

CMS OPEN PAYMENT PORTAL INSTRUCTIONS

There are two Phases to the CMS Portal Process. Phase I will allow you to create an account on the CMS Portal. Phase II will allow users to access the Open Payment Application which will allow you to review and dispute information submitted by industry regarding payments or transfers of value made to physicians.

The review and dispute period is from July 14 – August 27, 2014 (45 days). Industry will then have 15 days to review and correct submitted disputes prior to CMS publishing its information publicly in September 2014. Note, CMS will publish information, regardless of if it is still being disputed.

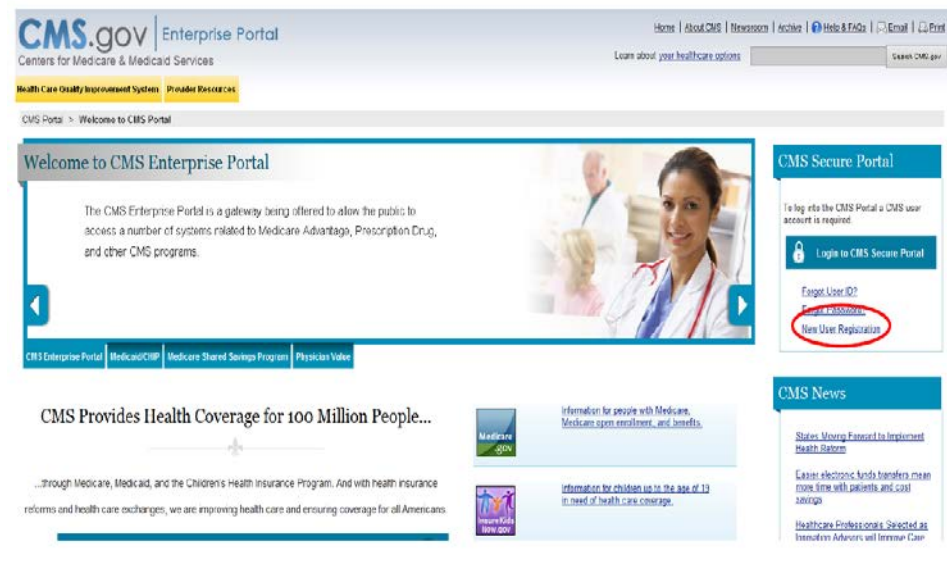
INSTRUCTIONS FOR PHASE I

NOTE: SOME OF YOU MAY HAVE COMPLETED PHASE I WHEN IT WAS OPENED ON JUNE 1, 2014. IF SO, PLEASE SKIP TO PHASE II.

- 1) Go to [HTTPS://PORTAL.CMS.GOV](https://portal.cms.gov)

On the right side of the screen click on “New User Registration”

<https://portal.cms.gov>



The screenshot shows the CMS.gov Enterprise Portal. The main content area includes a 'Welcome to CMS Enterprise Portal' message and a navigation bar with links for 'CMS Enterprise Portal', 'Medicaid/CHIP', 'Medicare Shared Savings Program', and 'Physician Value'. On the right side, there is a 'CMS Secure Portal' section with a 'New User Registration' link circled in red and pointed to by a red arrow. Below this, there is a 'CMS News' section with several news items.

2) Click “I agree to the terms and conditions”

The screenshot shows the 'Terms and Conditions' section of the CMS.gov registration page. It includes sections for 'Consent To Monitoring', 'Protecting Your Privacy', and 'Collection Of Personal Identifiable Information (PII)'. At the bottom, there is a checkbox labeled 'I agree to the terms and conditions' which is checked. A red arrow points to this checkbox. Below the checkbox are 'Cancel' and 'Next' buttons, with the 'Next' button circled in red.

3) Enter your personal Information

- a. Name
- b. Email
- c. SSN
- d. DOB
- e. Address
- f. Phone Number

The screenshot shows the personal information form on the CMS.gov registration page. It includes fields for First Name, Last Name, Middle Name, E-mail Address, Social Security Number, Date of Birth, Home Address Line 1, Home Address Line 2, City, State, Zip Code, Zip Code Extension, and Primary Phone Number. The 'Next' button at the bottom is circled in red.

Required fields are marked with an asterisk.

Completing all fields, even those that are not required, will speed-up identity verification.

- 4) Select User ID, Password and Challenge Questions
- 5) Please write down your login and password you will need it later. Your security questions are also important in case you forget your password.
- 6) Note: CMS will require you to change your password every 60 days.

CMS.gov Enterprise Portal
Centers for Medicare & Medicaid Services

Health Care Quality Improvement System Provider Resources

CMS Portal > Registration

Screen reader mode Off | Accessibility Settings

Choose User ID and Password Create User Choose User ID and Password

Choose User ID And Password

- User ID

- Password

- Confirm Password

Select your Challenge Questions and Answers:

Your challenge questions and answers will be required for password and account management functions.

- Question:1 <input type="text" value="What is your favorite radio station?"/>	- Answer:1 <input type="text" value="FM"/>
- Question:2 <input type="text" value="What is the name of the manager at your first job?"/>	- Answer:2 <input type="text" value="Mary"/>
- Question:3 <input type="text" value="What is your favorite cuisine?"/>	- Answer:3 <input type="text" value="Italian"/>

- 7) Click "OK" to complete Part 1 of Registration

CMS.gov Enterprise Portal
Centers for Medicare & Medicaid Services

Health Care Quality Improvement System Provider Resources

CMS Portal > Registration

Screen reader mode Off | Accessibility Settings

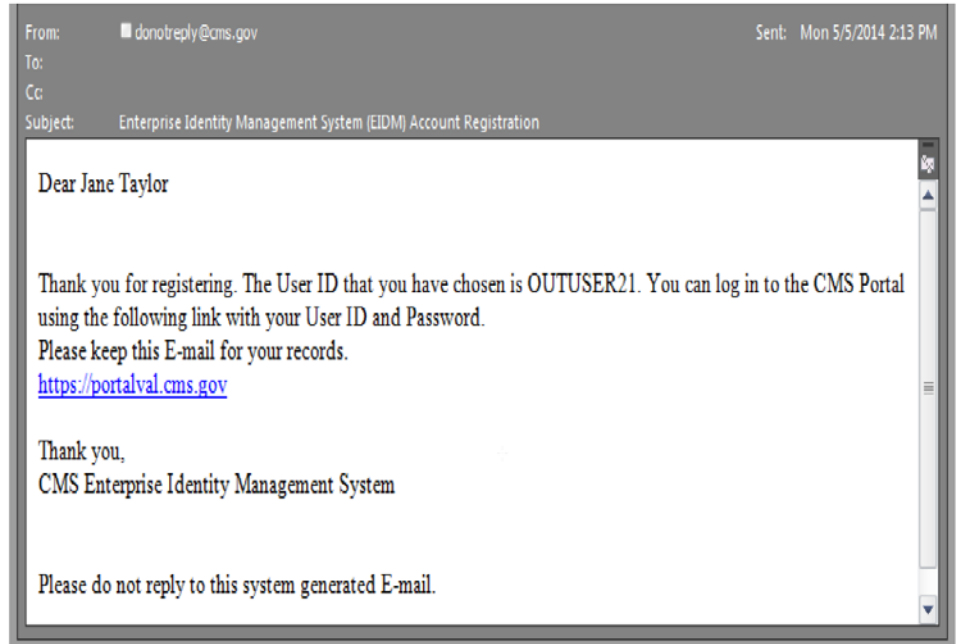
Your Information Choose User ID and Password Complete Registration

Registration Complete

You have now successfully completed your registration to CMS Enterprise Identity Management (EIDM). You will receive an E-mail acknowledging your successful registration to EIDM and the E-mail will include your User ID.

Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page.

- 8) Look for an email providing User ID to continue registration. Note, it may take 5-10 minutes for CMS to process and send an e-mail.



- 9) Go back to [HTTPS://PORTAL.CMS.GOV](https://portal.cms.gov)
On the right side of the screen click on “Login to the CMS Secure Portal”



10) Click "I Accept"

Home | About CMS | Newsroom | Archive | [Help & FAQs](#) | [Email](#) | [Print](#)

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Health Care Quality Improvement System | Provider Resources

Terms and Conditions

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

 [I Accept](#) [Decline](#)

11) Enter User ID and Password

Home | About CMS | Newsroom | Archive | [Help & FAQs](#) | [Email](#) | [Print](#)

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Health Care Quality Improvement System | Provider Resources

Welcome to CMS Enterprise Portal

User ID

Password

[Log In](#) [Cancel](#)

[Forgot Password?](#)
[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

12) Click "Request Access Now"

Portal Help & FAQs Print Log Out Welcome Jennifer Doyle

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Portal

Welcome to CMS Enterprise Portal

The Enterprise Portal combines and displays content and forms from multiple applications, supports users with navigation and cross-enterprise search tools, supports simplified sign-on, and uses role-based access and personalization to present each user with only relevant content and applications. The vision of the Enterprise Portal is to provide "one-stop shopping" capabilities to improve customer experience and satisfaction.

Provisioning

There are several ways to get access to applications in the CMS Enterprise Portal

1. [EUM](#) - To get access to applications that are supported by EUM click [here](#).
2. [EUA](#) - To get access to applications that are supported by EUA click [here](#). Please click the [EUA link](#) for more details.
3. [IACS](#) - To get access to applications that are supported by IACS click [here](#).

screen shot of portal home page

Request Application Access

Use the [Request Access Now](#) button to request access to more applications.

[Request Access Now](#)

Contact Help Desk

FFE / HIOS / Agents & Brokers Help Desk - Contact the Exchange Operators Support Center (EOSSC) at [CMS_FFE@cms.fhs.gov](#) or 1-855-CMS-1515

Physician Value / PQRS Help Desk - Contact the PUPQRS Information Center at 1-888-734-6433

ACO Help Desk - Contact the ACO Information Center at 1-888-734-6433 (select option 2) if you have any questions about using the ACO Portal; for more TTY users check in call 1-888-734-6563.

13) Click "Request New Application Access"

Portal Help & FAQs Print

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)

[View and manage My Access](#)

View and Manage My Access

Application	Take An Action
Please request access to an application.	

14) Select

“Open Payments”

“Applicable Manufacturer, GPO, Physician or Teaching Hospital”

Portal Help & FAQs Print

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Request New Application Access

Select an application and then a role to request access.

Application Description: OPENPAYMENTS - Open Payments

Role: Applicable Manufacturer, GPO, Physi

Cancel Submit

15) Review Identity Verification Terms

Click Next

Portal Help & FAQs Print

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Identity Verification

You have selected a role that requires a higher level of security. You will need to complete Identity Verification successfully, before requesting access to the selected role. Below are a few items to keep in mind.

- Ensure that you have entered your legal name, current home address, primary phone number and email address correctly. We will only collect personal information to verify your identity with Experian, an external identity verification provider.
- Identity Verification involves Experian using information from your credit report to help confirm your identity. As a result, you may see an entry called a 'soft inquiry' on your Experian credit report. Soft inquiries do not affect your credit score and you do not incur any charges related to them.
- Confirm that you have your personal and financial information available, as the Experian application will pose questions to you, based on data in their files. You may want to obtain a copy of your credit report, before proceeding with the role request by selecting this link and following the directions provided - <http://www.experian.com>. For additional information, please see the Experian Consumer Assistance link - <http://www.experian.com/help>

If you elect to proceed now, you will be prompted with a Terms and Conditions statement that explains how your Personal Identifiable Information (PII) is used to confirm your identity. Do you want to continue?

Cancel Next

16) Click "I agree to the terms"

Click Next

Portal Help & FAQs Print

CMS .GOV Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Terms and Conditions

Protecting Your Privacy

Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the [CMS Privacy Act Statement](#), which describes how we use the information you provide.

Personal information is described as data that is unique to an individual, such as a name, address, telephone number, social security number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.

HHS Rules Of Behavior

We encourage you to read the [HHS Rules of Behavior](#), which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.

I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment, removal or debarment from work on Federal contracts or projects, and/or revocation of access to Federal information, information systems, and/or facilities, and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

Identity Verification

I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.

I agree to the terms and conditions

Cancel Next

17) Confirm Your Information and Edit (if necessary)

Portal Help & FAQs Print

CMS .GOV Enterprise Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)
[View and Manage My Access](#)

Your Information

Your Information Verify Your Identity

Enter your legal first name and last name, as it may be required for identity verification.

- First Name: Middle Name:

- Last Name: Suffix:

Enter your email address, as it will be used for account related communications.

- E-mail Address:

Re-enter your email address.

- Confirm E-mail Address: Enter the same E-mail address you entered before.

Enter your full 9 digit social security number, as it may be required for identity verification.

Social Security Number:

Enter your date of birth, as it may be required for identity verification.

- Date of Birth:

18) Verify Identity

Questions are based on “Out of Wallet” questions taken from your credit report

The screenshot shows the 'Verify Identity' step in the CMS Enterprise Portal. The page has a blue header with 'Portal Help & FAQs' and 'Print' links. Below the header is the 'CMS .gov Enterprise Portal' logo and a 'My Portal' button. The breadcrumb trail reads 'CMS Portal > My Access'. The main content area is titled 'My Access' and includes links for 'Request New Application Access' and 'View and Manage My Access'. The 'Verify Identity' section contains several questions with radio button options: 'Please select the county for the address you provided.', 'According to our records, you previously lived on [blank] . Please choose the city from the following list where this street is located.', 'Which of the following is a current or previous employer? If there is not a matched employer name, please select NONE OF THE ABOVE.', and 'Which of the following is a previous phone number of yours? If there is not a matched phone number, please select NONE OF THE ABOVE.'. At the bottom right, there are two buttons: 'Cancel' and 'Next'. The 'Next' button is circled in red, and a red arrow points to it from the right.

19) Verifying Identity Successful

Click Next

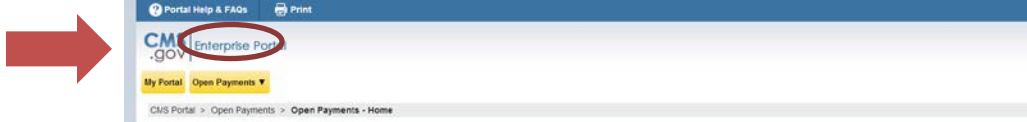
The screenshot shows the 'Complete Step Up' screen in the CMS Enterprise Portal. The page has a blue header with 'Portal Help & FAQs' and 'Print' links. Below the header is the 'CMS .gov Enterprise Portal' logo and a 'My Portal' button. The breadcrumb trail reads 'CMS Portal > My Access'. The main content area is titled 'My Access' and includes links for 'Request New Application Access' and 'View and Manage My Access'. The 'Complete Step Up' section contains the message: 'You have successfully completed the Remote Identity Proofing process.'. At the bottom right, there is a 'Next' button circled in red, with a red arrow pointing to it from the right.

20) Select "OK" to continue

The screenshot shows the CMS Enterprise Portal interface. At the top, there is a blue navigation bar with links for 'Portal Help & FAQs' and 'Print'. Below this is the CMS .gov logo and the text 'Enterprise Portal'. A yellow 'My Portal' button is visible. The breadcrumb trail indicates 'CMS Portal > My Access'. A status bar shows 'Screen reader mode Off | Accessibility Settings'. On the left, a 'My Access' sidebar contains links for 'Request New Application Access' and 'View and Manage My Access'. The main content area is titled 'Request Acknowledgement' and contains the text: 'Your request has successfully completed. You will need to logout and then log in to access the OPENPAYMENTS Application. Select 'OK' to continue.' A blue 'OK' button is highlighted with a red circle, and a red arrow points to it from the right.

INSTRUCTIONS FOR PHASE 2

- 1) Log in to the CMS Portal at: <https://portal.cms.gov/wps/portal/unauthportal/home/>
- 2) When you log into the CMS portal select “Open Payments” at the top of the page. This will only be viewable if you have completed Phase I of registration.



- 3) When you log in you should see the below information. Click “Create My Profile”

Open Payments (Sunshine Act)

Welcome to the Open Payments System

Note: Our records indicate you have not registered with the Open Payments reporting application before. You must create your profile in order to use the System.



- 4) Select the profile type “Physician” and click “continue”

Select Profile Type

Indicate whether you are affiliated with an applicable manufacturer or applicable GPO, teaching hospital, or physician to begin creating your profile. A registration ID and nomination ID may have been sent to you if you are an authorized officer of an entity or an authorized representative for a physician or teaching hospital. If you have received your registration ID and nomination ID, you may begin creating your profile by selecting the “I have a Nomination ID and Registration ID” link.

A field with an asterisk (*) is required.

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

Choose the type of entity or covered recipient you are affiliated with:

- Applicable Manufacturer or Applicable GPO
- Physician
- Teaching Hospital

..... OR

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

Cancel

Continue

5) Enter your Personal information and select "Continue"

Physician: Personal Information

A field with an asterisk (*) is required.

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

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

Your Name

* First Name: Middle Name:

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

Business Information

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

* Business Email Address: * Business Telephone Number:

Physician Practice Name:

Physician Practice Business Address

* Practice Business Address, Line 1:

Practice Business Address, Line 2:

* City Name: * State: * Zip Code:



6) Enter your Physician details and select "Continue"

Please note, your Department reviewer will have your National Provider Identification (NPI) and Taxonomy. The Physician Specialty Code requested is your Taxonomy. While your NPI is not listed as a required field, it is required to be able to view or dispute records so please enter it.

Physician: Physician Details

A field with an asterisk (*) is required.

Enter the required physician information below. Make sure to enter your National Provider Identifier (NPI) if you have one. Also, enter specialty and licensing information.

Physician Identification

* Physician Primary Type:

National Provider Identification (NPI):

The NPI is a 10-digit number; do not use any dashes or other special characters

Drug Enforcement Administration (DEA) Number:

The DEA number is a 9-alphanumeric ID; do not use any dashes or other special characters

Physician Specialty Codes

Enter the Physician Specialty Code. Click on "Add Specialty Code" if you have more than one specialty. Note: Physician codes are sometimes referred to as "taxonomy codes."
Refer to the [Open Payments User Guide](#) for the available taxonomy codes that can be entered for the Physician Specialty field.

* Physician Specialty Code:

+ ADD SPECIALTY CODE

State Licensing Information

Enter at least 1 and up to 52 state license numbers and issuing state combinations. Exclude any special characters that appear in the license number. Select "Add License" to add more licenses.

License State:	License Number:	Actions:
Maryland	1234512345	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

- ADD LICENSE



7) If you would like to authorize another individual into your account, please fill out the relevant information and select “Continue”. If you do not wish to authorize a representative, select “Not Now” and “Continue”.

Physician: Authorized Representative

* field with an asterisk (*) is required
A physician may designate the authorized representative to take certain actions on his or her behalf in the Open Payments system. This person can be another physician, an office manager, a practice manager, or another person the physician would like to designate to interface with the Open Payments system on his or her behalf.
The nominated authorized representative will receive an email stating the he or she has been nominated for the role. The nominated authorized representative must accept this role in the Open Payments system to become an authorized representative. If the nominee does not accept the role, the physician may nominate another person.

Nominate the Authorized Representative in the Open Payments System

Nominations can be made now or later, and can be completed by updating the physician's profile. The nominee will have 10 business days to accept or reject the role. Open Payments will render this nomination inactive if the nominee does not respond within 10 business days.

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

*** Designate an authorized representative?**

- Designate an authorized representative
- Not now



Authorized Representative

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

* Authorized Representative's First Name: Jane Middle Name:

* Authorized Representative's Last Name: Doe Suffix (Jr., Sr., etc.):

* Business Email Address: physicianrep@yopmail.com * Business Telephone Number: 555-555-5555
XXXX-XXXX-XXXX

* Job Title: Office Manager

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.

* Business Address, Line 1: 7500 Security Blvd

Business Address, Line 2:

* City Name: Baltimore * State: Maryland * Zip Code: 21244
XXXXXX XXXX

Nominated Authorized Representative's Access Level

By default, your authorized representative can read any information in the physician's profile in the Open Payments system. Select any additional level(s) of access to be granted to the authorized representative below. The access level will determine the actions the authorized representative can take on behalf of the physician in the Open Payments system. Regardless of the access level assigned to an authorized representative, authorized representatives cannot edit access levels.

- Read** - Default access level. Able to see physician profile and records information.
- Modify Profile** - Able to edit or enter the physician's My Profile information (NPI, license, specialties, etc.)
- Dispute Records** - Able to comment on information submitted about payments or other transfers of value, ownership, and investment interests with the submitter (capitable manufacturer or OPO). Also able to dispute reported payments or other transfers of value, ownership, and investment interests.

Cancel Back **Continue**

Please note you have the availability to nominate an individual to have the following access levels:

- Read: Representative can see your profile and records
- Modify Profile: Representative can edit your profile information
- Dispute records: Representative can comment on and disputes records

Even though you can nominate a representative, you are ultimately in the best position to review and dispute any inaccuracies submitted by industry on your behalf. In addition, if you designate an authorized representative, that person must accept your nomination in order to access your account.

8) Review information and select “Submit”

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: John Doe
Business Email Address: physicianrep@yopmail.com
Business Telephone Number: 555-555-5555
Physician Practice Name:
Physician Practice Business Address: 7500 Security Blvd
Baltimore, Maryland 21244

Physician Information

Physician Primary Type: Medical Doctor
National Provider Identifier (NPI): 1234512345
Drug Enforcement Administration (DEA) Number: A12345678
Specialty Codes: 1 Allopathic & Osteopathic Physicians/ Independent Medical Examiner
State Licenses:
License State: License Number: Maryland 1234512345

Physician's Authorized Representative:

Authorized Representative: Jane Doe
Business Email Address: physicianrep@yopmail.com
Business Telephone Number: 555-555-5555
Job Title: Office Manager
Business Address: 7500 Security Blvd
Baltimore, MD 21244

Access Level:
Review Data (Read-Only)
Edit Physician profile
Dispute Data

Cancel Back **Submit**



9) You will see the following confirmation screen and can now select “Open Payments Home”

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

Create Profile

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

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

Access the Open Payments User Guide

You have successfully created your profile as a physician.

John Doe

You may now

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

Note: You will not be able to take any actions in the Open Payments system related to this profile until the profile is registered. The profile will be registered once 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 (openpayments@cms.hhs.gov) for next steps. More information on vetting is available in the [Open Payments User Guide](#).

10) Please note that once your profile is created the vetting process may take up to 15 minutes before you are able to view your records. If your vetting fails for some reason, you should receive an e-mail with instructions on how to correct errors.

11) Under the “My Profile” area in “Overview”, you will be able to see your vetting status.

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

[Home](#) | [Review and Dispute](#)
Review, Affirm, Dispute | [Manage Physicians](#)
Register, Edit, Nominate Roles | [My Profile](#)
[Account, Roles, Nominations](#)

My Profile

Jane Doe

[Overview](#) | [My Profile Details](#) | [My Roles & Nominations](#)

Profile Name

Jane Doe

Your Roles

Role:	Name:	Role Status:
Authorized Representative	Jane	Accepted

Access the Open Payments User Guide

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

12) Once you have been vetted you can review and dispute reports by selecting the “Review and Dispute”

Open Payments (Sunshine Act)

[Teaching Hospital Switch User Type](#)

Review and Dispute
Review, Affirm, Dispute**Manage Teaching Hospitals**
Register, Edit, Nominate Roles**My Profile**
Account, Roles, Nominations**Help**

Welcome to the Open Payments System

You can manage your user profile and perform user role functions associated with your profile.

[Access the Open Payments User Guide](#)

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



tab.

13) Select you name under physician and the year to review and click “Show Records”

Open Payments (Sunshine Act)

[Physician Switch User Type](#)

Home**Review and Dispute**
Review, Affirm, Dispute**My Profile**
Account, Roles, Nominations**Help**

Review and Dispute Overview

A field with an asterisk (*) is required.

Physician Records

Select the reporting entity and program year for which records relating to payments or other transfers of value, or ownership or investment interests are disputed. Then select “Show Disputes.”

There is an initial 45-day period for physicians and teaching hospitals to review and dispute their data before it is made public. Following that initial 45 days is an additional 15-day correction period for reporting entities to work with physicians and teaching hospitals to resolve disputes.

Physicians and teaching hospitals may initiate disputes with reporting entities at any time, not just during the above-mentioned periods. Note the information below to understand how the dispute initiation and resolution timing affects public display of the data.

- Disputes initiated within the initial 45-day review and dispute period, and resolved by the end of the additional 15-day correction period, will be published and tagged as non-disputed in the September 2014 publication of the data.
- Disputes initiated within the initial 45-day review and dispute period, and NOT resolved by the end of the additional 15-day correction period, will be published and tagged as disputed in the September 2014 publication of the data.
- Disputes initiated after the 45-day review and dispute period, and resolved by the beginning of the following review period, will be published and tagged as non-disputed in both the September 2014 data publication and subsequent data publications (however, the values of the published data will be different for each of these publications, per the dispute resolution).
- Disputes initiated after the 45-day review and dispute period, and NOT resolved by the beginning of the following review period, will be published and tagged as non-disputed in the current display status (September 2014) and tagged as disputed in the upcoming data release display status.

Only records for which initial attestation was completed before the start of the review and dispute period will be considered for publication in the September 2014 publication of data.

For a complete list of detailed rules around data publication, refer to the [Open Payments User Guide](#).

*** Choose a Physician:**

John Doe

*** Program Year:**

2013

Show Records

[Access the Open Payments User Guide](#)

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

14) Your records will display in a table. For each record you will have the option to Affirm or Dispute.

Open Payments (Sunshine Act)
Physician: [Search User Type](#)

Home | **Review and Dispute** (Review, Affirm, Dispute) | My Profile (Account, Roles, Notifications) | Help

Review and Dispute - John Doe - 2013

[Back](#)

The table below contains only the records reported for the selected physician during the selected program year. The list is organized by reporting entity, including reporting entities that reported made payments or other transfers of value to the physician, and reporting entities in which the physician has ownership or investment interests.

Only records that have been attested to by reporting entities will be displayed. Records that have not yet been attested to or are still being processed by a reporting entity will be made available for review only after attestation has been completed.

Please note: There is a horizontal scroll bar below the table, for you to use to view more columns in the table. Use the filtering tools below to customize your view of the disputed records.

To take an action related to a disputed record, select the check box in the first column of the table (next to the Entity Making Payment column). You may then perform the following actions on the selected record(s):

- Select "Affirm Record" to confirm the payment or other transfer of value, or ownership or investment interest.
- Select "Dispute Record" to dispute the payment or other transfer of value, or ownership or investment interest. You will need to provide a reasonable explanation for your dispute of the record.
- Select "Withdraw Dispute" to acknowledge that the physician is no longer disputing the record.

To return to the previous page, select "Back."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

Physician Records

Entity Making Payment: Record ID: Date Of Publication:

Dispute ID: Review and Dispute Status: Initiated Acknowledged Resolved No Change Withdrawn Resolved

Payment Category: General Payments Research Payments Ownership or Investment Interest

Affirmed (Yes/No): Yes No

[Search](#) [Clear All](#)

Showing Results for:[All]

Show Entries: 10

[Affirm Record](#) [Dispute Record](#) [Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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Note, if you do not have any payments reported by industry for this year's reporting period (August 1, 2013 – December 31, 2014), the screen will display:

“You have the following errors on this page:

- There are no results that match the specified search criteria.”

15) To affirm a record check the box next to the records you wish to affirm and select “Affirm Record”

Showing Results for:[All]

Show Entries: 10

[Affirm Record](#) [Dispute Record](#) [Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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16) Review the information on the page and select "Affirm Records"

Open Payments (Sunshine Act)

Physician [Switch User Type](#)

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Affirm Records

John Doe - 2013

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Select "Affirm Records" to confirm the payments or other transfers of value, or ownership or investment interests reported by the entity are accurate and valid.

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are affirming the following [1] record(s):

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10054	ABCDE Medical	2013-11-04	\$5,000.00	Attested	

[Cancel](#)

[Affirm Records](#)

17) To dispute a record check the box next to the record you wish to dispute and click "Dispute Record"

Showing Results for:[All]

Show Entries 10

[Affirm Record](#)
[Dispute Record](#)
[Withdraw Dispute](#)

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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18) Review the record on the dispute records page and explain the reason for your dispute. Then click "Send Dispute"

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Dispute Records

A field with an asterisk (*) is required.

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In the "Reason for Dispute" free-form text box below, provide an explanation for disputing the record (an explanation is required). The text box can contain up to 4,000 characters, including spaces. Special characters allowed in the box are limited to apostrophes or single quotes ('), periods (.), ampersands (&), hyphens (-), and commas (,).

Select "Send Dispute" after entering reasons.

An example of a reason for initiating a dispute that should be noted in the box below: "This record is disputed because an incorrect name of the associated drug or biological name is listed and also the reported payment amount of "thirty thousand dollars" is inaccurate. It should be "three thousand dollars."

Note: The contents of the "Reason for Dispute" box will be sent in an email to the applicable manufacturer or applicable OPO that reported the payment, other transfer of value, or ownership or investment interest. Even in the case of a record that was submitted as part of a consolidated report, the dispute is sent to the entity that made the payment, as opposed to the entity that submitted the consolidated report to the Open Payments system.

If multiple disputes are initiated at the same time across different applicable manufacturers or applicable OPOs, the same "Reason for Dispute" text will be sent to all of them.

Once the action has been confirmed by selecting "Send Dispute," the status of the dispute will be displayed as "initiated."

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You have selected the following [1] records:

Record ID	Entity Making Payment	Date of Payment	Amount (\$)	Record Status	Review and Dispute Status
10041	ABCDE Medical	2013-11-11	\$10,000.00	Attested	

*** Reason for Dispute:**
The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

4,000 characters maximum

Cancel **Send Dispute**

19) Once submitted you will see a Dispute Confirmed message. "Click Continue"

Open Payments (Sunshine Act)

Teaching Hospital [Switch User Type](#)

Disputes Confirmed

ABCDE Hospital - 2013

Continue

You have successfully initiated the following dispute(s).

An email has been sent to notify the reporting entity.

Date Dispute(s) Initiated: 07/02/2014 1:16 PM

Record ID	Dispute ID Assigned	Entity Making Payment
10041	172	ABCDE Medical

Reason for Dispute:
The payment amount is incorrect. The amount received was 7,500 and needs to be updated.

Continue

20) To withdraw a dispute check the box next to the records you wish to withdraw a dispute from and select “Withdraw Dispute”

Showing Results for:[All]
 Show Entries 10

Affirm Record
Dispute Record
Withdraw Dispute

Select	Entity Making Payment	Record ID	Dispute ID	Payment Category	Form Of Payment or Transfer of Value	Nature Of Payment or Transfer of Value	Date of Payment	Amount(\$)	Delay in Publication of Research Payment Indicator	Last Modified Date	Current Record Standing
<input checked="" type="checkbox"/>	ABCDE Medical	10054		General Payments	Cash or cash equivalent	Consulting Fee	2013-11-04	\$5,000.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10056		General Payments	Cash or cash equivalent	Grant	2013-10-21	\$7,500.00	No	2014-07-02	Attested
<input type="checkbox"/>	ABCDE Medical	10055		General Payments	Cash or cash equivalent	Education	2013-12-11	\$1,500.00	No	2014-07-02	Attested

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21) Review the information on the page and select “Withdraw Disputes”

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Withdraw Disputes

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Select "Withdraw Disputes" to confirm the withdrawal of the selected dispute(s). Once the dispute is withdrawn, the status of the dispute will be displayed as "Withdrawn".

To return to the previous page, select "Cancel."

For more information about the review and dispute process, refer to the [Open Payments User Guide](#).

You are withdrawing the following [1] dispute(s):

Dispute ID	Record ID	Date of Payment	Amount (\$)	Entity Making Payment	Review and Dispute Status	Record Status	Date Dispute Initiated
181	10056	2013-10-21	\$7,500.00	ABCDE Medical	Initiated	Attested	2014-07-02

Cancel
Withdraw Disputes

If you have additional questions or would like more detailed instructions you can reference the Open Payments User Guide at: [https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Open-Payments-User-Guide-\[July-2014\].pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Downloads/Open-Payments-User-Guide-[July-2014].pdf)

University of Southern California – Office of Healthcare Compliance
 1450 San Pablo Street, Suite 2500, Los Angeles, California 90033 • Tel: (323) 442-8588 • Fax: (323) 442-8367