

abbvie

AbbVie Grant Management System (GMS)

Requestor Training: Reconciliation through
Closeout



After Reviewing this Module, You Will be Able to:

- Understand when it is time to reconcile and how to begin a reconciliation
- Reconcile program details, such as location and attendees
- Reconcile financial details
- Complete Sunshine Act reconciliation
- Provide any required documentation
- Submit the reconciliation
- Determine if a refund is due, or respond to a refund request (if applicable)
- Review a closed grant

Begin your Reconciliation







Once your program end date has passed, your request status will change from “Manage Activities” to “Pending Reconciliation”. You will receive an email notification in addition to the status change, alerting you it is time to reconcile. You will have 90 days from the program end date to submit your reconciliation.

1 My Actions All Requests My Account


REQUEST INBOX


My Actions


Please click the icon to the left of the Request ID to review/take action on a specific request. To view all requests (“My Requests”). You may also see the status of requests and use the filters on the right.


ID	Status	Type	Therapeutic Area
 17578	Not Submitted	Third Party Professional Meetings	Gastroenterology
 17562	Not Submitted	Medical Education Request	Dermatology
 17560	Not Submitted	Medical Education Request	Nephrology
	Not Submitted	General Program Support	
	Not Submitted	General Program Support	
3  12512	2 Pending Reconciliation	Medical Education Request	Neurology

1. Navigate to My Actions (this is the default inbox).
2. Any grants in status “Pending Reconciliation” can be reconciled.
3. To select the grant to be reconciled, click on the “View Grant” icon.
4. Once you are in the request details, click on the “Complete Reconciliation” action link in the upper right-hand corner.

4  Print Request PDF

 Update Final Outcomes

 **Complete Reconciliation**

 View LOA

Complete Delivery Format Reconciliation

By clicking on the “Complete Reconciliation” action link, your request will be open for editing. You will be able to see your proposed delivery format in the reconciliation tab and have the ability to provide details of the actual activities. **Please Note:** Charitable Donations and Mission Support programs do not require delivery format reconciliations.

Enter Activity Dates for Delivery Format 1

	Proposed	Actual
* # Speaking/ Faculty Members	2	<input type="text"/>
* Geographic Focus		<input type="text"/>
* Activity Start Date	6/27/2012	<input type="text"/>
* Activity End Date	6/27/2012	<input type="text"/>
* Venue Name		<input type="text"/>
* Is venue Actual or Proposed?	<input checked="" type="radio"/> Actual <input type="radio"/> Proposed	<input type="radio"/> Actual <input type="radio"/> Proposed

1. For each planned delivery format, provide the actual details of the activity, such as dates, venue and location.
 2. For each planned audience group, provide the actual numbers of attendees.
 3. If necessary, you can add additional audience groups by clicking on the ‘+’.
 4. You can select “Save Delivery Format” and the system will save all delivery format values for you to continue at a later time.
 5. Once finished, click on “Proceed to Next Step”.
- Note:** If you have cancelled your request, please enter “0” or “NA” for all “Actual” amounts. For the dates, please enter the proposed dates.

* Audience Group	* Specialty	* # Invited	* # Expected	* # of Actual Attendees
Researcher / Clinical Investigator	Does Not Apply	600	300	<input type="text"/>
+ Click here to add another audience 3				

4

5 →

Complete Budget Reconciliation (1 of 2)

Next, you will be asked to document how the funds for your program were spent. You will have the ability to see your proposed budget for your entire program.

Please Note: Charitable contributions do not require financial reconciliation.

1. Certify if the grant funds received were used for the activities detailed. If funds were used for other activities, please provide an explanation.
2. If there were any program changes, list them here.
3. Certify if all funds were used in accordance with the signed Letter of Agreement (LOA). If any funds were not used in accordance with the LOA, please provide an explanation.

1

* I certify that the grant received was only used for the activity(s) detailed in my original grant request.

Yes

No

2

Program Changes (if any)

3

* All of the funds received from AbbVie were used in accordance with the signed Letter of Agreement?

Yes

No

Complete Budget Reconciliation (2 of 2)

In addition to the program budget details, AbbVie requests further information regarding income received for the program from other sources. At the bottom of the financial reconciliation page, you will be asked to provide these details.

5	* Proposed Total Program Budget	\$103,180.00
6	* Total Amount funded by AbbVie	\$103,180.00
	* Total amount of AbbVie funding used	<input type="text" value="\$0.00"/>
	* Potential Supporter Funding	\$0.00
6	* Actual Supporter Funding	<input type="text" value="\$0.00"/>
	* Refund due to AbbVie	\$103,180.00
7	* Total Proposed Income	\$103,180.00
	* Total Actual Income	\$0.00

5. Provide the actual "Total amount of AbbVie funding used".

Note: If you have cancelled your request and not used any AbbVie funding, leave this field blank.

6. Provide the actual amounts of income received through other sources:

- Funding received from other Supporters

7. The system will automatically calculate the "Refund due to AbbVie".

8. If needed, you can select "Save Budget" and the system will save all the budget values for you to continue at a later time.

9. Once finished, click on "Proceed to Next Step".

Please note: DO NOT send a check at this time. The reconciliation information will be reviewed, and you will receive an email indicating the final refund due.

8

9

Complete the Sunshine Act Reconciliation (Part 1 of 3)

If your request is Medical Education, Patient Education, General Program Support or a Third-Party Educational or Professional Meeting Support and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Medical Education Request please see below (Part 1 of 3)
If a Non Medical Education or Charitable request, please skip this slide.

1

General[23] Third Party[25] Budget[26] Payment[27] Uploads[28] Reconciliation Delivery Format[121] Reconciliation Budget[108]

Sunshine Reconciliation[127] Upload Reconciliation Document[109]

Sunshine Reconciliation[127]

* Did you provide payment from funds with this grant to a covered recipient for any Sunshine reportable activities that occurred on or after August 1st, 2013?[657][648][1] Yes[1] No[2]

* Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital?[637][628][1] Yes[1] No[2]

* [631][622]

Covered Recipient Type Physician[49]

* Title[46] [49]

* Physician First Name[14] Physician Middle Name[15]

* Physician Last Name[16] Physician Suffix[17]

* Physician Speciality[29] * Physician Primary Type[27]

* Primary Employment Type[48] * Institution of Employment[47]

* Physician NPI Number[28] * Physician License Number[30]

* Physician License State[31] * Email Address[26]

* Address Line 1[18] Address Line 2[19]

* City[20] * Country[21]

* Province[24] * Postal Code[25]

* Does the physician hold ownership or investment interest in the applicable manufacturer? Yes[1] No[2]

1. There are a series of validation questions to determine if detailed Sunshine Act details are required to be entered.
2. Based on your selections to the questions, you will either be required to enter any transfer of value or payment made to a physician or teaching hospital.

2

Complete the Sunshine Act Reconciliation (Part 2 of 3)

If your request is Medical Education, Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Medical Education Request please see below (Part 2 of 3)
If a Non Medical Education or Charitable request, please skip this slide.

1 Covered Recipient Type

* Title

* Physician First Name Physician Middle Name

* Physician Last Name * Physician Suffix

* Physician Speciality * Physician Primary Type

* Primary Employment Type * Institution of Employment

* Physician NPI Number * Physician License Number

* Physician License State * Email Address

* Address Line 1 Address Line 2

* City * Country

* Province * Postal Code

* Does the physician hold ownership or investment interest in the applicable manufacturer? Yes No

2

1. Select your type of covered recipient type.
2. Enter your covered recipient type details (required fields have a red asterisk next to them).

Please note: This information will need to be completed for each covered recipient.

Complete the Sunshine Act Reconciliation (Part 3 of 3)

If your request is Medical Education, Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Medical Education Request please see below (Part 3 of 3)
If a Non Medical Education or Charitable request, please skip this slide.

1 Payment Information Fields

* Entity Making Indirect Payment: Test Organization

* Amount of Payment: \$122.00

* Nature of Payment or Transfer of Value (TOV): Compensation for Servic

* Purpose of Spend: Advertising: Professional

* Is the third party that received the payment or transfer of value a covered recipient? Yes No

* Tax id of Third Party Entity: 33-333333

Compensation for Services A:
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:
Serving as faculty or as a speaker for an accredited or certified continuing education program.

2 [Click here to Add Another Payment](#)

3 [Click here to copy the Previous Payment](#)

4 [Save Covered Recipient / Teaching Hospital](#)

5 [Proceed to Next Step](#)

1. Enter the Payment Information.
2. Many of the fields will dynamically control and display the proper fields based on your select (etc. Form of Payment or Transfer of Value (TOV)).
3. To add a new payment select "Save Payment Information" Then select "Click here to Add Another Payment".
4. To add a new "Covered Recipient / Teaching Hospital select "Save Covered Recipient / Teaching Hospital" Then select "Add Another Covered Recipient / Teaching Hospital".
5. Once all Sunshine information is entered, select "Proceed to Next Step".

Complete the Sunshine Act Reconciliation (Part 1 of 3)

If your request is Medical Education, Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support, please see below (Part 1 of 3)

If Medical Education or Charitable, please skip this slide.

General Outcomes Third Party Budget Payment Uploads Reconciliation Delivery Format Reconciliation Budget Sunshine Reconciliation

Upload Reconciliation Document Write-Off Balance

Sunshine Reconciliation

1 * Was an indirect payment or transfer of value (TOV) made to a covered recipient or teaching hospital? Yes No

2 Covered Recipient Type Physician

* Title Dr.

* Physician First Name John Physician Middle Name

* Physician Last Name news * Physician Suffix Jr.

* Allopathic & Osteopathic * Doctor of Osteopathy (DO)

1. Answer if an indirect payment or transfer of value (TOV) was made to a covered recipient or teaching hospital.
2. If "Yes" you will be required to enter the Sunshine Act details.

Note: Fellowships are reportable per CMS guidelines.

Complete the Sunshine Act Reconciliation (Part 2 of 3)

If your request is Medical Education, Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Patient Education, General Program Support or Third-Party Educational or Professional Meeting Support, please see below (Part 2 of 3)

If Medical Education or Charitable, please skip this slide.

1 Covered Recipient Type

* Title

* Physician First Name Physician Middle Name

* Physician Last Name * Physician Suffix

* Physician Speciality * Physician Primary Type

* Primary Employment Type * Institution of Employment

* Physician NPI Number * Physician License Number

* Physician License State * Email Address

* Address Line 1 Address Line 2

* City * Country

* Province * Postal Code

* Does the physician hold ownership or investment interest in the applicable manufacturer? Yes No

2

1. Select your type of covered recipient type.
2. Enter your covered recipient type details (required fields have a red asterisk next to them).

Please note: This information will need to be completed for each covered recipient.

Complete the Sunshine Act Reconciliation (Part 3 of 3)

If your request is Medical Education, Patient Education, General Program Support or Third-party Professional Meeting and any part of the program occurred on or after 8/1/2013, you will be required to complete a Sunshine Act Reconciliation.

If your request is a Patient Education, General Program Support or Third-party Professional Meeting program, please see below (Part 3 of 3)

If Medical Education or Charitable, please skip this slide.

Payment Information Fields 1

* Entity Making Indirect Payment	Test Organization	* Date of Payment	08/10/2013
* Amount of Payment	\$122.00	* Number of Payments Included in the Payment Amount	34
* Nature of Payment or Transfer of Value (TOV)	Compensation for Servic 2	* Form of Payment or Transfer of Value (TOV)	In-Kind Item
* Purpose of Spend	Advertising: Professional	* Third Party Payment Recipient Indicator	Entity
* Is the third party that received the payment or transfer of value a covered recipient?	<input checked="" type="radio"/> Yes <input type="radio"/> No	* Is the Third Party Entity receiving the payment or transfer of value (TOV) a charity?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Tax Id of Third Party Entity	33-333333	* Name of the Third Party Entity Receiving Payment or Transfer of Value	test

Compensation for Services A:
Serving as faculty or as a speaker at a venue other than a continuing education program. Does not include consulting.

Compensation for Services B:
Serving as faculty or as a speaker for a nonaccredited and noncertified continuing education program.

Compensation for Services C:
Serving as faculty or as a speaker for an accredited or certified continuing education program.

3 Click here to Add Another Payment

4 Add Another Covered Recipient / Teaching Hospital

5 Proceed to Next Step →

1. Enter your Payment Information
2. Many of the fields will dynamically control and display the proper fields based on your select (etc. Form of Payment or Transfer of Value (TOC)).
3. To add a new payment select “Save Payment Information” Then select “Click here to Add Another Payment”
4. To add a new “Covered Recipient / Teaching Hospital” select “Save Covered Recipient / Teaching Hospital” Then select “Add Another Covered Recipient / Teaching Hospital”
5. Once all Sunshine information is entered, select “Proceed to Next Step”

Upload Documents and Submit Reconciliation

To complete the reconciliation, upload all required documentation, and any optional documentation you may wish to submit. After submission, AbbVie will review the reconciliation and contact you if additional details or a refund of AbbVie funds is required. **DO NOT** send a refund check at this time, unless otherwise directed by AbbVie.

General Outcomes Accreditation Third Party Budget Payment Uploads Reconciliation Delivery Format Reconciliation Budget

Sunshine Reconciliation Upload Reconciliation Document

Upload Reconciliation Document

* Final Agenda **1** Choose File No file chosen Clear

Final Outcome Choose File No file chosen Clear

Other Document **2** Title File Browse

+ Add Row

3 Submit Reconciliation Save and continue later

Back

1. Use the “Choose File” button to locate documents on your computer for upload. A red asterisk indicates that a document is required.
2. You may upload up to four optional documents to support your reconciliation or outcomes findings.
3. Once finished, click the “Submit Reconciliation” button to complete your reconciliation.

Submit Refund (If Applicable)

In the event that not all funds supplied by AbbVie were used, or if AbbVie determines a portion of the funds spent were not in accordance with the Letter of Agreement, a refund is due to AbbVie.

ID	Status	Type	Therapeutic Area
16457	Refund Due	Medical Education Request	Urology

2 Print Request PDF
2 **Submit Refund**
View LOA

3 Refund Due \$2,000

- * Account Payable Contact Name
- * Account Payable Contact Phone:
- Check Number:
- Tracking Number:
- Date Sent:
- Check Date:

5 Submit Cancel

1. If you have received notification from AbbVie that a refund is due, log into the system and click on the “View Grant” icon to open the grant and complete the refund process.
2. In the upper right hand corner of the grant, click the “Submit Refund” action link. This will open a pop-up window where you may provide additional information.
3. The system will display the refund due, as calculated by AbbVie. Please mail a check to AbbVie in this amount.
4. Please provide as many details as possible regarding your payment submission. AbbVie requires a contact name and phone number of the person responsible for the Accounts Payable function in your organization.
5. Once complete, click the “Submit” button.

Submit Final Outcomes (If Applicable)

If you have submitted a Patient Education or Medical Education request, you will be required to submit final outcomes. Once your financial reconciliation is complete you will receive an email to submit your outcomes and your request status will be moved to “Pending Outcomes.”

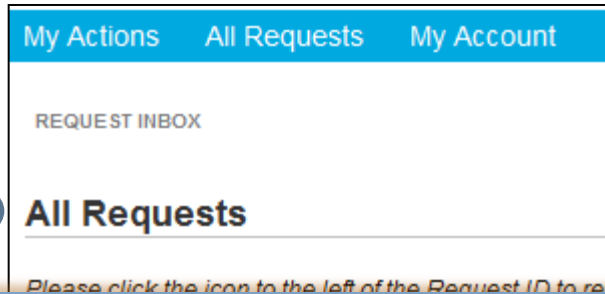
If your request is not Patient Education or Medical Education, please skip this slide.

The screenshot displays the AbbVie Grant Management System interface. At the top, there is a table with columns for ID, Status, and Type. A request with ID 18201 is highlighted, with a red circle '1' next to its 'Pending Outcomes' status. Below the table, a sidebar shows details for the selected request, including 'THERAPEUTIC AREA: Rheumatology', 'TYPE: Medical Education Request', and 'STATUS: Pending Outcomes'. A red circle '2' is placed over the 'Complete Outcomes' button in the top right corner. The main content area shows the 'Final Outcomes' tab, with a red circle '3' next to the tab header. The form contains several questions with radio button options: 'Did this program measure number of participants?' (Yes selected), 'Did this program use a standard scale (i.e. Likert scale) to measure program effectiveness?' (No selected), and 'Final Outcomes' (No file chosen). A red circle '4' is placed over the 'Submit Outcomes' button at the bottom left.

1. Select the request which is in the “Pending Outcomes” status in your inbox.
2. Choose “Complete Outcomes” and you will be brought to the Final Outcomes Tab.
3. Fill out the Final Outcomes tab – note that the questions are dynamic, if you choose “Yes” additional questions will appear.
 - For Patient Education requests the “Final Outcomes” document upload **will not** be required.
 - For Medical Education requests the “Final Outcomes” document upload **will** be required.
4. Once complete, select “Submit Outcomes” to submit your final outcomes and notify AbbVie.

Request Closeout

Once your request has officially been closed, no further action is required. If you have cancelled your request, the status of your request will now be “Closed-Cancelled”.



1

1. All requests submitted by your organization are visible in the “All Requests” inbox.
2. By clicking the “View Grant” icon, you can open up a request to view the details of the request.
3. Grants in every status will be visible in your “All Requests” inbox, including rejected and cancelled grants.

If you do not see requests your organization has submitted in the “All Requests” inbox, check to see if those grants need to be reclaimed by your organization. Information on the reclaiming grants process can be found on the Grant Management System home page under the “Topics and Tools” section.

The screenshot shows a table titled 'All Requests' with the following columns: ID, Status, Type, and Therapeutic Area. The table contains four rows of data. A red bracket on the right side of the table highlights the second, third, and fourth rows. A red circle with the number '3' is placed over the 'Status' column of the third row.

ID	Status	Type	Therapeutic Area
9375	Pending Reconciliation	Medical Education Request	Gastroenterology
9112	Closed	Medical Education Request	Dermatology
9026	Cancelled	Medical Education Request	Dermatology
9025	Cancelled	Medical Education Request	Dermatology

2

3