

General Payments (Non-Research) Submission File Specification

File #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	File Stage
Submission File Information: All sections contain data elements which are reported once per submission file								
1	Applicable Manufacturer or Applicable QPO Submitting File Name	Actual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this file is a single Applicable Manufacturer/QPO's set of payments/transfer of value records, the Applicable Manufacturer/QPO Name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/QPO Name will be used as the Consolidated Reporter and the Applicable Manufacturer/QPO Name and QPO's/Patient's System ID of the subcompanies making the payments/transfers of value will be reported with every payment/transfer of value record in the file.	Text	Free form text	Yes	1, 100-Char	Match the name on the file for associated Registration ID	Yes
2	Applicable Manufacturer or Applicable QPO Submitting File Registration ID	QPO's/Patient's system generated identifier used to identify the Applicable Manufacturer or QPO (associated only with QPO provided identifier). If this file is a single Applicable Manufacturer/QPO's set of payments/transfer of value records, this Applicable Manufacturer/QPO ID will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/QPO ID will be used as the Consolidated Reporter and the Applicable Manufacturer/QPO Name and QPO's/Patient's System ID of the subcompanies making the payments/transfers of value will be reported with every payment/transfer of value record in the file.	System generated	System generated	Yes	System generated	Match the Registration ID on the file	Yes
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes "N" = No	Yes	1-Char	Limited to characters Y or N	Yes
4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) or/and transfer(s) of value that are extended or corrected versions of previously submitted records.	Boolean	"Y" = Yes "N" = No	Yes	1-Char	Limited to characters Y or N	Yes
5	Original Submission ID	QPO's/Patient's system generated identifier used to identify the original file submission. This data will be reported to the submitter after a successful submission and should only be reported back in a resubmission for the identification purposes.	System generated	System generated	Yes if Line 4 Resubmission File Indicator = "Y"	System generated	Matches Original File Submission ID on the file for associated Registration ID	Yes
Submission Record Information: All sections from here to end of template contain data elements that are reported once per payment/transfer of value								
Recipient Demographic Information								
6	Covered Recipient Type	Indicator showing if recipient of the payment or transfer of value is a physician covered recipient or a teaching hospital. Standardized list of covered Teaching Hospital names and information will be provided.	Enumeration	"1" = Physician "2" = Teaching Hospital	Yes	1-Char	Allowed values limited to "1" or "2"	Yes
7	Teaching Hospital Name	The name of the Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	Free form Standardized Selection	Yes if Line 6 is Covered Recipient Type = "2" (Teaching Hospital)	1, 100-Char	Matches the Hospital Name provided in list for a given file	Yes
8	Teaching Hospital Tax ID Number (TIN)	Tax identifier number of Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	Standardized	Yes if Line 6 is Covered Recipient Type = "2" (Teaching Hospital)	9-Char	Matches a TIN provided on Teaching Hospital list	Yes

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Table of Contents Sample Spreadsheet For Sunshine Act 2013

1. Understanding the eBook Sample Spreadsheet For Sunshine Act 2013
 - The Rise of Digital Reading Sample Spreadsheet For Sunshine Act 2013
 - Advantages of eBooks Over Traditional Books
2. Identifying Sample Spreadsheet For Sunshine Act 2013
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sample Spreadsheet For Sunshine Act 2013
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sample Spreadsheet For Sunshine Act 2013
 - Personalized Recommendations
 - Sample Spreadsheet For Sunshine Act 2013 User Reviews and Ratings
 - Sample Spreadsheet For Sunshine Act 2013 and Bestseller Lists
5. Accessing Sample Spreadsheet For Sunshine Act 2013 Free and Paid eBooks

- Sample Spreadsheet For Sunshine Act 2013 Public Domain eBooks
- Sample Spreadsheet For Sunshine Act 2013 eBook Subscription Services
- Sample Spreadsheet For Sunshine Act 2013 Budget-Friendly Options
- 6. Navigating Sample Spreadsheet For Sunshine Act 2013 eBook Formats
 - ePub, PDF, MOBI, and More
 - Sample Spreadsheet For Sunshine Act 2013 Compatibility with Devices
 - Sample Spreadsheet For Sunshine Act 2013 Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sample Spreadsheet For Sunshine Act 2013
 - Highlighting and Note-Taking Sample Spreadsheet For Sunshine Act 2013
 - Interactive Elements Sample Spreadsheet For Sunshine Act 2013
- 8. Staying Engaged with Sample Spreadsheet For Sunshine Act 2013
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sample Spreadsheet For Sunshine Act 2013
- 9. Balancing eBooks and Physical Books Sample Spreadsheet For Sunshine Act 2013
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sample Spreadsheet For Sunshine Act 2013
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Sample Spreadsheet For Sunshine Act 2013
 - Setting Reading Goals Sample Spreadsheet For Sunshine Act 2013
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sample Spreadsheet For Sunshine Act 2013
 - Fact-Checking eBook Content of Sample Spreadsheet For Sunshine Act 2013
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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