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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]

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Physician Registration

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]

3		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		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	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.
Physicia	n Practice Identifiers	
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 addition practice business addresses.
11	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.
	n Authorized Representative Identifier	
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.
	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		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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	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.

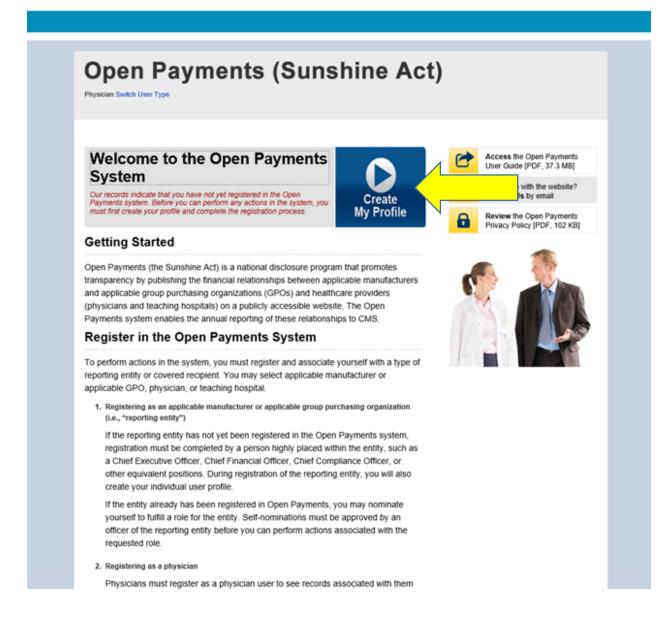
Data elements collected to register teaching hospitals				
DE #	Data Element Name	Description		
	g Hospital Identifiers			
	Registering teaching hospital legal name	Legal business name of the teaching hospital (covered recipient), who has received payments or transfers of value. Hospital's registering as a Teaching Hospital in Open Payments must be listed on the current Open Payments Teaching Hospital List.		
	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.		
	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.		
1	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).		
	Physician Tax Identifier Number (TIN): EIN - Employee Identification Number	The Employer Identification Number (EIN) for the teaching hospital (covered recipient)		
dentifie	ers for the Authorized Official regi	stering the teaching hospital		
ô	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.		
	Verify Authorized Official's relationship with teaching	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.		
	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.		
	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.		
1	ers for the teaching hospital Author	orized Representative		

DE#	Data Element Name	Description
		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.
	·	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.

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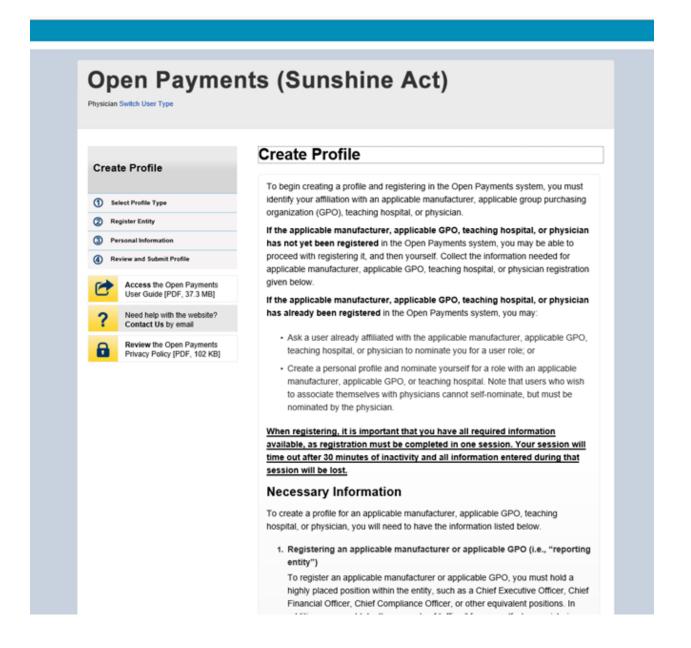
Section 1: Physician Registration

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

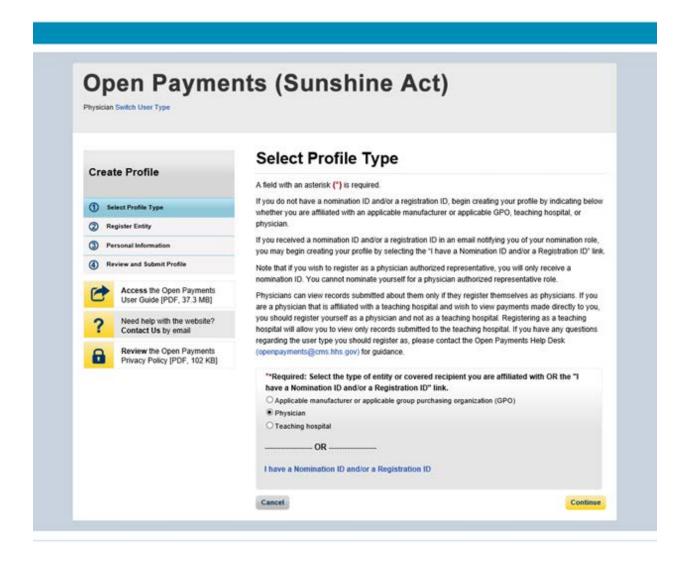


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Read the messages below and then click "Start Profile" in the second screen shot (bottom of screen):

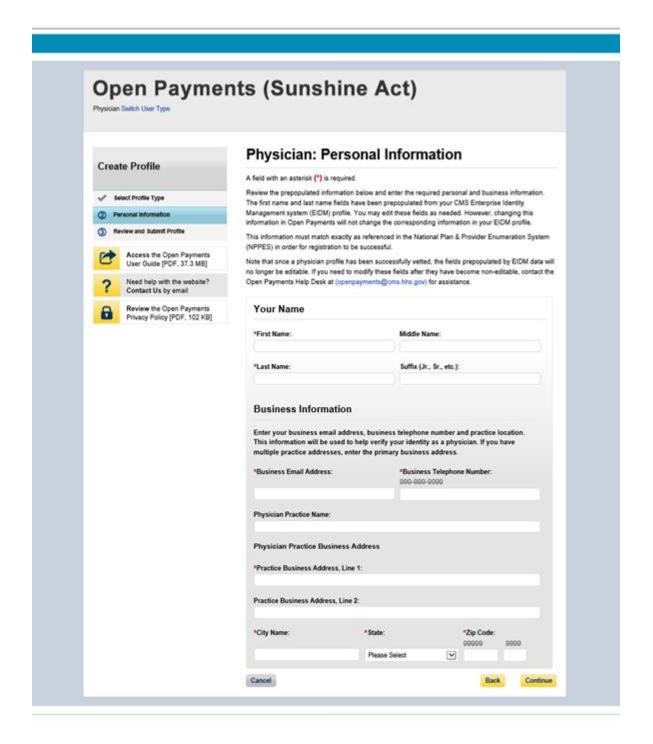


Note: If you have an NPI, the information that you use to register in the Open Payments system must match the information (e.g., first and last name) exactly as it is entered within the National Plan & Provider Enumeration System (NPPES) to ensure successful registration. 3. Registering a teaching hospital 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

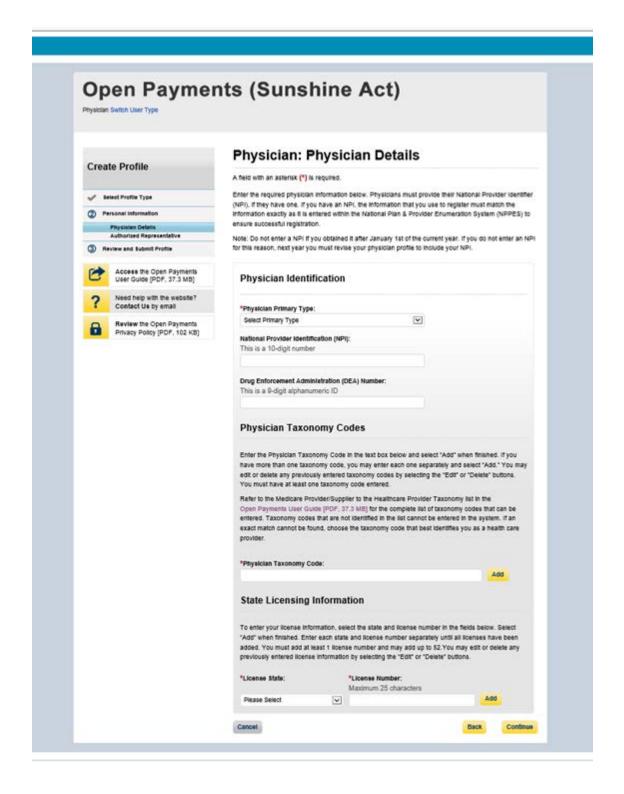


Enter your personal information and then click "Continue"

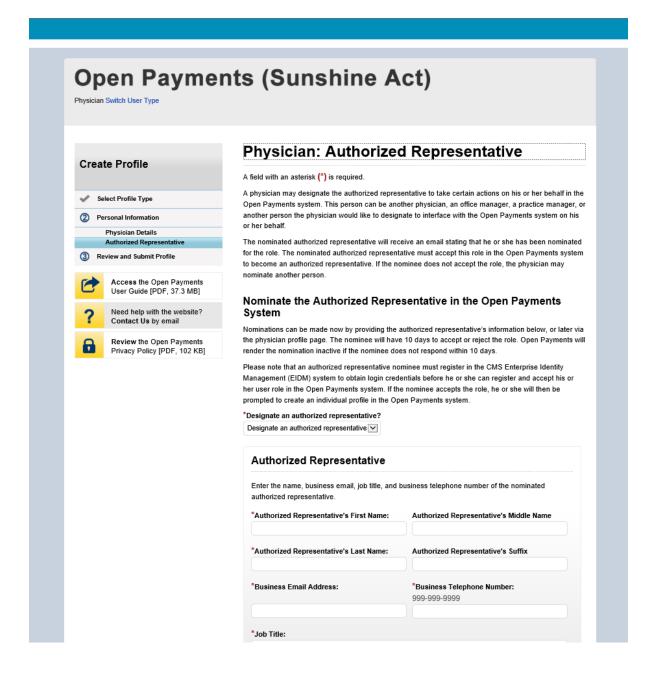
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Enter your Physician details and then hit "Continue"

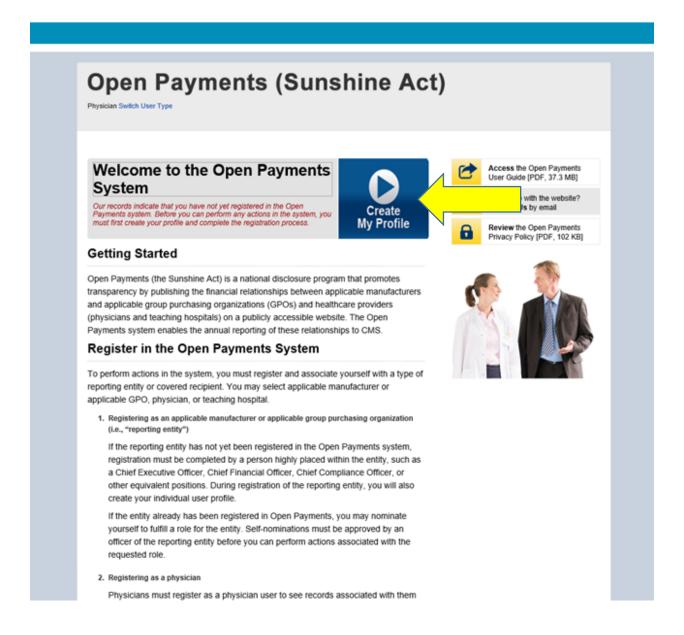


Enter the Authorized Representative and then hit "Submit". You will get an email once your have been vetted by the system and authorized to access the site.

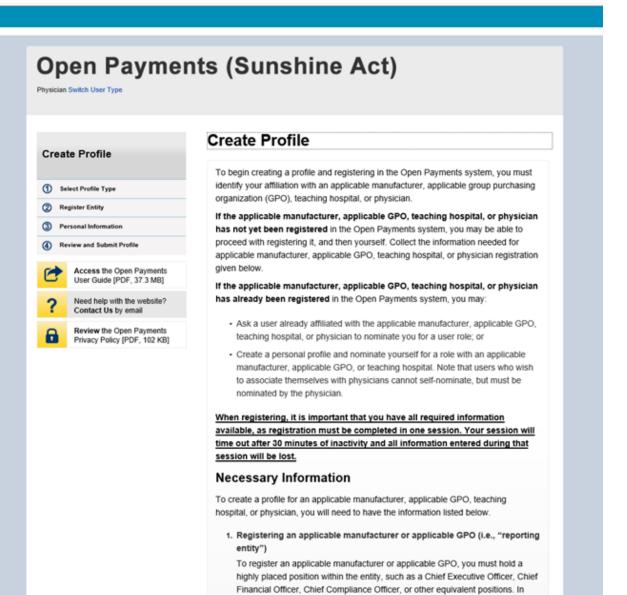


Section 2: Teaching Hospitals

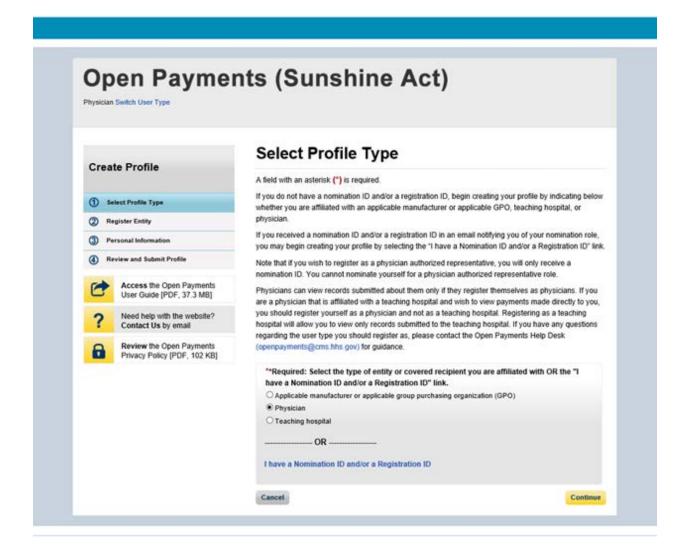
Select "Create My Profile" from the landing page (Yellow Arrow)



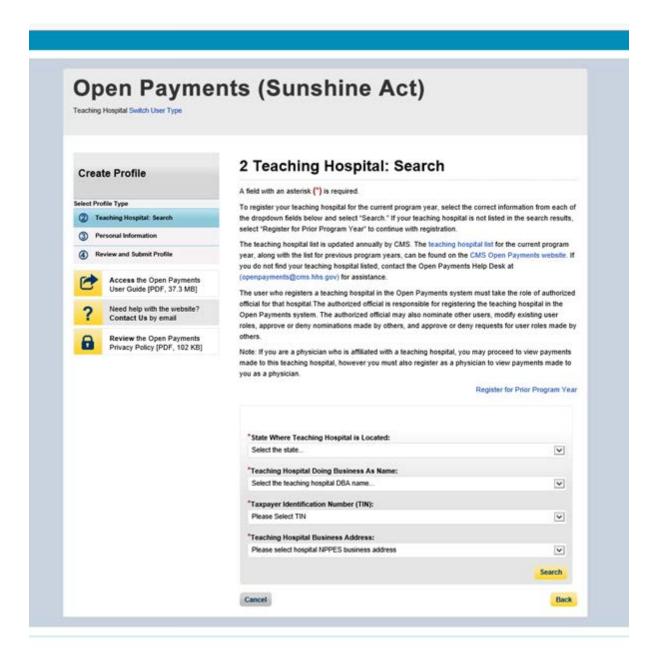
Read the messages below and then click "Start Profile" in the second screen shot (bottom of screen):



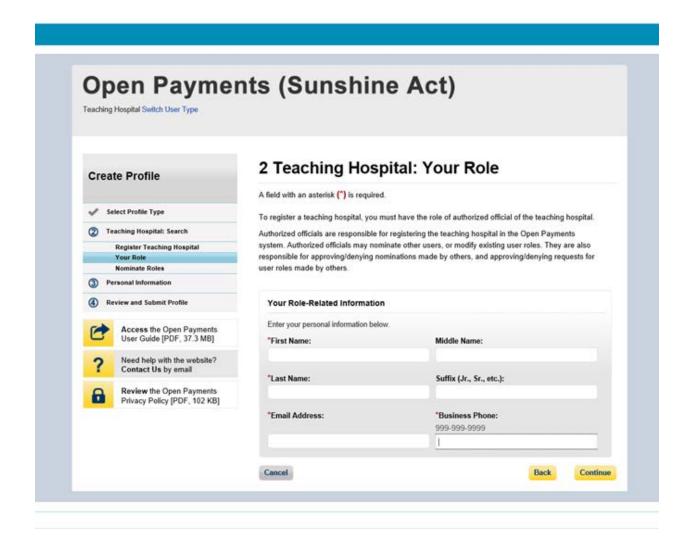
Note: If you have an NPI, the information that you use to register in the Open Payments system must match the information (e.g., first and last name) exactly as it is entered within the National Plan & Provider Enumeration System (NPPES) to ensure successful registration. 3. Registering a teaching hospital 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



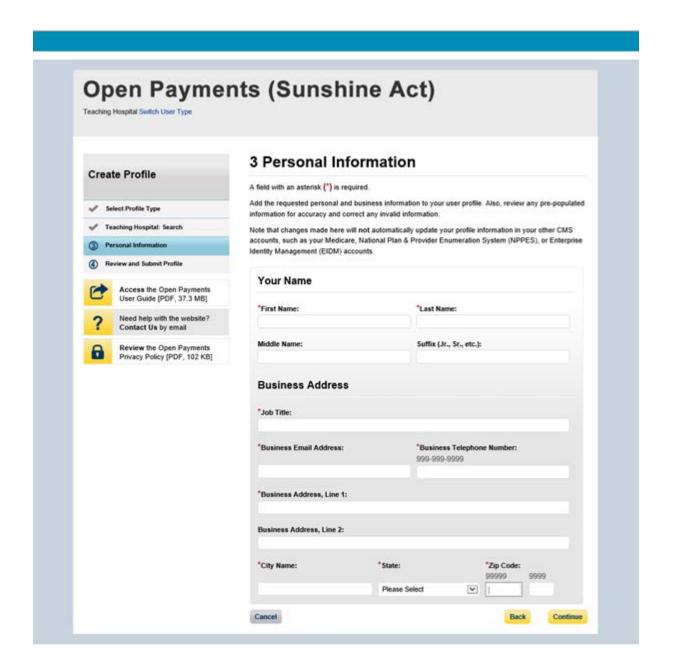
Enter your hospital information and then hit "Search". Once your hospital is populated hit the "Continue" button



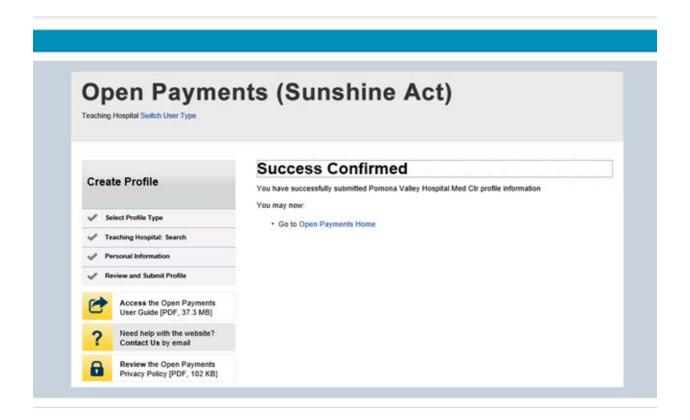
Enter your role and select "Continue"



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



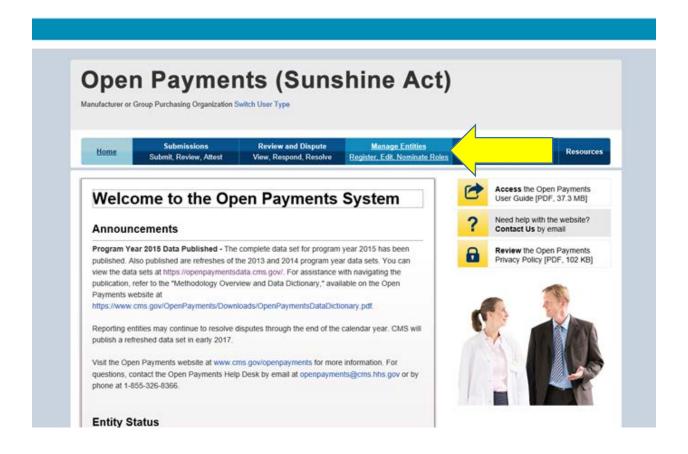
Once completed you will get an automatically generated email confirming that you can now log on to the Open Payments website.



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Section 3: Applicable Manufacturers and Group Purchasing Organizations

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



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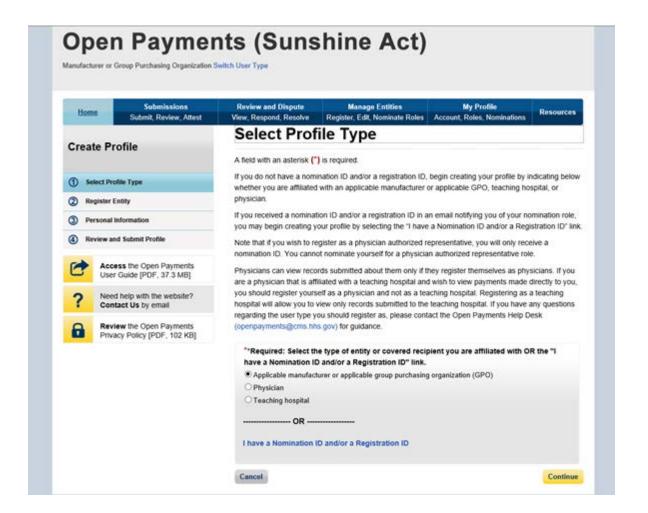
0938-1237 Expiration Date:

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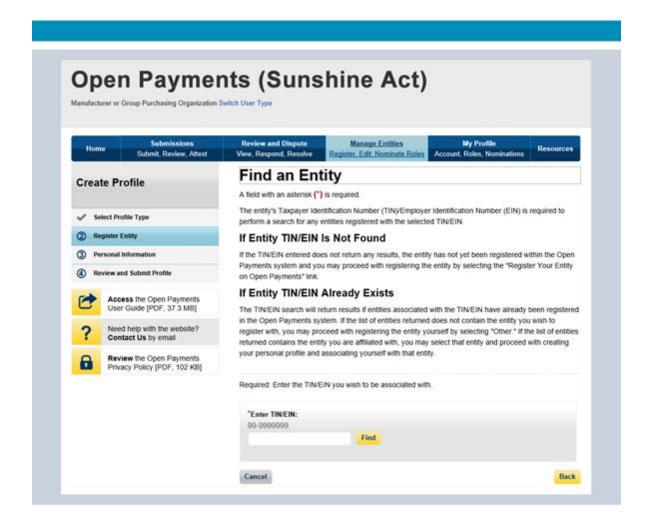
Click on the "Register New Entity" button (Yellow Arrow below)

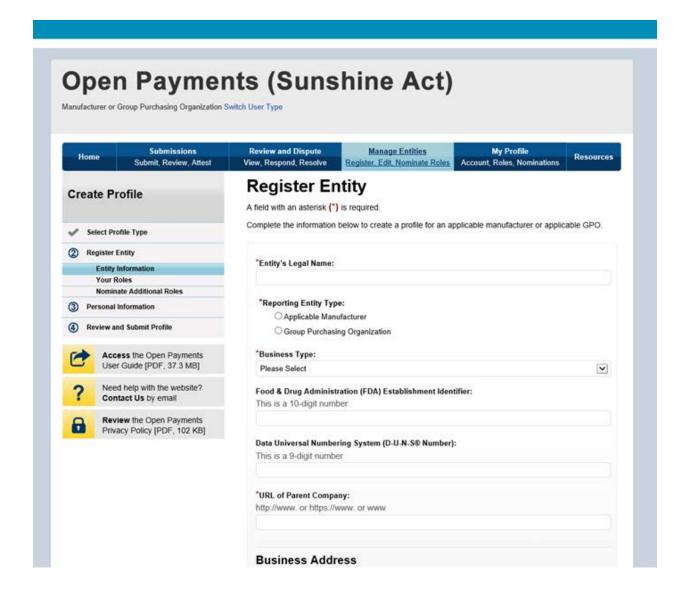


Choose "Applicable Manufacturer or Applicable Group Purchasing Organization and hit "Continue"

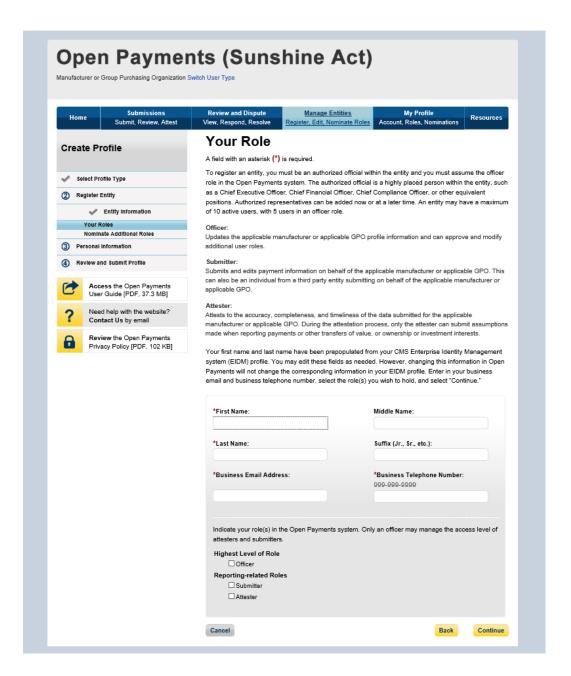


XX/XXXX





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

