

Teaching Hospital Registration

Data elements collected to register teaching hospitals		
DE #	Data Element Name	Description
Teaching Hospital Identifiers		
1	Registering teaching hospital legal name	Legal business name of the teaching hospital (covered recipient), who has received payments or transfers of value. Hospital's registering as a Teaching Hospital in Open Payments must be listed on the current Open Payments Teaching Hospital List.
2	Registering teaching hospital business address	The primary business address (Number and Street (or PO Box), City, State, and 9-digit Zip Code) of the teaching hospital (covered recipient), who has received payments or transfers of value.
3	Registering teaching hospital business phone number	The primary business phone number for the teaching hospital (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.
4	Teaching Hospital NPI	The group National Provider Identifier (NPI) for the group practice employer, who is a healthcare provider (covered entity under HIPAA) employing physicians, who furnish services at the group office(s). The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI).
5	Physician Tax Identifier Number (TIN): EIN - Employee Identification Number	The Employer Identification Number (EIN) for the teaching hospital (covered recipient)
Identifiers for the Authorized Official registering the teaching hospital		
6	CMS User ID	System generated CMS User ID assigned by EIDM and required for registration in Open Payments.
7	Authorized Official Name	The name for an individual (Authorized Official) of the teaching hospital, who is an authorized signatory of the teaching hospital and may register the teaching hospital, review and dispute data on behalf of the teaching hospital, and approve a Registrant as an Authorized Representative.
8	Verify Authorized Official's relationship with teaching hospital	Provide information to verify the Authorized Official's relationship with the teaching hospital. This is an optional field, which will assist in verifying the Authorized Official has authority to register the teaching hospital.
9	Authorized Official Job Title	The job title for an individual (Authorized Official) of the teaching hospital, who is an authorized signatory of the teaching hospital and may register the teaching hospital, review and dispute data on behalf of the teaching hospital, and approve a Registrant as an Authorized Representative.
10	Authorized Official Email	The email for an individual (Authorized Official) of the teaching hospital, who is an authorized signatory of the teaching hospital and may register the teaching hospital, review and dispute data on behalf of the teaching hospital, and approve a Registrant as an Authorized Representative.
11	Authorized Official Phone Number	The phone number for an individual (Authorized Official) of the teaching hospital, who is an authorized signatory of the teaching hospital and may register the teaching hospital, review and dispute data on behalf of the teaching hospital, and approve a Registrant as an Authorized Representative.
12	Authorized Official Business Address	The primary business address (Number and Street (or PO Box), City, State, and 9-digit Zip Code) for an individual (Authorized Official) of the teaching hospital, who is an authorized signatory of the teaching hospital and may register the teaching hospital, review and dispute data on behalf of the teaching hospital, and approve a Registrant as an Authorized Representative. For international addresses, also provide the Province, Country and International Postal Code, if applicable.
Identifiers for the teaching hospital Authorized Representative		

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DE #	Data Element Name	Description
13	Entity Authorized Representative Name	Legal name (first, middle, last, suffix) of an individual authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.
14	Entity Authorized Representative Job Title	The official title of the job or position held by the individual or employee of the entity authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.
15	Entity Authorized Representative Email Address	The primary business email address of an individual authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.
16	Entity Authorized Representative Phone Number	The primary business phone number of an individual authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.
17	Entity Authorized Representative Business Address	The primary business address of an individual authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.