

Physician Ownership

Physician Ownership Submission File Specification								
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
Submission File Information (this section contains data elements which are reported once per submission file)								
1	Applicable Manufacturer or Applicable GPO Submitting File Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) . If this file contains a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records, this Applicable Manufacturer/GPO name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO Name will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS system IDs of the sub-companies making the payments/transfers of value will be recorded with every payment or transfer of value record in the file.	Text	Free form text	Yes	≤ 100 Char	Match the name on file for associated Registration ID	Yes
2	Applicable Manufacturer or Applicable GPO Submitting File Registration ID	OPEN PAYMENTS system generated identifier used to identify the Applicable Manufacturer or GPO (populated only with CMS provided identifier). If this file contains a single Applicable Manufacturer/GPO's set of payment/transfer of value records, this Applicable Manufacturer/GPO ID will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO ID will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS System IDs of the sub-companies making the payments/transfers of value will be recorded with every payment/transfer of value record in the file.	System generated	System generated	Yes	System generated	Match the Registration ID on file	No
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N.	No
4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or transfer(s) of value that are amended or corrected versions of previously submitted records.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N.	No
5	Original File Submission ID	OPEN PAYMENTS system generated identifier used to identify the original file submission. This data will be reported to the submitter after a successful submission and should only be reported back in a resubmission for file identification purposes.	system generated	system generated	Yes IF Line 4 Resubmission File Indicator = "Y"	system generated	Matches Original File Submission ID on file for associated Registration ID	No
Submission Record Information (all sections from here to end of template contain data elements that are reported once per physician ownership/investment record)								
Physician Demographic Information								
6	Ownership/Investment Physician's First Name	Textual first name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 20 Char	Validation by CMS	Yes
7	Ownership/Investment Physician's Middle Name	Textual middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician with the ownership or investment interest being reported.	Text	Free form text	No	≤ 20 Char		Yes
8	Ownership/Investment Physician's Last Name	Textual last name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 35 Char	Validation by CMS	Yes
9	Ownership/Investment Physician's Name Suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician with the ownership or investment interest being reported.	Text	Free form text	No	≤ 5 Char		Yes
10	Ownership/Investment Physician's Business Street Address Line 1	The first line of the primary practice street address of the physician with the ownership or investment interest being reported.	Text	Two line address format; First line contains building number, street name, street identifier	Yes	≤ 55 Char		Yes
11	Ownership/Investment Physician's Business Street Address Line 2	The second line of the primary practice street address of the physician with the ownership or investment interest being reported.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No	≤ 55 Char		Yes

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12	Ownership/Investment Physician's City	The primary practice city of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 40 Char		Yes
13	Ownership/Investment Physician's State	The primary practice state or territory abbreviation of the with the ownership or investment interest being reported, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes	2 Char	Limited to list of state abbreviations and territories	Yes
14	Ownership/Investment Physician's Zip Code	The 9 digit zip code for the primary practice location of the physicianwith the ownership or investment interest being reported, if the primary practice address is in the United States.	Text	9 digit numeric zip code	Yes	≤ 9 Char	Either exactly 5 or exactly 9 numeric digits	Yes
15	Ownership/Investment Physician's Country	The primary practice/business address country name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 20 Char		Yes
16	Ownership/Investment Physician' Province	The primary practice/business province name of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States, and if applicable.	Text	Free form text	No	≤ 20 Char		Yes
17	Ownership/Investment Physician's Postal Code	The international postal code for the primary practice/business location of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country Line 15 is outside the United States	≤ 20 Char	Proper length and format validated for each country	Yes
18	Ownership/Investment Physician's Email Address	The primary email address of the physician with the ownership or investment interest being reported.	Text	Email Address	No	≤ 100 Char	Proper email format enforced	No
19	Ownership/Investment Physician's Primary Type	Primary type of medicine practiced by the physician with the ownership or investment interest being reported.	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	Yes	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes
20	Ownership/Investment Physician's or Teaching Hospital NPI	Individual NPI for Physician (not NPI of any group physician belonging to) or NPI of Teaching Hospital; required, if applicable. The NPI for a teaching hospital will be provided on the teaching hospital list.	Text	Numeric digits only	Yes IF the Physician has an NPI	10 Char	Validation by CMS	No
21	Ownership/Investment Physician's Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes	10 Char	Validation by CMS	Yes
22	Ownership/Investment Physician's License State and License Number	Paired state and official state license number of the physician with the ownership or investment interest being reported; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	Yes	≤ 20 Char per comma separated item	Proper length and format validated for each state	No
Ownership/Investment Information								
23	Applicable Manufacturer or Applicable GPO Reporting Ownership Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO reporting the ownership or investment interest being reported in this record. If this file contains a single Applicable Manufacturer/GPO's report(s) of ownership or investment interest, this data element will be blank since it was reported in data element #1.	Text	Free form text	Yes IF Line 3 Consolidated Report Indicator = "Y"	≤ 100 Char	Matches AM/GPO names specified at registration for associated Registration IDs	Yes
24	Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID	CMS issued generated alphanumeric identifier for this Applicable Manufacturer or GPO issued during the registration process.	Alphanumeric string	System generated	Yes	System generated	Matches Registration ID(s) on file	No

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25	Resubmitted Ownership Record ID	This data element will be blank for initial file submissions. For resubmission files - this data element will either be blank (indicating an omitted record is being submitted in the Resubmission file) or will contain the original ownership record ID (indicating which record is to be corrected). The original payment/transfer of value record ID is provided by the OPEN PAYMENTS System.	Alphanumeric string	System generated	Yes IF Line 4 Resubmission File Indicator = "Y" AND Record is not being submitted as an omission from the original submission	System generated	If reported, matches Initial Payment Record ID for given Original File Submission ID	No
26	Interest Held by Physician or an Immediate Family Member	Indicator showing if the ownership or investment interest is held by the physician themselves or by an immediate family member.	"1" = Physician Covered Recipient; "2" = Immediate family member		Yes	1 Char		Yes
27	Dollar Amount Invested	The dollar amount the physician or immediate family member has invested in the Applicable Manufacturer or Applicable GPO in U.S. Dollars (manufacturer must convert to dollar currency if necessary).	Monetary amount (USD) in #####.## format		Yes	12 Char		Yes
28	Value of Interest	The current value (as of the reporting date) of the ownership or investment interest of the physician or immediate family member.	Monetary amount (USD) in #####.## format		Yes	12 Char		Yes
29	Terms of Interest	Description of any applicable terms of the ownership or investment interest.	Text		Yes	500 Char		No