Screen Shots Submission Flow

The screen shots below illustrate the workflow (submission + Attestation) of a user uploading a file containing general payments records.

File Upload-General Payments

Select criteria for file upload

More about updating records can be found in the <u>*Open Payments User Guide.*</u>

Upload Payments
When you upload a payment file, you must first identify the payment category. You can upload more than one file, but no file can be larger than 250 MB.

*Payment Category General Payments ▾

*Entity CITY OF JOSEPHINE ▾

*Program Year 2013 ▾

*File

[   ] Browse...

Must be a valid .csv or .xml or a .zip file. Maximum of 250MB per file.

Submit as Test File

Submit File to Open Payments

Cancel   Go To View Payments

Successful File Upload

More about updating records can be found in the <u>*Open Payments User Guide.*</u>

Upload Payments
When you upload a payment file, you must first identify the payment category. You can upload more than one file, but no file can be larger than 250 MB.

File Successfully Uploaded.
*Payment Category General Payments ▾

*Entity CITY OF JOSEPHINE ▾

*Program Year 2013 ▾

*File

C:\Users\ebirgach\Documents\SUnshine\Testing\consoli Browse...

Must be a valid .csv or .xml or a .zip file. Maximum of 250MB per file.

Submit as Test File

Submit File to Open Payments

Cancel   Go To View Payments

Payments passed file level validation check and ready for FINAL Submission

99CA LP

Program Year 2014

Help with this Page

Status Definitions

How do I begin attestation?

What do I do if payments fail validation?

Research Payments [View All]

Statuses		Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Returned to submitter	0	Correction or Override
ATTESTED	0	No Action
Matching in Progress	0	No Action
Total Payments	0	

General Payments [View All]

Statuses		Action Required
Ready for Submission	5	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Returned to submitter	0	Correction or Override
ATTESTED	0	No Action
Matching in Progress	0	No Action
Total Payments	5	

Final Submission Button Enabled for final Submission

Overriding the status of records signifies that you have reviewed the submitted record(s) and, upon review the information is accurate to the best of your knowledge.

For more information on how to edit and submit the records, please see the
Open Payments User Guide.

Statuses [Refresh Statuses]

Statuses		Action Required	
Ready for Submission	5	Final Submission	[Final Submission for All General Payments]
System Processing	0	No Action	
Ready for Attestation	0	Attest	
Failed Validation	0	Correction	
Unmatched	0	Correction or Override	
Returned to submitter	0	Correction or Override	
ATTESTED	0	No Action	
Matching in Progress	0	No Action	
Total Payments	5		

[Back to View Records]

Record Status :	File ID :	Open Payment ID :	Recipient Type
Please Select / Attested / Ready for Submission / System Processing			☐ Covered Recipient Physician ☐ Covered Recipient Teaching Hospital ☐ Non-covered Recipient Entity ☐ Non-covered Recipient Individual

Override Status :	Home System Payment ID :	Input Method :	Report Type	
All Statuses		☐ Manual Entry ☐ Upload Files	☐ Single ☐ Consolidated	[Search] [Clear All]

Final Submission Confirmation

Post Final Submission Confirmation

Begin Attestation

General Payments			**View All**
Statuses		**Action Required**	
Ready for Submission	0	Final Submission	
System Processing	0	No Action	
Ready for Attestation	18	Attest	
Failed Validation	0	Correction	
Unmatched	0	Correction or Override	
Returned to submitter	0	Correction or Override	
Attested	17	No Action	
Matching in Progress	0	No Action	
Total Payments	35		

Ownership or Investment Interest Category Payments			**View All**
Statuses		**Action Required**	
Ready for Submission	0	Final Submission	
System Processing	0	No Action	
Ready for Attestation	0	Attest	
Failed Validation	0	Correction	
Unmatched	0	Correction or Override	
Returned to submitter	0	Correction or Override	
ATTESTED	0	No Action	
Matching in Progress	0	No Action	
Total Payments	0		

Begin Attestation of All Records

Attestation-Confirm Payments

My Portal   Open Payments ▼

CMS Portal > Open Payments > **Registration 2**

Open Payments

Home	Payments View, edit & report (transfers of value)	Manage Organizations Register, edit and nominate roles	My Profile Account, Roles, Notifications	Help

Home > Payments > View Records > Attest

Attest

① **Confirm Payments**
② **Add Assumptions**
③ **Agree to Attestations**
④ **Review and Attest**

Confirm Payments

Select "Go to View Records" to review and confirm the submitted records, or click "Next" to move to the next page.

2013 Program Year
Stanley E Paregien

Payments Being Attested	18 payments (transfers of value)
Total Value :	$226.25

Go to View Records

Cancel   **Next**

CMS Enterprise Portal Links   Helpful Links

[Type here]

Add Assumptions Yes/No?

Add Assumptions- Yes workflow

Assumptions Added

Agree To Attestation

[Type here]

Agree to Attestation_Cont

Assumptions
View the Assumptions

Attestation Agreement

Please confirm your agreement to the statement(s) below:

☐ 1. I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.

☐ 2. I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.

☐ 3. I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below. If yes to statement 3 above, indicate the reason by selecting at least one of the following reporting limitation statements:

 ☐ a. My entity□□□s gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting year.

 ☐ b. My entity is under common ownership, as defined by 42 C.F.R. □□ 403.902, with an applicable manufacturer and provides assistance or support to an applicable manufacturer with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale or distribution of a covered drug, device, biological, or medical supply. Therefore, my entity is only required to report payments or other transfers of value associated with covered drugs, devices, biologicals or medical supplies which my entity provided assistance and support to an applicable manufacturer.

 ☐ c. My entity has a separate operating division that does not manufacture any covered drugs, devices, biological, or medical supplies. Therefore, my entity is only required to report payments or other transfer of value to covered recipients related to the activities of these separating operating divisions if those payments or other transfers of value are related to a covered drug, device, biological, or medical supply.

Agree to Attestation_Cont

 ☐ d. The only covered drug, device, biological or medical supply manufactured by my entity is pursuant to a written agreement to manufacture a covered drug, device, biological, or medical supply for another entity. My entity does not hold the FDA approval, licensure, or clearance for the covered drug, device, biological, or medical supply, and is not involved in the sale, marketing, or distribution of the covered drug, device, biological or medical supply. Therefore, my entity is only required to report payments or other transfers of value that are related to one or more covered drugs, devices, biologicals, or medical supplies.

 ☐ e. My entity only manufactures covered drugs, devices, biologicals, or medical supplies.

☐ 4. I am attesting that my entity is requesting a delay in publication for one or more payments or other transfers of value. If yes to statement 4 above, indicate one or more of the reasons listed below.

 ☐ a. The payment or other transfer of value is related to research or development of a new drug, device, biological, or medical supply.

 ☐ b. The payment or other transfer of value is related to research or development of a new application of an existing drug, device, biological, or medical supply.

 ☐ c. The payment or other transfer of value is related to clinical investigations regarding a new drug, device, biological, or medical supply.

☐ 5. I am attesting that my entity is submitting a consolidated report because it is under common ownership, as defined by 42 C.F.R. □□ 403.902, with a separate entity or entities that are also applicable manufacturers.

Muraly Dharan
Officer
4/10/2014 1:37 PM

Cancel   Back   Next

CMS Enterprise Portal Home   CMS.gov | Enterprise Portal   A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

8

Review and Attest

Attest

- ✔ **Confirm Payments**
- ✔ **Add Assumptions**
- ✔ **Agree to Attestations**
- ④ **Review and Attest**

Review and Attest

Please review and agree to the attestation below.
The assumptions included, if any, with the payments or other transfers of value, or ownership or investment interest for the 2013 program year data submission are provided below. You can view the assumptions by selecting "View Assumptions" or make edits to the assumptions by selecting "Update Assumptions."
Select the appropriate attestation statements, and confirm your attestation by clicking "Attest." Or, click "Back" to go back and make corrections to the previous pages.
Note: Assumptions for an entity can only be entered and edited by a user with an attester role. Assumptions entered during the initial attestation can be updated and additional assumptions can be entered at any time, but doing so will require re-attestation. If assumptions were not entered during the initial attestation, the user will not be able to add assumptions later.

2013 Program Year
Stanley E Paregien

Payments Being Attested	18 payments (transfers of value)
Total Value :	$226.25

View the Assumptions

Attestation Agreement

I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.

I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.

I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below.

My entity□□□s gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting

Review and Attest

View the Assumptions

Attestation Agreement

I am attesting that I am a Chief Executive Officer, Chief Financial Officer, Chief Compliance Officer, or other Officer of the applicable manufacturer or applicable group purchasing organization with the authority to attest to the information submitted to the Open Payments system.

I am attesting that the information reported is timely, accurate, and complete to the best of my knowledge and belief.

I am attesting that my entity is only reporting payments or other transfers of value associated with covered drugs, devices, biologicals, or medical supplies based on one or more of the reasons listed below.

My entity□□□s gross revenue from covered drugs, devices, biologicals or medical supplies constituted less than 10 percent of gross revenue during the fiscal year preceding the reporting year.

I am attesting that my entity is requesting a delay in publication for one or more payments or other transfers of value.

The payment or other transfer of value is related to research or development of a new drug, device, biological, or medical supply.

I am attesting that my entity is submitting a consolidated report because it is under common ownership, as defined by 42 C.F.R. □□ 403.902, with a separate entity or entities that are also applicable manufacturers.

Muraly Dharan
Officer
4/10/2014 1:37 PM

[Cancel]   [Back]   [Attest]

Records shown as attested

General Payments   View All

Statuses		Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Returned to submitter	0	Correction or Override
Attested	35	No Action
Matching in Progress	0	No Action
Total Payments	35	

Ownership or Investment Interest Category Payments   View All

Statuses		Action Required
Ready for Submission	0	Final Submission
System Processing	0	No Action
Ready for Attestation	0	Attest
Failed Validation	0	Correction
Unmatched	0	Correction or Override
Returned to submitter	0	Correction or Override
ATTESTED	0	No Action
Matching in Progress	0	No Action
Total Payments	0	

View Attestation