

# **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/XXXX

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).

[Type here]

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.

Physician Registration

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.

Teaching Hospital Registration

Data elements collected to register teaching hospitals		
DE #	Data Element Name	Description
<b>Teaching Hospital Identifiers</b>		
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)
<b>Identifiers for the Authorized Official registering the teaching hospital</b>		
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.
<b>Identifiers for the teaching hospital Authorized Representative</b>		

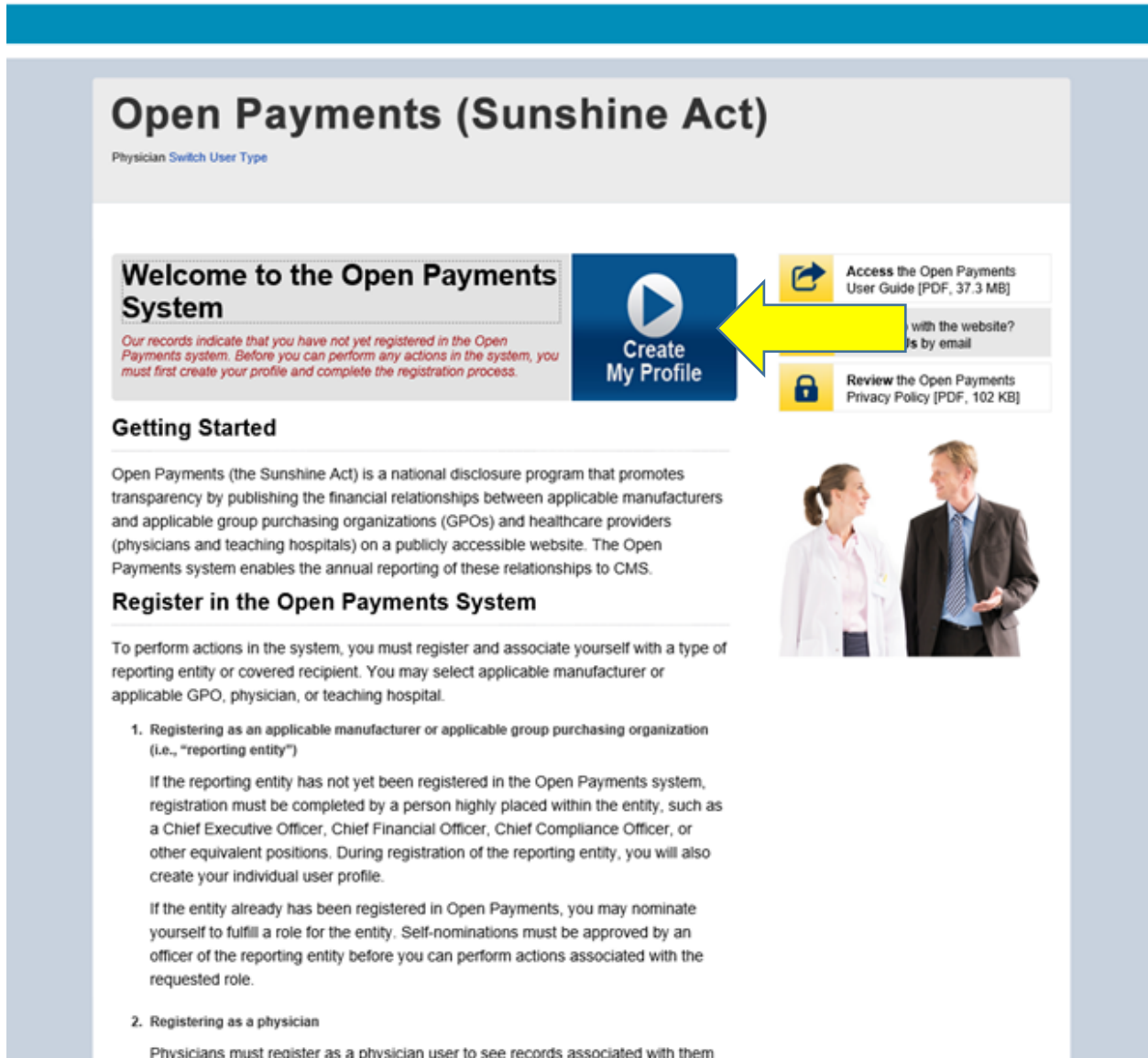
Teaching Hospital Registration

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.

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

## Section 1: Physician Registration

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



**Open Payments (Sunshine Act)**  
Physician Switch User Type

**Welcome to the Open Payments System**

*Our records indicate that you have not yet registered in the Open Payments system. Before you can perform any actions in the system, you must first create your profile and complete the registration process.*

**Create My Profile**

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

with the website?  
s by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

### Getting Started

Open Payments (the Sunshine Act) is a national disclosure program that promotes transparency by publishing the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians and teaching hospitals) on a publicly accessible website. The Open Payments system enables the annual reporting of these relationships to CMS.

### Register in the Open Payments System


To perform actions in the system, you must register and associate yourself with a type of reporting entity or covered recipient. You may select applicable manufacturer or applicable GPO, physician, or teaching hospital.

- 1. Registering as an applicable manufacturer or applicable group purchasing organization (i.e., "reporting entity")**

If the reporting entity has not yet been registered in the Open Payments system, registration must be completed by a person highly placed within the entity, such as a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other equivalent positions. During registration of the reporting entity, you will also create your individual user profile.

If the entity already has been registered in Open Payments, you may nominate yourself to fulfill a role for the entity. Self-nominations must be approved by an officer of the reporting entity before you can perform actions associated with the requested role.
- 2. Registering as a physician**

Physicians must register as a physician user to see records associated with them





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

- ① Select Profile Type
- ② Register Entity
- ③ Personal Information
- ④ Review and Submit Profile

[Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)

[Need help with the website? Contact Us by email](#)

[Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

### Create Profile

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.

1. **Registering an applicable manufacturer or applicable GPO (i.e., “reporting entity”)**

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

Prog. Enrollment Agency (PEA) number

**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 (NPES) 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 profile.

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

# Open Payments (Sunshine Act)

Physician [Switch User Type](#)

### Create Profile

- 1 Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

- [Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)
- [Need help with the website? Contact Us by email](#)
- [Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

## Select Profile Type

A field with an asterisk (\*) is required.

If you do not have a nomination ID and/or a registration ID, begin creating your profile by indicating below whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician.

If you received a nomination ID and/or a registration ID in an email notifying you of your nomination role, you may begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.

Note that if you wish to register as a physician authorized representative, you will only receive a nomination ID. You cannot nominate yourself for a physician authorized representative role.

Physicians can view records submitted about them only if they register themselves as physicians. If you are a physician that is affiliated with a teaching hospital and wish to view payments made directly to you, you should register yourself as a physician and not as a teaching hospital. Registering as a teaching hospital will allow you to view only records submitted to the teaching hospital. If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk ([openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov)) for guidance.

**\*\*Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID" link.**

Applicable manufacturer or applicable group purchasing organization (GPO)

Physician

Teaching hospital

\_\_\_\_\_ OR \_\_\_\_\_

[I have a Nomination ID and/or a Registration ID](#)

Enter your personal information and then click "Continue"

Open Payments (Sunshine Act)

Physician Switch User Type

**Create Profile**

✓ Select Profile Type

2 Personal Information

3 Review and Submit Profile

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

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Review the Open Payments Privacy Policy [PDF, 102 KB]

### Physician: Personal Information

A field with an asterisk (\*) is required.

Review the prepopulated information below and enter the required personal and business information. The first name and last name fields have been prepopulated from your CMS Enterprise Identity Management system (EIDM) profile. You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your EIDM profile.

This information must match exactly as referenced in the National Plan & Provider Enumeration System (NPPES) in order for registration to be successful.

Note that once a physician profile has been successfully vetted, the fields prepopulated by EIDM data will no longer be editable. If you need to modify these fields after they have become non-editable, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

#### Your Name

\*First Name:

Middle Name:

\*Last Name:

Suffix (Jr., Sr., etc.):

#### Business Information

Enter your business email address, business telephone number and practice location. This information will be used to help verify your identity as a physician. If you have multiple practice addresses, enter the primary business address.

\*Business Email Address:

\*Business Telephone Number:

000-000-0000

Physician Practice Name:

Physician Practice Business Address

\*Practice Business Address, Line 1:

Practice Business Address, Line 2:

\*City Name:

\*State:

\*Zip Code:

Cancel
Back
Continue

Enter your Physician details and then hit "Continue"

## Open Payments (Sunshine Act)

Physician Switch User Type

### Create Profile

- Select Profile Type
- Personal Information
- Physician Details**  
Authorized Representative
- Review and Submit Profile

[Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)

[Need help with the website? Contact Us by email](#)

[Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

### Physician: Physician Details

A field with an asterisk (\*) is required.

Enter the required physician information below. Physicians must provide their National Provider Identifier (NPI), if they have one. If you have an NPI, the information that you use to register must match the information exactly as it is entered within the National Plan & Provider Enumeration System (NPES) to ensure successful registration.

Note: Do not enter a NPI if you obtained it after January 1st of the current year. If you do not enter an NPI for this reason, next year you must revise your physician profile to include your NPI.

#### Physician Identification

\*Physician Primary Type:

National Provider Identification (NPI):  
This is a 10-digit number

Drug Enforcement Administration (DEA) Number:  
This is a 9-digit alphanumeric ID

#### Physician Taxonomy Codes

Enter the Physician Taxonomy Code in the text box below and select "Add" when finished. If you have more than one taxonomy code, you may enter each one separately and select "Add." You may edit or delete any previously entered taxonomy codes by selecting the "Edit" or "Delete" buttons. You must have at least one taxonomy code entered.

Refer to the Medicare Provider/Supplier to the Healthcare Provider Taxonomy list in the [Open Payments User Guide \[PDF, 37.3 MB\]](#) for the complete list of taxonomy codes that can be entered. Taxonomy codes that are not identified in the list cannot be entered in the system. If an exact match cannot be found, choose the taxonomy code that best identifies you as a health care provider.

\*Physician Taxonomy Code:  
 Add

#### State Licensing Information

To enter your license information, select the state and license number in the fields below. Select "Add" when finished. Enter each state and license number separately until all licenses have been added. You must add at least 1 license number and may add up to 52. You may edit or delete any previously entered license information by selecting the "Edit" or "Delete" buttons.

\*License State:  Add

\*License Number:  Add

Cancel
Back
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.

## Open Payments (Sunshine Act)

Physician [Switch User Type](#)

### Create Profile

- Select Profile Type
- Personal Information
- Physician Details
- Authorized Representative**
- Review and Submit Profile

- Access the Open Payments User Guide [PDF, 37.3 MB]
- Need help with the website? Contact Us by email
- Review the Open Payments Privacy Policy [PDF, 102 KB]

### Physician: Authorized Representative

A field with an asterisk (\*) is required.

A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. This person can be another physician, an office manager, a practice manager, or another person the physician would like to designate to interface with the Open Payments system on his or her behalf.

The nominated authorized representative will receive an email stating that he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

### Nominate the Authorized Representative in the Open Payments System

Nominations can be made now by providing the authorized representative's information below, or later via the physician profile page. The nominee will have 10 days to accept or reject the role. Open Payments will render the nomination inactive if the nominee does not respond within 10 days.

Please note that an authorized representative nominee must register in the CMS Enterprise Identity Management (EIDM) system to obtain login credentials before he or she can register and accept his or her user role in the Open Payments system. If the nominee accepts the role, he or she will then be prompted to create an individual profile in the Open Payments system.

**\*Designate an authorized representative?**  
Designate an authorized representative

### Authorized Representative

Enter the name, business email, job title, and business telephone number of the nominated authorized representative.

*Authorized Representative's First Name:	Authorized Representative's Middle Name
<input type="text"/>	<input type="text"/>
*Authorized Representative's Last Name:	Authorized Representative's Suffix
<input type="text"/>	<input type="text"/>
*Business Email Address:	*Business Telephone Number: 999-999-9999
<input type="text"/>	<input type="text"/>
*Job Title:	

## Section 2: Teaching Hospitals

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

**Open Payments (Sunshine Act)**  
Physician Switch User Type

**Welcome to the Open Payments System**

*Our records indicate that you have not yet registered in the Open Payments system. Before you can perform any actions in the system, you must first create your profile and complete the registration process.*

**Create My Profile**

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

with the website? [PDF, 102 KB] by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

**Getting Started**

Open Payments (the Sunshine Act) is a national disclosure program that promotes transparency by publishing the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians and teaching hospitals) on a publicly accessible website. The Open Payments system enables the annual reporting of these relationships to CMS.

**Register in the Open Payments System**

To perform actions in the system, you must register and associate yourself with a type of reporting entity or covered recipient. You may select applicable manufacturer or applicable GPO, physician, or teaching hospital.

1. Registering as an applicable manufacturer or applicable group purchasing organization (i.e., "reporting entity")
 

If the reporting entity has not yet been registered in the Open Payments system, registration must be completed by a person highly placed within the entity, such as a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other equivalent positions. During registration of the reporting entity, you will also create your individual user profile.

If the entity already has been registered in Open Payments, you may nominate yourself to fulfill a role for the entity. Self-nominations must be approved by an officer of the reporting entity before you can perform actions associated with the requested role.
2. Registering as a physician
 

Physicians must register as a physician user to see records associated with them

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

- 1 Select Profile Type
- 2 Register Entity
- 3 Personal Information
- 4 Review and Submit Profile

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

 Need help with the website? [Contact Us](#) by email

 Review the Open Payments Privacy Policy [PDF, 102 KB]

## Create Profile

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.

**1. Registering an applicable manufacturer or applicable GPO (i.e., "reporting entity")**

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



Prog. Enrollment Agency (PEA) number

**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 (NPES) 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 profile.

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

## Open Payments (Sunshine Act)

Physician [Switch User Type](#)

### Create Profile

- Select Profile Type
- Register Entity
- Personal Information
- Review and Submit Profile

- [Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)
- [Need help with the website? Contact Us by email](#)
- [Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

### Select Profile Type

A field with an asterisk (\*) is required.

If you do not have a nomination ID and/or a registration ID, begin creating your profile by indicating below whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician.

If you received a nomination ID and/or a registration ID in an email notifying you of your nomination role, you may begin creating your profile by selecting the "I have a Nomination ID and/or a Registration ID" link.

Note that if you wish to register as a physician authorized representative, you will only receive a nomination ID. You cannot nominate yourself for a physician authorized representative role.

Physicians can view records submitted about them only if they register themselves as physicians. If you are a physician that is affiliated with a teaching hospital and wish to view payments made directly to you, you should register yourself as a physician and not as a teaching hospital. Registering as a teaching hospital will allow you to view only records submitted to the teaching hospital. If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk ([openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov)) for guidance.

**\*\*Required: Select the type of entity or covered recipient you are affiliated with OR the "I have a Nomination ID and/or a Registration ID" link.**

Applicable manufacturer or applicable group purchasing organization (GPO)

Physician

Teaching hospital

\_\_\_\_\_ OR \_\_\_\_\_

[I have a Nomination ID and/or a Registration ID](#)

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

## Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

### Create Profile

Select Profile Type

- 1 Teaching Hospital: Search
- 2 Personal Information
- 3 Review and Submit Profile

[Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)

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[Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

## 2 Teaching Hospital: Search

A field with an asterisk (\*) is required.

To register your teaching hospital for the current program year, select the correct information from each of the dropdown fields below and select "Search." If your teaching hospital is not listed in the search results, select "Register for Prior Program Year" to continue with registration.

The teaching hospital list is updated annually by CMS. The [teaching hospital list](#) for the current program year, along with the list for previous program years, can be found on the [CMS Open Payments website](#). If you do not find your teaching hospital listed, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

The user who registers a teaching hospital in the Open Payments system must take the role of authorized official for that hospital. The authorized official is responsible for registering the teaching hospital in the Open Payments system. The authorized official may also nominate other users, modify existing user roles, approve or deny nominations made by others, and approve or deny requests for user roles made by others.

Note: If you are a physician who is affiliated with a teaching hospital, you may proceed to view payments made to this teaching hospital, however you must also register as a physician to view payments made to you as a physician.

[Register for Prior Program Year](#)

\*State Where Teaching Hospital is Located:  
Select the state...

\*Teaching Hospital Doing Business As Name:  
Select the teaching hospital DBA name...

\*Taxpayer Identification Number (TIN):  
Please Select TIN

\*Teaching Hospital Business Address:  
Please select hospital NPPES business address

Enter your role and select "Continue"

## Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

### Create Profile

- Select Profile Type
- Teaching Hospital: Search
- Register Teaching Hospital
- Your Role**
- Nominate Roles
- Personal Information
- Review and Submit Profile

- Access the Open Payments User Guide [PDF, 37.3 MB]
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## 2 Teaching Hospital: Your Role

A field with an asterisk (\*) is required.

To register a teaching hospital, you must have the role of authorized official of the teaching hospital. Authorized officials are responsible for registering the teaching hospital in the Open Payments system. Authorized officials may nominate other users, or modify existing user roles. They are also responsible for approving/denying nominations made by others, and approving/denying requests for user roles made by others.

### Your Role-Related Information

Enter your personal information below.

*First Name:	Middle Name:
<input type="text"/>	<input type="text"/>
*Last Name:	Suffix (Jr., Sr., etc.):
<input type="text"/>	<input type="text"/>
*Email Address:	*Business Phone:
<input type="text"/>	999-999-9999 <input type="text"/>

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

## Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

### Create Profile

- Select Profile Type
- Teaching Hospital: Search
- 3 Personal Information**
- 4 Review and Submit Profile

- Access the Open Payments User Guide [PDF, 37.3 MB]
- Need help with the website? Contact Us by email
- Review the Open Payments Privacy Policy [PDF, 102 KB]

### 3 Personal Information

A field with an asterisk (\*) is required.

Add the requested personal and business information to your user profile. Also, review any pre-populated information for accuracy and correct any invalid information.

Note that changes made here will not automatically update your profile information in your other CMS accounts, such as your Medicare, National Plan & Provider Enumeration System (NPPES), or Enterprise Identity Management (EIDM) accounts.

#### Your Name

\*First Name:  \*Last Name:

Middle Name:  Suffix (Jr., Sr., etc.):

#### Business Address

\*Job Title:

\*Business Email Address:  \*Business Telephone Number:   
999-999-9999

\*Business Address, Line 1:

Business Address, Line 2:

\*City Name:  \*State:  Please Select  \*Zip Code:    
99999 9999

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

**Open Payments (Sunshine Act)**  
Teaching Hospital [Switch User Type](#)

**Create Profile**

- ✓ Select Profile Type
- ✓ Teaching Hospital: Search
- ✓ Personal Information
- ✓ Review and Submit Profile

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

Need help with the website? [Contact Us](#) by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

**Success Confirmed**

You have successfully submitted Pomona Valley Hospital Med Ctr profile information

You may now:

- Go to [Open Payments Home](#)

**Section 3: Applicable Manufacturers and Group Purchasing Organizations**

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

**Open Payments (Sunshine Act)**  
Manufacturer or Group Purchasing Organization [Switch User Type](#)

[Home](#) | [Submissions](#)  
Submit, Review, Attest | [Review and Dispute](#)  
View, Respond, Resolve | [Manage Entities](#)  
Register, Edit, Nominate Roles | [Resources](#)

**Welcome to the Open Payments System**

**Announcements**

**Program Year 2015 Data Published** - The complete data set for program year 2015 has been published. Also published are refreshes of the 2013 and 2014 program year data sets. You can view the data sets at <https://openpaymentsdata.cms.gov/>. For assistance with navigating the publication, refer to the "Methodology Overview and Data Dictionary," available on the Open Payments website at <https://www.cms.gov/OpenPayments/Downloads/OpenPaymentsDataDictionary.pdf>.

Reporting entities may continue to resolve disputes through the end of the calendar year. CMS will publish a refreshed data set in early 2017.


Visit the Open Payments website at [www.cms.gov/openpayments](http://www.cms.gov/openpayments) for more information. For questions, contact the Open Payments Help Desk by email at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or by phone at 1-855-326-8366.

**Entity Status**

[Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)

[Need help with the website? Contact Us by email](#)

[Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)




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

# Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities <a href="#">Register</a> , <a href="#">Edit</a> , <a href="#">Nominate Roles</a>	My Profile Account, Roles, Nominations	Resources
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## Manage Entities






[Register New Entity](#)

The entities you are authorized to view are listed below. Select an entity from the list below to view the entity details and manage user roles affiliated with the entity.

If an entity is pending recertification, you must complete recertification before performing any system action for that entity. Entity recertification requires that an active officer within the Open Payments system reviews, updates (as necessary), and confirms all of the entity details submitted during the previous program year.

### Your Entities

Name:	Registration ID:	Status:	Date Verified:
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-  **Access** the Open Payments User Guide [PDF, 37.3 MB]
-  Need help with the website? **Contact Us** by email
-  **Review** the Open Payments Privacy Policy [PDF, 102 KB]





Choose “Applicable Manufacturer or Applicable Group Purchasing Organization and hit “Continue”

# Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Resources
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## Create Profile

- Select Profile Type
- Register Entity
- Personal Information
- Review and Submit Profile

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

Need help with the website? **Contact Us** by email

**Review** the Open Payments Privacy Policy [PDF, 102 KB]

### Select Profile Type

A field with an asterisk (\*) is required.

If you do not have a nomination ID and/or a registration ID, begin creating your profile by indicating below whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician.

If you received a nomination ID and/or a registration ID in an email notifying you of your nomination role, you may begin creating your profile by selecting the “I have a Nomination ID and/or a Registration ID” link.

Note that if you wish to register as a physician authorized representative, you will only receive a nomination ID. You cannot nominate yourself for a physician authorized representative role.

Physicians can view records submitted about them only if they register themselves as physicians. If you are a physician that is affiliated with a teaching hospital and wish to view payments made directly to you, you should register yourself as a physician and not as a teaching hospital. Registering as a teaching hospital will allow you to view only records submitted to the teaching hospital. If you have any questions regarding the user type you should register as, please contact the Open Payments Help Desk ([openpayments@crms.hhs.gov](mailto:openpayments@crms.hhs.gov)) for guidance.

**\*Required: Select the type of entity or covered recipient you are affiliated with OR the “I have a Nomination ID and/or a Registration ID” link.**

Applicable manufacturer or applicable group purchasing organization (GPO)

Physician

Teaching hospital

----- OR -----

[I have a Nomination ID and/or a Registration ID](#)

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

**Open Payments (Sunshine Act)**  
Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions (Submit, Review, Attest) | Review and Dispute (View, Respond, Resolve) | **Manage Entities (Register, Edit, Nominate Roles)** | My Profile (Account, Roles, Nominations) | Resources

**Create Profile**

- Select Profile Type
- 2 Register Entity**
- 3 Personal Information
- 4 Review and Submit Profile

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

**?** Need help with the website? **Contact Us** by email

**Review** the Open Payments Privacy Policy [PDF, 102 KB]

**Find an Entity**

A field with an asterisk (\*) is required.

The entity's Taxpayer Identification Number (TIN)/Employer Identification Number (EIN) is required to perform a search for any entities registered with the selected TIN/EIN.

**If Entity TIN/EIN Is Not Found**

If the TIN/EIN entered does not return any results, the entity has not yet been registered within the Open Payments system and you may proceed with registering the entity by selecting the "Register Your Entity on Open Payments" link.

**If Entity TIN/EIN Already Exists**

The TIN/EIN search will return results if entities associated with the TIN/EIN have already been registered in the Open Payments system. If the list of entities returned does not contain the entity you wish to register with, you may proceed with registering the entity yourself by selecting "Other." If the list of entities returned contains the entity you are affiliated with, you may select that entity and proceed with creating your personal profile and associating yourself with that entity.

Required: Enter the TIN/EIN you wish to be associated with.

\*Enter TIN/EIN:  
99-9999999

**Find**

**Cancel** **Back**

Enter your information below, and then hit continue

# Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities <a href="#">Register, Edit, Nominate Roles</a>	My Profile Account, Roles, Nominations	Resources
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## Create Profile

- Select Profile Type
- 2 Register Entity
  - Entity Information
    - Your Roles
    - Nominate Additional Roles
  - 3 Personal Information
  - 4 Review and Submit Profile
- Access the Open Payments User Guide [PDF, 37.3 MB]
- Need help with the website? [Contact Us](#) by email
- Review the Open Payments Privacy Policy [PDF, 102 KB]

## Register Entity

A field with an asterisk (\*) is required.

Complete the information below to create a profile for an applicable manufacturer or applicable GPO.

\*Entity's Legal Name:

\*Reporting Entity Type:  
 Applicable Manufacturer  
 Group Purchasing Organization

\*Business Type:  
Please Select

Food & Drug Administration (FDA) Establishment Identifier:  
This is a 10-digit number

Data Universal Numbering System (D-U-N-S®) Number:  
This is a 9-digit number

\*URL of Parent Company:  
http://www. or https://www. or www

## Business Address

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

## Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities <a href="#">Register, Edit, Nominate Roles</a>	My Profile Account, Roles, Nominations	Resources
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### Create Profile

- ✓ Select Profile Type
- 2 Register Entity
  - ✓ Entity Information
- Your Roles
  - Nominate Additional Roles
- 3 Personal Information
- 4 Review and Submit Profile

- Access the Open Payments User Guide [PDF, 37.3 MB]
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- Review the Open Payments Privacy Policy [PDF, 102 KB]

### Your Role

A field with an asterisk (\*) is required.

To register an entity, you must be an authorized official within the entity and you must assume the officer role in the Open Payments system. The authorized official is a highly placed person within the entity, such as a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other equivalent positions. Authorized representatives can be added now or at a later time. An entity may have a maximum of 10 active users, with 5 users in an officer role.

**Officer:**  
Updates the applicable manufacturer or applicable GPO profile information and can approve and modify additional user roles.

**Submitter:**  
Submits and edits payment information on behalf of the applicable manufacturer or applicable GPO. This can also be an individual from a third party entity submitting on behalf of the applicable manufacturer or applicable GPO.

**Attester:**  
Attests to the accuracy, completeness, and timeliness of the data submitted for the applicable manufacturer or applicable GPO. During the attestation process, only the attester can submit assumptions made when reporting payments or other transfers of value, or ownership or investment interests.

Your first name and last name have been prepopulated from your CMS Enterprise Identity Management system (EIDM) profile. You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your EIDM profile. Enter in your business email and business telephone number, select the role(s) you wish to hold, and select "Continue."

*First Name:	Middle Name:
<input type="text"/>	<input type="text"/>
*Last Name:	Suffix (Jr., Sr., etc.):
<input type="text"/>	<input type="text"/>
*Business Email Address:	*Business Telephone Number: 000-000-0000
<input type="text"/>	<input type="text"/>

Indicate your role(s) in the Open Payments system. Only an officer may manage the access level of attesters and submitters.

**Highest Level of Role**

Officer

**Reporting-related Roles**

Submitter

Attester

[Cancel](#) [Back](#) [Continue](#)




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

## Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization [Switch User Type](#)

### Create Profile

- ✓ Select Profile Type
- ✓ Register Entity
- ✓ Personal Information
- ✓ Review and Submit Profile

-  [Access the Open Payments User Guide \[PDF, 37.3 MB\]](#)
-  [Need help with the website? Contact Us by email](#)
-  [Review the Open Payments Privacy Policy \[PDF, 102 KB\]](#)

### Success Confirmed

You have successfully submitted Press Incorporated profile information

You may now: [Open Payments Home](#)

You will receive an email confirming a profile was successfully created for the entity. The email confirmation message will have the entity's registration ID. You can refer to the [Open Payments User Guide \[PDF, 37.3 MB\]](#) for further information.

Note: You will not be able to take any actions related to this profile until your nomination is approved.