



# Veterinarian User Support Manual North Carolina Controlled Substance Reporting System

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9901 Linn Station Road | Louisville, KY 40223 | apprisshealth.com

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## 1 Document Overview

The PMP AWARxE *NC Veterinarian User Support Dispenser Guide* provides step-by-step instructions for veterinarians who are dispensers of Schedule II through Schedule V controlled substances in North Carolina who use (or intend to use) Appriss Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

- Reporting requirements for dispensers in the State of North Carolina
- Data file submission guidelines and methods
- Creating a PMP Clearinghouse account
- Creating a data file
- Uploading or reporting data
- Understanding and correcting errors

# 2 Data Collection and Tracking

This chapter provides an overview of the PMP AWARxE registration process as well as detailed instructions for registering for an account and registering for a delegate account.

## 2.1 Data Collection Overview

General Statute 90-113.70 requires that the North Carolina Department of Health and Human Services (NC DHHS) establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. This statute requires that all dispensers of licit controlled substances submit information in accordance with the transmission methods and frequency promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the State's ability to identify controlled substance misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances.

As per North Carolina General Statute, 90-113.73. Dispensers are required to report to the NC Controlled Substance Reporting System (CSRS) no later than the close of the next business day after the prescription is delivered; however, veterinarian dispensers are encouraged to report the information at least weekly.

The data shall be reported using one of the electronic formats described in this document. Effective January 1, 2019, a person licensed to practice veterinary medicine may submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. A paper Universal Claim Form (UCF) may be accepted, as long as the dispenser has approval from the NC DHHS. A UCF will be provided by NC DHHS upon approval.

## 2.2 Reporting Requirements

Veterinarian dispensers of controlled substances are required to collect and report the following information to the data repository:

- Dispenser's DEA number
- Prescriber's DEA number
- Prescriber's State License and NPI (if available)
- Owner's name
- Owner's full address, including city, state, and ZIP code
- Owner's telephone number
- Owner's Date of Birth (this is required to aid in identification of drug diversion)
- Animal's Name
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication of whether the prescription was new or refill
- Metric quantity dispensed
- Estimated days' supply, if provided
- NDC number of the drug dispensed
- Method of payment

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Veterinarian dispensers are encouraged to report prescription information at least weekly.

In the event the dispenser is unable to report the information within the time frame required by this section because the system is not operational or there is some other temporary electrical or technological failure, this inability shall be documented in the dispenser's records. Once the electrical or technological failure has been resolved, the dispenser shall promptly report the information.

The <u>Data Submission</u> chapter provides all the instructions necessary to submit the required information.

### 2.2.1 Zero Reports

This section does not currently apply to veterinarian dispensers.

### 2.2.2 Reporting Noncompliance

The laws and regulations for reporting to the NC CSRS are continuously subjected to amendments, and it is the dispenser's responsibility to be aware of such updates as they are enacted and promulgated

As per North Carolina General Statute 90-113.73., any pharmacy that employs dispensers found to have failed to report information in the manner required within a reasonable period of time after being informed that the required information is missing or incomplete may be assessed civil penalties.

### 2.2.3 Excluded from Reporting

"Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does **not** include any of the following:

- An animal hospital or long-term care pharmacy that dispenses such substances for inpatient administration
- A wholesale distributor of a Schedule II through V controlled substance
- A physician dispensing a controlled substance medication is provided directly to the end user and does not exceed a 48-hour supply
- A dispenser is not required to report Schedule V non-narcotic, non-anorectic Schedule V controlled substances provided directly to the ultimate user for the purpose of assessing a therapeutic response when prescribed according to indications approved by the US FDA.

# 3 Accessing Clearinghouse

This chapter describes how to create your PMP Clearinghouse account and how to log in to the PMP Clearinghouse web portal.

## 3.1 Creating Your Account

Prior to submitting data, you must create an account. If you are currently registered with the Appriss PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add North Carolina to your existing account for data submissions. If you have an existing PMP Clearinghouse account, please refer to <u>Adding States to Your Upload Account</u> to add states to your account.

### Notes:

- Data from multiple veterinarians in a practice can be uploaded in the same file from the same account.
- PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.
- If you need to make changes to an existing PMP Clearinghouse upload account, please refer to <u>Managing</u> <u>Your Upload Account</u>.

### Perform the following to create an account:

1. Open an internet browser window and navigate to the PMP Clearinghouse Account Registration page located at <u>https://pmpclearinghouse.net/registrations/new</u>.

Profile										
* Email Ad	dress user@domain.com									
* Past	word									
* Password confirm	ation									
Personal										
* First	name	Searching for DEA or NPI v	vill autopopulate your information if found.							
Middle	name	DEA	٩							
		NPI	Q							

- 2. Complete your Profile information.
- a. Enter your current, valid email address in the Email Address field.

Note: This email address will act as your user name when logging into the PMP Clearinghouse system.

b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

3. Complete your Personal and Employer information, noting the following:

Required fields are marked with a red asterisk (\*). You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then clicking the search icon. If the number is found, the information will automatically populate.

4. If secure file transfer protocol (SFTP) is required, complete the Data Submission section of the page.

**Notes:** If SFTP access is not required, you do not need to complete the Data Submission section and you may continue to step 5.

You may add SFTP access to an existing account. Please refer to <u>Adding SFTP Access to an Upload Account</u> for complete instructions.

þ	Data Submission
l	
	PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access and Real-Time submissions are also available.
	Enable SFTP Access
	Enable Real-Time Access

a. Click to select the **Enable SFTP Access** checkbox. The SFTP access fields are displayed.

Enable SFTP Access					
SFTP Username	test55555555556@prodpmpsftp				
SFTP Password					
SFTP Password Confirmation					
Passwo	rd must include at least 8 characters, ir	cluding 1 capital letter, 1 lo	owercase letter, an	d 1 special character (su	ich as !,@,#,\$)

b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. Example: "Test" is the employer's name and "555-555-5555" is the employer's phone number, SFTP username is *test555555555555@prodpmpsftp*.

c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. This password will be input into the dispensary software so that submissions can be automated. Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

#### Notes:

- This password can be the same as the one previously entered under Profile.
- Unlike the Profile (user account) password, the SFTP password does not expire.
- The URL to connect via SFTP is sftp://sftp.pmpclearinghouse.net.
- Additional details on SFTP configuration can be found in <u>Appendix C: SFTP Configuration</u>.

5. In the Submission Destinations section of the page, select the state(s) for which you will submit data.

#### 6. Click Submit.

The request is submitted to the PMP administrator for each of the state(s) you selected for data submission, and the Registration Information Overview page is displayed.

🛛 Account Registrati	ion REGISTRATION IN	FORMATION OVER	VIEW		
	Profile		Employer		
	Email Address:	test@tester.com		Name:	Test Pharmacy
	Password.		DEAT	sumber:	
			NCPDP	umber:	
	DEA Number:				
	NPI Number:		4	kddress:	123 Teat St Teat WA 12345
	Full Name:	Robyn Weaver			
				Phone:	555-123-5555
				Fax	
	Data Acceptance				
	SFTP Account		Real-Time #	Accour	nt
	SFTP Access?	No	Real-Time /	Access?	No
	Submission Des	tinations			
		Alabama			
	Continue				
1					

#### 7. Click Continue.

The PMP Clearinghouse Login page is displayed; however, you will not be able to log in until your account has been approved. Once the state PMP administrator has approved your request, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWAR**X**E.

PMP Clearinghouse	
	Login a sequences a, present
	Help Paget yes asseed Data seed-watch from strategiese <sup>1</sup>

### 3.2 Logging in to PMP Clearinghouse

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at <a href="https://pmpclearinghouse.net/users/sign\_in">https://pmpclearinghouse.net/users/sign\_in</a>.



**Note:** If you forgot your password; or completed registration but did not get the account confirmation email; or your account has been locked and you did not get the email with instructions for unlocking your account, please refer to the links in the Help section of the page. For detailed instructions on resetting your password, refer to <u>Resetting Your Password</u>.

2. Enter the email address and password you used to create your account.

4. Click Login.

The PMP Clearinghouse home page is displayed.

	in Gleannynouse											
F	ile Listings / File Upload											
▥	File Listings	DATA FILE SUBMISS	SIONS STATUS (LAST	30 DAYS)						Error Files	🛆 Uplo	ad File
:	Show 10 • entries								Search:			C
	File		0 1	itate	0 Records	0 Records w/ Warnings	Records w/ Errors	Submitted	 Status		Status Report	
	No data available in table											
3	Showing 0 to 0 of 0 entries										← Previous	Next -+

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## 4 Data Submission

This chapter provides information and instructions for submitting data to the PMP Clearinghouse repository.

### 4.1 Timeline and Requirements

You can begin submitting data to PMP Clearinghouse as soon as your account has been created.

Beginning January 1, 2019, veterinarian dispensers were required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting Requirements</u> unless exempted. However, this date was delayed until June 3, 2019 for rule clarification.

**Note:** If you have any questions about the reporting timeline, please contact the NC CSRS administrator using the information provided in <u>Administrative Assistance</u>.

## 4.2 Upload Specifications

Files should be in the ASAP 4.2 format as defined in <u>Appendix A: ASAP 4.2 Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20180919.dat". All of your upload files will be kept separate from the files of other dispensers. Veterinarian dispensers are encouraged to report prescription information at least weekly.

## 4.3 Zero Reports

This section does not currently apply to veterinarian dispensers.

# 5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s) to PMP Clearinghouse.

For quick reference, you may click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

Delivery Method	Page
Secure FTP	12
Web Portal Upload	13
Manual Entry (UCF)	14

### 5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual sub-folders for the state PMP systems to which you are submitting data. These sub-folders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the state abbreviation NC.** Data files not submitted to a state sub-folder will be required to have a manual state PMP assignment made on the File Listings page. Please refer to <u>State Subfolders</u> for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in Creating Your Account. Or

2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in Adding SFTP Access to an Upload Account.

3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP</u> <u>4.2 Specifications</u>.

#### Note:

- Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of ".dat". An example file name would be "20180919.dat".
- All of your upload files will be kept separate from the files of others.
- Reports for multiple veterinarians in the same practice can be in the same upload file in any order.
- If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: 20180919a.dat, 20180919b.dat, and 20180919c.dat.

4. SFTP the file to <u>sftp://sftp.pmpclearinghouse.net</u>.

5. When prompted, enter the username and password you created when setting up the SFTP account.

6. Place the file in the appropriate state-abbreviated directory.

Copyright © 2018 Appriss, Inc. All rights reserved. Do not copy or distribute without the express written permission of Appriss. 7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

**Note:** If you place the data file in the root directory and not a state sub-folder, a "**Determine PMP**" error is displayed on the File Status page, and you will be prompted to select a destination PMP (state) to which the data should be sent.

### 5.2 Web Portal Upload

1. If you do not have an account, perform the steps in Creating Your Account.

2. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP</u> <u>4.2 Specifications</u>.

**Note:** Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of ".dat". An example file name would be "20180919.dat".

If you submit more than one file within the same day, each file must have a unique name to avoid overwriting previous uploaded files. For example, if uploading three files within the same day, you could use the following file names: 20180919a.dat, 20180919b.dat, and 20180919c.dat.

3. Log in to PMP Clearinghouse.

4. Click File Upload from the menu bar.

PMP Clearinghouse 🗠 File Submissions 🗈 UCF Submissions 🖬 Zero Reports File Upload

5. Or Click **Upload File** from the File Listings page.

The Unitings / Whe Upland								
II File Listings DATATILE SUBMISSIONS STATUS (ART 20 DATE)								
Show 10 + entries						Search	0	
Film	) State	1 Records	Encontrol with Warnings	Records of Errors	Submitted	· Status	Status Report	
No data available in table								
Showing 0 to 0 of 0 withins								

The Submission Upload page is displayed.



6. Select the state PMP for file submission from the drop-down list in the **Select PMP** field.

7. Click the Browse button, located next to the File Upload field, and select the file created in step 2.

8. Click **Upload**. A message is displayed prompting you to confirm the submission.



9. Click **Upload** to continue with the file submission.

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Your file is uploaded, and you can view the results of the upload on the File Submissions page.

**Note:** When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken and you will have to rename it.

## 5.3 Manual Entry (UCF)

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, please email <u>NCCSRS@dhhs.nc.gov</u> for assistance.

### 5.3.1 Online UCF Submission

You can manually enter your prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to <u>Reporting Requirements</u> for the complete list of reporting requirements.

1. If you do not have an account, perform the steps in Creating Your Account.

2. Log in to PMP Clearinghouse.

3. Click UCF Submissions.

PMP Clearinghouse File Submissions CF Submissions E UCF Submissions E Zero Reports File Upload

The UCF Listings page is displayed.

PMP Clearinghouse & Tis Submissions BUCF Submissions	Zero Roports - 1780 Upload			[] Account +	& My Prolite *	0 Thip					
807 Unitige 1 Manage Calin Farm 1 New Calin Farm											
E UCF Listings UCF SUBMISSION STATUS											
Show 10 + entries				Search:							
Created at	State	Warnings (	Emma 0	Statum							
No data available in table	No dea available in table										
Showing 0 to 0 of 0 entries	Bening to 1 of entry Production										

4. Click New Claim Form, located at the top of the page.

The Create Universal Claim Form page is displayed.

MP			
1 Perp Select a PMP.			
Patient			
Patient Info	Patient ID	Patient Address	
Patent Animal 🛛	Identity Type	* ŽAdáres	
1 First Name	Identity Value	Apartment or Suite	
1 First Name	Jutschiction	Apartment or Suite	

5. Select the state PMP to which you are submitting data from the drop-down list in the **Select PMP** field. Complete all required fields - marked with a red asterisk (\*)

**Note:** If you are entering a compound, click the **Compound** checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click **Add New** to add additional drug ingredients.

7. Once you have completed all required fields, click Save. The **Submit Now** button is displayed at the top of the page.

Edit Universal Claim Form MANAGE UCF FORMS				
You may submit this form at any time.				
This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form. Submit Now				

8. Click **Submit Now** to continue with the data submission process. A message is displayed prompting you to confirm the data submission.

Submit Form		×
Are you sure you are ready to submit?		
	Cancel	ОК

9. Click OK. Your data will be validated upon submission. If there are any errors on the UCF form, they are displayed at the top of the page. If there are no errors, you are returned to the Submitted Claim Forms page and your report is listed there.

Edit Universal Claim Form MANAGE UCF FORMS
You may submit this form at any time. This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form. Submit Now
Form has errors and was unable to be submitted. • Pharmacy address can't be blank • Pharmacy city can't be blank • Pharmacy state can't be blank • Pharmacy zip code can't be blank • Patient address street can't be blank • Patient address city can't be blank • Patient address state can't be blank • Patient address state can't be blank • Patient address zip can't be blank

10. Correct the indicated errors, then repeat steps 7–9. Once your data has been successfully submitted, your report is listed on the Submitted Claim Forms page.

UCF Listings / Manage Claim For	ms / New Claim Form				
III Submitted Clair	m Forms MANAGE SMITHERMANS PHARMACY	UCF FORMS (LAST 30 DAYS)			View Pending Forms
Click patient's name to view submissi	on information. To update submission information, delete the current su	bmission form and submit a new claim	form.		
Show 10 v entries					Search:
Created At		State (	Patient Name	¢	0
03/14/2018 6:25 PM		DO	Patient, Test	Delete Suterinsion	
Showing 1 to 1 of 1 entries					PreviousNext

## 6 Data Compliance

This chapter describes how to view the status of your submitted data files and how to correct errors.

## 6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. Click **File Submissions** to access this page.

w 10 v entries						Search:	2
•	0 State	0 Records 0	Records w/ Warnings	Records w/ Errors	Submitted	👻 Status	Status Report
rFuzzySearches.bd					03/09/2018 05:38PM	A.mag.attact	
nical3 txt	VT	1	0	1	03/09/2018 02:33AM	Pending Dispensation Error	status report
vical8 bit	DO	5	5	0	03/09/2018 02:32AM	<b>v</b>	status report
vical? tot	DO	5	1	0	03/09/2018 02:27AM	~	status report
vical6 bit	DO	5	5	0	03/09/2018 02:25AM	4	status report
vical5.txt	DO	5	5	0	03/09/2018 02:23AM	÷	status report
nical4.bt	DO	3	3	0	03/09/2018 02:17AM	4	status report
nical3.txt	DO	1	1	0	03/09/2018 02:11AM	<b>.</b>	status report
nical2.txt	DO	1	1	0	03/09/2018 02:08AM	×	status report
nical1.txt		0			03/09/2018 02 05/444	A map errors	

- The **Status** column, located at the end of each row, displays the file status.
- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to <u>File Status Report</u> for more information on how to read and interpret this report.

If a file contains errors, it will have a status of "**Pending Dispensation Error**." You can click the error message in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see <u>View Records</u> for more information). Please refer to <u>Error Correction</u> for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have a status of "**ASAP Errors**." To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

If you submitted a file via SFTP without using a state-specific sub-folder, the file will be displayed, and you will be prompted to select a destination PMP to which the data file will be transferred.

## 6.2 UCF Listings

The UCF Listings page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

thow 12 entries				Search	
Created at	* State	Warnings	Errors	) Status	
09642015 07 56 PM	45	0	0	۰. ۲	
09/04/2015 00:05 PM	43		0	<i>u</i>	
11/30/2015 85:50 PM	50		F	×	
11/30/2015 89:53 PM	90			~	
12642015 88 81 FM	80		0	×	
64292016 (3.31 PM	45		0	<i>u</i>	
05252216 IT IS PM	50		P	×	
68292016-0183 PM	15			×	
68292016 ET 16 PM	45		0		
09/30/2016 06:00 PM	13			~	

The **Status** column, located at the end of each row, displays the UCF's status. If a UCF contains errors, it will have a status of "**Pending Dispensation Error**." You can click the error message in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see <u>View</u> <u>Records</u> for more information). Please refer to <u>Error Correction</u> for instructions on how to correct errors.

### 6.3 Error Correction

### 6.3.1 View Records

The Error Correction page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the "**Pending Dispensation Error**" message in the **Status** column of the <u>File</u> <u>Listings</u> page or <u>UCF Listings</u> page. The **Correct** button, located at the end of each row, allows you to make corrections to the record.

File Listings / File Errors /								
Error Correction	n MANAGE AND RESOLVE SUBM	ISSION ISSUES						
Show 10 v entries						Se	earch:	
DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
861818337	10127101	RETURNED TO C	ACCORDENT AND CARD MILLION COMP.	2018-03-10	Drug	0	2	Correct
841819337	862758	ALTERNATION (	AND DEPENDENT OF THE PERSON AND A DEPENDENT AND	2018-03-10	Dispensation	0	1	Correct
Showing 1 to 2 of 2 entries							← Previous 1	
							+- Previous 1	rvext

### 6.3.2 Error Correction via PMP Clearinghouse

The Drug Errors page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records. To access this page, click the **Correct** button next to the erroneous record listed on the Error Correction page (see <u>View Records</u> for more information).

File Listings / File Errors / Drug Erro	rs.		
Drug Errors MANAG	E AND RESOLVE SUBMISSION IS	SUES	
Prescription Number:	DEA Number: Endenued NCPDP Iden	tilier: Filled At: 2018-03-10	
Field	Submitted Value	Corrected Value	Messages
Sequence			×
Product identifier type	01	NDC	×
Product identifier	tramadol	tramadol	Errors: Preduct identifier error KIDC number not band in registry. Preduct identifier most is e 10 or 11 digit number
Quantity	10	10.0	<i>.</i>
Units	03	gm	٠
Pmix strength text			٠
Pmix product name text			*
Submit Cancel			

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. In this case, you must submit a corrected file. To correct records:

1. Identify the fields that require corrections. Fields containing errors are highlighted in red, as shown in the screenshot above.

2. Enter the corrected value in the Corrected Value column.

3. Click Submit. The error is processed through the validation rules.

a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been corrected. The File Listings and Error Correction pages are also updated.

b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with a new error message. Repeat steps 2 - 3 until the errors have been corrected and the file can be successfully submitted.

### 6.3.3 Error Correction via File Submission

The ASAP 4.2 standard requires dispensers to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- 00 New Record indicates a new record
- 01 Revise indicates that one or more data elements in a previously-submitted record have been revised
- 02 Void indicates that the original record should be removed

# 7 Data Compliance

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been. This chapter describes the status reports you may receive via email.

## 7.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

**Note:** Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system. An example *File Failed Report* is provided below.

```
SUBJ: North Carolina ASAP file: fake-test3.txt - Parse Failure
BODY:
Error Message
-----
_____
Failed to decode the value '04' for the bean id
'transactionControlType'.
Summary:
 File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: unparseable
 * Transaction Control Type: unparseable
* Date of Submission: September 19, 2018
NOTE: This file could not be received into the system because the
system could not recognize its content as a valid ASAP format.
Action is required to resolve the issues and a subsequent file
should be submitted. As such the information provided in this
report is "best effort" and any information we could not parse is
listed as "unparseable" in the fields above.
```

## 7.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the state PMP system. This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data. The columns are set to the following lengths:

Delivery Method	Page
DEA	11 (9 + pad)
NCPDP *Not required for Vets	9 (7 + pad)
NPI *Not required for Vets	12 (10 + pad)
Prescription	27 (25 + pad)
Filled	10 (8 + pad)

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Segment	18 (16 + pad)
Field	18 (16 + pad)
Туре	9 (7 + pad)
Message	Arbitrary

The *File Status Report* notifies you of the following scenarios:

- **Total records**: The total number of records contained in the submitted data file.
- **Duplicate records**: The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information.
- **Records in process**: The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out).

Records remaining to be processed will continue to be processed even after the status report is sent.

- **Records with errors**: The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to Error Correction for instructions on correcting errors.
- **Records with warnings**: The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.
- **Records imported with warnings**: The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to Error Correction for instructions on correcting errors.
- **Records imported without warnings**: The number of records without warnings that were imported.

**Note:** The initial File Status Report is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file.

An example File Status Report is below.

SUBJ: Nort	h Carolin	a ASAP file:	fake-test3.txt - Stat	us Report					
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message	
BE1234567 DE9841394		9034618394 4851947597	123486379596-0 357199504833-345	20130808 20130808	Dispensation Dispensation	refill_number days_supply	WARNING ERROR	message example message example	
Summary: * File Nam	Summary: * File Name: fake-test3.txt								
* ASAP Ver									
		ol Number: 2 ol Type: sen							
		n: September							
* Total Re			10, 2010						
* Duplicat	e Records	: ###							
* In Proce	ss Count:	###							
* Records	with Erro	r Count: ###							
		Count: ###							
* Records	Imported	with Warning	Count: ###						

### 7.3 Zero Report Confirmation

This section does not currently apply to veterinarian dispensers.

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# 8 Managing Your Upload Account

The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

**Note:** This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to Managing Your User Profile.

## 8.1 Adding Users to Your Upload Account

PMP Clearinghouse allows data submitters to add new users to the system who have the same rights and access to submitting data and viewing file status. This practice allows you to create an account to be used for a backup individual.

### 1. Log in to PMP Clearinghouse.

### 2. Click Account.

	Account -	🛎 My		
	Multi State Approval			
	Account Details			
	SFTP Details			
	Real-Time Details	es	📤 Uploa	ad File
-	DEA Numbers			
Se	Users			2
2				

3. Select Users from the Account drop-down menu. The Account Users page is displayed.

4. Click **New User**, in the top right corner of the page. The New Data Submitter User page is displayed.

📽 New Data Sub	mitter User MANAGE DATA SUBMITTER USERS
Account Informatio	n
<u>.</u> Email	
First name	
* Last name	
	Submit Cancel

5. Enter the new data submitter's email address, first name, and last name in the appropriate fields.

6. Click **Submit**. The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.

a. The user will receive an email with a link for them to confirm their account.

b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.

c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

### 8.2 Adding States to Your Upload Account

If your practice needs to submit data files to an additional state that uses PMP AWARxE, please email <u>NCCSRS@dhhs.nc.gov</u> for instructions.

### 8.3 Adding SFTP Access to an Upload Account

If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

- 1. Log in to PMP Clearinghouse.
- 2. Click Account.

Account -	🚢 My F		
Multi State Approval			
Account Details			
SFTP Details			
Real-Time Details	es	📤 Uploa	ad File
DEA Numbers	-	<u> </u>	
Users			0
	Multi State Approval Account Details SFTP Details Real-Time Details DEA Numbers	Multi State Approval Account Details SFTP Details Real-Time Details DEA Numbers	Multi State Approval Account Details SFTP Details Real-Time Details DEA Numbers

3. Select SFTP Details. The SFTP Account page is displayed.



**Note:** If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page. You cannot change the SFTP account username; however, you can update the password by clicking **Edit**.



4. Click Create. The Create a New SFTP Account page is displayed.

睿 SFTP Accour	CREATE A NEW SFTP ACCOUNT
Name	
Password	Username of the SFTP account.
Password confirmation	
	Create

5. Enter a username for the account in the Name field. The username must contain a minimum of eight(8) characters. Once the SFTP account has been created, you cannot change the username.

6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. Once the account has been successfully created, this password will be input into the dispensary software so that submissions can be automated.

7. Click **Create**. The account is created, and the username is displayed.

쨜 SFTP	Account VIEW SFTP ACCOUNT DETAILS
	Username: testuser@preppmpsftp
Edit	

### 8.4 Editing Your Upload Account

**Note:** This function only allows you to edit your organization's upload account. If you need to edit your individual profile information, please refer to <u>Editing Your Profile</u>.

- 1. Log in to PMP Clearinghouse.
- 2. Click Account.

	ccount -	🛚 My Profile 👻	
Multi State A	pproval		
Account Deta	ils		
SFTP Details			
Real-Time De	etails <sup>es</sup>	📤 Uplo	ad File
DEA Number	s		
Se Users			2

3. Select Account Details. The Account page is displayed.

🛛 Test Pharmac	y Account MANAGE ORGANIZATION ACCOUNTS
Account Details	
Name	Test Pharmacy
Phone Number	555-123-6555
Fax Number	
Admin Details	
User Name	Test User
Enail	Number of States and States and States and
Address	123 Test St Test KY 12345
Stip Account ID	lasluse (grapproph)
	tor .

4. Click Edit. The Edit Account page is displayed.

Edit Test Phar	macy Account MANAGE ORGANIZATION ACCOUNTS
	,
_ Name	Test Pharmacy
Phone number	555-123-5555
Fax number	
Admin Demograph	nic Details
Address	123 Test St
City	Test
State	Kentucky *
Zp code	12345
	Submit Cancel
	CONTRE CONTREE

5. Update the information as necessary, then click **Submit**. The account information is updated.

## 9 Managing Your User Profile

This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password. For information about managing your organization's upload account, including how to add users, please refer to <u>Managing Your Upload Account</u>.

## 9.1 Editing Your Profile

- 1. Log in to PMP Clearinghouse.
- 2. Click My Profile.

🗐 Account 🔻	🛔 My Profile 👻	0 Help
Edit	My Profile	
View	My Profile	
Char	nge Password	
Logo	out	ad File

3. Select Edit My Profile.

A My Profile MA	NAGE MY PROFILE
± First name	Test
: Last name	User
:Email	entremente en Ellerate com
Time zone	(GMT+00:00) UTC *
Disable report emails	
Organization Infor	mation
Name	Test Pharmacy
Admin	Test User
Admin Email	ellerbeneser (haral) est
	Submit Cancel

4. Update your information, then click **Submit**. Changes are saved, and the updated profile is displayed.

## 9.2 Changing Your Password

**Note:** Clearinghouse passwords expire every 90 days. Use this function to proactively change your password before it expires. If your password is expired, or you have forgotten your password, go to the PMP Clearinghouse Login page and click **Forgot your password?** to reset it. Please refer to <u>Resetting Your Password</u> for more information.

- 1. Log in to PMP Clearinghouse.
- 2. Click My Profile.

Account - Arofile -	0 Help
Edit My Profile	
View My Profile	
Change Password	
Logout	ad File

3. Select Change Password.

Enal electronomity and on	hanges
Password	
Password confirmation	

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4. Enter your current password in the Current Password field.

5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field.

6. Click **Update**. Your password is updated, use it the next time you log in to PMP Clearinghouse.

### 9.3 Resetting Your Password

If you have forgotten your password or your password has expired, do the following to reset it.

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at <u>https://pmpclearinghouse.net/users/sign\_in</u>.

	Email Address	
	Re Password	
	Login Create an Account	
lelp	0	

2. Click **Forgot your password?** in the Help section of the page. The Forgot your password page is displayed.

<u>*</u> Email	
	Send me reset password instructions

3. Enter the email address associated with your user account, then click **Send me reset password instructions**.

4. Once you receive the reset password email, click the **Change my password** link within the email. The Change your password page is displayed.

Change your pass	word
." New password " Confirm your new password	
patoriola	Change my password

5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field.

6. Click **Change my password**. Your password is changed, and you can now use it to log in to PMP Clearinghouse.

# 10 Assistance and Support

### 10.1 Technical Assistance

If you need help with any of the procedures in this guide, contact Appriss Health at 1-866-792-3149; create a support request at: <u>https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new</u>. Technical assistance is available 24 hours per day, 7 days per week.

### 10.2 Administrative Assistance

If you have non-technical questions about NC CSRS, please contact North Carolina Controlled Substances Reporting System Division of Mental Health, Developmental Disabilities, and Substance Abuse Services 3008 Mail Service Center Raleigh, North Carolina 27699-3008. **Phone**: 919-733-1765 **E-mail:** <u>nccsrs@dhhs.nc.gov</u>

## Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the NC CSRS requirements.

The following elements are used in each upload file:

- Segment Identifier indicates the beginning of a new segment, for example, PHA.
- Data Delimiter character used to separate segments and the data elements within a segment, for example, an asterisk (\*).

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

Segment Terminator – character used to mark the end of a segment, for example, the tilde
 (~).

**Note**: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes ( $\sim\sim$ ).

- Requirement
  - R = Required by NC CSRS
  - N = Not required but accepted if submitted
  - S = Situational (not required; however, supply if available)
  - P = Preferred, please submit

**Note**: For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. This guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement
TH: Transac	tion Header (re	equired)	
Used to indi	icate the start o	of a transaction. It also assigns the data element separator, segment te	rminator, and
control num	nber.		
	TH01	Version/Release Number	R
		Code uniquely identifying the transaction.	
		Format = xx.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	TH03	Transaction Type	s
		Identifies the purpose of initiating the transaction.	
		O1 Send/Request Transaction	
		<ul> <li>02 Acknowledgement (used in Response only)</li> </ul>	
		<ul> <li>03 Error Receiving (used in Response only)</li> </ul>	
		<ul> <li>04 Void (used to void a specific Rx in a real-time transmission or</li> </ul>	
		an entire batch that has been transmitted)	
	тн04	Response ID	s
		Contains the Transaction Control Number of a transaction that	
		initiated the transaction. Required in response transaction only.	
	TH05	Creation Date	R
		Date the transaction was created. Format: CCYYMMDD.	
	TH06	Creation Time	R
		Time the transaction was created. Format: HHMMSS or HHMM.	
	TH07	File Type	R
		P = Production	
		T = Test	
	TH08	Routing Number	s
		Reserved for real-time transmissions that go through a network	_
		switch to indicate, if necessary, the specific state PMP the	
		transaction should be routed to.	
	тн09	Segment Terminator Character	R
		This terminates the TH segment and sets the actual value of the data	
		segment terminator for the entire transaction.	
	ion Source (red	· ·	
sed to con	-	and identification numbers of the entity supplying the information.	1
	1501	Unique Information Source ID	R
		Reference number or identification number.	
		(Example: phone number)	
	1502	Information Source Entity Name	R
		Entity name of the Information Source.	
	1503	Message	s
		Free-form text message.	

Segment	Element ID	Element Name	Requirement
PHA: Pharm	acy Header (re	quired)	
Jsed to ide	ntify the pharm	acy.	
Note: It is re	equired that inf	formation be provided in at least one of the following fields: PHA01, PH	HA02, or PHA03.
	PHA01	National Provider Identifier (NPI)	S
		Identifier assigned to the pharmacy by CMS.	
	PHA02	NCPDP/NABP Provider ID	S
		Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	
	PHA03	DEA Number	R
		Identifier assigned to the pharmacy by the Drug Enforcement Administration.	
	PHA04	Pharmacy Name	S
		Free-form name of the pharmacy or dispensing practitioner's name.	
	PHA05	Address Information – 1	S
		Free-form text for address information.	
	PHA06	Address Information – 2	S
		Free-form text for address information.	
	PHA07	City Address	S
		Free-form text for city name.	
	PHA08	State Address	s
		U.S. Postal Service state code.	
	PHA09	ZIP Code Address	S
		U.S. Postal Service ZIP Code.	
	PHA10	Phone Number	S
		Complete phone number including area code.	
	PHA11	Contact Name	S
		Free-form name.	
	PHA12	Chain Site ID	S
		Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	
AT: Patient	t Information (	required)	
		's name and basic information as contained in the pharmacy record.	
	PAT01	ID Qualifier of Patient Identifier	S
		Code identifying the jurisdiction that issues the ID in PAT03.	

Segment	Element ID	Element Name	Requirement
	PAT02	ID Qualifier	s
		Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.	
		01 Military ID	
		02 State Issued ID	
		O3 Unique System ID	
		O4 Permanent Resident Card (Green Card)	
		05 Passport ID	
		06 Driver's License ID	
		08 Tribal ID	
		<ul> <li>99 Other (agreed upon ID)</li> </ul>	
	PAT03	ID of Patient	s
		Identification number for the patient as indicated in PAT02.	
		An example would be the driver's license number.	
	PAT04	ID Qualifier of Additional Patient Identifier	s
		Code identifying the jurisdiction that issues the ID in PAT06.	
		Used if the PMP requires such identification.	
	PAT05	Additional Patient ID Qualifier	s
		Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.	
		O1 Military ID	
		02 State Issued ID	
		O3 Unique System ID	
		04 Permanent Resident Card	
		05 Passport ID	
		06 Driver's License ID	
		08 Tribal ID	
		<ul> <li>99 Other (agreed upon ID)</li> </ul>	
	PAT06	Additional ID	s
	PAIVO	Identification that might be required by the PMP to further identify	5
		the individual. An example might be that in PATO3 driver's license is	
		required and in PATO6 Social Security number is also required.	
	PAT07	Last Name	R
		Patient's last name.	
	PAT08	First Name	R
		Patient's first name.	
	PAT09	Middle Name	s
		Patient's middle name or initial if available.	
	PAT10	Name Prefix	s
		Patient's name prefix such as Mr. or Dr.	
	PAT11	Name Suffix	s
		Patient's name suffix such as Jr. or the III.	
L			

North Carolina Controlled Substance Reporting System Data Submission Guide for Dispensers

ASAP 4.2 Specifications

Segment	Element ID	Element Name	Requirement
	PAT12	Address Information – 1	R
		Free-form text for street address information.	
	PAT13	Address Information – 2	s
		Free-form text for additional address information.	
	PAT14	City Address	R
		Free-form text for city name.	
	PAT15	State Address	R
		U.S. Postal Service state code	
		Note: Field has been sized to handle international patients not	
		residing in the U.S.	
	PAT16	ZIP Code Address	R
		U.S. Postal Service ZIP code.	
		Populate with zeros if patient address is outside the U.S.	
	PAT17	Phone Number	R
		Complete phone number including area code.	
	PAT18	Date of Birth	R
		Date patient was born.	
		Format: CCYYMMDD	
	PAT19	Gender Code	s
		Code indicating the sex of the patient.	
		FFemale	
		M Male	
		U Unknown	
	PAT20	Species Code	s
		Used if required by the PMP to differentiate a prescription for an	
		individual from one prescribed for an animal.	
		01 Human	
		02 Veterinary Patient	

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code	s
		Code indicating where patient is located when receiving pharmacy	
		services.	
		• 01 Home	
		02 Intermediary Care	
		O3 Nursing Home	
		<ul> <li>04 Long-Term/Extended Care</li> </ul>	
		05 Rest Home	
		06 Boarding Home	
		07 Skilled-Care Facility	
		08 Sub-Acute Care Facility	
		09 Acute Care Facility	
		10 Outpatient	
		11 Hospice	
		98 Unknown	
		• 99 Other	
	PAT22	Country of Non-U.S. Resident	s
		Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	
	PAT23	Name of Animal	s
		Used if required by the PMP for prescriptions written by a	
		veterinarian and the pharmacist has access to this information at	
		the time of dispensing the prescription.	
	nsing Record (r ntify the basic	equired) components of a dispensing of a given prescription order including the	date and
	DSP01	Reporting Status	R
		DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:	
		<ul> <li>00 New Record (indicates a new prescription dispensing transaction)</li> </ul>	
		<ul> <li>O1 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> </ul>	
		O2 Void (message to the PMP to remove the original	
		prescription transaction from its data, or to mark the record as invalid or to be ignored).	
	DSP02	Prescription Number	R
		Serial number assigned to the prescription by the pharmacy.	
	DSP03	Date Written	R
	0.0000	Date the prescription was written (authorized).	<u> </u>
		Format: CCYYMMDD	
	DSDC4		
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
		The number of remis authorized by the prescriber.	

Segment	Element ID	Element Name	Requirement
	DSP05	Date Filled	R
		Date prescription was filled. Format: CCYYMMDD	
	DSP06	Refill Number	R
		Number of the fill of the prescription.	
		0 indicates New Rx; 01-99 is the refill number.	
	DSP07	Product ID Qualifier	R
		Used to identify the type of product ID contained in DSP08.	
		<ul> <li>01 NDC</li> </ul>	
		<ul> <li>06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)</li> </ul>	
	DSP08	Product ID	R
		Full product identification as indicated in DSP07, including leading	
		zeros without punctuation.	
	DSP09	Quantity Dispensed	R
		Number of metric units dispensed in metric decimal format.	
		Example: 2.5	
		Note: For compounds show the first quantity in CDI04.	
	DSP10	Days Supply	R
		Estimated number of days the medication will last.	
	DSP11	Drug Dosage Units Code	R
		Identifies the unit of measure for the quantity dispensed in DSP09.	
		• 01 Each	
		02 Milliliters (ml)	
		O3 Grams (gm)	
	DSP12	Transmission Form of Rx Origin Code	s
		Code indicating how the pharmacy received the prescription.	
		01 Written Prescription	
		02 Telephone Prescription	
		<ul> <li>03 Telephone Emergency Prescription</li> </ul>	
		04 Fax Prescription	
		05 Electronic Prescription	
		99 Other	
	DSP13	Partial Fill Indicator	s
		Used when the quantity in DSP 09 is less than the metric quantity	
		per dispensing authorized by the prescriber. This dispensing activity	
		is often referred to as a split filling. • 00 Not a Partial Fill	
		OUNOT a Partial Fill     O1 First Partial Fill	
		Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	
L			

DSP14	Pharmacist National Provider Identifier (NPI)	s
	Identifier assigned to the pharmacist by CMS. This number can be	
	used to identify the pharmacist dispensing the medication.	
DSP15	Pharmacist State License Number	s
	This data element can be used to identify the pharmacist dispensing	
00010		
05916		R
00017		s
03917		3
	allow a bidirectional flow of information.	
DSP18	RxNorm Product Qualifier	S
	<ul> <li>01 Semantic Clinical Drug (SCD)</li> </ul>	
	<ul> <li>02 Semantic Branded Drug (SBD)</li> </ul>	
	<ul> <li>03 Generic Package (GPCK)</li> </ul>	
	<ul> <li>04 Branded Package (BPCK)</li> </ul>	
	Note: DSP18 and DSP19 are placeholder fields pending RxNorm	
DSP19		s
	becoming an industry standard and should not be required until	
	such time.	
DSP20	Electronic Prescription Reference Number	s
	Used to provide an audit trail for electronic prescriptions.	
	Note: DSP20 and DSP21 should be reported as a pair to the	
	prescription drug monitoring program, and each program decides	
	which one, if not both, it decides to capture.	
DSP21	Electronic Prescription Order Number	s
1	prescription drug monitoring program, and each program decides	
	DSP16 DSP17 DSP18 DSP19 DSP20	used to identify the pharmacist dispensing the medication.           DSP15         Pharmacist State License Number           This data element can be used to identify the pharmacist dispensing the medication.         Assigned to the pharmacist by the State Licensing Board.           DSP16         Classification Code for Payment Type         Code identifying the type of payment (i.e., how it was paid for).           0         01 Private Pay         02 Medicaid           0.3 Medicare         04 Commercial Insurance           0.05 Military Installations and VA         06 Workers' Compensation           0.07 Indian Nations         99 Other           DSP17         Date Sold           Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.           DSP18         RxNorm Product Qualifier           0.03 Generic Package (GPCK)         04 Branded Package (BPCK)           Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.           DSP19         RxNorm Code           Used for electronic prescriptions to capture the prescribed drug product identification.           Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.           DSP19         RxNorm Code           Us

Segment	Element ID	Element Name	Requirement
PRE: Prescrib	per Informatio	n (required)	
Used to iden	tify the prescr	iber of the prescription.	
	PRE01	National Provider Identifier (NPI)	S
		Identifier assigned to the prescriber by CMS.	
	PRE02	DEA Number	R
		Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	
	PRE03	DEA Number Suffix	s
		Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	
	PRE04	Prescriber State License Number	s
		Identification assigned to the prescriber by the State Licensing Board.	
	PRE05	Last Name	s
		Prescriber's last name.	
	PRE06	First Name	s
		Prescriber's first name.	
	PRE07	Middle Name	s
		Prescriber's middle name or initial.	
	PRE08	Phone Number	s
Use of this so reporting dr would be inc	egment is requ ug. If more tha cremented by o	edient Detail (situational) ired when medication dispensed is a compound and one of the ingred n one ingredient is for a prescription monitoring program reporting dr one for each compound ingredient being reported. f DSP08 must be 999999999999.	
	CDI01	Compound Drug Ingredient Sequence Number	R
		First reportable ingredient is 1; each additional reportable	
		ingredient is incremented by 1.	
	CD102	Product ID Qualifier Code to identify the type of product ID contained in CDI03.	R
		<ul> <li>01 NDC</li> </ul>	
		<ul> <li>02 UPC</li> </ul>	
		• 03 HRI	
		<ul> <li>04 UPN</li> </ul>	
		• 05 DIN	
		<ul> <li>06 Compound (this code is not used in this segment)</li> </ul>	
	CD103	Product ID	R
		Full product identification as indicated in CDI02, including leading	
	ļ	zeros without punctuation.	

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Segment	Element ID	Element Name	Requirement
	CDI04	Compound Ingredient Quantity	R
		Metric decimal quantity of the ingredient identified in CDI03.	
		Example: 2.5	
	CD105	Compound Drug Dosage Units Code	S
		Identifies the unit of measure for the quantity dispensed in CDI04.	
		<ul> <li>01 Each (used to report as package)</li> </ul>	
		O2 Milliliters (ml) (for liters, adjust to the decimal milliliter	
		equivalent)	
		<ul> <li>03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)</li> </ul>	
AIR: Additio	onal Informatio	on Reporting (situational)	
		rialized Rx pads are used, the state requires information on the person , or for data elements not included in other detail segments.	dropping off or
Note: If this	s segment is us	ed, at least one of the data elements (fields) will be required.	
	AIR01	State Issuing Rx Serial Number	S
		U.S.P.S. state code of state that issued serialized prescription blank.	
		This is required if AIR02 is used.	
	AIR02	State Issued Rx Serial Number	s
		Number assigned to state issued serialized prescription blank.	
	AIR03	Issuing Jurisdiction	s
		Code identifying the jurisdiction that issues the ID in AIR05.	
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	s
		Used to identify the type of ID contained in AIR05 for person	
		dropping off or picking up the prescription.	
		01 Military ID	
		02 State Issued ID	
		O3 Unique System ID	
		O4 Permanent Resident Card (Green Card)	
		05 Passport ID	
		06 Driver's License ID	
		08 Tribal ID	
		<ul> <li>99 Other (agreed upon ID)</li> </ul>	
	AIR05	ID of Person Dropping Off or Picking Up Rx	s
		ID number of patient or person picking up or dropping off the	
		prescription.	
	AIR06	Relationship of Person Dropping Off or Picking Up Rx	s
		Code indicating the relationship of the person.	
		O1 Patient	
		02 Parent/Legal Guardian	
		03 Spouse	
		04 Caregiver	
		• 99 Other	

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Segment	Element ID	Element Name	Requirement
	AIR07	Last Name of Person Dropping Off or Picking Up Rx	S
		Last name of person picking up the prescription.	
	AIR08	First Name of Person Dropping Off or Picking Up Rx	S
		First name of person picking up the prescription.	
	AIR09	Last Name or Initials of Pharmacist	S
		Last name or initials of pharmacist dispensing the medication.	
	AIR10	First Name of Pharmacist	s
		First name of pharmacist dispensing the medication.	
	AIR11	Dropping Off/Picking Up Identifier Qualifier	s
		Additional qualifier for the ID contained in AIR05	
		01 Person Dropping Off	
		02 Person Picking Up	
		<ul> <li>98 Unknown/Not Applicable</li> </ul>	
		Note: Both 01 and 02 cannot be required by a prescription drug	
		monitoring program.	
TP: Pharmacy	y Trailer (requ	ired)	
		data for a given pharmacy and provide the count of the total number pharmacy, including the PHA and TP segment.	of detail
	TP01	Detail Segment Count	R
		Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	
TT: Transacti	on Trailer (req	uired)	1
Used to indic	ate the end of	f the transaction and provide the count of the total number of segmen	ts included in the
transaction.			
	TT01	Transaction Control Number	R
		Identifying control number that must be unique.	
		Assigned by the originator of the transaction.	
		Must match the number in TH02.	
	π02	Segment Count	R
		Total number of segments included in the transaction including the	
		header and trailer segments.	

# Appendix B: ASAP Zero Report Specifications

This section does not currently apply to veterinarian dispensers.

# **Appendix C: SFTP Configuration**

This appendix describes the SFTP configurations required to upload your data to PMP Clearinghouse.

Note: Submitting data via SFTP requires that you have an existing PMP Clearinghouse account with SFTP access.

- If you need to create a PMP Clearinghouse account, please refer to <u>Creating Your Account</u>. You will be able to set up your SFTP account during the account creation process.
- If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to <u>Adding</u> <u>SFTP Access to an Upload Account</u>.

### SFTP Connection Details

Hostname: sftp.pmpclearinghouse.net Port: 22

Appriss recommends that you use the hostname when configuring the connection rather than the IP address, as the IP address is subject to change. **Note:** The port will always be 22.

**Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, <u>log in to PMP Clearinghouse</u>, then click **Account** > **SFTP Details** > **Edit**.

**Note:** Your current SFTP password cannot be seen or recovered. If you have forgotten or lost it, you will need to create a new one. For more information on changing the SFTP password, please refer to <u>Adding SFTP Access to an</u> <u>Upload Account</u>.

Once you have established SFTP access, you can test the SFTP connection, but you will not be able to submit data to a PMP until your account has been approved by the state PMP administrator.

### State Subfolders

PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse website using third-party software, such as an SSH client or a command line utility. Files placed in the root/home directory of the SFTP server will not be imported, as this will cause the dispensing entity to appear as noncompliant/delinquent. Your dispensary software will need to be configured to place files in the appropriate state folder when submitting. You may need to contact your software vendor for additional assistance with this process.

**NOTE**: Capitalization of the abbreviated state folders' names has no bearing on whether or not Clearinghouse processes the files; however, some dispensary systems, especially \*nix-based systems, will require that the exact case is used when specifying the target folder. There are two methods by which to create state subfolders for SFTP submissions:

1. Via SSH client (e.g., WinSCP, FileZilla, etc.)

- a. Log in to your SFTP account.
- b. Create the required directories under */homedir*.



#### 2. Via command prompt

- a. Log in to your SFTP account using command prompt.
- b. Type "**mkdir**" followed by a space and then the state abbreviation you are using (e.g., **mkdir PR**).

**NOTE:** The state folder must be titled with the two-letter abbreviation as specified above.



### Public (SSH/RSA) Key Authentication

PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below. **PGP Encryption** is not supported.

- Supported Key Types:
- SSH-2 RSA 2048 bit length
- Unsupported Key Types:
- SSH-1 RSA
- SSH-2 DSA

Copyright © 2018 Appriss, Inc. All rights reserved. Do not copy or distribute without the express written permission of Appriss. • Correct Public Key Format: If opened in a text editor, the key should look like the screenshot below.



• Incorrect Public Key Format: If opened in a text editor, the key SHOULD NOT look like the screenshot below.

📋 diftp - Notepad	×
File Edit Format View Help	
BCIN SSH2 PUBLIC KEY Comment: "-sa texp-20130904 August 13x1 tr75x8bct2yea;t1agpH AAAB3Yxzc1yc2EAAAB3QAAACeof //yDc1 aEkhudh63dvy1cv16487tc1yaar AAAB3Yxzc1yc2EAAAB3QAAACeof //yDc1 aEkhudh63dvy1cv16487tc1yaar AAAB3Yxzc1yc2EAAAB3QAAACeof //yDc1 aEkhudh63dvy1cv16487tc1yaar AAAB3Yxzc1yc2EAAAB3QAAACeof //yDc1 aEkhudh63dvy1cv16487tc1yaar 1y0x5c7 af a control a	*
WRONG	

Once the key has been generated, it should be named "authorized\_keys".

Note:

- There is no file extension.
- There is an underscore between the words **authorized** and **keys**.
- A .ssh subfolder needs to be created in the SFTP account's home directory. The "**authorized\_keys**" file must be placed in the .ssh folder. The creation of this folder follows the same process as creating a state subfolder. Please refer to <u>State Subfolders</u> for steps on creating subfolders.