

Physician Registration

Data elements collected to register physician covered recipients		
DE #	Data Element Name	Description
<b>Physician Identifiers</b>		
1	CMS User ID	System generated CMS User ID assigned by EIDM and required for registration in Open Payments.
2	Registering Physician Name	The legal name (first, middle, last, suffix) of the physician. Provide the legal name as listed in the National Plan & Provider Enumeration System (NPPES).
3	Registering Physician NPI (National Provider Identifier)	Individual NPI for a single physician (and not the NPI of a group of physicians). The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI).
4	Registering Physician License Number and License State	A valid, official state license number and the state of the physician (covered recipient); provide the "License State and License Number" pairs, if a physician is licensed in multiple states.
5	Registering Physician DEA Number	A valid U.S. Drug Enforcement Administration (DEA) number assigned to a health care provider for tracking of prescribed controlled substances.
6	Registering Physician Primary Type	Primary type of medicine practiced by the physician (covered recipient). For the purposes of Open Payments, covered recipient physicians may be any of the following: Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Dentistry (DDS), Doctor of Podiatric Medicine (DPM), Doctor of Optometry (OD), and Chiropractor (DCP).
7	Registering Physician Specialty Code	The physician specialty code of the physician (covered recipient) as listed in the health care provider taxonomy codes list.
8	Registering Physician Email	The primary business email address for the physician (covered recipient), who has received a payment or transfer of value. Provide the preferred email for communications from Open Payments about the program and information reported by applicable manufacturers and applicable group purchasing organizations.
<b>Physician Practice Identifiers</b>		
9	Registering Physician Practice Name	The legal name of the practice or group practice (a single legal entity with two or more physicians legally organized as a partnership, professional corporation, foundation, not-for-profit-corporation, faculty practice plan, or similar association). Physicians have the option to enter additional practice names.
10	Physician Practice Business Address	The primary business (or practice location) address (Number and Street (or PO Box), City, State, and 9-digit Zip Code) of the physician (covered recipient), who has received payments or transfers of value. For international addresses, also provide the Province, Country and International Postal Code, if applicable. Physicians have the option to enter additional practice business addresses.
11	Registering Physician Practice Phone Number	The primary business phone number for the physician (covered recipient), who has received a payment or transfer of value. Provide the preferred phone number for communications from Open Payments about the program and information reported by applicable manufacturers and applicable group purchasing organizations about the covered recipient.
<b>Physician Authorized Representative Identifiers</b>		
12	Registering Physician Authorized Representative Name	Legal name (first, middle, last, suffix) of an individual authorized by the physician (covered recipient) to access/review data and initiate a dispute on behalf of the physician.
13	Registering Physician Authorized Representative Job Title	The official title of the job or position held by the individual or employee of the physician practice authorized by the physician to access and review the physician's data or initiate a dispute in Open Payments.
14	Registering Physician Authorized Representative Email Address	The primary business email address for the individual or employee of the physician practice authorized by the physician to access/review data and initiate a dispute on behalf of the physician in Open Payments.

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15	Registering Physician Authorized Representative Phone Number	The primary business phone number for the individual or employee of the physician practice authorized by the physician to access/review data and initiate a dispute on behalf of the physician.
16	Registering Physician Authorized Representative Business Address	The primary business address for the individual or employee of the physician practice authorized by the physician to access/review data and initiate a dispute on behalf of the physician.