is on the right side of the screen, inside the “Login to CMS Secure Portal” box.



Step 2: Accept the Terms and Conditions of the CMS Enterprise Portal page and then select the “Next” button to continue.

A screenshot of the CMS.gov Enterprise Portal Registration page. The page displays the 'Terms and Conditions' section, including 'Consent To Monitoring', 'Protecting Your Privacy', and 'Collection Of Personal Identifiable Information (PII)'. At the bottom, there is a checkbox labeled 'I agree to the terms and conditions' which is checked. To the right of the checkbox is a 'Next' button circled in red. A large red arrow points to the checkbox from the left. The page also includes a 'Cancel' button next to the 'Next' button.

Open Payments User Guide

Step 3: Enter your personal user information. Be sure to enter all information in all required fields. Filling in all fields will speed the processing of your registration. **Note: Pressing the “Cancel” button will cause you to lose all data entered.** Select the “Next” button when all information has been entered.

Data fields to be completed are the following:

- Name (First, Middle, Last, Suffix)
- Home Address, City, State, Zip
- Primary Phone Number
- Email Address
- Social Security Number (*Optional*)
- Date of Birth

Take care to enter your legal name, current home address, primary phone number, and email address correctly. EIDM collects personal information only to verify your identity with Experian, an external identity verification provider. If this information is not validated successfully and identity proofing fails, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 1-855-326-8366.

Individuals with addresses outside of the United States may not be able to register successfully. Users with addresses outside of the United States should contact the Open Payments Help Desk for assistance with EIDM registration. Any additional EIDM issues should be directed to the Open Payments Help Desk at openpayments@cms.hhs.gov.

Open Payments User Guide

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home
Learn about [your](#)

CMS Portal > Registration

Screen reader mode Off | Accessibility Settings

Your Information

Your Information

Your Information

Your Information

Enter your legal first name and last name, as it may be required for identity verification.

- First Name: Middle Name:

- Last Name: Suffix:

Enter your email address, as it will be used for account related communications.

- E-mail Address:

Re-enter your email address.

- Confirm E-mail Address:

Enter your full 9 digit social security number, as it may be required for identity verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for identity verification.

- Date of Birth:

Enter your current or most recent home address, as it may be required for identity verification.

- Home Address Line 1:

Home Address Line 2:

- City: - State: - Zip Code: Zip Code Extension: Country: USA

Enter your primary phone number, as it may be required for identity verification.

- Primary Phone Number:

Open Payments User Guide

Step 4: Select an EIDM user name and password in accordance with the guidance provided below. You will also be asked to select three challenge questions and provide answers in the open text fields next to the question fields. Select “Next” when finished. **Note: Pressing the “Cancel” button will cause you to lose all data entered.**

The screenshot shows the CMS.gov Enterprise Portal Registration page. The page has a header with the CMS.gov logo and 'Enterprise Portal' text. Below the header, there's a navigation bar with links like 'Home', 'About CMS', and 'Newsroom'. The main content area is titled 'CMS Portal > Registration'. It includes a 'Choose User ID And Password' section with three input fields: 'User ID' (containing 'outuser21'), 'Password', and 'Confirm Password'. Below this is a 'Select your Challenge Questions and Answers' section. It contains three questions with dropdown menus and three answer fields. The questions are: 'What is your favorite radio station?', 'What is the name of the manager at your first job?', and 'What is your favorite cuisine?'. The answers are: 'FM', 'Mary', and 'Italian'. At the bottom right, there are two buttons: 'Cancel' and 'Next'. The 'Next' button is circled in red. Two red arrows point to the 'Choose User ID And Password' and 'Select your Challenge Questions and Answers' sections.

- The CMS Portal User ID must:
 - Be a minimum of 8 and a maximum of 74 alphanumeric characters.
 - Allowed special characters are dashes (-), underscores (_), apostrophes ('), at sign (@), and periods (.).
- The CMS Portal password must:
 - Be changed at least every 60 days;
 - Be a minimum of 8 and a maximum of 20 characters;
 - Be changed no more than once per day;
 - Contain at least one uppercase letter, one lowercase letter, and one number;
 - Not contain your User ID; and
 - Differ from your previous 6 passwords.

Open Payments User Guide

The screenshot shows the CMS.gov Enterprise Portal. The header includes the CMS.gov logo, 'Enterprise Portal', and 'Centers for Medicare & Medicaid Services'. Navigation links for 'Home', 'About CMS', 'Newsroom', and 'Learn about your healthcare options' are present. The breadcrumb trail indicates 'CMS Portal > Registration'. A progress bar shows three steps: 'Your Information', 'Choose User ID and Password', and 'Complete Registration' (which is the current step). The main content area has a title 'Registration Complete' and a message: 'You have now successfully completed your registration to CMS Enterprise Identity Management (EIDM). You will receive an E-mail acknowledging your successful registration to EIDM and the E-mail will include your User ID. Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page.' At the bottom of this message box is a blue button labeled 'OK', which is circled in red.

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom
Learn about [your healthcare options](#)

CMS Portal > Registration

Screen reader mode Off | Accessibility Settings

Your Information Choose User ID and Password **Complete Registration**

Registration Complete

You have now successfully completed your registration to CMS Enterprise Identity Management (EIDM). You will receive an E-mail acknowledging your successful registration to EIDM and the E-mail will include your User ID.

Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page.

OK

Once EIDM registration is completed, you will receive an email confirmation that contains your confirmed EIDM User ID. Select the OK button to take you to the CMS Portal Landing page.

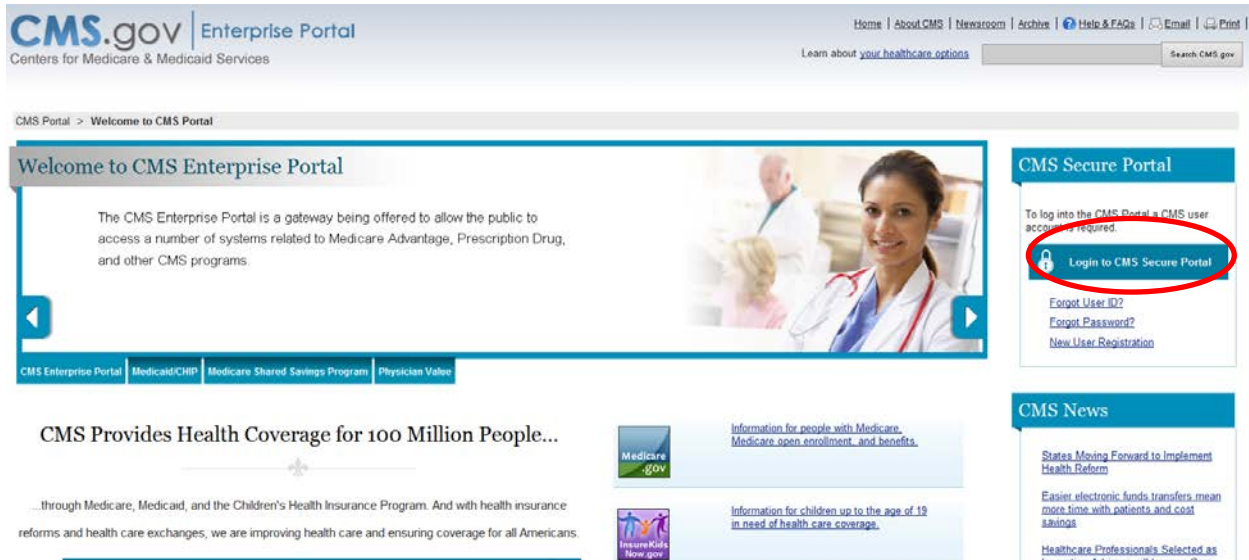
Step 5: Request access to the Open Payments application. Proceed to Section 3.2b for instructions on how to request access to the application.

Open Payments User Guide

3.2b: Requesting Access to Open Payments with EIDM Credentials

Once you have EIDM credentials, you can request access to the Open Payments system through the Enterprise Portal (<https://portal.cms.gov/>) and EIDM.

Step 1: Select “Login to CMS Secure Portal.”

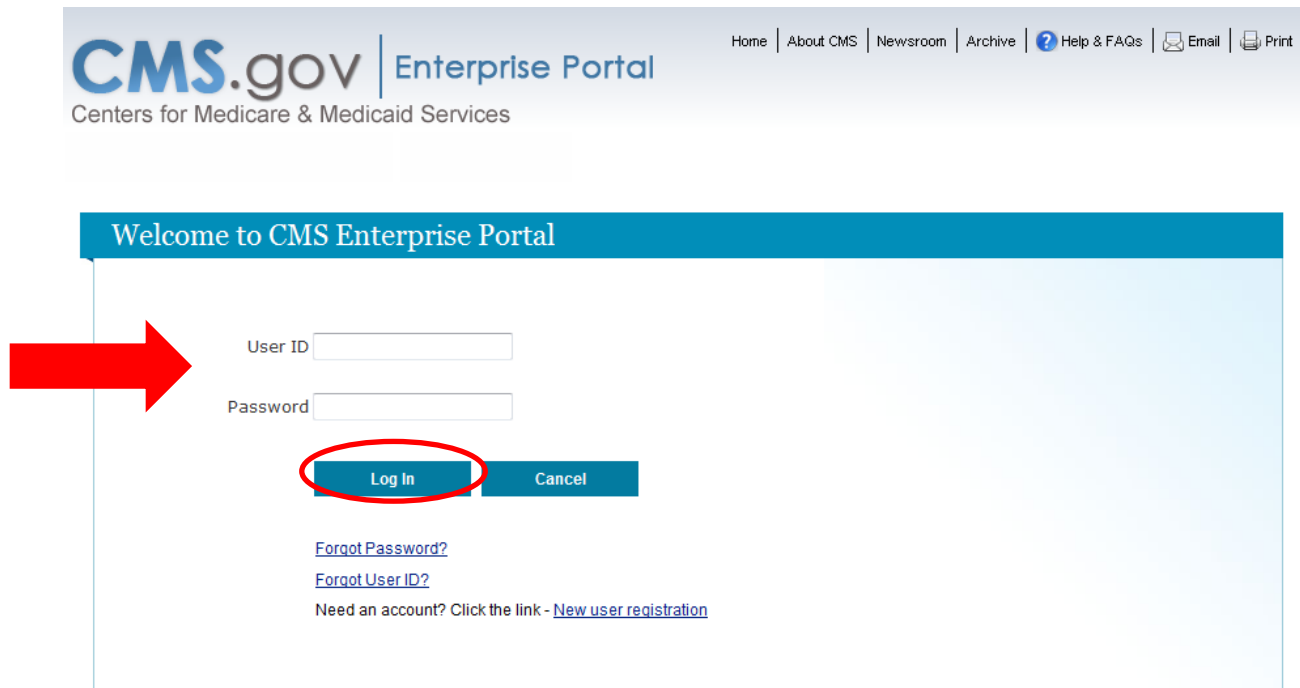


Step 2: Accept the Terms and Conditions of the CMS Enterprise Portal page.



Open Payments User Guide

Step 3: Once you have accepted the terms, you will be prompted to log in using your existing username and password.



CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | [? Help & FAQs](#) | [Email](#) | [Print](#)

Welcome to CMS Enterprise Portal

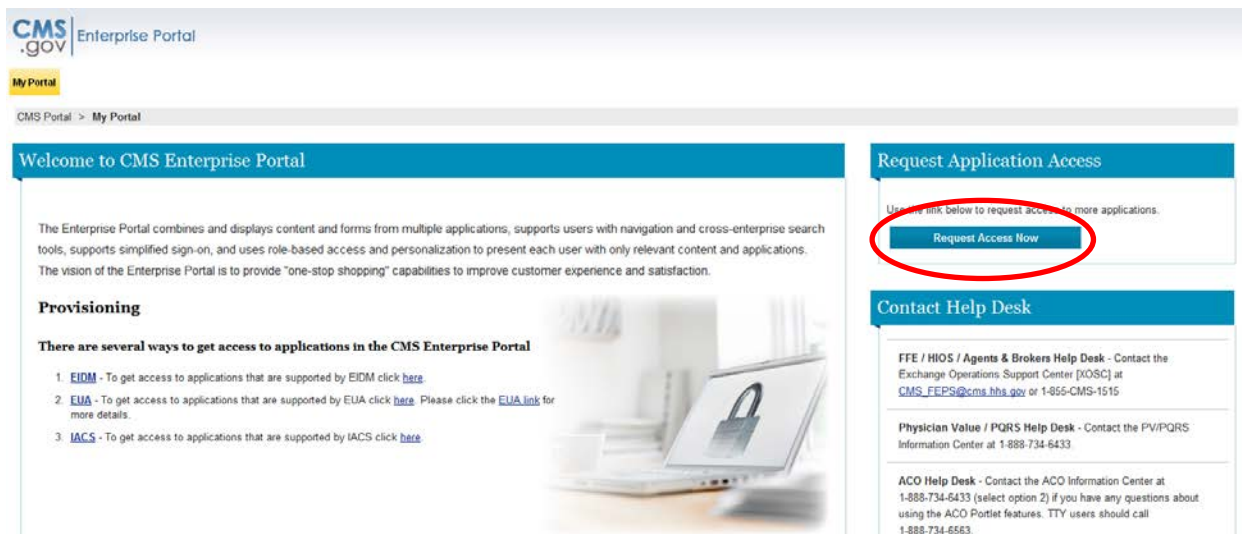
User ID

Password

Log In Cancel

[Forgot Password?](#)
[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

Step 4: Select on “Request Access Now.”



CMS.gov | Enterprise Portal
My Portal

CMS Portal > My Portal

Welcome to CMS Enterprise Portal

The Enterprise Portal combines and displays content and forms from multiple applications, supports users with navigation and cross-enterprise search tools, supports simplified sign-on, and uses role-based access and personalization to present each user with only relevant content and applications. The vision of the Enterprise Portal is to provide “one-stop shopping” capabilities to improve customer experience and satisfaction.

Provisioning

There are several ways to get access to applications in the CMS Enterprise Portal

1. **EIDM** - To get access to applications that are supported by EIDM click [here](#).
2. **EUA** - To get access to applications that are supported by EUA click [here](#). Please click the [EUA link](#) for more details.
3. **IACS** - To get access to applications that are supported by IACS click [here](#).

Request Application Access

Use the link below to request access to more applications.

Request Access Now

Contact Help Desk

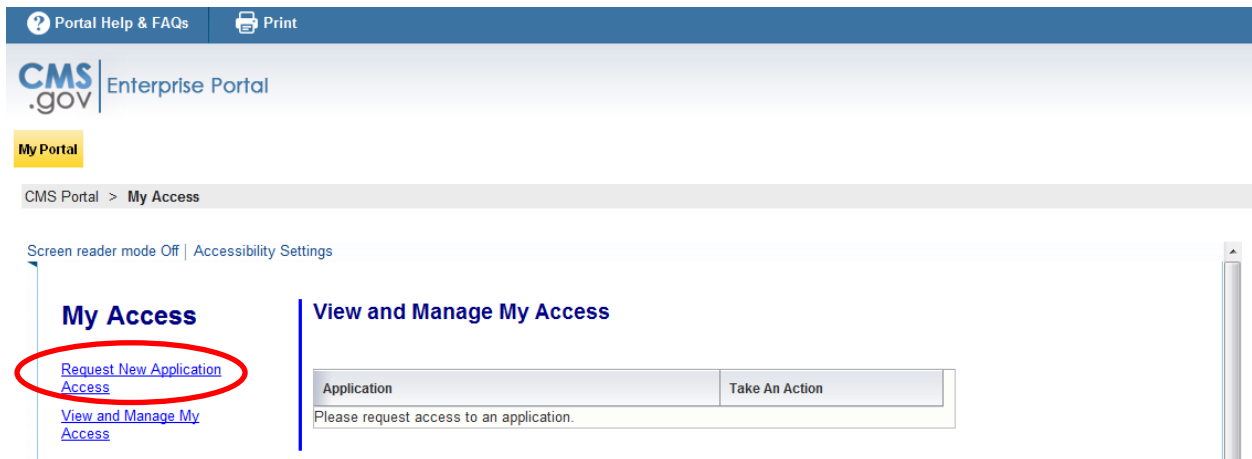
FFE / HIOS / Agents & Brokers Help Desk - Contact the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515

Physician Value / PQRS Help Desk - Contact the PV/PQRS Information Center at 1-888-734-6433.

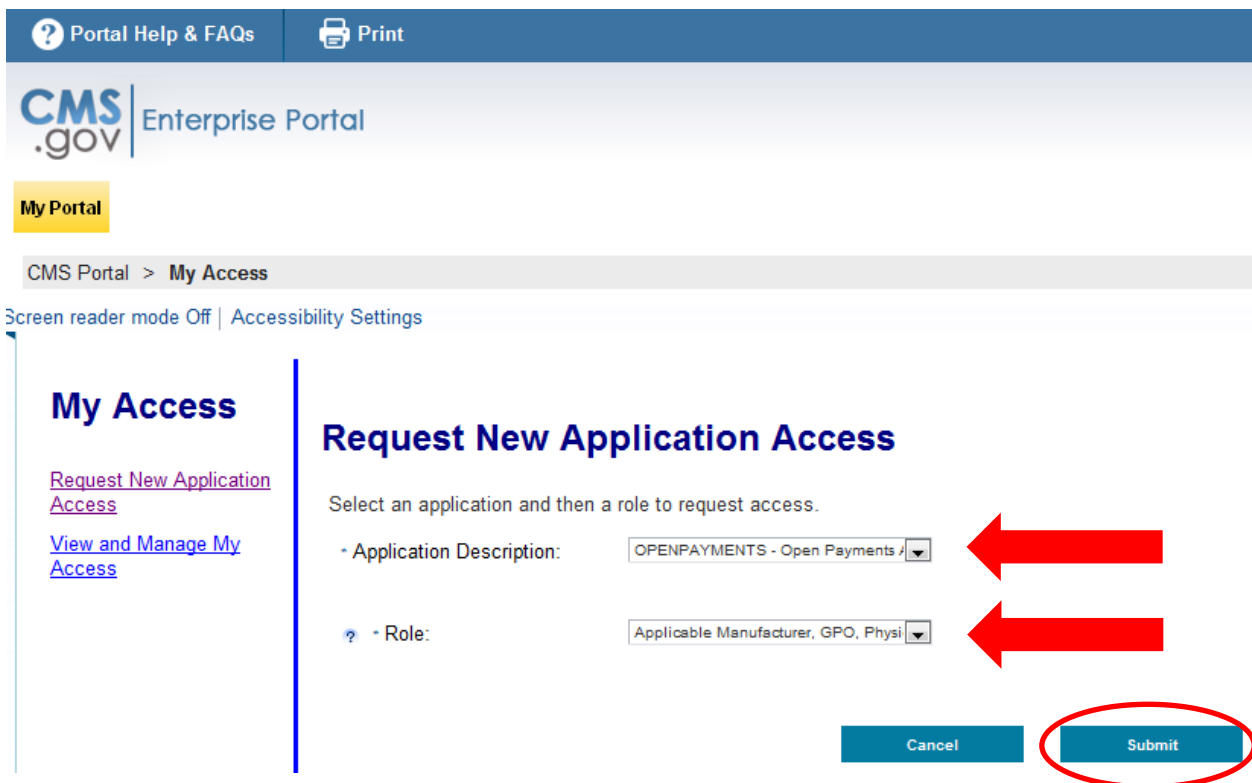
ACO Help Desk - Contact the ACO Information Center at 1-888-734-6433 (select option 2) if you have any questions about using the ACO Portlet features. TTY users should call 1-888-734-6563.

Open Payments User Guide

Step 5: On the “My Access” page, select “Request New Application Access.”




Step 6: Select Open Payments from the drop-down menu. You will be asked to select an EIDM user role. Select “Open Payments – Open Payments Application” from the “Application Description” drop-down menu. Select “Applicable Manufacturer, GPO, Physician, or Teaching Hospital” from the “Role” drop-down menu. Select the “Submit” button when complete. **Note: Pressing the “Cancel” button will cause you to lose your selected choices.**



Open Payments User Guide

Step 7: Once you have requested access to the Open Payments application, you will then be asked to review the identity verification information. Select the “Next” button once you have reviewed the information.

[Portal Help & FAQs](#) [Print](#)

 Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)

[View and Manage My Access](#)

Identity Verification

You have selected a role that requires a higher level of security. You will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

- Ensure that you have entered your legal name, current home address, primary phone number and email address correctly. We will only collect personal information to verify your identity with Experian, an external identity verification provider.
- Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a “soft inquiry” on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
- Confirm that you have your personal and financial information available, as the Experian application will pose questions to you, based on data in their files. You may want to obtain a copy of your credit report, before proceeding with the role request by selecting this link and following the directions provided - <http://www.experian.com>. For additional information, please see the Experian Consumer Assistance link - <http://www.experian.com/help>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. Do you want to continue?

[Cancel](#) [Next](#)

Open Payments User Guide

Step 8: Accept the terms and conditions by selecting the checkbox, and select the “Next” button.

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CMS.gov | Enterprise Portal

My Portal

CMS Portal > My Access

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My Access

[Request New Application Access](#)

[View and Manage My Access](#)

Terms and Conditions

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 [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.

I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

Identity Verification

I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.

☒ I agree to the terms and conditions

[Cancel](#) [Next](#)

Open Payments User Guide

Step 9: Enter your information. **Note:** Pressing the “Cancel” button will cause you to lose all data entered.

Portal Help & FAQs Print

CMS.gov Enterprise Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Your Information

Verify Your Identity

Enter your legal first name and last name, as it may be required for identity verification.

* First Name: Middle Name:

* Last Name: Suffix:

Enter your email address, as it will be used for account related communications.

* E-mail Address:

Re-enter your email address.

* Confirm E-mail Address:

Enter your full 9 digit social security number, as it may be required for identity verification.

Social Security Number:

Enter your date of birth, as it may be required for identity verification.

* Date of Birth:

Enter your current or most recent home address, as it may be required for identity verification.

* Home Address Line 1:

Home Address Line 2:

* City: * State: * Zip Code: Zip Code Extension: Country: USA

Enter your primary phone number, as it may be required for identity verification.

* Primary Phone Number:

Cancel Next

Open Payments User Guide

Step 10: Verify your identity by answering the identity proofing questions. The identity proofing questions are created by Experian based upon the information you input during EIDM registration and Experian's databases. Experian also performs a soft credit inquiry to verify your identity. Soft credit inquiries are visible only to the user and only appear on credit reports produced by Experian. They 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 and Medicaid Services with CMS's address and the date of request. **Identity proofing does not affect your credit score.** If you have questions about Experian's verification process, please refer to Experian Consumer Assistance (<http://www.experian.com/help/>).

Select the "Next" button when you have completed this screen.

Note: Pressing the "Cancel" button will cause you to lose all data entered.

Portal Help & FAQs Print

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Verify Identity

Your Information **Verify Your Identity**

Please select the county for the address you provided.

☐ ☐ ☐ ☐ ☐

☐ NONE OF THE ABOVE

According to our records, you previously lived on Maple Ave. Please choose the city from the following list where this street is located.

☐ ☐ ☐ ☐ ☐

☐ NONE OF THE ABOVE

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

☐ ☐ ☐ ☐ ☐

☐ NONE OF THE ABOVE

Which of the following is a previous phone number of yours? If there is not a matched phone number, please select 'NONE OF THE ABOVE'.

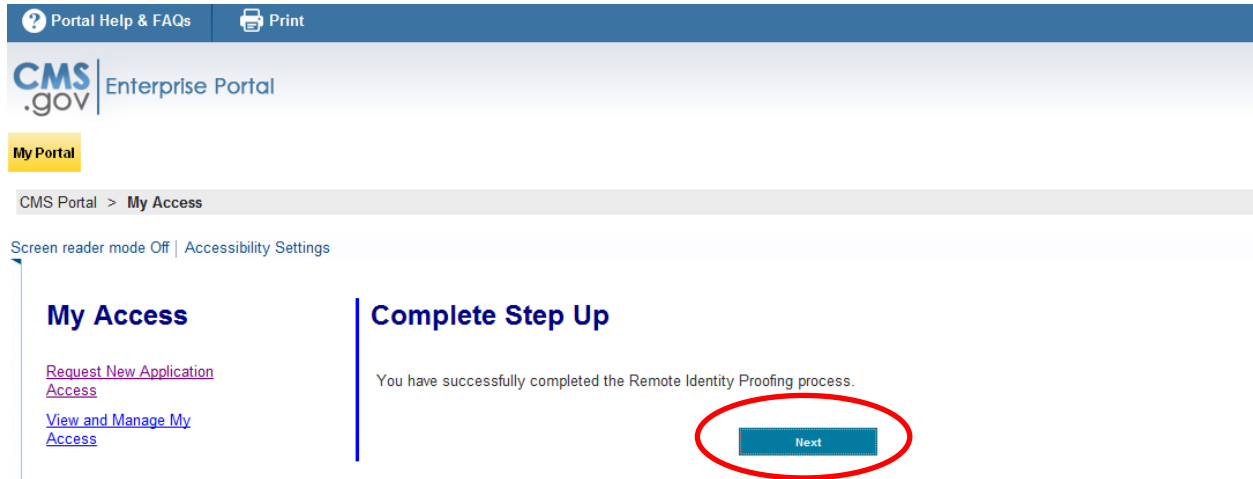
☐ ☐ ☐ ☐ ☐

☐ NONE OF THE ABOVE

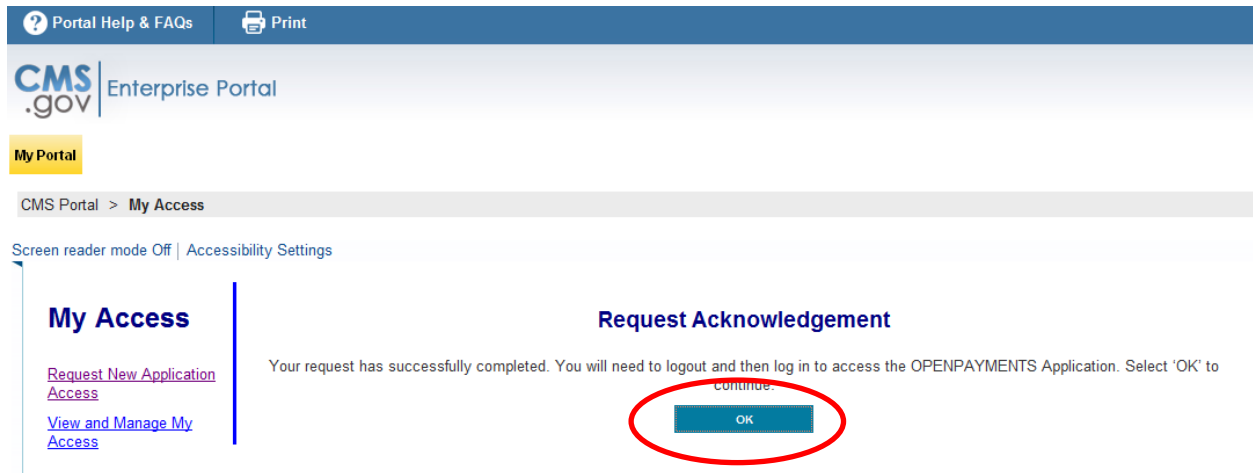
Cancel Next

Open Payments User Guide

Step 11: Once your identity has been verified, you will be brought to the Complete Set Up page. Select “Next” to continue.



Step 12: Once you have requested access to the Open Payments application and successfully completed the Remote Identity Proofing process, you will receive an acknowledgement on the screen. Select “OK” to continue.

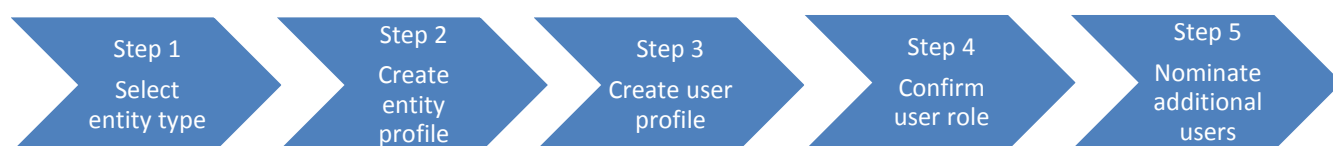


After you have been granted access to the Open Payments system, you will be able to view the application via the CMS Enterprise Portal. Access to the Open Payments application will be instantaneous, though after you register, you will need to log out of the Enterprise Portal and then log back in before the link to the Open Payments system will appear in the top menu bar.

Section 3.3 Registering Applicable Manufacturers and Applicable GPOs

Once your entity has decided who should fill the required user roles, you can begin Open Payments registration. During the registration, you will enter the required information for your reporting entity profile, user personal profile, and nominees for each user role. Reporting entity registration has five steps, as shown in **Figure 3.2**. Details on these steps are included later in this section.

Figure 3.2: Entity Registration



The authorized official is an officer with the entity who enters all required information to create the entity's profile. The authorized official should be highly placed within the entity, a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization or equivalent position (specific titles may vary depending on the management structure of the entity).

During registration, the authorized official must select the user role of officer for him- or herself to complete the registration process. The entire registration process takes approximately 30 minutes and must be completed in a single session. Users cannot save entries or complete the profile at a later time. Users will be able to edit, manage, or update a profile once it is created. Note that the system does not currently have an auto-save feature, and will time out after 15 minutes of inactivity.

Figure 3.3 and **Figure 3.4** detail which fields are required and which fields are optional when creating an entity and user profile. It is important to have this information on-hand prior to beginning the registration process.

Figure 3.3: Entity Profile Fields

Fields	Required	Optional
Reporting Entity Business Type	X	
Reporting Entity Legal Name	X	
Doing Business As (DBA) Name		X
Reporting Entity Business Address	X	
Reporting Entity Business Phone Number	X	
Reporting Entity Type of Ownership	X	
Taxpayer Identifier Number (TIN)/ Employer Identification Number (EIN)	X	
Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS)		X
Food and Drug Administrator (FDA) Establishment Identifier (FEI)		X
Uniform Resource Locator (URL) of Parent Company	X	
Consolidated Report Indicator (Y/N) (default N)	X	
Primary Point of Contact Name	X	
Primary Point of Contact Business Phone Number	X	
Primary Point of Contact Title at the Entity	X	
Primary Point of Contact Email Address	X	
Backup Point of Contact Name	X	
Backup Point of Contact Business Phone Number	X	
Backup Point of Contact Title at the Entity	X	
Backup Point of Contact Email Address	X	

Regarding the “Uniform Resource Locator (URL) of Parent Company,” if the reporting entity does not have a URL, enter the value <http://www.cms.gov>.

Figure 3.4: User Profile Fields

Fields	Required	Optional
First Name	X	
Middle Name		X
Last Name	X	
Name Suffix		X
Job Title	X	
Business Address	X	
Business Phone Number	X	
Email Address	X	

After submitting both the entity and user profiles, Open Payments will vet the entity to ensure it is a valid entity. See Section 3.5 for information on vetting. Users cannot perform any functions in the Open Payments system until the entity has been successfully vetted and registered.

Important Notes:

Registration for both the entity and authorized official must be completed in one session.

The Open Payments system logs out all users after 15 minutes of inactivity.

Never use the navigation buttons on your browser toolbar. Only use the navigation buttons (Back buttons) within the Open Payments system itself.

3.3a: Registering a Reporting Entity (First-Time System Users)

Step 1: Log in to the CMS Enterprise Portal (<https://portal.cms.gov/>) using your EIDM user ID and password to access the Open Payments system. The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” when you are ready to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



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

Open Payments (Sunshine Act)

Create Profile

- ① Select Profile Type
- ② Register Entity
- ③ Personal Information
- ④ Review and Submit Profile



Access the Open Payments User Guide

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

The information needed to create your user profile or nominate additional authorized users or representatives includes:

Open Payments User Guide

Step 3: Select the profile type “Applicable Manufacturer or Applicable GPO” and select “Continue.”

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a Nomination ID and Registration ID” link or the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

- ☐ Applicable Manufacturer or Applicable GPO
- ☐ Teaching Hospital
- ☐ Physician

OR

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: Once your entity type is selected, provide the entity’s Taxpayer Identification Number (TIN/EIN). This will be the entity’s Employer Identification Number (EIN), a nine-digit number used by the entity for tax reporting. The format for the TIN/EIN is XX-XXXXXXX. Enter the entity’s TIN/EIN in the space provided and select “Lookup TIN/EIN.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the “I have a submitted Entity Profile via Phase 1 Data Submission” hyperlink. If not, enter the entity’s Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the “Other” option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the “Register Your Entity on Open Payments” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a submitted Entity Profile via Phase 1 Email Submission” link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

OR

Enter TIN/EIN:

94-3728192

Lookup TIN/EIN

Cancel

Back

Open Payments User Guide

Step 5: The system will perform a search and make sure no other entity with that TIN/EIN has already been registered.

If the TIN/EIN returns a match, your entity has already been registered. You may choose to proceed by nominating yourself for a role with that entity by selecting the entity name, or you may select “Cancel” to exit entity registration. See Section 3.4b(5) for instructions on how to complete the self-nomination process.

If no match is found for that TIN/EIN, you can proceed with registering that entity. Select the “Register your Entity on Open Payments” hyperlink to continue with entity registration.

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ② Register Entity
- ③ Personal Information
- ④ Review and Submit Profile

[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)

Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the "I have a submitted Entity Profile via Phase 1 Data Submission" hyperlink. If not, enter the entity's Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the "Other" option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the "Register Your Entity on Open Payments" link.

A field with an asterisk (*) is required.

* Required: Select the "I have a submitted Entity Profile via Phase 1 Email Submission" link or the TIN/EIN in the following format XX-XXXXXXX, you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

OR

Enter TIN/EIN

94-3728192 [Lookup TIN/EIN](#)

No entity with that TIN/EIN is registered on Open Payments

[Register your Entity on Open Payments](#)

[Cancel](#) [Back](#)

Step 6: Enter the entity information. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered. Make sure that when entering information into free-form text boxes, you restrict your use of [special characters](#) (i.e., non-alphanumeric characters) to those permitted by the system. For example, when entering the entity phone number and Taxpayer Identification Number (TIN/EIN), you must include the hyphen (“-”) in the proper place within the field to pass field validation.

URL is also a required field. If the entity you are registering does not have a website, enter the generic URL of <http://www.cms.gov> into the field.

When you are done, select “Continue.” Note: Pressing the “Cancel” button will cause you to lose all data entered.

Additional Information on the fields for entity registration:

- The **Consolidated Report Indicator** indicates whether or not the applicable manufacturer or applicable GPO intends to submit a consolidated report. Consolidated reporting allows the reporting entity to submit bulk data files across multiple registered entities. Applicable manufacturers or applicable GPOs should select yes if another applicable manufacturer or applicable GPO under

common ownership with the registering entity is submitting a report on its behalf. The option selected in the consolidated report indicator is a system indicator only and does not commit the user to submitting a consolidated report. See Section 4.7 for more on consolidated reporting.

- The **Entity Business Type** indicates the type of applicable manufacturer or applicable GPO registering in the Open Payments system. Entities may select whether the type is any of the following:
 - **Applicable manufacturer**

If applicable manufacturer is selected, an entity must select one of the following business types:

 - applicable manufacturer-drugs/biologicals
 - applicable manufacturer-devices/medical supplies
 - applicable manufacturer-drugs/biologicals and devices/medical supplies
 - applicable manufacturer-physician-owned distributor
 - applicable manufacturer-hospital-owned distributor
 - applicable manufacturer-distributor/supplier (non-hospital, non-physician-owned)
 - **Applicable GPO**

If GPO is selected, an entity must select one of the following business types:

 - GPO-drugs/biologicals
 - GPO-devices/medical supplies
 - GPO- drugs/biologicals and devices/medical supplies
 - GPO-physician-owned
 - GPO-hospital-owned
 - GPO-hospital and physician-owned
 - GPO-non-hospital, non-physician-owned
 - GPO-government-owned

Open Payments User Guide

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

Entity Information

Your Role

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Register Entity

Complete the information below to create a profile for an applicable manufacturer or applicable GPO.
A field with an asterisk (*) is required.

* Entity's Legal Name:

ABCDE Medical

* Reporting Entity Type:

☒ Applicable Manufacturer

☐ Group Purchasing Organization

* Business Type:

Applicable manufacturer-drugs/biological

Note: The FDA Establishment Identifier is a ten-digit number.

Food & Drug Administration (FDA) Establishment Identifier:

Note: The DUNS number is a nine-digit number issued by D&B.

Data Universal Numbering System (D-U-N-S® Number):

Note: Format of URL, must start with http://www. or https://www. or www.

* URL of Parent Company:

www.cms.gov

Business Address:

Enter the business address below. Note: For an address in the United States, the Business Telephone Number must be in the following format XXX-XXX-XXXX. For an address in a foreign country, the Business Telephone Number can be up to 20 numbers (characters are not allowed.)

* Country:

United States

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

* Business Telephone Number:

555-555-5555

Business Ownership Information

Enter the business ownership information below. Note: Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN) must be in the following format XX-XXXXXXX.

* Type of Ownership:

Corporation

* Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN):

94-3728192

* Doing Business As (DBA) Name:

ABCDE Medical

* Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

☐ Yes, my entity's data will be submitted in a consolidated report

☐ No, my entity's data will not be submitted in a consolidated report

☒ I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

Primary Point of Contact

* Name:

John Doe

* Business Telephone Number:

555-555-5555

* Title at the Entity:

CEO

* Business Email Address:

officer@yopmail.com

Backup Point of Contact

* Name:

Jane Doe

* Business Telephone Number:

555-555-5555

* Title at the Entity:

Director

* Business Email Address:

submitter@yopmail.com

Cancel

Back

Continue

Open Payments User Guide

Step 7: Enter the required information and select your user roles. For a description of user roles, see Section 3.4. When registering a new entity, you must select the role of officer for yourself. The system will not allow you to proceed if this role is not selected. You may also select the role of submitter and/or attester for yourself. When you are done, select “Continue.” **Note: Pressing the “Back” button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Entity Information

Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

➡ Access the Open Payments User Guide

❓ Need help with the website?
Contact Us by email

Your Role

To register an entity, you must be an authorized official within the entity and you must assume the officer role in the Open Payments system. Authorized representatives can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in an officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Review or update your Name, Business Email Address, and Business Telephone Number below.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* First Name:	Middle Name:
<input type="text" value="John"/>	<input type="text"/>
* Last Name:	Suffix (Jr., Sr., etc.):
<input type="text" value="Doe"/>	<input type="text"/>
* Business Email Address:	* Business Telephone Number:
<input type="text" value="officer@yopmail.com"/>	<input type="text" value="555-555-5555"/>

Indicate your role(s) in the Open Payments system. Only an officer may manage the access level of attesters, submitters, and other officers in the system.

Highest Level of Role

☒ Officer

Reporting-related Roles

☒ Submitter

☒ Attester

Cancel

Back

Continue

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Step 8: You may nominate additional individuals to fulfill the officer, submitter, and attester roles at this step. If you do not wish to nominate additional individuals, select “Continue,” but please note **that at least one individual must be identified for each of the three roles in the Open Payments system during initial entity registration.** If the registering authorized official will not be fulfilling all three user roles, that person must nominate at least one other individual to fill each of the remaining roles. The system will not allow you to proceed without at least one individual associated with each user role.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity


✓ Entity Information


✓ Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
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Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	openpayments@yopmail.com	555-555-5555	[YOU]

+ Add Nominee

Cancel

Back

Continue

Open Payments User Guide

Step 9: To add a nominee, select “+ Add Nominee.” The screen will expand to show additional fields that will need to be completed. Fill in the information for the individual being nominated. Once you are done, select the “Add Nominee” button at the bottom of the page. An entity can have up to ten users associated with it, up to five of which may hold the role of officer. **Note: Pressing the “Back” button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Entity Information

✓ Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

⓪ Need help with the website?
Contact Us by email

Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	officer@yopmail.com	555-555-5555	(YOU)

+ Add Nominee

Enter the user’s personal information and the corresponding role for which they are being nominated. When completed select the “Add Nominee” button.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

A field with an asterisk (*) is required.

* First Name:

Jane

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

* Indicate the role or roles this person will have:

☒ Officer

☒ Submitter

☒ Attester

Business Address:

Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

City Name

Baltimore

State:

Maryland

Zip Code:

21244

Add Nominee

Cancel

Back

Continue

Open Payments User Guide

The screen will display a summary of all of the individuals being nominated for user roles for this entity. Once all nominations have been completed, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Entity Information

✓ Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	openpayments@yopmail.com	555-555-5555	(YOU)
Officer, Submitter, Attester	Jane	Doe	submitter@yopmail.com	555-555-5555	Delete

+ Add Nominee

[Cancel](#)[Back](#)[Continue](#)

Open Payments User Guide

Step 10: Review any pre-populated information for accuracy or enter your personal information as appropriate. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been completed. Once your personal information has been entered, select “Continue.” **Note: Pressing the “Back” button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Register Entity

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
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Enter Personal Information

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPEs), or EIDM.

A field with an asterisk (*) is required.

Your Name

* First Name:
John

* Last Name:
Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Your Business Contact Information

Enter your business or entity information.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* Business Email Address:
officer@yopmail.com

* Business Telephone Number:
555-555-5555

* Job Title:
CEO

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244

Cancel

Back

Continue

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Open Payments User Guide

Step 11: Review the information entered for your entity and personal profile. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Register Entity

✓ Personal Information

④ Review and Submit Profile

➡ Access the Open Payments User Guide

🔍 Need help with the website? Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Entity’s Legal Name: ABCDE Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S®) Number:

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 94-3728192

Doing Business As (DBA) Name: ABCDE Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Primary Point of Contact

Name: John DoeBusiness Telephone Number: 555-555-5555

Title at the Entity: CEOBusiness Email Address: officer@yopmail.com

Backup Point of Contact

Name: Jane DoeBusiness Telephone Number: 555-555-5555

Title at the Entity: DirectorBusiness Email Address: submitter@yopmail.com

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Officer, Submitter, Attester	John	Doe			officer@yopmail.com
Officer, Submitter, Attester	Jane	Doe			submitter@yopmail.com

Cancel

Back

Continue

Open Payments User Guide

The following message will appear on-screen to confirm your entity and personal profile have been successfully created. An email notification with the entity registration ID is sent to the identified officer(s) and Point of Contact (POC).

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Success Confirmed

You have successfully submitted ABCDE Medical profile information

You may now go to [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the entity. The email confirmation message will have the entity's registration ID. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this profile until your nomination is approved.

After both the entity profile and officer profile are created, the Open Payments system vets the entity based on the information provided in the entity profile. A complete overview of the vetting process can be found in Section 3.5.

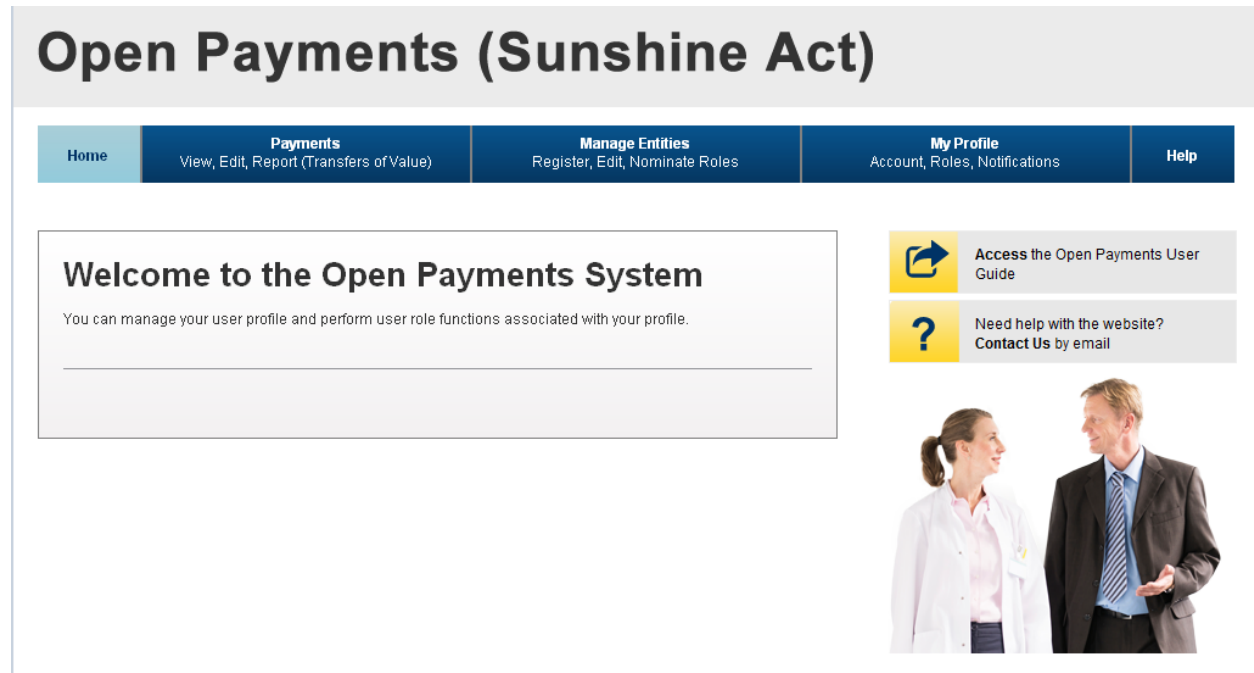
The officer will be notified via email whether the registration was successful or unsuccessful. If registration is successful, users can access the Open Payments system and begin performing their tasks. If the registration is unsuccessful for the entity, Open Payments will send an email notification to the officer(s) and point of contact stating the entity could not be successfully verified and registered. Contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 1-855-326-8366 for assistance.

Open Payments User Guide

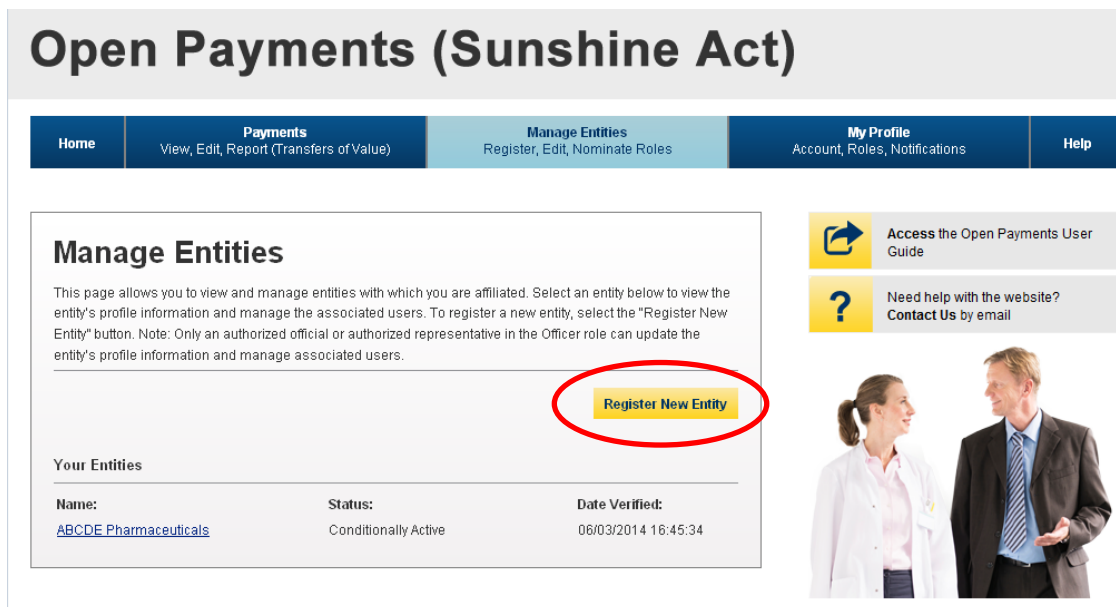
3.3b: Registering an Entity (Returning System Users)

If you already have access to the Open Payments system and wish to register a new entity with the system, follow these steps:

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the “Manage Entities” tab from the menu bar on the Open Payments home page.



Step 2: Select “Register New Entity.”



Step 3: Select the profile type “Applicable Manufacturer or Applicable GPO” and select “Continue.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile.

A field with an asterisk (*) is required.

* Required: Select the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

☒ Applicable Manufacturer or Applicable GPO

☐ Teaching Hospital

☐ Physician

Cancel

Continue


Step 4: Once your entity type is selected, you will be asked to provide the entity Taxpayer Identification Number (TIN/EIN). Enter the entity TIN/EIN in the space provided and select “Lookup TIN/EIN.”


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

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- ② Register Entity
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Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the “I have a submitted Entity Profile via Phase 1 Data Submission” hyperlink. If not, enter the entity’s Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the “Other” option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the “Register Your Entity on Open Payments” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a submitted Entity Profile via Phase 1 Email Submission” link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

----- OR -----

Enter TIN/EIN:

Lookup TIN/EIN

Cancel

Back

Step 5: The system will perform a search and make sure no other reporting entity with that TIN/EIN has already been registered. If the TIN/EIN returns a match, your entity has already been registered. You may choose to proceed by nominating yourself for a role with that reporting entity by selecting the entity name, or you may select “Cancel” to exit entity registration. See Section 3.4b(5) for instructions on how to complete the self-nomination process.

If no match is found for that TIN/EIN, you can proceed with registering that entity. Select “Register your Entity on Open Payments” to continue with entity registration.

The screenshot shows the 'Open Payments (Sunshine Act)' interface. At the top is a navigation bar with links: Home, Payments (View, Edit, Report (Transfers of Value)), Manage Entities (Register, Edit, Nominate Roles), My Profile (Account, Roles, Notifications), and Help. Below this is a 'Create Profile' sidebar with steps: 1. Select Profile Type, 2. Register Entity (highlighted), 3. Personal Information, and 4. Review and Submit Profile. There are also links for 'Access the Open Payments User Guide' and 'Need help with the website? Contact Us by email'. The main content area is titled 'Entity Lookup' and contains instructions on how to use the lookup function. It includes a text input field for 'Enter TIN/EIN:' with the value '65-9853149' and a 'Lookup TIN/EIN' button. Below the input field are 'Cancel' and 'Back' buttons. A note at the bottom states: '* Required: Select the "I have a submitted Entity Profile via Phase 1 Email Submission" link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.'

Step 6: Enter the entity information. All required fields will be marked with an asterisk. Users will not be able to proceed with registration unless all of the required fields have been completed. Make sure that when entering information into free-form text boxes, you restrict your use of [special characters](#) (i.e., non-alphanumeric characters) to those permitted by the system. For example, when entering the entity phone number and Taxpayer Identification Number (TIN/EIN), you must include the hyphen (“-”) in the proper place within the field to pass field validation. URL is also a required field. If the entity you are registering does not have a website, enter the URL of <http://www.cms.gov> into the field. When you are done, select “Continue.” **Note: Pressing the “Back” button will cause you to lose all data entered.**

Additional Information on the fields for entity registration:

- The **Consolidated Report Indicator** indicates whether or not the applicable manufacturer or applicable GPO intends to submit a consolidated report. Consolidated reporting allows the reporting entity to submit bulk data files across multiple registered entities. Applicable manufacturers or applicable GPOs should select yes if another applicable manufacturer or applicable GPO under common ownership with the registering entity is submitting a report on its behalf. The option selected in the consolidated report indicator is a system indicator only and does not commit the user to submitting a consolidated report. See Section 4.7 for more on consolidated reporting.

- The **Entity Business Type** indicates the type of applicable manufacturer or applicable GPO registering in Open Payments. Entities may select whether the type is any of the following:
 - **Applicable manufacturer**

If applicable manufacturer is selected, an entity must select one of the following business types:

 - applicable manufacturer-drugs/biologicals
 - applicable manufacturer-devices/medical supplies
 - applicable manufacturer-drugs/biologicals and devices/medical supplies
 - applicable manufacturer-physician-owned distributor
 - applicable manufacturer-hospital-owned distributor
 - applicable manufacturer-distributor/supplier (non-hospital, non-physician-owned)
 - **Applicable GPO**

If GPO is selected, an entity must select one of the following business types:

 - GPO-drugs/biologicals
 - GPO-devices/medical supplies
 - GPO- drugs/biologicals and devices/medical supplies
 - GPO-physician-owned
 - GPO-hospital-owned
 - GPO-hospital and physician-owned
 - GPO-non-hospital, non-physician-owned
 - GPO-government-owned

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Need help with the website?
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Register Entity

Complete the information below to create a profile for an applicable manufacturer or applicable GPO.
A field with an asterisk (*) is required.

* Entity's Legal Name:
EFGH Medical

* Reporting Entity Type:
☒ Applicable Manufacturer
☐ Group Purchasing Organization

* Business Type:
Applicable manufacturer-drugs/biological

Note: The FDA Establishment Identifier is a ten-digit number.
Food & Drug Administration (FDA) Establishment Identifier:

Note: The DUNS number is a nine-digit number issued by D&B.
Data Universal Numbering System (D-U-N-S® Number):

Note: Format of URL must start with http://www. or https://www. or www.
* URL of Parent Company:
www.cms.gov

Business Address:

Enter the business address below. Note: For an address in the United States, the Business Telephone Number must be in the following format XXX-XXX-XXXX. For an address in a foreign country, the Business Telephone Number can be up to 20 numbers (characters are not allowed).

* Country:
United States

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244

* Business Telephone Number:
555-555-5555

Business Ownership Information

Enter the business ownership information below. Note: Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN) must be in the following format XX-XXXXXXX.

* Type of Ownership:
Corporation

* Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN):
65-9853149

* Doing Business As (DBA) Name:
EFGH Medical

* Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?
☐ Yes, my entity's data will be submitted in a consolidated report
☐ No, my entity's data will not be submitted in a consolidated report
☒ I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.
Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

Primary Point of Contact

* Name:
John Doe

* Business Telephone Number:
555-555-5555

* Title at the Entity:
CEO

* Business Email Address:
officer@yopmail.com

Backup Point of Contact

* Name:
Jane Doe

* Business Telephone Number:
555-555-5555

* Title at the Entity:
Director

* Business Email Address:
submitter@yopmail.com

Cancel

Back

Continue

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Step 7: Enter the required information and select your user roles. For a description of user roles, see Section 3.4. When registering a new entity, you must select the role of officer for yourself. The system will not allow you to proceed if this role is not selected. You may also select the role of submitter and/or attester for yourself. When you are done, select “Continue.” **Note: Pressing the “Back” button will cause you to lose all data entered.**

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Create Profile

- ✓ Select Profile Type
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 - ✓ Entity Information
 - Your Roles**
 - Nominate Additional Roles
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Need help with the website?
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Your Role

To register an entity, you must be an authorized official within the entity and you must assume the officer role in the Open Payments system. Authorized representatives can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in an officer role.

- Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Review or update your Name, Business Email Address, and Business Telephone Number below.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* First Name:	Middle Name:
<input type="text" value="John"/>	<input type="text"/>
* Last Name:	Suffix (Jr., Sr., etc.):
<input type="text" value="Doe"/>	<input type="text"/>
* Business Email Address:	* Business Telephone Number:
<input type="text" value="officer@yopmail.com"/>	<input type="text" value="555-555-5555"/>

Indicate your role(s) in the Open Payments system. Only an officer may manage the access level of attesters, submitters, and other officers in the system.

Highest Level of Role

☒ Officer

Reporting-related Roles

☒ Submitter

☒ Attester

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Step 8: You may nominate additional individuals to fulfill the officer, submitter, and attester roles at this step. If you do not wish to nominate additional individuals, select “Continue,” but please note **that at least one individual must be identified for each of the three roles in the Open Payments system during entity registration.** If the registering officer will not be fulfilling all three user roles, that person must nominate at least one other individual to fill each of the remaining roles. The system will not allow you to proceed without at least one individual associated with each user role.

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Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	officer@yopmail.com	555-555-5555	(YOU)

+ Add Nominee

Cancel

Back

Continue

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Step 9: To add a nominee, select “+ Add Nominee.” The screen will expand to show additional fields that will need to be completed. Fill in the information for the individual being nominated. Once you are done, select the “Add Nominee” button at the bottom of the page. An entity can have up to ten users associated with it, up to five of which may hold the role of officer. **Note: Pressing the “Back” button will cause you to lose all data entered.**

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Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	officer@yopmail.com	555-555-5555	(YOU)
+ Add Nominee					

Enter the user’s personal information and the corresponding role for which they are being nominated. When completed select the “Add Nominee” button.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

A field with an asterisk (*) is required.

* First Name:

Jane

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

* Indicate the role or roles this person will have:

☒ Officer

☒ Submitter

☒ Attester

Business Address:

Business Address, Line 1:

Business Address, Line 2:

City Name:

State:

Please Select

Zip Code:

Add Nominee

Cancel

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Continue

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The screen will display a summary of all of the individuals being nominated for user roles for this entity. Once all nominations have been completed, select “Continue.”

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Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	John	Doe	officer@yopmail.com	555-555-5555	(YOU)
Officer, Submitter, Attester	Jane	Doe	submitter@yopmail.com	555-555-5555	Delete

+ Add Nominee

Cancel

Back

Continue

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Step 10: Review the information entered for your entity and personal profile. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

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Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Primary Point of Contact

Name: John Doe

Business Telephone Number: 555-555-5555

Title at the Entity: CEO

Business Email Address: officer@yopmail.com

Backup Point of Contact

Name: Jane Doe

Business Telephone Number: 555-555-5555

Title at the Entity: Director

Business Email Address: submitter@yopmail.com

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Officer, Submitter, Attester	John	Doe			officer@yopmail.com
Officer, Submitter, Attester	Jane	Doe			submitter@yopmail.com

Cancel

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Continue

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The following message will appear to confirm your entity and personal profile have been successfully created.


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 **Need help with the website?**
Contact Us by email

Success Confirmed

You have successfully submitted EFGH Medical profile information

You may now go to [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the entity. The email confirmation message will have the entity's registration ID. You can refer to the Open Payments User Guide for further information.

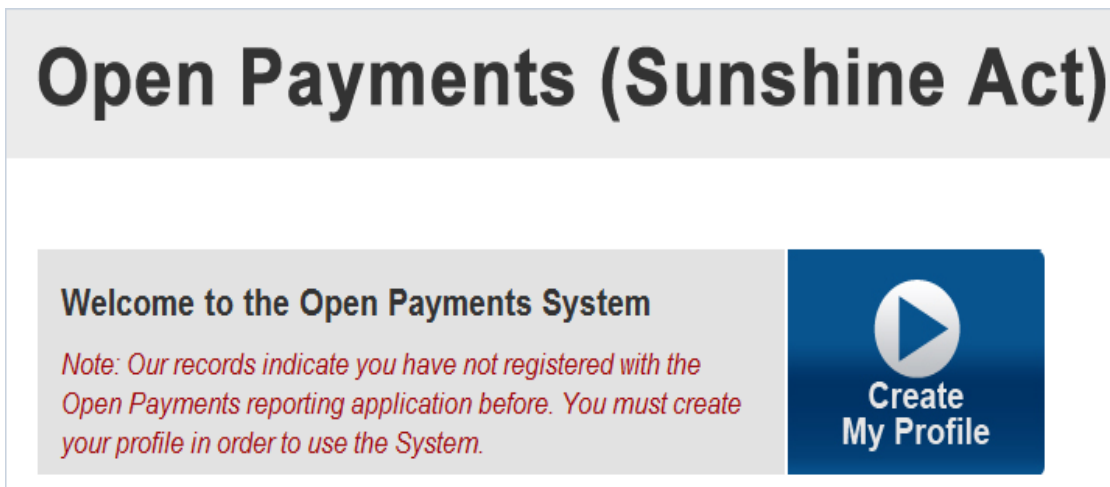
Note: You will not be able to take any actions related to this profile until your nomination is approved.

After both the entity profile and officer profile are created, the Open Payments system vets the entity based on the information provided in the entity profile. A complete overview of the vetting process can be found in Section 3.5.

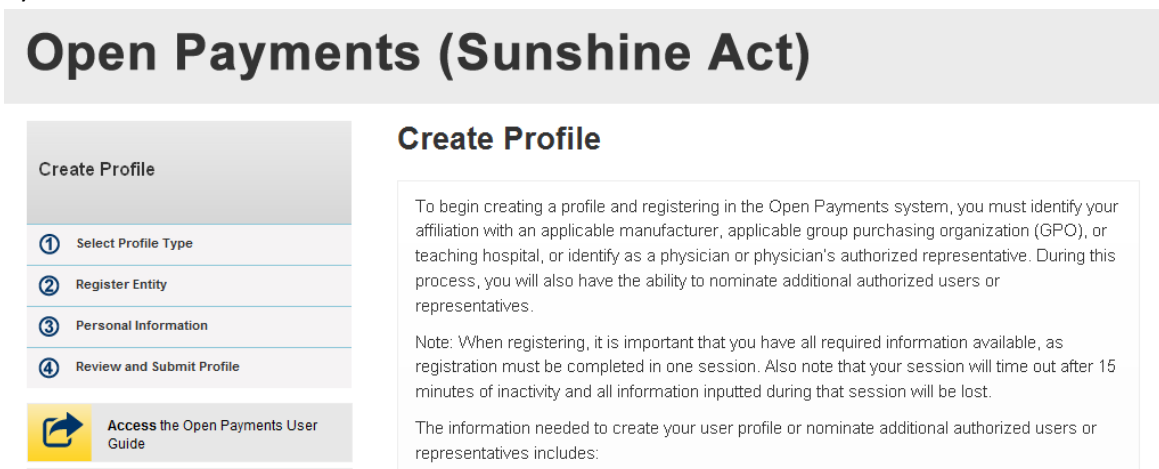
The officer will be notified via email whether the registration was successful or unsuccessful. If registration is successful, users can access the Open Payments system and begin performing their tasks. If the registration is unsuccessful for the entity, Open Payments will send an email notification to the officer(s) and point of contact stating the entity could not be successfully verified and registered. Contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 1-855-326-8366 for assistance.

3.3c: Registering an Entity with Phase 1 Submitted Data (First Time System Users)

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) using the EIDM username that was used in the submission of data for Phase 1. The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” when you are ready to begin the registration process.



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



Step 3: Select the profile type “Applicable Manufacturer or Applicable GPO” and select “Continue.”

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Create Profile


① Select Profile Type

② Register Entity

③ Personal Information

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Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk(*) is required.

* Required: Select the “I have a Nomination ID and Registration ID” link or the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

- ☒ Applicable Manufacturer or Applicable GPO
- ☐ Teaching Hospital
- ☐ Physician

----- OR -----

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: Once your entity type is selected, select “I have a submitted Entity Profile via Phase 1 Data Submission” instead of providing the entity Taxpayer Identification Number (TIN/EIN).

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Create Profile


✓ Select Profile Type

② Register Entity

③ Personal Information

④ Review and Submit Profile

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Contact Us by email

Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the “I have a submitted Entity Profile via Phase 1 Data Submission” hyperlink. If not, enter the entity’s Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the “Other” option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the “Register Your Entity on Open Payments” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a submitted Entity Profile via Phase 1 Email Submission” link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

----- OR -----

Enter TIN/EIN:

Lookup TIN/EIN

Cancel

Back

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Step 5: From those displayed on the screen, select the reporting entity that submitted data during Phase 1 data submission, and then select “Continue.” Remember, Phase 1 data will only appear if the EIDM username used to access the system was the username associated with the Phase 1 data submission email.

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Create Profile


✓ Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

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The below Reporting entities have been submitted through email submissions. Please select one of the entity to

ABCDE Medical

Cancel

Back

Delete

Continue

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Step 6: In some cases, data submitted during Phase 1 may be identified as containing data entry errors. As a result, the fields with errors will not contain pre-populated data on the “Register Entity” page. You will need to enter corrected data in the required fields prior to selecting “Continue.” If no errors were found, review the information contained on the “Register Entity” page and select “Continue.”

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Create Profile

✓ Select Profile Type

2 Register Entity

Entity Information

Your Roles

Nominate Additional Roles

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Register Entity

Complete the information below to create a profile for an applicable manufacturer or applicable GPO.
A field with an asterisk (*) is required.

Warning:
Our Records indicate that the information submitted for your entity via email contained errors and hence omitted from being pre-populated on the screen below. Please review the remainder of the information submitted for accuracy to proceed with registration of the entity.

* Entity's Legal Name:
ABCDE Medical

* Reporting Entity Type:
☒ Applicable Manufacturer
☐ Group Purchasing Organization

* Business Type:
Applicable manufacturer-drugs/biological

Note: The FDA Establishment Identifier is a ten-digit number.
Food & Drug Administration (FDA) Establishment Identifier:

Note: The DUNS number is a nine-digit number issued by D&B.
Data Universal Numbering System (D-U-N-S) Number:

Note: Format of URL must start with http://www. or https://www. or www.
* URL of Parent Company:
WWW.CMS.GOV

Business Address:
Enter the business address below. Note: For an address in the United States, the Business Telephone Number must be in the following format XXX-XXX-XXXX. For an address in a foreign country, the Business Telephone Number can be up to 20 numbers (characters are not allowed.)

* Country:
United States

* Business Address, Line 1:
7500 Security Blvd.

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244

* Business Telephone Number:
555-555-5555

Business Ownership Information

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Step 7: Confirm the information displayed, enter your business telephone number, and select your role. For a description of user roles, see Section 3.4. Once complete, select “Continue.”

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Create Profile

✓ Select Profile Type

② Register Entity


✓ Entity Information


Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

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Your Role

To register an entity, you must be an authorized official within the entity and you must assume the officer role in the Open Payments system. Authorized representatives can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in an officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Review or update your Name, Business Email Address, and Business Telephone Number below.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* First Name:

Tom

Middle Name:

* Last Name:

Smith

Suffix (Jr., Sr., etc.):

* Business Email Address:

tomsmith@yopmail.com

* Business Telephone Number:

555-555-5555

Indicate your role(s) in the Open Payments system. Only an officer may manage the access level of attesters, submitters, and other officers in the system.

Highest Level of Role

☒ Officer

Reporting-related Roles

☒ Submitter

☒ Attester

Cancel

Back

Continue

Step 8: You may nominate additional individuals to fulfill the officer, submitter, and attester roles at this step. If you do not wish to nominate additional individuals, select “Continue,” but please note **that at least one individual must be identified for each of the three roles in the Open Payments system during entity registration.** If the registering officer will not be fulfilling all three user roles, that person must nominate at least one other individual to fill each of the remaining roles. The system will not allow you to proceed without at least one individual associated with each user role.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity


✓ Entity Information


✓ Your Roles

Nominate Additional Roles

③ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Applicable Manufacturer or Applicable GPO: Nominate Additional Roles

To register an entity there must be a user assigned to each role. (Note: the same user can be assigned to more than one role). Review and verify the information in the table below. You may nominate other individuals by clicking the “Add Nominee” link and entering the user’s information. Other users can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in the officer role.

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:	Action:
Officer, Submitter, Attester	Tom	Smith	tomsmith@yopmail.com	555-555-5555	(YOU)

[+ Add Nominee](#)

[Cancel](#)

[Back](#)

[Continue](#)

Open Payments User Guide

Step 9: Review any prepopulated information for accuracy or enter your personal information as appropriate. All required fields will be marked with an asterisk. Users will not be able to proceed with registration unless all of the required fields have been completed. Once your personal information has been entered, select “Continue.” **Note: Pressing the “Back” button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Register Entity

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

? Need help with the website?
Contact Us by email

Enter Personal Information

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Your Name

* First Name:

Tom

* Last Name:

Smith

Middle Name:

Suffix (Jr., Sr., etc.):

Your Business Contact Information

Enter your business or entity information.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* Business Email Address:

tomsmith@yopmail.com

* Business Telephone Number:

* Job Title:

CEO

* Business Address, Line 1:

7500 Security Blvd.

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

Cancel

Back

Continue

Open Payments User Guide

Step 10: Review the information entered for your entity and personal profile. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

Open Payments (Sunshine Act)


Create Profile


✓ Select Profile Type

✓ Register Entity

✓ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website? Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Entity’s Legal Name: ABCDE Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd.

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 11-1111111

Doing Business As (DBA) Name: Rawls Enterprises, Inc.

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

No, my entity's data will not be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Primary Point of Contact

Name: Susan Jones Business Telephone Number: 555-555-5555
Title at the Entity: CEO Business Email Address: susanjones@yopmail.com

Backup Point of Contact

Name: James Jones Business Telephone Number: 555-555-5556
Title at the Entity: Director Business Email Address: jamesjones@yopmail.com

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Officer, Submitter, Attester	Tom	Smith			tomsmith@yopmail.com

[Cancel](#) [Back](#) [Continue](#)

The following message will appear upon successful completion of the registration process.

Open Payments (Sunshine Act)

[Home](#)[Payments](#)[Manage Entities](#)[My Profile](#)[Help](#)


Create Profile


✓ Select Profile Type

✓ Register Entity

✓ Personal Information

✓ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Success Confirmed

You have successfully submitted ABCDE Medical profile information

You may now go to [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the entity. The email confirmation message will have the entity's registration ID. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this entity until it is vetted.

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After both the entity profile and officer profile are created, the Open Payments system vets the entity based on the information provided in the entity profile. A complete overview of the vetting process can be found in Section 3.5.

The officer will be notified via email whether the registration was successful or unsuccessful. If registration is successful, users can access the Open Payments system and begin performing their tasks. If the registration is unsuccessful for the entity, Open Payments will send an email notification to the officer(s) and point of contact stating the entity could not be successfully verified or registered. Contact the Open Payments Help Desk at openpayments@cms.hhs.gov or 1-855-326-8366 for assistance.

Section 3.4: Open Payments Users and User Roles

Users in the Open Payments system affiliated with applicable manufacturers and applicable GPOs must hold at least one of three user roles: officer, submitter, or attester. Each reporting entity must have at least one officer identified. The officer should be highly placed within the entity, a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization, or equivalent position (specific titles may vary depending on the management structure of the entity). These roles are discussed in detail below.

3.4a: Applicable Manufacturer and Applicable GPO User Roles

Entities must have individuals assigned to specific roles within the Open Payments system to perform specific functions. Each role has a specific function in the system. There can be a total of 10 users per entity, with no more than five of those users holding an officer role. Each user can hold multiple user roles. It is important that prior to registration your entity determines who is the appropriate individual to fill each of these roles and perform the required tasks.

There are three user roles for applicable manufacturers and applicable GPOs:

1. **Officer:** A person who will manage the applicable manufacturer or applicable GPO in the Open Payments system, and manage all user roles associated with the entity.
2. **Submitter:** A person who will submit data on payments, other transfers of value, and/or ownership and investment interests for the applicable manufacturer or applicable GPO. The submitter will also receive all notifications of disputed data.
3. **Attester:** A person who will attest to the accuracy of the data that has been submitted for the applicable manufacturer or applicable GPO.

The roles, responsibilities, and access levels for the roles are shown in **Figure 3.5**, below.

Figure 3.5: Open Payments User Role

User Roles	Functions	Requirements
Officer	<ul style="list-style-type: none"> Manage the reporting entity's profile in the Open Payments system Nominate (approve) other individuals for submitter, attester, and officer roles 	<ul style="list-style-type: none"> Must be an officer as designated by the applicable manufacturer or applicable GPO If nominated, must either accept or reject the nomination
Submitter	<ul style="list-style-type: none"> Submit data in the Open Payments system on behalf of the applicable manufacturer or applicable GPO May edit payments or other transfers of value and ownership/investment interests submitted to the Open Payments system Receives emails regarding data disputed by physicians and teaching hospitals 	<ul style="list-style-type: none"> Not required to be an officer of the applicable manufacturer or applicable GPO If nominated, must either accept or reject the nomination

User Roles	Functions	Requirements
Attester	<ul style="list-style-type: none"> Attest to accuracy of the data in the Open Payments system on behalf of the applicable manufacturer or applicable GPO 	<ul style="list-style-type: none"> Must be an officer of the applicable manufacturer or applicable GPO as required in the Open Payments final rule at 42 CFR 403.908(e) If nominated, must either accept or reject the nomination

3.4b: Nominations

The nomination process allows the user to assign specific roles to individuals within the entity. Roles are associated with being able to perform certain tasks in the Open Payments system. Once an entity is successfully registered in the Open Payments system, users can begin nominating additional users to fill user roles. The officer must confirm **all** nominations before users can begin performing actions in the system. There are two ways that users can nominate individuals for a user role:

- An individual may nominate someone else for a role; or
- An individual may nominate him- or herself for a role ("self-nomination").

Entities may have third parties submit payments or other transfers of value on their behalf. In this case, the officer would nominate the third party to fulfill the submitter role. See Section 4.9 for more information on third party roles.

Additional guidelines on nominations:

- For the officer and attester roles, the individual must be an officer in the entity.
- The submitter is not required to be an officer within the entity. The submitter does not have to be an employee of the entity. See Section 4.9 for details on third-party submitters.
- An attester must meet the requirements outlined at 42 CFR 403.908(e), which require an attestation to be completed “. . . by the Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization that the information reported is timely, accurate, and complete to the best of his or her knowledge and belief.”

3.4b (1): Nominating Individuals

Any user may nominate other individuals to user roles within the Open Payments system. The system will generate an email notification to the nominee once their nomination has been approved by an officer. Once an individual receives the nomination notification, that individual must access the Open Payments system via the CMS Enterprise Portal and either accept or reject the nomination.

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 officer will receive an email notification of the rejection. Note that nominees will need to have EIDM credentials in order to access the Open Payments system and accept or reject their nominations.

During initial entity registration, the authorized official must nominate at least one user for each of the three roles (officer, submitter, and/or attester). One individual can hold multiple roles and entities may nominate up to 10 users total with no more than five individuals for the officer role. To nominate an individual for a role, the following information must be input into the Open Payments system about that individual:

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

Nominations can be done when registering a new entity, or after the entity profile has already been created. To nominate individuals during new entity registration, follow the process detailed below:

Open Payments User Guide

Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “Manage Entities” tab from the menu bar on the Open Payments home page.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email



Step 2: Select the reporting entity for which you will nominate an individual by clicking the entity’s name.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

Manage Entities

This page allows you to view and manage entities with which you are affiliated. Select an entity below to view the entity’s profile information and manage the associated users. To register a new entity, select the “Register New Entity” button. Note: Only an authorized official or authorized representative in the Officer role can update the entity’s profile information and manage associated users.

Register New Entity

Your Entities

Name:	Status:	Date Verified:
ABCDE Pharmaceuticals	Conditionally Active	06/04/2014 12:47:24

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email



Open Payments User Guide

Step 3: You will be taken to the “Entity Details” tab, which displays the profile details for the entity selected. Select the “Manage Roles” tab to continue with the nomination process.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
------	---	---	---	------

ABCDE Pharmaceuticals

[Entity Details](#)[Manage Roles](#)

This page provides the information for your selected entity. Only an authorized official or authorized representative in the officer role can update any incorrect information in the entity profile by clicking the "Update Entity" button.

[Update Entity](#)

Entity Information

Entity's Legal Name: ABCDE Pharmaceuticals

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 56-9896542

Doing Business As (DBA) Name: ABCDE Pharmaceuticals

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)? ☐ I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Primary Point of Contact


Name: Joe King	Business Telephone Number: 555-555-5557
Title at the Entity: Manager	Business Email Address: openpayments@yopmail.com

Backup Point of Contact

Name: Mary Davis	Business Telephone Number: 555-555-5559
Title at the Entity: Sr. Manager	Business Email Address: submitter@yopmail.com

[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)



Step 4: Select "Nominate New Role."

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
-------------	--	--	--	-------------

ABCDE Pharmaceuticals

Entity Details	Manage Roles
-----------------------	---------------------

This page allows you to manage user roles for the entity or nominate a new role by clicking on the "Nominate New Role" button below. Note: Only an authorized official or authorized representative in the officer role is able to view/edit all authorized representatives' user roles.

Name:	Role:	Status:	Actions:
Karen Miller	Submitter	Accepted	Modify
John Miller	Officer	Conditionally Active	Modify
John Miller	Submitter	Approved	Modify
John Miller	Attester	Approved	Modify

[Nominate New Role](#)



Access the Open Payments User Guide



Need help with the website?
[Contact Us](#) by email



Step 5: Enter the required nominee information. Make sure that when entering information into free-form text boxes, the only [special characters](#) (i.e., non-alphanumeric characters) you use are those that are permitted by the system. Once you are done, select “Send Nomination.” **Note: Pressing the “Cancel” button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
-------------	--	--	--	-------------

ABCDE Pharmaceuticals

Entity Details	Manage Roles
-----------------------	---------------------

Nominate New Role

Nominate someone who will have a role on Open Payments for your entity.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

A field with an asterisk (*) is required.

* First Name:

Jane

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

* Indicate the role or roles this person will have:

- ☒ Officer
- ☒ Submitter
- ☒ Attester

Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

City Name:

Baltimore

State:

Maryland

Zip Code: 21244

Cancel

Send Nomination



Access the Open Payments User Guide



Need help with the website?
Contact Us by email



Open Payments User Guide

The on-screen message below will appear once you have completed the nomination.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
-------------	--	--	--	-------------

ABCDE Pharmaceuticals


Entity Details**Manage Roles**


This page allows you to manage user roles for the entity or nominate a new role by clicking on the "Nominate New Role" button below. Note: Only an authorized official or authorized representative in the officer role is able to view/edit all authorized representatives' user roles.

You have successfully submitted Role Information

Nominate New Role

Name:	Role:	Status:	Actions:
Karen Miller	Submitter	Accepted	Modify
John Miller	Officer	Conditionally Active	Modify
John Miller	Submitter	Approved	Modify
John Miller	Attester	Approved	Modify
Jane Doe	Officer	Nomination Approved	Modify
Jane Doe	Submitter	Nomination Approved	Modify
Jane Doe	Attester	Nomination Approved	Modify

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email



The individual that has been nominated will receive an email notification that they have been nominated for a role in the Open Payments system. The email notifying the nominee of the nomination will contain a registration ID and a nomination ID. The individual will then access the system using those IDs and either accept or reject the nomination. Instructions for confirming nominations can be found in the next section.

3.4b (2): Accepting a Nomination (First Time System Users)

Users notified of their nomination for a role must access the Open Payments system via the CMS Enterprise Portal and either accept or reject their nomination. The user will use the registration ID and nomination ID received in the nomination email to complete their profile in the Open Payments system and will receive access to the functions for that specific role.

Figure 3.6: Accepting Nominations



Step 1: Access the Open Payments system via the CMS Enterprise Portal and select “Create My Profile”.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



Create My Profile

Step 2: Select “Start Profile” at the bottom of the screen after reading the instructions on the Create Profile page.

Open Payments (Sunshine Act)

Create Profile

① Select Profile Type

② Register Entity

③ Personal Information

④ Review and Submit Profile



Access the Open Payments User Guide

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

The information needed to create your user profile or nominate additional authorized users or representatives includes:

Open Payments User Guide

Step 3: Select the “I have a Nomination ID and Registration ID” link on the Select Profile Type page.

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a Nomination ID and Registration ID” link or the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

☐ Applicable Manufacturer or Applicable GPO

☐ Teaching Hospital

☐ Physician

OR

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: Enter the registration ID and nomination ID that you received in the nomination notification email and then select “Show Nomination.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Register Entity

Search Nomination

Entity Information

Confirm Nomination

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* Registration ID:
100000009060

* Nomination ID:
934095975069

[Show Nomination](#)

Cancel

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Step 5: Review the nomination information displayed. If the information is correct, select “Continue.” If the information is incorrect, select “Cancel” and contact the reporting entity’s authorized official.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile



Access the Open Payments User Guide



Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* Registration ID:

10000009060

* Nomination ID:

934095975069

Show Nomination

Review and confirm the entity identified below is correct. Select the "Continue" button if this is the correct entity.

Jane Doe was nominated as Officer, Submitter

Entity Information :Applicable manufacturer-drugs:biological

Entity's Legal Name: EFGH Medical

Cancel

Continue

Open Payments User Guide

Step 6: Review and confirm the entity information displayed and then select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

🔗 Need help with the website?
Contact Us by email

Confirm Entity

Below is the information for your selected entity. Review and confirm the entity identified below is correct. Select “Continue” button to begin creating your user profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-I-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: BaltimoreState: Maryland

Zip Code: 21244Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Consolidated Report Type: I don't know whether my entity's data will be submitted in a consolidated report

Cancel

Back

Continue

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Step 7: Select “I accept” for roles you accept and “I do not accept” for roles you do not accept. If you reject all roles for which you have been nominated, press “Continue” after selecting “I do not accept” for all roles. The system will ask you if you’re sure you want to reject these roles. If you confirm your choice to reject the roles, you will exit the system and the nominator will receive an email that you rejected the nominations. The nominator will then be allowed to nominate other people for the roles.

If you accept one or all roles and select continue, you will continue the nomination confirmation process.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Search Nomination

✓ Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Confirm Nomination

You have been nominated for one or more user roles listed below. There are three user roles in the Open Payments system:

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

EFGH Medical

Review, accept or reject your nominated role(s). Select “Continue” button to review and complete your user profile.

*** Confirm Nominations:**

Officer ☒ Yes, I accept ☐ No, I do not accept

Submitter ☒ Yes, I accept ☐ No, I do not accept

[Cancel](#) [Back](#) [Continue](#)

Open Payments User Guide

Step 8: Enter your personal information and select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Register Entity

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

? Need help with the website?
Contact Us by email

Enter Personal Information

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPES), or EIDM.

A field with an asterisk (*) is required.

Your Name

* First Name:

Jane

* Last Name:

Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Your Business Contact Information

Enter your business or entity information.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

* Job Title:

CFO

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

Cancel

Back

Continue

Open Payments User Guide

Step 9: Now you'll be asked to review the information you've entered. To correct any errors, select "Back" on the bottom of the page to return to previous pages and make your corrections. If the information is correct, select "Continue."

Open Payments (Sunshine Act)


Create Profile


✓ Select Profile Type

✓ Register Entity

✓ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select "Back" to navigate to the previous pages to correct any invalid information. Select "Continue" to submit your profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Officer	Jane	Doe			submitter@yopmail.com
Submitter	Jane	Doe			submitter@yopmail.com

Cancel

Back

Continue

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

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Success Confirmed

You have successfully accepted your affiliation with EFGH Medical and created your own profile, Jane Doe.
You may now go to [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this entity until it is vetted.

3.4b (3): Accepting a Nomination (Returning System Users)

Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “My Profile” tab from the menu bar on the Open Payments home page.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

My Profile

Overview

Profile Details

My Roles & Nominations

This page contains information about your authorized role(s)

Profile Name


Jane Doe


Your Authorized Roles


Role:	Entity:	Status:
Officer	EFGH Medical	Accepted
Submitter	EFGH Medical	Accepted

Recent Notifications

There are no recent notifications for this profile.

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email



Step 2: On the “My Roles and Nominations” tab, select “Accept a Role.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
------	--	--	--	------

My Profile

Overview	Profile Details	My Roles & Nominations
----------	-----------------	-----------------------------------

Below are your user roles for each entity with which you are affiliated. You have the option to accept additional roles or request additional roles for your affiliated entities.

Accept a Role

Request a Role

My Roles

Role:	Name:	Status:
Officer	EFGH Medical	Accepted
Submitter	EFGH Medical	Accepted



Access the Open Payments User Guide



Need help with the website?
Contact Us by email



Open Payments User Guide

Step 3: Enter the registration ID and nomination ID provided in the email notification and select “Show Nomination.” The entity and role information will be displayed on the screen. If this information is correct, select “Continue.” If it is not correct, select “Cancel” and contact your reporting entity’s authorized official.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
------	---	---	---	------

Create Profile

✓ Select Profile Type

2 Register Entity

Search Nomination

Entity Information

Confirm Nomination

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* Registration ID:
100000009061

* Nomination ID:
701660117901

Show Nomination

Review and confirm the entity identified below is correct. Select the "Continue" button if this is the correct entity.
Jane Doe was nominated as Officer, Submitter, Attester
Entity Information :Applicable manufacturer-drugs:biological
Entity's Legal Name: ABCDE Medical

Cancel

Continue

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Open Payments User Guide

Step 4: Review the entity information on the screen and select “Continue” to proceed with the nomination confirmation process. If any of the entity details are incorrect, contact the entity’s authorized official.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
------	---	---	---	------

Create Profile

✓ Select Profile Type

② Register Entity

✓ Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

ⓧ Need help with the website?
Contact Us by email

Confirm Entity

Below is the information for your selected entity. Review and confirm the entity identified below is correct. Select “Continue” button to begin creating your user profile.

Entity's Legal Name: ABCDE Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: BaltimoreState: Maryland

Zip Code: 21244Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 94-3728192

Doing Business As (DBA) Name: ABCDE Medical

Consolidated Report Type: I don't know whether my entity's data will be submitted in a consolidated report

Cancel

Back

Continue

Open Payments User Guide

Step 5: Select “I accept” for roles you accept and “I do not accept” for roles you do not accept. If you reject all roles for which you have been nominated, press “Continue” after selecting “I do not accept” for all roles. The system will ask you if you’re sure you want to reject these roles. If you confirm your choice to reject all roles, you will exit the system and the nominator will receive an email that you rejected the nominations. The nominator will then be allowed to nominate other people for the roles.

If you accept one or all roles and select “Continue”, you will continue the nomination confirmation process.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
------	---	---	---	------

Create Profile

✓ Select Profile Type

② Register Entity

✓ Search Nomination

✓ Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Confirm Nomination

You have been nominated for one or more user roles listed below. There are three user roles in the Open Payments system:

- Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

ABCDE Medical

Review, accept or reject your nominated role(s). Select “Continue” button to review and complete your user profile.

*** Confirm Nominations:**

Officer	<input checked="" type="radio"/> Yes, I accept	<input type="radio"/> No, I do not accept
Submitter	<input checked="" type="radio"/> Yes, I accept	<input type="radio"/> No, I do not accept
Attester	<input checked="" type="radio"/> Yes, I accept	<input type="radio"/> No, I do not accept

Cancel

Back

Continue

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Open Payments User Guide

Step 6: Review the entity information and personal profile. Select “Back” to go back and edit any personal information. If the entity information is not correct, select “Cancel” and contact your reporting entity’s authorized official. If the information is correct, select “Continue.”

Open Payments (Sunshine Act)

[Home](#)[Payments
View, Edit, Report \(Transfers of Value\)](#)[Manage Entities
Register, Edit, Nominate Roles](#)[My Profile
Account, Roles, Notifications](#)[Help](#)

Create Profile

✔ Select Profile Type

✔ Register Entity

✔ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

❓ Need help with the website?
Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select "Back" to navigate to the previous pages to correct any invalid information. Select "Continue" to submit your profile.

Entity's Legal Name: ABCDE Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 94-3728192

Doing Business As (DBA) Name: ABCDE Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Nominations:

Role	First Name	Last Name	Middle Name	Suffix (Jr., Sr., etc.)	Business Email Address
Officer	Jane	Doe			submitter@vipmail.com
Submitter	Jane	Doe			submitter@vipmail.com
Attester	Jane	Doe			submitter@vipmail.com

Cancel

Back

Continue


The following message will appear on-screen to confirm your acceptance of one or more user roles.


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Success Confirmed

You have successfully accepted your affiliation with ABCDE Medical.

You may now go to [Open Payments Home](#).

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this entity until it is vetted.

3.4b (4): How to Reject a Nomination

To reject a nomination, access the Open Payments system via the CMS Enterprise Portal using the registration ID and nomination ID provided in the notification email and follow the steps below to reject the nomination.

1. Follow steps 1 through 4 outlined in Section 3.4b (2) for accepting a nomination.
2. During step 5, select “No I do not accept” and select “Continue.”

Once you reject a nomination, you will be exited from the system and will be unable to perform any functions in Open Payments. The officer for that entity will receive an email notifying him or her of the rejection. The officer may nominate another individual for that role.

3.4b (5): Self-Nomination Overview

Self-nominations occur when a user nominates him or herself for a user role within the Open Payments system. The officer must approve this nomination before the nominee can perform any functions within the system. Users choosing to self-nominate in the system must also obtain EIDM credentials in order to access Open Payments. The following figure depicts the self-nomination process.

Figure 3.7 Self-Nomination Process



To self-nominate for a role in the Open Payments system, users must access the Open Payments system via the CMS Enterprise Portal, and use the reporting entity’s TIN/EIN in order to find the entity in the Open Payments system. Once the user has submitted their nomination request, the officer for that reporting entity will receive an email notification asking to approve the nomination. If the officer approves the nomination, the nominee will receive an email notification and be granted access to the system. Sections 3.4b (6) and 3.4b (7) below provide the steps required to complete the self-nomination process.

3.4b (6): Self-Nomination with a Registered Entity (First Time System Users)

Step 1: Access the Open Payments system via the CMS Enterprise Portal. The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



Open Payments User Guide

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

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

Step 3: Select the profile type “Applicable Manufacturer or Applicable GPO” and select “Continue.”

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk(*) is required.

* Required: Select the “I have a Nomination ID and Registration ID” link or the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

☒ Applicable Manufacturer or Applicable GPO

☐ Teaching Hospital

☐ Physician

----- OR -----

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Open Payments User Guide

Step 4: Enter the entity TIN/EIN that you want to associate yourself with. The TIN must be nine digits, with a dash after the second digit. Select “Lookup TIN/EIN.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

➡ Access the Open Payments User Guide

⓪ Need help with the website?
Contact Us by email

Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the "I have a submitted Entity Profile via Phase 1 Data Submission" hyperlink. If not, enter the entity's Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the "Other" option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the "Register Your Entity on Open Payments" link.

A field with an asterisk (*) is required.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

----- OR -----

Enter TIN/EIN:

* Required: Select the "I have a submitted Entity Profile via Phase 1 Email Submission" link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

Open Payments User Guide

Step 5: Select the correct entity from the list displayed and select "Continue." Note that if no entity is found, the entity has not yet been registered in the Open Payments system. You may register the entity in Open Payments (if you are a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization (GPO)), or contact a Chief Executive Officer or similar officer within your organization to request that he or she register the entity in the Open Payments system.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

➔ Access the Open Payments User Guide

ⓧ Need help with the website?
Contact Us by email

Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the "I have a submitted Entity Profile via Phase 1 Data Submission" hyperlink. If not, enter the entity's Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the "Other" option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the "Register Your Entity on Open Payments" link.

A field with an asterisk (*) is required.

* Required: Select the "I have a submitted Entity Profile via Phase 1 Email Submission" link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

----- OR -----

Enter TIN/EIN:

Lookup TIN/EIN

For the TIN/EIN entered above, the following entities were identified:

☒ EFGH Medical

☐ Other: I want to register a subsidiary or other affiliate with the same TIN/EIN

Cancel

Back

Continue


Open Payments User Guide


Step 6: Review and confirm the entity information displayed on screen. If any of the entity information is incorrect, contact an authorized official in the officer role. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ② Register Entity
- Entity Information
- Your Roles
- ③ Personal Information
- ④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Confirm Entity

Below is the information for your selected entity. Review and confirm the entity identified below is correct. Select “Continue” button to begin creating your user profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-I-I-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Consolidated Report Type: I don't know whether my entity's data will be submitted in a consolidated report

Cancel

Back

Continue

Open Payments User Guide

Step 7: Enter your personal information and select the roles for which you want to nominate yourself. Make sure that when entering information into free-form text boxes, the only [special characters](#) (i.e., non-alphanumeric characters) you use are those permitted by the system. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

✓ Entity Information

Your Roles

③ Personal Information

④ Review and Submit Profile

➔ Access the Open Payments User Guide

ⓘ Need help with the website?
Contact Us by email

Your Role

You must nominate yourself for one or more roles in the Open Payments system. There are three user roles:

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Review or update your Name, Business Email Address, and Business Telephone Number below.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* First Name:

John

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

Indicate your role(s) in the Open Payments system. Only an authorized official or authorized representative in the officer role may manage the access level of attesters, submitters, and other officers in the system. Your role is not confirmed until the authorized official or authorized representative in the officer role has approved your nomination. You will be notified via email once your nomination has been approved.

Highest Level of Role

☐ Officer

Reporting-related Roles

☒ Submitter

☒ Attester

Select “Continue” to begin creating your user profile.

Cancel

Back

Continue

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Open Payments User Guide

Step 8: On the “Enter Personal Information” screen, enter your personal information and business contact information. Required fields are marked with an asterisk. When entering a telephone number, be sure to place hyphens between the area code and prefix and the prefix and the last four digits. Once you have entered in all of the information, select “Continue.”

Open Payments (Sunshine Act)


Create Profile


✓ Select Profile Type

✓ Register Entity

③ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Enter Personal Information

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Your Name

* First Name:

John

* Last Name:

Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Your Business Contact Information

Enter your business or entity information.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* Business Email Address:

submitter@yopmail.com

* Business Telephone Number:

555-555-5555

* Job Title:

CFO

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

Cancel

Back

Continue

Open Payments User Guide

Step 9: Review the information entered in your profile. Select “Back” to go back and edit any incorrect information. When the information is correct, select “Continue.”

Open Payments (Sunshine Act)


Create Profile


✓ Select Profile Type

✓ Register Entity

✓ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Submitter/Attester	John	Doe			submitter@yopmail.com

Cancel

Back

Continue

Open Payments User Guide

The following on-screen message will appear to confirm your profile creation was successful.


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Success Confirmed

You have successfully requested to be affiliated with EFGH Medical

You may now go to [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this profile until your nomination is approved.

3.4b (7): Additional Self-Nomination with a Registered Entity (Returning System Users)


Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “My Profile” tab from the menu bar.


Open Payments (Sunshine Act)


Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email



Open Payments User Guide

Step 2: Select the “My Roles and Nominations” tab.

Open Payments (Sunshine Act)

[Home](#) | [Payments](#)
View, Edit, Report (Transfers of Value) | [Manage Entities](#)
Register, Edit, Nominate Roles | [My Profile](#)
Account, Roles, Notifications | [Help](#)

My Profile

[Overview](#) | [Profile Details](#) | [My Roles & Nominations](#)

This page contains information about your authorized role(s)

Profile Name

Susan Jones


Your Authorized Roles

Role:	Entity:	Status:
Submitter	ABCDE Medical	Approved
Attester	ABCDE Medical	Approved

Recent Notifications

There are no recent notifications for this profile.

[Access the Open Payments User Guide](#)
[Need help with the website? Contact Us by email](#)



Step 3: Select “Request a Role.”

[Home](#) | [Payments](#)
View, Edit, Report (Transfers of Value) | [Manage Entities](#)
Register, Edit, Nominate Roles | [My Profile](#)
Account, Roles, Notifications | [Help](#)

Open Payments (Sunshine Act)

My Profile

[Overview](#) | [Profile Details](#) | [My Roles & Nominations](#)


Below are your user roles for each entity with which you are affiliated. You have the option to accept additional roles or request additional roles for your affiliated entities.

[Accept a Role](#) | [Request a Role](#)

My Roles

Role:	Name:	Status:
Submitter	ABCDE Medical	Approved
Attester	ABCDE Medical	Approved

[Access the Open Payments User Guide](#)
[Need help with the website? Contact Us by email](#)



Open Payments User Guide


Step 4: Enter the entity TIN/EIN and select “Lookup TIN/EIN.” The TIN must be nine digits, with a dash after the second digit (XX-XXXXXXX). Select the entity with which you want to associate yourself. Note that if no entity is found, the entity has not yet been registered in the Open Payments system. You will either need to register this entity as the authorized official, or contact an officer within your organization to register the entity in the Open Payments system.


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

- ✓ Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

 Access the Open Payments User Guide

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Entity Lookup

If you have submitted your entity profile via Phase 1 data submission, click on the “I have a submitted Entity Profile via Phase 1 Data Submission” hyperlink. If not, enter the entity’s Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) below to associate yourself with a registered entity.

After entering the TIN/EIN, the Open Payments system may return entities already registered in the system. If so, select the entity you want to be affiliated with and continue creating your profile. If the entities returned do not correspond with the entity you wish to be affiliated with, select the “Other” option.

If the entered TIN/EIN is not currently registered within the Open Payments system, you will have the option to register your entity by selecting the “Register Your Entity on Open Payments” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a submitted Entity Profile via Phase 1 Email Submission” link or the TIN/EIN in the following format XX-XXXXXXX you wish to be associated with.

[I have a submitted Entity Profile via Phase 1 Data Submission](#)

----- OR -----

Enter TIN/EIN:

Lookup TIN/EIN

For the TIN/EIN entered above, the following entities were identified:

- ☒ EFGH Medical
- ☐ Other: I want to register a subsidiary or other affiliate with the same TIN/EIN

Cancel

BackContinue

Open Payments User Guide

Step 5: Review and confirm the entity information displayed on screen. If any of the entity information is incorrect, contact the authorized official in the role of officer to update the entity profile information. Select "Continue" to proceed.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

✓ Select Profile Type


② Register Entity


Entity Information

Your Roles

③ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

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Confirm Entity

Below is the information for your selected entity. Review and confirm the entity identified below is correct. Select "Continue" button to begin creating your user profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Consolidated Report Type: I don't know whether my entity's data will be submitted in a consolidated report

Cancel

Back

Continue

Open Payments User Guide

Step 6: Enter your personal information and select the roles you want to nominate yourself for. Make sure that when entering information into free-form text boxes, the only [special characters](#) (i.e., non-alphanumeric characters) you use are those permitted by the system. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

Create Profile

✓ Select Profile Type

2 Register Entity

✓ Entity Information

Your Roles

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

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Your Role

You must nominate yourself for one or more roles in the Open Payments system. There are three user roles:

- **Officer:** Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.
- **Submitter:** Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.
- **Attester:** Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only an attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Add the following personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information. Once completed, select the “Continue” button.

Note: Making changes here will not update your other CMS accounts such as Medicare, National Plan & Provider Enumeration System (NPPES), or EIDM.

A field with an asterisk (*) is required.

Review or update your Name, Business Email Address, and Business Telephone Number below.

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.

* First Name:

Jane

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

officer001@yopmail.com

* Business Telephone Number:

555-555-5555

Indicate your role(s) in the Open Payments system. Only an authorized official or authorized representative in the officer role may manage the access level of attesters, submitters, and other officers in the system. Your role is not confirmed until the authorized official or authorized representative in the officer role has approved your nomination. You will be notified via email once your nomination has been approved.

Highest Level of Role

☒ Officer

Reporting-related Roles

☒ Submitter

☒ Attester

Select “Continue” to begin creating your user profile.

Cancel

Back

Continue

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Open Payments User Guide

Step 7: Review the information entered in your profile. Select “Back” to go back and edit any incorrect information. When the information is correct, select “Continue.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

✓ Select Profile Type

✓ Register Entity

✓ Personal Information

④ Review and Submit Profile

 Access the Open Payments User Guide

?

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Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S®) Number:

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)?

I don't know whether my entity's data will be submitted in a consolidated report

Nominations:

Role:	First Name:	Last Name:	Middle Name:	Suffix (Jr., Sr., etc.):	Business Email Address:
Officer/Submitter/Attester	Jane	Doe			office001@yopmail.com

Cancel

Back

Continue

Open Payments User Guide


You will receive the following on-screen notification.


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

 Access the Open Payments User Guide

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Success Confirmed

You have successfully requested to be affiliated with EFGH Medical

You may now go to [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this profile until your nomination is approved.

3.4b (8): Approving Nominations (Officers Only)


Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “Manage Entities” tab from the menu bar on the Open Payments home page.


Open Payments (Sunshine Act)


Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

 Access the Open Payments User Guide

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Step 2: You will see a list of all of the reporting entities you are associated with. Select the entity for which you will be confirming the nominations.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Manage Entities

This page allows you to view and manage entities with which you are affiliated. Select an entity below to view the entity's profile information and manage the associated users. To register a new entity, select the "Register New Entity" button. Note: Only an authorized official or authorized representative in the Officer role can update the entity's profile information and manage associated users.

[Register New Entity](#)

Your Entities

Name:	Status:	Date Verified:
ABCDE Pharmaceuticals	Conditionally Active	06/04/2014 12:47:24
EFGH Medical	Conditionally Active	06/04/2014 13:05:18



Access the Open Payments User Guide



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Open Payments User Guide

Step 3: You will be taken to the “Entity Details” tab, which displays the profile details for the entity selected. Select the “Manage Roles” tab to continue with the nomination approval process.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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EFGH Medical

Entity Details	Manage Roles
----------------	--------------

This page provides the information for your selected entity. Only an authorized official or authorized representative in the officer role can update any incorrect information in the entity profile by clicking the “Update Entity” button.

[Update Entity](#)

Entity Information

Entity's Legal Name: EFGH Medical

Reporting Entity Type: Applicable Manufacturer

Business Type: Applicable manufacturer-drugs/biological

Food & Drug Administration (FDA) Establishment Identifier:

Data Universal Numbering System (D-U-N-S® Number):

URL of Parent Company: www.cms.gov

Business Address:

Country: United States

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore State: Maryland

Zip Code: 21244

Business Telephone Number: 555-555-5555

Business Ownership Information

Type of Ownership: Corporation

Taxpayer Identifier Number (TIN)/Employer Identification Number (EIN): 65-9853149

Doing Business As (DBA) Name: EFGH Medical

Is this entity part of a consolidated report (e.g., where an entity is reporting on behalf of another entity)? I don't know whether my entity's data will be submitted in a consolidated report

Points of Contact

The two identified points of contact will receive all important notification emails. Note: Entering an individual as a point of contact does not register that individual in the Open Payments system. Individuals must be registered in the system if they want to access the Open Payments system.

Primary Point of Contact


Name: John Doe Business Telephone Number: 555-555-5555


Title at the Entity: CEO Business Email Address: officer@yopmail.com

Backup Point of Contact

Name: Jane Doe Business Telephone Number: 555-555-5555

Title at the Entity: Director Business Email Address: submitter@yopmail.com

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Open Payments User Guide

Step 4: View the nominations waiting for approval. To approve the nominations with no changes, select “Approve” next to the name and role. The status will change directly on screen from “Requested” to “Approved.” If you need to modify the nomination, select “Modify.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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EFGH Medical

Entity Details	Manage Roles
-----------------------	---------------------

This page allows you to manage user roles for the entity or nominate a new role by clicking on the "Nominate New Role" button below. Note: Only an authorized official or authorized representative in the officer role is able to view/edit all authorized representatives' user roles.

Nominate New Role

Name:	Role:	Status:	Actions:
Kevin Miller	Submitter	Requested	Modify Approve
Kevin Miller	Attester	Requested	Modify Approve
Karen Miller	Officer	Conditionally Active	Modify
Karen Miller	Submitter	Requested	Modify Approve
Karen Miller	Attester	Requested	Modify Approve
Jane Doe	Officer	Nominated	Modify Approve
Jane Doe	Submitter	Nominated	Modify Approve
Jane Doe	Attester	Nominated	Modify Approve



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Open Payments User Guide

You may modify the nomination prior to approval. This can be done by overriding the information submitted directly on the screen. You may modify the roles the user has requested by checking or unchecking each user role box accordingly. Once you have modified the nomination, select “Submit.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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EFGH Medical

Entity Details

Manage Roles

Jane Doe

Note: The Business Telephone Number must be in the following format XXX-XXX-XXXX.
A field with an asterisk (*) is required.

* First Name: Middle Name:

* Last Name: Suffix (Jr., Sr., etc.):

* Business Email Address: * Business Telephone Number:

* Indicate the role or roles this person will have:


☒ Officer
☒ Submitter
☐ Attester


Business Address, Line 1:


Business Address, Line 2:

City Name: State:

Zip Code:

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Open Payments User Guide

The following on-screen confirmation message will appear. The nomination status has now changed to “Nomination Approved.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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EFGH Medical

Entity Details	Manage Roles
-----------------------	---------------------

This page allows you to manage user roles for the entity or nominate a new role by clicking on the "Nominate New Role" button below. Note: Only an authorized official or authorized representative in the officer role is able to view/edit all authorized representatives' user roles.

You have completed the following:

You have successfully submitted Role Information

Nominate New Role

Name:	Role:	Status:	Actions:
Kevin Miller	Submitter	Requested	Modify Approve
Kevin Miller	Attester	Requested	Modify Approve
Karen Miller	Officer	Conditionally Active	Modify
Karen Miller	Submitter	Requested	Modify Approve
Karen Miller	Attester	Requested	Modify Approve
Jane Doe	Officer	Nomination Approved	Modify
Jane Doe	Submitter	Nomination Approved	Modify



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Section 3.5: Vetting

Vetting is the process of verifying an applicable manufacturer's or applicable GPO's corporate identity. This is done to ensure that the applicable manufacturer or applicable GPO is a valid reporting entity. All applicable manufacturers and applicable GPOs registering in the Open Payments system will be vetted. Vetting occurs once the authorized official has completed his or her profile and submitted his or her registration in the Open Payments system. **Note that entity registration is not considered complete until the vetting process has been successfully completed.**

3.5a: Entity Vetting

Vetting of an applicable manufacturer or applicable GPO is an automated process. The automated vetting process will typically require little action from the user in order to complete it. Once the authorized official submits the entity and user profile, the vetting process begins. The process will attempt to vet the entity using the information provided in the entity profile.

If the vetting fails, the authorized official will be notified via email and have the opportunity to correct the information and resubmit the entity for vetting. The authorized official will have three attempts to successfully complete the automated vetting process for the entity. If the vetting fails three times, the authorized official will need to contact the Open Payments Help Desk to receive a "Conditionally Approved" status in order to gain access to the Open Payments system. "Conditionally Approved" status is given on a discretionary basis by the Open Payments Help Desk. This status will allow the authorized official and additional users to perform tasks within the system to remain compliant with the program, though it will be noted that the entity could not be successfully vetted.

If the authorized official believes all of the information provided in the entity profile is correct and the entity should have been successfully vetted, the authorized official can contact the Open Payments Help Desk at any time during the vetting process for assistance at openpayments@cms.hhs.gov or 1-855-326-8366.

Note: If the Open Payments Help Desk does not assign the entity the "Conditionally Approved" status, the entity vetting status will remain as "Failed Vetting" in the Open Payments system and users associated with the reporting entity will not be able to perform any action in the system.

3.5b: Vetting Timeframe

The automatic vetting process normally takes a short time. Nevertheless, the process could take longer, depending on the information provided by the user and the number of entities undergoing vetting at the same time. CMS encourages authorized officials to register and begin the vetting process as early as possible to allow sufficient time for vetting to be completed.

Data Submission and Attestation

Chapter 4: Data Submission and Attestation

This chapter on data submission and attestation provides detailed information on how applicable manufacturers and applicable GPOs are able to submit payments or other transfers of value, and ownership or investment interest information, to the Open Payments system. The Open Payments system provides two data entry and submission options: (1) bulk data entry via XML or CSV files, or ZIP file that contains XML or CSV file uploads for both individual and consolidated reports, and (2) manual data entry via a Graphic User Interface (GUI).

This chapter is divided into the following sections:

- **Data Submission Phases 1 and 2**, contains information on the two phases of data submission for the Open Payments system in program year 2013.
- **Instructions, Sample Files, and Data Mapping**, contains information on the types and locations of data submission resources.
- **Bulk File Upload** contains information and instructions for the preparation and upload of XML or CSV files (or ZIP files containing XML or CSV files) for submission through the Open Payments system.
- **Manual Data Entry Using the Graphic User Interface** contains information about submitting information to the Open Payments system through a graphical user interface.
- **Final Submission of Payments** contains information about the final data submission process after all records are uploaded and ready for submission.
- **Third Party Data Submitters** contains information about the use of third parties by entities to submit data to the Open Payments system.
- **Consolidated Reporting** contains information about entities under common ownership having their data collectively submitted by one entity in the group in consolidated reports.
- **Data Submission Errors** contains information about how to understand error reporting and how to correct errors in submitted records.
- **Attestation and Assumptions** contains information about the attestation to the accuracy of data submitted to Open Payments.

Figure 4.1 provides an overview of the data and submission attestation process for the 2013 program year.

Figure 4.1: The Four Steps of Data Submission and Attestation



Note: Applicable manufacturers and applicable GPOs must maintain all books, contracts, records, documents, and other evidence sufficient to enable the audit, evaluation, and inspection of the entity's compliance for five years from the date of publication. Data reporting is complete only after electronic attestation is received for the program year.

Section 4.1: Data Submission Phase 1

Data submission for program year 2013 was split into two phases. During Phase 1, which ended on March 31, 2014, authorized officials completed EIDM registration and requested access to the Open Payments system, and also sent an email to CMS with a CSV file that contained corporate profile information and aggregate 2013 data. Data elements requested in the CSV file are listed in **Figure 4.2**. The authorized official must have obtained their EIDM credentials prior to submitting any email information. See Section 3.2 for instructions on how to obtain EIDM credentials.

After the authorized official received his or her EIDM credentials, the official was able to delegate another individual within their entity to complete Phase 1 of data submission. **Regardless of who sent the Phase 1 email, the email submission must have contained the EIDM user name of the authorized official who will register the entity in the Open Payments system when it becomes available.** The EIDM credentials must be for an entity's Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer who can legally represent the organization. The authorized official's EIDM user name will be used to match the email submission to the appropriate entity in the system once the system is available.

Authorized officials representing multiple entities within the Open Payments system were required to send a separate data submission email for each entity. Each of these emails contained its own unique CSV file that contained only a single entity's corporate information and aggregate data. Emails and/or CSV files that referenced multiple entities were rejected.

Figure 4.2: Required Content for Email Submission/CSV File

Entity Information	Payment Information
<ol style="list-style-type: none"> 1. Authorized official's EIDM user name 2. Registering entity legal name 3. Doing business as (DBA) name 4. Registering entity business type 5. Website address/uniform resource locator (URL) of parent company 6. Registering entity business address 7. Registering entity business telephone number 8. Consolidated report indicator (Y/N) 	<ol style="list-style-type: none"> 1. Aggregate information representing the first look at the applicable manufacturer's or applicable GPO's 2013 payment report: <ol style="list-style-type: none"> a. Category 1: Research Payments Aggregate Data: <ol style="list-style-type: none"> i. Total aggregate amount (in dollars) of payments or other transfers of value the applicable manufacturer or applicable GPO has provided to Covered Recipients of physician owners/investors during the reporting period. ii. Total number of payments or other transfers of value made. iii. Total number of covered recipients (unique/non-duplicate) or physician owners/investors that were recipients of the payments or other transfers of value during the reporting period. b. Category 2: Non Research Payments Aggregate Data: <ol style="list-style-type: none"> i. Total aggregate amount (in dollars) of payments or other transfers of value the applicable manufacturer or applicable GPO has provided to Covered Recipients of physician owners/investors during the reporting period. ii. Total number of payments or other transfers of value made. iii. Total number of covered recipients (unique/non-duplicate) or physician owners/investors that were recipients of the payments or other transfers of value during the reporting period. c. Ownership or Investment Interests Aggregate Data: <ol style="list-style-type: none"> i. Total number of physician owners/investors

Phase 1 emails were sent to CMS with the CSV file attached. Once the authorized official or other designee submitted the email, he or she received an email confirmation. No additional action needed to be taken until the Open Payments system became available in June 2014.

A Phase 1 Data Submission Instructions document can be found on the Open Payments website's Data Submission and Attestation (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>) page.

Section 4.2: Data Submission Phase 2

Phase 2 of the data submission process requires reporting entities to submit detailed information regarding payments or transfers of value made during the 2013 program year, and attest to the accuracy of the data. Reporting entities will submit data either through bulk file upload or manual data entry. Both submission options are covered later in this chapter. Note that only individuals holding the role of submitter may submit the data in the Open Payments system and only individuals holding the role of attester may attest to the data.

Beginning in early June, 2014, applicable manufacturers and applicable GPOs may start Phase 2 data submission, which will be completed in two steps.

Step 1: Early June through June 30, 2014. Authorized officials of applicable manufacturers and applicable GPOs are required to:

- Complete Open Payments system registration for themselves and their reporting entity;
- Confirm the accuracy of the reporting entity profile data submitted for Phase 1; and
- Delegate roles and responsibilities by nominating system users to fill specific user roles.

During this period, system users in the role of submitter should:

- Perform test file uploads and submit data files to validate the file structure and contents of the file (for more detail on this process, review the Phase 2 Instructions document (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Phase-2-Instructions-Documents-%5bMay-2014%5d.pdf>)); and
- Use the error report produced by the Open Payments system to fix any data errors in submitted files.

Once the data files have been successfully uploaded and validated at this step, move on to Step 2.

Step 2: June 9 through June 30, 2014. The Open Payments system will also allow:

- Submitters to perform final data submission; and
- Attesters to attest to the accuracy of their submitted detailed 2013 payment or other transfer of value data, or ownership/investment interest data.

All Phase 2 activities (Steps 1 and 2) must be completed by June 30, 2014. Review the Phase 2 Instructions document for a detailed guide to Phase 2 timing and activities. This document is available

on the Program Registration and Data Submission and Attestation pages of the Open Payments website (<http://go.cms.gov/openpayments>) .

For program year 2013, CMS will not enforce penalties for reporting non-compliance until after the close of Phase 2 registration and data submission.

This phased approach to Open Payments registration and data submission is for the 2013 program year **only** (data collected between August 1, 2013 and December 31, 2013).

Section 4.3: Instructions, Sample Files, and Data Mapping

Chapter 2 of this Guide presents detailed descriptions of the information that must be collected for reporting by reporting entities.

This section provides details on how to submit that collected data through bulk upload. The XSD file (XML Schema Definition), and XML and CSV sample files, plus a bulk data submission instruction document are available on the Open Payments Data Submission and Attestation page (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>). The schema and sample files define the exact format and layout of the files accepted in the Open Payments system. The instructions document explains how to use the XSD (XML Schema Definition) document and sample files, as well as a mapping of each data field in the sample files to the data elements. Please refer to the Submission Data Mapping Document to see the mapping of each data element (previously included in the Submission File Specifications) to the appropriate XML and CSV field names. These documents provide users with all of the information needed for the purposes of Open Payments and data formatting and submission.

Using the Submission Data Mapping Document, the correct data element in the XML and CSV sample file can be populated with the entity's data. To map the data elements in the mapping document to the XML/CSV sample files, follow these steps:

1. Download the Submission Data Mapping Document from the Open Payments website. The data element name identified in column B can be used to map to the field name used in the XML and CSV sample files.
2. If an XML file is being submitted, map the data element name listed in the Data Element Name column to XSD Element Name column.
3. If a CSV file is being submitted, map the data element name listed in the Data Element Name column to CSV Element Name column.

4.3a: Creating CSV and XML Files

CSV and XML file formats are the only two file formats accepted by the Open Payments system for bulk file upload (or ZIP files that contain XML or CSV files). The selected file type must be prepared and formatted properly for successful submission. Check with your entity's IT department if you are unsure which file format to use. For more detailed information, you can refer to the "Phase 2 CSV and XML Tutorial: Preparing Files for Data Submission" webinar (<https://event.webcasts.com/starthere.jsp?ei=1033506>) on the Open Payments website.

Bulk data files may not exceed 250MB in size. If the data in your file exceeds that limit, you can split the data into more than one data file. Note that the Open Payments system also accepts CSV or XML data files that have been compressed into a ZIP file if the file is under 250MB after compression.

There are no system limitations to the number of data lines or rows that can be included in a file. The Submission Data Mapping Document can be used to reference the data elements, data element descriptions, and expected size/format/name.

4.3b: CSV Files

There are many applications that can be used to prepare CSV files. Two applications covered in the Phase 2 CSV and XML Tutorial: Preparing Your Files for Data Submission, are Excel and Open Office.

When creating CSV files using Excel on a Windows-based computer, you must first update the computer's regional settings to display "pipe" as the field delimiter instead of "comma." You can find the regional settings in your computer's Control Panel under *Region and Language* -> *Additional Settings* -> *List Separator*. Once this is complete, you can then create the pipe by holding down the shift key and pressing backslash (i.e., "\"). Please note that this "regional setting" change is not necessary when using Open Office.

When using Excel on a Windows-based computer, load an applicable CSV sample file downloaded from the Open Payments website. Next, enter required data within the columns, "auto-fit" the columns to make all data visible to ensure the data is entered correctly, and save the file. Be sure to save the file in the file format of "CSV" (Excel default is either ".XLS" or ".XLSX").

When using Open Office on either a Macintosh or Windows-based computer, first open the sample file downloaded from the Open Payments website. When the Text Import window opens, one of the options you will see is "Separators." Ensure that the button for "Other" is checked and press the "shift" and "\" keys to create the pipe as the separator in the "Other" field. Once this is done, enter required data within the columns, Ensure all data has been entered correctly and save the file. You must save the file as a CSV file.

Whether you are using Excel or Open Office, it is important to perform the following final checks before submitting your file:

- Open the CSV file in a text editor (Notepad for Windows, Text Editor for Macintosh) and confirm that the rows are delimited with pipes; and
- Ensure that rows of data are not contained within quotation marks to avoid the data being rejected by the system.

4.3c: XML Files

When creating XML files, use the Open Payments XSD document with a programming application such as integrated development environments. Acceptable programming applications are available on the internet, but if you are not familiar with creating XML files, you should contact your reporting entity's IT department for assistance.

The Submission Data Mapping Document can be used to reference the data elements, data element descriptions, and expected size/format/name of each XSD element. Refer to both the Submission Data Mapping Document and XSD (XML Schema Definition) document for all XML formatting questions. You must save the file with the suffix “.XML”, and the file name cannot exceed 50 characters.

Section 4.4: Bulk File Upload

The Open Payments system allows applicable manufacturers and applicable GPOs to submit payment or other transfers of value, and ownership or investment interest information via bulk file uploads. Files can be submitted as an individual entity submitting a single report or as a consolidated report on behalf of multiple entities (see Section 4.7 for information on Consolidated Reporting). There are two types of file formats that can be used for bulk data upload into the Open Payments system: XML or CSV (or ZIP file containing one of these file types). The files listed below can be downloaded from the Open Payments Data Submission and Attestation page (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>).

1. XML

Payments.xsd is the XSD (XML Schema Definition) document available for download for XML file validation. Use the XSD document for all three reporting categories. The reporting entity should download the XML Schema Definition document plus the sample XML file(s) for the type of payments being submitted.

- General Sample File XML – To be used for general payment submissions
- Research Sample File XML – To be used for research payment submissions
- Owner/Investor Sample File XML – To be used for ownership/investment information submissions.

2. CSV

There are three CSV sample files available for download for submitting Open Payments data. These sample files correspond to the three reporting categories.

- General Sample File CSV – To be used for general payment submissions
- Research Sample File CSV – To be used for research payment submissions
- Owner/Investor Sample File CSV – To be used for ownership/investment information submissions.

Please refer to the Bulk Data Upload Instructions on the Open Payments website for directions on how to prepare and upload each file type.

Note: Applicable manufacturers and applicable GPOs can submit test submissions to test the format validity of the files being uploaded. This function is provided solely for the purposes of ensuring submission files follow the correct submission format. Test data is not retained in the system and is not included in the data submission. Submission of a test file will be covered in the appropriate steps below.

4.4a: Bulk File Upload Instructions

Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “Payments” tab.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Welcome to the Open Payments System

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Step 2: You will be brought to the “Payments Overview Page.” Select the “Bulk File Upload (CSV or XML)” option to begin the bulk upload process. Complete the “Upload Files Page.” Select the payment category for the type of file being submitted: General, research, or ownership/investment interest. Then select the entity for which you will be uploading the files and the program year of the data. Browse and select the file that is to be uploaded.

You may only submit one file at a time. If you have multiple files to upload, repeat the bulk upload process for each file.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Upload Payments

To submit your payment file follow the steps identified below. Prior to uploading your payment file, ensure that the file is in a valid file format (.csv, .xml, or .zip) and conforms to the file specifications. If needed, you may download the latest Open Payments submissions sample files available on the right side of the page.

- 1 – Select the appropriate payment category, entity, and program year for which your payments apply.
- 2 – Select the “Browse” button to locate and select your file.

Once the file is selected, you have the option to submit as a test file or directly to the Open Payments system. Note that submitting your file as a test will verify that the file is correctly formatted, but the records will not be saved in the Open Payments system for review. Submitting as a test file is an optional step. If you select the “Submit File to Open Payments” button, in addition to validating the file format, the records within the file will be submitted for validation and will be viewable within the Open Payments system.

When you upload a payment file, you must first identify the payment category. You can upload more than one file, but no file can be larger than 250 MB.

* Payment Category:
General Payments

* Entity:
ABCDE Pharmaceuticals

* Program Year:
2013

* File:
C:\Users\jdoyle\Desktop\ReSub_opani Browse...

Must be a valid .csv, .xml, or .zip file. Maximum of 250MB per file.

Submit as Test File

Submit File to Open Payments

Access the Open Payments User Guide

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Download the Reporting Templates

The most recent versions of the reporting template files are below.

XML Templates

- Open Payments Research Template.xml
- Open Payments General Template.xml
- Open Payments OwnerInvestor Template.xml

CSV Templates

- Open Payments Research Template.csv
- Open Payments General Template.csv
- Open Payments OwnerInvestor Template.csv

Download All Templates

- Open Payments Templates

Cancel

Open Payments User Guide

Step 3: After you have entered this information, you may select from two buttons: “Submit as Test File” or “Submit File to Open Payments.”

Files submitted as test files are not uploaded for reporting purposes or kept on the system. The system instead checks the file for the following:

- The file is in a valid CSV, XML, or zip file format;
- The file is smaller than 250 MB;
- The file header is present; and
- The file template and payment category, which you selected at upload, match.

The Open Payments system will display test results on the screen. To upload the file for reporting, select the “Submit File to Open Payments” button. The file will first undergo the same checks as a test submission. The file will then undergo file validation, where the system will check that the information contained in the file adheres to the size and character restrictions given in the Submission Data Mapping Document, available on the Data Submission and Attestation page of the Open Payments website (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>).

You will receive an email that will provide you with the overall results of the validation, as well as general instructions on how to correct records that failed validation. Records that fail validation must be corrected before the final submission process. See Section 4.10 for details on record correction and resubmission.

Take note that the data has only been uploaded to the system; it has not yet been submitted as final into the Open Payments system. Performing bulk file upload only uploads the file and checks each record to ensure that it adheres to a valid data format. Final data submission can only take place once all records are error free and in “Ready for Submission” status. See Section 4.6 for details on final submission.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Upload Payments

To submit your payment file follow the steps identified below. Prior to uploading your payment file, ensure that the file is in a valid file format (.csv, .xml, or .zip) and conforms to the file specifications. If needed, you may download the latest Open Payments submissions sample files available on the right side of the page.

- 1 – Select the appropriate payment category, entity, and program year for which your payments apply.
- 2 – Select the "Browse" button to locate and select your file.

Once the file is selected, you have the option to submit as a test file or directly to the Open Payments system. Note that submitting your file as a test will verify that the file is correctly formatted, but the records will not be saved in the Open Payments system for review. Submitting as a test file is an optional step. If you select the "Submit File to Open Payments" button, in addition to validating the file format, the records within the file will be submitted for validation and will be viewable within the Open Payments system.

When you upload a payment file, you must first identify the payment category. You can upload more than one file, but no file can be larger than 250 MB.

Your file has been successfully uploaded.

* Payment Category:

General Payments

* Entity:

ABCDE Pharmaceuticals

* Program Year:

2013

* File:


C:\Users\jjdoyle\Desktop\ReSub_opani Browse...


Must be a valid .csv, .xml, or .zip file. Maximum of 250MB per file.

Submit as Test File

Submit File to Open Payments

Cancel




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Download the Reporting Templates

The most recent versions of the reporting template files are below.


XML Templates

-  [Open Payments Research Template.xml](#)
-  [Open Payments General Template.xml](#)
-  [Open Payments OwnerInvestor Template.xml](#)

CSV Templates

-  [Open Payments Research Template.csv](#)
-  [Open Payments General Template.csv](#)
-  [Open Payments OwnerInvestor Template.csv](#)

Download All Templates

-  [Open Payments Templates](#)

Section 4.5: Manual Entry Using the Graphic User Interface

The Open Payments system provides the ability to enter information regarding individual payments or other transfers of value through an online interface. The Submission Data Mapping Document, available on the Data Submission and Attestation page of the Open Payments website, (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>) provides guidance and descriptions on each of the fields that will be entered during the manual data entry process. It is suggested that submitters have this document available during manual entry to refer to for questions related to the data fields and descriptions.

4.5a: Manual Entry of General Payments

To enter general payments data manually, follow these steps:


Step 1: Access the Open Payments system via the CMS Enterprise Portal and select the “Payments” tab from the home page.


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Welcome to the Open Payments System

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Open Payments User Guide

Step 2: Select “Manual Data Entry” from the Payments Overview page. On the “Enter Records Manually” page, use the drop-down menus to select the Payment Category, Entity Name, Program Year, and enter in the Home System Payment ID (if applicable). The Home System Payment ID refers to the identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Records Manually

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system

A field with an asterisk (*) is required.

* Payment Category:
General Payments


* Entity:
ABCDE Medical

* Program Year:
2013


Home System Payment ID:

Cancel


Continue



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Step 3: Select the covered recipient type: physician or teaching hospital.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

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Enter Payments Manually


1 Recipient Demographic Information

2 Associated Drug, Device, Biologics, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 General Record Information

5 Review and Submit

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?

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Covered Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

Note: Telephone numbers must be in the following format XXX-XXX-XXXX for a United States address. For Foreign Country addresses, Telephone numbers can be up to 20 numbers (characters are not allowed.)

A field with an asterisk (*) is required.

* Covered Recipient Type:

Please Select

Please Select

Physician

Teaching Hospital

Cancel

Back

Continue

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Step 4: The next few screens will differ depending on the covered recipient type selected. For teaching hospitals, enter information as requested on the screen below. Required fields are marked with asterisks. For a list of all teaching hospitals, refer to the Teaching Hospital page on the Open Payments website (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Teaching-Hospitals.html>). The name entered in the “Teaching Hospital Name” field should match the name listed in the teaching hospital list.

Open Payments (Sunshine Act)

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Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 General Record Information

5 Review and Submit

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Covered Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

Note: Telephone numbers must be in the following format XXX-XXX-XXXX for a United States address. For Foreign Country addresses, Telephone numbers can be up to 20 numbers (characters are not allowed.)

A field with an asterisk (*) is required.

* Covered Recipient Type:
Teaching Hospital

* Teaching Hospital Name:
ABCDE Hospital

* Teaching Hospital Taxpayer ID Number (TIN):
111111111

* Recipient Country:
United States

* Recipient Business Street Address Line 1:
7500 Security Blvd

Recipient Business Street Address Line 2:

* Recipient City:
Baltimore

* Recipient State:
Maryland

* Recipient Zip Code:
21244

Recipient Email Address:

Cancel

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Continue

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For physicians, enter information as requested on the screen below. Required fields are marked with asterisks. Please note that physician license numbers entered into the Open Payments system cannot contain special characters (i.e., non-alphanumeric characters) and any special characters in the license number should be ignored. For a list of the available physician taxonomy codes, refer to the Medicare Provider/Supplier to the [Healthcare Provider Taxonomy list in Appendix C](#). Specialty codes that are not on the taxonomy code list may not be entered.

Open Payments (Sunshine Act)

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Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 General Record Information

5 Review and Submit

Access the Open Payments User Guide

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Covered Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

Note: Telephone numbers must be in the following format XXX-XXX-XXXX for a United States address. For Foreign Country addresses, Telephone numbers can be up to 20 numbers (characters are not allowed.)

A field with an asterisk (*) is required.

* Covered Recipient Type:
Physician

* Physician First Name:
John

* Physician Last Name:
Doe

* Recipient Country:
United States

* Recipient Business Street Address Line 1:
7500 Security Blvd

Recipient Business Street Address Line 2:

* Recipient City:
Baltimore

* Recipient State:
Maryland

* Recipient Zip Code:
21244

Recipient Email Address:

* Physician Primary Type:
Medical Doctor

Note: The NPI is a ten-digit number.
Physician NPI:

Note: Refer to the Open Payment User Guide for the list of the available taxonomy codes that can be entered for the Physician Specialty field.
* Physician Specialty:
208D00000X

Enter the physician license state and number. To enter an additional license, select the "Add Another Physician License State and Number" link. When complete, click "Add State and License Number" to save the information.
* Physician License State:
District Of Columbia

* Physician License Number:
9876598765

+ Add Another Physician License State and Number

Cancel

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Continue

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Step 5: Enter product information. Select the product indicator for covered, non-covered, none, or combination. “Covered” is to be used when reporting only payments or other transfers of value related to covered drugs, biologicals, devices, or medical supplies. “Non-covered” is to be used when reporting payments or other transfers of value related to only non-covered drugs, biologicals, devices, or medical supplies. “None” is to be used when the reported payment was not made in relation to a drug, biological, device, or medical supply. “Combination” is to be used when reporting payments or other transfers of value related to a combination of both covered and non-covered drugs, biologicals, devices, or medical supplies.

Then enter National Drug Codes (NDCs) for up to five covered drugs or biologicals to be included in this record. NDCs are unique identifiers with ten alphanumeric characters and made up of three segments. These segments can be separated by dashes, though they do not have to be. As a result, the NDC must be in one of the following formats to be accepted by the Open Payments system:

- 12B45678A0
- 12B4-5678-A0
- 12B45-678-A0
- 12B45-678A-0

NDCs entered that do not match one of these four formats will not be accepted. NDCs can be found on the U.S. Food and Drug Administration’s website at <http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm>.

Enter the names of the drugs or biologicals associated with those NDCs in the table on the bottom left of the screen. If you are submitting information for covered devices or medical supplies, provide their names in the fields on the bottom right of the screen.

Open Payments (Sunshine Act)

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Enter Payments Manually

✓ Recipient Demographic Information

② Associated Drug, Device, Biological, or Medical Supply Information

③ Transfer of Value (Payment) Information

④ General Record Information

⑤ Review and Submit



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Associated Drug, Device, Biological, or Medical Supply Information

Select the product indicator from the dropdown menu and then enter the applicable information for the associated drug, device, biological, or medical supply. If "Covered" or "Combination" is selected from the dropdown menu, you must enter either the name of the associated drug or biological, or the name of the associated covered device or medical supply. Optionally, you may enter the National Drug Code (NDC) of the associated covered drug or biological. When done, click the "Continue" button.

A field with an asterisk (*) is required.

* Product Indicator:

Covered

National Drug Code of Associated Covered Drug or Biological:

1. 3698727262

2. 3698727263

3.

4.

5.

* Required: Enter the name of the associated drug or biological, or name of the associated covered device or medical supply.

Name of Associated Drug or Biological:

1. Advil

2. Bayer

3.

4.

5.

-OR-

Name of Associated Covered Device or Medical Supply:

1.

2.

3.

4.

5.

Cancel

Back

Continue

Open Payments User Guide

Step 6: Enter payment information in the required fields: total amount of payment, date of payment (which for program year 2013 must fall between August 1 and December 31, 2013), the number of payments included in the total amount, the form of payment or other transfer of value, and the nature of payment or other transfer of value. Note that only positive dollar values are allowed when reporting payment amounts. Negative dollar values are not permitted. Select “Continue.”

Open Payments (Sunshine Act)

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Enter Payments Manually

✓ Recipient Demographic Information

✓ Associated Drug, Device, Biological, or Medical Supply Information

③ Transfer of Value (Payment) Information

④ General Record Information

⑤ Review and Submit

➔ Access the Open Payments User Guide

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General Payment or Other Transfer of Value Information

Enter the required payment or transfer of value information. Dollar amounts are to be entered in the following format and must not exceed 12 digits: [#####.##]. Note: Date of Payment must be entered in the following format yyyyymmdd. When done, click “Continue” button.

A field with an asterisk (*) is required.

Applicable Manufacturer or Applicable GPO Making Payment Name:
ABCDE Medical

Applicable Manufacturer or Applicable GPO Making Payment Registration ID:
100000009061

* Total Amount of Payment:
10000

* Date of Payment:
20131106

* Number of Payments Included in Total Amount: 1

* Form of Payment or Transfer of Value:
Cash or cash equivalent

* Nature of Payment or Transfer of Value:
Consulting Fee

Cancel

Back

Continue

Step 7a: Enter general record information for teaching hospitals. The “Contextual Information” box is a free-form text field where you can enter any information you deem helpful or appropriate regarding the payment or other transfer of value. The text field has a limit of 500 characters. If the “Delay in Publication of Research Payment” field is set to request a delay in publication, the Contextual Information box must include the name of the relevant research study.

Open Payments (Sunshine Act)

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Enter Payments Manually

✓ Recipient Demographic Information

✓ Associated Drug, Device, Biological, or Medical Supply Information

✓ Transfer of Value (Payment) Information

④ General Record Information

⑤ Review and Submit

➔ Access the Open Payments User Guide

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General Record Information

Enter additional information regarding your record below as applicable. Press “Continue to Review” to review all information entered for this record.

A field with an asterisk (*) is required.

* Third Party Payment Recipient Indicator:

No Third Party Payment

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator:

☐ Yes ☒ No

Third Party Equals Covered Recipient Indicator:

☐ Yes ☒ No

* Delay in Publication of Research Payment Indicator:

No Delay Requested

Contextual Information:

Cancel

Back

Continue to Review

Step 7b: Enter general record information for physicians. The “Contextual Information” box is a free-form text field where you can enter any information you deem helpful or appropriate regarding the payment or other transfer of value. The text field has a limit of 500 characters. If the “Delay in Publication of Research Payment” field is set to request a delay in publication, the Contextual Information box must include the name of the relevant research study.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

✓ Recipient Demographic Information

✓ Associated Drug, Device, Biological, or Medical Supply Information

✓ Transfer of Value (Payment) Information

④ General Record Information

⑤ Review and Submit

Access the Open Payments User Guide

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General Record Information

Enter additional information regarding your record below as applicable. Press “Continue to Review” to review all information entered for this record.

A field with an asterisk (*) is required.

* Physician Ownership Indicator:
☐ Yes ☒ No

* Third Party Payment Recipient Indicator:
No Third Party Payment

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator:
☐ Yes ☒ No

Third Party Equals Covered Recipient Indicator:
☐ Yes ☒ No

* Delay in Publication of Research Payment Indicator:
No Delay Requested

Contextual Information:

Cancel

Back

Continue to Review

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Step 8: Review the payment information entered in the previous screens. Select “Back” to go back and edit information. Select “Save Record” to continue.

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Register, Edit, Nominate Roles](#)[My Profile
Account, Roles, Notifications](#)[Help](#)

Enter Payments Manually

✓ Recipient Demographic Information

✓ Associated Drug, Device, Biological, or Medical Supply Information

✓ Transfer of Value (Payment) Information

✓ General Record Information

5 Review and Submit

Access the Open Payments User Guide

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Review and Save Page

Review the information for the payment or transfer of value. When done, click "Save Record" button.

Payment Submission Information

Payment Category: General Payments

Entity: ABCDE Medical

Program Year: 2013

Home System Payment ID:

Covered Recipient Demographic Information

Covered Recipient Type: Physician

Physician First Name: John Physician Middle Name:

Physician Last Name: Doe Physician Name Suffix:

Recipient Business Street Address Line 1: 7500 Security Blvd

Recipient Business Street Address Line 2:

Recipient City: Baltimore Recipient State: Maryland

Recipient Zip Code: 21244 Recipient Country: United States

Recipient Email Address:

Physician Primary Type: Medical Doctor

Physician NPI:

Physician Specialty: 200D00000X

Physician License State: District Of Columbia Physician License Number: 9876543210

Physician License State: Physician License Number:

Physician License State: Physician License Number:

Physician License State: Physician License Number:

Physician License State: Physician License Number:

Associated Drug, Device, Biological, or Medical Supply Information

Product Indicator: Covered

National Drug Code of Associated Covered Drug or Biological: 1, 368727262 2, 368727263

Name of Associated Drug or Biological: 1, Advil 2, Bayer

Name of Associated Covered Device or Medical Supply:

General Payment or Other Transfer of Value Information

Applicable Manufacturer or Applicable GPO Making Payment Name: ABCDE Medical

Applicable Manufacturer or Applicable GPO Making Payment Registration ID: 100000000001

Total Amount of Payment: \$10,000.00 Date of Payment: 20131105

Number of Payments Included in Total Amount: 1

Form of Payment or Transfer of Value: Cash or cash equivalent

Nature of Payment or Transfer of Value: Consulting Fee

General Record Information

Physician Ownership Indicator: N

Third Party Payment Recipient Indicator: No Third Party Payment

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator: N

Third Party Equals Covered Recipient Indicator: N

Delay in Publication of Research Payment Indicator: No Delay Requested

Contextual Information:

[Cancel](#)[Back](#)[Save Record](#)

A confirmation message will be displayed on-screen to confirm that the record of the payment or other transfer of value has been saved and is being processed.

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Record Saved Successfully

You have successfully saved a record for 2013, General Payments - ABCDE Medical. To view your record detail select "Go to Review Records" button. To add a new record, select "Add Another Record" button.

Note: Entering a payment or transfer of value and saving the record is not considered a "final submission". The final submission of an entity's payments or transfers of value must be attested by the entity's attester.

[Add Another Record](#)

[Go to Review Records](#)



[Access the Open Payments User Guide](#)



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See Section 4.6, "Final Submission of Data," for the next steps.

4.5b: Manual Entry of Research Payments

To enter research payment data manually, follow these steps:

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Payments” tab from the home page.

Step 2: Select “Manual Data Entry” from the Payments Overview page. On the “Enter Records Manually” page, use the drop-down menus to select the Payment Category, Entity Name, Program Year, and enter in the Home System Payment ID (if applicable). The Home System Payment ID refers to the identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system. Select “Continue” to proceed.

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Enter Records Manually

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system


A field with an asterisk (*) is required.

* Payment Category:


* Entity:

* Program Year:


Home System Payment ID:



Access the Open Payments User Guide



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Step 3: Select the recipient type: covered recipient physician, covered recipient teaching hospital, non-covered recipient entity, or non-covered recipient individual.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

- 1 Recipient Demographic Information
- 2 Associated Drug, Device, Biological, or Medical Supply Information
- 3 Transfer of Value (Payment) Information
- 4 General Record Information
- 5 Review and Submit

Access the Open Payments User Guide

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Covered Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

Note: Telephone numbers must be in the following format XXX-XXX-XXXX for a United States address. For Foreign Country addresses, Telephone numbers can be up to 20 numbers (characters are not allowed.)

A field with an asterisk (*) is required.

* Covered Recipient Type:

Please Select
Please Select
Physician
Teaching Hospital

Cancel

Back

Continue

Open Payments User Guide

Step 4a: For covered recipient teaching hospitals, enter information as requested on the screen below. Required fields are marked with asterisks. For a list of all teaching hospitals, refer to the Teaching Hospital page on the Open Payments website (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Teaching-Hospitals.html>). The name entered in the “Teaching Hospital Name” field should match the name listed in the teaching hospital list.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 Review and Submit

Access the Open Payments User Guide

Need help with the website?
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Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

A field with an asterisk (*) is required.

* Recipient Type:
Covered Recipient Teaching Hospital

* Covered-Recipient Teaching Hospital Name:
LMNO Teaching Hospital

* Covered Recipient Teaching Hospital Taxpayer ID Number (TIN):
22222222

* Recipient Country:
United States

* Recipient Business Street Address Line 1:
7500 Security Blvd

Recipient Business Street Address Line 2:

* Recipient City:
Baltimore

* Recipient State:
Maryland

* Recipient Zip Code:
21244

Recipient Email Address:

Cancel

Back

Continue

Open Payments User Guide

Step 4b: For covered recipient physicians, enter information as requested on the screen below. Required fields are marked with asterisks. Please note that physician license numbers entered into the Open Payments system cannot contain special characters (i.e., non-alphanumeric characters) and any special characters in the license number should be ignored. For a list of the available physician taxonomy codes, refer to the Medicare Provider/Supplier to the [Healthcare Provider Taxonomy list in Appendix C](#). Specialty codes that are not on the taxonomy code list may not be entered.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 Review and Submit

Access the Open Payments User Guide

Need help with the website?
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Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

A field with an asterisk (*) is required.

* Recipient Type:
Covered Recipient Physician

* Covered Recipient Physician First Name:
John

Covered Recipient Physician Middle Name:

* Covered Recipient Physician Last Name:
Doe

Covered Recipient Physician Name Suffix:

* Recipient Country:
United States

* Recipient Business Street Address Line 1:
7500 Security Blvd

Recipient Business Street Address Line 2:

* Recipient City:
Baltimore

* Recipient State:
Maryland

* Recipient Zip Code:
21244

Recipient Email Address:

* Covered Recipient Physician Primary Type:
Medical Doctor

Note: The NPI is a ten-digit number.
Covered Recipient Physician NPI:

Note: Refer to the Open Payment User Guide for the list of the available taxonomy codes that can be entered for the Physician Specialty field.
* Covered Recipient Physician Specialty:
208D00000X

Enter the physician license state and number. To enter an additional license, select the "Add Another Physician License State and Number" link. When complete, click "Add State and License Number" to save the information.

* Covered Recipient Physician License State:
Massachusetts

* Covered Recipient Physician License Number:
67895678

+ Add Another Physician License State and Number

Cancel

Back

Continue

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Open Payments User Guide

Step 4c: For non-covered recipient entities, enter information as requested on the screen below. Required fields are marked with asterisks.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

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Help

Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 Review and Submit

Access the Open Payments User Guide

Need help with the website?
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Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

A field with an asterisk (*) is required.

* Recipient Type:
Non-covered Recipient Entity

* Non-Covered Recipient Entity Name:
John Doe

* Recipient Country:
United States

* Recipient Business Street Address Line 1:
7500 Security Blvd

Recipient Business Street Address Line 2:

* Recipient City:
Baltimore

* Recipient State:
Maryland

* Recipient Zip Code:
21244

Recipient Email Address:

Cancel

Back

Continue

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Step 4d: For non-covered recipient individuals, make the appropriate selection from the drop-down on the “Recipient Demographic Information” page and select “Continue.”

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

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Help

Enter Payments Manually

1 Recipient Demographic Information

2 Associated Drug, Device, Biological, or Medical Supply Information

3 Transfer of Value (Payment) Information

4 Review and Submit

Access the Open Payments User Guide

Need help with the website?
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Recipient Demographic Information

Select the recipient type for the payment, transfer of value, or ownership or investment interest being made. Once the recipient type selection is made, enter the demographic information below.

A field with an asterisk (*) is required.

* Recipient Type:

Non-covered Recipient Individual

Cancel

Back

Continue

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Open Payments User Guide

Step 5: Enter product information. Select the product indicator for covered, non-covered, none, or combination. “Covered” is to be used when reporting only payments or other transfers of value related to covered drugs, biologicals, devices, or medical supplies. “Non-covered” is to be used when reporting payments or other transfers of value related to only non-covered drugs, biologicals, devices, or medical supplies. “None” is to be used when the reported payment was not made in relation to a drug, biological, device, or medical supply. “Combination” is to be used when reporting payments or other transfers of value related to a combination of both covered and non-covered drugs, biologicals, devices, or medical supplies.

Then enter National Drug Codes (NDCs) for up to five covered drugs or biologicals to be included in this record. NDCs are unique identifiers with ten alphanumeric characters and made up of three segments. These segments can be separated by dashes, though they do not have to be. As a result, the NDC must be in one of the following formats to be accepted by the Open Payments system:

- 12B45678A0
- 12B4-5678-A0
- 12B45-678-A0
- 12B45-678A-0

NDCs entered that do not match one of these four formats will not be accepted. NDCs can be found on the U.S. Food and Drug Administration’s website at <http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm>.

Enter the names of the drugs or biologicals associated with those NDCs in the table on the bottom left of the screen. If you are submitting information for covered devices or medical supplies, provide their names in the fields on the bottom right of the screen.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

✓ Recipient Demographic Information

② Associated Drug, Device, Biological, or Medical Supply Information

③ Transfer of Value (Payment) Information

④ Review and Submit

Access the Open Payments User Guide

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Associated Drug, Devices, Biological, or Medical Supply Information

Select the product indicator from the dropdown menu and then enter the applicable information for the associated drug, device, biological, or medical supply. If "Covered" or "Combination" is selected from the dropdown menu, you must enter either the name of the associated drug or biological, or the name of the associated covered device or medical supply. Optionally, you may enter the National Drug Code (NDC) of the associated covered drug or biological. When done, click the "Continue" button.

A field with an asterisk (*) is required.

* Product indicator:

Covered

NDC of Associated Covered Drug or Biological:

1. 6975482154669

2. 2534856747777

3.

4.

5.

* Required: Enter the name of the associated drug or biological, or name of the associated covered device or medical supply.

Name of Associated Drug or Biological:

1. Ranitidine

2. Bayer

3.

4.

5.

Name of Associated Covered Device or Medical Supply:

1.

2.

3.

4.

5.

-OR-

Cancel

Back

Continue

Step 6: Enter payment information in the required fields: total amount of payment, date of payment (which for program year 2013 must fall between August 1 and December 31, 2013), the number of payments included in the total amount, the form of payment or other transfer of value, and the nature of payment or other transfer of value. Note that only positive dollar values are allowed when reporting payment amounts. Negative dollar values are not permitted.

If you wish to request a delay in public reporting of that payment, you can request a delay in the “Delay in Publication of Research Payment Indicator” drop-down menu near the bottom of the screen.


The “Contextual Information” box is a free-form text field where you can enter any information you deem helpful or appropriate regarding the payment or other transfer of value. The text field has a limit of 500 characters. If the “Delay in Publication of Research Payment” field is set to request a delay in publication, the Contextual Information box must include the name of the relevant research study. Select “Continue.”


Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

- ✓ Recipient Demographic Information
- ✓ Associated Drug, Device, Biological, or Medical Supply Information
- ③ **Transfer of Value (Payment) Information**
- ④ Review and Submit

 Access the Open Payments User Guide

 Need help with the website?
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Research Payment or Other Transfer of Value Information

Enter the required payment or transfer of value information. Dollar amounts are to be entered in the following format and must not exceed 12 digits: #####.##. Note: Date of Payment must be entered in the following format yyyyMMdd. When done, click the "Continue" button.

A field with an asterisk (*) is required.

Applicable Manufacturer or Applicable GPO Making Payment Name: ABCDE Pharmaceuticals

Applicable Manufacturer or Applicable GPO Making Payment Registration ID: 100000009054

* Total Amount of Research Payment: \$
5000

* Date of Payment:
20131112

* Form of Payment or Transfer of Value:
Cash or cash equivalent

Expenditure Category: Enter the percent for each of the following expenditure categories

Professional Salary Support

Patient Care

Overhead

Medical Research Writing or Publication

Non-patient Care

Other

* Pre-clinical Research Indicator:
No

* Delay in Publication of Research Payment Indicator:
No Delay Requested

* Name of Study:
Test Study

Context of Research:

Note: ClinicalTrials.Gov Identifier should be 11 character alphanumeric, first 3 characters alpha.
ClinicalTrials.Gov Identifier:

Note: Format of URL must start with http://www. or https://www. or www.
Research Information Link:

* Principal Investigator Covered Recipient Physician Indicator:
No

Cancel

Back

Continue to Review

Open Payments User Guide

Step 7: Review the payment information entered in the previous screens. Select “Back” to go back and edit information. Select “Save Record” to continue.

Open Payments (Sunshine Act)

[Home](#)[Payments
View, Edit, Report \(Transfers of Value\)](#)[Manage Entities
Register, Edit, Monitor Roles](#)[My Profile
Account, Roles, Notifications](#)[Help](#)

Enter Payments Manually

✓ Recipient Demographic Information

✓ Associated Drug, Device, Biological, or Medical Supply Information

✓ Transfer of Value (Payment)

Information

④ Review and Submit

➡ Access the Open Payments User Guide

❓ Need help with the website?
Contact Us by email

Review and Save Page

Review the information for the payment or transfer of value. When done, click "Save Record" button.

Payment Submission Information

Payment Category: Research Payments

Entity: ABCDE Pharmaceuticals

Program Year: 2013

Home System Payment ID:

Recipient Demographic Information

Recipient Type: Covered Recipient Physician

Covered Recipient Physician First Name: John

Covered Recipient Physician Middle Name:

Covered Recipient Physician Last Name: Doe

Covered Recipient Physician Name Suffix:

Recipient Business Street Address Line 1: 7500 Security Blvd

Recipient Business Street Address Line 2:

Recipient City: Baltimore

Recipient State: Maryland

Recipient Country: United States

Recipient Postal Code:

Recipient Email Address:

Recipient Zip Code: 21244

Recipient Province:

Covered Recipient Physician NPI:

Covered Recipient Physician Primary Type: Medical Doctor

Covered Recipient Physician Specialty: 200000000X

Covered Recipient Physician License State: Massachusetts

Covered Recipient Physician License Number: 67995678

Covered Recipient Physician License State:

Covered Recipient Physician License Number:

Covered Recipient Physician License State:

Covered Recipient Physician License Number:

Covered Recipient Physician License State:

Covered Recipient Physician License Number:

Covered Recipient Physician License State:

Covered Recipient Physician License Number:

Associated Drug, Devices, Biological, or Medical Supply Information

Product Indicator: Covered

NDC of Associated Covered Drug or Biological: 1.6975432154669 2.253456747777

Name of Associated Drug or Biological: 1.Randolm 2.Bayer

Name of Associated Covered Device or Medical Supply:

Research Payment or Other Transfer of Value Information

Applicable Manufacturer or Applicable GPO Making Payment Name: ABCDE Pharmaceuticals

Applicable Manufacturer or Applicable GPO Making Payment Registration ID: 105000006054

Total Amount of Research Payment: \$5,000.00

Date of Payment: 20131112

Form of Payment or Transfer of Value: Cash or cash equivalent

Expenditure Category

Professional Salary Support

Medical Research Writing or Publication

Patient Care

Non-patient Care

Overhead

Other:

Pre-clinical Research Indicator: N

Delay in Publication of Research Payment Indicator: No Delay Requested

Name of Study: Test Study

Context of Research:

ClinicalTrials.gov Identifier:

Research Information Link:

Principal Investigator Covered Recipient Physician Indicator: N

[Cancel](#)[Back](#)[Save Record](#)

Open Payments User Guide

A confirmation message will be displayed on-screen to confirm that the record of the payment or other transfer of value has been saved and is being processed.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Record Saved Successfully

You have successfully saved a record for 2013, Research Payments -ABCDE Pharmaceuticals. To view your record detail select "Go to Review Records" button. To add a new record, select "Add Another Record" button.

Note: Entering a payment or transfer of value and saving the record is not considered a "final submission". The final submission of an entity's payments or transfers of value must be attested by the entity's attester.

Add Another Record

Go to Review Records



Access the Open Payments User Guide



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See Section 4.6, "Final Submission of Data," for the next steps.

4.5c: Manual Entry of Ownership/Investment Interest Payments

To enter data ownership/investment interest payments manually, follow these steps:

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the "Payments" tab from the home page.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.



Access the Open Payments User Guide



Need help with the website?
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Open Payments User Guide

Step 2: Select “Manual Data Entry” from the Payments Overview page. On the “Enter Records Manually” page, use the drop-down menus to select the Payment Category, Entity Name, Program Year, and enter in the Home System Payment ID (if applicable). The Home System Payment ID refers to the identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Home

Payments
View, Edit, Report (Transfers of Value)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Notifications

Help

Enter Records Manually

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system

A field with an asterisk (*) is required.

* Payment Category:

Ownership or Investment Interest

* Entity:

ABCDE Pharmaceuticals

* Program Year:

2013

Home System Payment ID:

Cancel


Continue

➡

Access the Open Payments User Guide

?

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Open Payments User Guide

Step 3: Enter the Physician Demographic Information seen on the screen below. Required fields are marked with asterisks. For a list of the available physician taxonomy codes, refer to the Medicare Provider/Supplier to the [Healthcare Provider Taxonomy list in Appendix C](#). Specialty codes that are not on the taxonomy code list may not be entered.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

1 Physician Demographic Information

2 Ownership/Investment Information

3 Review and Submit

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Physician Demographic Information

Enter the demographic information for the physician receiving the payment, transfer of value, or holding the ownership or investment interest. When done, select "Continue."

Note: Telephone numbers must be in the following format XXX-XXX-XXXX for a United States address. For Foreign Country addresses, Telephone numbers can be up to 20 numbers (characters are not allowed.)

A field with an asterisk (*) is required.

* Physician's First Name:
Jane

* Physician Last Name:
Doe

* Physician Country:
United States

* Physician Business Street Address Line 1:
7500 Security Blvd

Physician Business Street Address Line 2:

* Physician City:
Baltimore

* Physician Zip Code:
21244

* Physician Primary Type:
Medical Doctor

Note: The NPI is a ten-digit number.
Physician NPI:

Note: Refer to the Open Payment User Guide for the list of the available taxonomy codes that can be entered for the Physician Specialty field.
* Physician Specialty:
208D00000X

Enter the physician license state and number. To enter an additional license, select the "Add Another Physician License State and Number" link. When complete, click "Add State and License Number" to save the information.
* Physician License State:
Maine

* Physician License Number:
1234512345

Physician Middle Name:

Physician Name Suffix:

Physician Email Address:

+ Add Another Physician License State and Number

Cancel

Back

Continue

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Step 4: Enter the ownership or investment information. Required fields are marked with asterisks. The “Terms of Interest” field must contain a description of any applicable terms of the ownership or investment interest. When reporting the terms of an ownership or investment interest, applicable manufacturers and applicable GPOs should report the type of ownership or investment interest, including but not limited to stock, stock options, partnership shares, loans, bonds, or other financial instruments that are secured with an entity’s property or revenue, or a portion of that property or revenue. The field is a free-form text field, with a 500-character maximum.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

✓ Physician Demographic Information

② Ownership/Investment Information

③ Review and Submit

➡ Access the Open Payments User Guide

⓪ Need help with the website?
Contact Us by email

Ownership or Investment Information

Enter the required ownership or investment interest information. Dollar amounts are to be entered in the following format and must not exceed 12 digits: [#####.###]. When done, click “Continue to Review” button.
A field with an asterisk (*) is required.

Applicable Manufacturer or Applicable GPO Reporting Ownership Name:
ABCDE Pharmaceuticals

Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID:
100000009054

* Interest Held By:
Physician Covered Recipient

* Dollar Amount Invested:
5000

* Value of Interest:
5000

* Terms of Interest:
5

Cancel

Back

Continue to Review

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Open Payments User Guide

Step 5: Review the ownership or investment information entered in the previous screens. Select “Back” to go back and edit information. Select “Save Record” to continue.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Enter Payments Manually

✓ Physician Demographic Information

✓ Ownership/Investment Information

③ Review and Submit

Access the Open Payments User Guide

?

 Need help with the website?
Contact Us by email

Review and Save Page

Review the information for the payment or transfer of value. When done, click “Save Record” button.

Payment Submission Information

Payment Category: Ownership or Investment Interest

Entity: ABCDE Pharmaceuticals

Program Year: 2013

Home System Payment ID:

Physician Demographic Information

Physician's First Name: Jane	Physician Middle Name:
Physician Last Name: Doe	Physician Name Suffix:
Physician Country: United States	
Physician Business Street Address Line 1: 7500 Security Blvd	
Physician Business Street Address Line 2:	
Physician City: Baltimore	
Physician State: Maryland	Physician Zip Code: 21244
Physician Email Address:	
Physician Primary Type: Medical Doctor	
Physician NPI:	
Physician Specialty: 208D00000X	
Physician License State: Maine	Physician License Number: 1234512345
Physician License State:	Physician License Number:
Physician License State:	Physician License Number:
Physician License State:	Physician License Number:
Physician License State:	Physician License Number:

Ownership or Investment Information

Applicable Manufacturer or Applicable GPO Reporting Ownership Name: ABCDE Pharmaceuticals

Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID: 100000009054

Interest Held By: Physician Covered Recipient	Dollar Amount Invested: \$5,000.00
Value of Interest: \$5,000.00	Terms of Interest: 5

Cancel

Back

Save Record

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A confirmation message will be displayed on-screen to confirm the payment has been saved and is being processed.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Record Saved Successfully

You have successfully saved a record for 2013, Research Payments - ABCDE Pharmaceuticals. To view your record detail select "Go to Review Records" button. To add a new record, select "Add Another Record" button.

Note: Entering a payment or transfer of value and saving the record is not considered a "final submission". The final submission of an entity's payments or transfers of value must be attested by the entity's attester.

Add Another Record

Go to Review Records



Access the Open Payments User Guide



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See Section 4.6, "Final Submission of Data," for the next steps.

Section 4.6: Final Submission of Data

Final submission of data occurs after data has been uploaded and each record is error free. For program year 2013, final submission takes place between June 9 and 30, 2014. During this period, submitters will perform final data submission, which consists of ensuring that the data passes a series of checks to match the reported data to appropriate physicians or teaching hospitals.

4.6a: Final Submission of Data

To perform final submission of data, follow these steps.

Step 1: On the "Payments Overview Page" select the "Payments" tab. Select the entity from the drop-down list for which the payments were just uploaded and select "Show Summary." Once the summary displays, select "Review Records."

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Payments Overview

A field with an asterisk (*) is required.

Applicable manufacturers or applicable group purchasing organizations (GPOs) must submit payments or other transfers of value, or ownership or investment interests in the Open Payments system. There are two methods for data submissions:

- [Bulk File Upload \(CSV or XML\)](#)
- [Manual Data Entry](#)

Note: If using the manual data entry option, you may only enter one record can be entered at a time.

Select one of the links above to submit your data to the Open Payments system. Note that to submit and edit data in the system, the user must have a role of "submitter" for the affiliated applicable manufacturer or applicable GPO.

Once the data submission is made, the user in the role of "submitter" and/or "attester" can review all of the payments or other transfers of value, or ownership or investment interests under each payment category by selecting the applicable manufacturer or applicable GPO name under "Show Entity" and clicking on the "Show Summary" button. In the search results table, you can view or edit the payments or other transfers of value by selecting the applicable program year hyperlink or by selecting the "View Records" button. There will be no payments or other transfers of value, or ownership or investment interests to view if the entity has not submitted any data to the Open Payments system. Payment category types include research, general, and ownership or investment interests.

Data for current and past payments (transfers of value) are available as they are submitted.

* Show Entity: [Show Summary](#)

Program Year:	Research	General	Annual Total	Ownership or Investment Interest	Attestation	Actions
2013	Not Available	Available	Not Available	Available	View Attestation	Review Records
<div> <div> <div><</div> <div>></div> </div> <div> <div>Page 1 of 1</div> </div> <div> <div>showing 1 of 1 entries</div> </div> </div>						

[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)

Download the Reporting Templates

The most recent versions of the reporting template files are below.

XML Templates

- [Open Payments Research Template.xml](#)
- [Open Payments General Template.xml](#)
- [Open Payments OwnerInvestor Template.xml](#)

CSV Templates

- [Open Payments Research Template.csv](#)
- [Open Payments General Template.csv](#)
- [Open Payments OwnerInvestor Template.csv](#)

Download All Templates

- [Open Payments Templates](#)

Step 2: On the “Review Records” page, you’ll see a summary of all records that have been submitted for that entity. The three payment types will be in separate boxes. In each box is a series of statuses and the number of records currently in that status for the entity. Again, please note that these numbers are for all records submitted for the entity to date. The statuses are the following:

- **Ready for submission:** These records are ready to be submitted for attestation.
- **System processing:** These records are being processed by the system for field validation checks.
- **Ready for attestation:** These records have passed field validation and data matching, and are ready for attestation.
- **Failed validation:** These records did not pass field validation checks.
- **Unmatched:** These records did not pass data matching checks. See Section 4.8 for information on data matching.
- **Returned to submitter:** These records were returned by the attester as containing errors and requiring correction.
- **Attested:** These records have been attested to as accurate by the attester.
- **Matching in progress:** These records are undergoing data matching. See Section 4.8 for information on data matching.
- **Total payments:** This is the total number of records in the Open Payments system for that entity and payment type.

Correct the records as necessary to get them to “Ready for Submission” status. See Section 4.10 for information on correcting record errors.

Once all records are in “Ready for Submission” status, select “Final Submission” to proceed. Note that for program year 2013, the final submission can only be performed between June 9 and 30, 2014.

NOTE: After selecting “Final Submission,” all submitted records go through the data matching process, which matches each record to a valid physician or teaching hospital. See Section 4.8 for details on data matching. After data matching is successfully completed through corrections or overriding of unmatched status (see Section 4.8), attestation can begin. See Section 4.11 for instructions on how to complete the attestation process.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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ABCDE Medical 2013 - Review Records

Below are the records reported by the entity and categorized by status for the selected program year. To edit records (available only for a user in a "submitter" role) or view the details of the reported records, select the "View All" button under a specific payment category (e.g., Research Payments, General Payments, etc.).

If all the records for an entity are in a "Ready for Attestation" or "Attested" status, a user in an "attester" role can attest by selecting the "Begin Attestation of All Records" button.

If you have further questions on how to make final submission of records, details on status definitions, or how to attest use the link available on the right hand navigation.

[Back to Payments Overview](#)

Program Year: 2013

Research Payments

[View All](#)

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	0	No Action
Total Payments	0	

General Payments

[View All](#)

Status	Record Count	Action Required
Ready for Submission	1	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	1	No Action
Total Payments	2	

Ownership or Investment Interest Category Records

[View All](#)

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	1	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	1	No Action
Total Payments	2	



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[Record Status Definitions](#)

[What do I do if payments failed validation?](#)

[How do I begin final submission?](#)

[How do I begin attestation?](#)

Step 2a: Selecting the “View All” next to a payment category will bring up this screen, which provides details on specific records.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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ABCDE Medical 2013 - General Payments

This page provides a summary of the latest status and required actions for the records within the selected entity and program category, as well as the details of the submitted records. To customize the view of the records displayed in the table, you may use the search filtering tools available above the data table. Review the details on records by clicking on the “View” button under the Actions column in the data table. Note: There will be no records to view if the entity has not submitted any data under the selected payment category.

If you are a user in the role of a “submitter” you may:

- Edit any record by clicking on the “Edit” button under the Actions column in the data table.
- Review the errors for records submitted via bulk file upload by identifying records in a status of “Failed Validation” and selecting the associated File ID hyperlink.
- Perform final submission of all records under the payment category when all records are in a “Ready for Submission” status. Note: In case of resubmission, there could be records in an “Attested” status.
- Override a record’s status by selecting one or more record(s) using the checkboxes displayed in the table below, and then clicking the “Override Status” button. Only records with a status of “Unmatched” or “Returned to Submitter” can be overridden.
 - Note: Overriding the status of records signifies that you have reviewed the submitted record(s), and upon review have determined that the information is accurate to the best of your knowledge.
- Delete a record by selecting the associated checkbox and clicking the “Delete Selected” button.

If you are a user in the role of an “attester” you may:

- Return any records you find a discrepancy with by selecting the checkboxes next to the appropriate record(s) and clicking the “Return to Submitter” button. Upon taking the action, any comments entered during the action are sent as part of email notification to the user(s) in a “submitter” role.
- Once all records are in good standing and in a “Ready for Attestation” status across all submitted payment categories, you may begin the attestation process from the Review Records page by clicking on the “Back to Review Records” button.

For more information on how to edit and submit records, including a list of the error messages that you may receive and how to address them, refer to the [Open Payments User Guide](#).

General Payments			Refresh Status
Status	Record Count	Action Required	
Ready for Submission	1	Final Submission	
System Processing	0	No Action	
Ready for Attestation	0	Attest	
Failed Validation	0	Correction	
Unmatched	0	Correction or Override	
Return to Submitter	0	Correction or Override	[Final submission functionality is not available at this time. The window for availability of final submission will be announced using the Open Payments email notification system and on the public website.]
Attested	0	No Action	
Matching in Progress	1	No Action	Final Submission
Total Payments	2		
Back to Review Records			

Open Payments User Guide

[Back to Review Records](#)

Record Status:
Please Select
Attested
Ready for Submission
System Processing
Failed Validation

File ID:

Record ID:

Override Status:
All Statuses
Home System Payment ID:

Recipient Type
☐ Covered Recipient Physician
☐ Covered Recipient Teaching Hospital
☐ Non-covered Recipient Entity
☐ Non-covered Recipient Individual

Input Method:
☐ Manual Entry
☐ Upload Files

Report Type
☐ Single
☐ Consolidated

[Search](#) [Clear All](#)

Show Entries 10

[Override Status](#) [Delete Selected](#) [Return to Submitter](#)

Select All	File ID	Record ID	Home System Payment ID	Payment Date	Amount(\$)	Recipient Type	Recipient	Last Modified Date	Last Modified By	Record Status	Override Status	Actions
<input type="checkbox"/>	N/A	25737226	Home111	20130802	\$12001.00	Physician	James Jones	2014-05-13	Joe Smith	Waiting in Progress		View Edit
<input type="checkbox"/>	N/A	25754552		20130908	\$600000.00	Physician	James Jones	2014-05-19	Joe Smith	Ready for Submission		View Edit

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Step 3: Select “Final Submission.” The screen that appears will allow you to review summary details of your submission. If those details are correct, select “Submit as Final Submission.”

Section 4.7: Consolidated Reporting

Consolidated reporting allows one entity in a related group to submit and attest to data on behalf of all its entities in that group. It is up to the discretion of each entity to decide if they would like to submit and attest to a consolidated report, or if each entity in the related group should submit and attest to their own data. This functionality allows the reporting entity to submit and attest to bulk data files across multiple registered entities. Consolidated reports are permitted when multiple applicable manufacturers or applicable GPOs held under common ownership combine their respective submissions into a single “consolidated report” for each type of transaction (general, research, or ownership or investment interest), and attest to the accuracy of the consolidated report.

Nevertheless, each individual entity contributing to that report is required to register in the Open Payments system separately. Also, the entities in the consolidated report will not have their payment or transfers of value information reported together; their information will be listed separately.

Each payment record made by a consolidated reporting entity is listed under each individual entity within the Open Payments system and is not represented under the entity making the submission on behalf of the consolidated group. And, attestation should be completed by the same individual for all entities included in the consolidated report, which is why the attester for the reporting entity must hold

Open Payments User Guide

the attester role for all other entities included in the consolidated report, as described below. Note that the attester does not need to hold an officer position (e.g., Chief Executive Officer, Chief Financial Officer, other “officer” position) within all of the entities included in the consolidated report, only within the reporting entity.

The following pre-conditions must be met in order to successfully upload a consolidated report:

- All entities must be registered in the Open Payments system and be successfully vetted OR in “Conditionally Approved” status;
- The entity names and registration IDs in the file must match exactly those provided during Open Payments registration;
- The submitter of the reporting entity must hold the submitter role in all other entities included in the consolidated report;
- The attester of the reporting entity must hold the attester role in all other entities included in the consolidated report (Note that the attester does not need to hold an officer position, such as Chief Executive Officer or Chief Financial Officer, within all of the entities included in the consolidated report, only within the reporting entity);
- The consolidated Indicator field in file must be set to Y.

If the above conditions are not met, then the system will display those records under the reporting entity along with a failed status.

Consolidated reporting in Open Payments categorizes entities into two types: the reporting entity submitting and attesting to the consolidated report, and the entity(ies) included in the consolidated report. They are defined as follows:

- Reporting Entity: This is the entity that reports the payments or other transfers of value, or ownership/investment interest in the Open Payments system for all related entities for the program year, and attests to the accuracy of the data on the behalf of the other entity(ies) in the consolidated report.
- Entity(ies) in Consolidated Report: This is an entity in the consolidated report that made payments or other transfers of value, or had physician owners/investors during the program year.

Consolidated reporting must be performed by bulk file upload.

Example: Entity A made a consolidated report submission for itself, Entity B, and Entity C. Entities A, B, and C are all registered within the Open Payments system. The submitter must have the role of submitter for all three entities, A, B, and C. Similarly, the attester must have the role of attester for all three entities, A, B, and C. Once the submission is accepted in the Open Payments system, the payment records for Entity B and Entity C would be listed under those individual entities, and will not be listed under Entity A. Because the attester for Entity A holds the role of attester for Entities B and C, he/she can attest to the accuracy of the data submitted for those entities.

Section 4.8: Data Matching

After the submitter has made the final data submission, the data goes through a matching process to ensure the payments or other transfers of value reported are consistently attributed to the correct physicians and teaching hospitals. After the matching process is complete, the Open Payments system sends an email to submitters alerting them to the success or failure of their submission.

If the system is unable to match some or all of the reported transactions, the records result in "Unmatched" record status. Also, upon the attester's review of the reported transactions, the attester may choose to return some or all of the records back to the submitter for correction. An email notification is sent to the authorized user in the submitter role in both scenarios.

The submitter(s) can then override the record statuses of "Unmatched," and "Returned To Submitter." Overriding the status of records signifies that the submitted record(s) were reviewed and determined to be accurate to the best of the submitter's knowledge. Once the data in the record statuses of "Unmatched" and "Returned To Submitter" are manually overridden, the submitter can proceed with the submission.

Data matching may take from minutes to days, depending upon the size of the files and the number of submissions being processed simultaneously. Attestation of data may be done only after data matching has been successfully completed for each record. Submitters have the opportunity to make corrections to the data or proceed with the submission as entered if some of the records were not matched.

Section 4.9: Third Party Data Submitters

Applicable manufacturers and applicable GPOs may choose to have their data prepared and submitted by a third party organization. Third party organizations may format, prepare, and submit data on behalf of a reporting entity. The role of submitter is the only role third party companies can fulfill within Open Payments.

For a third party to submit payments on behalf of an entity, the entity must identify a specific individual within the third party organization to fulfill the submitter role. **A specific individual within the third party must be identified as the submitter, not simply the third party entity itself.**

Third party submitters may be associated with multiple reporting entities. In such a case, each reporting entity must have an individual within the third party assigned to the submitter role. Third party submitters will follow the same process outlined earlier in Chapter 4 of this guide for validating and submitting data.

Section 4.10: Data Submission Errors

During the data submission process, records may be uploaded unsuccessfully. Users will have an opportunity to review the unsuccessful records, correct any issues, and resubmit them through the system. For manual entries, users will be notified on screen in real-time if there are any data entry errors. For bulk uploads, users will receive an email notifying them of errors.

To avoid data submission errors, confirm all data entered for each line item prior to submitting the record(s). If any portion of the submitted file has failed validation, the user can log back into the Open

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Payments system to view the error report which contains a list of error codes for each record. All records that have generated an error will appear in this report.

Users must access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) to access the error file generated from their file submission. Submitters will be able to view the error file, correct the individual records accordingly, and resubmit.

To find the error records for your submission, access the Open Payments system and select the Payments tab on the toolbar. This will bring up a “Show Entity” menu. Select the entity whose records you wish to review, then select “Show Summary.”

A summary of submissions will appear. Select “View Records” from the summary to go to the “Review Records” page. This screenshot shows an example of what you will see when you access the Review Records page in the system after your data has been uploaded. The File IDs are on the left, the Record Status values are on the right.

Override Status

Delete Selected

Return to Submitter

Select All	File ID: ▾	Open Payment ID: ▾	Home System Payments ▾	Payment Date ▾	Amount(\$)	Receipt Type ▾	Receipt ▾	Last Modified Date ▾	Last Modified By ▾	Record Status: ▾	Override Status: ▾	Actions
<input type="checkbox"/>	791	983990	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$470.84	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983996	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$13.19	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	984098	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$13.19	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983968	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$90.01	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983947	ABC-ERS-TEA000518877_2f-00050359030	20130919	\$20.88	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	984036	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$13.19	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983965	ABC-ERS-TEA000518877_1f-00050356409	20130913	\$0.00	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983973	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$34.19	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	984008	ABC-ERS-TEA000518877_2f-68100028102	20130920	\$13.19	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit
<input type="checkbox"/>	791	983950	ABC-ERS-TEA000508004_1f-00050297912	20131106	\$25.69	1	John Miller	2014-04-05	Susan Jones	Failed Validation		View Edit

1<

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Go

You will be able to search for records that were not uploaded successfully by filtering for records in a “Failed Validation” status.

To access the error report for a given record, click on the record’s File ID, which will take you to the File Properties page.

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Home > Payments

FILE ID 791

Details about the File Submitted

Download a copy of the payment IDs included the submitted file, mapped to your Home System Payment IDs and any application error codes.

2013 General Payments Charly Cantrell

Original Upload File Name	Trvn19_SAS69_NPPES__opshiva_VAL.csv
Submission Type	Initial Submission
Original /ReSubmission Date	4/5/2014 9:01 PM
Submitted By	Susan Jones
File Size	113 KB
File Type	csv
File Status	Submitted With Errors
Total Payments [Submitted/Re.]	8209.04
Number of Records Deleted	0
Included Payment IDs & Error Codes	791_General Payments

< Back to Payment Category

Delete File

On the File Properties page, you will see a hyperlink at the bottom of the page that will allow you to download the error report associated with this file. All errors within that file will be included in the error report.

When downloading the error report file, you will be asked to select a format for viewing the error report. The screenshot below shows a sample error report opened as a CSV file. You may also open error reports using Notepad or another application.

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File ID	Payment ID	Home System Payment ID	Payment Record Status	Error Message ID
791	983961	ABC-ERS-TEA000516571_11-31460023801	Failed Validation	E-926
791	983946	ABC-ERS-TEA000518677_19-00050365408	Failed Validation	E-926
791	983965	ABC-ERS-TEA000518677_19-00050365409	Failed Validation	E-926
791	983947	ABC-ERS-TEA000518677_26-00050359030	Failed Validation	E-614
791	983966	ABC-ERS-TEA000518677_26-00050359060	Failed Validation	E-619
791	983966	ABC-ERS-TEA000518677_26-00050359060	Failed Validation	E-620
791	983968	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-619
791	983968	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-620
791	983973	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-619
791	983973	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-620
791	983980	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-926
791	983981	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-619
791	983981	ABC-ERS-TEA000518677_28-68100028102	Failed Validation	E-620

The codes listed in the “Error Message ID” column are error codes. A complete list of error codes and their meanings is available on the CMS Open Payments website as the Open Payments Error Code File document (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html#Error Code File>). Cross-reference the code in the “Error Message ID” field with the Open Payments Error Code File document to determine what the error is, as well as how to address the error.

Records with no errors do not need to be resubmitted. You must correct and resubmit the record(s) that failed validation. To resubmit the record(s), you may go through one of the following methods:

- If using the manual entry data submission option, open the record using the edit button, make your updates, then select submit.
- If using the bulk data submission option, fix the incorrect data in the bulk data file and then indicate in each resubmitted record that it is a resubmission. To do so, set the Resubmission Indicator in the record to "Y" and enter the original Record ID in the "Resubmitted Payment Record ID" field. The “Resubmitted Payment Record ID” field must be filled in with the original Record ID for the system to accept the record as a resubmission.
- If the changes are extensive, you may also delete your entire original data file submission and replace it with a new submission. The attester will need to re-attest to the accuracy of all re-

submitted data. Records that are deleted will no longer appear in the views of either the reporting entity or the covered recipient.

- If a resubmitted record changes the covered recipient, the original covered recipient will no longer see the record in his or her profile. Only the new covered recipient will see it.

Resubmissions cannot extend past the stated submission deadline (for program year 2013, that is June 30, 2014). Resubmissions past the stated submission deadline will be considered late submissions and will not be included in the publication of data in September 2014.

Note that if records are resubmitted, all records submitted for that reporting year will require re-attestation.

Section 4.11: Attestation and Assumptions

Data attestation is how entities affirm and certify that the information being submitted on behalf of the entity is accurate and correct. Only individuals with the designated role of attester may attest to the accuracy of the data in the Open Payments system. After the data is submitted and the data matching process is completed, the attester will be able to attest to the accuracy, completeness, and timeliness of the data. This applies to all re-submissions as well.

An attester can only attest to records that have been successfully submitted and validated for that program year. Additionally, the attester may decline to attest and request that some or all of the data submitted be returned to the submitter for corrections and review. The attester can select one or more records to return to submitter and then select the “Return to Submitter” button. The submitter must perform the corrective actions requested by the attester or indicate that no action is required, then re-submit the payment record(s) for attestation. If an attestation is made after the deadline for that respective program year, the system will flag the report as late.

The attester will also have the option of submitting an assumptions statement during the attestation process. Assumptions explain the reasonable assumptions made, and methodologies used, when reporting payments or other transfers of value, or ownership or investment interests. Assumptions will be made via a free-form text field during the attestation process. Users can choose to write free-form text, or cut and paste text from another document. Assumptions cannot be longer than 4,000 characters (including spaces). Note that the only special characters allowed by the system in free-form text boxes are listed in Appendix A. This information can be edited later.

Note that if you do not add any assumptions during the initial attestation, you will not be able to add them after attestation has been completed for that program year. If your assumptions statement has not been finalized at the time of attestation, you may add in placeholder text such as “Assumptions statement to be added” to allow you to update this field at a later time.

Users who knowingly submit to the Open Payments system any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties in accordance with the Open Payments system disclaimer and Title 18 U.S.C Section 1030.

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Below you will find the attestation statements presented in the Open Payments system. Applicable manufacturers and applicable GPOs will be required to confirm the attestation statements prepopulated by the Open Payments system by selecting the checkboxes next to each of the applicable statements. The user must, at a minimum, select the first two checkboxes to proceed with the attestation process.

1. I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.
2. I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.
3. I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below.

If yes to statement 3 above, indicate the reason by selecting at least one of the following reporting limitation statements:

- a. My entity's gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting year.
- b. My entity is under common ownership, as defined by 42 CFR 403.902, with an applicable manufacturer and provides assistance or support to an applicable manufacturer with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale or distribution of a covered drug, device, biological, or medical supply. Therefore, my entity is only required to report payments or other transfers of value associated with covered drugs, devices, biologicals or medical supplies which my entity provided assistance and support to an applicable manufacturer.
- c. My entity has a separate operating division that does not manufacture any covered drugs, devices, biological, or medical supplies. Therefore, my entity is only required to report payments or other transfer of value to covered recipients related to the activities of these separating operating divisions if those payments or other transfers of value are related to a covered drug, device, biological, or medical supply.
- d. The only covered drug, device, biological or medical supply manufactured by my entity is pursuant to a written agreement to manufacture a covered drug, device, biological, or medical supply for another entity. My entity does not hold the FDA approval, licensure, or clearance for the covered drug, device, biological, or medical supply, and is not involved in the sale, marketing, or distribution of the covered drug, device, biological or medical supply. Therefore, my entity is only required to report payments or other

transfers of value that are related to one or more covered drugs, devices, biologicals, or medical supplies.

- e. My entity only manufactures covered drugs, devices, biologicals, or medical supplies.
4. I am attesting that my entity is requesting a delay in publication for one or more payments or other transfers of value.

If yes to statement 4 above, indicate one or more of the reasons listed below.

- a. The payment or other transfer of value is related to research or development of a new drug, device, biological, or medical supply.
 - b. The payment or other transfer of value is related to research or development of a new application of an existing drug, device, biological, or medical supply.
 - c. The payment or other transfer of value is related to clinical investigations regarding a new drug, device, biological, or medical supply.
5. I am attesting that my entity is submitting a consolidated report because it is under common ownership, as defined by 42 CFR 403.902, with a separate entity or entities that are also applicable manufacturers.

4.11a: Attesting to Data in the Open Payments System

The following instructions show the step-by-step screens for the attestation process. Remember that all records must be in “Ready for Attestation” status to take these steps.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the “Payments” tab on the Open Payments system home page.

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A field with an asterisk (*) is required.

Applicable manufacturers or applicable group purchasing organizations (GPOs) must submit payments or other transfers of value, or ownership or investment interests in the Open Payments system. There are two methods for data submissions:


- [Bulk File Upload \(CSV or XML\)](#)
- [Manual Data Entry](#)


Note: If using the manual data entry option, you may only enter one record can be entered at a time.


Select one of the links above to submit your data to the Open Payments system. Note that to submit and edit data in the system, the user must have a role of "submitter" for the affiliated applicable manufacturer or applicable GPO.

Once the data submission is made, the user in the role of "submitter" and/or "attester" can review all of the payments or other transfers of value, or ownership or investment interests under each payment category by selecting the applicable manufacturer or applicable GPO name under "Show Entity" and clicking on the "Show Summary" button. In the search results table, you can view or edit the payments or other transfers of value by selecting the applicable program year hyperlink or by selecting the "View Records" button. There will be no payments or other transfers of value, or ownership or investment interests to view if the entity has not submitted any data to the Open Payments system. Payment category types include research, general, and ownership or investment interests.

Data for current and past payments (transfers of value) are available as they are submitted.

* Show Entity:  



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Download the Reporting Templates

The most recent versions of the reporting template files are below.


XML Templates



[Open Payments Research Template.xml](#)



[Open Payments General Template.xml](#)


[Open Payments OwnerInvestor Template.xml](#)


CSV Templates


[Open Payments Research Template.csv](#)


[Open Payments General Template.csv](#)


[Open Payments OwnerInvestor Template.csv](#)

Download All Templates


[Open Payments Templates](#)

Step 2: Select the entity from the “Show Entity” drop-down list and then select “Show Summary.” Once the summary appears, select “Review Records.”

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Payments Overview

A field with an asterisk (*) is required.

Applicable manufacturers or applicable group purchasing organizations (GPOs) must submit payments or other transfers of value, or ownership or investment interests in the Open Payments system. There are two methods for data submissions:

- [Bulk File Upload \(CSV or XML\)](#)
- [Manual Data Entry](#)

Note: If using the manual data entry option, you may only enter one record can be entered at a time.

Select one of the links above to submit your data to the Open Payments system. Note that to submit and edit data in the system, the user must have a role of “submitter” for the affiliated applicable manufacturer or applicable GPO.

Once the data submission is made, the user in the role of “submitter” and/or “attester” can review all of the payments or other transfers of value, or ownership or investment interests under each payment category by selecting the applicable manufacturer or applicable GPO name under “Show Entity” and clicking on the “Show Summary” button. In the search results table, you can view or edit the payments or other transfers of value by selecting the applicable program year hyperlink or by selecting the “View Records” button. There will be no payments or other transfers of value, or ownership or investment interests to view if the entity has not submitted any data to the Open Payments system. Payment category types include research, general, and ownership or investment interests.

Data for current and past payments (transfers of value) are available as they are submitted.

* Show Entity: **Show Summary**

Program Year:	Research	General	Annual Total	Ownership or Investment Interest	Attestation	Actions
2013	Not Available	Available	Not Available	\$30000.5	View Attestation	Review Records

Page 1 of 1

showing 1 of 1 entries

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Download the Reporting Templates

The most recent versions of the reporting template files are below.

XML Templates

- [Open Payments Research Template.xml](#)
- [Open Payments General Template.xml](#)
- [Open Payments OwnerInvestor Template.xml](#)

CSV Templates

- [Open Payments Research Template.csv](#)
- [Open Payments General Template.csv](#)
- [Open Payments OwnerInvestor Template.csv](#)

Download All Templates

- [Open Payments Templates](#)

Open Payments User Guide

Step 3: Select “Begin Attestation of All Records.”

Open Payments (Sunshine Act)

[Home](#)[Payments
View, Edit, Report \(Transfers of Value\)](#)[Manage Entities
Register, Edit, Nominate Roles](#)[My Profile
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ABCDE Medical 2013 - Review Records

Below are the records reported by the entity and categorized by status for the selected program year. To edit records (available only for a user in a 'submitter' role) or view the details of the reported records, select the "View All" button under a specific payment category (e.g., Research Payments, General Payments, etc.).

If all the records for an entity are in a "Ready for Attestation" or "Attested" status, a user in an "attester" role can attest by selecting the "Begin Attestation of All Records" button.

If you have further questions on how to make final submission of records, details on status definitions, or how to attest use the link available on the right hand navigation.

[Back to Payments Overview](#)[Begin Attestation of All Records](#)

[View Attestation](#)

Program Year: 2013

Research Payments

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	0	No Action
Total Payments	0	

General Payments

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	2	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	0	No Action
Total Payments	2	

Ownership or Investment Interest Category Records

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	2	No Action
Matching in Progress	0	No Action
Total Payments	2	

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Help with this Page

[Record Status Definitions](#)[What do I do if payments failed validation?](#)[How do I begin final submission?](#)[How do I begin attestation?](#)

Step 4: Review the payment information on screen. Select “Go to View Records” to view the detailed records being attested. Select “Next” when you are ready to continue with the attestation process.

Open Payments (Sunshine Act)

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Attest

1 Confirm Payments

2 Add Assumptions

3 Agree to Attestations

4 Review and Attest

Access the Open Payments User Guide

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Confirm Payments

Select “Go to Review Records” to review and confirm the submitted records, or click “Next” to move to the next page.

2013 Program Year:

ABCDE Medical

Payments Being Attested
2 payments (transfers of value)

Total Value:
\$11000.00

Go to Review Records

Next

Cancel

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Open Payments User Guide

Step 5: Next, the option to add assumptions associated with these records is presented. Select “No” if no assumptions will be added. Select “Yes” if assumptions will be added. If you select “Yes,” a free-form text field will appear. Type or paste your assumptions into this text field, which has a 4,000-character limit. Special characters that can be used in the text field are limited to those listed in Appendix A. This text field can be edited later. If assumptions are not added at this point, they cannot be added later. When you are done, select “Next.” Both options are displayed below.

Open Payments (Sunshine Act)

Home	Payments View, Edit, Report (Transfers of Value)	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Notifications	Help
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Attest

✓ Confirm Payments

② Add Assumptions

③ Agree to Attestations

④ Review and Attest

Access the Open Payments User Guide

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Add Assumptions

An asterisk (*) indicates a required field.

2013 Program Year:

ABCDE Medical

Applicable manufacturers and applicable GPOs may submit assumptions, which explain the reasonable assumptions made and the methodologies used when reporting payments or other transfers of value, or ownership or investment interests. By default, the assumptions statement applies to all payments (transfers of value) being attested to. Learn more about submitting assumptions in the Open Payments User Guide.

Note: Assumptions for an entity can only be entered and edited by a user with an attester role. Assumptions entered during the initial attestation can be updated and additional assumptions can be entered at any time, but doing so will require re-attestation. If no assumptions were entered during initial attestation, the user will not be able to add assumptions later.

* Do you wish to include assumptions with this attestation?

☐ Yes, include an assumptions statement

☒ No, do not include an assumptions statement (you can add this later if necessary, but only up to the submission deadline for the program year)

Cancel

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Next

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Open Payments (Sunshine Act)

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Attest

✓ Confirm Payments

② Add Assumptions

③ Agree to Attestations

④ Review and Attest



Access the Open Payments User Guide



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Add Assumptions

An asterisk (*) indicates a required field.

2013 Program Year:

ABCDE Medical

Applicable manufacturers and applicable GPOs may submit assumptions, which explain the reasonable assumptions made and the methodologies used when reporting payments or other transfers of value, or ownership or investment interests. By default, the assumptions statement applies to all payments (transfers of value) being attested to. Learn more about submitting assumptions in the Open Payments User Guide.

Note: Assumptions for an entity can only be entered and edited by a user with an attester role. Assumptions entered during the initial attestation can be updated and additional assumptions can be entered at any time, but doing so will require re-attestation. If no assumptions were entered during initial attestation, the user will not be able to add assumptions later.

* Do you wish to include assumptions with this attestation?

☒ Yes, include an assumptions statement

☐ No, do not include an assumptions statement (you can add this later if necessary, but only up to the submission deadline for the program year)

Assumptions

Enter your assumptions in the data entry box below. Note: You may enter up to 4,000 characters. Special characters allowed in the assumptions box are limited to apostrophes ('), single quotes ('), dots (.), ampersands (&), hyphens (-), and commas (,).

Cancel

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Next

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Step 6: Read and agree to the attestations on the next screen. You **must** agree to Attestation Statements 1 and 2 in order to complete the attestation process. Attestation statements 3 - 5 should be reviewed and selected only if they apply to your entity and the payments being attested to. The text of these statements is given earlier in this section. Once the appropriate attestations have been chosen, select "Continue."

Open Payments (Sunshine Act)

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Attest

✓ Confirm Payments

✓ Add Assumptions

③ Agree to Attestations

④ Review and Attest

➡ Access the Open Payments User Guide

? Need help with the website?
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Agree to Attestations

An asterisk (*) indicates a required field.

Please review the information entered and confirm your attestation statements by selecting the checkboxes next to each of the statements below. When completed, select "Continue." To review the entered assumptions, select the "View the Assumptions" hyperlink. Note: You must, at a minimum, select the first two checkboxes to proceed with the attestation process. To make corrections, select the "Back" button.

2013 Program Year:

ABCDE Medical

Payments Being Attested 2 payments (transfers of value)

Total Value: \$11000.00

Assumptions

There are no assumptions.

Attestation Agreement

Please confirm your agreement to the statement(s) below.

- ☒ 1. I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.
- ☒ 2. I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.
- ☐ 3. I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below. If yes to statement 3 above, indicate the reason by selecting at least one of the following reporting limitation statements:
 - ☐ a. My entity's gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting year.
 - ☐ b. My entity is under common ownership, as defined by 42 C.F.R. § 403.902, with an applicable manufacturer and provides assistance or support to an applicable manufacturer with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale or distribution of a covered drug, device, biological, or medical supply. Therefore, my entity is only required to report payments or other transfers of value associated with covered drugs, devices, biologicals or medical supplies which my entity provided assistance and support to an applicable manufacturer.
 - ☐ c. My entity has a separate operating division that does not manufacture any covered drugs, devices, biologicals, or medical supplies. Therefore, my entity is only required to report payments or other transfer of value to covered recipients related to the activities of these separating operating divisions if those payments or other transfers of value are related to a covered drug, device, biological, or medical supply.
 - ☐ d. The only covered drug, device, biological or medical supply manufactured by my entity is pursuant to a written agreement to manufacture a covered drug, device, biological, or medical supply for another entity. My entity does not hold the FDA approval, licensure, or clearance for the covered drug, device, biological, or medical supply, and is not involved in the sale, marketing, or distribution of the covered drug, device, biological or medical supply. Therefore, my entity is only required to report payments or other transfers of value that are related to one or more covered drugs, devices, biologicals, or medical supplies.
 - ☐ e. My entity only manufactures covered drugs, devices, biologicals, or medical supplies.
- ☐ 4. I am attesting that my entity is requesting a delay in publication for one or more payments or other transfers of value. If yes to statement 4 above, indicate one or more of the reasons listed below.
 - ☐ a. The payment or other transfer of value is related to research or development of a new drug, device, biological, or medical supply.
 - ☐ b. The payment or other transfer of value is related to research or development of a new application of an existing drug, device, biological, or medical supply.
 - ☐ c. The payment or other transfer of value is related to clinical investigations regarding a new drug, device, biological, or medical supply.
- ☐ 5. I am attesting that my entity is submitting a consolidated report because it is under common ownership, as defined by 42 C.F.R. § 403.902, with a separate entity or entities that are also applicable manufacturers.

Joe Smith

CEO

5/21/2014 12:52 PM

Cancel

Back

Continue

Step 7: Review the information entered on the previous pages. If the information is correct, select “Attest” to complete attestation.

Open Payments (Sunshine Act)

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Attest

✓ Confirm Payments

✓ Add Assumptions

✓ Agree to Attestations

④ Review and Attest

➔

Access the Open Payments User Guide

?

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Review and Attest

Review the attestation agreement provided below. If you entered assumptions you may review them by selecting the “View the Assumptions” hyperlink.

Select the “Attest” button to confirm your attestation. To make any changes, select the “Back” button.

2013 Program Year:

ABCDE Medical

Payments Being Attested

2 payments (transfers of value)

Total Value:

\$11000.00

There are no assumptions.

Attestation Agreement

I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.

I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.

Joe Smith
CEO
5/21/2014 12:52 PM

Cancel

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Attest

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You will be brought back to the Review Records page. The record(s) attested to will appear in the “Attested” column. The Open Payments system will send an email to the attester notifying them of the success of the attestation, which concludes the data submission process.

Open Payments (Sunshine Act)

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ABCDE Medical 2013 - Review Records

Below are the records reported by the entity and categorized by status for the selected program year. To edit records (available only for a user in a “submitter” role) or view the details of the reported records, select the “View All” button under a specific payment category (e.g., Research Payments, General Payments, etc.).

If all the records for an entity are in a “Ready for Attestation” or “Attested” status, a user in an “attester” role can attest by selecting the “Begin Attestation of All Records” button.

If you have further questions on how to make final submission of records, details on status definitions, or how to attest use the link available on the right hand navigation.

[Back to Payments Overview](#)

[View Attestation](#)

Program Year: 2013

Research Payments

[View All](#)

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	0	No Action
Matching in Progress	0	No Action
Total Payments	0	

General Payments

[View All](#)

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	2	No Action
Matching in Progress	0	No Action
Total Payments	2	

Ownership or Investment Interest Category Records

[View All](#)

Status	Record Count	Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Return to Submitter	0	Correction or Override
Attested	2	No Action
Matching in Progress	0	No Action
Total Payments	2	

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[Record Status Definitions](#)

[What do I do if payments failed validation?](#)

[How do I begin final submission?](#)

[How do I begin attestation?](#)

NOTE: In the event of data submitted as a consolidated report, each individual entity within the consolidated report must attest to the accuracy of its own data.

Review and Dispute For Industry

Chapter 5: Review and Dispute for Applicable Manufacturers and Applicable GPOs

This chapter provides information on the Review and Dispute process for applicable manufacturers and applicable GPOs. When an applicable manufacturer or applicable GPO has submitted records regarding payments, other transfers of value, or physician ownership or investment interests to Open Payments, the associated physician or teaching hospital will have an opportunity to review the data that was submitted about them. If a physician or teaching hospital finds discrepancies with the submitted data, they can initiate a dispute.

This chapter is divided into the following sections:

- **Overview of Review and Dispute**, which provides information on the review and dispute process within the Open Payments system.
- **Acknowledging Disputes and Resolving Disputes with No Change**, which provides information on how applicable manufacturers and applicable GPOs can acknowledge and resolve disputes initiated by physicians and teaching hospitals. The “resolved, no change” action should only be taken when dispute resolution does not require a change to the data by the reporting entity.
- **Correction and Resolution of Disputed Data**, which provides information on the correction and resolution of disputed data process for applicable manufacturers and applicable GPOs.

The review and dispute period will start at least 60 days before the information is to be published for that program year. Physicians and teaching hospitals will work directly with reporting entities to resolve disputes outside of the Open Payments system.

If a dispute is not resolved before the end of the 60-day period, the latest, attested-to data submitted by the applicable manufacturer or applicable GPO will be published in the next data publication and identified as being under dispute.

Reviews and disputes can occur outside of this 60-day period; the review and dispute process is open year-round. If the applicable manufacturer or applicable GPO cannot resolve the dispute with the physician or teaching hospital within those 60 days, all parties should continue to seek a resolution.

The process is outlined in Figure 5.1, below.

Figure 5.1: Review, Dispute, and Correction Process

During	What Happens During Review?	What Happens During Dispute?	What Happens During Corrections?
Day 1-45	<ul style="list-style-type: none"> Applicable manufacturers, applicable GPOs, physicians and teaching hospitals review their data before it is made public. 	<ul style="list-style-type: none"> Physicians and teaching hospitals can dispute information reported about them or their institutions. Disputes initiated during this 45-day period that are not resolved by the end of the period will be reflected in the public data as under dispute. CMS will not mediate any dispute. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with the disputing physician or teaching hospital to correct disputed data. Applicable manufacturers or applicable GPOs must submit a revised report to make the corrections and re-attest to the updated data.
> 45 Days	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs seek to resolve disputes received from physicians or teaching hospitals. Physicians and teaching hospitals may continue to review the data. 	<ul style="list-style-type: none"> Physicians and teaching hospitals may continue to initiate disputes during this period, but resolutions may not be reflected in publicly displayed data. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with physicians and teaching hospitals to make corrections. Corrections made to disputes may not be included in the next publication of data. Applicable manufacturers and applicable GPOs must send CMS a revised report to make the appropriate corrections and re-attest to the updated data.

There is a 45-day period for physicians and teaching hospitals to review, dispute, and work with the reporting entity to resolve the disputed records. Immediately following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals on dispute resolution.

Disputes initiated within the initial 45-day review and dispute 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. Disputes initiated or resolved after the 60-day period will not be published 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. In the publication, the data will be associated with the program year of the data, not the date of its publication.

To change data, applicable manufacturers and applicable GPOs must submit to CMS a revised report that contains the appropriate corrections, and the revised report must be re-attested to by the applicable manufacturer or applicable GPO to be fully submitted. Note that the Final Rule does not require CMS to display the data as disputed if the dispute is not resolved during this period.

Figure 5.2 below explains how the dispute initiation and resolution timing affects the public display status of the data:

Figure 5.2: Dispute Initiation, Resolution, and Public Display of Program Year 2013 Data

Timing of Dispute Initiation	Dispute Resolution Status Within 45-Day Initial Period or 15-Day Correction Period	Public Display Status
Within 45-day review, dispute & correction period	Resolved	Data, with any revisions from resolution, will be published as non-disputed in September 2014
	Not resolved	Data published as disputed in September 2014
After 45-day review, dispute & correction period and prior to the review, dispute & correction period before the next data refresh or publication	Resolved	Data published as non-disputed in both September 2014 and the subsequent data publication related to the 2013 program year data Any revisions to data due to resolution will appear in subsequent data publications
	Not resolved	Data published as non-disputed in September 2014 and as disputed in the subsequent data publication related to 2013 program year

Records in the Review and Dispute process will have one of the following statuses:

- **Initiated:** indicates that a physician or teaching hospital has 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 a dispute initiated against them by a physician or teaching hospital. Acknowledging a dispute will trigger a notification to the initiating physician or teaching hospital letting them know their dispute has been received.

- **Resolved, No Change:** indicates that either the applicable manufacturer or applicable GPO does not agree with a dispute initiated by a physician or teaching hospital or the applicable manufacturer or applicable GPO has discussed the dispute with the initiating physician or teaching hospital and it was determined that no change in the data was necessary. The physician or teaching hospital who initiated the dispute can initiate a new dispute if they disagree with the “resolved, no change” status.
- **Withdrawn:** indicates that a physician or teaching hospital has withdrawn a dispute they initiated against a record submitted by an applicable manufacturer or applicable GPO.
- **Resolved:** indicates that disputed data was corrected and then resubmitted and re-attested to by the applicable manufacturer or applicable GPO.

Emails transmitted to applicable manufacturers, applicable GPOs, physicians, and teaching hospitals from the Open Payments system for review and dispute will not contain contact information. For example, an email notifying a reporting entity of a dispute from a physician will contain only the information needed to locate the record in the Open Payments system. You can view a sample notification email for each review and dispute action in Appendix D. Contact information can be obtained only by opening the record within the Open Payments system itself.

Section 5.1: Acknowledging Disputes and Resolving Disputes with No Change

Applicable manufacturers and applicable GPOs will be given the opportunity to acknowledge and resolve disputes initiated by physicians and teaching hospitals. When a dispute is acknowledged or set to a “resolved, no change” status, the covered recipient will receive an email notification. The five steps of the process are given in Figure 5.3 below.

Figure 5.3: Acknowledging Disputes and Resolving Disputes with No Change Process



Section 5.1a: Acknowledging a Dispute

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select “Review and Dispute.”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.



Access the Open Payments User Guide



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Open Payments User Guide

Step 2: Select the reporting entity and appropriate program year for which you wish to view disputes. When finished, select “Show Disputes.”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute Overview

A field with an asterisk (*) is required.

Applicable Manufacturer of Applicable GPO Review and Disputes

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

* Show Disputes for:

ABCDE Medical

* Program Year:

2013

Show Disputes

Access the Open Payments User Guide

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Open Payments User Guide

Step 3: On the “Review and Dispute” page, you will see a list of all disputes initiated by physicians and teaching hospitals. If you wish, you may filter the records by entering the Dispute ID, the Record ID, Home System Payment ID, File ID, Date of Publication, Physician First Name, Physician Last Name, Teaching Hospital Name, or Review and Dispute Status. You do not need to filter the results in order to proceed. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute - ABCDE Medical - 2013

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The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select “Acknowledge Dispute” to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select “Edit” in the table below (use the scroll bar to see the “Action” column at the end of the table, and the “Edit” option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select “Resolved No Change” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:	Record ID:	Home System Payment ID:	File ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Publication:	Physician First Name:	Physician Last Name:	Teaching Hospital Name:
Please Select <input type="text"/>	<input type="text"/>	<input type="text"/>	Please Select <input type="text"/>
Review and Dispute Status:	Payment Category:	Recipient Type:	Search Clear All
<input type="checkbox"/> Initiated <input type="checkbox"/> Acknowledged <input type="checkbox"/> Resolved No Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Resolved	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest	<input type="checkbox"/> Physician <input type="checkbox"/> Teaching Hospital	

Showing Results for: [All]

Show Entries 10

Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input checked="" type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Attested
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Attested

[Acknowledge Dispute](#) [Resolved No Change](#)

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Open Payments User Guide

Step 4: To view details about a disputed record, scroll to the right of the table using the bottom scroll bar and select “View” under the “Action” column.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Records View, Edit, Report	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
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Review and Dispute - ABCDE Medical - 2013

[Back](#)

The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select “**Acknowledge Dispute**” to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select “**Edit**” in the table below (use the scroll bar to see the “Action” column at the end of the table, and the “Edit” option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select “**Resolved No Change**” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:	Record ID:	Home System Payment ID:	File ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Publication:	Physician First Name:	Physician Last Name:	Teaching Hospital Name:
Please Select <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	Please Select <input type="button" value="v"/>
Review and Dispute Status:	Payment Category:	Recipient Type:	<input type="button" value="Search"/> <input type="button" value="Clear All"/>
<input type="checkbox"/> Initiated <input type="checkbox"/> Acknowledged <input type="checkbox"/> Resolved No Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Resolved	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest	<input type="checkbox"/> Physician <input type="checkbox"/> Teaching Hospital	

Showing Results for: [All]

Show Entries 10

Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status	Review and Dispute Status	History of Disputes	Action
0		\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Attested	Initiated	View	<input type="button" value="View"/> <input type="button" value="Edit"/>
0		\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Attested	Withdrawn	View	<input type="button" value="View"/> <input type="button" value="Edit"/>

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Open Payments User Guide

Step 5: Select the disputed record(s) you wish to acknowledge. Once you have selected the appropriate record(s), select “Acknowledge Dispute.” You may only acknowledge disputes with a review and dispute status of “[Initiated](#).” Review and dispute statuses can be seen by scrolling to the right.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute - ABCDE Medical - 2013

Back

The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select “Acknowledge Dispute” to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select “Edit” in the table below (use the scroll bar to see the “Action” column at the end of the table, and the “Edit” option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select “Resolved No Change” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:

Record ID:

Home System Payment ID:

File ID:

Date of Publication:

Physician First Name:

Physician Last Name:

Teaching Hospital Name:

Review and Dispute Status:

Payment Category:

Recipient Type:

Please Select

Please Select

Please Select

Please Select

Initiated

Acknowledged

Resolved No Change

Withdrawn

Resolved

General Payments

Research Payments

Ownership or Investment Interest

Physician

Teaching Hospital

Search

Clear All

Showing Results for: [All]

Show Entries 10

Acknowledge Dispute

Resolved No Change

Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input checked="" type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Attested
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Attested

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Open Payments User Guide

Step 6: Review the disputed record information as displayed on the “Acknowledge Dispute” page. When finished, select “Acknowledge.”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Records
View, Edit, Report

Review and Dispute
[View](#), [Respond](#), [Resolve](#)

Manage Entities
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Acknowledge Dispute

ABCDE Medical - 2013

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Select the "Acknowledge" button to acknowledge the disputed records initiated by the physician or teaching hospital. Once the dispute is acknowledged, the Review and Dispute status for the record will be displayed as "Acknowledged".

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Acknowledge the following disputes:

Dispute ID	Record ID	Date of Payment	Amount (\$)	Covered Recipient	Review and Dispute Status	Record Status	Date Dispute Initiated
173	10043	2013-11-25	\$5,000.00	ABCDE Hospital	Initiated	Attested	2014-07-02

Cancel

Acknowledge

Open Payments User Guide

The following confirmation message will be displayed on the screen. An email notification will be sent to the covered recipient informing them that their dispute has been acknowledged.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Records View, Edit, Report	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
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Review and Dispute - ABCDE Medical - 2013

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You have successfully acknowledged the following dispute(s):

Record ID Dispute ID

10043 173

An email has been sent to notify the covered recipient.

The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select "Acknowledge Dispute" to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select "Edit" in the table below (use the scroll bar to see the "Action" column at the end of the table, and the "Edit" option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select "Resolved No Change" to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:	Record ID:	Home System Payment ID:	File ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Publication:	Physician First Name:	Physician Last Name:	Teaching Hospital Name:
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Please Select"/>
Review and Dispute Status:	Payment Category:	Recipient Type:	Search Clear All
<input type="checkbox"/> Initiated <input type="checkbox"/> Acknowledged <input type="checkbox"/> Resolved No Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Resolved	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest	<input type="checkbox"/> Physician <input type="checkbox"/> Teaching Hospital	

Showing Results for: [All]

Show Entries

[Acknowledge Dispute](#)

[Resolved No Change](#)

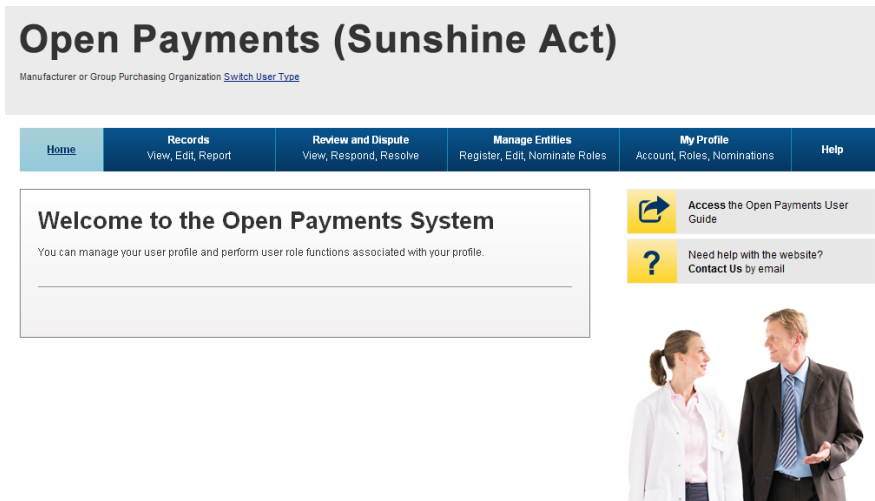
Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Attested
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Attested

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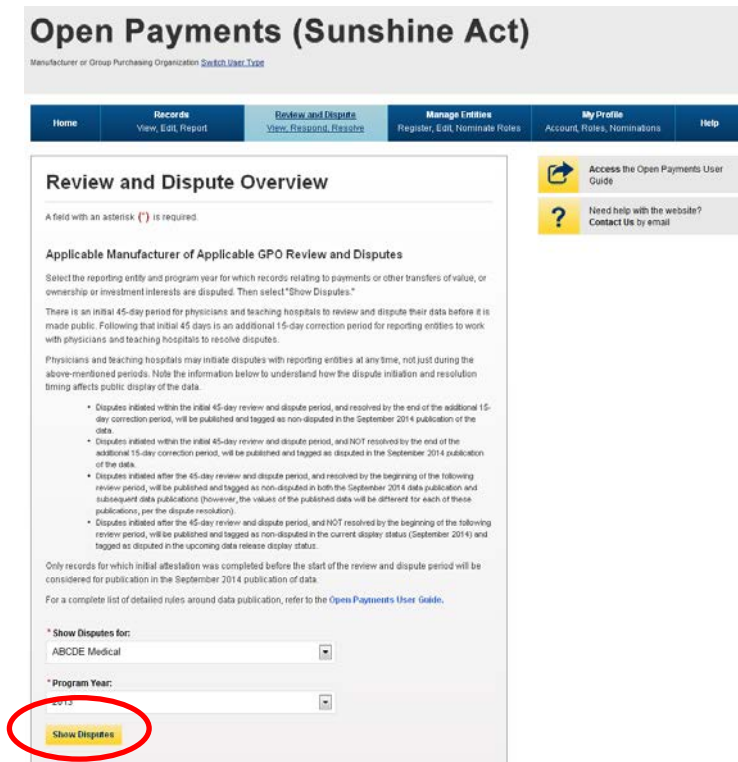
Open Payments User Guide

Section 5.1b: Resolved, No Change Disputes

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab on the menu bar.



Step 2: Select the physician or teaching hospital and the appropriate program year that you wish to review disputes. When finished, select “Show Disputes.”



Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home **Records** **Review and Dispute** **Manage Entities** **My Profile** **Help**

View, Edit, Report View, Respond, Resolve Register, Edit, Nominate Roles Account, Roles, Nominations

Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)

Review and Dispute Overview

A field with an asterisk (*) is required.

Applicable Manufacturer of Applicable GPO Review and Disputes

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select "Show Disputes."

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

* Show Disputes for:
ABCDE Medical

* Program Year:
2015

Show Disputes

Open Payments User Guide

Step 3: On the “Review and Dispute” page, you will see a list of all disputes regarding the payments or other transfers of value you reported initiated by the identified physicians and teaching hospitals. If you wish, you may filter the records by entering the Dispute ID, the Record ID, Home System Payment ID, File ID, Date of Publication, Physician First Name, Physician Last Name, Teaching Hospital Name, or Review and Dispute Status. You do not need to filter the results in order to proceed. To view details about a disputed record, scroll to the right of the table using the bottom scroll bar and select “View.” Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute - ABCDE Medical - 2013

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The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select “Acknowledge Dispute” to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select “Edit” in the table below (use the scroll bar to see the “Action” column at the end of the table, and the “Edit” option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select “Resolved No Change” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:

Record ID:

Home System Payment ID:

File ID:

Date of Publication:

Please Select

Physician First Name:

Physician Last Name:

Teaching Hospital Name:

Please Select

Review and Dispute Status:

Initiated

Acknowledged

Resolved No Change

Withdrawn

Resolved

Payment Category:

☐ General Payments

☐ Research Payments

☐ Ownership or Investment Interest

Recipient Type:

☐ Physician

☐ Teaching Hospital

[Search](#)[Clear All](#)

Showing Results for[All]

Show Entries

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[Acknowledge Dispute](#)[Resolved No Change](#)

Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input checked="" type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE hospital	No	2014-07-02	John Doe	Attested
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE hospital	No	2014-07-02	John Doe	Attested

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Step 4: Review the information on the Record page. When finished, select “Back.”

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Record ID: 10043

[Back](#)

Program Year: 2013	Last Modified Date: 2014-06-16
Entity: ABCDE Medical	Last Modified By:
Payment Category: General Payments	Submission Date: 2014-06-11
Consolidated Reporting: No	Submitted By: John Doe
	Record Status: Attested
	Override Status:
	Associated Disputes and Statuses:
	947 Withdrawn
	967 Acknowledged
	1045 Dismissed

Recipient Demographic Information

Covered Recipient Type: Teaching Hospital

Physician First Name: John

Physician Middle Name:

Physician Last Name: Doe

Physician Name Suffix:

Recipient Business Street Address Line 1: 7500 Security Blvd

Recipient Business Street Address Line 2:

Recipient City: Baltimore

Recipient State: Maryland

Recipient Zip Code: 21244

Recipient Country: UNITED STATES

Recipient Province:

Recipient Postal Code:

Recipient Email Address:

Physician Primary Type:

Physician NPI:

Physician Specialty:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Associated Drug, Device, Biological, or Medical Supply Information

Product Indicator: Combination

Name of Associated Drug or Biological: 1. Prod_22

National Drug Code of Associated Covered Drug or Biological:

Name of Associated Covered Device or Medical Supply: 1. Prod_22, 2. Prod_44, 3. Prod_20, 4. Prod_11, 5. Prod_4

Transfer of Value (Payment) Information

Total Amount of Payment: 5000

Date of Payment: 20131125

Number of Payments Included in Total Amount: 1

Form of Payment or Transfer of Value: Cash or cash equivalent

Nature of Payment or Transfer of Value: Consulting Fee

General Record Information

Physician Ownership Indicator: No

Third Party Payment Recipient Indicator: Individual

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator: No

Third Party Equals Covered Recipient Indicator: No

Delay in Publication of Research Payment Indicator:

Contextual Information:

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[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)



Open Payments User Guide

Step 6: Select the dispute record(s) you wish to resolve with no changes. Once you have selected the appropriate record(s), select “[Resolved, No Change](#).” You may only resolve disputes with no changes that has a review and dispute status of “[Initiated](#)” or “[Acknowledged](#).”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute - ABCDE Medical - 2013

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The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select “[Acknowledge Dispute](#)” to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select “[Edit](#)” in the table below (use the scroll bar to see the “[Action](#)” column at the end of the table, and the “[Edit](#)” option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select “[Resolved No Change](#)” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select “[Back](#).”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:

Record ID:

Home System Payment ID:

File ID:

Date of Publication:

Physician First Name:

Physician Last Name:

Teaching Hospital Name:

Review and Dispute Status:

Payment Category:

Recipient Type:

Please Select

Please Select

Please Select

Please Select

Initiated

Acknowledged

Resolved No Change

Withdrawn

Resolved

☐ General Payments

☐ Research Payments

☐ Ownership or Investment Interest

☐ Physician

☐ Teaching Hospital

Search

Clear All

Showing Results for: [All]

Show Entries 10

Acknowledge Dispute

Resolved No Change

Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input checked="" type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Altered
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Altered

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GO

Step 7: Review the disputed record information as displayed on the “Resolved No Change” page. You must enter the reason the dispute has been resolved with no changes needed to the data in the text box in order to proceed. The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes (’), periods (.), ampersands (&), hyphens (-), and commas (,).

Note: As mentioned, you must provide a reason why the records are being resolved without change in the “Reason for dispute resolution with no change to the data” text box. If you have different reasons

Open Payments User Guide

for each of the records being resolved, you may resolve one or more record(s) at a time with a common dispute factor, and enter the relevant reason for the resolution. The contents of the “Reason for dispute resolution with no change to the data” box will be sent in an email to the physician or teaching hospital. If multiple disputes are resolved without changes at the same time across different covered recipients, the same “Reason for dispute resolution with no change to the data” text will be sent to all of the covered recipients included in the dispute. When finished, select “Resolved No Change.”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

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Review and Dispute
View, Respond, Resolve

Manage Entities
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Resolved No Change

A field with an asterisk (*) is required.

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An applicable manufacturer or applicable GPO should select “Resolved No Change” to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. **This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.**

In the free-form text box below, enter the reasons why the dispute was resolved without no changes needed to the data (and explanation here is required). The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes ('), periods (.), ampersands (&), hyphens (-), and commas (,).

For example, the explanation for the dispute that has been resolved with no change to the data could say: “This dispute is resolved with no changes made to the data because there is now agreement relating to the reported payment amount. The physician was able to verify that the payment amount of 6,500 dollars is correct. Therefore, we are moving forward with resolving the dispute without changing the data.” After entering reasons into the text box, select “Resolved No Change.”

Note that the contents of the “Reason for dispute resolution with no change to the data” box will be sent in an email to the physician or teaching hospital that disputed the record(s).

It is strongly recommended that the user selecting “Resolved No Change” refrain from making that selection across multiple physicians at the same time. This is because the same text used in the “Reason for dispute resolution with no change to the data” box will be sent to all of the physicians and teaching hospitals whose disputes will who were assigned “Resolved No Change” status at that time. If you have multiple physicians, it is recommended that you repeat the “Resolved No Change” process for each individual physician.

Once the action is confirmed by the selection of “Resolved No Change”, the status of the dispute will be displayed as “Resolved No Change.”

To return to the previous page, select “Cancel.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Resolve the following disputes with no changes to the data:

Dispute ID	Record ID	Date of Payment	Amount (\$)	Recipient	Review and Dispute Status	Record Status	Dispute Date Initiated
173	10043	2013-11-25	\$5,000.00	ABCDE Hospital	Acknowledged	Attested	2014-07-02

*** Reason for dispute resolution with no change to the data**

The amount paid per the receipt is 5,000, therefore no changes need to be made to the payment record.

4,000 characters maximum

CancelResolved No Change

The following confirmation message will be displayed on the screen. An email notification will be sent to the covered recipient physician or teaching hospital informing them that their dispute has been resolved

Open Payments User Guide

with no changes made to the data. The covered recipient may initiate a new dispute for the same record if the dispute has not been resolved to their satisfaction.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Records View, Edit, Report	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
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Review and Dispute - ABCDE Medical - 2013

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You have successfully resolved with no change to the data the following dispute(s):

Record ID Dispute ID

10043 173

An email has been sent to notify the covered recipient.

The table below contains the record(s) that have been disputed by physicians or teaching hospitals. Users with the role of submitter for this reporting entity can take actions related to the dispute or edit the record(s) that are disputed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Record ID column). You may then perform the following actions on the selected record(s):

- Select "Acknowledge Dispute" to confirm that the applicable manufacturer or applicable GPO received the disputed record(s).
- Select "Edit" in the table below (use the scroll bar to see the "Action" column at the end of the table, and the "Edit" option) to edit the disputed record. Depending on the record status, it may not be editable.
- Select "Resolved No Change" to acknowledge that the applicable manufacturer or applicable GPO and the physician or teaching hospital have resolved the dispute in accordance with the guidance in the Final Rule. This action should only be taken when dispute resolution does not require a change to the data by the reporting entity.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Applicable Manufacturer or Applicable GPO with Disputed Records

Dispute ID:	Record ID:	Home System Payment ID:	File ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Publication:	Physician First Name:	Physician Last Name:	Teaching Hospital Name:
Please Select <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	Please Select <input type="button" value="v"/>
Review and Dispute Status:	Payment Category:	Recipient Type:	<input type="button" value="Search"/> <input type="button" value="Clear All"/>
<input type="checkbox"/> Initiated <input type="checkbox"/> Acknowledged <input type="checkbox"/> Resolved No Change <input type="checkbox"/> Withdrawn <input type="checkbox"/> Resolved	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest	<input type="checkbox"/> Physician <input type="checkbox"/> Teaching Hospital	

Showing Results for: [All]

Show Entries 10

[Acknowledge Dispute](#)

[Resolved No Change](#)

Select	Record ID	Dispute ID	Home System Payment ID	File ID	Amount (\$)	Date of Payment	Recipient	Delay in Publication of Research Payment Indicator	Date Dispute Initiated	Dispute Last Modified By	Record Status
<input type="checkbox"/>	10043	173		0	\$5,000.00	2013-11-25	ABCDE Hospital	No	2014-07-02	John Doe	Attested
<input type="checkbox"/>	10041	172		0	\$10,000.00	2013-11-11	ABCDE Hospital	No	2014-07-02	John Doe	Attested

Page 1 of 1

1

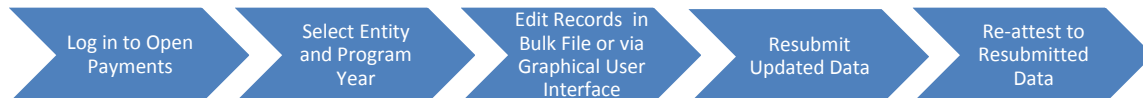
[Go](#)

Section 5.2: Correction and Resolution of Submitted Payment Data

Once an applicable manufacturer or applicable GPO has received a dispute initiated by a physician or teaching hospital, the applicable manufacturer or applicable GPO may work with the physician or teaching hospital to correct the disputed data. The applicable manufacturer or applicable GPO will submit the corrected record; they must then attest to the newly submitted data. When submitting corrected data via bulk file upload, you will need to include the Record ID for the record(s) in the resubmission. If you are correcting data via the graphic user interface, you will need to locate the record(s) in the Open Payments system and change them using the edit function. See Section 5.2a below for more information.

After resubmission and re-attestation is complete, the covered recipient will receive an email notification instructing them on next steps. The five steps of the correction and resolution process are given in Figure 5.4 below.

Figure 5.4: Correction and Resolution Process



Section 5.2a: Edit Information and Resubmit Record

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab on the menu bar.



Open Payments User Guide

Step 2: Select the entity name and the appropriate program year from the drop-down menus. When finished, select “Show Disputes.” This will show you a list of all disputes for the selected entity.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home

Records
View, Edit, Report

Review and Dispute
[View, Respond, Resolve](#)

Manage Entities
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Review and Dispute Overview

A field with an asterisk (*) is required.

Applicable Manufacturer of Applicable GPO Review and Disputes

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).


* Show Disputes for:


ABCDE Medical

* Program Year:

2013

Show Disputes

 Access the Open Payments User Guide

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Step 3: On the “Review and Dispute” page, scroll down until you see the table that contains all disputed records. Filter the “Review and Dispute Status” to “Acknowledged” and/or “Initiated,” and select “Search.” You can only update and/or correct record(s) with a review and dispute status of “Initiated” or “Acknowledged.” Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Open Payments (Sunshine Act)

Physician [Select User Type](#)

[Home](#)[Review and Dispute
Review, Affirm, Dispute](#)[My Profile
Account, Roles, Nominations](#)[Help](#)

Review and Dispute - John Doe - 2013

[Back](#)

The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value, or ownership or investment interest.
- Select “Dispute Record” to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:
Please Select

Record ID:
Please Select

Date Of Publication:
Please Select

Dispute ID:
Please Select

Review and Dispute Status:
☐ Initiated
☐ Acknowledged
☐ Resolved No Change
☐ Withdrawn
☐ Resolved

Payment Category:
☐ General Payments
☐ Research Payments
☐ Ownership or Investment Interest

Affirmed (Yes/No):
☐ Yes
☐ No

[Search](#) [Clear All](#)

Showing Results for: [All]

Show Entries 10

[Affirm Record](#)[Dispute Record](#)[Withdraw Dispute](#)

	Entity Making Payment	Date of Payment	Amount	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Status	Review and Dispute Status	Date Dispute Initiated	Dispute Last Modified By	Affirmed (Yes/No)	History Of Dispute	Action
<input type="checkbox"/>	Grant	2013-10-21	\$7,000.00	No	2014-07-02	Attested				No		View
<input type="checkbox"/>	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested	Resolved No Change	2014-07-02	John Doe	No		View
<input type="checkbox"/>	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested				Yes		View

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Page 1

[Go](#)

Step 4: To manually edit a record, scroll to the right and select “Edit” under the “Action” column and edit the appropriate fields. For detailed instructions on how to manually edit a record, and to correct records via bulk file resubmission, see Section 4.10. The dispute history of a record that has been updated will show versions of the record prior to the resubmission as having a status of “inactive.”

Section 5.2b: Resubmission and Re-attestation

Reporting entities can resolve disputes in one of two ways, either by resolving the dispute with no changes (described in Section 5.1b) or by correcting the record. Entities submitting corrected data must

resubmit and re-attest to the corrected data for the updates to be included in the public posting. Once re-attestation is complete, the records will be automatically placed in a review and dispute status of “Resolved.” No further action is needed from the reporting entity.

To resubmit the record(s), you may go through one of the following methods:

- When using the manual entry data submission option, open the record using the edit button, make your updates, then select “Submit,” or
- When using the bulk data submission option, fix the incorrect data in the bulk data file. Then indicate that it is a resubmission. To do so, set the Resubmission Indicator in the record to “Y” and enter the original Record ID in the “Resubmitted Payment Record ID” field for each record in the file. The “Resubmitted Payment Record ID” field must be filled in with the original Record ID for the system to accept the record as a resubmission.

It is strongly recommended that you do not delete your entire original data file submission and replace it with a new submission. If a file is deleted and replaced after the reporting deadline, the Open Payments system will treat the file as newly arriving late records rather than corrections. The new records will not be included in the current publication cycle and will be identified in review and dispute as for a future publication.

The attester will need to re-attest to the accuracy of all re-submitted data. An attester can only attest to records that have been successfully submitted and validated. Additionally, the attester may decline to attest and request that some or all of the data submitted be returned to the submitter for corrections and review. The attester can select one or more records to return to the submitter and then select the “Return to Submitter” button. The submitter must perform the corrective actions requested by the attester or indicate that no action is required, then re-submit the payment record(s) for attestation.

For detailed instructions on submitting data, see Section 4.6. For more detailed instructions on attestation of data, see Section 4.11.

Audits

Chapter 6: Audits

Coming Soon

Non-Compliance and Penalties

Chapter 7: Non-Compliance and Penalties

Coming Soon

PART IV: PHYSICIANS AND TEACHING HOSPITALS

Open Payments Registration For Physicians and Teaching Hospitals

Chapter 8: Physician and Teaching Hospital Registration

This chapter provides information for physician and teaching hospital registration in CMS's Enterprise Identity Management system (EIDM) and the Open Payments system. Both registrations are required to obtain access to the Open Payments system. All physicians and teaching hospitals who wish to view data reported about them must complete both registrations prior to accessing the system.

This chapter is divided into the following sections:

- **Overview of Registration**, which provides information on Phase 1 and 2 of the Registration process. Phase 1 includes user registration in EIDM, and Phase 2 includes user registration in the Open Payments system.
- **Open Payments Users and User Roles**, which contains information on who is authorized to register in the Open Payments system and the user roles that must be filled by the Open Payments system users.
- **Registration and Access to the Open Payments System**, which contains instructions for registering, logging into the system, and managing physician and teaching hospital registration and user roles.

Section 8.1: Two-Phased Registration Process

Physicians and teaching hospitals must register in the Open Payments system in order to view, review and/or dispute data submitted about them. **Note: Physicians and teaching hospitals are not required to register but are encouraged to do so in order to view information reported about them prior to CMS's publication of the data.**

Prior to registration in the Open Payments system, users must register in EIDM to obtain login credentials. Users will not be able to access the Open Payments system without first completing successful EIDM registration. Once the user has registered in EIDM, he or she will be able to register in the Open Payments system.

8.1a: Registration Phase 1 – EIDM Registration

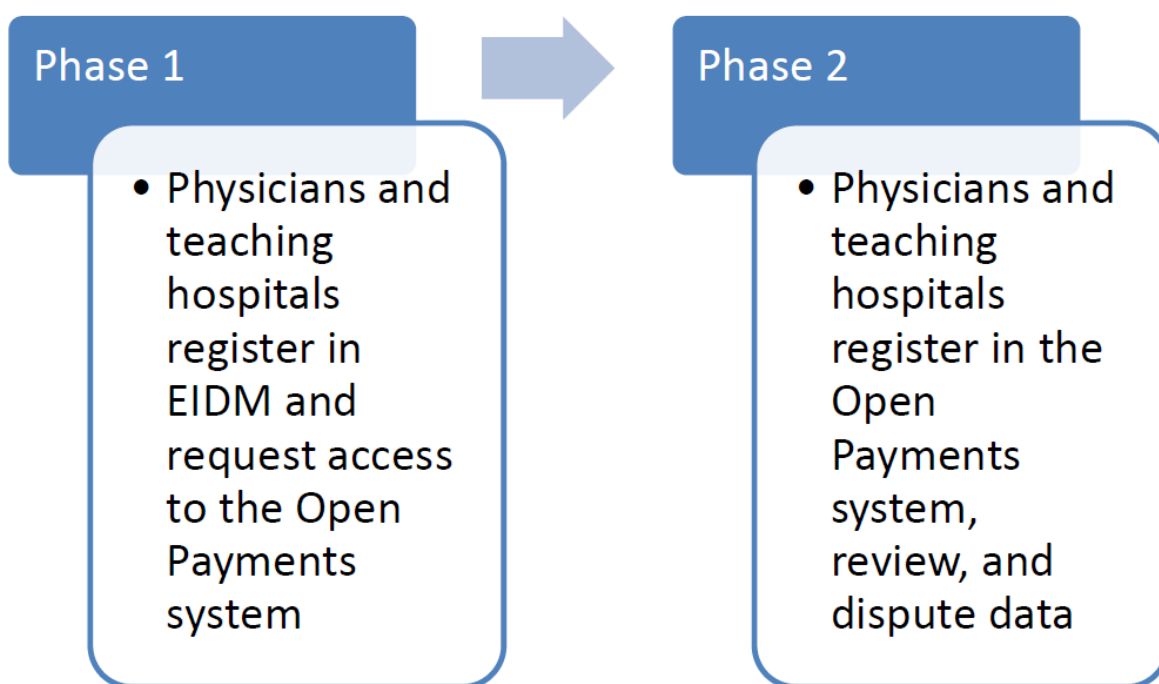
Open Payments registration for the 2013 program year will be completed in a two-phased approach. **Figure 8.1** below, illustrates the two-phased approach to physician and teaching hospital registration used only for this first program year. During Phase 1, physicians and authorized officials of teaching

hospitals may obtain EIDM credentials and request access to the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov>).

Note: Physicians with addresses outside of the United States who wish to register with EIDM must begin by contacting the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366. When emailing, the subject line of the message should read “Foreign Address Credential Request – Attestation Letter.”

Instructions for registering in EIDM and obtaining access to the Open Payments system can be found in Section 8.2.

Figure 8.1: Phased Registration Process for Physicians and Teaching Hospitals



8.1b: Registration Phase 2 – Open Payments System

Phase 2 of Open Payments physician and teaching hospital registration begins when the Open Payments system becomes available to physicians and teaching hospitals in July 2014. During this phase, physicians and teaching hospitals that have already registered in EIDM and requested access to the Open Payments system may register in the Open Payments system, and may then review and dispute information reported about them.

Section 8.2: Enterprise Identity Management (EIDM) Registration and Open Payments Access

Enterprise Identity Management (EIDM) is an identity management and services system that a) serves as an identity proofing tool to verify a person’s identity, and b) provides users with access to various CMS applications. Registering in EIDM provides users with login credentials **required** for access to the Open

Open Payments User Guide

Payments system. Users will be able to set up their own log in credentials in the form of a user ID and password during the EIDM registration process. EIDM credentials allow login to the CMS Enterprise Portal and the ability to request access to various CMS applications, including the Open Payments system.

EIDM can be accessed and the registration process begun on the CMS Enterprise Portal (<https://portal.cms.gov>). A complete EIDM Operations Document and a list of EIDM FAQs are available on the CMS website (<http://go.cms.gov>). Users who already have EIDM credentials can move ahead to request access to the Open Payments application.

EIDM will lock your user account if you do not log in to your account for 60 or more days. When you log in after 60 days, the system will display the “Unlock my Account” view. To unlock your account, enter your user ID and correctly answer all challenge questions. Then enter your new password in the input fields of “New Password” and “Confirm New Password” to unlock your account. If you are still unable to reactivate your account, contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366.

EIDM will automatically deactivate any user that has not logged in for 180 days or more. Once the user’s account has been disabled, the user will not be able to access the CMS application(s). You can contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366 to reactivate your account after 180 days of inactivity.

Please note that system users who have addresses outside of the United States must contact the Open Payments Help Desk at openpayments@cms.hhs.gov to register in EIDM.

For assistance registering in CMS’s Enterprise Portal, you can view the instructional presentation on steps to complete EIDM registration on the CMS Open Payments website (<http://go.cms.gov/openpayments>) on the Program Registration page. Here you will find complete step-by-step instructions on how to register with EIDM and request access to the Open Payments system.

Section 8.3: Registering in the Open Payments System

Once the physician or teaching hospital has decided who should fill the required user roles, that individual can begin Open Payments registration. The authorized representative user role is not required for physicians or teaching hospitals. This role also can be filled after registration. During the registration, the selected individual will enter the required information for their physician or teaching hospital profile, user personal profile, and nominees for each user role. Details on these steps are included later in this section.

A physician must register him- or herself, and the authorized official must register a teaching hospital in the Open Payments system. The authorized official may nominate other users and modify existing user roles, approve or deny nominations made by others, approve or deny requests for user roles made by others, including self-nominations, as well as review and dispute records. The physician may perform these same actions, as well as modify his or her physician profile.

Open Payments User Guide

In order to complete registration for teaching hospitals, you must hold the authorized official role to complete registration. If you incorrectly register a teaching hospital, you will need to contact the Open Payments Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366. The incorrectly registered teaching hospital will go into deactivated status until the authorized official goes back into the system and registers the correct teaching hospital.

For physicians, an authorized representative can be designated to take certain actions on behalf of the physician. The person selected as an authorized representative can be another physician, an office manager, or a practice manager. The registering physician can assign access levels for their authorized representative within the Open Payments system. A physician cannot be his or her own authorized representative. The physician can only have one physician authorized representative. See Section 9.4 for more detailed information on physician authorized representative access levels.

Physicians must undergo a vetting process to be fully registered in the Open Payments system. See Section 8.3c for more on physician vetting.

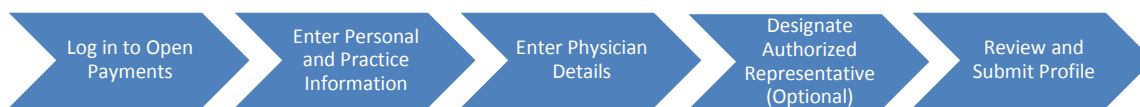
For teaching hospitals, authorized officials are responsible for approving all nominations and modifying user roles. The teaching hospital authorized representatives will be granted certain permissions to access/review data, initiate a dispute on behalf of the teaching hospital, and make/approve nominations by an authorized official. Teaching hospitals can have up to 10 active authorized users. There can be a maximum of five authorized official(s) per teaching hospital.

Teaching hospitals must be selected from a prepopulated list in the Open Payments system. This list is maintained by CMS. As such, teaching hospitals will not go through any vetting and will be approved immediately in the Open Payments system. The teaching hospital will be given a status of “vetted.” However, no additional vetting will occur.

The entire registration process takes approximately 30 minutes and must be completed in a single session; users cannot save entries or complete the profile at a later time. Users will be able to edit, manage, or update a profile once it is created. **Note: The system times out after 15 minutes of inactivity, and it does not have an auto-save feature. If the system times out, your updates will not be saved.**

Physician registration has five steps, as shown in Figure 8.2 below. Details on these steps are included later in this document.

Figure 8.2: Physician Registration Process



Figures 8.3 and 8.4 detail the fields which are required and which fields are optional when creating physician and user profiles. It is important to have this information on-hand prior to beginning the registration process.

Figure 8.3: Required and Optional Fields for Physician Profiles

Fields	Required	Optional
Practice Name		X
Practice Business Address	X	
Physician Primary Type	X	
Physician National Provider Identifier (NPI)**		X
Drug Enforcement Administration (DEA) Number**		X
Primary Specialty Code	X	
License State (at least 1)	X	
License Number (at least 1)	X	

**The National Provider Identifier (NPI) and Drug Enforcement Administration (DEA) Number must be entered if you have them. If you do not have these identifiers, you can still proceed with registration.

When registering in Open Payments, physicians must enter all of the state license numbers they hold, as well as their NPI number (if they have one). This is because records submitted to Open Payments are associated with physician license numbers and NPI. If a physician does not provide all of this identifying information, he or she will not be able to see all records identifying him or her. For example, a physician who has an NPI and holds licenses in both Michigan and Ohio, yet provides only the Michigan license number and no NPI in her profile, would not be able to see any records in Open Payments that identify her by her Ohio license number or NPI.

Figure 8.4: Required and Optional Fields for Individual User Profiles

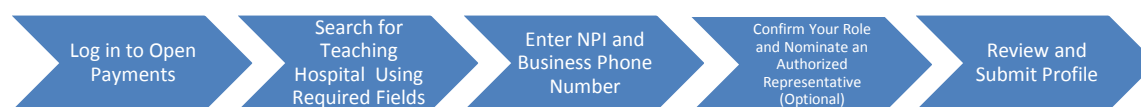
Fields	Required	Optional
First Name	X	
Middle Name		X
Last Name	X	

Open Payments User Guide

Fields	Required	Optional
Name Suffix		X
Job Title (for Physician)		X
Job Title (for Authorized Representative)	X	
Business Address	X	
Business Phone Number	X	
Business Email Address	X	

Teaching hospital registration has five steps, as shown in Figure 8.5 below. Details on these steps are included later in this document.

Figure 8.5: Teaching Hospital Registration Process



Figures 8.6 and 8.7 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.

Figure 8.6: Required and Optional Fields for Teaching Hospital Profiles

Fields	Required	Optional
State Where Teaching Hospital is Located	X	
Teaching Hospital Name	X	
Teaching Hospital Address	X	
Taxpayer Identification Number (TIN)/Employer Identification Number (EIN)	X	

Open Payments User Guide

Fields	Required	Optional
Teaching Hospital National Provider Identifier (NPI)	X	
Teaching Hospital Business Phone Number	X	

Figure 8.7: Required and Optional Fields for Individual User Profiles

Fields	Required	Optional
First Name	X	
Middle Name		X
Last Name	X	
Name Suffix		X
Job Title	X	
Business Address	X	
Business Phone Number	X	
Business Email Address	X	

Important Notes:

Registration must be completed in one session.

The Open Payments system logs out all users after 15 minutes of inactivity.

Never use the navigation buttons on your browser toolbar. Only use the navigation buttons (Back buttons) within the Open Payments system itself.

If you do not know your ten-digit NPI number, you can find it on the NPI Registry, located at <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>.

If you cannot find your DEA number, contact the DEA Office of Diversion Control. Their website is <https://www.deadiversion.usdoj.gov>.

You can view a sample notification email for registration activities in Appendix D.

8.3a: Registering a Physician (First Time User)

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

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” when you are ready to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



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

Open Payments (Sunshine Act)

Create Profile

- ① Select Profile Type
- ② Register Entity
- ③ Personal Information
- ④ Review and Submit Profile



Access the Open Payments User Guide

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

The information needed to create your user profile or nominate additional authorized users or representatives includes:

Step 3: Select the profile type “Physician” and select “Continue.”

Open Payments (Sunshine Act)

Create Profile

- 1 Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

[Access the Open Payments User Guide](#)

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Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the "I have a Nomination ID and Registration ID" link. A field with an asterisk (*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

- ☐ Applicable Manufacturer or Applicable GPO
- ☒ Physician
- ☐ Teaching Hospital

----- OR -----

[I have a Nomination ID and Registration ID](#)

[Cancel](#) [Continue](#)

Step 4: Enter the physician's personal information. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered. A frequent reason for the system not recognizing information is the incorrect use of [special characters](#) (i.e., non-alphanumeric characters). Make sure that when entering information into free-form text fields, you restrict your use of special characters to those permitted by the system. Telephone numbers must include dashes (-) and email addresses must include the at symbol (@) and period (.) Special characters allowed in name fields are given in [Appendix A](#).

When you are done, select "Continue." **Note: Pressing the "Cancel" button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Personal Information

Physician Details

Authorized Representative

③ Review and Submit Profile

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➔ Access the Open Payments User Guide

Physician: Personal Information

A field with an asterisk (*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will **not** automatically update your profile information in your other CMS accounts, such as Medicare, National Plan & Provider Enumeration System (NPPES), or Enterprise Identity Management (EIDM) accounts.

Your Name

* First Name: John

Middle Name:

* Last Name: Doe

Suffix (Jr., Sr., etc.):

Business Information

Enter your contact business email address, business telephone number, and your primary practice location address. This information will be used to help verify your identity as a physician. If you have multiple practice addresses, enter the primary business address.

* Business Email Address: physician@yopmail.com

* Business Telephone Number: 555-555-5555

XXX-XXX-XXXX

Physician Practice Name:

Physician Practice Business Address

* Practice Business Address, Line 1: 7500 Security Blvd

Practice Business Address, Line 2:

* City Name: Baltimore

* State: Maryland

* Zip Code: 21244

XXXXX XXXX

Cancel Back Continue

Step 5: Enter the physician details. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered.

Refer to the [taxonomy code list in Appendix C](#) for a complete listing of the available taxonomy codes. Specialty codes that are not on the taxonomy code list may not be entered.

To add your licensing information, select “Add License” and enter the state in which the license is held, and the license number. You are required to enter at least one license. The license number field accepts only letters and numbers. Any other characters, such as periods or hyphens, should not be entered. When you are done, select “Add.” If the physician has licenses in more than one state, enter in the first

Open Payments User Guide

state and license number and then select “Add License.” Repeat until all of the physician’s state licenses have been added. You can enter up to five licenses. When you are finished, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓

Select Profile Type

②

Personal Information

Physician Details >

Authorized Representative

③

Review and Submit Profile

?

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➔

Access the Open Payments User Guide

Physician: Physician Details

A field with an asterisk (*) is required.

Enter the required physician information below. Make sure to enter your National Provider Identifier (NPI) if you have one. Also, enter specialty and licensing information.

Physician Identification

* Physician Primary Type:

Medical Doctor

National Provider Identification (NPI):

1234512345

The NPI is a 10-digit number; do not use any dashes or other special characters

Drug Enforcement Administration (DEA) Number:

A12345678

The DEA number is a 9-alphanumeric ID; do not use any dashes or other special characters

Physician Specialty Codes

Enter the Physician Specialty Code. Click on "Add Specialty Code" if you have more than one specialty. Note: Physician codes are sometimes referred to as "taxonomy codes."

Refer to the [Open Payments User Guide](#) for the available taxonomy codes that can be entered for the Physician Specialty field.

* Physician Specialty Code:

202C00000X

+ ADD SPECIALTY CODE

State Licensing Information

Enter at least 1 and up to 52 state license numbers and issuing state combinations. Exclude any special characters that appear in the license number. Select "Add License" to add more licenses.

License State:	License Number:	Actions:
Maryland	1234512345	<div>EditDelete</div>

- ADD LICENSE

Cancel

Back

Continue

Step 6: Physicians may choose to nominate the individual to serve as their authorized representative within the Open Payments system. By default, “Designate an Authorized Representative” will be selected. To designate an authorized representative, enter the required information. You will also be asked to select the access level for the authorized representative. A summary of the access levels are listed on the screen. Refer to Section 9.4 for more information on each access level. When you are finished, select “Continue.”

If you choose not to designate an authorized representative at this time, select “Not Now” and then select “Continue.” You do not need to designate an authorized representative during initial registration and may do so at a later time. For instructions on how to nominate an authorized representative after registration is complete, see Section 9.4d (1).

Note: A physician cannot be his or her own authorized representative. Please enter another individual’s name, email address, phone number, and/or business address for the physician’s authorized representative.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Personal Information

Physician Details >

④ Authorized Representative

⑤ Review and Submit Profile

? Need help with the website?
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➔ Access the Open Payments User
Guide

Physician: Authorized Representative

A field with an asterisk (*) is required.

A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. 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.

The nominated authorized representative will receive an email stating the he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

Nominate the Authorized Representative in the Open Payments System

Nominations can be made now or later, and can be completed by updating the physician's profile. The nominee will have 10 business days to accept or reject the role. Open Payments will render the nomination inactive if the nominee does not respond within 10 business days.

Please note that an authorized representative nominee must register in the Enterprise Identity Management (EIDM) to obtain credentials before he or she can register and accept his or her role in the Open Payments system. If the nominee accepts the role, he or she will then be prompted to create an individual profile in the Open Payments system.

* Designate an authorized representative?

- ☒ Designate an authorized representative
☐ Not now

Authorized Representative

Enter the name, business email, job title, and business telephone number of the nominated authorized representative.

* Authorized Representative's First Name:

Jane

Middle Name:

* Authorized Representative's Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

physicianrep@yopmail.com

* Business Telephone Number:

555-555-5555

XXXX-XXXX-XXXX

* Job Title:

Office Manager

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 business addresses.

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

XXXXX

XXXXX

Nominated Authorized Representative's Access Level

By default, your authorized representative can read any information in the physician's profile in the Open Payments system. Select any additional level(s) of access to be granted to the authorized representative below. The access level will determine the actions the authorized representative can take on behalf of the physician in the Open Payments system. Regardless of the access level assigned to an authorized representative, authorized representatives cannot edit access levels.

* Access Level:

- ☒ **Read** - Default access level. Able to see physician profile and records information.
☒ **Modify Profile** - Able to edit or enter the physician's My Profile information (NPI, license, specialties, etc.).
☒ **Dispute Records** - Able to comment on information submitted about payments or other transfers of value, ownership, and investment interests with the submitter (applicable manufacturer or OPO). Also able to dispute reported payments or other transfers of value, ownership, and investment interests.

Cancel

Back

Continue

Open Payments User Guide

Step 7: Review the information entered. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Submit.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Personal Information

Physician Details

Authorized Representative

③ Review and Submit Profile

?

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➔

Access the Open Payments User Guide

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Submit Profile” to submit your profile.

Personal Information

Name:
John Doe

Business Email Address:
physician@yopmail.com

Business Telephone Number:
555-555-5555

Physician Practice Name:

Physician Practice Business Address:
7500 Security Blvd
Baltimore , Maryland 21244

Physician Information

Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
1234512345

Drug Enforcement Administration (DEA) Number:
A12345678

Specialty Codes:
1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner

State Licenses:
License State: License Number:
Maryland 1234512345

Physician's Authorized Representative:

Authorized Representative:
Jane Doe

Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555

Job Title:
Office Manager

Business Address:
7500 Security Blvd
Baltimore , MD 21244

Access Level:
Review Data (Read-Only)
Edit Physician profile
Dispute Data

Cancel

Back

Submit

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.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Create Profile

- ✓ Select Profile Type
- ✓ Physician Information
- ✓ Authorized Representative
- ✓ Review and Submit Profile



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[Access the Open Payments User Guide](#)

You have successfully created your profile as a physician.

John Doe

You may now

- Go to [Open Payments Home](#).
- Refer to the [Open Payments User Guide](#) for further information

Note: You will not be able to take any actions in the Open Payments system related to this profile until the profile is registered. The profile will be registered once your identity as a physician is successfully vetted. This vetting process should be completed within 24 hours.

If you are not successfully vetted, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for next steps. More information on vetting is available in the [Open Payments User Guide](#).

8.3b: Registering as a Physician for a User with Another Role (Returning User)

If you are registering a physician and you already have an account in the Open Payments system, follow the steps below.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the “My Profile” tab from the menu bar on the Open Payments home page.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Manage Physicians
Register, Edit, Nominate Roles

My Profile
[Account, Roles, Nominations](#)

Help

My Profile

Jane Doe

Overview

My Profile Details

My Roles & Nominations

Profile Name

Jane Doe

Your Roles

Role:	Name:	Role Status:
Authorized Representative	Jane	Accepted



[Access the Open Payments User Guide](#)

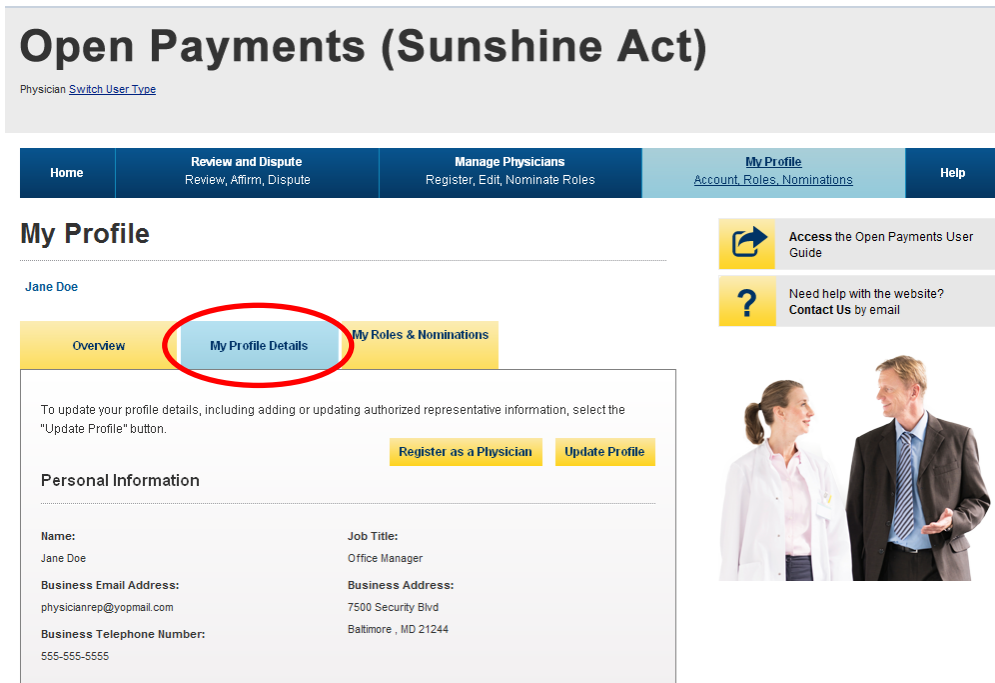


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Open Payments User Guide

Step 2: Select “My Profile Details.” Review your profile information displayed on the page. To make any corrections, select “Update Profile.” Any corrections made here will update your information for any profile you have in the Open Payments system. To proceed as registering as a physician, select “Register as a Physician.” **Note: Changes made here will not automatically update your profile information in your other CMS accounts.**



Open Payments (Sunshine Act)
Physician [Switch User Type](#)

Home **Review and Dispute** **Manage Physicians** **My Profile** **Help**
Review, Affirm, Dispute Register, Edit, Nominate Roles Account, Roles, Nominations

My Profile

Jane Doe

Overview **My Profile Details** **My Roles & Nominations**

To update your profile details, including adding or updating authorized representative information, select the "Update Profile" button.

[Register as a Physician](#) [Update Profile](#)

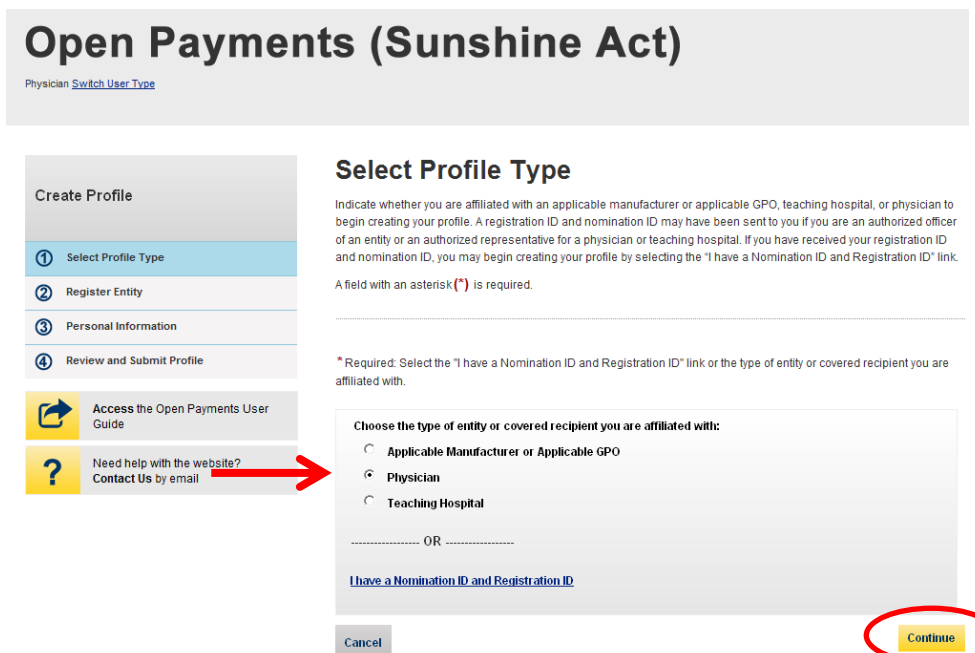
Personal Information

Name: Jane Doe	Job Title: Office Manager
Business Email Address: physicianrep@yopmail.com	Business Address: 7500 Security Blvd Baltimore, MD 21244
Business Telephone Number: 555-555-5555	

[Access the Open Payments User Guide](#)

[Need help with the website? Contact Us by email](#)

Step 3: Select the profile type, when finished select “Continue.”



Open Payments (Sunshine Act)
Physician [Switch User Type](#)

Create Profile

- Select Profile Type
- Register Entity
- Personal Information
- Review and Submit Profile

[Access the Open Payments User Guide](#)

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Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the "I have a Nomination ID and Registration ID" link.

A field with an asterisk (*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

☐ Applicable Manufacturer or Applicable GPO

☒ Physician

☐ Teaching Hospital

OR

[I have a Nomination ID and Registration ID](#)

[Cancel](#) [Continue](#)

Open Payments User Guide

Step 4: Enter the physician's personal information. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered. A frequent contributor to the system not recognizing information is the incorrect use of special characters (i.e., non-alphanumeric characters). Make sure that when entering information into free-form text fields, you restrict your use of special characters to those permitted by the system. Telephone numbers must include dashes (-) and email addresses must include the at symbol (@) and period (.). Special characters allowed in name fields are given in [Appendix A](#).

When you are done, select "Continue." **Note: Pressing the "Cancel" button will cause you to lose all data entered.**

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Create Profile

✓ Select Profile Type

② Personal Information

Physician Details

Authorized Representative

③ Review and Submit Profile

?

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➔

Access the Open Payments User Guide

Physician: Personal Information

A field with an asterisk (*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will not automatically update your profile information in your other CMS accounts, such as Medicare, National Plan & Provider Enumeration System (NPES), or Enterprise Identity Management (EIDM) accounts.

Your Name

* First Name:

Middle Name:

Jane

* Last Name:

Suffix (Jr., Sr., etc.):

Doe

Business Information

Enter your contact business email address, business telephone number, and your primary practice location address. This information will be used to help verify your identity as a physician. If you have multiple practice addresses, enter the primary business address.

* Business Email Address:

* Business Telephone Number:

physician@yopmail.com

555-555-5555

XXX-XXX-XXXX

Physician Practice Name:

Physician Practice Business Address

* Practice Business Address, Line 1:

Practice Business Address, Line 2:

7500 Security Blvd

* City Name:

* State:

* Zip Code:

Baltimore

Maryland

21244

XXXXX

XXXX

Cancel

Back

Continue

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Open Payments User Guide

Step 5: Enter the physician details. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered.

Refer to the [taxonomy code list in Appendix C](#) for a complete listing of the available taxonomy codes. Specialty codes that are not on the taxonomy code list may not be entered.

In the state licensing section, the license number field accepts only letters and numbers. Any other characters, such as periods or hyphens, should not be entered. If the physician has licenses in more than one state, enter in the first state and license number and then select “Add License.” Repeat until all of the physician’s state licenses are added, you can enter up to five licenses.

Once you've added all of the required physician details, select “Continue.”

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Physician [Switch User Type](#)

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Create Profile

✓ Select Profile Type

② Personal Information

Physician Details >

Authorized Representative

③ Review and Submit Profile

?

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Contact Us by email.

🔗

Access the Open Payments User Guide

Physician: Physician Details

A field with an asterisk (*) is required.

Enter the required physician information below. Make sure to enter your National Provider Identifier (NPI) if you have one. Also, enter specialty and licensing information.

Physician Identification

* Physician Primary Type:

Medical Doctor

National Provider Identification (NPI):

2345623456

The NPI is a 10-digit number; do not use any dashes or other special characters

Drug Enforcement Administration (DEA) Number:

The DEA number is a 9-alphanumeric ID; do not use any dashes or other special characters

Physician Specialty Codes

Enter the Physician Specialty Code. Click on "Add Specialty Code" if you have more than one specialty. Note: Physician codes are sometimes referred to as "taxonomy codes."

Refer to the [Open Payments User Guide](#) for the available taxonomy codes that can be entered for the Physician Specialty field.

* Physician Specialty Code:

202C00000X

+ ADD SPECIALTY CODE

State Licensing Information

Enter at least 1 and up to 52 state license numbers and issuing state combinations. Exclude any special characters that appear in the license number. Select "Add License" to add more licenses.

License State:	License Number:	Actions:
Maryland	1234512345	<div>EditDelete</div>

- ADD LICENSE

Cancel

BackContinue

Step 6: Next, you may nominate the individual you would like to be your authorized representative within the Open Payments system. By default, “Designate an Authorized Representative” will be selected. Enter the required information. You will also be asked to select the access level for the authorized representative. When you are finished, select “Continue.” See Section 9.4a for more detailed information on physician authorized representative access levels.

If you choose not to designate an authorized representative at this time, select “Not Now” and then select “Continue.” You can complete this step at a later time by updating your physician profile within the “My Profile” tab.

Note: A physician cannot be his or her own authorized representative. Please enter another individual’s name, email address, phone number, and/or business address for the physician’s authorized representative.

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Create Profile

✓ Select Profile Type

✓ Personal Information

Physician Details >

④ Authorized Representative

⑤ Review and Submit Profile

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Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

Physician: Authorized Representative

A field with an asterisk (*) is required.

A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. 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.

The nominated authorized representative will receive an email stating that he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

Nominate the Authorized Representative in the Open Payments System

Nominations can be made now or later, and can be completed by updating the physician's profile. The nominee will have 10 business days to accept or reject the role. Open Payments will render the nomination inactive if the nominee does not respond within 10 business days.

Please note that an authorized representative nominee must register in the Enterprise Identity Management (EIDM) to obtain credentials before he or she can register and accept his or her role in the Open Payments system. If the nominee accepts the role, he or she will then be prompted to create an individual profile in the Open Payments system.

* Designate an authorized representative?

☒ Designate an authorized representative

☐ Not now

Authorized Representative

Enter the name, business email, job title, and business telephone number of the nominated authorized representative.

* Authorized Representative's First Name:
John

Middle Name:

* Authorized Representative's Last Name:
Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:
physicianrep@yopmail.com

* Business Telephone Number:
555-555-5555
10000 10000

* Job Title:
Office Manager

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 business addresses.

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244
10000 10000

Nominated Authorized Representative's Access Level

By default, your authorized representative can read any information in the physician's profile in the Open Payments system. Select any additional level(s) of access to be granted to the authorized representative below. The access level will determine the actions the authorized representative can take on behalf of the physician in the Open Payments system. Regardless of the access level assigned to an authorized representative, authorized representatives cannot edit access levels.

* Access Level:

☐ Read - Default access level. Able to see physician profile and records information.

☒ Modify Profile - Able to edit or enter the physician's My Profile information (NPI, license, specialties, etc.).

☒ Dispute Records - Able to comment on information submitted about payments or other transfers of value, ownership, and investment interests with the submitter (applicable manufacturer or GPO). Also able to dispute reported payments or other transfers of value, ownership, and investment interests.

Cancel

Back

Continue

Step 7: Review the information entered. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Submit.”

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Physician [Switch User Type](#)

Home	Review and Dispute <small>Review, Affirm, Dispute</small>	Manage Physicians <small>Register, Edit, Nominate Roles</small>	My Profile <small>Account, Roles, Nominations</small>	Help
------	--	--	--	------

Create Profile

- ✓ Select Profile Type
- ✓ Personal Information
- Physician Details
- Authorized Representative
- ③ Review and Submit Profile**

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

Review and Submit Profile

Review the information on this page to ensure it is correct. Select "Back" to navigate to the previous pages to correct any invalid information. Select "Submit Profile" to submit your profile.

Personal Information

Name:
Jane Doe

Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555

Physician Practice Name:

Physician Practice Business Address:
7500 Security Blvd
Baltimore, Maryland 21244

Physician Information

Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
2345623456

Drug Enforcement Administration (DEA) Number:

Specialty Codes:
1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner

State Licenses:
Maryland 1234512345

Physician's Authorized Representative

Authorized Representative:
John Doe

Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555

Job Title:
Office Manager

Business Address:
7500 Security Blvd
Baltimore, MD 21244

Access Level:
Review Data (Read-Only)
Edit Physician profile
Dispute Data

[Cancel](#)[Back](#)[Submit](#)

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

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Physician [Switch User Type](#)

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Create Profile

✓ Select Profile Type

✓ Physician Information

✓ Authorized Representative

✓ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

You have successfully created your profile as a physician.

Jane Doe

You may now

- Go to [Open Payments Home](#).
- Refer to the [Open Payments User Guide](#) for further information

Note: You will not be able to take any actions in the Open Payments system related to this profile until the profile is registered. The profile will be registered once your identity as a physician is successfully vetted. This vetting process should be completed within 24 hours.

If you are not successfully vetted, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for next steps. More information on vetting is available in the [Open Payments User Guide](#).

8.3c: Physician Vetting

Vetting is the process of verifying a physician's identity. This is done to ensure that the physician is a valid covered recipient and to aid in the matching of submitted payments to the corresponding physicians. All physicians registering in the Open Payments system will be vetted. Vetting occurs once the authorized official has completed his or her profile and submitted his or her registration in the Open Payments system. **Note: Physician registration is not considered complete until the vetting process has been successfully completed.**

The vetting process will typically require little action from the user in order to complete it. Once the physician submits the physician and user profile, the vetting process begins. The process will attempt to vet the physician using the information provided in the physician profile, so it is important for the physician to provide as much information as possible to aid in the vetting process. Particularly important are the NPI, DEA number, and the state license information. The Open Payments system will match physician information against multiple data sources.

If the vetting fails, the physician will have the opportunity to correct the information in his or her profile and resubmit the profile for vetting. The physician may update his or her profile as many times as necessary to successfully complete vetting.

Physicians must ensure to enter valid license information. If incorrect license information is entered, the physician would not be able to review records submitted for that state license. Physicians can perform actions only on record(s) associated with the state license that was entered and verified to be accurate.

If the physician does not successfully pass vetting despite all of the information provided in the physician profile is correct to the best of his or her knowledge, or the physician requires assistance with successfully vetting their profile, the physician can contact the Open Payments Help Desk (openpayments@cms.hhs.gov) or call 1-855-326-8366.

The automatic vetting process normally takes a short time. Nevertheless, the process could take longer, depending on the information provided by the user and the number of physicians undergoing vetting at

Open Payments User Guide

the same time. CMS encourages physicians to register and begin the vetting process as early as possible to allow sufficient time for vetting to be completed.

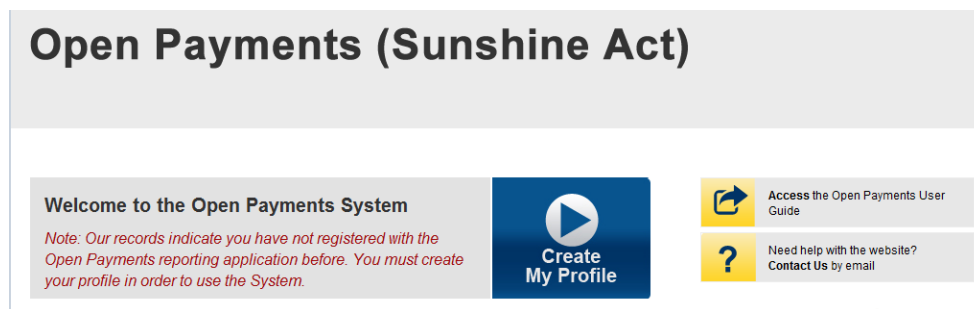
Please note that if a physician profile is modified, the profile will undergo vetting again.

8.3d: Registering a Teaching Hospital (First Time User)

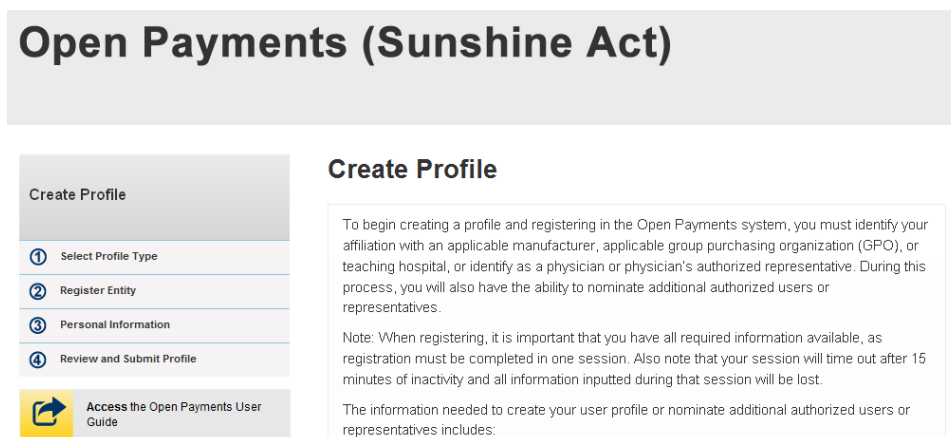
If you are a first-time user registering a teaching hospital in the Open Payments system, follow the steps below.

Note: You must be an authorized official for the teaching hospital in order to complete registration.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” when you are ready to begin the registration process.



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



Step 3: Select the profile type, when finished select “Continue.”

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the "I have a Nomination ID and Registration ID" link.

A field with an asterisk (*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

☐ Applicable Manufacturer or Applicable GPO

☐ Physician

☒ Teaching Hospital

----- OR -----

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: 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 drop-downs and select "Search."

Teaching hospitals are pre-populated into the Open Payments system based on the 2014 Open Payments Cycle: Teaching Hospital List. Teaching hospitals not on this list will not have payments or transfers of value reported about them.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Teaching Hospital: Search

3 Personal Information

4 Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select "Search" when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:

Maryland

* Teaching Hospital Legal Name:

ABCDE Hospital

* Teaching Hospital Business Address:

7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):

123456789

Search

Back

Cancel

Open Payments User Guide

Step 5: Review the information displayed on the screen. Select “Continue” if the information displayed is the teaching hospital you wish to register. If this is not the correct teaching hospital, select “Back” to return to the previous page and re-enter the information.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

?

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➔

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select “Search” when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:

Maryland

* Teaching Hospital Legal Name:

ABCDE Hospital

* Teaching Hospital Business Address:

7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):

123456789

Search

Teaching Hospital Search Results

This teaching hospital is not yet registered in Open Payments system.

ABCDE Hospital
7500 Security Blvd. Baltimore
MD 21244
TIN: 123456789

If you are an authorized official for the teaching hospital, you may register the teaching hospital in the Open Payments system. If not, select “Cancel” and contact an authorized official of the teaching hospital.

Cancel

Back

Continue

Open Payments User Guide

Step 6: Review the information displayed on the screen. Enter the teaching hospital ten-digit National Provider Identifier (NPI) and the business phone number. When complete, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

2 Teaching Hospital: Register Teaching Hospital

A field with an asterisk (*) is required.

Review the teaching hospital information below to ensure this is the correct teaching hospital you wish to register. Enter the additional information in order to proceed with your registration.

Methodist Hospital

Business Address:

7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN):

123456789

Additional Information for Registration

*** National Provider Identifier (NPI):**

1234512345

The NPI is a 10-digit number; do not use any dashes or other special characters

*** Teaching Hospital Business Phone Number:**

555-555-5555

XXX-XXX-XXXX

Cancel

Back

Continue

Step 7: Review the information generated by the system related to your role. You must select the role of “Authorized Official” to proceed with registration. First name, last name, email address, and business phone will be pre-populated with information from your EIDM profile. Edit these fields as necessary. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered. When complete, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

2 Teaching Hospital: Your Role

A field with an asterisk (*) is required.

To register a teaching hospital, you must have the role of authorized official of the teaching hospital.

Authorized officials are responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

Your Role-Related Information

Enter your personal information below.

*** First Name:**

John

Middle Name:

*** Last Name:**

Doe

Suffix (Jr., Sr., etc.):

*** Email Address:**

teachinghospital@yopmail.com

*** Business Phone:**

555-555-5555

XXX-XXX-XXXX

Cancel

Back

Continue

Step 8: You may choose to nominate additional users to fill the authorized official or authorized representative roles. To do so, select “Add Nominee” to nominate an additional individual(s).

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting "Add Nominee." You will be asked to provide the nominee's personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Role:	Name:	Business Email:	Business Phone Number:	View
Authorized Official	John Doe	teachinghospital@yopmail.com	555-555-5555	

[+ Add Nominee](#)

Cancel

Back

Continue

Step 8a: Enter the required information and select either “Authorized Official” or “Authorized Representative.” When complete, select “Add Nominee.”

Repeat the process until you have entered all of the individuals you wish to nominate. A teaching hospital may have up to 10 active roles, five of which can be authorized officials. Each nominated individual will receive an email notifying them of their nomination. The nominee must confirm or reject the role within 10 business days. For more information on the different user roles, see Section 9.4.

Nominations do not have to be made during initial registration. You can nominate individuals later by updating your teaching hospital profile within the “My Profile” tab. If you choose not to add nominees at this time, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

2 Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

3 Personal Information

4 Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting "Add Nominee." You will be asked to provide the nominee's personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Roles	Name	Business Email	Business Phone Number	View
Authorized Official	John Doe	teachinghospital@gmail.com	555-555-5555	

[Add Nominee](#)

* First Name:
Jane

* Middle Name:

* Last Name:
Doe

* Suffix (Jr., Sr., etc.):

* Email Address:
teachingrep@gmail.com

* Business Phone Number:
555-555-5555
303-303-3030

* Job Title:
CFO

*** Indicate the role this person will have:**

☒ **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

☐ **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Business Address:

* Business Address, Line 1:
7506 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244

Add Nominee

Cancel

Back

Continue

If you entered any nominees, you will see the nominee information displayed on the screen. Confirm the information and when complete select "Continue."

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User
Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting "Add Nominee." You will be asked to provide the nominee's personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Role:	Name:	Business Email:	Business Phone Number:	View
Authorized Official	John Doe	teachinghospital@yopmail.com	555-555-5555	
Authorized Official	Jane Doe	teachingrep@yopmail.com	555-555-5555	Delete

➔ Add Nominee

Cancel

Back

Continue

Open Payments User Guide

Step 9: Enter your personal information. When finished, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

3 Personal Information

A field with an asterisk (*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will not automatically update your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration System (NPES), or Enterprise Identity Management (EIDM) accounts.

Your Name

* First Name:
John

* Last Name:
Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Business Address

* Job Title:
CEO

* Business Email Address:
teachinghospital@yopmail.com

* Business Telephone Number:
555-555-5555
XXX-XXX-XXXX

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244
XXXXX XXXX

Cancel

Back

Continue

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Open Payments User Guide

Step 10: Review your profile information on the “Review and Submit Profile” page. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User
Guide

4 Review and Submit Profile

Review the information entered in the previous sections.

Select “Back” to navigate to the previous page(s) and correct any incorrect information. Select “Submit Profile and Register” to submit your profile.

Methodist Hospital

Teaching Hospital Business Address: 7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 123456789

National Provider Identifier (NPI): 1234512345

Teaching Hospital Business Phone Number: 555-555-5555

Your Role: Authorized Official

First Name: John

Middle Name:

Last Name: Doe

Suffix (Jr., Sr., etc.):

Business Email Address: teachinghospital@yopmail.com

Business Telephone Number: 555-555-5555

Job Title: CEO

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Nominations:

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:
Authorized Official	John	Doe	teachinghospital@yopmail.com	555-555-5555
Authorized Official	Jane	Doe	teachingrep@yopmail.com	555-555-5555

Cancel

Back

Continue

Open Payments User Guide


The following message will appear on-screen to confirm your profile has been successfully created. If you chose to nominate additional roles, an email notification is sent to the individuals nominated that will instruct them on their next steps.


Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

 Need help with the website?
[Contact Us](#) by email.

 Access the Open Payments User Guide

Success Confirmed

You have successfully submitted ABCDE Hospital profile information

You may now: [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the teaching hospital. The email confirmation message will have the teaching hospital's registration ID. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

8.3e: Registering a Teaching Hospital (Returning User)

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

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the "Manage Teaching Hospitals" tab and then select "Register New Teaching Hospital."

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

[Home](#)[Review and Dispute](#)
Review, Affirm, Dispute

[Manage Teaching Hospitals](#)
Register, Edit, Nominate Roles

[My Profile](#)
Account, Roles, Nominations

[Help](#)


Manage Teaching Hospitals


Below are the teaching hospitals with which you are affiliated and authorized to view. If you are an authorized official, you may register additional teaching hospitals with the Open Payments system. Select "Register New Teaching Hospital" to begin registering a new teaching hospital. To edit the teaching hospital information or manage user roles (including nominating new users), select the appropriate teaching hospital.


[Register New Teaching Hospital](#)

Your Teaching Hospitals

Name:	Status:
ABCDE Hospital	Registered

 Access the Open Payments User Guide

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Open Payments User Guide

Step 2: 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 drop-downs and select "Search."

Teaching hospitals are pre-populated into the Open Payments system based on the 2014 Open Payments Cycle: Teaching Hospital list. Teaching hospitals not on this list will not have payments or transfers of value reported about them.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select "Search" when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:
Maryland

* Teaching Hospital Legal Name:
EFGH Hospital

* Teaching Hospital Business Address:
7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):
987654321

Search

Cancel

Back

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Open Payments User Guide

Step 3: Review the information displayed on the screen, select “Continue” if the information displayed is the teaching hospital you wish to register. If this is not the correct teaching hospital, select “Back” to return to the previous page and re-enter the information. **Note: You must be an authorized official for the teaching hospital in order to complete registration.**

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User
Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select “Search” when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:

Maryland

* Teaching Hospital Legal Name:

EFGH Hospital

* Teaching Hospital Business Address:

7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):

987654321

Search

Teaching Hospital Search Results

This teaching hospital is not yet registered in Open Payments system.

EFGH Hospital
7500 Security Blvd.
Baltimore MD 21244
TIN: 987654321

If you are an authorized official for the teaching hospital, you may register the teaching hospital in the Open Payments system. If not, select “Cancel” and contact an authorized official of the teaching hospital.

Cancel

Back

Continue

Step 4: Review the information displayed on the screen. Enter the teaching hospital’s ten-digit National Provider Identifier (NPI) and the business phone number. When complete, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

Access the Open Payments User
Guide

2 Teaching Hospital: Register Teaching Hospital

A field with an asterisk (*) is required.

Review the teaching hospital information below to ensure this is the correct teaching hospital you wish to register. Enter the additional information in order to proceed with your registration.

EFGH Hospital

Business Address:

7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN):

987654321

Additional Information for Registration

* National Provider Identifier (NPI):

1234512345

The NPI is a 10-digit number; do not use any dashes or other special characters

* Teaching Hospital Business Phone Number:

555-555-5555

XXX-XXX-XXXX

Cancel

Back

Continue

Step 5: Review the information generated by the system related to your role. You must select the role of “Authorized Official” to proceed with registration. First name, last name, email address, and business phone should be pre-populated with information from your EIDM profile. Edit these fields as necessary. All required fields will be marked with an asterisk. Users will not be able to proceed with registration until all of the required fields have been entered. When complete, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

Access the Open Payments User
Guide

2 Teaching Hospital: Your Role

A field with an asterisk (*) is required.

To register a teaching hospital, you must have the role of authorized official of the teaching hospital.

Authorized officials are responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

Your Role-Related Information

Enter your personal information below.

* First Name:

John

Middle Name:

* Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Email Address:

teachinghospital@yopmail.com

* Business Phone:

555-555-5555

XXX-XXX-XXXX

Cancel

Back

Continue

Open Payments User Guide

Step 6: You may choose to nominate additional users to fill the authorized official or authorized representative roles. To do so, select “Add Nominee” to nominate an additional individual(s).

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User
Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting “Add Nominee.” You will be asked to provide the nominee’s personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- **Authorized Representative:** Granted permission by the teaching hospital’s authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Role:	Name:	Business Email:	Business Phone Number:	View
Authorized Official	John Doe	teachinghospital@yopmail.com	555-555-5555	

+ Add Nominee

Cancel

Back

Continue

Step 6a: Enter the required information and select either “Authorized Official” or “Authorized Representative.” When complete, select “Add Nominee.” A teaching hospital may have up to 10 active roles, five of which can be authorized officials. Each nominated individual will receive an email notifying them of their nomination. The nominee must confirm or reject the role within 10 business days.

Nominations do not have to occur during initial registration. You can nominate additional roles at a later time by updating your teaching hospital profile within the “My Profile” tab. If you choose not to add nominees at this time, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Search User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User
Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting "Add Nominee." You will be asked to provide the nominee's personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Role:	Name:	Business Email:	Business Phone Number:	View
Authorized Official	John Doe	teachinghospital@yopmail.com	555-555-5555	

Add Nominee

* First Name:	Middle Name:	
Jane		
* Last Name:	Suffix (Jr., Sr., etc.):	
Doe		
* Email Address:	* Business Phone Number:	
hospitalrep@yopmail.com	555-555-5555	
	XXX-XXX-XXXX	
* Job Title:		
CFO		
* Indicate the role this person will have:		
<input checked="" type="radio"/> Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.		
<input type="radio"/> Authorized Representative: Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.		
Business Address:		
* Business Address, Line 1:		
7500 Security Blvd		
Business Address, Line 2:		
* City Name:	* State:	* Zip Code:
Baltimore	Maryland	21244
	XXXXX	XXXXX

Add Nominee

Cancel

Back

Continue

Open Payments User Guide

You will then see the additional nominee information displayed on the screen. Confirm the information and when complete select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

Nominate Roles

③ Personal Information

④ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Nominate Roles

A field with an asterisk (*) is required.

The Teaching Hospitals can have up to 10 active authorized users in the role of authorized official or authorized representative. There can be a maximum of 5 authorized official(s) per teaching hospital. These users will be allowed to perform certain actions on behalf of the teaching hospital in the Open Payments system.

Each nominated authorized representative will receive an email notifying them of their nomination to serve as a representative for a teaching hospital. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Note: Nominees must register in Enterprise Identity Management (EIDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Add Nominee

Nominations can be made now or later, by selecting "Add Nominee." You will be asked to provide the nominee's personal and contact information. A summary of the actions associated with each user role is referenced below.

The nominee will have 10 business days to accept or reject the role. After 10 business days, the nomination will be deactivated.

User Role Description:

- Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Role:	Name:	Business Email:	Business Phone Number:	View
Authorized Official	John Doe	teachinghospital@yopmail.com	555-555-5555	
Authorized Official	Jane Doe	hospitalrep@yopmail.com	555-555-5555	Delete

+ Add Nominee

Cancel

Back

Continue

Step 7: Review your profile information on the “Review and Submit Profile” page. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ④ Review and Submit Profile

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4 Review and Submit Profile

Review the information entered in the previous sections.

Select "Back" to navigate to the previous page(s) and correct any incorrect information. Select "Submit Profile and Register" to submit your profile.

EFGH Hospital

Teaching Hospital Business Address: 7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 987654321

National Provider Identifier (NPI): 1234512345

Teaching Hospital Business Phone Number: 555-555-5555

Your Role: Authorized Official

First Name: John

Middle Name:

Last Name: Doe

Suffix (Jr., Sr., etc.):

Business Email Address: teachinghospital@yopmail.com

Business Telephone Number: 555-555-5555

Job Title:

Business Address, Line 1:

Business Address, Line 2:

City Name:

State:

Zip Code:

Nominations:

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:
Authorized Official	John	Doe	teachinghospital@yopmail.com	555-555-5555
Authorized Official	Jane	Doe	hospitalrep@yopmail.com	555-555-5555

Cancel

Back

Continue

The following message will appear on-screen to confirm your profile has been successfully created. If you chose to nominate additional roles, an email notification will be sent to the individuals nominated that will instruct them on their next steps.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

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Success Confirmed

You have successfully submitted Christus EFGH Hospital profile information

You may now: [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the teaching hospital. The email confirmation message will have the teaching hospital's registration ID. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

8.3f: Using the Switch User Functionality

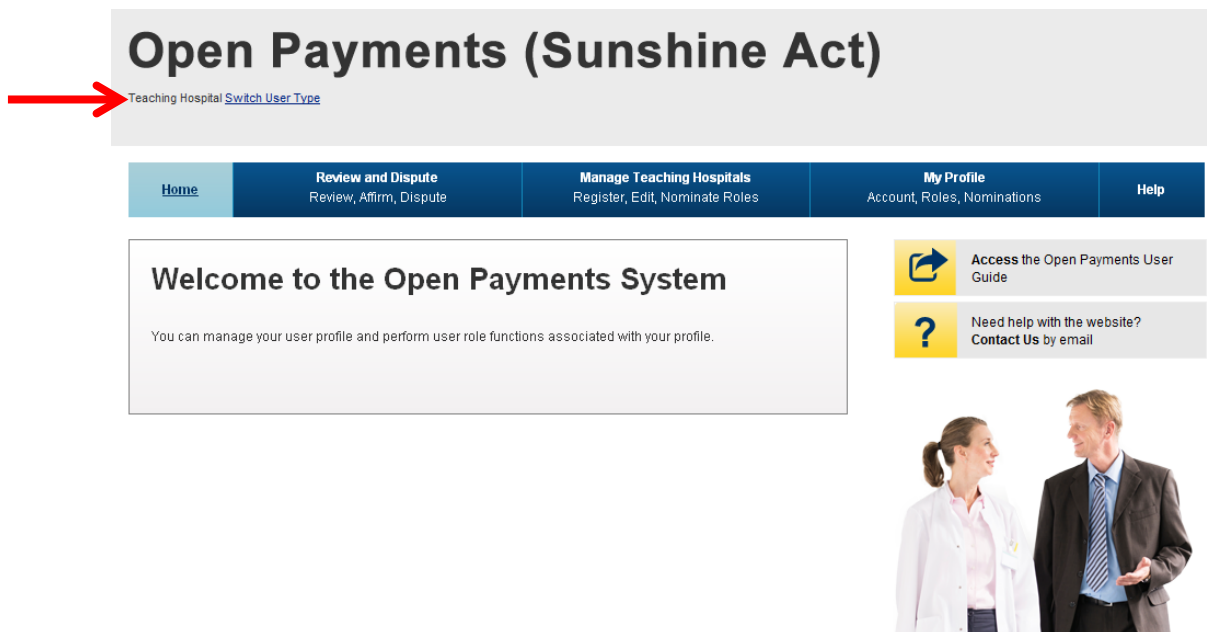
The Open Payments system allows individuals to hold multiple user roles based on their affiliations with multiple entities. Users can switch between the applicable manufacturer/applicable GPO, physician and teaching hospital user types through a “Switch User Type” functionality. Once a user has successfully registered within the Open Payments system under any user type (reporting entity, physician, or teaching hospital), the “Switch User Type” functionality will become available.

This functionality can be used when an individual holds multiple user roles across multiple user types, allowing them to access the profiles they hold under different user types. The screens will be similar for each user type, though the actions available will change depending on which user type you are operating under at that time.

All users have access to the “Switch User Type” functionality, as 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:

Step 1: At the top of the page, select “Switch User Type.”



Step 2: Select the user type to which you would like to switch, or which user type you would like to request a role for. When finished, select “Switch.” If you decide you do not want to change user types, or you selected “Switch User Type” by accident, select “Cancel and Go Back.”

Select a User Type

You have roles for more than one user type. Please select profile type

- ☒ Manufacturer or Group Purchasing Organization
- ☐ Physician
- ☐ Teaching Hospital

Cancel and Go Back

Switch

Step 3: If you are not currently assigned a role for the selected user type, you will be prompted to create a profile.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.

Create
My Profile

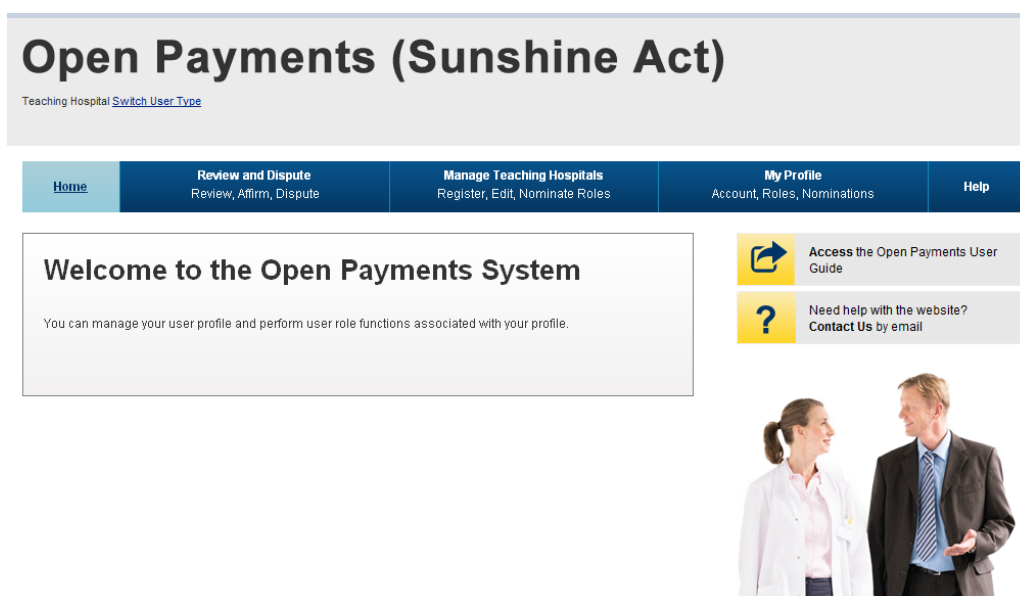


Access the Open Payments User Guide



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Step 3a: If you are currently assigned a role for the selected user type, you will be able to view your profile information for that user type.



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

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 this User Guide.**

Section 8.4: Open Payments Users and User Roles

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

8.4a: Physician and Teaching Hospital User Roles

A physician may nominate **one authorized representative** within the Open Payments system during initial registration. 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.

The physician will designate the level of access for the authorized representative and more than one 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 physician profile and records information.
2. **Modify Profile:** Able to edit or enter the physician'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.

Figure 8.8: Physician User Roles and User Role Functions

User Role	Function
Physician	<ul style="list-style-type: none"> Registers him- or herself in the system Nominates an authorized representative Has full access to review and dispute records
Authorized Representative	<ul style="list-style-type: none"> Allowed activities depend upon access levels granted by physician: <ul style="list-style-type: none"> <u>Read-only</u>: (default) Able to see a physician's profile and records information <u>Modify Profile</u>: Able to edit or enter a physician's "My Profile" information (NPI, license, specialties, etc.) <u>Dispute Records</u>: Able to dispute records related to the physician submitted by reporting entities Access levels are separate; having "dispute records" access does not automatically include "modify profile" access, or vice versa Must be nominated by the physician

Teaching hospitals can have up to 10 active users, and they may hold the roles of **authorized official** or **authorized representative**.

The authorized representative can be a physician, 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 Figure 8.9 below.

Figure 8.9: Teaching Hospital User Roles and User Role Functions

User Role	Function
Authorized Official	<ul style="list-style-type: none"> Registers the teaching hospital in the Open Payments system Modifies the teaching hospital's profile in the Open Payments system Nominates other users and modifies existing user roles Approves/denies nominations made by others, and approves/denies requests for user roles made by others, including self-nominations Reviews and disputes records associated with the teaching hospital
Authorized Representative	<ul style="list-style-type: none"> 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

Open Payments User Guide

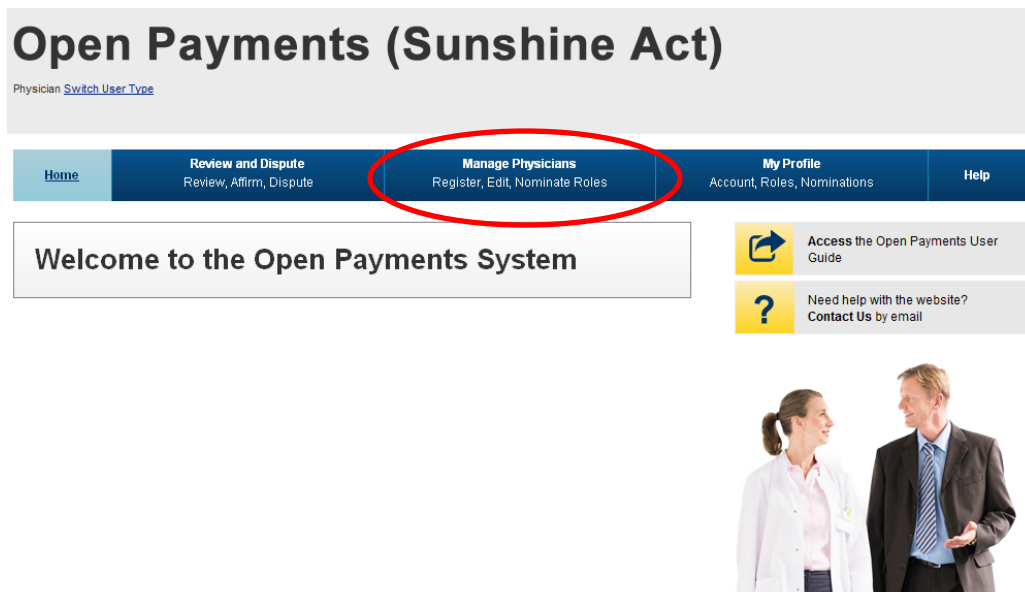
To nominate an individual for any role, the following information must be input into the Open Payments system about that individual:

- First name;
- Last name;
- Business phone;
- Business address; and
- Email address.

8.4b: Updating a Physician Profile as an Authorized Representative

For a physician's authorized representative who holds the level of access of "Modify Profile" to edit their physician's profile, follow these steps.

Step 1: Log in to the Open Payments system and select the "Manage Physicians" tab.



Open Payments User Guide

Step 2: Select the physician for which you wish to make updates on the “Manage Physicians” page.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

[Home](#)[Review and Dispute](#)
Review, Affirm, Dispute

[Manage Physicians](#)
[Register, Edit, Nominate Roles](#)

[My Profile](#)
Account, Roles, Nominations

[Help](#)

Manage Physicians


Looking for a way to register a reporting entity or teaching hospital?
[>> Go to Switch User Type](#)


Physicians You Represent


Any physicians who have listed you as an authorized representative are shown below. Depending on the access level the physician gives to you, your ability to take actions on their behalf might be limited. You can always view the physician's profile or see the records reported for them. If allowed, you might also be able to update the physician's profile or to dispute reported payments, other transfers of value, or ownership and investment interests.

Physicians who have approved you as an authorized representative

Name:	Date Confirmed:
John Doe	07/07/2014

Access the Open Payments User Guide

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Step 4: Select the “Physician’s Profile Details” tab to view the profile information for the selected physician. You will be able to view the physician’s personal information, physician information, and the physician’s authorized representative information. Select “Update Profile” to begin making updates.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
[Register, Edit, Nominate Roles](#)

My Profile
Account, Roles, Nominations

Help

John Doe

Overview

Physician's Profile
Details

Physician's Roles

The physician's profile information is shown below.

Update Profile

Personal Information

Name:
John Doe

Business Email Address:
test@mail.com

Business Telephone Number:
111-111-1111

Physician Practice Name:

Physician Practice Business Address:
7500 Security Blvd
Baltimore, MD 21244

Physician Information

Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
1234512345

Drug Enforcement Administration (DEA) Number:
1234512345

Specialty Codes:
1 Allopathic & Osteopathic Physicians/ Internal Medicine

State Licenses:
Maryland License 12345

Physician's Authorized Representative

Authorized Representative:
Jane Doe

Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555


Job Title:
Office Manager

Business Address:
7500 Security Blvd
Baltimore, MD 21244

Access Level:
Dispute Data
Edit Physician profile
Review Data (Read-Only)

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Step 4: Update the necessary information. When your updates are complete, select “Save Updates.”

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Physician [Add User Type](#)

[Home](#)[Review and Disclose](#)[Manage Physicians](#)[My Profile](#)[Help](#)

John Doe

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OverviewPhysician's Profile DetailsMy Roles & Nominations

Personal Information

*First Name:
John

Mobile Name:

*Last Name:
Doe

Suffix (Jr., Sr., etc.):

*Business Email Address:
physician@openmail.com

Business Telephone Number:
555-555-5555

Physician Practice Name:

Physician Practice Business Address:
Practice Business Address, Line 1:
7500 Security Blvd
Practice Business Address, Line 2:

*City Name:
Baltimore

*State:
Maryland

*Zip Code:
21244

Physician Information

*Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
1234512345

Drug Enforcement Administration (DEA) Number:
1234512345

Physician Specialty Codes
Enter the Physician Specialty Code. Click on "Add Specialty Code" if you have more than one specialty. Note: Physician codes are sometimes referred to as "secondary codes."
*Physician Specialty Code:
201800000X
+ ADD SPECIALTY CODE

State Licensing Information

Enter at least 1 and up to 12 state license numbers and issuing state combinations. Exclude any special characters that appear in the license number. Select "Add License" to add more licenses.

License State	License Number	Action
Maryland	12345	Edit Delete

+ ADD LICENSE

Enter the name, email, and telephone number of the person who will be the authorized representative for the physician.
*Authorized Representative's First Name:
Jane

*Authorized Representative's Last Name:
Doe

Suffix (Jr., Sr., etc.):

*Business Email Address:
physicianrep@openmail.com

*Business Telephone Number:
555-555-5555

*Job Title:
Office Manager

Physician Practice Business Address:
Enter the following information to help identify your authorized representative.
Business Address, Line 1:
7500 Security Blvd
Business Address, Line 2:

*City Name:
Baltimore

*State:
Maryland

*Zip Code:
21244

Cancel

Save Updates

Note that any updates made to the physicians profile will cause the physician to be re-vetted. Once the updated information has been re-vetted, both the physician and authorized official will be able to perform the necessary actions in the Open Payments system. See section 8.3c for information on physician vetting.

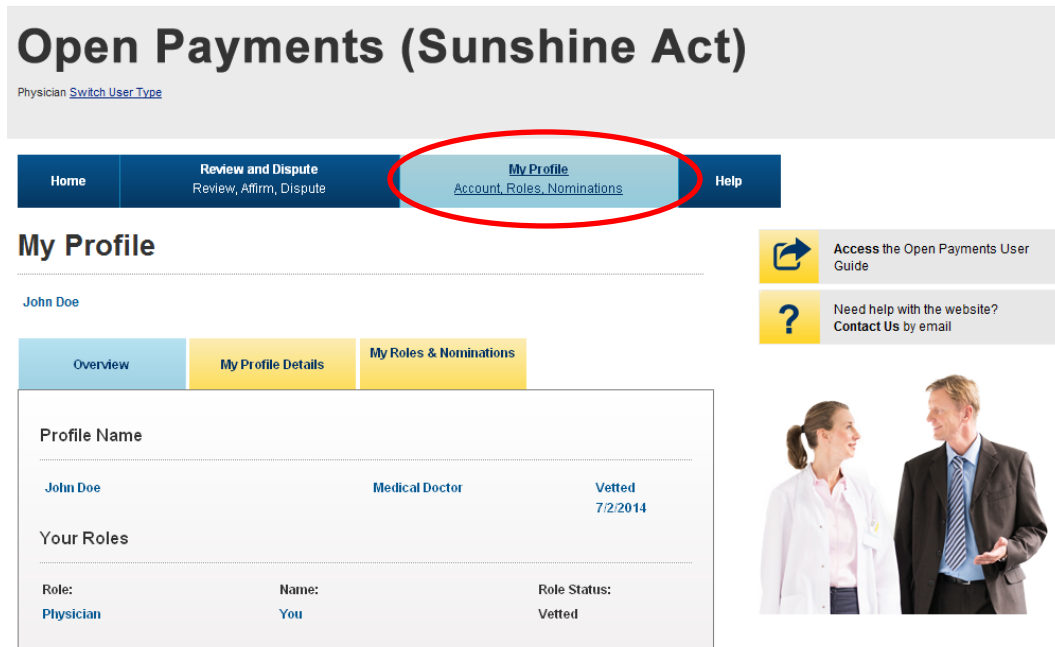
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Open Payments User Guide

8.4c: Updating Personal Profile

As a user of the Open Payments system, you have the ability to 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.

Step 1: Log in to the Open Payments system and select the “My Profile” tab.



Step 2: Select the “My Profile Details” tab. You will be able to view your existing profile information. Select “Update Profile” to begin making edits and/or updates.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home	Review and Dispute Review, Affirm, Dispute	My Profile Account, Roles, Nominations	Help
----------------------	---	---	----------------------

My Profile

John Doe

Medical Doctor

Overview	My Profile Details	My Roles & Nominations
--------------------------	------------------------------------	--

To update your profile details, including adding or updating authorized representative information, select the "Update Profile" button.

[Update Profile](#)

Personal Information

Name: John Doe	Physician Practice Name: Physician Practice Business Address: 7500 Security Blvd Baltimore, MD 21244
Business Email Address: physician@yopmail.com	
Business Telephone Number: 555-555-5555	

Physician Information

Physician Primary Type: Medical Doctor	
National Provider Identifier (NPI): 1234512345	
Drug Enforcement Administration (DEA) Number: A12345678	
Specialty Codes: 1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner	
State Licenses: Maryland License	1234512345

Physician's Authorized Representative

Authorized Representative: Jane Doe	
Business Email Address: physicianrep@yopmail.com	
Business Telephone Number: 555-555-5555	
Job Title: Manager	
Business Address: 7500 Security Blvd Baltimore, MD 21244	
Access Level: Review Data (Read-Only)	



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Step 3: Update fields as necessary. When changes are complete, select "Save Updates."

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Open Payments (Sunshine Act)

Physician Update Page

Home

Review and Update
Personal Data | Profile

My Profile
Account, Roles, Notifications

Help

My Profile

John Doe Medical Doctor

Overview

My Profile Details

My Roles & Notifications

Update Profile

Add the requested personal and business information to your user profile.

Note: If all changes made here will not automatically update your profile information in your other CMS accounts, such as your Medicare, Federal Part B Provider Enrollment System (PPES), or Electronic Claims Manager and (ECMS) accounts.

Personal Information

A first with an asterisk (*) is required.

*First Name:

John

*Middle Name:

*Last Name:

Doe, Jr., Sr., etc.

Doc

Doc

Business Information

Enter your contact business email address, business telephone number, and your primary practice location address. This information will be used to help with your identity as a physician. If you have multiple practice addresses, enter the primary practice location.

*Business Email Address:

physician@openmail.com

*Business Telephone Number:

555-555-5555

555-555-5555

Physician Practice Name:

ABC Medical Practice

Physician Practice Business Address

Practice Business Address, Line 1:

7500 Security Blvd

Practice Business Address, Line 2:

*City Name:

Baltimore

*State:

Maryland

*Zip Code:

21244

21244

21244

Physician Information

National Provider Identifier (NPI):

1234567890

The NPI is a 10-digit number that identifies the physician or other medical professional.

Long Identifier (NPI) Address (if applicable):

12345678

The identifier is a 10-digit number that identifies the physician or other medical professional.

Physician Specialty Code:

Physician Specialty Code:

260000000

*ABO SPECIALTY CODE

State Licensing Information

Enter at least 1 and up to 12 state license numbers and issuing state combinations. Exclude any special licenses that appear in the license number. Select "Add License" to add more licenses.

License State	License Number	Active
Maryland	1234567890	<input checked="" type="checkbox"/>

ABO License

Physician's Authorized Representative

A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. 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.

The nominated authorized representative will receive an email alerting the fact he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

Nominate the Authorized Representative in the Open Payments System

Nominations can be made now or later, and can be completed by updating the physician's profile. The nominee will have 10 business days to accept or reject the role. Open Payments will send the nomination invitation if the nominee does not respond within 10 business days.

Please note that an authorized representative nominee must register in the Uniformed Services University (USU) to obtain credentials before he or she can register and accept the role in the Open Payments system. Once the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system.

*Designate an authorized representative?

☒ Yes, designate an authorized representative

☐ Not now

*Authorized Representative's First Name:

John

*Authorized Representative's Last Name:

Doe, Jr., Sr., etc.

Doc

Doc

*Business Email Address:

physician@openmail.com

*Business Telephone Number:

555-555-5555

555-555-5555

*Job Title:

Manager

Authorized Representative's Business Address

Enter the primary business address if the authorized representative has multiple business addresses.

*Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

*City Name:

Baltimore

*State:

Maryland

*Zip Code:

21244

21244

21244

Nominated Authorized Representative's Access Level

By default, your authorized representative can read any information in the physician's profile in the Open Payments system. Select any additional levels of access to be granted to the authorized representative below. The Access level will determine the actions the authorized representative can take in behalf of the physician in the Open Payments system. Regardless of the access level assigned to an authorized representative, authorized representatives cannot edit access levels.

*Access Level

☒ Read - Default access level. Allows view physician profile and records information.

☐ Modify Profile - Allows to edit or remove physician's My Profile information (NPI, name, specialty, etc.).

☐ Manage Records - Allow to comment on information submitted about payments or other financial interests with the physician. Includes management of "No" and "Yes" able to dispute reported payments or other financial interests, ownership, and payment.

Cancel

Save Updates

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Step 3: The updated information will now appear on the “My Profile Details” page.

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Review, Affirm, Dispute](#)[My Profile
Account, Roles, Nominations](#)[Help](#)

My Profile

John DoeMedical Doctor

[Overview](#)[My Profile Details](#)[My Roles & Nominations](#)

To update your profile details, including adding or updating authorized representative information, select the “Update Profile” button.

[Update Profile](#)

Personal Information

Name:
John Doe

Business Email Address:
physician@yopmail.com

Business Telephone Number:
555-555-5555

Physician Practice Name:
ABCDE Medical Practice

Physician Practice Business Address:
7500 Security Blvd
Baltimore , MD 21244

Physician Information

Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
1234512345

Drug Enforcement Administration (DEA) Number:
A12345678

Specialty Codes:
1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner

State Licenses:
Maryland License1234512345

Physician's Authorized Representative

Authorized Representative:
Jane Doe


Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555

Job Title:
Manager

Business Address:
7500 Security Blvd
Baltimore , MD 21244

Access Level:
Review Data (Read-Only)

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Section 8.5: Nominations

The nomination process allows the users to assign specific roles to individuals to act on behalf of a physician or teaching hospital. For teaching hospitals, the authorized official must approve **all** self-nominations before users can begin performing actions in the system. Individuals may not self-nominate to serve on behalf of physicians. The physician must directly nominate the individual to serve as the authorized representative.

Nominations can be done during registration or at a later time. 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 email notifying physician authorized representatives will contain only a nomination ID. Users notified of their nomination for a role must use the registration

Open Payments User Guide

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 business days. They can do so by registering in EIDM 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. Instructions on registering in the EIDM system and requesting access to the Open Payments system are in the [instructional presentation on steps to complete EIDM registration](#). The Open Payments system will render the nomination inactive if the nomination has not been accepted or rejected within 10 business 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 officer will receive an email notification of the nomination rejection. **Note: Nominees will need to have EIDM credentials in order 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 business 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 business day, a deactivated nomination notification will be sent to the nominee. Figure 8.10 shows the five steps in the nomination acceptance process.

Note: The system times out after 15 minutes of inactivity, and it does not have an auto-save feature. If the system times out, your updates will not be saved.

Figure 8.10: Accepting Nominations Process



Specific step-by-step instructions for various scenarios follow.

Open Payments User Guide

8.5a (1): Nominating Authorized Representative for a Physician (Returning Users)

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

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “My Profile” tab.

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Review, Affirm, Dispute

My Profile
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Help

My Profile

Jane Doe

Overview

My Profile Details

My Roles & Nominations

Profile Name

Jane Doe

Medical Doctor

Vetted
7/3/2014

Your Roles

Role: Physician

Name: You


Role Status: Vetted

➔

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?

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Open Payments User Guide

Step 2: Select the “My Profile Details” tab on the “My Profile” page. Here you will be able to view your profile information. Select “Update Profile.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

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[Account, Roles, Nominations](#)

Help

My Profile

Jane DoeMedical Doctor

Overview

My Profile Details

My Roles & Nominations

To update your profile details, including adding or updating authorized representative information, select the “Update Profile” button.

Update Profile

Personal Information

Name:

Jane Doe

Business Email Address:

physician@yopmail.com

Business Telephone Number:

555-555-5555

Physician Practice Name:

Physician Practice Business Address:

7500 Security Blvd

Baltimore, MD 21244

Physician Information

Physician Primary Type:

Medical Doctor

National Provider Identifier (NPI):

2345623456

Drug Enforcement Administration (DEA) Number:

Specialty Codes:


1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner

State Licenses:

Maryland License1234512345

Access the Open Payments User Guide

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Step 3: You can modify your existing profile information, add or edit state license information, add or edit physician specialty codes, add an authorized representative if you did not do so during initial registration, or update the level of access for an existing authorized representative. If at this time you still do not wish to delegate an authorized representative, select “Not now” and select “Save Updates.”

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Review, Affirm, Dispute](#) [My Profile
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My Profile

Jane Doe

Medical Doctor

 [Access the Open Payments User Guide](#)

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[Overview](#) [My Profile Details](#) [My Roles & Nominations](#)

Update Profile

Add the requested personal and business information to your profile.

Note that changes made here will **not** automatically update your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration System (NPPE), or Enterprise Identity Management (EIM) accounts.

Personal Information

A field with an asterisk (*) is required.

*First Name: Middle Name:
*Last Name: Suffix (Jr., Sr., etc.):

Business Information

Enter your contact business email address, business telephone number, and your primary practice location address. This information will be used to help verify your identity as a physician. If you have multiple practice addresses, enter the primary practice location.

*Business Email Address: *Business Telephone Number:
XXX-XXX-XXXX

Physician Practice Name:

Physician Practice Business Address

*Practice Business Address, Line 1:

Practice Business Address, Line 2:

*City Name: *State: *Zip Code:
XXXXX XXXX

Physician Information

National Provider Identifier (NPI):

The NPI is a 10-digit number; do not use any dashes or other special characters.

Drug Enforcement Administration (DEA) Number:

The DEA number is a 9 alphanumeric ID; do not use any dashes or other special characters.

Physician Specialty Codes

*Physician Specialty Code:

• [ADD SPECIALTY CODE](#)

State Licensing Information

Enter at least 1 and up to 52 state license numbers and issuing state combinations. Exclude any special characters that appear in the license number. Select "Add License" to add more licenses.

License State:	License Number:	Actions:
Maryland	1234512345	Edit Delete

[ADD LICENSE](#)

Physician's Authorized Representative

A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. 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.

The nominated authorized representative will receive an email stating that he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

Nominate the Authorized Representative in the Open Payments System

Nominations can be made now or later, and can be completed by updating the physician's profile. The nominee will have 10 business days to accept or reject the role. Open Payments will render the nomination inactive if the nominee does not respond within 10 business days.

Please note that an authorized representative nominee must register in the Enterprise Identity Management (EIM) to obtain credentials before he or she can register and accept his or her role in the Open Payments system. If the nominee accepts the role, he or she will then be prompted to create an individual profile in the Open Payments system.

*Designate an authorized representative?

☐ Yes, designate an authorized representative
☒ Not now

[Cancel](#)

[Save Updates](#)

Step 3a: If you wish to delegate an authorized representative, select “Yes, designate an authorized representative.” The fields required to nominate an authorized representative will appear on the screen. Please enter information for all required fields. Required fields will appear with an asterisk.

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 9.4. When complete, select “Save Updates.”

Normalize the Authorized Representative in the Open Payments System

Open Payments can be made more user-friendly and can be completed by updating the provider's profile. The normalize button will have 15 business days to accept or reject the data. Open Payments will reject the normalization reaction if the normalize button is not accepted within 15 business days.

Please note that an authorized representative must be registered in the Catalysts Identity Management (IDMG) to obtain credentials before he or she can register and access his or her data in the Open Payments system. If the normalize button is not used, the user will not be prompted to create an individual profile in the Open Payments system.

Designate an authorized representative?

☒ Yes, designate an authorized representative
☐ No, I don't

Authorized Representative's First Name:

Last Name:

Business Email Address:

Business Telephone Number:

Job Title:

Authorized Representative's Business Address

Enter the primary business address. The authorized representative has multiple business addresses.

Business Address, Line 1:

Business Address, Line 2:

City Name:

State:

Zip Code:

Businesses & Authorized Representative's Access Level

By default, your authorized representative can view any information in the physician's profile in the Open Payments system. However, your additional levels of access can be granted to the authorized representative below. The access level will determine whether the authorized representative can help on behalf of the physician in the Open Payments system. Representative either access level assigned as an authorized representative, authorized representative cannot edit access levels.

Access Level

☒ Read - Default access level. Able to view physician profile and records information.
☐ Modify Profile - Able to edit or delete the physician's bio-profile information (NPI, license, specialties, etc.).
☐ Manage Records - Able to consent to information submitted about payments to other branches of office, ownership, and financial interests with the individual legal entity information in IDMG.
☐ Request payments to other branches of office, ownership, and financial interests.

Open Payments User Guide

Step 4: The individual that has been nominated will receive an email notification that they have been nominated for a role in the Open Payments system. The email notifying the nominee of the nomination will contain a nomination ID. 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 will receive access to the functions for that specific role. The nominee will have 10 business days to accept or reject the nomination.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

[Home](#)[Review and Dispute
Review, Affirm, Dispute](#)[My Profile
Account, Roles, Nominations](#)[Help](#)

My Profile

Jane DoeMedical Doctor

[Overview](#)[My Profile Details](#)[My Roles & Nominations](#)

To update your profile details, including adding or updating authorized representative information, select the "Update Profile" button.

[Update Profile](#)

Personal Information

Name:
Jane Doe

Business Email Address:
physician@yopmail.com

Business Telephone Number:
555-555-5555

Physician Practice Name:
Physician Practice Business Address:
7500 Security Blvd
Baltimore, MD 21244

Physician Information

Physician Primary Type:
Medical Doctor

National Provider Identifier (NPI):
2345623456

Drug Enforcement Administration (DEA) Number:

Specialty Codes:
1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner

State Licenses:
Maryland License 1234512345

Physician's Authorized Representative

Authorized Representative:
Jane Doe


Business Email Address:
physicianrep@yopmail.com

Business Telephone Number:
555-555-5555

Job Title:
Office Manager

Business Address:
7500 Security Blvd
Baltimore, MD 21244

Access Level:
Edit Physician profile
Review Data (Read-Only)



[Access the Open Payments User Guide](#)

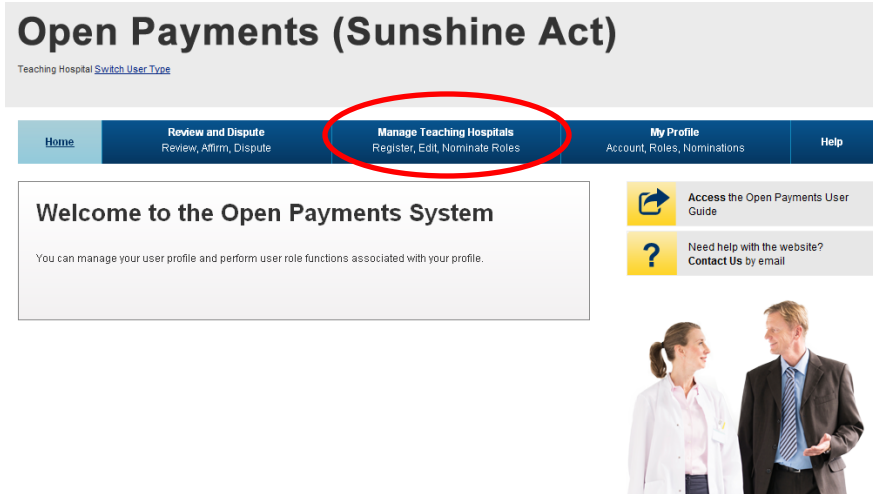
[Need help with the website?
Contact Us by email](#)

8.5a (2): Nominating Additional Roles for a Teaching Hospital (Returning Users)

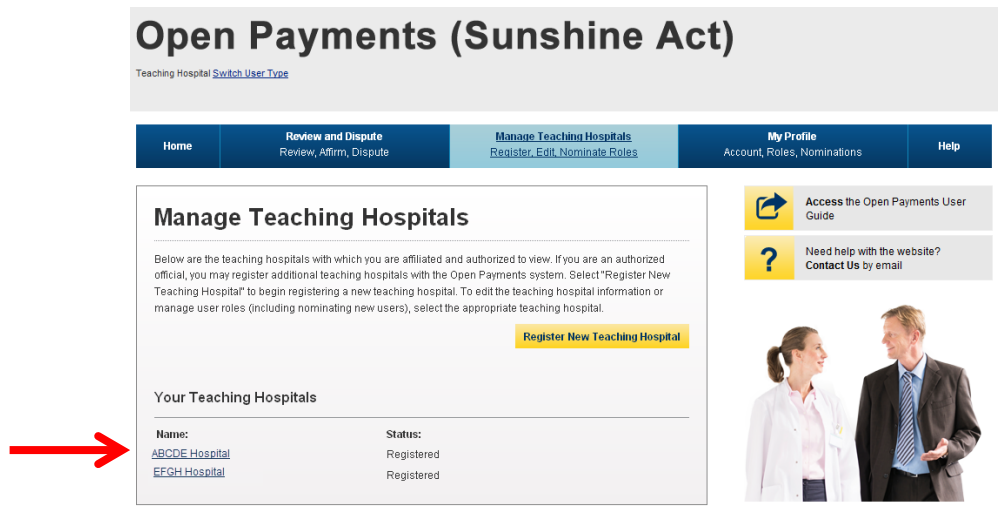
If you are an authorized official for a teaching hospital that did not delegate additional user roles during initial registration, follow the steps below. The authorized representative can be a physician, an office manager, a practice manager, or any person the teaching hospital would like to designate.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the "Manage Teaching Hospitals" tab.

Open Payments User Guide



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



Open Payments User Guide

Step 3: Select the “Manage Roles” tab and then select “Nominate New Role.”

The screenshot shows the 'Open Payments (Sunshine Act)' interface. The top navigation bar includes 'Home', 'Review and Dispute', 'Manage Teaching Hospitals', 'My Profile', and 'Help'. The 'Manage Teaching Hospitals' tab is active, showing 'Register, Edit, Nominate Roles'. Below this, the 'ABCDE Hospital' section has two tabs: 'Teaching Hospital Information' and 'Manage Roles'. The 'Manage Roles' tab is selected, displaying a list of nominations for the teaching hospital. A red circle highlights the 'Nominate New Role' button. The table below shows the current nominations:

Name:	Role:	Status:	Actions:
John Doe	Authorized Official	Vetted	
Jane Doe	Authorized Official	Nomination Approved	Modify

Step 4: 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 “Send Nomination.”

The screenshot shows the 'Open Payments (Sunshine Act)' interface with the 'Nominate New Role' form. The form includes fields for 'First Name', 'Middle Name', 'Last Name', 'Suffix (Jr., Sr., etc.)', 'Email Address', and 'Business Phone'. Below these fields, there is a section for 'Indicate the role this person will have:' with two radio button options: 'Authorized Official' and 'Authorized Representative'. The 'Authorized Official' option is selected. The form also includes fields for 'Business Address, Line 1', 'Business Address, Line 2', 'City Name', 'State', and 'Zip Code'. A red circle highlights the 'Send Nomination' button at the bottom right of the form.

Open Payments User Guide

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

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
[Register, Edit, Nominate Roles](#)

My Profile
Account, Roles, Nominations

Help

ABCDE Hospital

Teaching Hospital
Information

Manage Roles


Below is the list of nominations for the teaching hospital. You may have up to 10 active users for this teaching hospital, 5 of which can be authorized officials. Select one of the actions (i.e. "Modify", "Approve") to update or approve the roles. Select "Nominate New Role" to create a new nomination.

Nominate New Role

Name:	Role:	Status:	Actions:
John Doe	Authorized Official	Vetted	
Jane Doe	Authorized Official	Nomination Approved	Modify
James Doe	Authorized Official	Nomination Approved	Modify

Access the Open Payments User Guide

Need help with the website?
[Contact Us](#) by email



The individual that has been nominated will receive an email notification that they have been nominated for a role in the Open Payments system. The email notifying the nominee of the nomination 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 to receive access to the functions for that specific role. The nominee will have 10 business days to accept or reject the nomination.

Instructions for confirming nominations can be found in the next section.

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Open Payments User Guide

8.5a (3): Accepting a Nomination (Physician Authorized Representative, First Time User)

If you have been nominated for a physician authorized representative role, you will receive an email like the one shown below.

Open Payments System Action Required - Physician Authorized Representative Nomination
From: do-not-reply@opp-cms.gov
Date: 2014-07-03 10:13
Encoding: English

You have been nominated in the Open Payments system as an authorized representative for the physician listed below. As a physician's authorized representative, you are able to perform certain functions in the Open Payments system on behalf of the physician. The functions you may perform are specified under your access level listed below.

- Physician: physician@yopmail.com
- Nomination ID: 184845703651
- Access level: Review Data (Read-Only), Edit Physician profile

You have 10 business days to accept or reject this nomination. If no action is taken, the nomination will be deactivated after 10 days.

To accept your nomination, you must register yourself in the Open Payments system. Prior to registering in the Open Payments system, you must first register for the CMS Enterprise Identity Management system (EIDM). To register in EIDM:

1. Access EIDM on the CMS Enterprise portal at <https://portal.cms.gov>.
2. Select the "New User Registration" hyperlink to create an account on EIDM and follow the on-screen instructions.

Once you are registered with EIDM, or if you already have registered with EIDM, you can register with Open Payments through the following steps:

1. Access the CMS Enterprise portal at <https://portal.cms.gov>.
2. Log in by entering your user name and password.
3. Click on "Open Payments."
4. Click on "Search Nominations."
5. Enter your Nomination ID and then click "Submit."
6. Continue through physician information to either accept/reject the nomination.

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated email.

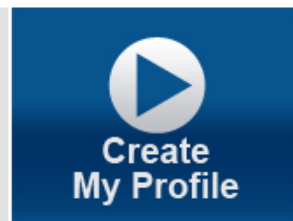
Take note of the information in the email, including registration ID and nomination ID, then follow the steps below to accept the nomination.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). The on-screen text contains important information regarding the registration process. Read the on-screen text and select "Create My Profile" when you are ready to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



Open Payments User Guide

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

Open Payments (Sunshine Act)

The sidebar menu titled "Create Profile" contains four numbered steps: 1. Select Profile Type, 2. Register Entity, 3. Personal Information, and 4. Review and Submit Profile. Below these steps are two links: "Access the Open Payments User Guide" with a blue arrow icon, and "Need help with the website? Contact Us by email" with a yellow question mark icon.

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

The information needed to create your user profile or nominate additional authorized users or representatives includes:

Step 3: Although you are affiliating with a physician, do not select “Physician” on the “Select Profile Type” screen. Instead, select the “I Have a Nomination ID and Registration ID” link on the bottom of the screen.

Open Payments (Sunshine Act)

The sidebar menu titled "Create Profile" contains four numbered steps: 1. Select Profile Type, 2. Register Entity, 3. Personal Information, and 4. Review and Submit Profile. Below these steps are two links: "Access the Open Payments User Guide" with a blue arrow icon, and "Need help with the website? Contact Us by email" with a yellow question mark icon.

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the "I have a Nomination ID and Registration ID" link.

A field with an asterisk (*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

- ☐ Applicable Manufacturer or Applicable GPO
- ☐ Physician
- ☐ Teaching Hospital

..... OR

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: Select the user type “Physician” from the drop-down list and enter the nomination ID that you received in the nomination notification email and then select “Show Nomination.”

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ② Register Entity
- Search Nomination
- Entity Information
- Confirm Nomination
- ③ Personal Information
- ④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website? Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type
Physician

* Nomination ID:
184845703651

The ID is a 12-digit number

Show Nomination

Cancel

Step 5: Review the nomination information displayed. If the information is correct, select “Continue.” If the information is incorrect, select “Cancel” and contact the nominator directly.

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ② Register Entity
- Search Nomination
- Entity Information
- Confirm Nomination
- ③ Personal Information
- ④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website? Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type
Physician

* Nomination ID:
184845703651

The ID is a 12-digit number

Jane Doe was nominated as Authorized Representative for:

Physician Information: Jane Doe

If this is correct, click the “Continue” button.

Continue

Cancel

Open Payments User Guide

Step 6: Review and confirm the physician information displayed. Select “Continue” to proceed.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Confirm Physician

③ Confirm Nomination

④ Authorized Representative

⑤ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

Confirm Physician Information

Below is the information for your selected physician. Review and confirm the Physician identified below is correct. Select “Continue” to begin creating your user profile.

Personal Information

First Name:
Jane

Business Telephone Number:
555-555-5555

Physician Practice Name:
Practice Business Address, Line 1: 7500 Security Blvd
Practice Business Address, Line 2:
City Name: Baltimore
State: MD
Zip Code: 21244

Last Name:
Doe

Business Email Address:
physician@yopmail.com

Physician Information

Physician Primary Type: Medical Doctor

National Provider Identifier (NPI): 2345623456

Drug Enforcement Administration (DEA) Number:

Physician Specialty Codes

Specialty Codes:

202C00000X

State Licensing Information

License State:
Maryland

License Number:
1234512345

Cancel

Back

Continue

Step 7: Review the nomination information on screen. Select “Yes, I accept” if you wish to accept the role and “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, press “Continue” 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.

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Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Confirm Physician

③ Confirm Nomination

④ Authorized Representative

⑤ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

Confirm Nomination

You have been nominated for Authorized Representative Role.

Jane

Review, accept or reject your nominated role(s). Select "Continue" button to review and complete your user profile.

Confirm Nominations:

Authorized Representative *

☒ Yes, I accept ☐ No, I do not accept

Access Level:

☒ **Read** - Default access level. Able to see physician profile and records information.

☒ **Modify Profile** - Able to edit or enter the physician's My Profile information (NPI, license, specialties, etc.).

☐ **Dispute Records** - Able to comment on information submitted about payments or other transfers of value, ownership, and investment interests with the submitter (applicable manufacturer or GPO). Also able to dispute reported payments or other transfers of value, ownership, and investment interests.

[Cancel](#) [Back](#) [Continue](#)

Step 8: Enter your personal information and select "Continue."

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Confirm Physician

✓ Confirm Nomination

④ Authorized Representative

⑤ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

Physician: Authorized Representative

A field with an asterisk (*) is required.

Authorized Representative

Enter the name, business email, job title, and business telephone number of the nominated authorized representative.

* Authorized Representative's First Name:

Jane

Middle Name:

* Authorized Representative's Last Name:

Doe

Suffix (Jr., Sr., etc.):

* Business Email Address:

physicianrep@yopmail.com

* Business Telephone Number:

555-555-5555

* Job Title:

Office Manager

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 business addresses.

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:

Baltimore

* State:

Maryland

* Zip Code:

21244

[Cancel](#) [Back](#) [Continue](#)

Open Payments User Guide

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

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Confirm Physician

✓ Confirm Nomination

✓ Authorized Representative

⑤ Review and Submit Profile >

?

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Authorized Representative Information

First Name: Jane

Last Name: Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Business Telephone Number: 555-555-5555

Business Email Address: physicianrep@yopmail.com

Job Title: Office Manager

Practice Business Address, Line 1: 7500 Security Blvd

Practice Business Address, Line 2:

City Name: Baltimore

State: MD

Zip Code: 21244

Cancel

Back

Submit

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

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Create Profile

✓ Select Profile Type

✓ Confirm Physician

✓ Confirm Nomination

✓ Authorized Representative

✓ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

You have successfully created your profile, Jane Doe

You may now:

- Go to [Open Payments Home](#)
- Refer to the [Open Payments User Guide](#) for further information

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8.5a (4): Accepting a Nomination (Existing Role as Physician or Physician Authorized Representative)

If you have been nominated for a physician authorized representative role, and you already have a role in the Open Payments system, you will receive an email like the one shown below.

Open Payments System Action Required - Physician Authorized Representative Nomination
From: OpenPaymentsNotification@cms.hhs.gov
Date: 2014-07-05 23:08

Encoding: English

You have been nominated in the Open Payments system as an authorized representative for the physician listed below. As a physician's authorized representative, you are able to perform certain functions in the Open Payments system on behalf of the physician. The functions you may perform are specified under your access level listed below.

- Physician: physician@yopmail.com
- Nomination ID: 834937553049
- Access level: Review Data (Read-Only), Edit Physician profile, Dispute Data

You have 10 business days to accept or reject this nomination. If no action is taken, the nomination will be deactivated after 10 days.

To accept your nomination, you must register yourself in the Open Payments system. Prior to registering in the Open Payments system, you must first register for the CMS Enterprise Identity Management system (EIDM). To register in EIDM:

1. Access EIDM on the CMS Enterprise portal at <https://portal.cms.gov>.
2. Select the "New User Registration" hyperlink to create an account on EIDM and follow the on-screen instructions.

Once you are registered with EIDM, or if you already have registered with EIDM, you can register with Open Payments through the following steps:

1. Access the CMS Enterprise portal at <https://portal.cms.gov>.
2. Log in by entering your user name and password.
3. Click on "Open Payments."
4. Click on "Search Nominations."
5. Enter your Nomination ID and then click "Submit."
6. Continue through physician information to either accept/reject the nomination.

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated 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: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the "My Profile" tab from the menu bar on the Open Payments home page.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
Register, Edit, Nominate Roles

My Profile
[Account, Roles, Nominations](#)

Help

My Profile

Jane Doe

Overview

My Profile Details

My Roles & Nominations

Profile Name


Jane Doe

Your Roles

Role:	Name:	Role Status:
Authorized Representative	Jane	Accepted

Access the Open Payments User Guide

Need help with the website?
Contact Us by email



Open Payments User Guide

Step 2: On the “My Roles and Nominations” tab, select “Accept/Reject Nominations.”

Open Payments (Sunshine Act)
Physician [Switch User Type](#)

Home **Review and Dispute** **Manage Physicians** **My Profile** **Help**
Review, Affirm, Dispute Register, Edit, Nominate Roles Account, Roles, Nominations

My Profile
Jane Doe

Overview **My Profile Details** **My Roles & Nominations**

Accept/Reject Nominations

My Roles
Select "Accept/Reject Nominations" above to respond to any nominations. You will be asked to enter the nomination and registration IDs. Accepted role(s) are listed below.

Role:	Name:	Role Status:
Authorized Representative	Jane	Accepted

Step 3: Select the user type “Physician” from the drop-down list and enter the nomination ID that you received in the nomination notification email and then select “Show Nomination.”

Open Payments (Sunshine Act)
Physician [Switch User Type](#)

Home **Review and Dispute** **Manage Physicians** **My Profile** **Help**
Review, Affirm, Dispute Register, Edit, Nominate Roles Account, Roles, Nominations

Create Profile
✓ Select Profile Type
② Register Entity
Search Nomination
Entity Information
Confirm Nomination
③ Personal Information
④ Review and Submit Profile

Enter Registration & Nomination ID
A field with an asterisk (*) is required.

* User Type
Physician

* Nomination ID:
834937553049
The ID is a 12-digit number

Show Nomination

Cancel

Open Payments User Guide

Step 4: Review the nomination information displayed. If the information is correct, select “Continue.” If the information is incorrect, select “Cancel” and contact the nominator directly.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Create Profile

✓ Select Profile Type

② Register Entity

Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type
Physician

* Nomination ID:
834937553049

The ID is a 12-digit number

Show Nomination

Jane Doe was nominated as Authorized Representative for:
Physician Information: John Doe
If this is correct, click the "Continue" button.

Cancel

Continue

Step 5: Confirm the physician information displayed on the screen. You will not be able to edit the information. Ensure that this is the physician that you wish to accept the nomination for. If it is not the correct physician, either select “Back” to return to the previous screen to correct the information you have entered, or select “Cancel” to end the acceptance process.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Create Profile

✓ Select Profile Type

② Confirm Physician

③ Confirm Nomination

④ Authorized Representative

⑤ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

Confirm Physician Information

Below is the information for your selected physician. Review and confirm the Physician identified below is correct. Select "Continue" to begin creating your user profile.

Personal Information

First Name:
John

Business Telephone Number:
555-555-5555

Physician Practice Name: ABCDE Medical Practice

Practice Business Address, Line 1: 7500 Security Blvd

Practice Business Address, Line 2:

City Name: Baltimore

State: MD

Zip Code: 21244

Last Name:
Doe

Business Email Address:
physician@yopmail.com

Physician Information

Physician Primary Type: Medical Doctor

National Provider Identifier (NPI): 1234512345

Drug Enforcement Administration (DEA) Number: A12345678

Physician Specialty Codes

Specialty Codes:

202C00000X

State Licensing Information

License State:

License Number:

Maryland

1234512345

Cancel

Back

Continue

Step 6: Review and confirm the physician information displayed. Select “Yes, I accept” if you wish to accept the role and “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 “Continue” 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.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home	Review and Dispute Review, Affirm, Dispute	Manage Physicians Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
------	--	--	--	------

Create Profile

- ✓ Select Profile Type
- ✓ Confirm Physician
- ③ **Confirm Nomination**
- ④ Authorized Representative
- ⑤ Review and Submit Profile

? Need help with the website?
[Contact Us](#) by email.

➡ Access the Open Payments User
Guide

Confirm Nomination

You have been nominated for Authorized Representative Role.

John

Review, accept or reject your nominated role(s). Select "Continue" button to review and complete your user profile.

Confirm Nominations:

Authorized Representative ☒ Yes, I accept ☐ No, I do not accept

Access Level:

- ☒ **Read** - Default access level. Able to see physician profile and records information.
- ☒ **Modify Profile** - Able to edit or enter the physician's My Profile information (NPI, license, specialties, etc.).
- ☒ **Dispute Records** - Able to comment on information submitted about payments or other transfers of value, ownership, and investment interests with the submitter (applicable manufacturer or GPO). Also able to dispute reported payments or other transfers of value, ownership, and investment interests.

Cancel

Back

Continue

Open Payments User Guide

Step 7: Enter your personal information and select “Continue.”


Open Payments (Sunshine Act)


Physician [Switch User Type](#)

Home	Review and Dispute <small>Review, Affirm, Dispute</small>	Manage Physicians <small>Register, Edit, Nominate Roles</small>	My Profile <small>Account, Roles, Nominations</small>	Help
------	---	---	---	------

Create Profile

- ✓ Select Profile Type
- ✓ Confirm Physician
- ✓ Confirm Nomination
- ④ Authorized Representative
- ⑤ Review and Submit Profile

 Need help with the website?
Contact Us by email.

 Access the Open Payments User Guide

Physician: Authorized Representative

A field with an asterisk (*) is required.

Authorized Representative

Enter the name, business email, job title, and business telephone number of the nominated authorized representative.

* Authorized Representative's First Name:	Middle Name:
Jane	
* Authorized Representative's Last Name:	Suffix (Jr., Sr., etc.):
Doe	
* Business Email Address:	* Business Telephone Number:
physicianrep@yopmail.com	555-555-5555
	XXX-XXX-XXXX
* Job Title:	
Office Manager	

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 business addresses.

* Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

* City Name:	* State:	* Zip Code:
Baltimore	Maryland	21244
		XXXXX XXXX

[Cancel](#)[Back](#)[Continue](#)

Open Payments User Guide

Step 8: Now you will be asked to review the information you have entered. To correct any errors, select “Back” on the bottom of the page to return to previous pages and make your corrections. If the information is correct, select “Submit.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Create Profile

✓ Select Profile Type

✓ Confirm Physician

✓ Confirm Nomination

✓ Authorized Representative

5 Review and Submit Profile >

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

Review and Submit Profile

Review the information on this page to ensure it is correct. Select “Back” to navigate to the previous pages to correct any invalid information. Select “Continue” to submit your profile.

Authorized Representative Information

First Name: Jane

Last Name: Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Business Telephone Number: 555-555-5555

Business Email Address: physicianrep@yopmail.com

Job Title: Office Manager

Practice Business Address, Line 1: 7500 Security Blvd

Practice Business Address, Line 2:

City Name: Baltimore

State: MD

Zip Code: 21244

Cancel

Back

Submit

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

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Physicians
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

Help

Create Profile

✓ Select Profile Type

✓ Confirm Physician

✓ Confirm Nomination

✓ Authorized Representative

✓ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

You have successfully created your profile, Jane Doe

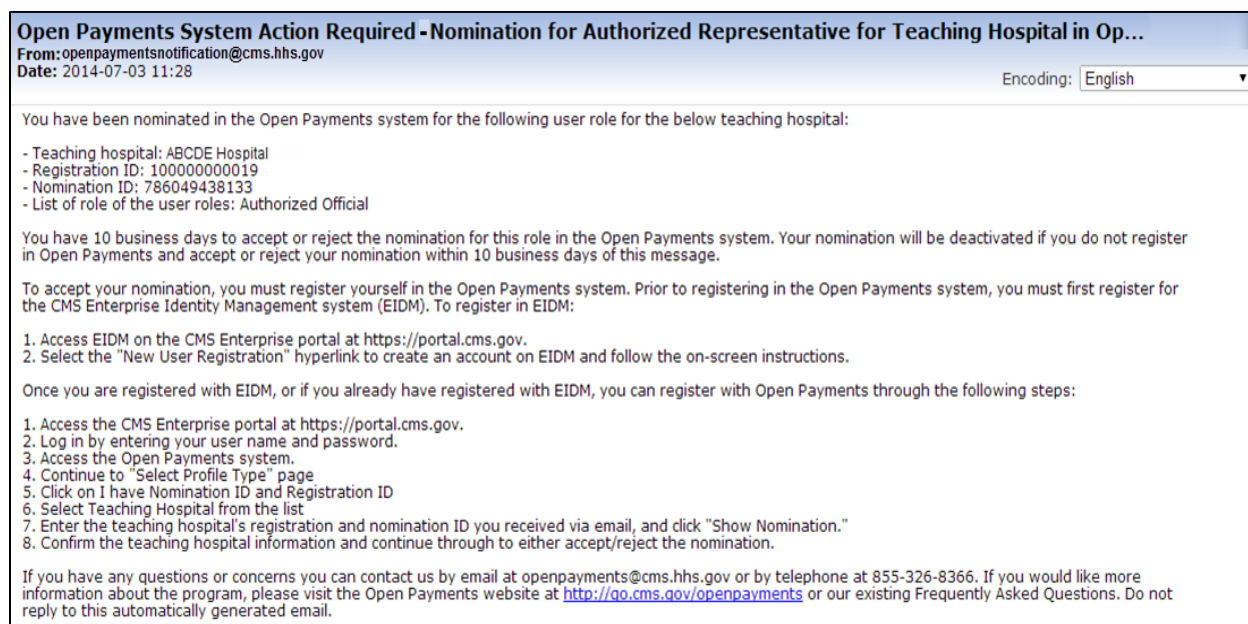
You may now:

- Go to [Open Payments Home](#)
- Refer to the [Open Payments User Guide](#) for further information

Open Payments User Guide

8.5a (5): Accepting a Nomination (Teaching Hospital – First Time User)

If you have been nominated for a teaching hospital user role, you will receive an email like the one shown below.



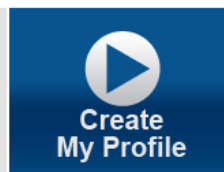
Take note of the information in the email, including registration ID and nomination ID, then follow the steps below to accept the nomination.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). The on-screen text contains important information regarding the registration process. Read the on-screen text and select "Create My Profile" when you are ready to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.




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

Open Payments (Sunshine Act)

Create Profile

- 1 Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

 Access the Open Payments User Guide

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.


The information needed to create your user profile or nominate additional authorized users or representatives includes:


Step 3: On the "Select Profile Type" screen, though you are affiliating with a teaching hospital, do not select "Teaching Hospital." Instead, select the link on the bottom of the screen, "I Have a Nomination ID and Registration ID."

Open Payments (Sunshine Act)

Create Profile

- 1 Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

 Access the Open Payments User Guide

 Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the "I have a Nomination ID and Registration ID" link.

A field with an asterisk(*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

- ☐ Applicable Manufacturer or Applicable GPO
- ☐ Physician
- ☐ Teaching Hospital

..... ID

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Step 4: 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.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Register Entity

Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type

Teaching Hospital

* Registration ID:

100000000019

The ID is a 12-digit number

* Nomination ID:

786049438133

The ID is a 12-digit number

Show Nomination

Cancel

Open Payments User Guide

Step 5: Review the nomination information displayed. If the information is correct, select “Continue.” If the information is incorrect, select “Cancel” and contact the Open Payments Help Desk (openpayments@cms.hhs.gov).

Open Payments (Sunshine Act)

The screenshot shows the 'Enter Registration & Nomination ID' form. On the left is a sidebar with a 'Create Profile' section containing steps: 'Select Profile Type' (checked), 'Register Entity' (2), 'Search Nomination' (highlighted in blue), 'Entity Information', 'Confirm Nomination', 'Personal Information' (3), and 'Review and Submit Profile' (4). Below this are links for the 'Open Payments User Guide' and 'Need help with the website? Contact Us by email'. The main form area has a title 'Enter Registration & Nomination ID' and a note 'A field with an asterisk (*) is required.' It contains two required fields: '* User Type' (a dropdown menu showing 'Teaching Hospital') and '* Registration ID:' (a text box with '100000000019'). Below the Registration ID is a note 'The ID is a 12-digit number'. To the right is '* Nomination ID:' (a text box with '786049438133') with a similar note. A yellow 'Show Nomination' button is below the Registration ID. At the bottom, it says 'Jane was nominated as Authorized Official for: ABCDE Hospital'. There are 'Cancel' and 'Continue' buttons at the bottom right, with the 'Continue' button circled in red.

Step 6: Select “Yes, I accept” for roles you accept and “No, I do not accept” for roles you do not accept. If you reject all roles for which you have been nominated, press “Continue” after selecting “No, I do not accept” for all roles. The system will ask you if you are sure you want to reject these roles. If you confirm your choice to reject the roles, you will exit the system and the nominator will receive an email that you rejected the nominations. The nominator will then be allowed to nominate other people for the roles.

If you accept one or all roles and select “Continue,” you will continue the nomination confirmation process.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

✓ Search Nomination

Confirm Nomination

③ Personal Information

④ Review and Submit Profile



Need help with the website?
Contact Us by email.



Access the Open Payments User
Guide

Confirm Nomination

A field with an asterisk (*) is required.

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with. Accept or reject your nominated role(s) by selecting the corresponding radio button below. Select "Continue" to review and complete your user profile.

ABCDE Hospital

7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 12345678

NPI: 1234512345

Business Telephone Number: 555-555-5555

Confirm Nominations:

- **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

* Authorized Official

- ☒ Yes, I accept
- ☐ No, I do not accept

Cancel

Back

Continue

Open Payments User Guide

Step 7: Review your personal information. If the information displayed is correct, select “Continue.” If the information displayed is incorrect, update the necessary fields. When finished, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

3 Personal Information

A field with an asterisk (*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will **not** automatically update your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration System (NPPES), or Enterprise Identity Management (EIDM) accounts.

Your Name

* First Name:
Jane

* Last Name:
Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Business Address

* Job Title:
CFO

* Business Email Address:
teachingrep@yopmail.com

* Business Telephone Number:
555-555-5555
XXX-XXX-XXXX

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244
XXXXX XXXXX

Cancel

Back

Continue

Step 8: Now you will be asked to review the information you have entered. To correct any errors, select “Back” on the bottom of the page to return to previous pages and make your corrections. If the information is correct, select “Continue.”

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Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital Search
- ✓ Personal Information
- ④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

4 Review and Submit Profile

Review the information entered in the previous sections.

Select "Back" to navigate to the previous page(s) and correct any incorrect information. Select "Submit Profile and Register" to submit your profile.

ABCDE Hospital

Teaching Hospital Business Address: 7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 123456789

National Provider Identifier (NPI): 1234512345

Teaching Hospital Business Phone Number: 555-555-5555

Your Role: Authorized Official

First Name: Jane

Middle Name:

Last Name: Doe

Suffix (Jr., Sr., etc.):

Business Email Address: teachingrep@yopmail.com

Business Telephone Number: 555-555-5555

Job Title: CFO

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Role: First Name: Last Name: Business Email Address: Business Telephone Number:

Cancel

Back

Continue

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

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital Search
- ✓ Personal Information
- ✓ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

Success Confirmed

You have successfully requested to be affiliated with You have successfully accepted your affiliation with ABCDE Hospital

You may now: [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

Open Payments User Guide

8.5a (6): Accepting a Nomination (Teaching Hospital – Already Registered User)

If you have been nominated for a teaching hospital user role, and you already have a role in the Open Payments system, you will receive an email like the one shown below.

Open Payments System Action Required - Nomination for Authorized Representative for Teaching Hospital in Op...
From: do-not-reply@opp-cms.gov
Date: 2014-07-03 11:28
Encoding: English

You have been nominated in the Open Payments system for the following user role for the below teaching hospital:

- Teaching hospital: ABCDE Hospital
- Registration ID: 100000000019
- Nomination ID: 786049438133
- List of role of the user roles: Authorized Official

You have 10 business days to accept or reject the nomination for this role in the Open Payments system. Your nomination will be deactivated if you do not register in Open Payments and accept or reject your nomination within 10 business days of this message.

To accept your nomination, you must register yourself in the Open Payments system. Prior to registering in the Open Payments system, you must first register for the CMS Enterprise Identity Management system (EIDM). To register in EIDM:

1. Access EIDM on the CMS Enterprise portal at <https://portal.cms.gov>.
2. Select the "New User Registration" hyperlink to create an account on EIDM and follow the on-screen instructions.

Once you are registered with EIDM, or if you already have registered with EIDM, you can register with Open Payments through the following steps:

1. Access the CMS Enterprise portal at <https://portal.cms.gov>.
2. Log in by entering your user name and password.
3. Access the Open Payments system.
4. Continue to "Select Profile Type" page
5. Click on I have Nomination ID and Registration ID
6. Select Teaching Hospital from the list
7. Enter the teaching hospital's registration and nomination ID you received via email, and click "Show Nomination."
8. Confirm the teaching hospital information and continue through to either accept/reject the nomination.

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated 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: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the "My Profile" tab.

Open Payments (Sunshine Act)


Teaching Hospital [Switch User Type](#)

Home	Review and Dispute Review, Affirm, Dispute	Manage Teaching Hospitals Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

[Access the Open Payments User Guide](#)
[Need help with the website? Contact Us by email](#)



Open Payments User Guide

Step 2: Select “My Roles and Nominations.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
Register, Edit, Nominate Roles

My Profile
[Account, Roles, Nominations](#)

Help

My Profile

James Doe

Overview

My Profile Details

My Roles & Nominations

The page contains information about your profile and user roles.

Profile Name


James Doe

Your Authorized Roles

Role:	Name:	Status:
Authorized Official	ABCDE Hospital	Approved
Authorized Official	EFGH Hospital	Approved

Access the Open Payments User Guide

Need help with the website?
Contact Us by email



Step 3: Select “Accept/Reject Nominations.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
Register, Edit, Nominate Roles

My Profile
[Account, Roles, Nominations](#)

Help

My Profile

James Doe

Overview

My Profile Details

My Roles & Nominations

Below are the user roles for each teaching hospital with which you are affiliated. You have the option to accept roles for which you have been nominated or request additional roles for each teaching hospital(s) with which you are affiliated.

Accept/Reject Nominations


Request a Role

My Roles

Role:	Name:	Status:	Actions:
Authorized Official	ABCDE Hospital	Approved	<div>Modify</div>
Authorized Official	EFGH Hospital	Approved	<div>Modify</div>

Access the Open Payments User Guide

Need help with the website?
Contact Us by email



Open Payments User Guide

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.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Register Entity

Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type
Teaching Hospital

* Registration ID:
100000000022
The ID is a 12-digit number

* Nomination ID:
310115147957
The ID is a 12-digit number

Show Nomination

Cancel

Step 5: Review the nomination information displayed. If the information is correct, select “Continue.” If the information is incorrect, select “Cancel” and contact the teaching hospital directly.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Register Entity

Search Nomination

Entity Information

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Enter Registration & Nomination ID

A field with an asterisk (*) is required.

* User Type
Teaching Hospital

* Registration ID:
100000000022
The ID is a 12-digit number

* Nomination ID:
310115147957
The ID is a 12-digit number

Show Nomination

James was nominated as Authorized Representative for: EFGH Hospital

Cancel

Continue

Open Payments User Guide

Step 6: Select “Yes, I accept” for roles you accept and “No, I do not accept” for roles you do not accept. If you reject all roles for which you have been nominated, press “Continue” after selecting “No, I do not accept” for all roles. The system will ask you if you are sure you want to reject these roles. If you confirm your choice to reject the roles, you will exit the system and the nominator will receive an email that you rejected the nominations. The nominator will then be allowed to nominate other people for the roles.

If you accept one or all roles and select continue, you will continue the nomination confirmation process.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

✓ Search Nomination

Confirm Nomination

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

Confirm Nomination

A field with an asterisk (*) is required.

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with. Accept or reject your nominated role(s) by selecting the corresponding radio button below. Select “Continue” to review and complete your user profile.

EFGH Hospital

7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 987654321

NPI: 1234512345

Business Telephone Number: 555-555-5555

Confirm Nominations:

- **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

* Authorized Representative

- ☒ Yes, I accept
- ☐ No, I do not accept

Cancel

Back

Continue

Open Payments User Guide

Step 7: Now you will be asked to review the information you have entered. To correct any errors, select “Back” on the bottom of the page to return to previous pages and make your corrections. If the information is correct, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
[Register, Edit, Nominate Roles](#)

My Profile
Account, Roles, Nominations

Help

Create Profile

✓ Select Profile Type

✓ Teaching Hospital: Search

✓ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

4 Review and Submit Profile

Review the information entered in the previous sections.

Select “Back” to navigate to the previous page(s) and correct any incorrect information. Select “Submit Profile and Register” to submit your profile.

EFGH Hospital

Teaching Hospital Business Address:	7500 Security Blvd. Baltimore MD 21244
Taxpayer Identification Number (TIN):	987654321
National Provider Identifier (NPI):	1234512345
Teaching Hospital Business Phone Number:	555-555-5555
Your Role:	Authorized Representative
First Name:	James
Middle Name:	
Last Name:	Doe
Suffix (Jr., Sr., etc.):	
Business Email Address:	hospitalrep@yopmail.com
Business Telephone Number:	555-555-5555
Job Title:	Manager
Business Address, Line 1:	7500 Security Blvd
Business Address, Line 2:	
City Name:	Baltimore
State:	Maryland
Zip Code:	21244

Role:

First Name:

Last Name:

Business Email Address:

Business Telephone Number:

Cancel

Back

Continue

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

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home	Review and Dispute Review, Affirm, Dispute	Manage Teaching Hospitals Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Help
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Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

?

Need help with the website?
[Contact Us](#) by email.

Access the Open Payments User Guide

Success Confirmed

You have successfully requested to be affiliated with You have successfully accepted your affiliation with EFGH Hospital

You may now: [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

8.5a (7): Self-Nomination: Requesting a Role (Teaching Hospital, First Time User)


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.

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). The on-screen text contains important information regarding the registration process. Read the on-screen text and select “Create My Profile” when you are ready to begin the registration process.

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



Create My Profile

Open Payments User Guide

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

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Create 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), or teaching hospital, or identify as a physician or physician's authorized representative. During this process, you will also have the ability to nominate additional authorized users or representatives.

Note: When registering, it is important that you have all required information available, as registration must be completed in one session. Also note that your session will time out after 15 minutes of inactivity and all information inputted during that session will be lost.

The information needed to create your user profile or nominate additional authorized users or representatives includes:

Step 3: Select the profile type “Teaching Hospital.” When finished, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

1 Select Profile Type

2 Register Entity

3 Personal Information

4 Review and Submit Profile

Access the Open Payments User Guide

Need help with the website?
Contact Us by email

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk (*) is required.

* Required: Select the “I have a Nomination ID and Registration ID” link or the type of entity or covered recipient you are affiliated with.

Choose the type of entity or covered recipient you are affiliated with:

☐ Applicable Manufacturer or Applicable GPO

☐ Physician

☒ Teaching Hospital

OR

[I have a Nomination ID and Registration ID](#)

Cancel

Continue

Open Payments User Guide

Step 4: Search the database for the correct teaching hospital. Select the appropriate state, teaching hospital legal name, teaching hospital business address, and Taxpayer Identification Number (TIN) from the drop-downs.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select "Search" when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:
Maryland

* Teaching Hospital Legal Name:
ABCDE Hospital

* Teaching Hospital Business Address:
7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):
123456789

Search

Cancel

Back

Open Payments User Guide

Step 5: The system will search for the identified teaching hospital. Review the information displayed on the screen, select “Continue” if the information displayed is correct. If the information is not correct, select “Back” to return to the previous page and edit the search information you entered.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select “Search” when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:
Maryland

* Teaching Hospital Legal Name:
ABCDE Hospital

* Teaching Hospital Business Address:
7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):
123456789

Search

Teaching Hospital Search Results

This teaching hospital is already registered in the Open Payments system.

ABCDE Hospital
7500 Security Blvd. Baltimore
MD 21244
TIN: 123456789

Would you like to affiliate yourself with this teaching hospital? Click Continue to affiliate yourself with this teaching hospital and identify your user role.

Cancel

BackContinue

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Step 6: Review the information displayed on the screen. If the information is correct, select “Continue.” If the information is not correct, select “Back” to select a different teaching hospital.

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

↩

Access the Open Payments User Guide

2 Teaching Hospital: Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with. Accept or reject your nominated role(s) by selecting the corresponding radio button below. Select “Continue” to review and complete your user profile.

ABCDE Hospital

Business Address:
7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN):
123456789

Additional Information for Registration

National Provider Identifier (NPI):1234512345

Teaching Hospital Business Phone Number:555-555-5555

Cancel

BackContinue

Open Payments User Guide

Step 7: Select the role you wish to nominate yourself for in the teaching hospital: either authorized official or authorized representative. Then enter in the role-related information below. Required fields are marked with an asterisk. Once you've entered in all of the information, select "Continue."

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

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Access the Open Payments User Guide

2 Teaching Hospital: Your Role

A field with an asterisk (*) is required.

To register a teaching hospital, you must select the role of authorized official of the teaching hospital. In addition to registering the teaching hospital, the authorized official is responsible for approving all nominations and modifying other user roles for the teaching hospital.

*** Choose your role:**
Select the role of "Authorized Official" to proceed with registering the teaching hospital.

☒ **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

☐ **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Your Role-Related Information

Enter your personal information below.

* First Name:	Middle Name:
<input type="text" value="James"/>	<input type="text"/>
* Last Name:	Suffix (Jr., Sr., etc.):
<input type="text" value="Doe"/>	<input type="text"/>
* Email Address:	* Business Phone:
<input type="text" value="teachingrep@yopmail.com"/>	<input type="text" value="555-555-5555"/>
	XXX-XXX-XXXX

Cancel

Back

Continue

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Open Payments User Guide

Step 8: Review your information displayed on the screen. Enter your job title and business address. When finished, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

✓ Select Profile Type

✓ Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

3 Personal Information

A field with an asterisk (*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will **not** automatically update your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration System (NPES), or Enterprise Identity Management (EIDM) accounts.

Your Name

* First Name:
James

* Last Name:
Doe

Middle Name:

Suffix (Jr., Sr., etc.):

Business Address

* Job Title:
Manager

* Business Email Address:
teachingrep@yopmail.com

* Business Telephone Number:
555-555-5555
XXX-XXX-XXXX

* Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

* City Name:
Baltimore

* State:
Maryland

* Zip Code:
21244
XXXXX XXXX

Cancel

Back

Continue

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Open Payments User Guide

Step 9: Review your profile information on the “Review and Submit Profile” page. Select “Back” to go back and edit any information. Once you have reviewed the information and determined it to be correct, select “Continue.”

Open Payments (Sunshine Act)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

4 Review and Submit Profile

Review the information entered in the previous sections.

Select “Back” to navigate to the previous page(s) and correct any incorrect information. Select “Submit Profile and Register” to submit your profile.

ABCDE Hospital

Teaching Hospital Business Address: 7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN): 123456789

National Provider Identifier (NPI): 1234512345

Teaching Hospital Business Phone Number: 555-555-5555

Your Role: Authorized Official

First Name: James

Middle Name:

Last Name: Doe

Suffix (Jr., Sr., etc.):

Business Email Address: teachingrep@yopmail.com

Business Telephone Number: 555-555-5555

Job Title: Manager

Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

City Name: Baltimore

State: Maryland

Zip Code: 21244

Nominations:

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:
Authorized Official	James	Doe	teachingrep@yopmail.com	555-555-5555

Cancel

Back

Continue

Open Payments User Guide

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 or modified. Also, the authorized officials for the teaching hospital will receive emails notifying them of your request for a user role.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

? Need help with the website?
[Contact Us](#) by email.

➔ Access the Open Payments User Guide

Success Confirmed

You have successfully requested to be affiliated with ABCDE Hospital

You may now: [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

8.5a (8): Self-Nomination: Requesting a Role (Teaching Hospital, Existing User)

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

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select the “My Profile” tab.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

[Home](#)

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
Register, Edit, Nominate Roles

My Profile
Account, Roles, Nominations

[Help](#)

Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

➔ Access the Open Payments User Guide

? Need help with the website?
[Contact Us](#) by email



Open Payments User Guide

Step 2: Select “My Roles and Nominations.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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My Profile
[Account, Roles, Nominations](#)

Help

My Profile

James Doe

Overview

My Profile Details

My Roles & Nominations

The page contains information about your profile and user roles.

Profile Name


James Doe

Your Authorized Roles

Role:	Name:	Status:
Authorized Official	ABCDE Hospital	Approved

Access the Open Payments User Guide

Need help with the website?
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Step 3: Select “Request a Role.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Manage Teaching Hospitals
Register, Edit, Nominate Roles

My Profile
[Account, Roles, Nominations](#)

Help

My Profile

James Doe

Overview

My Profile Details

My Roles & Nominations

Below are the user roles for each teaching hospital with which you are affiliated. You have the option to accept roles for which you have been nominated or request additional roles for each teaching hospital(s) with which you are affiliated.

Accept Reject Nominations


Request a Role

My Roles

Role:	Name:	Status:	Actions:
Authorized Official	ABCDE Hospital	Approved	<div>Modify</div>

Access the Open Payments User Guide

Need help with the website?
Contact Us by email



Open Payments User Guide

Step 4: Select the teaching hospital state, legal name, business address, and Taxpayer Identification Number (TIN) from the drop-downs. When finished, select “Search.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Create Profile

- Select Profile Type
- Teaching Hospital: Search**
- Personal Information
- Review and Submit Profile

Need help with the website?
Contact Us by email.

Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select “Search” when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:

Maryland

* Teaching Hospital Legal Name:

EFGH Hospital

* Teaching Hospital Business Address:

7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):

987654321

Search

Cancel

Back

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Open Payments User Guide

Step 5: Review the teaching hospital information displayed on the screen. Select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

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Review, Affirm, Dispute

Manage Teaching Hospitals
[Register, Edit, Nominate Roles](#)

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Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

2 Teaching Hospital: Search

A field with an asterisk (*) is required.

Search for your teaching hospital by selecting the correct information for each of the fields from the dropdown lists below. Select “Search” when you have finished making your selections in the dropdown lists.

The teaching hospital is updated annually and can also be found on the CMS Open Payments website at <http://go.cms.gov/openpayments>. If you do not find your teaching hospital listed, contact the Open Payments Help Desk (openpayments@cms.hhs.gov) for guidance.

Note that only an authorized official within the teaching hospital may register a teaching hospital in the Open Payments system.

Authorized Official: Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

* State Where Teaching Hospital is Located:
Maryland

* Teaching Hospital Legal Name:
EFGH Hospital

* Teaching Hospital Business Address:
7500 Security Blvd. Baltimore MD 21244

* Taxpayer Identification Number (TIN):
987654321

Search

Teaching Hospital Search Results

This teaching hospital is already registered in the Open Payments system.

EFGH Hospital
7500 Security Blvd.
Baltimore MD 21244
TIN: 987654321

Would you like to affiliate yourself with this teaching hospital? Click Continue to affiliate yourself with this teaching hospital and identify your user role.

Cancel

Back

Continue

Step 6: Review the teaching hospital information. When finished, select “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Home

Review and Dispute
Review, Affirm, Dispute

Manage Teaching Hospitals
[Register, Edit, Nominate Roles](#)

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Help

Create Profile

✓ Select Profile Type

② Teaching Hospital: Search

Register Teaching Hospital

Your Role

③ Personal Information

④ Review and Submit Profile

? Need help with the website?
Contact Us by email.

➔ Access the Open Payments User Guide

2 Teaching Hospital: Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with. Accept or reject your nominated role(s) by selecting the corresponding radio button below. Select “Continue” to review and complete your user profile.

EFGH Hospital

Business Address:
7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN):
987654321

Additional Information for Registration
National Provider Identifier (NPI):1234512345
Teaching Hospital Business Phone Number:555-555-5555

Cancel

Back

Continue

Open Payments User Guide

Step 7: Choose the role you wish to request. Enter information into all required fields. When complete, select "Continue."

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Create Profile

✓ Select Profile Type

2 Teaching Hospital: Search

Register Teaching Hospital

Your Role

3 Personal Information

4 Review and Submit Profile

?

Need help with the website?
Contact Us by email.

➔

Access the Open Payments User Guide

2 Teaching Hospital: Your Role

A field with an asterisk (*) is required.

To register a teaching hospital, you must select the role of authorized official of the teaching hospital. In addition to registering the teaching hospital, the authorized official is responsible for approving all nominations and modifying other user roles for the teaching hospital.

*** Choose your role:**

Select the role of "Authorized Official" to proceed with registering the teaching hospital.

- ☒ **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.
- ☐ **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Your Role-Related Information

Enter your personal information below.

* First Name:	Middle Name:
James	
* Last Name:	Suffix (Jr., Sr., etc.):
Doe	
* Email Address:	* Business Phone:
teachingrep@yopmail.com	555-555-5555
	XXX-XXX-XXXX

Cancel

Back

Continue

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Open Payments User Guide

Step 8: Review your profile information for the requested role. When finished, submit your profile by selecting “Continue.”

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Create Profile

✓ Select Profile Type

✓ Teaching Hospital: Search

✓ Personal Information

④ Review and Submit Profile

Need help with the website?
[Contact Us](#) by email.

[Access the Open Payments User Guide](#)

4 Review and Submit Profile

Review the information entered in the previous sections.

Select “Back” to navigate to the previous page(s) and correct any incorrect information. Select “Submit Profile and Register” to submit your profile.

Christus St Michael

Teaching Hospital Business Address:

7500 Security Blvd.
Baltimore MD 21244

Taxpayer Identification Number (TIN):

987654321

National Provider Identifier (NPI):

1234512345

Teaching Hospital Business Phone Number:

555-555-5555

Your Role:

Authorized Official

First Name:

James

Middle Name:

Last Name:

Doe

Suffix (Jr., Sr., etc.):

Business Email Address:

teachingrep@yopmail.com

Business Telephone Number:

555-555-5555

Job Title:

Manager

Business Address, Line 1:

7500 Security Blvd

Business Address, Line 2:

City Name:

Baltimore

State:

Maryland

Zip Code:

21244

Nominations:

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:
Authorized Official	James	Doe	teachingrep@yopmail.com	555-555-5555

Cancel

Back

Continue

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 or modified. Also, the authorized officials for the teaching hospital will receive emails notifying them of your request for a user role.


Open Payments (Sunshine Act)


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Create Profile

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

 Need help with the website?
[Contact Us](#) by email.

 [Access the Open Payments User Guide](#)

Success Confirmed

You have successfully requested to be affiliated with EFGH Hospital

You may now: [Open Payments Home](#)

You will receive an email when your nomination is approved. You can refer to the Open Payments User Guide for further information.

Note: You will not be able to take any actions related to this teaching hospital until your nomination is approved.

8.5a (9): How to Reject a Nomination

To reject a nomination, access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) using the registration ID and nomination ID provided in the notification email and follow the steps below to reject the nomination.

1. Follow steps 1 through 6 outlined in Section 8.5a(3) for accepting a nomination.
2. During step 7, select “No, I do not accept” and select “Continue.”

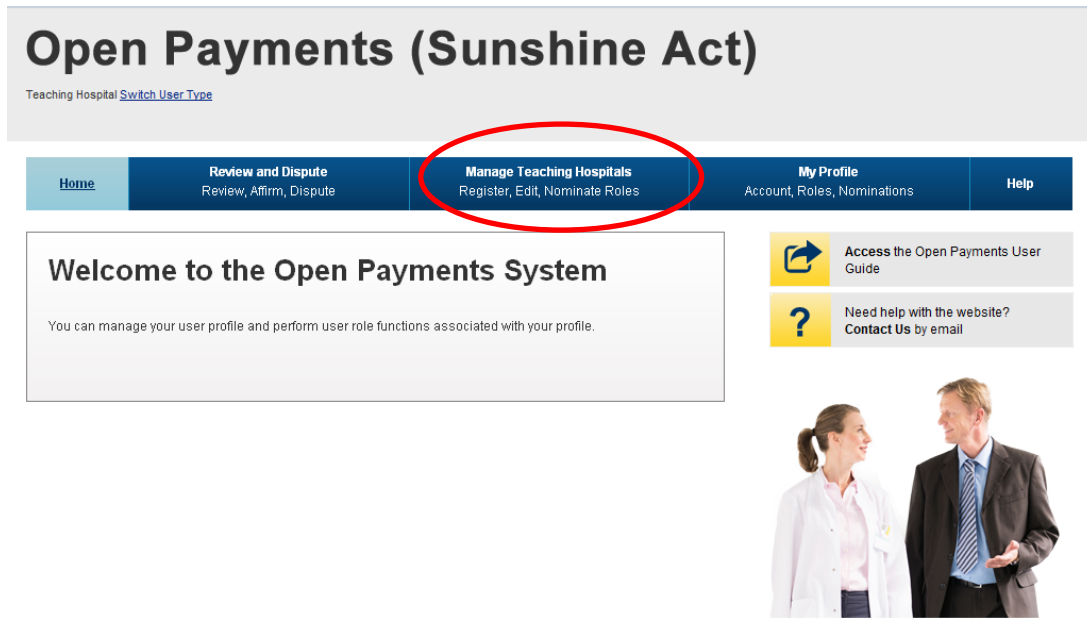
Once you reject a nomination, you will be exited from the system and will be unable to perform any functions in Open Payments. The physician or authorized official(s) of the teaching hospital will receive an email notifying him or her of the rejection. The physician or authorized official(s) of the teaching hospital may nominate another individual for that role.

Open Payments User Guide

8.5a (10): Approving a Nomination (Authorized Official Only)

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

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>). Select “Manage Teaching Hospitals.”



Open Payments User Guide

Step 2: On the “Manage Teaching Hospitals” page, select the teaching hospital for which you want to confirm a nomination.

Open Payments (Sunshine Act)

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Help


Manage Teaching Hospitals


Below are the teaching hospitals with which you are affiliated and authorized to view. If you are an authorized official, you may register additional teaching hospitals with the Open Payments system. Select "Register New Teaching Hospital" to begin registering a new teaching hospital. To edit the teaching hospital information or manage user roles (including nominating new users), select the appropriate teaching hospital.


[Register New Teaching Hospital](#)

Your Teaching Hospitals

Name:	Status:
ABCDE Hospital	Registered

 Access the Open Payments User Guide

 Need help with the website?
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Step 3: Select the “Manage Roles” tab.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Manage Teaching Hospitals
[Register, Edit, Nominate Roles](#)

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ABCDE Hospital

Teaching Hospital Information

Manage Roles


Below is the information for the teaching hospital with which you are affiliated. If you are an authorized official, you have the ability to update the information associated with this teaching hospital.


To update information, select "Update Teaching Hospital."


[Update Teaching Hospital](#)

ABCDE Hospital

Business Address:	7500 Security Blvd Baltimore, MD 21244
Taxpayer Identification Number (TIN):	111111111
National Provider Identifier (NPI):	1234512345
Teaching Hospital Phone Number:	555-555-5555

 Access the Open Payments User Guide

 Need help with the website?
[Contact Us](#) by email



Open Payments User Guide

Step 4: Select “Approve” for the nomination you wish to approve. Once you have selected the “Approve” button next to a nominee’s name, the nomination has been approved. The nominee will receive an email notification informing them of the acceptance of their nomination.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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ABCDE Hospital

Teaching Hospital InformationManage Roles


Below is the list of nominations for the teaching hospital. You may have up to 10 active users for this teaching hospital, 5 of which can be authorized officials. Select one of the actions (i.e. "Modify", "Approve") to update or approve the roles. Select "Nominate New Role" to create a new nomination.

Nominate New Role

Name:	Role:	Status:	Actions:
John Doe	Authorized Official	Vetted	
James Doe	Authorized Official	Requested	Approve
Jane Doe	Authorized Official	Accepted	
James Doe	Authorized Official	Nomination Approved	Modify

Access the Open Payments User Guide

Need help with the website?
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Open Payments User Guide

Step 4a: When you select the “Modify” button next to a nominee’s name, you can change that individual’s role. You can also remove a nomination, rejecting a user’s self-nomination. An email will be sent to the nominee informing them of the change made to their role.

Open Payments (Sunshine Act)


Teaching Hospital [Switch User Type](#)

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ABCDE Hospital

[Teaching Hospital
Information](#)[Manage Roles](#)

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Contact Us by email](#)



Modify Role

Nominee

A field with an asterisk (*) is required.
Make any edits to the person's role below. The person will be notified of changes in his or her role.

*** First Name:**
James

Middle Name:

*** Last Name:**
Doe

Suffix (Jr., Sr., etc.):

*** Email Address:**
hospitalrep@yopmail.com

*** Business Phone:**
555-555-5555
XXX-XXX-XXXX

*** Indicate the role this person will have:**

☒ **Authorized Official:** Responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

☐ **Authorized Representative:** Granted permission by the teaching hospital's authorized official to access/review data, initiate a dispute on behalf of the teaching hospital and make/approve nominations for other users.

Business Address

Business Address, Line 1:
7500 Security Blvd

Business Address, Line 2:

City Name:
Baltimore

State:
Maryland

Zip Code:
21244
XXXXX

[Cancel](#)[Save Role](#)

Open Payments User Guide

Step 5: You will now see an updated list of nominations on the “Manage Roles” tab.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Review, Affirm, Dispute

Manage Teaching Hospitals
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ABCDE Hospital

Teaching Hospital Information

Manage Roles


Below is the list of nominations for the teaching hospital. You may have up to 10 active users for this teaching hospital, 5 of which can be authorized officials. Select one of the actions (i.e. "Modify", "Approve") to update or approve the roles. Select "Nominate New Role" to create a new nomination.

Nominate New Role

Name:	Role:	Status:	Actions:
John Doe	Authorized Official	Vetted	
James Doe	Authorized Official	Requested	Approve
Jane Doe	Authorized Official	Accepted	
James Doe	Authorized Official	Nomination Approved	Modify

Access the Open Payments User Guide

Need help with the website?
Contact Us by email



Review and Dispute For Physicians and Teaching Hospitals

Chapter 9: Review and Dispute for Physicians and Teaching Hospitals

This chapter provides information on the process for physicians and teaching hospitals in the Open Payments system to view records submitted regarding payments and other transfers of value, as well as ownership and investment interests, submitted about them from applicable manufacturers and applicable GPOs.

This chapter is divided into the following sections:

- **Overview of Review and Dispute**, which provides information on the review and dispute process within the Open Payments system.
- **Reviewing and Affirming Payments and Other Transfers of Value**, which provides information on how physicians and teaching hospitals can review and affirm data submitted about them by applicable manufacturers and applicable GPOs.
- **Initiating and Withdrawing Disputes**, which provides information on how physicians and teaching hospitals can initiate or withdraw a dispute of submitted data.

All physicians and teaching hospitals who choose to view data reported about them must register in both EIDM and Open Payments prior to accessing the system. See Chapter 8 for registration information.

Once an applicable manufacturer or applicable GPO has reported a payment or other transfer of value about a physician or teaching hospital, or physician ownership or investment interest, the physician or teaching hospital will be able to review the payment or transfer of value information and affirm or dispute the submitted data prior to it being made public. This process is referred to as “Review and Dispute.” Any user who has permission to dispute records may initiate a dispute on any record they have access to.

The review and dispute period will start at least 60 days before the information is to be published for that program year. Physicians and teaching hospitals will work directly with reporting entities to resolve disputes outside of the Open Payments system.

Open Payments User Guide

If a dispute is not resolved before the end of the 60-day period, the latest, attested-to data submitted by the applicable manufacturer or applicable GPO will be published in the next data publication and identified as being under dispute.

Reviews and disputes can occur outside of this 60-day period; the review and dispute process is open year-round. If the applicable manufacturer or applicable GPO cannot resolve the dispute with the physician or teaching hospital within those 60 days, all parties should continue to seek a resolution. The process is outlined in Figure 9.1 below.

Figure 9.1: Review, Dispute, and Correction Process

During	What Happens During Review?	What Happens During Dispute?	What Happens During Corrections?
Day 1-45	<ul style="list-style-type: none"> Applicable manufacturers, applicable GPOs, physicians and teaching hospitals review their data before it is made public. 	<ul style="list-style-type: none"> Physicians and teaching hospitals can dispute information reported about them or their institutions. Disputes initiated during this 45-day period that are not resolved by the end of the period will be reflected in the public data as the record will be shown as under dispute. CMS will not mediate any dispute. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with the disputing physician or teaching hospital to correct disputed data. Applicable manufacturers or applicable GPOs must submit a revised report to make the corrections and re-attest to the updated data.
> 45 Days	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs seek to resolve disputes received from physicians and teaching hospitals. Physicians and teaching hospitals may continue to review the data. 	<ul style="list-style-type: none"> Physicians and teaching hospitals may continue to initiate disputes during this period but resolutions may not be reflected in publicly displayed data. 	<ul style="list-style-type: none"> Applicable manufacturers and applicable GPOs should work with physicians and teaching hospitals to make corrections. Corrections made to disputes may not be included in the next publication of data. Applicable manufacturers and applicable GPOs must send CMS a revised report to make the appropriate corrections and re-attest to the updated data.

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There is an initial 45-day period for physicians and teaching hospitals to review and dispute data submitted about them by reporting entities, and work with reporting entities to resolve the disputes. Immediately following that initial 45 days is an additional 15-day correction period for reporting entities to continue to work with physicians and teaching hospitals on dispute resolution.

Disputes initiated or resolved after the 60-day period will not be published in the initial publication of data. Those disputes and any related data changes will be published in the next publication of data, either in a refresh publication of the program year data or the publication of the next program year's data. In the publication, the data will be associated with the program year of the data, not the date of its publication. Disputes initiated within the initial 45-day review and dispute 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. Disputes initiated during the 15-day dispute correction period will not be in the initial public posting of data.

Figure 9.2 below explains how the dispute initiation and resolution timing affects the public display status of the data:

Figure 9.2: Dispute Initiation, Resolution, and Public Display of Program Year 2013 Data

Timing of Dispute Initiation	Dispute Resolution Status Within 45-Day Initial Period or 15-Day Correction Period	Public Display Status
Within 45-day review, dispute & correction period	Resolved	Data, with any revisions from resolution, will be published as non-disputed in September 2014.
	Not resolved	Data published as disputed in September 2014.
After 45-day review, dispute & correction period and prior to the review, dispute & correction period before the next data refresh or publication	Resolved	Data published as non-disputed in both September 2014 and the subsequent data publication related to the 2013 program year data. Any revisions to data due to resolution will appear in subsequent data publications
	Not resolved	Data published as non-disputed in September 2014 and as disputed in the subsequent data publication related to 2013 program year.

** The exact date may vary. Note that the rule does not require CMS to display the data as disputed if not resolved during this period.

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

- **Initiated:** indicates that a physician or teaching hospital has 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 a dispute initiated against them by a physician or teaching hospital. Acknowledging a dispute will trigger a notification to the initiating physician or teaching hospital letting them know their dispute has been received.
- **Resolved, No Change:** indicates that either the applicable manufacturer or applicable GPO does not agree with a dispute initiated by a physician or teaching hospital or the applicable manufacturer or applicable GPO has discussed the dispute with the initiating physician or teaching hospital and it was determined that no change in the data was necessary. The physician or teaching hospital who initiated the dispute can initiate a new dispute if they disagree with “resolved, no change” status.
- **Withdrawn:** indicates that a physician or teaching hospital has withdrawn a dispute they initiated against a record submitted by an applicable manufacturer or applicable GPO.
- **Resolved:** indicates that disputed data was updated and then resubmitted and re-attested to by the applicable manufacturer or applicable GPO.

Emails transmitted to applicable manufacturers, applicable GPOs, physicians, and teaching hospitals from the Open Payments system for review and dispute will not contain contact information. For example, an email notifying a reporting entity of a dispute from a physician will contain only the information needed to locate the record in the Open Payments system. You can view a sample notification email for each review and dispute action in Appendix D. Contact information can be obtained only by opening the record within the Open Payments system itself.

Section 9.1: Reviewing and Affirming Submitted Data

Physicians and teaching hospitals that have registered with the Open Payments system may review all payment, other transfer of value, and physician ownership or investment interest data submitted by an applicable manufacturer or applicable GPO about them. When the data has been reviewed and the physician or teaching hospital does not find discrepancies in the data submitted, they may choose to affirm that the record(s) are in good standing.

Records that have not been affirmed will still be included in the next data publication. Note that if you determine that a record you previously affirmed is in error, you can initiate a dispute on that record. The process for reviewing and affirming disputes is illustrated in Figure 9.3 below. Step-by-step walkthroughs of various scenarios follow.

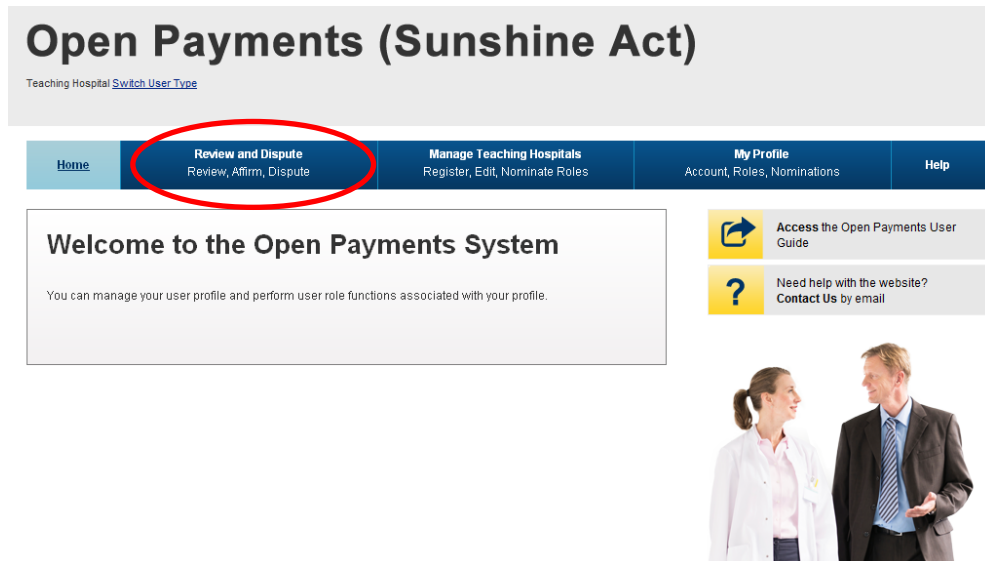
Figure 9.3: Review and Affirmation Process



Open Payments User Guide

Section 9.1a: Teaching Hospital - Reviewing and Affirming Submitted Data

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.



Open Payments User Guide

Step 2: Select the teaching hospital and the appropriate program year you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select “Show Records.”

Open Payments (Sunshine Act)

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[Review](#), [Affirm](#), [Dispute](#)

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Review and Dispute Overview

A field with an asterisk (*) is required.

Teaching Hospital Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

* Choose a Teaching Hospital:

ABCDE Hospital

* Program Year:

2013

Show Records



Access the Open Payments User Guide



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Open Payments User Guide

Step 3: On the Records page, you will see a list of all submitted records for the selected teaching hospital. If you wish, you may filter the records by selecting the “Entity Making Payment” from the specified drop-down. You may also filter further by including the record ID, date of publication, and/or dispute ID. You do not need to filter the results in order to proceed. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

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Review and Dispute - ABCDE Hospital - 2013

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The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value.
- Select “Dispute Record” to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment:	Record ID:	Date Of Publication:
Please Select		Please Select
Dispute ID:	Review and Dispute Status:	Payment Category:
	Initiated Acknowledged Resolved No Change Withdrawn Resolved	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments
		Affirmed (Yes/No): <input type="checkbox"/> Yes <input type="checkbox"/> No
		Search Clear All

Showing Results for:[All]

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[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10041		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$10,000.00	No	2014-07-02	Attested

Page 1 of 1 showing 1 of 1 entries

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Step 4: Review the information of the submitted record. When finished, select “Back.”

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Record ID: 10044

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Program Year: 2013

Entity: ABCDE Medical

Payment Category: General Payments

Consolidated Reporting: No

Last Modified Date: 2014-06-16

Last Modified By:

Submission Date: 2014-06-11

Submitted By: John Doe

Record Status: Altered

Override Status:

Associated Disputes and

Statuses:

947 Withdrawn

987 Acknowledged

1045 Dismissed

Access the Open Payments User Guide

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Recipient Demographic Information

Covered Recipient Type: Teaching Hospital

Physician First Name: John

Physician Middle Name:

Physician Last Name: Doe

Physician Name Suffix:

Recipient Business Street Address Line 1: 7500 Security Blvd

Recipient Business Street Address Line 2:

Recipient City: Baltimore

Recipient State: Maryland

Recipient Zip Code: 21244

Recipient Country: UNITED STATES

Recipient Province:

Recipient Postal Code:

Recipient Email Address:

Physician Primary Type:

Physician NPI:

Physician Specialty:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Associated Drug, Device, Biological, or Medical Supply Information

Product Indicator: Combination

Name of Associated Drug or Biological: 1. Prod_22

National Drug Code of Associated Covered Drug or Biological:

Name of Associated Covered Device or Medical Supply: 1. Prod_22, 2. Prod_44, 3. Prod_20, 4. Prod_11, 5. Prod_4

Transfer of Value (Payment) Information

Total Amount of Payment: 2000

Date of Payment: 20131125

Number of Payments Included in Total Amount: 1

Form of Payment or Transfer of Value: Cash or cash equivalent

Nature of Payment or Transfer of Value: Education

General Record Information

Physician Ownership Indicator: No

Third Party Payment Recipient Indicator: Individual

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator: No

Third Party Equals Covered Recipient Indicator: No

Delay in Publication of Research Payment Indicator:

Contextual Information:

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Step 5: Select the record(s) you wish to affirm. You may only affirm records with a review and dispute status of "[Resolved, No Change](#)," "[Withdrawn](#)," or "[Resolved](#)." When the record(s) has been selected, select "Affirm Record."

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Teaching Hospital [Switch User Type](#)

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Review and Dispute - ABCDE Hospital - 2013

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The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value.
- Select "Dispute Record" to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment: <div>Please Select</div>	Record ID: <div></div>	Date Of Publication: <div>Please Select</div>	
Dispute ID: <div></div>	Review and Dispute Status: <div>Initiated Acknowledged Resolved No Change Withdrawn Resolved</div>	Payment Category: <div><input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments</div>	Affirmed (Yes/No): <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
		<div>Search</div>	<div>Clear All</div>

Showing Results for:[All]

Show Entries

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[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10041		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$10,000.00	No	2014-07-02	Attested

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Step 6: Review the information on the “Affirm Records” page. When finished, select “Affirm Records.”

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Teaching Hospital [Switch User Type](#)

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Affirm Records

ABCDE Hospital - 2013

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Select "Affirm Records" to confirm the payments or other transfers of value, or ownership or investment interests reported by the entity are accurate and valid.

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are affirming the following [1] record(s):

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10044	ABCDE Medical	2013-10-18	\$2,000.00	Attested	

[Cancel](#)

[Affirm Records](#)

Open Payments User Guide

The following message will be displayed on the screen, confirming the successful affirmation of the submitted record(s). Also, the record's "Affirmed Yes/No" indicator, visible in the View Records table, will be set to Y.

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Teaching Hospital [Switch User Type](#)

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Review and Dispute - ABCDE Hospital - 2013

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You have successfully affirmed the following record(s):

Record Id:
10044

The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value.
- Select "Dispute Record" to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment: <div>Please Select</div>	Record ID: <div></div>	Date Of Publication: <div>Please Select</div>
Dispute ID: <div></div>	Review and Dispute Status: <div>Initiated Acknowledged Resolved No Change Withdrawn Resolved</div>	Payment Category: <div><input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments</div>
		Affirmed (Yes/No): <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
		<div>Search Clear All</div>

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

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[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10041		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$10,000.00	No	2014-07-02	Attested

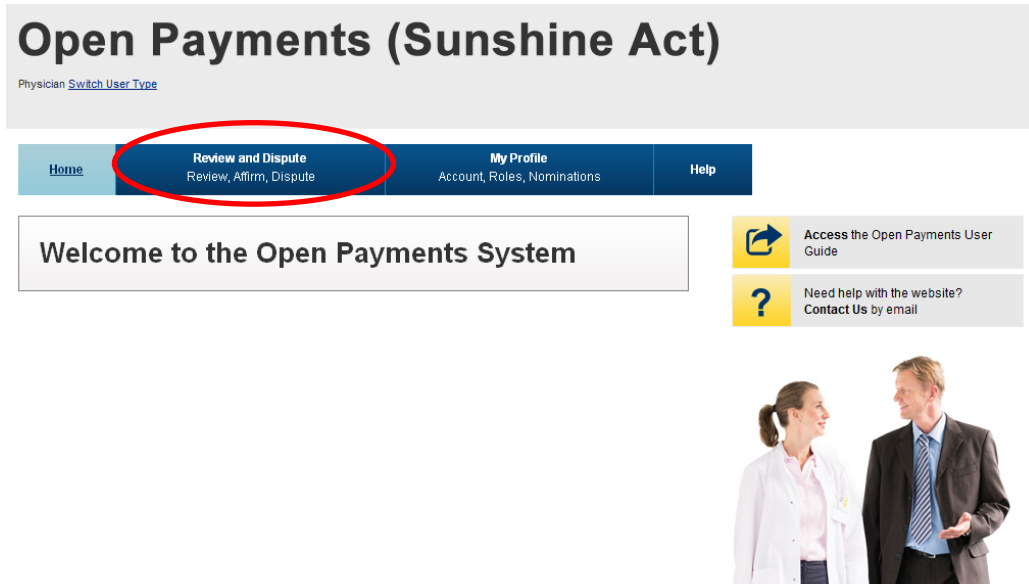
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Section 9.1b: Physician – Reviewing and Affirming Submitted Data

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.



Step 2: Select the physician and the appropriate program year for the physician you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select “Show Records.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Review and Dispute Overview

A field with an asterisk (*) is required.

Physician Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

* Choose a Physician:

John Doe

* Program Year:

2013

Show Records



Access the Open Payments User Guide



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Open Payments User Guide

Step 3: On the records page, you will see a list of all submitted records for the selected physician. You may filter the records by selecting “Entity Making Payment” from the appropriate drop-down menu. You may further filter information by including the Record ID, Date of Publication and/or Dispute ID. You do not need to filter the results in order to proceed. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

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Review and Dispute - John Doe - 2013

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The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value, or ownership or investment interest.
- Select “Dispute Record” to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:

Please Select

Record ID:

Date Of Publication:

Please Select

Dispute ID:

Review and Dispute Status:

Initiated
Acknowledged
Resolved No Change
Withdrawn
Resolved

Payment Category:

- ☐ General Payments
☐ Research Payments
☐ Ownership or Investment Interest

Affirmed (Yes/No):

- ☐ Yes
☐ No

[Search](#)

[Clear All](#)

Showing Results for:[All]

Show Entries

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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Step 4: Review the information of the submitted record. When finished, select “Back” to return to the Records page.

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Record ID: 10054

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Program Year: 2013	Last Modified Date: 2014-06-16
Entity: ABCDE Medical	Last Modified By:
Payment Category: General Payments	Submission Date: 2014-06-11
Consolidated Reporting: No	Submitted By: John Doe
	Record Status: Attested
	Override Status:
	Associated Disputes and Statuses:
	947 Withdrawn
	987 Acknowledged
	1045 Dismissed

Recipient Demographic Information

Covered Recipient Type: Physician

Physician First Name: John

Physician Middle Name:

Physician Last Name: Doe

Physician Name Suffix:

Recipient Business Street Address Line 1: 7500 Security Blvd

Recipient Business Street Address Line 2:

Recipient City: Baltimore

Recipient State: Maryland

Recipient Zip Code: 21244

Recipient Country: UNITED STATES

Recipient Province:

Recipient Postal Code:

Recipient Email Address:

Physician Primary Type: Medical Doctor

Physician NPI: 1518254366

Physician Specialty: 1234567890

Physician License State: VIRGINIA

Physician License Number: VA001

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Physician License State:

Physician License Number:

Associated Drug, Device, Biological, or Medical Supply Information

Product Indicator: Combination

Name of Associated Drug or Biological: 1, Prod_22

National Drug Code of Associated Covered Drug or Biological:

Name of Associated Covered Device or Medical Supply: 1, Prod_22, 2, Prod_4, 3, Prod_20, 4, Prod_11, 5, Prod_4

Transfer of Value (Payment) Information

Total Amount of Payment: 5000

Date of Payment: 20131104

Number of Payments Included in Total Amount: 1

Form of Payment or Transfer of Value: Cash or cash equivalent

Nature of Payment or Transfer of Value: Consulting Fee

General Record Information

Physician Ownership Indicator: No

Third Party Payment Recipient Indicator: Individual

Name of Third Party Entity Receiving Payment or Transfer of Value:

Charity Indicator: No

Third Party Equals Covered Recipient Indicator: No

Delay in Publication of Research Payment Indicator:

Confidential Information:

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Open Payments User Guide

Step 5: Select the record(s) you wish to affirm. You may only affirm records with a review and dispute status of “[Resolved, No Change](#),” “[Withdrawn](#),” or “[Resolved](#),” or record with no review and dispute status given. When the record(s) has been selected, select “Affirm Record.”

Open Payments (Sunshine Act)

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Review and Dispute - John Doe - 2013

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The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value, or ownership or investment interest.
- Select “Dispute Record” to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:

Please Select

Record ID:

Date Of Publication:

Please Select

Dispute ID:

Review and Dispute Status:

Initiated
Acknowledged
Resolved No Change
Withdrawn
Resolved

Payment Category:

☐ General Payments
☐ Research Payments
☐ Ownership or Investment Interest

Affirmed (Yes/No):

☐ Yes
☐ No

[Search](#)

[Clear All](#)

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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Step 6: Review the information on the “Affirm Records” page. If the information is correct, select “Affirm Records.” We will discuss disputing records later in the User Guide.

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Affirm Records

John Doe - 2013

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Select “Affirm Records” to confirm the payments or other transfers of value, or ownership or investment interests reported by the entity are accurate and valid.

To return to the previous page, select “Cancel.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are affirming the following [1] record(s):

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10054	ABCDE Medical	2013-11-04	\$5,000.00	Attested	

[Cancel](#)

[Affirm Records](#)

Open Payments User Guide

The following message will be displayed on the screen, confirming the success affirmation of the submitted record. Also, the record's "Affirmed Yes/No" indicator, visible in the view records table, will be set to Y.

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Review and Dispute - John Doe - 2013

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You have successfully affirmed the following record(s):

Record Id
10054

The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value, or ownership or investment interest.
- Select "Dispute Record" to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:		Record ID:	Date Of Publication:
Please Select			Please Select
Dispute ID:	Review and Dispute Status:		Payment Category:
	Initiated Acknowledged Resolved No Change Withdrawn Resolved		<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest
		Affirmed (Yes/No):	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Search	Clear All

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(s)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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Section 9.2: Initiating and Withdrawing Disputes

Data submitted regarding payments or other transfers of value to physicians or teaching hospitals by applicable manufacturers and applicable GPOs can be disputed by that physician or teaching hospital.

Open Payments User Guide

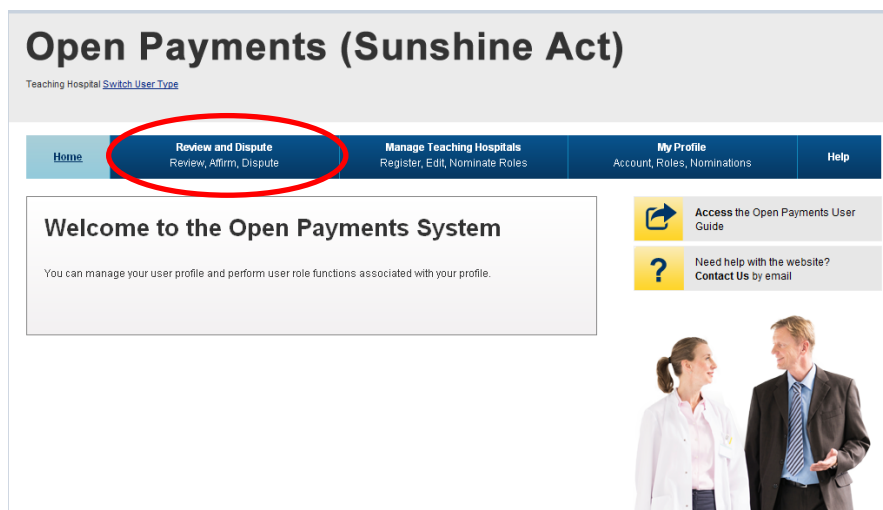
When a physician or teaching hospital initiates or withdraws a dispute, the reporting entity (applicable manufacturer or applicable GPO) will receive an email notification regarding the dispute status with information about their next required actions. The process for initiating and withdrawing disputes is illustrated in Figure 9.4 below. Step-by-step walkthroughs of various dispute scenarios follow.

Figure 9.4: Initiating and Withdrawing Disputes Process



Section 9.2a: Teaching Hospital – Initiating a Dispute

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.



Step 2: Select the teaching hospital and the appropriate program year you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select “Show Records.”

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Review and Dispute Overview

A field with an asterisk (*) is required.

Teaching Hospital Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).


* Choose a Teaching Hospital:


ABCDE Hospital

* Program Year:

2013

Show Records

 [Access the Open Payments User Guide](#)

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Open Payments User Guide

Step 3: On the Records page, you will see a list of all submitted records for the selected teaching hospital. If you wish, you may filter the records by selecting the “Entity Making Payment” from the specified drop-down. You may also filter further by including the Record ID, Date of Publication, and/or Dispute ID. You do not need to filter the results in order to proceed. You can also scroll to the right to view more information about the record. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Select the record(s) you wish to dispute. When the record(s) has been selected, select “Dispute Record.”

Open Payments (Sunshine Act)

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Review and Dispute - ABCDE Hospital - 2013

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The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value.
- Select “Dispute Record” to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment:	Record ID:	Date Of Publication:
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text" value="Please Select"/>
Dispute ID:	Review and Dispute Status:	Payment Category:
<input type="text"/>	<input type="text" value="Initiated"/> <input type="text" value="Acknowledged"/> <input type="text" value="Resolved No Change"/> <input type="text" value="Withdrawn"/> <input type="text" value="Resolved"/>	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments
		Affirmed (Yes/No): <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="button" value="Search"/> <input type="button" value="Clear All"/>

Showing Results for:[All]

Show Entries

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10041		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested

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Step 3: Review the information on the “Dispute Records” page. You must enter a reason for dispute within the text box before continuing. The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes (’), periods (.), ampersands (&), hyphens (-), and commas (,).

Note: As mentioned, you must provide a reason why the records are being disputed in the “Reason for Dispute” text box. If you have different reasons for each of the records being disputed, you may dispute one or more record(s) at a time with a common dispute factor, and enter the relevant reason for dispute. The contents of the “Reason for Dispute” box will be sent in an email to the reporting entity that reported the payment or other transfer of value. If multiple disputes are initiated at the same time across different reporting entities, the same “Reason for Dispute” text will be sent to all of the reporting entities included in the dispute. When finished, select “Send Dispute.”

Open Payments (Sunshine Act)

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Dispute Records

A field with an asterisk (*) is required.

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In the “Reason for Dispute” free-form text box below, provide an explanation for disputing the record (an explanation is required). The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes (’), periods (.), ampersands (&), hyphens (-), and commas (,).

Select “Send Dispute” after entering reasons.

An example of a reason for initiating a dispute that should be noted in the box below: “This record is disputed because an incorrect name of the associated drug or biological name is listed and also the reported payment amount of “thirty thousand dollars” is inaccurate. It should be “three thousand dollars.”

Note: The contents of the “Reason for Dispute” box will be sent in an email to the applicable manufacturer or applicable GPO that reported the payment, other transfer of value, or ownership or investment interest. Even in the case of a record that was submitted as part of a consolidated report, the dispute is sent to the entity that made the payment, as opposed to the entity that submitted the consolidated report to the Open Payments system.

If multiple disputes are initiated at the same time across different applicable manufacturers or applicable GPOs, the same “Reason for Dispute” text will be sent to all of them.

Once the action has been confirmed by selecting “Send Dispute,” the status of the dispute will be displayed as “Initiated.”

To return to the previous page, select “Cancel.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You have selected the following (1) record(s):

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10041	ABCDE Medical	2013-11-11	\$10,000.00	Attested	

*** Reason for Dispute:**

The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

4,000 characters maximum

[Cancel](#)[Send Dispute](#)

Open Payments User Guide

The following “Dispute Confirmed” message will be displayed on the screen. An email notification will be sent to the reporting entity.

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Disputes Confirmed

ABCDE Hospital - 2013

[Continue](#)

You have successfully initiated the following dispute(s).

An email has been sent to notify the reporting entity.

Date Dispute(s) Initiated: 07/02/2014 1:16 PM

Record ID	Dispute ID Assigned	Entity Making Payment
10041	172	ABCDE Medical

Reason for Dispute:

The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

[Continue](#)

Section 9.2b: Teaching Hospital – Withdrawing a Dispute

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.

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Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

 [Access the Open Payments User Guide](#)

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Step 2: Select the teaching hospital and the appropriate program year you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select "Show Records."

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Review and Dispute Overview

A field with an asterisk (*) is required.

Teaching Hospital Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select "Show Disputes."

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

* Choose a Teaching Hospital:

ABCDE Hospital

* Program Year:

2013

Show Records



Access the Open Payments User Guide



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Open Payments User Guide

Step 3: On the Records page, you will see a list of all submitted records for the chosen teaching hospital. If you wish, you may filter the records by selecting the “Entity Making Payment” from the specified drop-down. You may also filter further by including the Record ID, Date of Publication and/or Dispute ID. You do not need to filter the results in order to proceed. You can also scroll to the right to view more information about the record. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Select the disputed record(s) you wish to withdraw. You may only withdraw disputes on records with a review and dispute status of “[Initiated](#)” or “[Acknowledged](#).” When the record(s) has been selected, select “Withdraw Dispute.”

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The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “[Affirm Record](#)” to confirm the payment or other transfer of value.
- Select “[Dispute Record](#)” to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select “[Withdraw Dispute](#)” to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select “[Back](#).”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment: Please Select	Record ID: 	Date Of Publication: Please Select	
Dispute ID: 	Review and Dispute Status: Initiated Acknowledged Resolved No Change Withdrawn Resolved	Payment Category: <input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments	Affirmed (Yes/No): <input type="checkbox"/> Yes <input type="checkbox"/> No
Search Clear All			

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10041	172	General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$10,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested

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Step 4: Review the information on the “Withdraw Disputes” page. When finished, select “Withdraw Disputes.”

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Withdraw Disputes

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Select "Withdraw Disputes" to confirm the withdrawal of the selected dispute(s). Once the dispute is withdrawn, the status of the dispute will be displayed as "Withdrawn."

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are withdrawing the following [1] dispute(s):

Dispute ID	Record ID	Date of Payment	Amount (\$)	Entity Making Payment	Review and Dispute Status	Record Status	Date Dispute Initiated
172	10041	2013-11-11	\$10,000.00	ABCDE Medical	Initiated	Attested	2014-07-02

[Cancel](#)

[Withdraw Disputes](#)

Open Payments User Guide

The following message will be displayed on the screen. An email notification will be sent to the reporting entity.

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You have successfully withdrawn the following dispute(s):

Record Id Dispute Id

10041 172

An email has been sent to notify the reporting entity.

The table below contains only the records reported for the selected teaching hospital during the selected program year.

The list is organized by the reporting entities that made reported payments or other transfers of value to the teaching hospital.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value.
- Select "Dispute Record" to dispute the payment or transfer of value. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the teaching hospital is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Teaching Hospital Records

Entity Making Payment:

Please Select

Record ID:

Date Of Publication:

Please Select

Dispute ID:

Review and Dispute Status:

Initiated
Acknowledged
Resolved No Change
Withdrawn
Resolved

Payment Category:

☐ General Payments
☐ Research Payments

Affirmed (Yes/No):

☐ Yes
☐ No

[Search](#)

[Clear All](#)

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input type="checkbox"/>	ABCDE Medical	10041	172	General Payments	Cash or cash equivalent	Consulting Fee	2013-11-11	\$10,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10044		General Payments	Cash or cash equivalent	Education	2013-10-18	\$2,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10043		General Payments	Cash or cash equivalent	Space rental or facility fees (teaching hospital only)	2013-11-25	\$5,000.00	No	2014-07-02	Attested

< < Page 1 of 1 > >

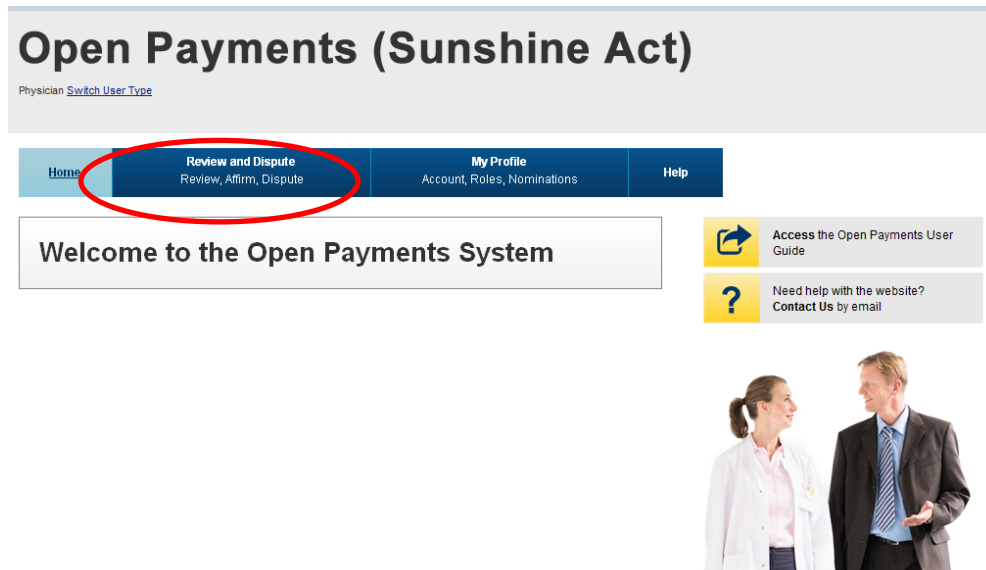
showing 1 of 1 entries Page 1

Go

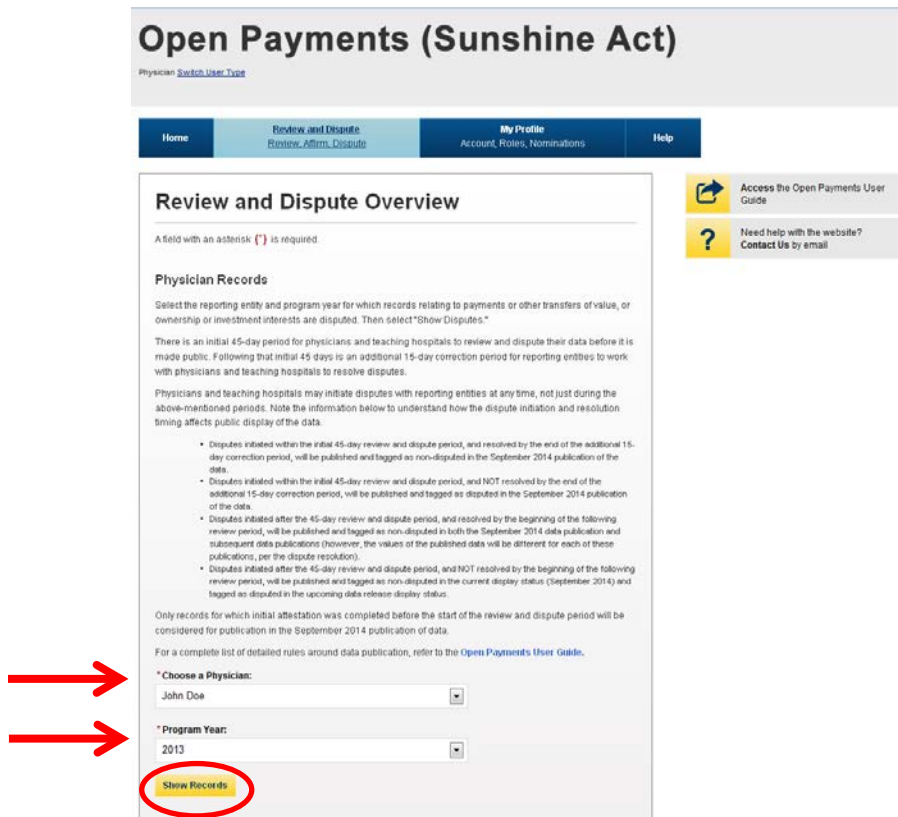
Open Payments User Guide

Section 9.2c: Physician - Initiating a Dispute

Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.



Step 2: Select the physician and the appropriate program year you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select “Show Records.”



Open Payments User Guide

Step 3: On the Records page, you will see a list of all submitted records for the chosen physician. If you wish, you may filter the records by selecting the “Entity Making Payment” from the specified drop-down. You may also filter further by including the Record ID, Date of Publication and/or Dispute ID. You do not need to filter the results in order to proceed. You can also scroll to the right to view more information about the record. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Select the record(s) you wish to dispute. When the record(s) has been selected, select “Dispute Record.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

[Home](#)[Review and Dispute](#)[My Profile](#)[Help](#)

[Review, Affirm, Dispute](#)[Account, Roles, Nominations](#)

Review and Dispute - John Doe - 2013

[Back](#)

The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “Affirm Record” to confirm the payment or other transfer of value, or ownership or investment interest.
- Select “Dispute Record” to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select “Withdraw Dispute” to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select “Back.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:
Please Select

Record ID:

Date Of Publication:
Please Select

Dispute ID:

Review and Dispute Status:
Initiated
Acknowledged
Resolved No Change
Withdrawn
Resolved

Payment Category:
☐ General Payments
☐ Research Payments
☐ Ownership or Investment Interest

Affirmed (Yes/No):
☐ Yes
☐ No

[Search](#)[Clear All](#)

Showing Results for:[All]

Show Entries

[Affirm Record](#)[Dispute Record](#)[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input checked="" type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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Open Payments User Guide

Step 4: Review the information on the “Dispute Records” page. You must enter a reason for dispute within the text box before continuing. The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes (’), periods (.), ampersands (&), hyphens (-), and commas (,).

Note: As mentioned, you must provide a reason why the records are being disputed in the “Reason for Dispute” text box. If you have different reasons for each of the records being disputed, you may dispute one or more record(s) at a time with a common dispute factor, and enter the relevant reason for dispute. The contents of the “Reason for Dispute” box will be sent in an email to the reporting entity that reported the payment, other transfer of value, or physician ownership or investment interest. If multiple disputes are initiated at the same time across different reporting entities, the same “Reason for Dispute” text will be sent to all of the reporting entities included in the dispute. When finished, select “Send Dispute.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Dispute Records

A field with an asterisk (*) is required.

John Doe - 2013

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In the “Reason for Dispute” free-form text box below, provide an explanation for disputing the record (an explanation is required). The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes (’), periods (.), ampersands (&), hyphens (-), and commas (,).

Select “Send Dispute” after entering reasons.

An example of a reason for initiating a dispute that should be noted in the box below: “This record is disputed because an incorrect name of the associated drug or biological name is listed and also the reported payment amount of “thirty thousand dollars” is inaccurate. It should be “three thousand dollars.”

Note: The contents of the “Reason for Dispute” box will be sent in an email to the applicable manufacturer or applicable GPO that reported the payment, other transfer of value, or ownership or investment interest. Even in the case of a record that was submitted as part of a consolidated report, the dispute is sent to the entity that made the payment, as opposed to the entity that submitted the consolidated report to the Open Payments system.

If multiple disputes are initiated at the same time across different applicable manufacturers or applicable GPOs, the same “Reason for Dispute” text will be sent to all of them.

Once the action has been confirmed by selecting “Send Dispute,” the status of the dispute will be displayed as “Initiated.”

To return to the previous page, select “Cancel.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You have selected the following (1) record(s):

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10056	ABCDE Medical	2013-10-21	\$7,500.00	Attested	

* Reason for Dispute:

The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

4,000 characters maximum

[Cancel](#)[Send Dispute](#)

Open Payments User Guide

The following “Dispute Confirmed” message will be displayed on the screen. An email notification will be sent to the reporting entity.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

[Home](#)[Review and Dispute
Review, Affirm, Dispute](#)[My Profile
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Disputes Confirmed

John Doe - 2013

[Continue](#)

You have successfully initiated the following dispute(s).
An email has been sent to notify the reporting entity.
Date Dispute(s) Initiated: 07/02/2014 5:19 PM

Record ID	Dispute ID Assigned	Entity Making Payment
10056	101	ABCDE Medical

Reason for Dispute:
The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

[Continue](#)

Section 9.2d: Physician - Withdrawing a Dispute


Step 1: Access the Open Payments system via the CMS Enterprise Portal (<https://portal.cms.gov/>) and select the “Review and Dispute” tab.


Open Payments (Sunshine Act)


Physician [Switch User Type](#)

[Home](#)[Review and Dispute
Review, Affirm, Dispute](#)[My Profile
Account, Roles, Nominations](#)[Help](#)

Welcome to the Open Payments System

 Access the Open Payments User Guide

 Need help with the website?
[Contact Us](#) by email



Step 2: Select the teaching hospital and the appropriate program year you wish to review for data submitted by applicable manufacturers and applicable GPOs. Select “Show Records.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)



Review and Dispute Overview

A field with an asterisk (*) is required.

Physician Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

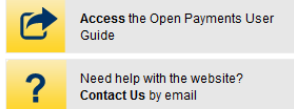
*Choose a Physician:

John Doe

*Program Year:

2013

Show Records



Open Payments User Guide

Step 3: On the Records page, you will see a list of all submitted records for the chosen physician. If you wish, you may filter the records by selecting the “Entity Making Payment” from the specified drop-down. You may also filter further by including the Record ID, Date of Publication and/or Dispute ID. You do not need to filter the results in order to proceed. Scroll to the right and select “View” under the column title “View Record” to view the record details. Please note that this information is only available on the Open Payments system, and cannot be downloaded.

Select the disputed record(s) you wish to withdraw. You may only withdraw disputes on records with a review and dispute status of “[Initiated](#)” or “[Acknowledged](#).” When the record(s) has been selected, select “Withdraw Dispute.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Home

Review and Dispute
[Review](#), [Affirm](#), [Dispute](#)

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Help

Review and Dispute - John Doe - 2013

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The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select “[Affirm Record](#)” to confirm the payment or other transfer of value, or ownership or investment interest.
- Select “[Dispute Record](#)” to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select “[Withdraw Dispute](#)” to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select “[Back](#).”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:	Record ID:	Date Of Publication:
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="text" value="Please Select"/>
Dispute ID:	Review and Dispute Status:	Payment Category:
<input type="text"/>	<input type="text" value="Initiated"/> <input type="text" value="Acknowledged"/> <input type="text" value="Resolved No Change"/> <input type="text" value="Withdrawn"/> <input type="text" value="Resolved"/>	<input type="checkbox"/> General Payments <input type="checkbox"/> Research Payments <input type="checkbox"/> Ownership or Investment Interest
		Affirmed (Yes/No): <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="button" value="Search"/> <input type="button" value="Clear All"/>

Showing Results for:[All]

Show Entries

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10056	181	General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

Page 1 of 1

Page 1

Step 4: Review the information on the “Withdraw Disputes” page. When finished, select “Withdraw Disputes.”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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[Review](#), [Affirm](#), [Dispute](#)

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Help

Withdraw Disputes

John Doe - 2013

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Select “Withdraw Disputes” to confirm the withdrawal of the selected dispute(s). Once the dispute is withdrawn, the status of the dispute will be displayed as “Withdrawn.”

To return to the previous page, select “Cancel.”

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are withdrawing the following [1] dispute(s):

Dispute ID	Record ID	Date of Payment	Amount (\$)	Entity Making Payment	Review and Dispute Status	Record Status	Date Dispute Initiated
181	10056	2013-10-21	\$7,500.00	ABCDE Medical	Initiated	Attested	2014-07-02

[Cancel](#)

[Withdraw Disputes](#)

Open Payments User Guide

The following message will be displayed on the screen. An email notification will be sent to the reporting entity.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Review and Dispute
[Review](#), [Affirm](#), [Dispute](#)

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Review and Dispute - John Doe - 2013

[Back](#)

You have successfully withdrawn the following dispute(s):

Record Id Dispute Id

10056 181

An email has been sent to notify the reporting entity.

The table below contains only the records reported for the selected physician during the selected program year.

The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value, or ownership or investment interest.
- Select "Dispute Record" to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment:

Please Select

Record ID:

Date Of Publication:

Please Select

Dispute ID:

Review and Dispute Status:

Initiated
Acknowledged
Resolved No Change
Withdrawn
Resolved

Payment Category:

☐ General Payments
☐ Research Payments
☐ Ownership or Investment Interest

Affirmed (Yes/No):

☐ Yes
☐ No

[Search](#)

[Clear All](#)

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)

[Dispute Record](#)

[Withdraw Dispute](#)

	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing	Review and Dispute Status	Date Dispute Initiated	Dispute Last Modified By	Affirmed (Yes/No)	History Of Dispute	View Record
1	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested	Withdrawn	2014-07-02	John Doe	No	View	View
1	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested				Yes		View
1	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested				No		View

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PART V: PUBLIC DATA PUBLISHING
Coming Fall 2014

Appendix

Appendix A: Glossary of Terms for Open Payments

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, relabelers, 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 provide assistance or support to such entities with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale, or distribution of a covered drug, device, biological or medical supply. (See 42 CFR 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 CFR 403.902)

Assistance or Support:

Assistance and 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 CFR 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 CFR 403.902)

Open Payments User Guide

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 CFR 403.908(d))

Covered Recipients:

Covered recipients are any physicians (see [physicians](#) 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 CFR 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.

Open Payments:

Open Payments is a national transparency program which requires:

Applicable manufacturers of covered drugs, devices, biologicals, or medical supplies to send information about payments or other transfers of value to physicians and teaching hospitals to CMS every year.

Applicable manufacturers and applicable group purchasing organizations (GPOs) to send information about ownership and investment interests held by physicians or their immediate family members to CMS every year.

Applicable GPOs to send 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 interest 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.

Open Payments User Guide

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 symbols. Open Payments data elements may contain only the special characters noted as allowed in the Submission Data Mapping Document and explained in the Error Code File Document, both of which are found on the Data Submission and Attestation page of the Open Payments website (<http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Data-Submission-and-Attestation.html>).

Special characters are restricted in Open Payments system, with exception of the following:

Allowed in Name Fields	Allowed in Comment Fields
<ul style="list-style-type: none">• (White space)• ' (apostrophe or single quote)• . (period)• & (ampersand)• - (hyphen)• , (comma)	<ul style="list-style-type: none">• ' (apostrophe or single quote)• . (period)• & (ampersand)• - (hyphen)• , (comma)

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 CFR 403.902). The full list of affected teaching hospitals can be found on the Teaching Hospitals page of the CMS Open Payments website (<https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Teaching-Hospitals.html>).

Appendix B: Submission Error Codes

Error codes generated by the Open Payments system for records with validation errors can be found in the Error Code File document, which is located at [http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Error-Code-File-Document-\[June-2014\].xlsx](http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Error-Code-File-Document-[June-2014].xlsx).

Appendix C: Medicare Provider/Supplier to Healthcare Provider Taxonomy

Provider taxonomy codes can be found at: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf>

Appendix D: Open Payments System Notification Emails

Chapter 5

Dispute Acknowledged Notification Email

Open Payments Dispute Acknowledged
From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-02 13:27

Encoding: English

ABCDE Medical has acknowledged its receipt of your dispute (Dispute ID 173) regarding the following record:

- Record ID: 10043
- Payment or Other Transfer Value Date: 2013-11-25
- Payment Amount or Dollar Amount Invested: \$5,000.00
- Payment Category: General Payments

You may view the updated status of this record by logging into the Open Payments system and navigating to the "Review and Dispute" tab. If you have questions pertaining to this dispute, please contact ABCDE Medical directly.

Dispute Resolved Notification Email

Open Payments Dispute Resolved
From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-02 13:43

Encoding: English

ABCDE Medical has updated the information for the following payment or other transfer of value, or ownership or investment interest record you have disputed:

- Record ID: 10041
- Payment or Other Transfer of Value Date: 2013-11-11
- Payment Amount or Dollar Amount Invested: \$10,000.00
- Payment Category: General Payments

The following disputes associated with this record are now considered resolved:

- Dispute ID: 174 initiated on 2014-07-02

You may view the updated record details by logging into the Open Payments system and navigating to the "Review and Dispute" tab. If you are not satisfied with this resolution, you may dispute this transaction again. If you have questions pertaining to this dispute, please contact ABCDE Medical directly.

Open Payments User Guide

Chapter 8

Physician Nominee Notification Email

Open Payments System Action Required - Physician Authorized Representative Nomination

From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-03 10:13

Encoding: English ▼

You have been nominated in the Open Payments system as an authorized representative for the physician listed below. As a physician's authorized representative, you are able to perform certain functions in the Open Payments system on behalf of the physician. The functions you may perform are specified under your access level listed below.

- Physician: physician@yopmail.com
- Nomination ID: 184845703651
- Access level: Review Data (Read-Only), Edit Physician profile

You have 10 business days to accept or reject this nomination. If no action is taken, the nomination will be deactivated after 10 days.

To accept your nomination, you must register yourself in the Open Payments system. Prior to registering in the Open Payments system, you must first register for the CMS Enterprise Identity Management system (EIDM). To register in EIDM:

1. Access EIDM on the CMS Enterprise portal at <https://portal.cms.gov>.
2. Select the "New User Registration" hyperlink to create an account on EIDM and follow the on-screen instructions.

Once you are registered with EIDM, or if you already have registered with EIDM, you can register with Open Payments through the following steps:

1. Access the CMS Enterprise portal at <https://portal.cms.gov>.
2. Log in by entering your user name and password.
3. Click on "Open Payments."
4. Click on "Search Nominations."
5. Enter your Nomination ID and then click "Submit."
6. Continue through physician information to either accept/reject the nomination.

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated email.

Teaching Hospital Nominee Notification Email

Open Payments System Action Required - Nomination for Authorized Representative for Teaching Hospital in Op...

From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-03 11:28

Encoding: English ▼

You have been nominated in the Open Payments system for the following user role for the below teaching hospital:

- Teaching hospital: ABCDE Hospital
- Registration ID: 100000000019
- Nomination ID: 786049438133
- List of role of the user roles: Authorized Official

You have 10 business days to accept or reject the nomination for this role in the Open Payments system. Your nomination will be deactivated if you do not register in Open Payments and accept or reject your nomination within 10 business days of this message.

To accept your nomination, you must register yourself in the Open Payments system. Prior to registering in the Open Payments system, you must first register for the CMS Enterprise Identity Management system (EIDM). To register in EIDM:

1. Access EIDM on the CMS Enterprise portal at <https://portal.cms.gov>.
2. Select the "New User Registration" hyperlink to create an account on EIDM and follow the on-screen instructions.

Once you are registered with EIDM, or if you already have registered with EIDM, you can register with Open Payments through the following steps:

1. Access the CMS Enterprise portal at <https://portal.cms.gov>.
2. Log in by entering your user name and password.
3. Access the Open Payments system.
4. Continue to "Select Profile Type" page
5. Click on I have Nomination ID and Registration ID
6. Select Teaching Hospital from the list
7. Enter the teaching hospital's registration and nomination ID you received via email, and click "Show Nomination."
8. Confirm the teaching hospital information and continue through to either accept/reject the nomination.

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated email.

Open Payments User Guide

Nomination Accepted Notification Email

Open Payments System Nomination Accepted
From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-03 12:12
Encoding: English

This email is to inform you that the individual listed below accepted the specified role(s) in the Open Payments system.

- Teaching hospital: ABCDE Hospital
- User name accepting the role: James Doe
- List of role(s) of the user: Authorized Representative

If you have any questions or concerns you can contact us by email at openpayments@cms.hhs.gov or by telephone at 855-326-8366. If you would like more information about the program, please visit the Open Payments website at <http://go.cms.gov/openpayments> or our existing Frequently Asked Questions. Do not reply to this automatically generated email.

Chapter 9

Dispute Initiated Notification Email

Open Payments Dispute Initiated
From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-02 13:18
Encoding: English

A dispute has been initiated in relation to a payment or other transfer of value, or ownership or investment interest reported by ABCDE Medical for the 2013 program year. The dispute was initiated regarding the following record:

- Record ID: 10041
- Payment or Other Transfer of Value Date: 2013-11-11
- Payment Amount or Dollar Amount Invested: \$10,000.00
- Payment Category: General Payments
- Physician or Teaching Hospital Name: ABCDE Hospital

Dispute ID: 172

Dispute Details
The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

You may acknowledge receipt of the dispute by logging into the Open Payments system, navigating to the "Review and Dispute" tab, and selecting "Acknowledge Dispute." The physician or teaching hospital who initiated the dispute will receive an email acknowledging your receipt of the dispute.

You may review the details of the dispute by navigating to the "Review and Dispute" tab of the Open Payments system and searching for the disputed record using the Record ID or Dispute ID noted above. You may resolve the dispute by submitting and attesting to the corrected data. After reviewing the disputed information, if you determine that no change is required to the data, you may dismiss the dispute or request the physician or teaching hospital who initiated the dispute to withdraw it. If you have questions or require any further information about this dispute, please contact ABCDE Medical directly.

Dispute Withdrawn Notification Email

Open Payments Dispute Withdrawn
From: openpaymentsnotification@cms.hhs.gov
Date: 2014-07-02 13:21
Encoding: English

ABCDE Hospital has withdrawn its dispute (Dispute ID 172) regarding the following record:

- Record ID: 10041
- Payment or Other Transfer of Value Date: 2013-11-11
- Payment Amount or Dollar Amount Invested: \$10,000.00
- Payment Category: General Payments

No further action is required on this record at this time. You may view the updated status of this record by logging into the Open Payments system and navigating to the "Review and Dispute" tab.