OMB Control No: 0938-1237 Expiration Date: XX/2020

Registration – Physicians & Teaching Hospitals, Applicable Manufacturers and Group Purchasing Organizations

The screen shots below illustrate the registration for Physicians, Teaching Hospitals, Applicable Manufacturers, and Group Purchasing Organizations on "Open Payments" Web Portal:

[Type here]

OMB Control No.: 0938-1237 Expiration Date: XX/2020

Physician Registration

Data el	Data elements collected to register physician covered recipients				
DE#	Data Element Name	Description			
Physician Identifiers					
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).			

[Type here]

		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).
		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		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		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.
Physicia	n Practice Identifiers	
9		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		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 addition practice business addresses.
	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.
Physicia	n Authorized Representative Identifier	
	· · · ·	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.
		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.
		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.

Physician Registration

	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.
	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.

Data ele	ments collected to register teachi	ing hospitals
DE#	Data Element Name	Description
	g Hospital Identifiers	
	Registering teaching hospital	Legal business name of the teaching hospital (covered recipient), who has received payments or transfers of value. Hospital's registering as a Teaching Hospital
	legal name	in Open Payments must be listed on the current Open Payments Teaching Hospital List.
2	Registering teaching hospital	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
	business address	payments or transfers of value.
	Registering teaching hospital	The primary business phone number for the teaching hospital (covered recipient), who has received a payment or transfer of value. Provide the preferred phone
	business phone number	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	The Employer Identification Number (EIN) for the teaching hospital (covered recipient)
	(TIN):	
	EIN - Employee Identification	
	Number	
	ers for the Authorized Official regis	
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	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.
	hospital	official has dathority 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	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.
	Number	teaching nospital, review and dispute data on behalf of the teaching nospital, and approve a Registrant as an Authorized Representative.
12	Authorized Official Business	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,
	Address	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.
Identifie	ers for the teaching hospital Autho	prized Representative

Teaching Hospital Registration

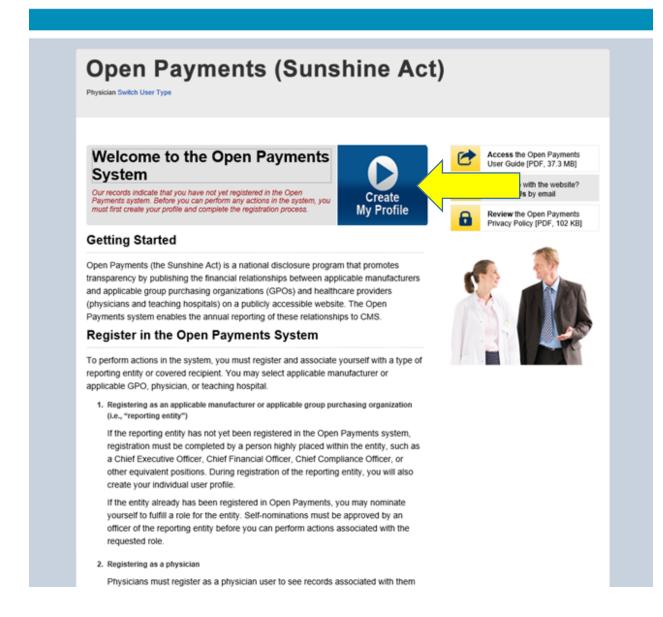
DE#	Data Element Name	Description
	Entity Authorized Representative Name	Legal name (first, middle, last, suffix) of an individual authorized by the entity Authorized Official to access/review data and initiate a dispute on behalf of the teaching hospital.
14		The official title of the job or position 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.
	·	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.
	· ·	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.
	·	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.

OMB Control No: 0938-1237 Expiration Date: XX/2020

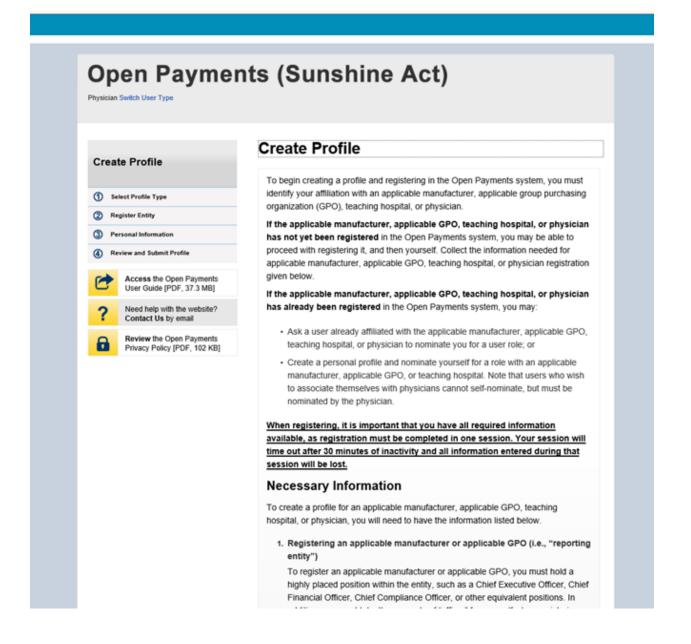
OMB Control No: 0938-1237 Expiration Date: XX/2020

Section 1: Physician Registration

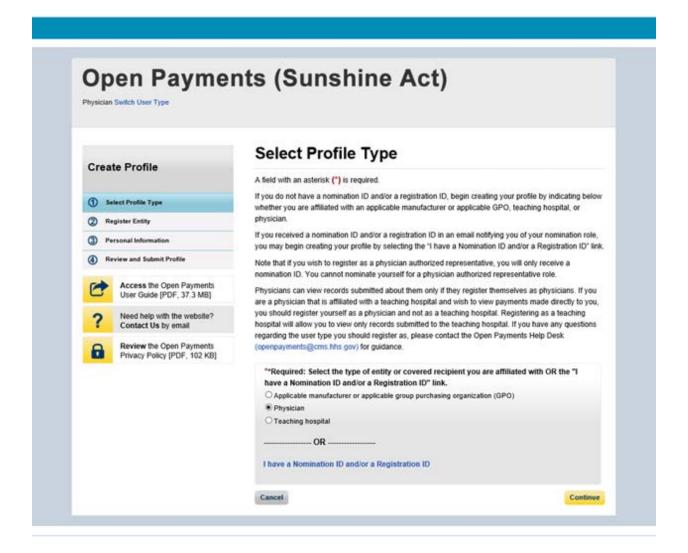
Select "Create My Profile" from the landing page (Yellow Arrow)



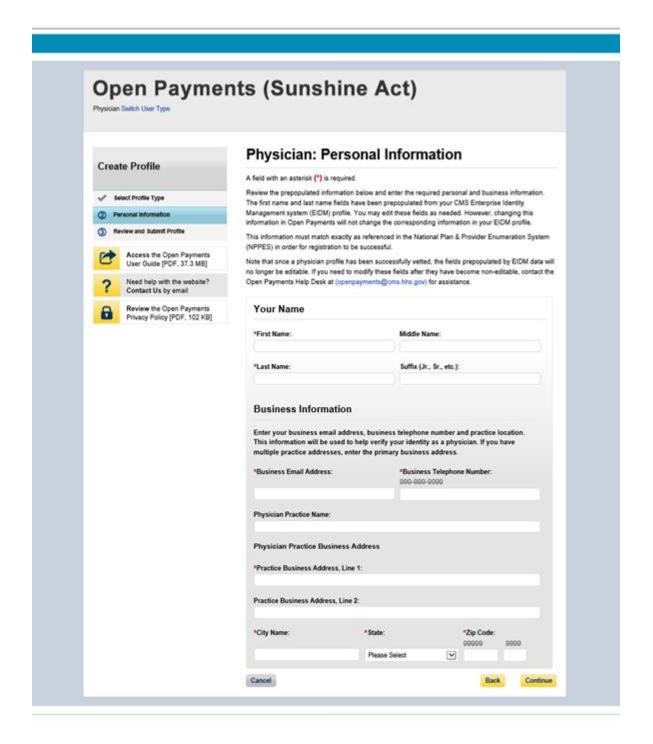
Read the messages below and then click "Start Profile" in the second screen shot (bottom of screen):



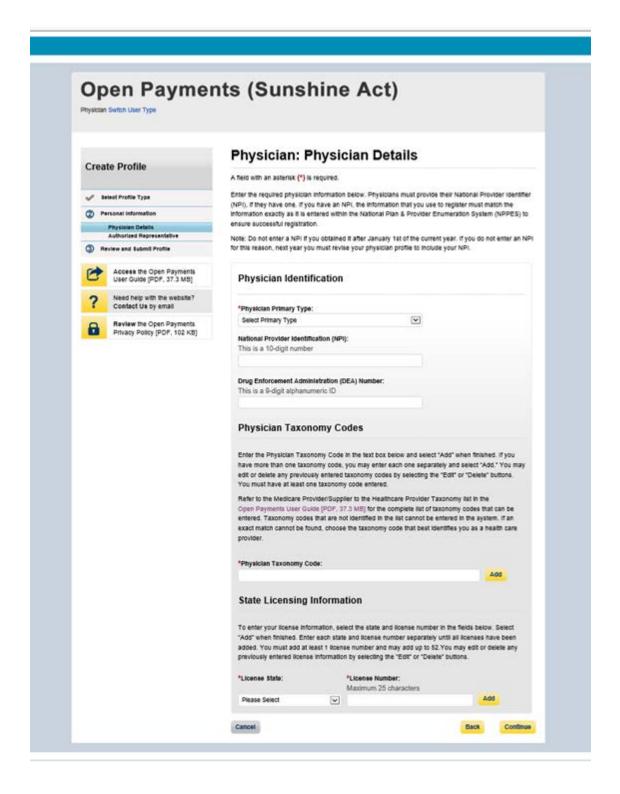
Note: If you have an NPI, the information that you use to register in the Open Payments system must match the information (e.g., first and last name) exactly as it is entered within the National Plan & Provider Enumeration System (NPPES) to ensure successful registration. 3. Registering a teaching hospital To register a teaching hospital, you must assume a system role of "authorized official" during registration. To register a teaching hospital, the following information is required: · State where the teaching hospital is located · Teaching hospital doing business as (DBA) name · Teaching hospital business address · Taxpayer Identifier Number (TIN) After creating an entity profile, you must create a personal profile. The following information will be prepopulated from your EIDM profile: First Name Last Name You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your EIDM The following information is also required but not prepopulated: · Business Email address Job title If you wish to nominate additional individuals to fulfill roles in the Open Payments system, you will also need to supply the following information: · Name of nominee · Business email address of nominee · Business phone number of nominee Once you are ready to begin, select "Start Profile." Cancel Start Profile Choose "Physician" and then hit the "Continue" button



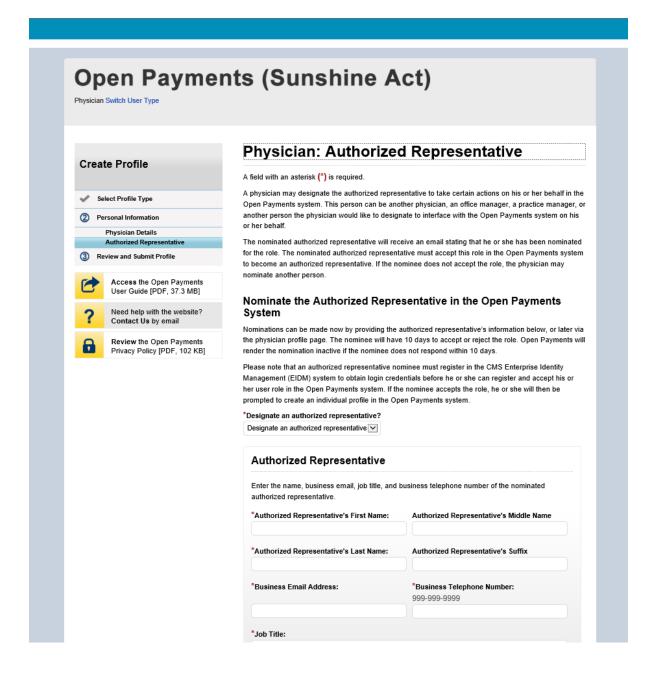
Enter your personal information and then click "Continue"



Enter your Physician details and then hit "Continue"



Enter the Authorized Representative and then hit "Submit". You will get an email once your have been vetted by the system and authorized to access the site.



Section 2: Teaching Hospitals

Select "Create My Profile" from the landing page (Yellow Arrow)



Read the messages below and then click "Start Profile" in the second screen shot (bottom of screen):

Open Payments (Sunshine Act) Physician Switch User Type Create Profile Create Profile

Select Profile Type

Register Entity

(3) Personal Information

Review and Submit Profile

Access the Open Payments User Guide [PDF, 37.3 MB]

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Need help with the website? Contact Us by email

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Review the Open Payments Privacy Policy [PDF, 102 KB] To begin creating a profile and registering in the Open Payments system, you must identify your affiliation with an applicable manufacturer, applicable group purchasing organization (GPO), teaching hospital, or physician.

If the applicable manufacturer, applicable GPO, teaching hospital, or physician has not yet been registered in the Open Payments system, you may be able to proceed with registering it, and then yourself. Collect the information needed for applicable manufacturer, applicable GPO, teaching hospital, or physician registration given below.

If the applicable manufacturer, applicable GPO, teaching hospital, or physician has already been registered in the Open Payments system, you may:

- Ask a user already affiliated with the applicable manufacturer, applicable GPO, teaching hospital, or physician to nominate you for a user role; or
- Create a personal profile and nominate yourself for a role with an applicable manufacturer, applicable GPO, or teaching hospital. Note that users who wish to associate themselves with physicians cannot self-nominate, but must be nominated by the physician.

When registering, it is important that you have all required information available, as registration must be completed in one session. Your session will time out after 30 minutes of inactivity and all information entered during that session will be lost.

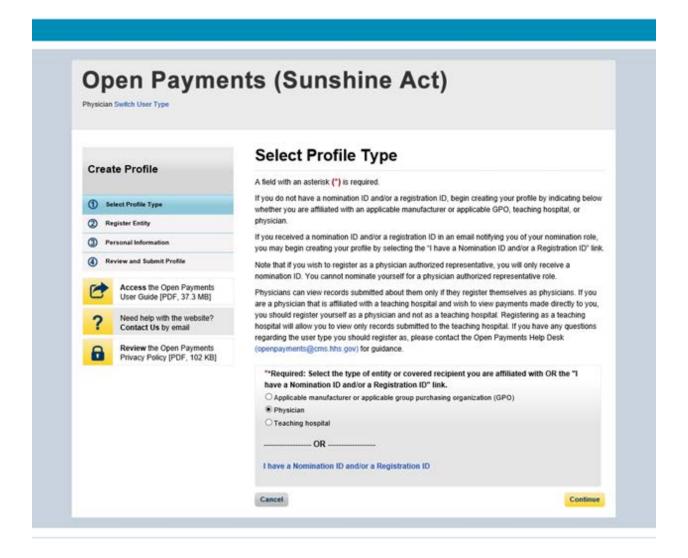
Necessary Information

To create a profile for an applicable manufacturer, applicable GPO, teaching hospital, or physician, you will need to have the information listed below.

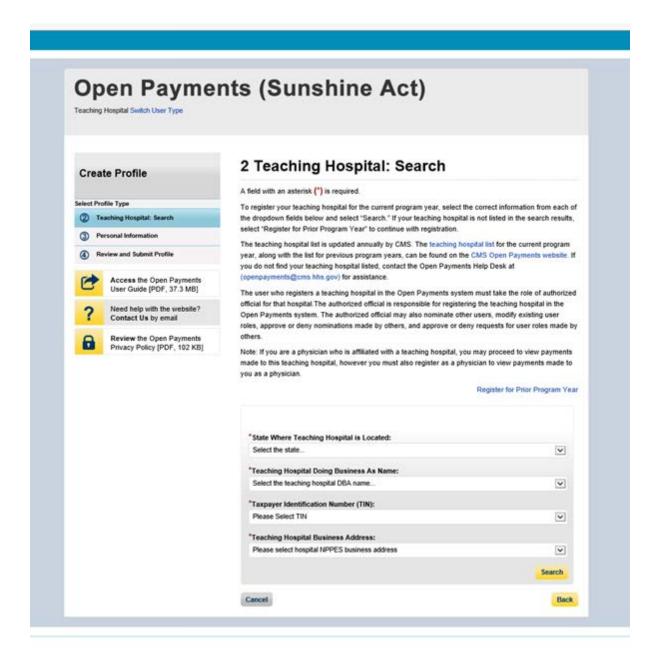
 Registering an applicable manufacturer or applicable GPO (i.e., "reporting antity")

To register an applicable manufacturer or applicable GPO, you must hold a highly placed position within the entity, such as a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other equivalent positions. In

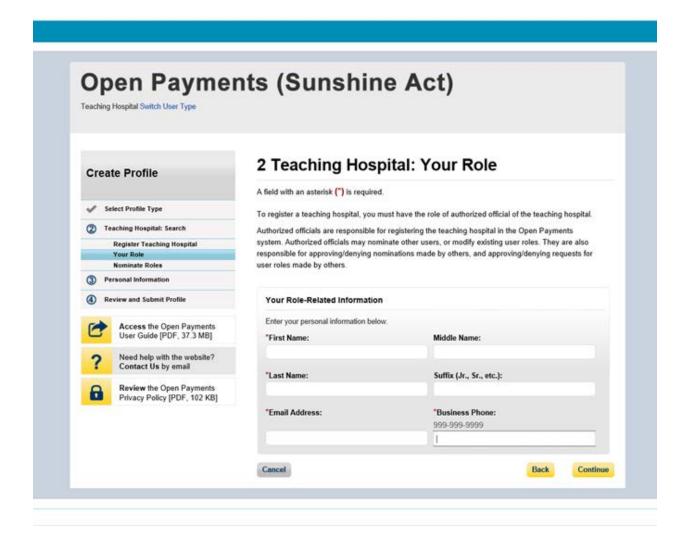
Note: If you have an NPI, the information that you use to register in the Open Payments system must match the information (e.g., first and last name) exactly as it is entered within the National Plan & Provider Enumeration System (NPPES) to ensure successful registration. 3. Registering a teaching hospital To register a teaching hospital, you must assume a system role of "authorized official" during registration. To register a teaching hospital, the following information is required: · State where the teaching hospital is located · Teaching hospital doing business as (DBA) name · Teaching hospital business address · Taxpayer Identifier Number (TIN) After creating an entity profile, you must create a personal profile. The following information will be prepopulated from your EIDM profile: First Name Last Name You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your EIDM The following information is also required but not prepopulated: · Business Email address Job title If you wish to nominate additional individuals to fulfill roles in the Open Payments system, you will also need to supply the following information: · Name of nominee · Business email address of nominee · Business phone number of nominee Once you are ready to begin, select "Start Profile." Cancel Start Profile Choose "Teaching Hospital" and then hit the "Continue" button



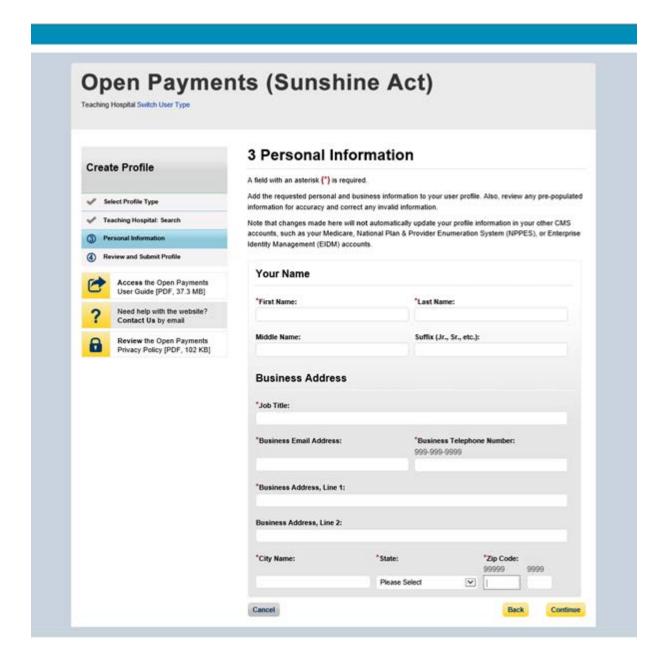
Enter your hospital information and then hit "Search". Once your hospital is populated hit the "Continue" button



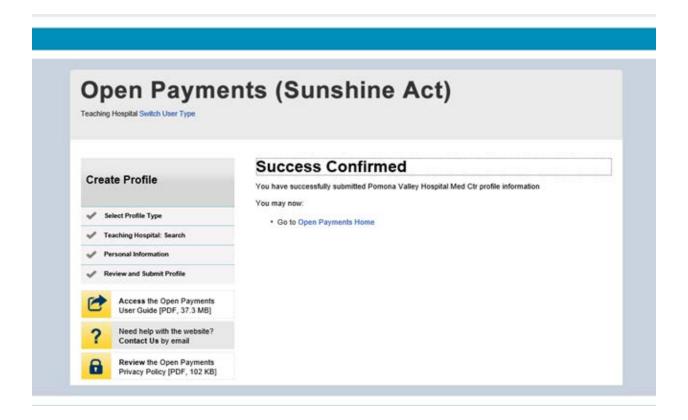
Enter your role and select "Continue"



Fill out your "Personal Information" and then hit "Continue"

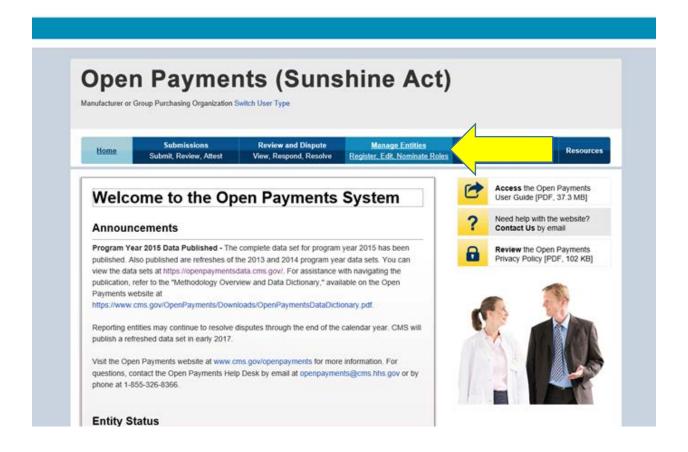


Once completed you will get an automatically generated email confirming that you can now log on to the Open Payments website.



Section 3: Applicable Manufacturers and Group Purchasing Organizations

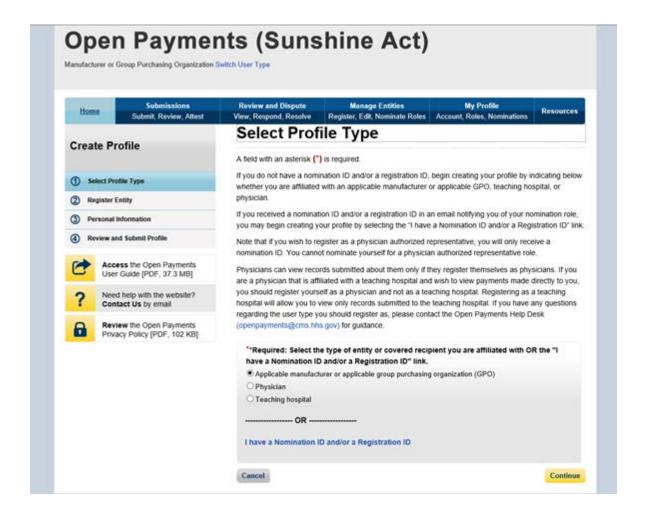
Go to the Open Payments landing page and choose "Manage Entities" (Yellow Arrow below)



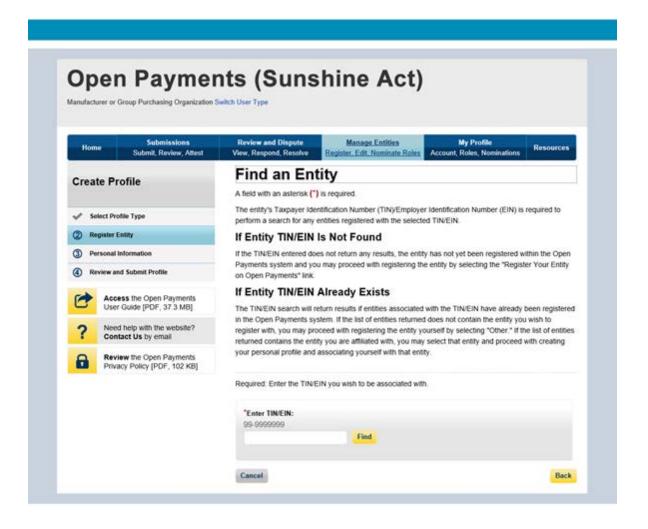
Click on the "Register New Entity" button (Yellow Arrow below)



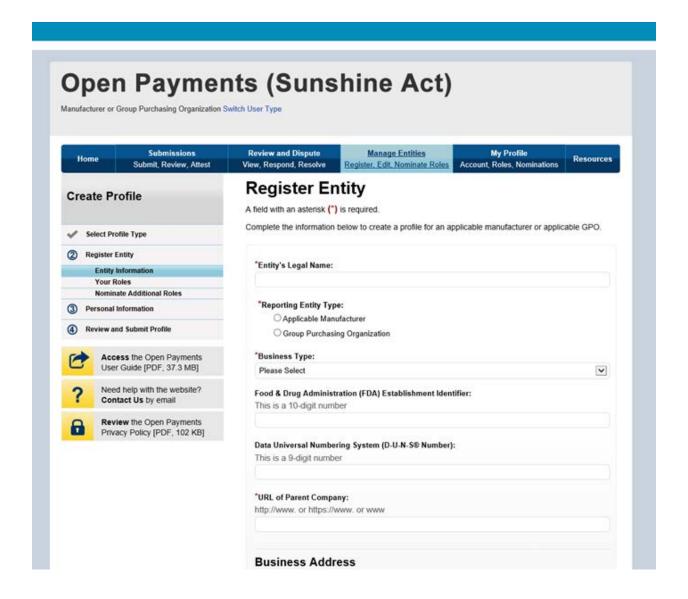
Choose "Applicable Manufacturer or Applicable Group Purchasing Organization and hit "Continue"



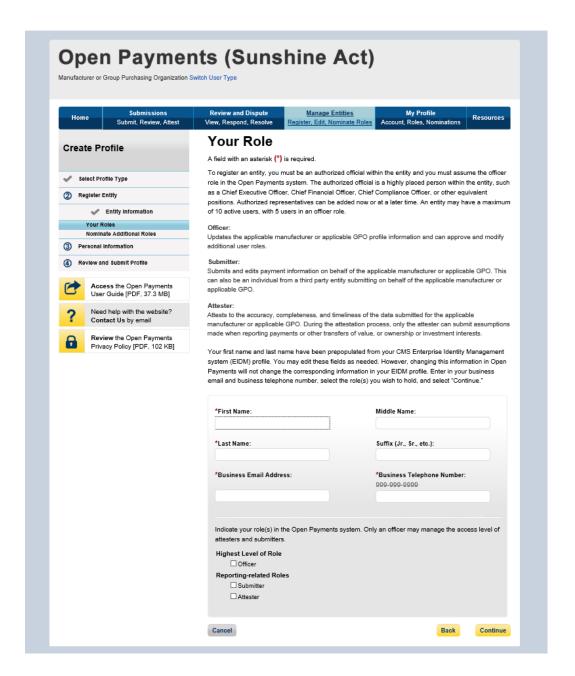
Enter your TIN/EIN and hit find, then once it populates choose "Continue"



Enter your information below, and then hit continue



Enter your role with the entity and then hit "Continue", this will prompt you to review your info, and then hit "Submit"



Now you will receive a confirmation email and you will now be able to access the Open Payments system

