

# Covered Recipients: Messages

The screenshots below illustrate the differences in Covered Recipient Messages between Open Payments System 1.0 and Open Payments System 2.0.

**Step 1:** Log in to the Open Payments system at <https://openpayments.system.cms.gov> using your IDM credentials and select the **Messages** tab on the tool bar and then select **System Messages**.

**Figure 1: Open Payments Landing Page for Returning Users (OPS 1.0)**

The screenshot shows the Open Payments (Sunshine Act) landing page. At the top, there is a header with the title "Open Payments (Sunshine Act)" and a link "Physician or Non-Physician Practitioner Switch User Type". Below the header is a navigation bar with five tabs: "Home", "Review and Dispute", "My Profile", "Messages", and "Resources". The "Messages" tab is highlighted. The main content area is divided into two columns. The left column contains a "Welcome to the Open Payments System" message with a sub-header and a paragraph of text. The right column contains three links: "Access the Open Payments User Guide [PDF]", "Need help with the website? Contact Us by email", and "Review the Open Payments Privacy Policy [PDF]". At the bottom right, there is a photograph of a male doctor and a female doctor in white coats talking.

## Open Payments (Sunshine Act)

Physician or Non-Physician Practitioner [Switch User Type](#)

[Home](#) [Review and Dispute](#) [My Profile](#) [Messages](#) [Resources](#)

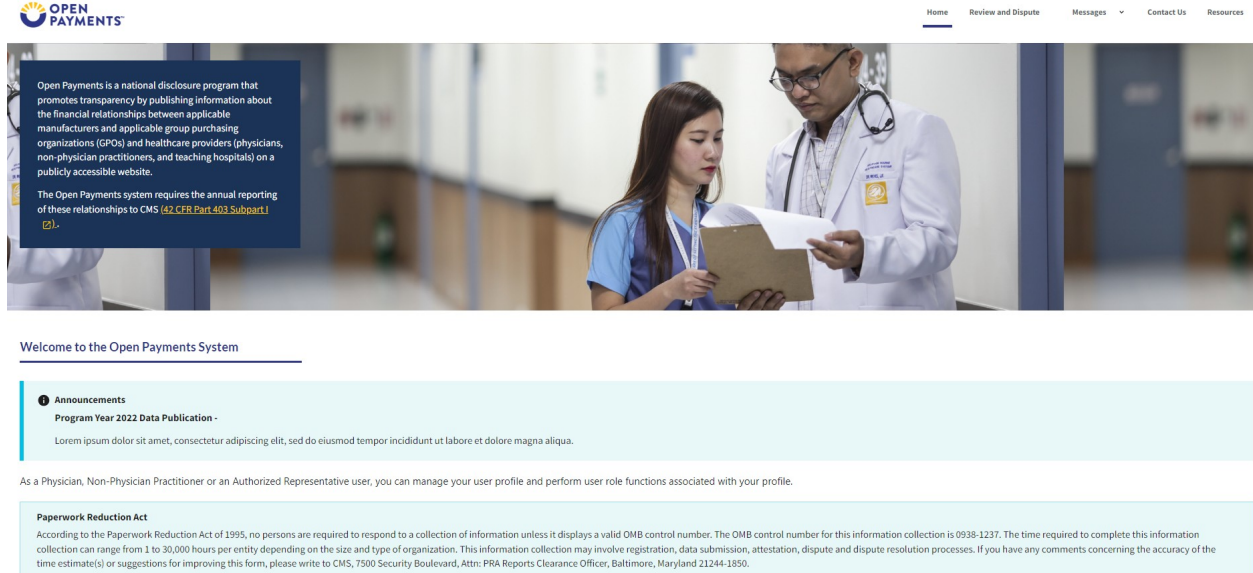
### Welcome to the Open Payments System

You can manage your user profile and perform the actions associated with your profile. Note: In order to be able to review all records submitted for you, you must have entered your NPI, if available, and all state licenses under your profile details in Open Payments system.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0938-1237. The time required to complete this information collection can range from 1 to 30,000 hours per entity depending on the size and type of organization. This information collection may involve registration, data submission, attestation, dispute and dispute resolution processes. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Figure 2: Open Payments Landing Page for Returning Users (OPS 2.0)



**Step 2:** On the “Messages” page, you can search results based on the following search criteria:

- Teaching Hospital or Physician or NPP Name, Record ID (only applicable for Message Category of “Review and Dispute”)

Figure 3: Messages Page (OPS 1.0)

# Open Payments (Sunshine Act)

Physician or Non-Physician Practitioner [Switch User Type](#)

Home | Review and Dispute | My Profile | **Messages** | Resources

## Messages

The table below provides information on the system generated email messages received by the covered recipient. Search and filtering tools above the table can customize the view of the messages displayed. For more information on the actions you can take on this page, refer to the [Open Payments User Guide for Covered Recipients \[PDF\]](#).

**Covered Recipient Name:** Norbert Engelman

**Record ID:** Maximum 38 digits

**Payment Category:**

**Message Category:** Registration, Review and Dispute, Nomination, Nomination Reminder, User/Nomination Deactivation

Search | Clear All

Figure 3: Messages Page (OPS 2.0)

OPEN PAYMENTS

Home | Review and Dispute | Messages | Contact Us | Resources

## Messages

System

The table below provides information on the system generated email messages received by the covered recipient. Search and filtering tools above the table can customize the view of the messages displayed. For more information on the actions you can take on this page, refer to the [Open Payments User Guide for Covered Recipients \[PDF\]](#).

-- Select -- | Search | Search

No Filters Applied | Filter

Message Category	Message Subject	Recipient Role(s)	Payment Category	Date/Time Received
Registration	<a href="#">Open Payments System - Covered Recipient Vetting Failed</a>	Covered Recipient		06/28/2024   10:00 AM
Registration	<a href="#">Open Payments System - Covered Recipient Vetting is in Process</a>	Covered Recipient		06/28/2024   10:00 AM

Showing All of 2 entries | < Previous 1 Next >

**Step 3a:** Select the **Search** button to initiate the search. After selecting the **Search** button, a data table with the list of messages will display.

Figure 3a: Messages Page Search Results (OPS 1.0)

# Open Payments (Sunshine Act)

Physician or Non-Physician Practitioner [Switch User Type](#)

Home
Review and Dispute
My Profile
Messages
Resources

## Messages

The table below provides information on the system generated email messages received by the covered recipient.  
 Search and filtering tools above the table can customize the view of the messages displayed.  
 For more information on the actions you can take on this page, refer to the [Open Payments User Guide for Covered Recipients \[PDF\]](#).

**Covered Recipient Name:**  **Record ID:**  **Payment Category:**

**Message Category:** ?

- Registration
- Review and Dispute
- Nomination
- Nomination Reminder
- User/Nomination Deactivation

Figure 3b: Messages Page Search Results (OPS 1.0)

**Showing Results for:**  
 Covered Recipient Name: Norbert Engelman  
 Message Category: Registration

Showing 10 of 1 Entries Page 1 of 1 Page 1

Message Category	Message Subject	Recipient Role(s)	Payment Category	Date/Time Received
▶ Registration	Open Payments Covered Recipient Vetting Is in Process	Covered Recipient	N/A	06/28/2024 08:36 AM

Showing 10 of 1 Entries Page 1 of 1 Page 1

Figure 4: Messages Page Search Results (OPS 2.0)

The screenshot shows the 'Messages' page in the Open Payments system. At the top, there is a navigation bar with 'OPEN PAYMENTS' logo and links for Home, Review and Dispute, Messages, Contact Us, and Resources. Below the navigation bar, the 'Messages' section is titled. A 'System' header is present, followed by a paragraph explaining that the table below provides information on system-generated email messages. Below this, there are search and filtering tools, including a dropdown menu for message category (currently set to '-- Select --') and a search input field with a 'Search' button. The main content area displays a table with two entries. The table has columns for Message Category, Message Subject, Recipient Role(s), Payment Category, and Date/Time Received. The first entry is for 'Registration' with subject 'Open Payments System - Covered Recipient Vetting Failed', recipient role 'Covered Recipient', and date '06/28/2024 | 10:00 AM'. The second entry is for 'Registration' with subject 'Open Payments System - Covered Recipient Vetting Is in Process', recipient role 'Covered Recipient', and date '06/28/2024 | 10:00 AM'. At the bottom of the table, there is a 'Showing All of 2 entries' indicator and a pagination control showing '1' of 2 entries.

Message Category	Message Subject	Recipient Role(s)	Payment Category	Date/Time Received
Registration	<a href="#">Open Payments System - Covered Recipient Vetting Failed</a>	Covered Recipient		06/28/2024   10:00 AM
Registration	<a href="#">Open Payments System - Covered Recipient Vetting Is in Process</a>	Covered Recipient		06/28/2024   10:00 AM

**Step 3b:** Select the **Filter** button to help refine your search results

Figure 5: View Full Message Pop-out (OPS 1.0)

### Open Payments Covered Recipient Vetting Is in Process

Your registration request has been successfully submitted. The Open Payments System will vet the information provided during registration to ensure that you are a valid physician or non-physician practitioner. The automatic vetting process normally takes less than 24 hours, though it could take longer depending upon the completeness of the information provided and the number of covered recipients undergoing vetting at the same time.

The following information is in your Open Payments profile:

- Covered Recipient: Norbert, Engelman, Doctor of Osteopathy

You will receive an email informing you if your vetting is successful. If your vetting is not successful, you will receive an email that will provide the reason for the vetting's failure and steps on how to correct and resubmit your profile.

Once vetting is successfully completed, you may start performing actions in the Open Payments system.

Note: Updating your Covered Recipient profile will trigger another vetting. If this occurs, you will not be able to take any actions in the Open Payments System until your profile is re-vetted successfully. You will receive an email notifying you if re-vetting occurs.

If you have any questions or concerns, contact the Open Payments Help Desk by email at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or by telephone at 855-326-8366 (TTY Line: 1-844-649-2766). For more information about the program, visit the Open Payments website at <https://www.cms.gov/openpayments>.

Do not reply to this automatically generated email.

Close

## Figure 4: View Full Message Pop-out (OPS 2.0)

### Open Payments System - Covered Recipient Vetting Failed



The Open Payments system was unable to successfully vet the below covered recipient profile:

- Covered Recipient: Norbert Engelman (Doctor of Osteopathy)

The profile's vetting failed because the name, NPI, and/or state licenses submitted did not successfully match against Centers for Medicare & Medicaid Services (CMS) internal and external data sources or the information was matched but could not be confirmed as identifying a covered recipient. Review the information in the profile and make corrections as necessary. Upon resubmission, your profile will be re-vetted with the updated information.

If the resubmitted profile is successfully vetted, you will receive a confirmation email informing you that vetting has been successfully completed and you may start performing actions in the Open Payments system. If the resubmitted profile is again unsuccessfully vetted, you will receive an email notification of the failure.

If you have any questions or concerns, contact the Open Payments Help Desk by email at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or by telephone at 855-326-8366 (TTY Line: 1-844-649-2766). For more information about the program, visit the Open Payments website at <https://www.cms.gov/openpayments>.

Do not reply to this automatically generated email.

Close

# Open Payments Covered Recipient Registration and Nominations PRA

The screenshots below illustrate the differences in physician and non-physician practitioner (NPP) registration between Open Payments System (OPS) 1.0 and OPS 2.0.

## Creating an Open Payments Profile as a Physician or NPP (First Time System Users)

If you are registering as a physician or NPP and are a first-time user in the Open Payments system, follow the steps below.

**Step 1:** Log in to the Open Payments system at <https://openpayments.system.cms.gov> using your Identity Management (IDM) credentials and agree to the Terms and Conditions.

After selecting the **Log in** button verify your identity using the Multi-Factor Authentication (MFA). The email address you input during IDM registration is the default MFA device.

Figure 1: Open Payments System Log in Page (OPS 1.0)

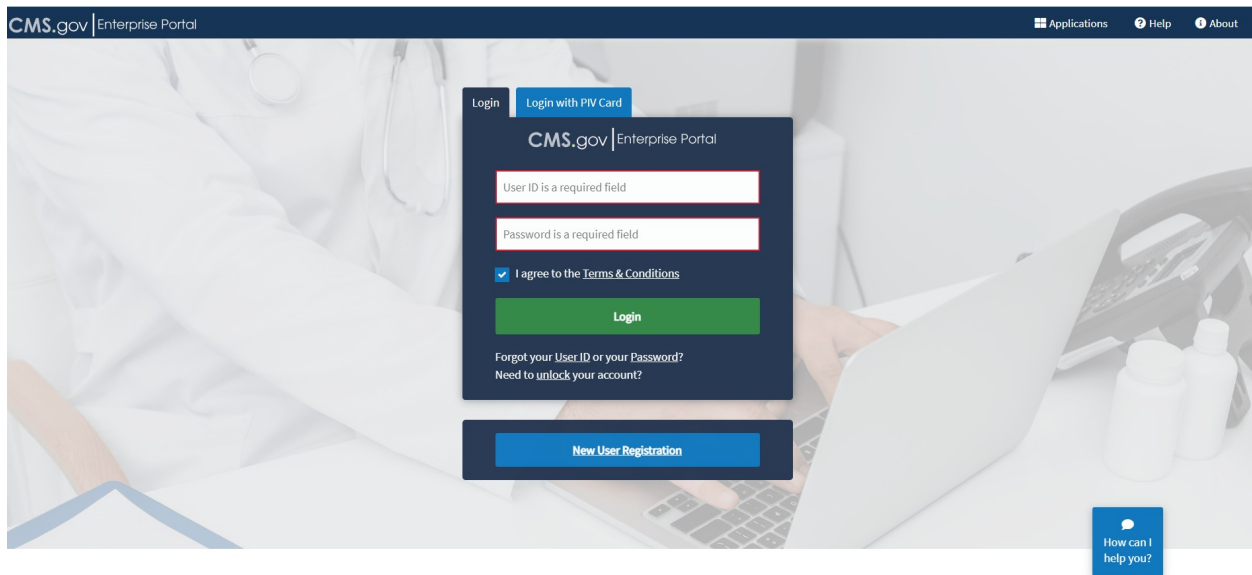


Figure 2: Open Payments System Log in Page (OPS 2.0)

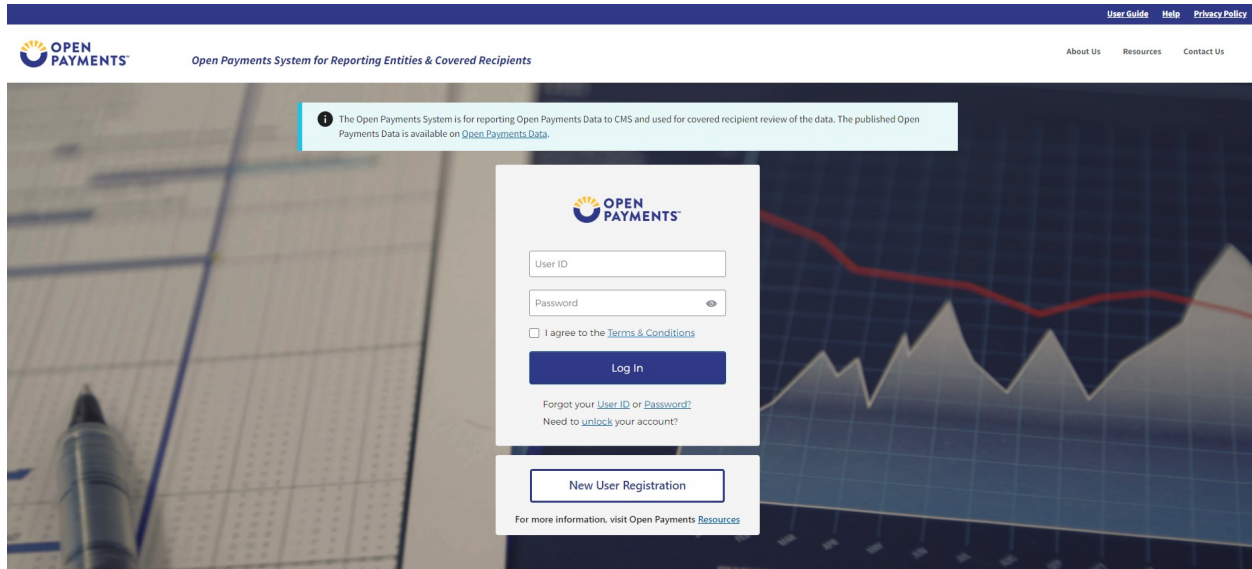


Figure 3: Open Payments Home Page for First-Time System Users (OPS 1.0)

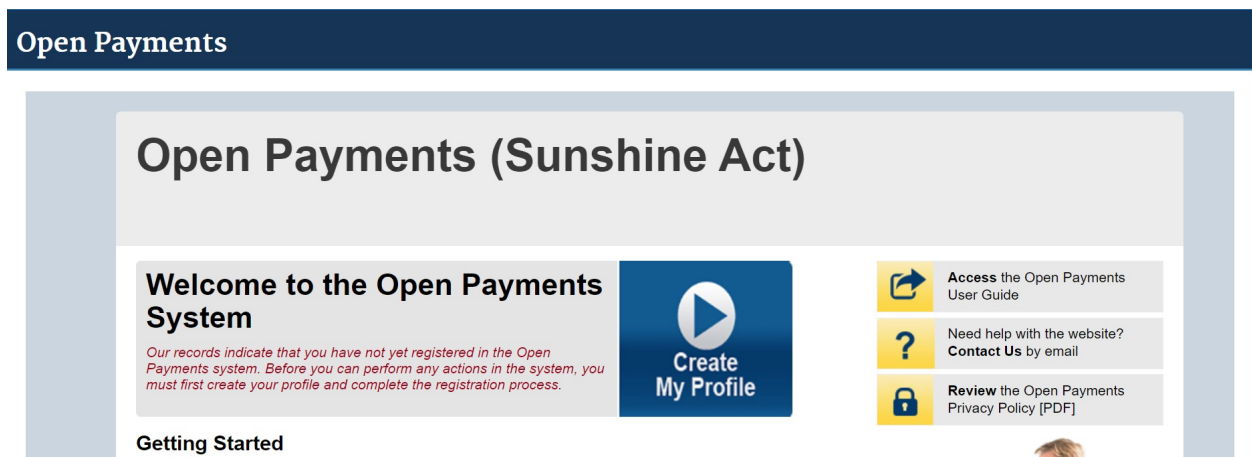




Figure 4: Open Payments Home Page for First-Time System Users (OPS 2.0)

OPEN PAYMENTS

Home About Us Resources Contact Us

Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioner practitioners, and teaching hospitals) on a publicly accessible website.

The Open Payments system requires the annual reporting of these relationships to CMS ([42 CFR Part 403 Subpart I](#)).

**⚠ Create Profile**

Our records indicate that you have not yet created a profile 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 Profile

**Your Current Registration Process**

1 Register through IDM

2 Request access to Open Payments

3 Create profile

**Step 2:** The on-screen text contains important information regarding creating your physician profile. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.




**Note:** To enhance clarity, some larger screenshots will be split. The figure descriptions will describe these instances.

Figure 5a: Create My Profile Page (UPPER HALF) (OPS 1.0)

# Open Payments (Sunshine Act)

## Create Profile

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

-  Access the Open Payments User Guide
-  Need help with the website? **Contact Us** by email
-  Review the Open Payments Privacy Policy [PDF]

## 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioner in the Open Payments system.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has not registered in the Open Payments system, you may register them and then yourself.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payments system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioner must be nominated by the physician or non-physician practitioner.

Figure 5b: Create My Profile Page (LOWER HALF) (OPS 1.0)

### Required Information

Fields for required information are marked with an asterisk.

It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.

A list of required information is available in the ["Required Information for Registration" quick reference guide \[PDF\]](#). This QRG is also available on the [Resources page of the Open Payments website](#).

### Registering as a Physician or a Teaching Hospital

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

### Registering as a Non-Physician Practitioner

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

**When you are ready to begin registration, select "Start Profile."**

[Cancel](#) [Start Profile](#)

Figure 6a: My Profile Page (UPPER HALF) (OP 2.0)

The screenshot shows the top portion of the 'My Profile Page'. At the top left is the 'OPEN PAYMENTS' logo. At the top right are navigation links: 'Home', 'About Us', 'Resources', and 'Contact Us'. Below the navigation is a horizontal line, followed by the heading 'Create Profile' with a blue underline. Underneath is the sub-heading 'Creating a Profile'. The main text explains the registration process, including identifying affiliation and reporting entities. A list of two bullet points provides instructions on how to proceed. Below this is the 'Required Information' section, which contains a yellow box with detailed instructions and a link to the User Guide.

**OPEN PAYMENTS**

Home About Us Resources Contact Us

## Create Profile

### Creating a 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

### Required Information

Fields for required information are marked with an asterisk \*.

It is important that you have all required information available when you begin because registration must be completed in one session. **A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.**

A list of required information can be found in Chapter 3 of the User Guide found on the [Resources page of the Open Payments website](#) and Resources page link will open in a new tab and display the URL <https://www.cms.gov/priorities/key-initiatives/open-payments/resources>

## Figure 6b: Create My Profile Page (LOWER HALF) (OP2.0)

### Registering as a Covered Recipient

**Registering as a Physician or a Teaching Hospital**

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

**Registering as a Non-Physician Practitioner**

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

When you are ready to begin registration, select "Start Profile."

[Back](#)

[Start profile](#)

**Step 3:** Select the profile type **Physician or Non-Physician Practitioner** and select the **Continue** button.

### Figure 7: Select Profile Type Page (OP 1.0)

## Create Profile

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

[Access the Open Payments User Guide](#)

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

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

## Select Profile Type

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

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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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 or Non-Physician Practitioner

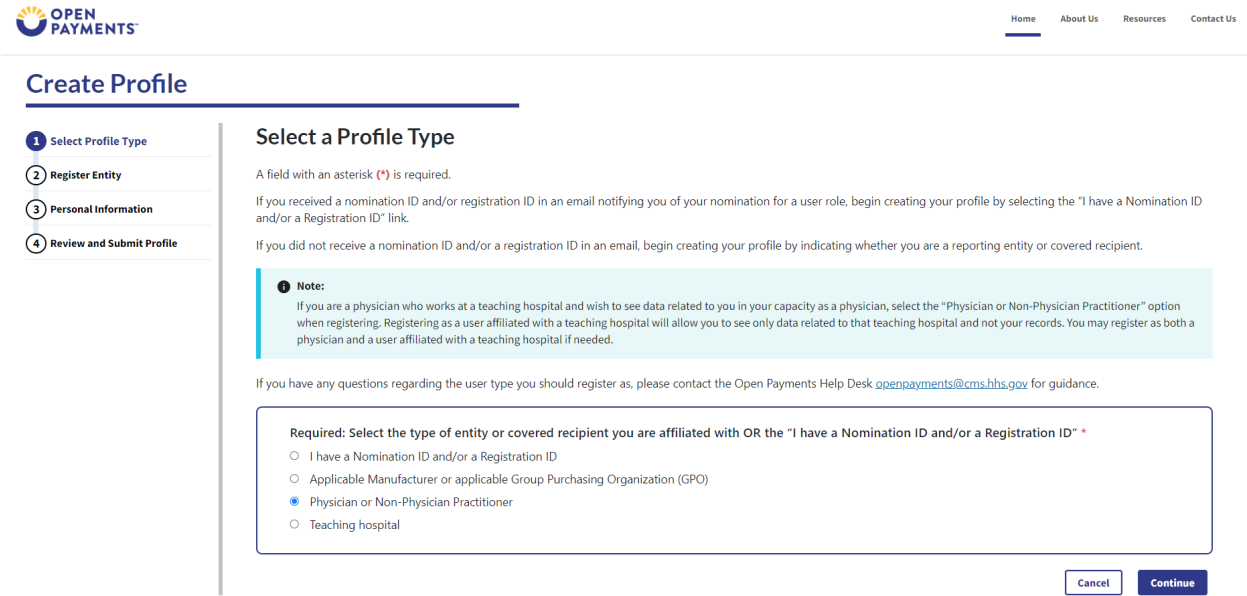
Teaching hospital

----- OR -----

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

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

Figure 8: Select Profile Type Page (OP 2.0)



**Step 4:** Enter your personal and business information. All required fields are marked with an asterisk (\*). You will not be able to proceed with registration until all the required fields are entered. You may register with a foreign address by selecting the "Country" field drop down value other than "United States".

Figure 9a: Covered Recipient Personal Information Page (UPPER PORTION) (OPS 1.0)

# Open Payments (Sunshine Act)

## Create Profile

✓ Select Profile Type

② Personal Information

③ Review and Submit Profile



Access the Open Payments User Guide [PDF]



Need help with the website? Contact Us by email



Review the Open Payments Privacy Policy [PDF]

## Covered Recipient: Personal Information

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

Provide personal and business information below to create the physician or non-physician practitioner profile.

The first name and last name fields have been prepopulated from your CMS Identity Management System (IDM) profile. You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your IDM profile.

**If you are registered with the National Plan & Provider Enumeration System (NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here must match the information in those systems for your registration to be successful.**

Note that once a physician or non-physician practitioner profile has been successfully matched using CMS resources (vetted), the fields prepopulated by IDM 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 [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

### Your Name

\*First Name:

Daniel

Middle Name:

\*Last Name:

Mertz

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

Figure 9b: Covered Recipient Personal Information Page (LOWER PORTION) (OPS 1.0)

### Business Information

Enter your business information below. If you have multiple practice addresses, enter the primary practice location.

**\*Business Email Address:**

**Practice Name:**

### Practice Business Address

**\*Country:**  
 Please Select ▼

**\*Practice Business Address, Line 1:**


**Practice Business Address, Line 2:**

**\*City Name:**  **\*State:** Please Select ▼

**\*Zip Code:**   **\*Business Telephone Number:**

Cancel
Back
Continue

Figure 10a: Covered Recipient Personal Information Page (UPPER PORTION) (OPS 2.0)



[Home](#)
[About Us](#)
[Resources](#)
[Contact Us](#)

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## Create Profile

- 1 Select Profile Type ✔
- 2 Personal Information
- Personal Details
- Covered Recipient Details
- Authorized Representative
- 3 Review and Submit Profile

### Personal Details

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

Provide personal and business information below to create the physician or non-physician practitioner profile.

The first name and last name fields have been prepopulated from your CMS Identity Management System (IDM) profile. You may edit these fields as needed. However, changing this information in Open Payments will not change the corresponding information in your IDM profile.

If you are registered with the National Plan & Provider Enumeration System (NPPES) or the Provider Enrollment, Chain and Ownership System (PECOS), the information you enter here must match the information in those systems for your registration to be successful.

Note that once a physician or non-physician practitioner profile has been successfully matched using CMS resources (vetted), the fields prepopulated by IDM 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 [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

#### Basic Information

<b>First Name *</b>	<b>Last Name *</b>
<input type="text" value="Daniel"/>	<input type="text" value="Mertz"/>
<b>Middle Name</b>	<b>Suffix (Jr., Sr., etc.)</b>
<input type="text"/>	<input type="text"/>

Figure 10b: Covered Recipient Personal Information Page (LOWER PORTION) (OPS 2.0)

**Business Information**

Practice Name

Email Address \*  
dmertz@medco.com

Country \*  
United States

Practice Business Address, Line 1 \*  
123 chicken st

Practice Business Address, Line 2  
Practice Business Address, Line 2

City \*  
Haymarket

State \*  
Texas

Zip Code \*  
78244

Zip Extension  
XXXX

Business Telephone Number \*  
210-602-4955

Back Cancel Continue

**Step 5:** Enter your covered recipient details. All required fields are marked with an asterisk (\*).

Figure 11a: Covered Recipient Details Page (UPPER PORTION) (OPS 1.0)

## Open Payments (Sunshine Act)

**Create Profile**

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

Access the Open Payments User Guide [PDF]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF]

### Covered Recipient: Details

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

Enter the required covered recipient information below.

You must provide your National Provider Identifier (NPI) if you have one.

#### Covered Recipient Identification

\*Covered Recipient Type  
Physician

\*Physician Primary Type:  
Select Primary Type

**National Provider Identification (NPI):**  
This is a 10-digit number  
1689608259

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



Figure 11b: Covered Recipient Details Page (LOWER PORTION) (OPS 1.0)

### Taxonomy Codes

Covered Recipient Taxonomy Code is a lookup field. Start typing a taxonomy code and the system will display a list of taxonomy codes that begin with the characters you have entered. Select the most accurate code and select the "Add" button. This will save the entered code and allow you to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are entered. You may enter up to six taxonomy codes. Any previously entered taxonomy codes may be edited or deleted by selecting the "Edit" or "Delete" buttons. At least one taxonomy code must be selected to continue the registration.

Refer to the Taxonomy/Specialty Lookup Document available on the [Resources page of the Open Payments website](#) for the complete list of taxonomy codes that can be entered. Taxonomy codes not on this list cannot be entered into the system. If an exact match cannot be found, choose the taxonomy code that best identifies your current specialty.

Taxonomy Code:	Actions:
207RA0401X	<input type="button" value="Edit"/>

### State Licensing Information

To enter your license information, select the state and enter the license number in the fields below. Select the "Add" button to save the information to the profile. This will allow you to enter another license if necessary. Enter each state and license number separately until all licenses have been added. You must enter at least one license number; you may add a total of 52 license numbers.

License State:	License Number:	Actions:
Texas	M09306	<input type="button" value="Edit"/>

Figure 12a: Covered Recipient Details Page (UPPER PORTION) (OPS 2.0)

OPEN PAYMENTS

Home About Us Resources Contact Us

## Create Profile

- 1 Select Profile Type
- 2 Personal Information 
  - Personal Details
  - Covered Recipient Details**
  - Authorized Representative
- 3 Review and Submit Profile

### Covered Recipient Details

Enter the required covered recipient information below. A field with an asterisk (\*) is required.  
You must provide your National Provider Identifier (NPI) if you have one.

#### Covered Recipient Identification

**Covered Recipient Type \***  
Physician

**Covered Recipient Primary Type \***  
Doctor of Osteopathy

**National Provider Identification (NPI)**  
(This is a 10-digit number that is required if you (the covered recipient) have an NPI)  
1558507830

**Drug Enforcement Administration (DEA) Number:**  
This is a 9-character alphanumeric ID  
XXXXXXXXXX

Figure 12b: Covered Recipient Details Page (LOWER PORTION) (OPS 2.0)

#### Taxonomy Codes

Covered Recipient Taxonomy Code is a lookup field. Start typing a taxonomy code and the system will display a list of taxonomy codes that begin with the characters you have entered. Select the most accurate code and select the "Add" button. This will save the entered code and allow you to enter another taxonomy code if necessary. Repeat until all your taxonomy codes are entered. You may enter up to six taxonomy codes. Any previously entered taxonomy codes may be deleted by selecting the "Delete" button. At least one taxonomy code must be selected to continue the registration. Refer to the Taxonomy/Specialty Lookup Document available on the [Resources page of the Open Payments website](#) for the complete list of taxonomy codes that can be entered. Taxonomy codes not on this list cannot be entered into the system. If an exact match cannot be found, choose the taxonomy code that best identifies your current specialty

**Taxonomy Code \***  
111N00000X

#### State Licensing Information

To enter your license information, select the state and enter the license number in the fields below. Select the "Add" button to save the information to the profile. This will allow you to enter another license if necessary. Enter each state and license number separately until all licenses have been added. You must enter at least one license number; you may add a total of 52 license numbers.

**License State \*** Texas  **License Number \*** 78244




**Step 6:** You can nominate an individual to serve as your authorized representative within the Open Payments system at this registration point. By default, “Designate an Authorized Representative” will be selected.

Figure 13: Decision to NOT Nominate an Authorized Representative (OPS 1.0)

# Open Payments (Sunshine Act)

## Create Profile

- ✓ Select Profile Type
- ② Personal Information
- Physician Details
  - Authorized Representative**
- ③ Review and Submit Profile

-  Access the Open Payments User Guide [PDF]
-  Need help with the website? **Contact Us** by email
-  Review the Open Payments Privacy Policy [PDF]

## Physician: Authorized Representative

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

A physician may designate an 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 any other person the physician wants to designate.

The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days. If the nominee rejects the role or does not accept the role within the allotted 10 days, the physician may nominate another person.

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

You can nominate an individual now by providing the nominee’s information below or later via the physician profile page in the Open Payments system.

Note: Physician authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open Payments and take action on the nomination. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.

**\*Designate an authorized representative?**

Not now

**Figure 14: Decision to NOT Nominate an Authorized Representative (OPS 2.0)**

## Authorized Representative

All fields are required unless indicated as optional

A covered recipient may designate an authorized representative to take certain actions on their behalf in the Open Payments system. This person can be another covered recipient, an office manager, a practice manager, or any other person the covered recipient wants to designate.

The nominated authorized representative will receive an email stating that they have been nominated for the role. The nominated individual must accept this role in the Open Payments system to become an authorized representative. The nominee will have 10 days to accept or reject the role. The nomination will expire if the nominee does not respond within 10 days. If the nominee rejects the role or does not accept the role within the allotted 10 days, the covered recipient may nominate another person.

### Nominate the Covered Recipient in the Open Payments System

You can nominate an individual by providing the nominee's information below or later via the covered recipient profile page in the Open Payments system.

Note: Covered recipient authorized representative nominees must register in the CMS Identity Management (IDM) system for login credentials before they can log into Open Payments and take action on the nomination. If the nominee accepts the role, they will then be prompted to create an individual profile in the Open Payments system.

Designate an authorized representative? \*

Back

Cancel

Continue

**Step 7:** Review the information entered. Select the **Back** button at the bottom of the page to go back and edit any information. Once you have reviewed the information and determined it is correct, select **Submit**.

Figure 15: Review and Submit Profile Page (UPPER PORTION) (OPS 1.0)

# Open Payments (Sunshine Act)

## Create Profile

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

- Access the Open Payments User Guide [PDF]
- Need help with the website? **Contact Us** by email

## Review and Submit Profile

Review the information on this page to ensure it is correct. Select "Back" to navigate to the previous pages to correct any invalid information. Select "Submit Profile" to submit your profile.

### Personal Information

**Name:** Daniel Mertz

**Business Email Address:** dmertz@dfklhg.com

**Business Telephone Number:** 485-217-0259

**Practice Name:**

**Practice Business Address:** 623 LAFAYETTE AVENUE  
Hawthorne, Texas 78244  
US

Figure 15b: Review and Submit Profile Page (BOTTOM PORTION) (OPS 1.0)

**Review** the Open Payments Privacy Policy [PDF]

## Physician Information

**Primary Type:**  
Doctor of Osteopathy

**National Provider Identifier (NPI):** 1689608259

**Drug Enforcement Administration (DEA) Number:**

**Taxonomy Codes:**  
111N00000X - Chiropractic Providers|Chiropractor

**State Licenses:** Texas - M09306

[Cancel](#) [Back](#) [Submit](#)

Figure 16: Review and Submit Profile Page (OPS 2.0)

**OPEN PAYMENTS**

User Guide Help Privacy Policy Andy Smith

Home About Us Resources Contact Us

### Create Profile

- Select Profile Type ✓
- Personal Information ✓
  - Personal Details ✓
  - Covered Recipient Details ✓
  - Authorized Representative ✓
- Review and Submit Profile

#### Review and Submit Profile

Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any Information. Select the "Continue" button to submit your profile.

Personal Information
<b>Name:</b> Andy Smith
<b>Business Email Address:</b> sbliss@index-analytics.com
<b>Business Telephone Number:</b> 210-602-4955
<b>Practice Name:</b> Doctor Andy
<b>Practice Business Address:</b> 6610 Cypress Lake Drive Houston TX 78244 TX, 78244, US

Covered Recipient Information
<b>Primary Type:</b> Doctor of Optometry
<b>National Provider Identifier (NPI):</b> 1558507830
<b>Drug Enforcement Administration (DEA) Number:</b>
<b>Taxonomy Codes:</b> 111N00000X
<b>State Licenses:</b> TX-78244

The following message in Figure 9 will appear on-screen to confirm your profile has been successfully created. If you choose to designate an authorized representative, an email notification with a nomination ID will be sent to the nominated individual.

Figure 17: Registration Complete On-Screen Message (OPS 1.0)

# Open Payments (Sunshine Act)

Physician or Non-Physician Practitioner [Switch User Type](#)

## Create Profile

- ✓ Select Profile Type
- ✓ Physician Information
- ✓ Authorized Representative
- ✓ Review and Submit Profile

## Success Confirmed

You have successfully created a physician profile for Karen Miller.

You may now:

- Go to [Open Payments Home](#)
- Refer to the [Open Payments User Guide \[PDF, 28.8 MB\]](#) for further information

**Note:** You will not be able to take any actions in the Open Payments system related to this profile until your identity as a physician is successfully vetted. This vetting process should be completed within 24 hours.


If you are not successfully vetted, contact the Open Payments Help Desk by email at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) or by telephone at 855-326-8366. More information on vetting is available in the [Open Payments User Guide \[PDF, 28.8 MB\]](#).

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

-  **Access** the Open Payments User Guide [PDF, 28.8 MB]
-  Need help with the website? **Contact Us** by email
-  **Review** the Open Payments Privacy Policy [PDF, 102 KB]

Figure 18: Registration Complete On-Screen Message (OPS 2.0)

## Registration Complete ✕

 **Success:**  
You have successfully submitted profile information for Doctor Andy.

You may now go to [Open Payments Home](#). You will receive an email confirming that a profile was submitted. The email confirmation message will have the covered recipient registration ID.

The covered recipient will undergo vetting. You will receive an email with the results of the vetting soon. The covered recipient will be successfully registered in the Open Payments system if it passes vetting. You can refer to the [Open Payments User Guide \[PDF\]](#) for further information.

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

[Continue to Open Payments Home Page](#)

## Creating an Open Payments Profile as a Teaching Hospital (First Time System Users)

If you are registering a teaching hospital and are a first-time user in the Open Payments system, follow the steps below.

**Step 1:** Log in to the Open Payments system at <https://openpayments.system.cms.gov> using your IDM credentials and agree to the Terms and Conditions.

After selecting the **Log in** button verify your identity using the Multi-Factor Authentication (MFA). The email address you input during IDM registration is the default MFA device.

Figure 19: Open Payments System Log in Page (OPS 1.0)

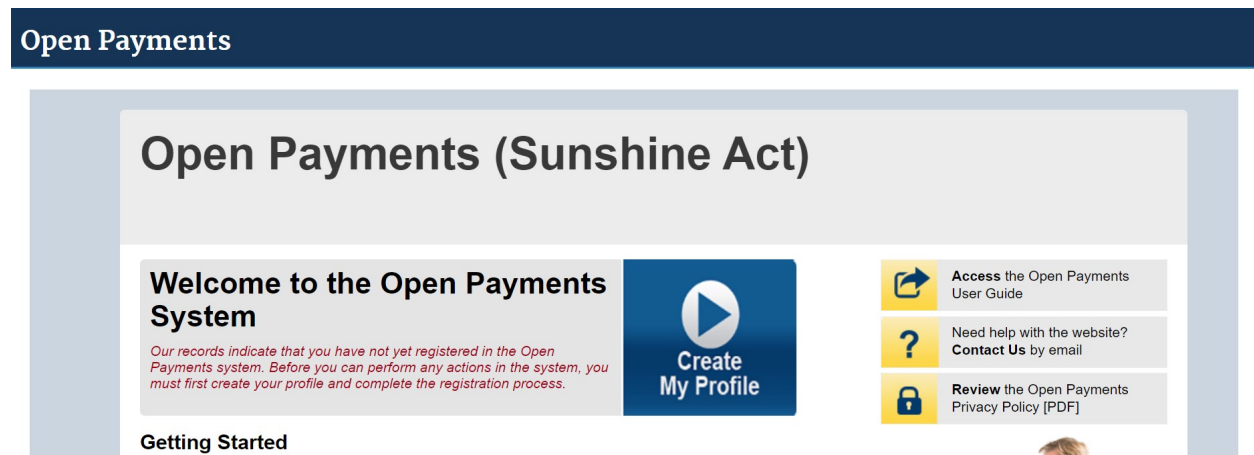
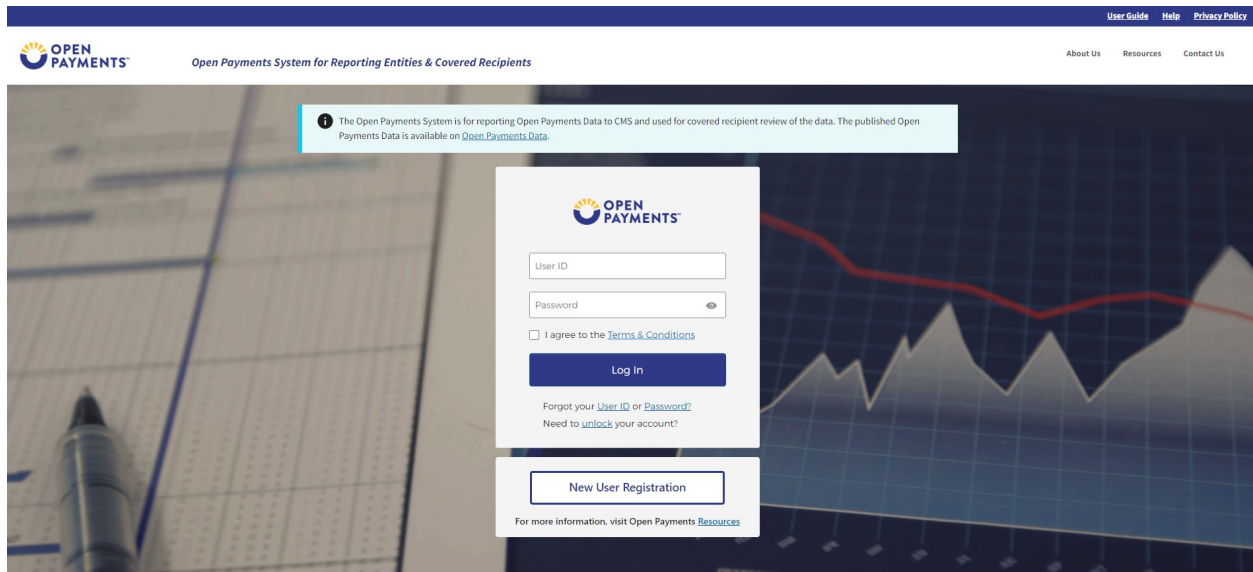




Figure 20: Open Payments System Log in Page (OPS 2.0)



**Step 2:** The on-screen text contains important information regarding creating your physician profile. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

**Note:** To enhance clarity, some larger screenshots will be split. The figure descriptions will describe these instances.

Figure 21a: Create My Profile Page (UPPER PORTION) (OPS 1.0)

# Open Payments (Sunshine Act)

## Create Profile

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



Access the Open Payments User Guide



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Review the Open Payments Privacy Policy [PDF]

## 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioner in the Open Payments system.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has not registered in the Open Payments system, you may register them and then yourself.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payments system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioner must be nominated by the physician or non-physician practitioner.

Figure 21b: Create My Profile Page (LOWER PORTION) (OPS 1.0)

### Required Information

Fields for required information are marked with an asterisk.

It is important that you have all required information available when you begin because registration must be completed in one session. A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.

A list of required information is available in the ["Required Information for Registration" quick reference guide \[PDF\]](#). This QRG is also available on the [Resources page of the Open Payments website](#).

### Registering as a Physician or a Teaching Hospital

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

### Registering as a Non-Physician Practitioner

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

**When you are ready to begin registration, select "Start Profile."**

[Cancel](#) [Start Profile](#)

Figure 22a: Create My Profile Page (UPPER PORTION) (OPS 2.0)

**OPEN PAYMENTS**

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## Create Profile

### Creating a 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payment system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

### Required Information

Fields for required information are marked with an asterisk \*.

It is important that you have all required information available when you begin because registration must be completed in one session. **A registration session will time out after 30 minutes of inactivity. If that occurs, all information entered during that session will be lost.**

A list of required information can be found in Chapter 3 of the User Guide found on the [Resources page of the Open Payments website](#) and Resources page link will open in a new tab and display the URL <https://www.cms.gov/priorities/key-initiatives/open-payments/resources>

## Figure 22b: Create My Profile Page (LOWER PORTION) (OP2.0)

### Registering as a Covered Recipient

**Registering as a Physician or a Teaching Hospital**

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

Physicians should register themselves in the Open Payments system and not delegate this task to another individual.

**Registering as a Non-Physician Practitioner**

If you are registering as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant, select the "Physician or Non-Physician Practitioner" option when registering. If you are a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant who works at a teaching hospital and wish to see data related to you in your capacity as a non-physician practitioner, select the "Physician or Non-Physician Practitioner" option when registering.

When you are ready to begin registration, select "Start Profile."

[Back](#)

[Start profile](#)

**Step 3:** Select the profile type **Teaching hospital** and select the **Continue** button.

## Figure 23: Select Profile Type Page (OPS 1.0)

### Create Profile

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

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

## Select Profile Type

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

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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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 or Non-Physician Practitioner

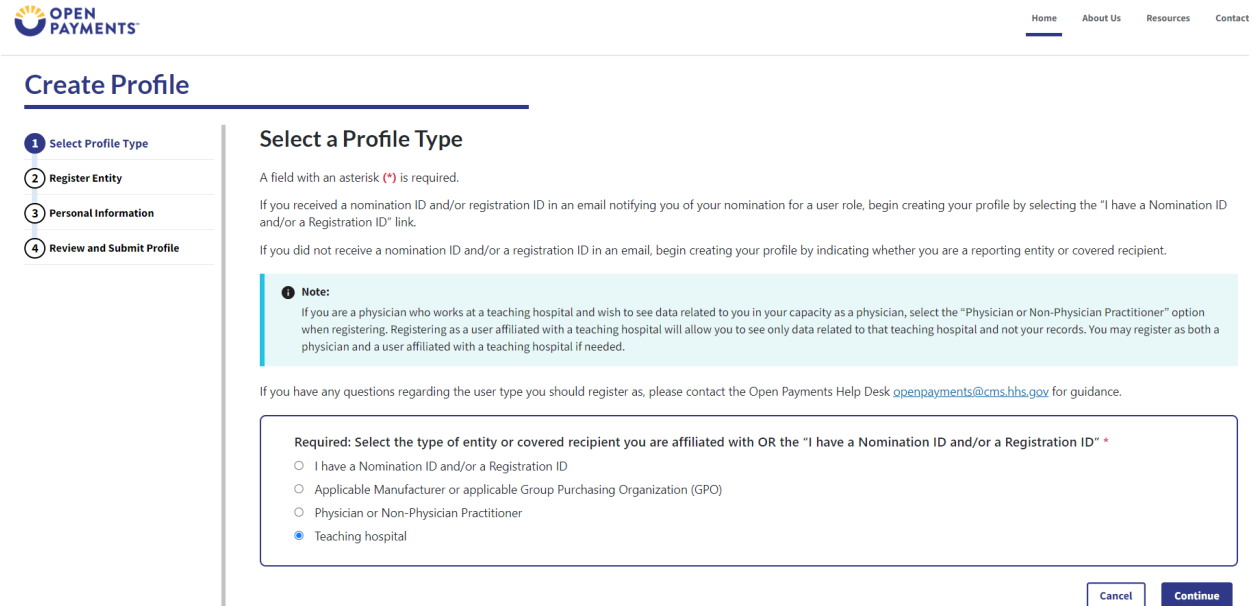
Teaching hospital

----- OR -----

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

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

Figure 24: Select Profile Type Page (OPS 2.0)



**Step 4:** Search for the teaching hospital by selecting the appropriate state, teaching hospital legal name, teaching hospital business address, and Taxpayer Identification Number (TIN) from the dropdowns and select **Search**.

Figure 25a: Teaching Hospital Search Page (UPPER PORTION) (OPS 1.0)



Figure 25b: Teaching Hospital Search Page (LOWER PORTION) (OPS 1.0)

\*State Where Teaching Hospital is Located:  
Hawaii

\*Teaching Hospital Doing Business As Name:  
The Queens Medical Center

\*Taxpayer Identification Number (TIN):  
990073524

\*Teaching Hospital Business Address:  
1301 Punchbowl St Honolulu HI 96813

Search

Cancel Back

Figure 26a: Teaching Hospital Search Page (UPPER PORTION) (OPS 2.0)

OPEN PAYMENTS

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### Create Profile

- 1 Select Profile Type
- 2 Teaching Hospital
  - Search
  - Register Teaching Hospital
  - Your Role
  - Nominate Roles
- 3 Personal Information
- 4 Review and Submit Profile

#### Search Teaching Hospital

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

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

For assistance, you can refer to the [Teaching Hospital List](#), available on the [Resources page of the Open Payments website](#). The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.

If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.

[Register for Prior Program Year](#)

Search

Back Cancel Continue

Figure 26b: Teaching Hospital Search Page (LOWER PORTION) (OPS 2.0)

State Where Teaching Hospital is Located \*  
Hawaii

Teaching Hospital Doing Business As Name \*  
The Queens Medical Center

Taxpayer Identification Number (TIN) \*  
990073524

Teaching Hospital Business Address \*  
1301 Punchbowl St Honolulu HI 96813

Search

Back Cancel Continue

Step 5: Review the information displayed on the page. Select the **Continue** button if the information displayed is the teaching hospital you wish to register.

Figure 27a: Teaching Hospital Search Page Search Results (UPPER PORTION) (OPS 1.0)

### Create Profile

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- ③ Personal Information
- ④ Review and Submit Profile

---

- Access** the Open Payments User Guide [PDF]
- Need help with the website? **Contact Us** by email
- Review** the Open Payments Privacy Policy [PDF]

## Teaching Hospital: Search

---

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

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

For assistance, you can refer to the [Teaching Hospital List](#), available on the [Resources page of the Open Payments website](#). The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.

If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.

[Search Teaching Hospitals for Prior Program Year](#)

Figure 27b: Teaching Hospital Search Page Search Results (LOWER PORTION) (OPS 1.0)

**\*State Where Teaching Hospital is Located:**

**\*Teaching Hospital Doing Business As Name:**

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

**\*Teaching Hospital Business Address:**

**Search**

---

### Teaching Hospital Search Results

**This teaching hospital is not yet registered in the Open Payments system:**

The Queens Medical Center  
 1301 Punchbowl St  
 Honolulu, HI 96813  
 TIN: 990073524

**Cancel**
**Back**

Figure 28a: Teaching Hospital Search Page Search Results (UPPER PORTION) (OPS 2.0)

The screenshot shows the 'Create Profile' page with a navigation menu on the left containing: 1. Select Profile Type (checked), 2. Teaching Hospital (active), 3. Personal Information, and 4. Review and Submit Profile. The 'Search Teaching Hospital' section includes instructions: 'A field with an asterisk (\*) is required.' and 'To register a teaching hospital for the current program year, select the correct information from each of the dropdown fields below and select the "Search" button. If the teaching hospital is not listed in the search results, select the "Register for Prior Program Year" link to register for a prior year.' It also provides a link to the 'Teaching Hospital List' and a note for physicians. A 'Register for Prior Program Year' link is visible at the bottom of the section.

Figure 28b: Teaching Hospital Search Page Search Results (LOWER PORTION) (OPS 2.0)

The screenshot shows the search results section. It features a form with four dropdown menus: 'State Where Teaching Hospital is Located \*' (Hawaii), 'Teaching Hospital Doing Business As Name \*' (The Queens Medical Center), 'Taxpayer Identification Number (TIN) \*' (990073524), and 'Teaching Hospital Business Address \*' (1301 Punchbowl St Honolulu HI 96813). A 'Search' button is located at the bottom right of the form. Below the form, the section is titled 'Teaching Hospital Search Results' and contains the text: 'This teaching hospital is not yet registered in the Open Payments system: The Queens Medical Center, 1301 Punchbowl St, Honolulu, HI 96813, TIN: 990073524'. A note states: 'To begin registering a teaching hospital, select the "Continue" button.' At the bottom, there are 'Back', 'Cancel', and 'Continue' buttons.

**Step 6:** Review the information displayed on the page. When complete, select the **Continue** button.



Figure 29: Register Teaching Hospital Page (OPS 1.0)

**Create Profile**

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- Register Teaching Hospital**
- Your Role
- Nominate Roles
- ③ Personal Information
- ④ Review and Submit Profile

Access the Open Payments User Guide [PDF]

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Review the Open Payments Privacy Policy [PDF]

## Teaching Hospital: Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to register.

To proceed with registering this teaching hospital, select the "Continue" button. To change your search criteria and find a different teaching hospital, select the "Back" button.

**The Queens Medical Center**

**Business Address:**  
1301 Punchbowl St  
Honolulu, HI 96813

**Taxpayer Identification Number (TIN):**  
990073524

Cancel Back Continue

Figure 30: Register Teaching Hospital Page (OPS 2.0)

**OPEN PAYMENTS**

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## Create Profile

- ① Select Profile Type ✓
- ② Teaching Hospital ✓
- Register Teaching Hospital**
- Your Role
- Nominate Roles
- ③ Personal Information
- ④ Review and Submit Profile

### Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to register. To proceed with registering this teaching hospital, select the "Continue" button. To change your search criteria and find a different teaching hospital, select the "Back" button.

**The Queens Medical Center**

**Business Address:**  
1301 Punchbowl St,  
Honolulu, HI 96813

**Taxpayer Identification Number (TIN):**  
990073524

Back Cancel Continue

**Step 7:** Review the information generated by the system related to your role. You must select the role of "Authorized Official" for yourself to proceed with registration.

Figure 31: Teaching Hospital Your Role Page (OPS 1.0)

**Create Profile**

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- Register Teaching Hospital
- Your Role**
- Nominate Roles
- ③ Personal Information
- ④ Review and Submit Profile

---

- Access the Open Payments User Guide [PDF]
- Need help with the website? **Contact Us** by email
- Review the Open Payments Privacy Policy [PDF]

## Teaching Hospital: Your Role

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

To register a teaching hospital, you must take the role of authorized official with the teaching hospital. Enter your personal information below to create your profile and take the role of authorized official.

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.

<b>*First Name:</b>	<b>Middle Name:</b>
<input type="text" value="John"/>	<input type="text"/>
<b>*Last Name:</b>	<b>Suffix (Jr., Sr., etc.):</b>
<input type="text" value="Jacob"/>	<input type="text"/>
<b>*Email Address:</b>	<b>*Business Phone:</b>
<input type="text" value="jjacob@hjgh.com"/>	<input type="text" value="999-999-9999"/>
	<input type="text" value="541-584-2035"/>

Cancel
Back
Continue

Figure 32a: Teaching Hospital Your Role Page (UPPER HALF) (OPS 2.0)

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### Create Profile

- ① Select Profile Type ✓
- ② Teaching Hospital
- Search ✓
- Register Teaching Hospital ✓
- Your Role
- Nominate Roles
- ③ Personal Information
- ④ Review and Submit Profile

## Your Role

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

To register a teaching hospital, you must take the role of authorized official with the teaching hospital.

Enter your personal information below to create your profile and take the role of authorized official.

The user roles are as follows: +

**Choose your role \***

- Authorized Official:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsible for approving/denying nominations made by others as well as deactivating users.
- Authorized Representative:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital.

**Figure 32b: Teaching Hospital Your Role Page (LOWER HALF) (OPS 2.0)**

### Your Role Related Information

Enter your personal information below.

<p><b>First Name *</b></p> <input type="text" value="John"/>	<p><b>Last Name *</b></p> <input type="text" value="Jacob"/>
<p><b>Middle Name</b></p> <input type="text"/>	<p><b>Suffix (Jr., Sr., etc.)</b></p> <input type="text"/>
<p><b>Email Address *</b></p> <input type="text" value="jjacob@jsdfkhgjk.com"/>	<p><b>Business Telephone Number *</b></p> <input type="text" value="248-752-1502"/>

[Back](#)

[Continue](#)

**Step 8:** You may choose to nominate additional users to fill the authorized official or authorized representative roles. To do so, select **Add** to nominate any additional individual(s). If you choose not to add nominees at this time, select the **Continue** button without adding any nominee information and proceed to Step 9.

**Figure 33a: Teaching Hospital Nominate Roles Page (UPPER PORTION) (OPS 1.0)**

**Create Profile**

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

**Access** the Open Payments User Guide [PDF]

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## Teaching Hospital: Nominate Roles

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

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

- Authorized Official:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital
  - May approve or modify user role nominations
  - May deactivate users from the teaching hospital
- Authorized Representative:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital

Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Figure 33b: Teaching Hospital Nominate Roles Page (LOWER PORTION) (OPS 1.0)

### Add Nominee

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to five can be 5 authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role:	Name:	Business Email:	Business Phone Number:	Actions:
Authorized Official	John Jacob	jjacob@hgh.com	541-584-2035	(YOU)

Add

Cancel

Back

Continue

Figure 34a: Teaching Hospital Nominate Roles Page (UPPER PORTION) (OPS 2.0)

## Create Profile

- 1 Select Profile Type ✓
- 2 Teaching Hospital
  - Search ✓
  - Register Teaching Hospital ✓
  - Your Role ✓
  - Nominate Roles
- 3 Personal Information
- 4 Review and Submit Profile

### Nominate Roles

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

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

User Roles	+
------------	---

**Note:** Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Figure 34b: Teaching Hospital Nominate Roles Page (LOWER PORTION) (OPS 2.0)

### Add Nominee

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to 5 can be authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role	First Name	Last Name	Business Email Address	Business Phone Number	Status	Actions
Authorized Official	John	Jacob	jjacob@jsdfkhgjk.com	248-752-1502	Approved	(YOU)

Add

Back

Cancel

Continue

**Step 8a:** If you selected **Add**, enter the required information for one individual and select either “Authorized Official” or “Authorized Representative” to nominate the individual for the selected role. Information on teaching hospital user roles is available in Section 3.4c. When you have entered the information, select **Add**.

**Figure 35a: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 1/4) (OPS 1.0)**

**Create Profile**

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- Register Teaching Hospital
- Your Role
- Nominate Roles
- ③ Personal Information
- ④ Review and Submit Profile

---

- Access** the Open Payments User Guide [PDF]
- Need help with the website? **Contact Us** by email
- Review** the Open Payments Privacy Policy [PDF]

## Teaching Hospital: Nominate Roles

---

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

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

- Authorized Official:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital
  - May approve or modify user role nominations
  - May deactivate users from the teaching hospital
- Authorized Representative:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital

Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

**Figure 35b: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 2/4) (OPS 1.0)**

### Add Nominee

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to five can be 5 authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role:	Name:	Business Email:	Business Phone Number:	Actions:
Authorized Official	John Jacob	jjacob@hjgh.com	541-584-2035	(YOU)

Figure 35c: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 3/4) (OPS 1.0)

### Nominee Information

<b>*First Name:</b> George	<b>Middle Name:</b> 
<b>*Last Name:</b> Prescott	<b>Suffix (Jr., Sr., etc.):</b> 
<b>*Email Address:</b> gprescott@kdfhgj.com	<b>*Business Phone Number:</b> 999-999-9999 514-876-2035
<b>*Job Title:</b> Administrator	

Figure 35d: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 4/4) (OPS 1.0)

**\*Indicate the role this person will have:**

**Authorized Official:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsible for approving/denying nominations made by others as well as deactivating users

**Authorized Representative:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital.

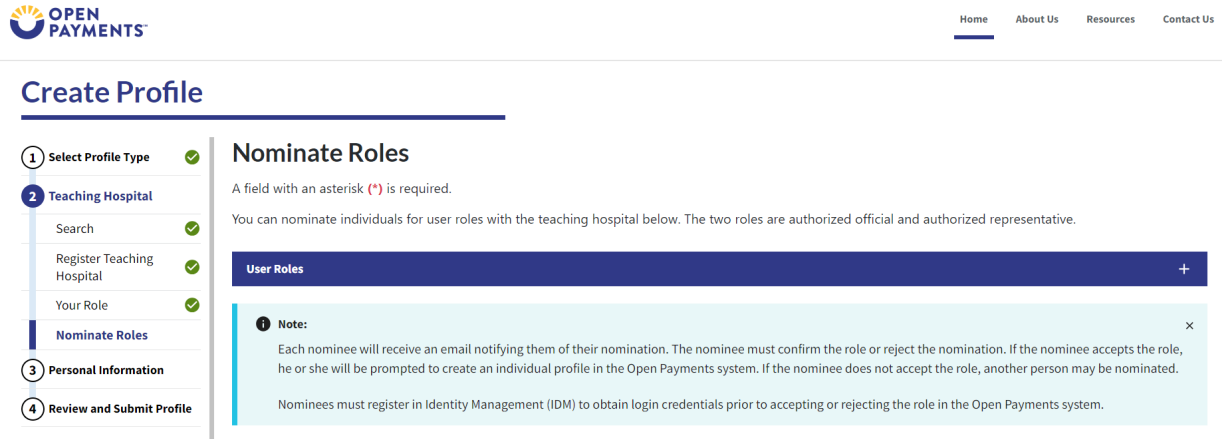
**Business Address:**

**\*Business Address, Line 1:**  
456 George Street

**Business Address, Line 2:**

<b>*City Name:</b> Lakeland	<b>*State:</b> Texas	<b>*Zip Code:</b> 99999 9999 78244
--------------------------------	-------------------------	--

Figure 36a: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 1/4) (OPS 2.0)



**1** Select Profile Type ✓

**2** Teaching Hospital

Search ✓

Register Teaching Hospital ✓

Your Role ✓

**Nominate Roles**

**3** Personal Information

**4** Review and Submit Profile

## Nominate Roles

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

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

User Roles	+
------------	---

**Note:**

Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

Figure 36b: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 2/4) (OPS 2.0)

### Add Nominee

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to 5 can be authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role	First Name	Last Name	Business Email Address	Business Phone Number	Status	Actions
Authorized Official	John	Jacob	jjacob@jsdfkhgjk.com	248-752-1502	Approved	(YOU)

Figure 36c: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 3/4) (OPS 2.0)

### Nominee Information

**First Name \***

**Last Name \***

**Middle Name**

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

**Email Address \***

**Business Telephone Number \***

**Job title \***

Figure 36d: Teaching Hospital Nominate Roles Page Add Nominee (PORTION 4/4) (OPS 2.0)

**Business Address**

**Business Address, Line 1 \***  
546 Center Street

**Business Address, Line 2**  
Business Address, Line 2

**City \*** Lakeland      **State \*** Texas      **Zip Code \*** 78244      **Zip Extension** XXXX

If you entered any nominees, you would see the nominee information displayed on the page. Confirm the information and when complete select the **Continue** button.

Figure 37a: Teaching Hospital Nominate Roles Page with Added Nominees (UPPER PORTION) (OPS 1.0)

**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]

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Review the Open Payments Privacy Policy [PDF]

## Teaching Hospital: Nominate Roles

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

### Confirmation:

- Your nominee has been successfully added.

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

- Authorized Official:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital
  - May approve or modify user role nominations
  - May deactivate users from the teaching hospital
- Authorized Representative:
  - May review and dispute records associated with the teaching hospital
  - May nominate individuals for user roles with the teaching hospital

Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.



**Figure 37b: Teaching Hospital Nominate Roles Page with Added Nominees (LOWER PORTION) (OPS 1.0)**

### Add Nominee

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to five can be 5 authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role:	Name:	Business Email:	Business Phone Number:	Actions:
Authorized Official	John Jacob	jjacob@hjgh.com	541-584-2035	(YOU)
Authorized Representative	George Prescott	gprescott@jkdfhgj.com	514-876-2035	<a href="#">Edit</a> <a href="#">Delete</a>

[Add](#)

[Cancel](#)

[Back](#)

[Continue](#)

**Figure 38a: Teaching Hospital Nominate Roles Page with Added Nominees (UPPER PORTION) (OPS 2.0)**



## Create Profile

- 1 Select Profile Type ✔
- 2 Teaching Hospital ✔
  - Search ✔
  - Register Teaching Hospital ✔
  - Your Role ✔
  - Nominate Roles ✔
- 3 Personal Information ❗
- 4 Review and Submit Profile

### Nominate Roles

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

You can nominate individuals for user roles with the teaching hospital below. The two roles are authorized official and authorized representative.

**Confirmation:** ×

Your nominee has been successfully added.

User Roles
+

**Note:** ×

Each nominee will receive an email notifying them of their nomination. The nominee must confirm the role or reject the nomination. If the nominee accepts the role, he or she will be prompted to create an individual profile in the Open Payments system. If the nominee does not accept the role, another person may be nominated.

Nominees must register in Identity Management (IDM) to obtain login credentials prior to accepting or rejecting the role in the Open Payments system.

**Figure 38b: Teaching Hospital Nominate Roles Page with Added Nominees (LOWER PORTION) (OPS 2.0)**

**Add Nominee**

You may nominate individuals below. An individual can be nominated for only one user role with a teaching hospital.

Select the "Add" button to open information fields for a nominee. Enter an individual's information in the fields below and the role for which they are nominated, then select the "Add" button again to save the information and open another set of information fields. A teaching hospital can have up to 10 active users, of whom up to 5 can be authorized officials.

A nominee has 10 calendar days to accept or reject the role. After 10 calendar days, the nomination will be deactivated.

Role	First Name	Last Name	Business Email Address	Business Phone Number	Status	Actions
Authorized Official	John	Jacob	sbliss@index-analytics.com		Approved	(YOU)
Authorized Representative	George	Stevens	gstevens@dfgsdf.com	542-015-7514	Nomination Approved	<input type="button" value="Delete"/> <input type="button" value="Edit"/>

**Step 9:** Enter your personal and business information. When finished, select the **Continue** button.

**Figure 39a: Personal Information Page (UPPER PORTION) (OPS 1.0)**

**Create Profile**

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

---

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- Need help with the website? **Contact Us** by email
- Review** the Open Payments Privacy Policy [PDF]

## Personal Information

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

Add the requested personal and business information to your user profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid information.

Note that any 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 Identity Management (IDM) accounts.

### Your Name

**\*First Name:**  **\*Last Name:**

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

Figure 39b: Personal Information Page (LOWER PORTION) (OPS 1.0)

### Business Address

**\*Job Title:**


**\*Business Email Address:**  **\*Business Telephone Number:**

**\*Business Address, Line 1:**

**Business Address, Line 2:**

**\*City Name:**  **\*State:**  **\*Zip Code:**

Figure 40a: Personal Information Page (UPPER PORTION) (OPS 2.0)



[Home](#) [About Us](#) [Resources](#) [Contact Us](#)

## Create Profile

- 1 Select Profile Type ✔
- 2 Teaching Hospital ✔
  - Search ✔
  - Register Teaching Hospital ✔
  - Your Role ✔
  - Nominate Roles ✔
- 3 Personal Information ! ❌
- 4 Review and Submit Profile

### Personal Information

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

Add the requested personal and business information to your user profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid information.

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

#### Basic Information

<b>First Name *</b>	<b>Last Name *</b>
<input type="text" value="John"/>	<input type="text" value="Jacob"/>
<b>Middle Name</b>	<b>Suffix (Jr., Sr., etc.)</b>
<input type="text"/>	<input type="text"/>



Figure 41b: Review and Submit Profile Page (LOWER PORTION) (OPS 1.0)

**Nominations:**

Role:	First Name:	Last Name:	Business Email Address:	Business Telephone Number:
Authorized Official	John	Jacob	jjacob@hjgh.com	541-584-2035
Authorized Representative	George	Prescott	gprescott@jkdfhgj.com	514-876-2035

Cancel

Back

Continue

Figure 42: Review and Submit Profile Page (UPPER PORTION) (OPS 2.0)



Create Profile

- 1 Select Profile Type ✓
- 2 Teaching Hospital ✓
  - Search ✓
  - Register Teaching Hospital ✓
  - Your Role ✓
  - Nominate Roles ✓
- 3 Personal Information ✓
- 4 Review and Submit Profile

Review and Submit Profile

Review the information entered in the previous sections. Select the "Back" button to navigate to the previous page(s) and correct any incorrect information. Select the "Submit" button to submit your profile.

**Teaching Hospital information**

**Teaching Hospital Name:** The Queens Medical Center  
**Teaching Hospital Business Address:**  
 1301 Punchbowl St  
 Honolulu HI 96813  
**Taxpayer Identification Number (TIN):** 990073524  
**Your Role:** Authorized Official  
**First Name:** John  
**Middle Name:**  
**Last Name:** Jacob  
**Suffix:**  
**Business Email Address:** jjacob@jklgukl.com  
**Business Telephone Number:** 210-542-8745  
**Job Title:** Administrator  
**Business Address, Line 1:** 3502 Stagecoach Lane  
**Business Address, Line 2:**  
**City Name:** Bogdon  
**State:** TX

Figure 42b: Review and Submit Profile Page (LOWER PORTION) (OPS 2.0)

Zip Code: 78234

**Nominations**

Role:	First Name:	Last Name:	Business Email Address:	Business Phone Number:	Status:
Authorized Official	John	Jacob	jjacob@jklgukl.com	210-542-8745	Approved
Authorized Representative	George	Stevens	gstevens@dfgsdf.com	542-015-7514	Nomination Approved


Back Cancel Submit


The following message will appear on-screen to confirm your profile has been successfully created.


Figure 43: Success Confirmed On-Screen Message (OPS 1.0)

### Create Profile

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

 **Access** the Open Payments User Guide [PDF]

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 **Review** the Open Payments Privacy Policy [PDF]

## Success Confirmed

You have successfully submitted The Queens Medical Center profile information and created your own profile, John Jacob

You may now:


- Go to [Open Payments Home](#)

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

Figure 44: Success Confirmed On-Screen Message (OPS 2.0)

## Registration Complete

×

 **Success:**  
You have successfully submitted for The Queens Medical Center profile information and created your own profile, John Jacob.

You may now go to [Open Payments Home](#).

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

[Continue to Open Payments Home Page](#)

# Registering a Teaching Hospital (Returning System Users)

Step 1: Select the **Manage Teaching Hospitals** tab on the home page.

Figure 45: Open Payments Home Page for Returning System Users (OPS 1.0)

**Home** **Review and Dispute** **Manage Teaching Hospitals** **My Profile** **Utilities** **Messages** **Resources**

## Welcome to the Open Payments System

You can manage your user profile and perform the actions associated with your profile.

- Access** the Open Payments User Guide [PDF]
- Need help with the website? **Contact Us** by email
- Review** the Open Payments Privacy Policy [PDF]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0938-1237. The time required to complete this information collection can range from 1 to 30,000 hours per entity depending on the size and type of organization. This information collection may involve registration, data submission, attestation, dispute and dispute resolution processes. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Figure 46: Open Payments Home Page for Returning System Users (OPS 2.0)

**OPEN PAYMENTS**

[Home](#) [Review and Dispute](#) [Manage Teaching Hospitals](#) [Messages](#) [Contact Us](#) [Resources](#)

Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioners, and teaching hospitals) on a publicly accessible website.

The Open Payments system requires the annual reporting of these relationships to CMS ([42 CFR Part 403 Subpart I](#)).

Welcome to the Open Payments System

**Step 2:** From the “Manage Teaching Hospitals” page, select, **Register New Teaching Hospital.**

**Figure 47: Manage Teaching Hospitals Page (OPS 1.0)**

**Manage Teaching Hospitals**

Below are the teaching hospitals with which you are affiliated. To view details and manage user roles, select a teaching hospital from the list below. You may register a new teaching hospital by selecting the "Register New Teaching Hospital" button.

[Register New Teaching Hospital](#)

**Your Teaching Hospitals**

Doing Business As (DBA) Name:	TIN:	Address:	Status:
<a href="#">The Queens Medical Center</a>	99-0073524	1301 Punchbowl St Honolulu HI 96813	Registered

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

**Figure 48: Manage Teaching Hospitals Page (OPS 2.0)**

**OPEN PAYMENTS**

Home Review and Dispute **Manage Teaching Hospitals** Messages Contact Us Resources

**Manage Teaching Hospitals**

Below are the teaching hospitals with which you are affiliated. To view details and manage user roles, select a teaching hospital from the list below. You may register a new teaching hospital by selecting the "Register New Teaching Hospital" button.

Doing Business As (DBA) Name	TIN	Address	Status
<a href="#">The Queens Medical Center</a>	99-0073524	1301 Punchbowl St Honolulu, HI 96813	Registered

[Register New Teaching Hospital](#)

**Step 3:** The remaining steps in this scenario are identical to registering a first teaching hospital, beginning with Figure 24a and onwards.



## Nominating an Authorized Representative for Physicians or NPPs (Returning System Users)

Authorized Representative nomination for physicians or NPPs features an entirely different workflow in OPS 2.0. Because of this, screenshot comparisons are not possible.

## Accepting or Rejecting a Nomination (Authorized Representative - First-Time Users)

**Step 1:** Once you have an account in IDM, go to the Open Payments landing page, and select Create my Profile.

Figure 49: Open Payments Landing Page for First-Time System Users (OPS 1.0)

# Open Payments (Sunshine Act)

**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

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

**Review** the Open Payments Privacy Policy [PDF]

### Getting Started

Open Payments is a national disclosure program that promotes transparency by publishing information about the financial relationships between applicable manufacturers and applicable group purchasing organizations (GPOs) and healthcare providers (physicians, non-physician practitioners, and teaching hospitals) on a publicly accessible website. The Open Payments system requires the annual reporting of these relationships to CMS (42 CFR Parts 402 and 403).


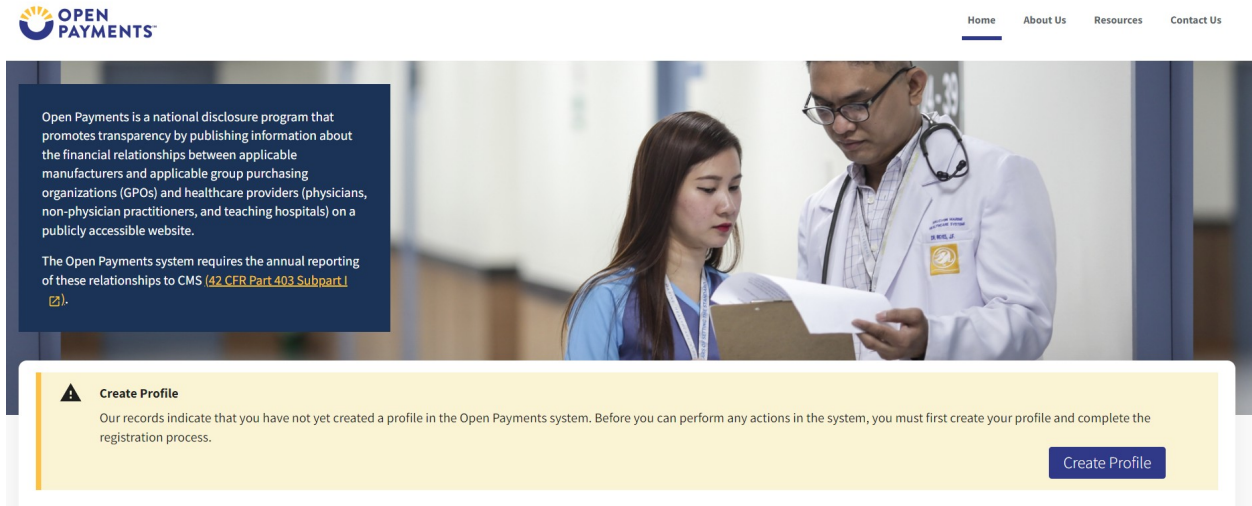


Figure 50: Open Payments Landing Page for First-Time System Users (OPS 1.0)



**Step 2:** The on-screen text contains important information regarding creating the physician, NPP, and individual profiles. Read the on-screen text and select **Start Profile** at the bottom of the page when you are ready to continue.

Figure 51: Create My Profile Page (OPS 1.0)

## Create Profile

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

- Access the Open Payments User Guide
- Need help with the website? **Contact Us** by email
- Review the Open Payments Privacy Policy [PDF]

### 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioner in the Open Payments system.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has not registered in the Open Payments system, you may register them and then yourself.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payments system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioner must be nominated by the physician or non-physician practitioner.

Figure 52: Create My Profile Page (OPS 2.0)

## Create Profile

### Creating a 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, physician, or non-physician practitioner. Users with provider type of Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, or Anesthesiologist Assistant are called Non-Physician Practitioners in the Open Payments system.

For reporting entities, prior to beginning registration, collect the information required for reporting entity registration, then proceed with the registration process.

For reporting teaching hospital, physician, or non-physician practitioner registration, prior to beginning registration, collect the information required for covered recipient registration, then proceed with the registration process.

If the applicable manufacturer, applicable GPO, teaching hospital, physician, or non-physician practitioner has already been registered in the Open Payments system and you have not affiliated with them in the Open Payments system, you may:

- Ask a user already affiliated with the reporting entity or covered recipient to nominate you for a user role; or
- Create a personal profile and request a role with the reporting entity or covered recipient user. Note that users who wish to associate themselves with physicians or non-physician practitioners must be nominated by the physician or non-physician practitioner.

**Step 3:** Although you are affiliating with a physician or NPP, do not select **Physician or Non-Physician Practitioner** on the “Select Profile Type” page. Instead, select the **I have a Nomination ID and/or a Registration ID** link.

Figure 53: Select Profile Type Page (OPS 1.0)

## Create Profile

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

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

## Select Profile Type

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

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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the “Physician or Non-Physician Practitioner” option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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 or Non-Physician Practitioner

Teaching hospital

----- OR -----

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

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

Figure 54: Select Profile Type Page (OPS 2.0)

**1 Select Profile Type**

**2 Register Entity**

**3 Personal Information**

**4 Review and Submit Profile**

### Select a Profile Type

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

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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

**Note:**

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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" \***

- I have a Nomination ID and/or a Registration ID
- Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
- Physician or Non-Physician Practitioner
- Teaching hospital

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

**Step 4:** Select the User Type **Physician or Non-Physician Practitioner** from the dropdown. Enter the nomination ID included in the nomination notification email you received and then select the **Show Nomination** button.

Figure 55: Search for Nomination Page (OPS 1.0)

### Create Profile

- Select Profile Type
- Register Entity
- Search Nomination**
- Entity Information
- Confirm Nomination
- Personal Information
- Review and Submit Profile

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### Search for Nomination

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

From the dropdown list below, select your User Type.

Enter your Nomination ID and Registration ID included in the nomination email you have received. Note: nominees for Physician or Non-Physician practitioner authorized representatives receive only Nomination ID numbers.

Select the "Show Nomination" button to see the information associated with your nomination.

**\*User Type**

Physician or Non-Physician Practitioner

**\*Nomination ID:**

The ID is a 12-digit number

489834152432 [Show Nomination](#)

### Nomination Search Results

Below is the information associated with the nomination.

Select "Continue" if the information displayed on the screen is correct.

Select "Cancel" to return to the previous page if the information displayed is incorrect.

**Jeff Castor was nominated as Authorized Representative for**

**User Type:** Physician

**Physician's Name:** Steven Kalter

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

Figure 56: Search for Nomination Page (OPS 2.0)

## Search for Nomination

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

From the dropdown list below, select your User Type.

**i** Nominees for Physician or Non-Physician Practitioner authorized representatives receive only Nomination ID numbers.

Enter your Nomination ID and Registration ID included in the nomination email you have received.  
Select the "Show Nomination" button to see the information associated with your nomination.

**User Type \***

Physician or Non-Physician Practitioner

**Nomination ID \***  
The ID is a 12-digit number.

100000001373

**Show Nomination**

**Nomination Search Results:**

Below is the information associated with the nomination.  
Select "Cancel" to return to the previous page if the information displayed is incorrect.

**Elizabeth Jenkins was nominated as Non-Physician Authorized Rep.**

**User Type:** Non-Physician Practitioner

**Non-Physician Practitioner's Name:** Sam Wilton


**Cancel** **Continue**


**Step 6:** Review the physician or NPP information displayed on the page. You will not be able to edit the information. Ensure that this is the physician or NPP for which you want to accept the user role nomination. If it is not the correct physician or NPP, either select the **Back** button at the bottom of the page to return to the previous page to correct the information you have entered or select the **Cancel** button to end the acceptance process.


Figure 57: Confirm Covered Recipient Information Page (OPS 1.0)

**Create Profile**

- ✓ Select Profile Type
- ② Confirm Covered Recipient**
- ③ Confirm Nomination
- ④ Authorized Representative
- ⑤ Review and Submit Profile

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## Confirm Covered Recipient Information

Below is the information for your selected Covered Recipient. Review and confirm the Covered Recipient identified below is correct. Select "Continue" to begin creating your user profile.

### Personal Information

**First Name:** Steven

**Last Name:** Kalter

**Business Telephone Number:** 210-593-5700

**Business Email Address:** Steven.Kalter@stoh.com

**Practice Name:** South Texas Oncology and Hematology, PLLC

**Practice Business Address, Line 1:** 4383 Medical Drive

**Practice Business Address, Line 2:**

**City Name:** San Antonio

**State:** TX

**Zip Code:** 78229

**Country:** US

### Covered Recipient Information

**Covered Recipient Primary Type:**

Medical Doctor

**National Provider Identifier (NPI):** 1922032218

**Drug Enforcement Administration (DEA) Number:** AK8446622

**Taxonomy Code:**

207RH0003X

Figure 58: Confirm Covered Recipient Information Page (OPS 2.0)

## Confirm Covered Recipient Information

\*All fields are required unless indicated as optional\*

Below is the information for your selected Covered Recipient. Review and confirm the Covered Recipient identified below is correct. Select "Continue" to begin creating your user profile.

Information: <span>—</span>			
<b>Personal Information</b>			
<b>First Name:</b> Sam	<b>Middle Name:</b>		
<b>Last Name:</b> Wilton	<b>Suffix (Jr., Sr., etc.):</b>		
<b>Business Email Address:</b> sbliss@index-analytics.com			
<b>Business Telephone:</b> 210-602-4955			
<b>Business Information</b>			
<b>Business Address, Line 1:</b> 1217 Cast Iron Drive		<b>Business Address, Line 2:</b>	
<b>City:</b> Longview	<b>State:</b> TX	<b>Zip Code:</b> 78244	<b>Country:</b> US
Covered Recipient Information: <span>—</span>			
<b>Covered Recipient Primary Type:</b> Nurse Practitioner			
<b>National Provider Identifier (NPI):</b> 1558507830			
<b>Drug Enforcement Administration (DEA) Number:</b>			
<b>Taxonomy Code(s):</b> 163W00000X			
<b>State Licensing Information:</b> TX - 34978			

Back

Cancel

Continue

**Step 7:** Review the nomination information on the page. Select “Yes, I accept the role of Authorized Representative” if you wish to accept the role or “No, I do not accept” if you do not wish to accept the role. If you accept the role and select **Continue**, you will continue the nomination confirmation process.

**Figure 59: Confirm Nomination Page (OPS 1.0)**

**Create Profile**

- ✓ Select Profile Type
- ✓ Confirm Covered Recipient
- ③ Confirm Nomination**
- ④ Authorized Representative
- ⑤ Review and Submit Profile

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## Confirm Nomination

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

Confirm the user role by either accepting or rejecting the nomination. Select the appropriate option below. Then, select the "Continue" button to proceed.

**Steven Kalter**

4383 Medical Drive  
San Antonio, TX 78229  
US

**Covered Recipient Primary Type:**  
Medical Doctor

**National Provider Identifier (NPI):** 1922032218

**Business Telephone Number:** 210-593-5700

**\*Confirm Nominations:**

Yes, I accept the role of **Authorized Representative**

No, I do not accept

**Access Level:**

- Read** - (Default access level) Able to see covered recipient profile and records associated with the covered recipient.
- Modify Profile** - Able to edit or enter the covered recipient's profile information (NPI, license, taxonomy code, etc.).
- Dispute Records** - Able to dispute records of payments or other transfers of value associated with the covered recipient that was submitted by reporting entities.

**Cancel** **Back** **Continue**



Figure 60: Confirm Nomination Page (OPS 2.0)

## Confirm Nomination

All fields are required unless indicated as optional

Confirm the user role by accepting or rejecting the nomination. Select the appropriate option below. Then select the "Continue" button to proceed.

**Nominations**

**Sam Wilton**

1217 Cast Iron Drive  
Longview TX 78244

**Covered Recipient Primary Type:** Nurse Practitioner  
**National Provider Identifier (NPI):** 1558507830  
**Business Telephone:** 210-602-4955

**Confirm Nomination?**

Yes, I accept the role of Authorized Representative.  
 No, I do not accept

**Access Level:**

Read - (Default access level) Able to see covered recipient profile and records associated with the covered recipient.  
 Modify Profile - Able to edit or enter the covered recipient's profile information (NPI, license, taxonomy code, etc.).  
 Dispute Records - Able to dispute records of payments or other transfers of value associated with the covered recipient that was submitted by reporting entities.

Step 8: Enter your personal information and select the **Continue** button.

Figure 61a: Authorized Representative Page (UPPER PART) (OPS 1.0)

**Create Profile**

- ✓ Select Profile Type
- ✓ Confirm Covered Recipient
- ✓ Confirm Nomination
- 4 Authorized Representative**
- 5 Review and Submit Profile

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## Authorized Representative

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

**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:

\*Authorized Representative's Last Name:  Authorized Representative's Suffix:

\*Business Email Address:  \*Job Title:

**Authorized Representative's Business Address**

Enter the nominated authorized representative's business address information below. Enter the primary business address if the authorized representative has multiple business addresses.

\*Country:

\*Business Address, Line 1:

Figure 61b: Authorized Representative Page (LOWER PART) (OPS 1.0)

Business Address, Line 2:

\*City Name: San Antonio      \*State: Texas

\*Zip Code: 99999 9999      \*Business Telephone Number: 999-999-9999

78229      210-593-2584

Cancel      Back      Continue

Figure 62: Authorized Representative Page (OPS 2.0)

## Authorized Representative

\*All fields are required unless indicated as optional\*

Add the requested personal and business information to your user profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid information.

Note that any 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 Identity Management (IDM) accounts.

**Basic Information**

First Name \* Elizabeth      Last Name \* Jenkins      Middle Name (optional)      Suffix (Jr., Sr., etc.) (optional)

**Business Address**

Job Title \* Administrator

Business Email Address \* ejenkins@Sam.com      Business Telephone Number \* 210-584-7841

Business Address, Line 1 \* 123 Chicken Street

Business Address Line 2 (optional)

Country \* United States      City \* San Antonio      State \* Texas

Zip Code \* 78244      Zip Extension XXXX

Back      Cancel      Continue

**Step 9:** Now you will be asked to review the information you have entered. To correct any errors, select the **Submit** button at the bottom of the page to return to previous pages and make your corrections. If the information is correct, select the **Back** button.

**Figure 63: Review and Submit Profile Page (OPS 1.0)**

### Create Profile

- ✓ Select Profile Type
- ✓ Confirm Covered Recipient
- ✓ Confirm Nomination
- ✓ Authorized Representative
- 5 Review and Submit Profile

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## Review and Submit Profile

Review the information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any invalid information. Select the "Continue" button to submit your profile.

### Authorized Representative Information

**First Name:** Jeff  
**Last Name:** Castor  
**Middle Name:**  
**Suffix (Jr., Sr., etc.):**  
**Business Telephone Number:** 210-593-2584  
**Business Email Address:** scastor@ghjgyhjk.com  
**Job Title:** Credentialing Manager  
**Practice Business Address, Line 1:** 4383 Medical Drive  
**Practice Business Address, Line 2:**  
**City Name:** San Antonio  
**State:** TX  
**Zip Code:** 78229  
**Country:** US

[Cancel](#) [Back](#) [Submit](#)

Figure 64: Review and Submit Profile Page (OPS 2.0)

## Review and Submit Profile

\*All fields are required unless indicated as optional\*

Review the information entered in the previous sections.

Select the "back" button to navigate to the previous page(s) and correct any incorrect information, Select then "Continue" button to submit your user profile.

**Authorized Representative Information**

---

### Personal Information

**First Name:** Elizabeth  
**Middle Name:**  
**Last Name:** Jenkins  
**Suffix (Jr., Sr., etc.):**  
**Job Title:** Administrator  
**Business Email Address:** ejenkins@Sam.com  
**Business Telephone:** 210-584-7841

### Business Information


**Business Address, Line 1:** 123 Chicken Street  
**Business Address, Line 2:**  
**City:** San Antonio  
**State:** TX  
**Zip Code:** 78244  
**Country:** US


The following message will appear on-screen to confirm your nomination has been successfully accepted.


Figure 65: Success Confirmed Page (OPS 1.0)

## Create Profile

- ✓ Select Profile Type
- ✓ Confirm Covered Recipient
- ✓ Confirm Nomination
- ✓ Authorized Representative
- ✓ Review and Submit Profile

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## Success Confirmed

You have successfully created your profile, Jeff Castor.

You may now:

- Go to [Open Payments Home](#)
- Refer to the [Open Payments User Guide \[PDF\]](#) for further information

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

Figure 66: Success Confirmed Page (OPS 2.0)

## Nomination Accepted



**Success:**

You have successfully accepted your nomination.

You may return to [Open Payments Home](#).

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

[Continue to Open Payments Home Page](#)


# Self-Nomination: Requesting a Role (Teaching Hospital - First Time System Users)


Step 1: Select the profile type **Teaching Hospital**. When finished, select the **Continue** button.


Figure 67: Select Profile Type Page (OPS 1.0)

## Create Profile

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

 Access the Open Payments User Guide

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## Select Profile Type

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


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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

Note: If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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 or Non-Physician Practitioner

Teaching hospital

----- OR -----

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

**Figure 68: Select Profile Type Page (OPS 2.0)**

**1 Select Profile Type**

2 Register Entity

3 Personal Information

4 Review and Submit Profile

### Select a Profile Type

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

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

If you did not receive a nomination ID and/or a registration ID in an email, begin creating your profile by indicating whether you are a reporting entity or covered recipient.

**Note:**

If you are a physician who works at a teaching hospital and wish to see data related to you in your capacity as a physician, select the "Physician or Non-Physician Practitioner" option when registering. Registering as a user affiliated with a teaching hospital will allow you to see only data related to that teaching hospital and not your records. You may register as both a physician and a user affiliated with a teaching hospital if needed.

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" \***

- I have a Nomination ID and/or a Registration ID
- Applicable Manufacturer or applicable Group Purchasing Organization (GPO)
- Physician or Non-Physician Practitioner
- Teaching hospital

**Step 2:** Search the database for the correct teaching hospital. Select the teaching hospital's state, name, business address, and Taxpayer Identification Number (TIN) from the dropdowns. When finished, select the **Search** button.

**Figure 69a: Teaching Hospital Search Page (UPPER PART) (OPS 1.0)**

### Create Profile

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

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## Teaching Hospital: Search

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

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

For assistance, you can refer to the [Teaching Hospital List](#), available on the [Resources page of the Open Payments website](#). The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.

If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

**Note:** If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.

[Search Teaching Hospitals for Prior Program Year](#)

Figure 69b: Teaching Hospital Search Page (LOWER PART) (OPS 1.0)

\*State Where Teaching Hospital is Located:  
Hawaii

\*Teaching Hospital Doing Business As Name:  
The Queens Medical Center

\*Taxpayer Identification Number (TIN):  
990073524

\*Teaching Hospital Business Address:  
1301 Punchbowl St Honolulu HI 96813

Search

Cancel Back

Figure 70a: Teaching Hospital Search Page (UPPER PART) (OPS 2.0)

OPEN PAYMENTS

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## Create Profile

- 1 Select Profile Type
- 2 Teaching Hospital
  - Search
  - Register Teaching Hospital
  - Your Role
  - Nominate Roles
- 3 Personal Information
- 4 Review and Submit Profile

### Search Teaching Hospital

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

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

For assistance, you can refer to the [Teaching Hospital List](#), available on the [Resources page of the Open Payments website](#). The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.

If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.

Figure 70b: Teaching Hospital Search Page (LOWER PART) (OPS 2.0)

State Where Teaching Hospital is Located \*  
Hawaii

Teaching Hospital Doing Business As Name \*  
The Queens Medical Center

Taxpayer Identification Number (TIN) \*  
990073524

Teaching Hospital Business Address \*  
1301 Punchbowl St Honolulu HI 96813

Search

Back Cancel

Step 3: Review the returned information displayed on the page. Select the **Continue** button if the information displayed is correct.



Figure 71: Teaching Hospital Search Page Search Results (UPPER PART) (OPS 1.0)

## Teaching Hospital: Search

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

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

For assistance, you can refer to the [Teaching Hospital List](#), available on the [Resources page of the Open Payments website](#). The Teaching Hospital List contains identifying information for all teaching hospitals registered with CMS. The list is updated annually and lists for all program years are available.

If you do not find your teaching hospital below or on a Teaching Hospital List, contact the Open Payments Help Desk at [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) for assistance.

Note: If you are a physician who works in a teaching hospital and wish to see data associated with you as a physician, register in Open Payments as a physician. If you are a physician who works at a teaching hospital and wish to represent that teaching hospital, proceed with registering the teaching hospital or requesting a nomination for a role with a teaching hospital. If you wish to do both, you may register both as a physician and a teaching hospital, though this cannot be done in the same registration session.

[Search Teaching Hospitals for Prior Program Year](#)

### Create Profile

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

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Figure 71b: Teaching Hospital Search Page Search Results (LOWER PART) (OPS 1.0)

**\*State Where Teaching Hospital is Located:**  
Hawaii

**\*Teaching Hospital Doing Business As Name:**  
The Queens Medical Center

**\*Taxpayer Identification Number (TIN):**  
990073524

**\*Teaching Hospital Business Address:**  
1301 Punchbowl St Honolulu HI 96813

[Search](#)

### Teaching Hospital Search Results

This teaching hospital is already registered in the Open Payments system:

The Queens Medical Center  
1301 Punchbowl St  
Honolulu, HI 96813  
TIN: 990073524

If this is the correct teaching hospital, select the "Continue" button to affiliate yourself with it. If this is not the teaching hospital you wish to affiliate yourself with, change the search criteria above to search for another teaching hospital.

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

Figure 72a: Teaching Hospital Search Page Search Results (UPPER PART) (OPS 2.0)

The screenshot shows the 'Create Profile' page with a navigation menu on the left containing: 1. Select Profile Type (checked), 2. Teaching Hospital (active), 3. Personal Information, and 4. Review and Submit Profile. The main content area is titled 'Search Teaching Hospital' and includes instructions on how to use the search function, a link to the Teaching Hospital List, and contact information for the Open Payments Help Desk. A 'Search' button is visible at the bottom right of the form area.

Figure 72b: Teaching Hospital Search Page Search Results (LOWER PART) (OPS 2.0)

The screenshot displays the search results for 'The Queens Medical Center'. The search criteria entered are: State: Hawaii; Name: The Queens Medical Center; TIN: 990073524; Address: 1301 Punchbowl St Honolulu HI 96813. A message states: 'This teaching hospital is already registered in the Open Payments System: The Queens Medical Center, 1301 Punchbowl St, Honolulu, HI 96813, TIN: 990073524'. Below the message are 'Back' and 'Cancel' buttons.

**Step 4:** Review the information displayed on the page. If the information is correct, select the **Continue** button. If the information is not correct, select the **Back** button at the bottom of the page to select a different teaching hospital.

**Figure 73: Register Teaching Hospital Page (OPS 1.0)**

**Create Profile**

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- Register Teaching Hospital  
Your Role
- ③ Personal Information
- ④ Review and Submit Profile

---

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## Teaching Hospital: Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with.

To accept or reject your nominated role(s), select the corresponding radio button below, then select the "Continue" button to continue the registration process. To change your search criteria and find a different teaching hospital, select the "Back" button.

**The Queens Medical Center**

<b>Business Address:</b>	<b>Taxpayer Identification Number (TIN):</b>
1301 Punchbowl St Honolulu, HI 96813	990073524

Cancel
Back
Continue

**Figure 74: Register Teaching Hospital Page (OPS 2.0)**

User Guide
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Gunter Meier

Home
About Us
Resources
Contact Us

**Create Profile**

- ① Select Profile Type ✓
- ② Teaching Hospital  
Search ✓
- Register Teaching Hospital  
Your Role
- ③ Personal Information
- ④ Review and Submit Profile

## Teaching Hospital > Register Teaching Hospital

Review the teaching hospital information below to ensure this is the teaching hospital you wish to affiliate with.

Cooper University Hospital

**Business Address:**

1000 S 10th St,  
Camden, NJ 08103

**Taxpayer Identification Number (TIN):**

210634462

Back
Cancel
Continue

**Step 5:** Select the role you wish to nominate yourself for in the teaching hospital. Note that as you are not registering with the teaching hospital, you may select either role. After you have chosen your role, enter in the role-related information in the data fields. Required fields are marked with an asterisk. Once you have entered all the information, select the **Continue** button.

Figure 75: Teaching Hospital Your Role Page (OPS 1.0)

### Create Profile

- ✓ Select Profile Type
- ② Teaching Hospital: Search
- Register Teaching Hospital
- Your Role**
- ③ Personal Information
- ④ Review and Submit Profile

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## Teaching Hospital: Your Role

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

Select the role for which you want to nominate yourself with the teaching hospital.

**\*Choose your role:**

- Authorized Official:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsible for approving/denying nominations made by others as well as deactivating users
- Authorized Representative:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital.

### Your Role-Related Information

Enter your personal information below.

<b>*First Name:</b> Sam	<b>Middle Name:</b> 
<b>*Last Name:</b> Arnold	<b>Suffix (Jr., Sr., etc.):</b> 
<b>*Email Address:</b> sarnold@hjkgh.com	<b>*Business Phone:</b> 999-999-9999 214-785-6302

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

Figure 76: Teaching Hospital Your Role Page (OPS 2.0)

## Teaching Hospital > Your Role

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

Select the role for which you want to nominate yourself with the teaching hospital.

The user roles are as follows: +

**Choose your role: \***

- Authorized Official:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles or modify existing user roles. They are also responsible for approving/denying nominations made by others as well as deactivating users.
- Authorized Representative:** May access/review data and initiate disputes on records on behalf of the teaching hospital. May nominate other individuals for user roles with the teaching hospital.

**Your Role Related Information**

Enter your personal information below.

<b>First Name *</b> Gunter	<b>Last Name *</b> Meier
<b>Middle Name</b> 	<b>Suffix (Jr., Sr., etc.)</b> 
<b>Email Address *</b> gmeier@tkb.com	<b>Business Telephone Number *</b> 215-478-5901

Back Continue

**Step 6:** Review your information displayed on the page. Enter your job title and business address. When finished, select the **Continue** button.

Figure 77a: Personal Information Page (UPPER PART) (OPS 1.0)

**Create Profile**

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

**Personal Information**

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

Add the requested personal and business information to your user profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid information.

Note that any 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 Identity Management (IDM) accounts.

**Your Name**

<b>*First Name:</b> Sam	<b>*Last Name:</b> Arnold
<b>Middle Name:</b> 	<b>Suffix (Jr., Sr., etc.):</b> 

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Figure 77b: Personal Information Page (LOWER PART) (OPS 1.0)

**Business Address**

---

**\*Job Title:**  
Administrator

**\*Business Email Address:** sarnold@hjkfghjk.com      **\*Business Telephone Number:** 999-999-9999  
210-584-5217

**\*Business Address, Line 1:**  
428 Hayne St

**Business Address, Line 2:**

**\*City Name:** Walkin      **\*State:** Arizona      **\*Zip Code:** 99999 9999  
85001

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

Figure 78: Personal Information Page (OPS 2.0)

## Personal Information

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

Add the requested personal and business information to your user profile. Some fields are pre-populated. Review pre-populated information for accuracy and correct any invalid information.

Note that any 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 Identity Management (IDM) accounts.

### Basic Information

First Name \*

Gunter

Last Name \*

Meier

Middle Name

Suffix (Jr., Sr., etc.)

### Business Information

Job title \*

Administrator

Email Address \*

gmeier@tkb.com

Business Address, Line 1 \*

623 LAFAYETTE AVENUE

Business Address, Line 2

Business Address, Line 2

City \*

Hawthorne

State \*

New Jersey

Zip Code \*

07506

Zip Extension

XXXX

Business Telephone Number \*

147-526-8745

Back

Cancel

Continue





**Figure 80: Review and Submit Profile Page (OPS 2.0)**

Teaching Hospital > Review and Submit Profile

Review the Information on this page to ensure it is correct. Select the "Back" button to navigate to the previous pages to correct any Information. Select the "Continue" button to submit your profile.

**Teaching Hospital Information**

**Teaching Hospital Name:** Cooper University Hospital  
**Teaching Hospital Business Address:**  
 1000 S 10th St  
 Camden NJ 08103  
**Taxpayer Identification Number (TIN):** 210634462  
**Your Role:** Authorized Representative  
**First Name:** Gunter  
**Middle Name:**  
**Last Name:** Meier  
**Suffix:**  
**Business Email Address:** gmeier@tkb.com  
**Business Telephone Number:** 147-526-8745  
**Job Title:** Administrator  
**Business Address, Line 1:** 623 LAFAYETTE AVENUE  
**Business Address, Line 2:**  
**City Name:** Hawthorne  
**State:** NJ  
**Zip Code:** 07506

**Nominations**

Role:	First Name:	Last Name:	Business Email Address:	Business Phone Number:	Status:
Authorized Representative	Gunter	Meier	gmeier@tkb.com	147-526-8745	Requested

Back

Microsoft Teams classic

Cancel

Submit

The following message will appear on-screen to confirm your profile has been successfully created. You will receive an email when your nomination is approved.

**Figure 81: Success Confirmation Page (OPS 1.0)**

**Create Profile**

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

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## Success Confirmed

You have successfully requested to be affiliated with The Queens Medical Center and created your own profile, Sam Arnold

You may now:


- Go to [Open Payments Home](#)

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

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

**Figure 82: Success Confirmation Page (OPS 2.0)**

Registration Complete ×

 **Success:**  
You have successfully requested to be affiliated with Cooper University Hospital and created your own profile, Gunter Meier.

You may now go to [Open Payments Home](#).

For help obtaining a PDF viewer, go to the [CMS.gov Help page](#).

[Continue to Open Payments Home Page](#)