Appendix A: Key Dates for the Open Payments System for Program Year 2017

Figure A-1: Key Dates for Program Year 2017

Program Activity	Start Date	End Date
Applicable manufacturers and applicable GPOs collect payment data	January 1, 2017	December 31, 2017
Applicable manufacturers and applicable GPOs submitted data to the Open Payments system	February 1, 2018	March 31, 2018
Physicians and teaching hospitals reviewed data and disputed records as necessary	April 1, 2018	May 15, 2018
Applicable manufacturers and applicable GPOs corrected data as necessary	May 16, 2018	May 30, 2018
Data published by CMS	N/A	June 2018
Data refresh published by CMS	N/A	January 2019

Registration for applicable manufacturers, applicable GPOs, physicians, and teaching hospitals is available year-round.

Record review, dispute, and correction can take place year-round. The dates above are the dates that drive how the data is reflected in the initial data publication of June 2018. Disputes initiated after May 15, 2018 or changes to records made after May 30, 2018 may be reflected in the data refresh publication in early 2019. See Sections 2.2 and 2.3 of this document for details.

Appendix B: General Payments Detail (Program Year 2016 and Upcoming Years)

Figure B-1: General Payment File Attributes (PY 2016 and Upcoming Years)

Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Change_Type	Indicator showing if the payment record is New, Added, Changed, or Unchanged in the current publication compared to the previous publication. • **NEW** - To identify "new" records added from end of previous submission deadline until current submission period deadline date • **ADDED** - To identify records that were not eligible at the time of previous publication which are eligible for current publication. • **CHANGED** - To identify previously published records modified after last publication. • **UNCHANGED** - To identify previously published records that remain "unchanged" in current publication.	NEW	VARCHAR2(20)	string	20
Covered_Recipient_Type	Indicator showing if recipient of the payment or transfer of value is a physician covered recipient or a teaching hospital.	Physician	VARCHAR2(50)	string	50
Teaching_Hospital_CCN	A unique identifying number (CMS Certification Number) of the Teaching Hospital receiving the payment or other transfer of value.	330024	VARCHAR2(06)	string	6
Teaching_Hospital_ID	System generated unique identifier of the Teaching Hospital receiving the payment or other transfer of value.	1000000999	NUMBER(38,0)	number	38

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Teaching_Hospital_Name	The name of the Teaching Hospital receiving the payment or other transfer of value. The name displayed is as listed in CMS teaching hospital list under Hospital name.	Healthy Heart Hospital	VARCHAR2(100)	string	100
Physician_Profile_ID	System generated unique identifier for physician profile receiving the payment or other transfer of value.	1000000378	NUMBER(38,0)	number	38
Physician_First_Name	First name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	John	VARCHAR2(20)	string	20
Physician_Middle_Name	Middle name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	A	VARCHAR2(20)	string	20
Physician_Last_Name	Last name of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	Smith	VARCHAR2(35	string	35
Physician_Name_Suffix	Name suffix of the physician (covered recipient) receiving the payment or transfer of value, as reported by the submitting entity.	III	VARCHAR2(5)	string	5
Recipient_Primary_Business_Street_Address_Line1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	7500 Security Blvd.	VARCHAR2(55)	string	55

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Recipient_Primary_Business_Street_Address_Line2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Suite 100	VARCHAR2(55)	string	55
Recipient_City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Baltimore	VARCHAR2(40)	string	40
Recipient_State	The primary practice/business state or territory abbreviation of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value, if the primary practice/business address is in United States.	MD	CHAR(2)	string	2
Recipient_Zip_Code	The 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	21244-3712	VARCHAR2(10)	number-number	10
Recipient_Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or transfer of value.	US	VARCHAR2(100)	string	100
Recipient_Province	The primary practice/business province name of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Manitoba	VARCHAR2(20)	string	20

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Recipient_Postal_Code	The international postal code for the primary practice/business location of the physician (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States	5600098	VARCHAR2(20)	string	20
Physician_Primary_Type	Primary type of medicine practiced by the physician (covered recipient).	Medical Doctor (MD)	VARCHAR2(100)	string	100
Physician_Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Allopathic & Osteopathic Physicians |Obstetrics & Gynecology	VARCHAR2(300)	string	300
Physician_License_State_code1	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MA	CHAR(2)	string	2
Physician_License_State_code2	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	PA	CHAR(2)	string	2
Physician_License_State_code3	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	VA	CHAR(2)	string	2

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Physician_License_State_code4	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	MI	CHAR(2)	string	2
Physician_License_State_code5	The state license number of the covered recipient physician, which is a 2-letter state abbreviation; the record may include up to 5 physician license states, if a physician is licensed in multiple states.	WI	CHAR(2)	string	2
Submitting_Applicable_Manufacturer_or_Applicable_GPO_Name	Textual proper name of the submitting applicable manufacturer or submitting applicable GPO.	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID	System generated unique identifier of the Applicable Manufacturer or Applicable Group Purchasing Organization (GPO) Making payment or other transfer of value	1000000049	VARCHAR2(12)	Number	38
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Name	Textual proper name of the applicable manufacturer or applicable GPO making the payment or other transfer of value	ABCDE Manufacturing	VARCHAR2(100)	string	100
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_State	State name of the submitting applicable manufacturer or submitting applicable GPO as provided in Open Payments	VA	CHAR(2)	string	2
Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_Country	Country name of the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) as provided in Open Payments	United States	VARCHAR2(100)	string	100

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Total_Amount_of_Payment_US Dollars	U.S. dollar amount of payment or other transfer of value to recipient (manufacturer must convert to dollar currency if necessary)	1978.00	NUMBER(12,2)	decimal	12
Date_of_Payment	If a singular payment, then this is the actual date the payment was issued; if a series of payments or an aggregated set of payments, this is the date of the first payment to the covered recipient in this program year	04/01/2013	DATE	Date MM/DD/ YYYY	12
Number_of_Payments_Included _in_Total_Amount	The number of discrete payments being reported in the "Total Amount of Payment".	1	NUMBER(3,0)	number	3
Form_of_Payment_or_Transfer_ of_Value	The method of payment used to pay the covered recipient or to make the transfer of value.	In-kind items and services	VARCHAR2(100)	string	100
Nature_of_Payment_or_Transfe r_of_Value	The nature of payment used to pay the covered recipient or to make the transfer of value.	Consulting Fee	VARCHAR2(200)	string	200
City_of_Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	San Diego	VARCHAR2(40)	string	40
State_of_Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled.	CA	CHAR(2)	string	2
Country_of_Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled.	United States	VARCHAR2(100)	string	100
Physician_Ownership_Indicator	Indicates whether the physician holds ownership or investment interest in the applicable manufacturer; this indicator is limited to physician's ownership, not physician's family members' ownership	No	CHAR(3)	string	3

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Third_Party_Payment_Recipient_Indicator	Indicates if a payment or transfer of value was paid to a third party entity or individual at the request of or on behalf of a covered recipient (physician or teaching hospital).	Entity	VARCHAR2(50)	string	50
Name_of_Third_Party_Entity_Receiving_Payment_or_Transfer_of_Value	The name of the entity that received the payment or other transfer of value.	EDCBA Manufacturing	VARCHAR2(50)	string	50
Charity_Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	No	CHAR(3)	string	3
Third_Party_Equals_Covered_Recipient_Indicator	Indicator showing the "Third Party" that received the payment or other transfer of value is a Covered Recipient.	No	CHAR(3)	string	3
Contextual_Information	Any free String which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value.	Transfer made to promote use of product	VARCHAR2(500)	string	500
Delay_in_Publication_Indicator	Indicator showing if an Applicable Manufacturer/GPO is requesting a delay in publication of a payment or other transfer of value	No	CHAR(3)	string	3
Record_ID	System-assigned identifier to the general transaction at the time of submission	100000000241	NUMBER(38,0)	number	38
Dispute_Status_for_Publication	Indicates whether the payment or other transfer of value is disputed by the covered recipient or not	Yes	CHAR(3)	string	3

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Related_Product_Indicator	Indicator allows the applicable manufacturer or applicable GPO to select whether the payment or other transfer of value is related to one or more product(s) (drugs, devices, biologicals, or medical supplies). If the payment was not made in relation to a product, select "No". If the payment was related to one or more product, select "Yes".	Y	VARCHAR2(100)	string	100
Covered_or_Noncovered_Indicator_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_1	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_1	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_1	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 1	VARCHAR2(100)	string	100
Associated_Drug_or_Biological_NDC_1	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-61	VARCHAR2(100)	string	12

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Covered_or_Noncovered_Indicator_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_2	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_2	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_2	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 2	VARCHAR2(100)	string	100
Associated_Drug_or_Biological_NDC_2	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-62	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_3	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Drug	VARCHAR2(100)	string	100

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Product_Category_or_Therapeutic_Area_3	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_3	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 3	VARCHAR2(100)	string	100
Associated_Drug_or_Biological_NDC_3	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-63	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_Device_or_Medical_Supply_4	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Biological	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_4	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or_Device_or_Medical_Supply_4	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 4	VARCHAR2(100)	string	100

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Associated_Drug_or_Biological_ NDC_4	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	3698-7272-64	VARCHAR2(100)	string	12
Covered_or_Noncovered_Indicator_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a covered or non-covered product per the covered product definition in the Open Payments final rule.	Covered	VARCHAR2(100)	string	100
Indicate_Drug_or_Biological_or_ Device_or_Medical_Supply_5	For each product listed in relation to the payment or other transfer of value, indicates if the product is a drug, device, biological, or medical supply.	Device	VARCHAR2(100)	string	100
Product_Category_or_Therapeutic_Area_5	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value.	Endocrinology	VARCHAR2(100)	string	100
Name_of_Drug_or_Biological_or _Device_or_Medical_Supply_5	The marketed name of the drug, device, biological, or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies) associated with the payment or other transfer of value.	Sample Drug 5	VARCHAR2(100)	string	100
Associated_Drug_or_Biological_ NDC_5	The National Drug Code, if any, of the drug or biological associated with the payment or other transfer of value (if applicable); the record may report up to 5 codes	36987-272-65	VARCHAR2(100)	string	12
Program_Year	The year in which the payment occurred, as reported by submitting entity.	2016	CHAR(4)	number	4

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Field Name	Field Description	Sample Data	Data Type	Format	Max Length
Payment_Publication_Date	The predefined date when the payment or other transfer of value is scheduled to be published	06/30/2017	DATE	DATE MM/DD/YYYY	12