



Data Submission Dispenser Guide
Nevada Prescription Drug Monitoring Program
January 2018

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# 1. Data Collection and Tracking

The Nevada Prescription Monitoring Program, NV PMP, was established in 1997 to monitor controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 sets forth the requirements for reporting Schedule II-V prescriptions to the NV PMP, and starting July 1, 2017 Schedule V prescriptions must also be reported to NV PMP.

Information about controlled substance dispensing is reported daily to the state of Nevada through Appriss. Any entity dispensing controlled substances, in or into Nevada is required to provide such information to Appriss in approved formats and frequencies. This includes mail order pharmacies that send controlled substance prescriptions into the state.

#### **Reporting Requirements**

All dispensers of Schedule II-V controlled must collect and report their prescribing information to the PMP. A "dispenser" is a practitioner or pharmacy who delivers a controlled substance.

Each dispenser shall submit data in the required data fields to the data repository (PMP database) no later than the end of the **next business day** after dispensing the controlled substance.

Data from chain pharmacies may be submitted by the pharmacys' corporate or home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the Data Submission chapter to submit the data.

#### 2. Data Submission

#### **About This Chapter**

This chapter provides information and instructions for submitting data to the PMP AWAR<sub>x</sub>E repository.

#### **Timeline and Requirements**

Pharmacies and software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- You may create your account on or after November 12, 2013. See <u>Creating Your Account</u> for more information.
- Dispensers are required to transmit their data no later than the end of the **next business day** after dispensing the controlled substance.

#### **Upload Specifications**

**Files should be in ASAP 4.2A as of January 1, 2018.** 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 "20110415.dat". All of your upload files will be kept separate from the files of others.

Reports for multiple pharmacies can be in the same upload file in any order.

Prescription information must be reported daily.

# 3. Creating Your Account

Prior to submitting data, you must create an account. If you are already registered with PMP AWAR<sub>x</sub>E Clearinghouse, you do not need to create a new account for another state for data submission. A single account can submit to multiple states. If you have an existing PMP AWAR<sub>x</sub>E Clearinghouse account, see section 8.2 Adding States to Your Account.

**Note**: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

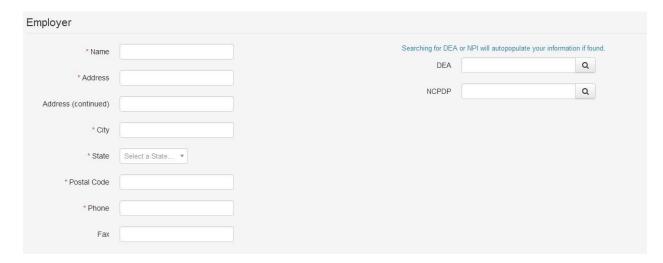
Perform the following steps to create an account:

- 1. To request a data submitter account for PMP AWAR<sub>x</sub>E, the user must go to <a href="https://pmpclearinghouse.net">https://pmpclearinghouse.net</a> and click the Create Account link in the center of the screen or go directly to <a href="https://pmpclearinghouse.net/registrations/new">https://pmpclearinghouse.net/registrations/new</a>
- 2. The screen displayed requires the user to enter their current, valid email address and a password. This email address will act as your user name when logging into the system.
  - The password must contain at least 8 characters, including 1 capital letter, 1 lower case letter, and 1 special character (such as !,@,#,\$)



- 3. The second grouping is the demographics section. Here the user must enter their name, employer information, and other information as configured by the PMP Administrator.
  - Required fields are marked with a red asterisk (\*)
  - The user may be able to auto populate their user and employer information using the search boxes for listed identifiers (DEA, NCPDP, or NPI).





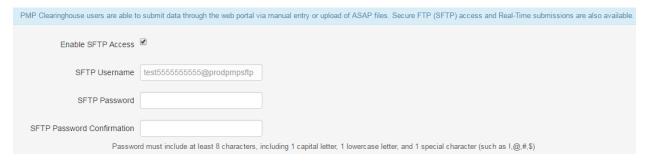
**NOTE**: PMP Clearinghouse users are able to submit data through the web portal via manual entry (UCF) or upload of ASAP files. Secure FTP (sFTP) access is also available for users who prefer an encrypted transfer method. If Secure FTP access is not required, skip to step 6.

#### **sFTP Account Creation**

If the user would like to submit data via sFTP, sFTP access can be granted during account registration. See <u>Adding sFTP to a Registered Account</u> to add sFTP access to an existing PMP Clearinghouse account

- 1. Check the "Enable sFTP Access" box as seen below. The sFTP username is automatically Generated using the first 5 characters of the employer name + the employer phone number + @prodpmpsftp. Example username: chain502555555@prodpmpsftp
- Create a sFTP password that meets the following criteria: contain at least 8 characters, including 1 capital letter, 1 lower case letter, 1 number, and 1 special character (such as !,@,#,\$)

**NOTE**: This will be the password that is input into the pharmacy software so that submissions can be automated. This password can be the same as the one used entered previously under Profile. Unlike the Profile password (i.e. 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 Appendix C – sFTP Configuration.

6. The registering user must select which states they will be submitting data for. A list of available states using PMP AWAR $_{\rm X}$ E are selectable.

Please indicate which states should receive your data.				
* States				
	□ Idaho			
	✓ Kansas			
	☐ Massachusetts			
	☐ Mississippi			

- 7. The registering user clicks submit. The request is submitted to the PMP Administrator for each of the states the user selected for data submission.
- Once the State PMP Administrator has approved the request, the user will receive a welcome email and can begin submitting data to PMP AWAR<sub>x</sub>E.

# 4. Data Delivery Methods

This section discusses the different options available to a user to submit the controlled substance reporting data file(s) to PMP Clearinghouse. Users have the option of using a sFTP account, a web portal upload page, a manual entry UCF (Universal Claims Form) page, or submitting a zero report.

#### 4.1 Secure FTP

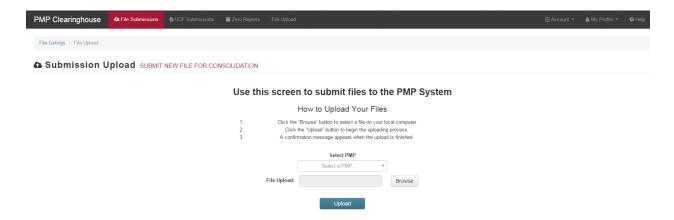
Data submitters who select to submit data to PMP Clearinghouse by sFTP must configure individual folders for the state PMP systems they will be submitting data to. The sub-folders should use a state abbreviation for naming (ex. ND, KS, MS, NV, etc). The subfolder must be located in the homedir/ directory which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the File Listings screen. See State Subfolders for additional details on this process.

- 1. If an account has not yet been created, perform the steps in <u>Creating Your Account</u>. If a Clearinghouse account already exists, but needs sFTP access added perform the steps in <u>Adding sFTP to a Registered Account</u>.
- **2.** Prepare the data file(s) for submission, using the ASAP 4.2A specifications described in Appendix A.
- **3.** sFTP the file to sftp://sftp.pmpclearinghouse.net.
- **4.** When prompted, use the username you received in an email when the SFTP account was created and the password you entered when requesting the SFTP account.
- **5.** Place the file in the desired directory.
- **6.** The user can view the results of the transfer/upload on the Submissions screen.

Note: If a data file was placed in the root directory and not a state sub-folder, the user will be prompted in the form of a "*Determine PMP*" error at the File Status screen to select a destination PMP (state) to send the data to.

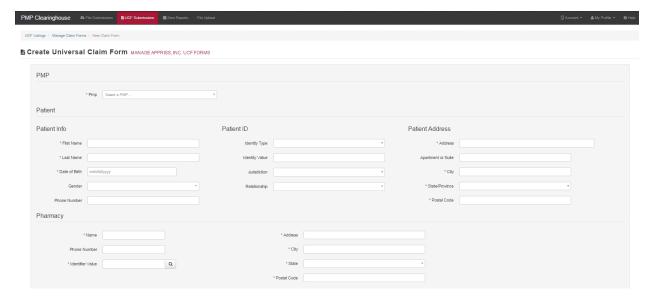
#### 4.2 Web Portal Upload

- 1. If an account has not yet been created, perform the steps in Creating Your Account.
- 2. After logging into PMP Clearinghouse, navigate to File Upload in the menu bar.
- 3. You must select a destination PMP from the available states listed in the drop-down.
- **4.** Click on the "Browse" button and select the file to upload.
- **5.** Click the 'Upload" button to begin the process of transferring the file to PMP Clearinghouse.
- **6.** The results of the transfer/upload can be viewed on the File Submissions screen.



#### 4.3 Manual Entry (UCF)

Manual Entry is an option for data submitters to enter their prescription information into the PMP Clearinghouse system using a form derived from the Universal Claims Form. It allows the entry of patient, prescriber, pharmacy, and prescription information.

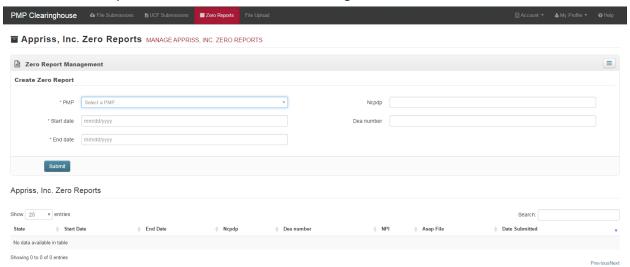


- 1. If you do not have an account, perform the steps in <a href="Creating Your Account">Creating Your Account</a>.
- 2. After logging into PMP Clearinghouse, navigate to UCF Submissions in the menu bar.
- **3.** Choose New Claim Form to begin a submission.
- **4.** You must select a destination PMP from the available states listed in the drop-down.
- 5. Complete all required fields as indicated by a red asterisks (\*).
- 6. Click Save.
- 7. Then click Submit.
- **8.** The results can be viewed on the UCF Listing screen.

#### 4.4 Zero Reports

If you have no dispensations to report, you must report this information to the NV PMP by performing the following steps:

- 1. If you do not have an account, perform the steps in <u>Creating Your Account</u>.
- 2. After logging into PMP Clearinghouse, navigate to Zero Reports in the menu bar.
- 3. You must select a destination PMP from the available states listed in the drop-down.
- **4.** Enter the start date and end date for the report and click on the "Submit" button. (NCPDP and/or DEA number are required)
- 5. The request will be submitted to PMP Clearinghouse.



Zero Reports can also be submitted via sFTP using the ASAP Standard for Zero Reports. For additional details on this method, see <a href="ASAP Zero Report Specifications">ASAP Zero Report Specifications</a>.

# 5. Data Compliance

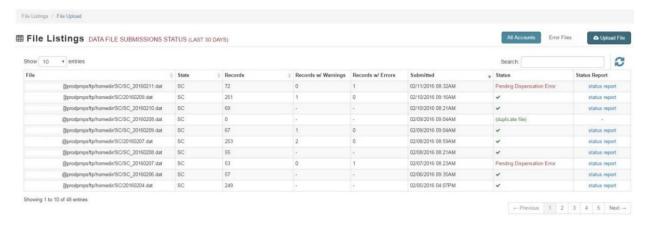
Data Compliance allows users of PMP Clearinghouse the view the status of data files they have submitted.

#### 5.1 File Listing

The File Status screen displays information extracted from the data files submitted to PMP Clearinghouse. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings, the number of records that contain errors, and the date and time of submission. A status column is located at the end of each row displaying the status of the file. If there are errors the status column will state "Pending Dispensation Error" and the text will be a hyperlink to the view records screen.

If a file is unable to be parsed into the Clearinghouse application, the appropriate message will display. 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 Clearinghouse.

If a file has been submitted by sFTP without using a state specific sub-folder, the file will be displayed and the user will be prompted to select a destination PMP for the data file to be transferred to.



#### 5.2 Claim Forms Listing

The Claim Forms Listing displays the UCF forms submitted to the PMP Clearinghouse. The screen displays number of warning and the number errors. A status column is located at the end of each row displaying the status of the file. If there are errors, then the status column will state "Pending Dispensation Error" and the text will be a hyperlink to the view records screen.

#### 5.3 View Records

The view records screen provides a deeper view of the records within a selected data file that need correcting. The screen displays Prescription Number, Segment Type, Warning Count, and Error Count. A "Correct" button is displayed at the end of each row that will allow the user to make corrections to the record.

To view the records that need correcting:

- 1. Click on the "Pending Dispensation Error" hyperlink in the status column.
- 2. The View Records screen is displayed.
- 3. Click on the correct button at the end of the row for the record you want to correct.

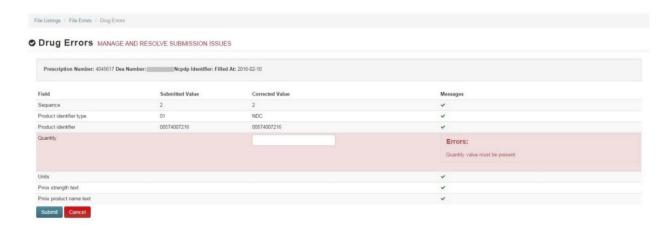
#### 5.4 Error Correction

The Error Correction screen allows a user to make corrections to data submitted that did not pass the validation rules. The screen displays all the fields contained within the record and the originally submitted value. A "Corrected Value" column displays the values the user enters to correct the error. The Message column displays the relevant error message for the field explaining why it 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. A corrected file should be submitted.

To correct records:

- 1. Identify the fields displayed that require corrections.
- **2.** Enter the new corrected value into the corrected value column.
- 3. Click Submit.
- **4.** The error will be processed through the validation rules.
  - a. If the changes pass the validation rules, the record will be identified as valid and the File Status and View Records screen will be updated.
  - b. If the changes fail the validation rules, the record will continue to be identified as needing corrections. The error message will be updated to identify any new error message.



# 6 Email Reports

Email status reports will be automatically sent to the users associated with a data submitter account. The emailed reports are used to both identify errors in files that have been submitted and confirmation of a zero report submission.

#### 6.1 File Failed Report

The File Failed report identifies if the submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The file 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. Failed files are not parsed into Clearinghouse and do not require a Void ASAP file to remove it from the system. An example of a File Fail report is:

```
SUBJ: Nevada 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: 4.1
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: August 30, 2013
```

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.

#### 6.2 File Status Report

The File Status report is a report sent to notify the data submitter that a data file is currently being parsed by the state PMP system. The report notifies users 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: Shows how many records contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data.
- Records with Warnings: Shows how many records 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: Shows the number of records that were imported if they
  had warnings. Records with warnings and errors must have the errors corrected to be
  submitted into the system.
- Records imported without warnings: Shows the number of records that were imported that had no warnings.

The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours if errors continue to be identified within a submitted data file.

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listings. Each column contains a blank 2 digit pad at the end of the data. The columns are set to the following lengths:

Column	Length
DEA	11 (9+pad)
NCPDP	9 (7+pad)
NPI	12 (10+pad)
Prescription	27 (25+pad)
Filled	10 (8+pad)
Segment	18 (16+pad)
Field	18 (16+pad)
Туре	9 (7+pad)
Message	Arbitrary

#### An example of the report is:

SUBJ: Nevada ASAP file: fake-test3.txt - Status Report

#### BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message
BE1234567	1347347	9034618394	123486379596-0	20130808	Dispensation	refill number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20130808	Dispensation	days supply	ERROR	message example

#### Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 4.2A
- \* Transaction Control Number: 23489504823
- \* Transaction Control Type: send
- \* Date of Submission: August 30, 2013
- \* Total Record Count: ###
- \* Duplicate Records: ###
- \* Records in Process: ###
- \* Records with Errors: ###
- \* Records Imported with Warning(s): ###
- \* Records Imported without Warning(s): ###

## 6.3 Zero Report Confirmation

A Zero Report confirmation email is sent to a data submitter who successfully submits a zero report into PMP Clearinghouse. The report displays the PMP states the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to Clearinghouse, and the date the report was originally created by the data submitter. An example of the report is:

```
SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:
Summary:
* File Name: zero_reports_20130301KSMCPS.DAT
* PMP Name: Nevada
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* Asap Creation Date: 2013-03-06
```

# 7 Password Management

Password management can be handled within PMP Clearinghouse by the user. A user is able to proactively change their password before it expires within the application through their user profile. If a password has expired, or if the user has forgotten the password, they can use "Forgot your password" to change their password.

#### 7.1 Changing Your Password

- **1.** When a user wants to change their current password, they navigate to their User Profile section.
- 2. The user selects the navigation menu item for 'Change Password'.
- 3. The user must then enter their current password and enter a new password twice.
- **4.** The new password will take effect once the user has logged out of the application.

5.



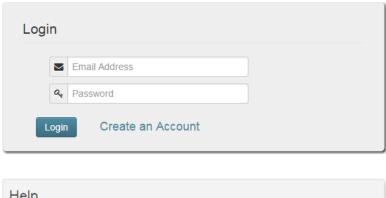
#### 7.2 Changing Passwords for another User

- 1. Navigate to the Accounts menu option and select Users.
- 2. Select the Edit button for the desired user.
- 3. Create a new password for the user and click submit.
- **4.** The user will now use the new password for logging into PMP Clearinghouse.



#### 7.3 Forgot Your Password

- 1. When a user has forgotten their password or their password has expired, the user should click on the link named "Forgot My Password" located on the log in screen.
- **2.** The user must enter the email address they used to register with the application.
- 3. The user will receive an email containing a link to reset the password for the user's account.
- **4.** The user must enter the new password twice and then save the password.



#### 8 User Profile

#### 8.1. Adding Users to Your Account

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

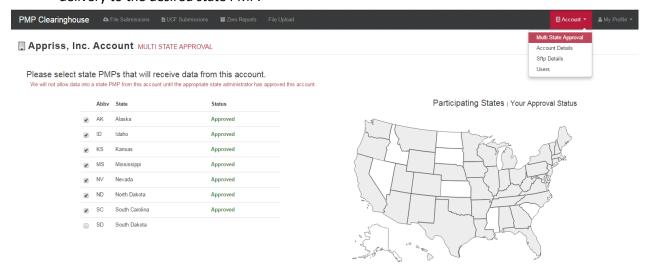
- 1. In Account in the menu bar, the user can select to add users under the section titled "Users".
- 2. Click the "New User" button and enter the first name, last name, and email address for the new user.
- 3. Once saved, the new user will be able to log into PMP Clearinghouse.
  - a. The new user will use the email address used when creating their account.
  - b. The new user must use the "Forgot your password" link to create a password for their account.
- 4. The new user can now log in and view all data files that have been submitted under the account.

#### 8.2. Adding States to your account

If a registered user of PMP Clearinghouse needs to submit data files to an additional state using PMP AWAR<sub>x</sub>E, the user can submit the request through their Account settings page.

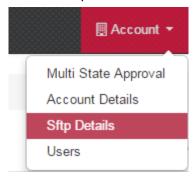
- 1. Navigate to the Account settings and select "Multi State Approval" from the dropdown.
- **2.** The page that displays lists the current states the account has requested to submit data to and the current approval from that state.
- **3.** To submit to a new state using PMP AWAR<sub>x</sub>E, simply check the state on the list. This will send the data submission request to the desired state's PMP Administrator for approval.
- **4.** After approval has been granted, the status will change from "Pending" to "Approved". The account may begin submitting data to the new state.

**Note:** If submitting by sFTP, data must be located in the proper sub-folder to ensure proper delivery to the desired state PMP.



#### 8.3. Adding sFTP to a Registered Account

If a registered account did not request a sFTP account during the registration process, a user of the account can request one in the Account options.



- 1. Navigate to the Account drop down menu and select sFTP Details.
- **2.** Select the button to request a sFTP account.

**Note:** If a sFTP account already exists, the username will be displayed on this screen.

- **3.** Enter the desired password for the sFTP account.
- **4.** The sFTP username will be displayed on the screen after the sFTP account has been created.

# 9 Assistance and Support

#### **Technical Assistance**

If you need additional help with any of the procedures outlined in this guide, you can:

Contact Appriss at

1-855-568-4767 (1-855-5NV-4PMP)

Technical assistance is available 24 hours, 7 days a week, 365 days a year.

#### **Administrative Assistance**

If you have non-technical questions regarding the Nevada PMP, please contact:

Nevada Prescription Monitoring Program

Phone: 775-687-5694 Fax: 775-687-5161

Email: pmp@pharmacy.nv.gov

# 10 Document Information

#### Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

# 11 Appendix A – 4.2A Specifications

The following information are the required definitions for submitting ASAP 4.2A records to NVPMP.

The following table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Nevada
- N = Not Required.
- S = Situational.

Element ID	Element Name	Requirement
	TH – Transaction Header - Required	•
	start of a transaction. It also assigns the segment termina ator, and control number.	tor, data
	Version/Release Number	R
TH01	Code uniquely identifying the transaction.	
	Format = x.x	
	Transaction Control Number	R
TH02	Sender assigned code uniquely identifying a transaction.	
	Transaction Type	N
	Identifies the purpose of initiating the transaction.	
	01 Send/Request Transaction	
TH03	02 Acknowledgement (used in Response only)	
	03 Error Receiving (used in Response only)	
	<ul> <li>04 Void (used to void a specific Rx in a real- time transmission or an entire batch that has been transmitted)</li> </ul>	
	Response ID	R
ТН04	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	
	Creation Date	R
TH05	Date the transaction was created. Format: CCYYMMDD.	
	Creation Time	R
TH06	Time the transaction was created. Format: HHMMSS or HHMM.	

	File Type	R
TH07	P = Production	
	• T = Test	
	Routing Number	N
тно8	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.	
	Segment Terminator Character	R
ТН09	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	
	IS – Information Source – Required	
To convey the rinformation.	name and identification numbers of the entity supplying th	ne
	Unique Information Source ID	R
IS01	Reference number or identification number.	
	(Example: phone number)	
ISO2	Information Source Entity Name	R
1302	Entity name of the Information Source.	
IS03	Message	N
1303	Free-form text message.	
	PHA – Pharmacy Header – Required	
To identify the	pharmacy or the dispensing prescriber. It is required that	
information be	provided in at least one of the following fields: PHA01, PH	A02, or
PH03.		
PHA01	National Provider Identifier (NPI)	R
TIAGE	Identifier assigned to the pharmacy by CMS.	
	NCPDP/NABP Provider ID	R
PHA02	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	
	DEA Number	R
PHA03	Identifier assigned to the pharmacy by the Drug Enforcement Administration.	
PHA04	Pharmacy Name	R
FNAU4	Freeform name of the pharmacy.	
PHA05	Address Information – 1	R
יווחטט	Freeform text for address information.	

PHA06	Address Information – 2	S		
PHAUG	Freeform text for address information.			
PHA07	City Address	R		
PHA07	Freeform text for city name.			
PHA08	State Address	R		
FIIAOS	U.S. Postal Service state code.			
PHA09	ZIP Code Address	R		
FIIAUS	U.S. Postal Service ZIP Code.			
	Phone Number	R		
PHA10	Complete phone number including area code. Do not include hyphens.			
PHA11	Contact Name	N		
FIIAII	Free-form name.			
	Chain Site ID	S		
PHA12	Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.			
	Pharmacy's Permit Number/ License Number	S		
PHA13	This field has been added to report the pharmacy's permit number (license number). It is 20 characters, AN.			
	PAT – Patient Information – Required			
Used to report record.	Used to report the patient's name and basic information as contained in the pharmacy record.			
	ID Qualifier of Patient Identifier	N		
PAT01	Code identifying the jurisdiction that issues the ID in PAT03.			

	ID Qualifier	N
	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.	
	01 Military ID	
	02 State Issued ID	
	03 Unique System ID	
PAT02	04 Permanent Resident Card (Green Card)	
	05 Passport ID	
	06 Driver's License ID	
	07 Social Security Number	
	08 Tribal ID	
	99 Other (agreed upon ID)	
	ID of Patient	N
PAT03	Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	
	ID Qualifier of Additional Patient Identifier	N
PAT04	Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	
	Additional Patient ID Qualifier	N
	Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.	
	01 Military ID	
	02 State Issued ID	
PAT05	03 Unique System ID	
	04 Permanent Resident Card (Green Card)	
	05 Passport ID	
	06 Driver's License ID	
	07 Social Security Number	
	08 Tribal ID	
	99 Other (agreed upon ID)	
	Additional ID	N
PAT06	Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	

PAT08 Patient's last name.  PAT08 First Name Patient's first name.  PAT09 Middle Name Patient's middle name or initial if available.  PAT10 Name Prefix Patient's name prefix such as Mr. or Dr.  PAT11 PAT12 PAT12 Address Information – 1 Free-form text for street address information.  PAT14 City Address Free-form text for city name.  State Address V.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address PAT16 U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S. PAT17 Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD. Gender Code Code indicating the sex of the patient.  PAT19 PAT19 First Name R R R R R R R R R R R R R R R R R R R	DATOZ	Last Name	R
PAT08 Patient's first name.  PAT09 Middle Name Patient's middle name or initial if available.  PAT10 Name Prefix Patient's name prefix such as Mr. or Dr.  Name Suffix Patient's name suffix such as Jr. or the III.  PAT12 Address Information – 1 Free-form text for street address information.  PAT13 Address Information – 2 Free-form text for additional address information.  PAT14 City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT17 PAT17 PAT18 Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	PAIU	Patient's last name.	
PAT19 Middle Name Patient's middle name or initial if available.  PAT10 Name Prefix Patient's name prefix such as Mr. or Dr.  PAT11 Name Suffix Patient's name suffix such as Jr. or the III.  PAT12 Address Information – 1 Free-form text for street address information.  PAT13 Address Information – 2 Free-form text for additional address information.  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16 Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	DATOS	First Name	R
PAT10 Patient's middle name or initial if available.  Name Prefix Patient's name prefix such as Mr. or Dr.  Name Suffix Patient's name suffix such as Jr. or the III.  PAT11 PAT12 Address Information – 1 Free-form text for street address information.  PAT13 Address Information – 2 Free-form text for additional address information.  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16 PAT17 PAT17 Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	PATOS	Patient's first name.	
PAT10  Name Prefix Patient's name prefix such as Mr. or Dr.  Name Suffix Patient's name suffix such as Jr. or the III.  Address Information — 1 Free-form text for street address information.  PAT13  Address Information — 2 Free-form text for additional address information.  PAT14  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT17  PAT17  PAT18  PAT18  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  PAT19  PAT19  PF Female M Male	ΡΔΤΩΘ	Middle Name	S
PAT10 Patient's name prefix such as Mr. or Dr.  Name Suffix Patient's name suffix such as Jr. or the III.  PAT12 Address Information – 1 Free-form text for street address information.  Address Information – 2 Free-form text for additional address information.  PAT13 City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16 PAT17 Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	TAIOS	Patient's middle name or initial if available.	
Patient's name prefix such as Mr. or Dr.  Name Suffix Patient's name suffix such as Jr. or the III.  PAT12  Address Information – 1 Free-form text for street address information.  PAT13  Address Information – 2 Free-form text for additional address information.  PAT14  City Address Free-form text for city name.  State Address  U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16  PAT17  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  PAT19  • F Female • M Male	ΡΔΤ10	Name Prefix	N
PAT11 Patient's name suffix such as Jr. or the III.  PAT12 Address Information – 1 Free-form text for street address information.  PAT13 Address Information – 2 Free-form text for additional address information.  PAT14 City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16 Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	TAILO	Patient's name prefix such as Mr. or Dr.	
Patient's name suffix such as Jr. or the III.  Address Information – 1 Free-form text for street address information.  PAT13  Address Information – 2 Free-form text for additional address information.  PAT14  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  PAT16  PAT17  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	<b>DΔT11</b>	Name Suffix	S
PAT12 Free-form text for street address information.  Address Information – 2 Free-form text for additional address information.  PAT14 City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth PAT18 Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	TAIL	Patient's name suffix such as Jr. or the III.	
Free-form text for street address information.  Address Information – 2 Free-form text for additional address information.  PAT14  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	<b>DΔT12</b>	Address Information – 1	R
PAT14  City Address Free-form text for additional address information.  R Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  M Male	IAIIZ	Free-form text for street address information.	
Free-form text for additional address information.  City Address Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	<b>ΡΔΤ13</b>	Address Information – 2	S
PAT14 Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	TAILS	Free-form text for additional address information.	
Free-form text for city name.  State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	DΔT1 <i>4</i>	City Address	R
PAT15  U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	TAILY	Free-form text for city name.	
PAT15  Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  • F Female • M Male		State Address	R
Note: Field has been sized to handle international patients not residing in the U.S.  ZIP Code Address  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  • F Female • M Male	PAT15	U.S. Postal Service state code	
PAT16  ZIP Code Address  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			
PAT16  U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			
PAT16  Populate with zeros if patient address is outside the U.S.  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born.  Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			R
PAT17  Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male	PAT16		
PAT17  Phone Number  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born.  Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			
PAT17  Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  PAT18  Date patient was born.  Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			D
include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.  Date of Birth  Date patient was born. Format: CCYYMMDD.  Gender Code  Code indicating the sex of the patient.  F Female  M Male			K
does not have a phone number, submit ten 9's.  Date of Birth R Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  PAT19  • F Female • M Male	PAT17	, ,	
PAT18  Date patient was born. Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  PAT19  • F Female • M Male			
Format: CCYYMMDD.  Gender Code Code indicating the sex of the patient.  • F Female • M Male		Date of Birth	R
Gender Code Code indicating the sex of the patient.  PAT19  • F Female • M Male	PAT18	Date patient was born.	
PAT19 Code indicating the sex of the patient.  • F Female  • M Male		Format: CCYYMMDD.	
PAT19  • F Female  • M Male		Gender Code	R
M Male		Code indicating the sex of the patient.	
	PAT19	F Female	
U Unknown		M Male	
		U Unknown	

	Species Code	N
PAT20	Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.	
	01 Human	
	02 Veterinary Patient	
	Patient Location Code	N
	Code indicating where patient is located when	
	receiving pharmacy services.	
	01 Home	
	02 Intermediary Care	
	03 Nursing Home	
	04 Long-Term/Extended Care	
	05 Rest Home	
PAT21	06 Boarding Home	
	07 Skilled-Care Facility	
	08 Sub-Acute Care Facility	
	09 Acute Care Facility	
	10 Outpatient	
	• 11 Hospice	
	98 Unknown	
	• 99 Other	
	Country of Non-U.S. Resident	N
PAT22	Used when the patient's address is a foreign country	
	and PAT12 through PAT16 are left blank.	
	Name of Animal	S
PAT23	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.	
	DCD Discouries Described the prescription.	

# DSP – Dispensing Record – Required

To identify the basic components of a dispensing of a given prescription order including the date and quantity.

	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>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> </ul>	
DSP01	<ul> <li>02 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).</li> </ul>	
	*Note: For prescriptions voided with a code 02, a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See Appendix D.	
	Prescription Number	R
DSP02	Serial number assigned to the prescription by the pharmacy.	
	Date Written	R
DSP03	Date the prescription was written (authorized). Format: CCYYMMDD	
DCDOA	Refills Authorized	R
DSP04	The number of refills authorized by the prescriber.	
DSP05	Date Filled	R
DSPUS	Date prescription was prepared. Format: CCYYMMDD	
	Refill Number	R
DSP06	Number of the fill of the prescription.	
	0 indicates New Rx; 01-99 is the refill number.	
	Product ID Qualifier	R
DSP07	Used to identify the type of product ID contained in DSP08.	
	• 01 NDC	
	06 Compound	

	Product ID	R
DSP08	Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	
	Quantity Dispensed	R
DSP09	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.	
	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09.	N
DSP11	• 01 Each	
	02 Milliliters (ml)	
	• 03 Grams (gm)	
	Transmission Form of Rx Origin Code	R
	Code indicating how the pharmacy received the prescription.	
	01 Written Prescription	
	02 Telephone Prescription	
DSP12	03 Telephone Emergency Prescription	
	04 Fax Prescription	
	05 Electronic Prescription	
	06 Transfer/Forwarded	
	• 99 Other	
	Partial Fill Indicator	S
	To indicate whether it is a partial fill.	
	00 Not a partial fill	
DSP13	01 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.	N.I.
	Pharmacist National Provider Identifier (NPI)	N
DSP14	Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	

	Pharmacist State License Number	N
DSP15	This data element can be used to identify the	
	pharmacist dispensing the medication.	
	Assigned to the pharmacist by the State Licensing	
	Board.	
	Classification Code for Payment Type	R
	Code identifying the type of payment, i.e. how it was	
	paid for.	
	01 Private Pay	
	02 Medicaid	
DSP16	03 Medicare	
	04 Commercial Insurance	
	05 Military Installations and VA	
	06 Workers' Compensation	
	07 Indian Nations	
	99 Other	
	Date Sold	S
	Usage of this field depends on the pharmacy having a	
DSP17	point-of-sale system that is integrated with the	
	pharmacy management system to allow a	
	bidirectional flow of information.	
	RxNorm Code Qualifier	N
	RXNorm Code that is populated in the DRU-010-09	
DSP18	field in the SCRIPT transaction.	
D3F10	<ul><li>01 Sematic Clinical Drug (SCD)</li><li>02 Semantic Branded Drug (SBD)</li></ul>	
	03 Generic Package (GPCK)	
	04 Branded Package (BPCK)	
	RxNorm Code	N
DSP19	Used for electronic prescriptions to capture the	
	prescribed drug product identification.	
	Electronic Prescription Reference Number	N
DSP20	This field should be populated with the Initiator	
	Reference Number from field UIB-030-01 in the	
	SCRIPT transaction.	
	Electronic Prescription Order Number	N
DSP21	This field will be populated with the Initiator Control	
	Reference from field UIH-030-01 in the SCRIPT standard.	
L	Stanuaru.	

	Quantity Prescribed	S
DSP22	This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	
	Rx SIG	N
DSP23	This field captures the actual directions printed on the prescription vial label.	

	Treatment Type	N
	While this field can be used to indicate that the prescription	
	was for opioid dependency treatment when Code 02 is used,	
	it can also be used to provide other reasons for the opioid	
	prescription through use of the additional codes.	
	01 Not Used for Opioid Dependency Treatment	
	02 Used for Opioid Dependency Treatment	
	• 03 Pain Associated with Active and	
	Aftercare Cancer Treatment	
	<ul> <li>04 Palliative Care in Conjunction with a Serious Illness</li> </ul>	
DSP24	05 End-of-Life and Hospice Care	
	06 A Pregnant Individual with a Pre-	
	<ul><li>existing Prescription for Opioids</li><li>07 Acute Pain for an Individual with</li></ul>	
	an Existing Opioid Prescription for	
	Chronic Pain	
	08 Individuals Pursuing an Active	
	Taper of Opioid Medications	
	09 Patient is Participating in a Pain  Management Contract	
	<ul><li>Management Contract</li><li>99 Other (trading partner agreed upon</li></ul>	
	reason)	
	*Note: Codes 03-99 can only	
	be reported if provided by the prescriber with the	

	Diagnosis Code	R
DSP25	This field is used to report the ICD-10 codeor CDT. If required by a PDMP, this field would be populated only when the ICD-10 or CDT code is included with the prescription.	
	PRE – Prescriber Information – Required	
To identify the p	prescriber of the prescription.	
PRE01	National Provider Identifier (NPI)	R
PREUI	Identifier assigned to the prescriber by CMS.	
	DEA Number	R
PRE02	Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	
	DEA Number Suffix	S
PRE03	Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	
	Prescriber State License Number	N
PRE04	Identification assigned to the Prescriber by the State Licensing Board.	
PRE05	Last Name	R
PREUS	Prescriber's last name.	
PRE06	First Name	R
FILLOO	Prescriber's first name.	
PRE07	Middle Name	N
T NEO7	Prescriber's middle name or initial.	
	Phone Number	R
PRE08	Complete phone number including area code. Do not include hyphens.	
	CDI – Compound Drug Ingredient Detail – Situational	
To identify the i	ndividual ingredients that make up a compound.	
	Compound Drug Ingredient Sequence Number	S
CDI01	First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	

	Product ID Qualifier	S	
CDI02	Code to identify the type of product ID contained in CDI03.		
	• 01 NDC		
	Product ID	S	
CDI03	Full product identification as indicated in CDI02, including leading zeros without punctuation.		
	Compound Ingredient Quantity	S	
CDI04	Metric decimal quantity of the ingredient identified in CDI03.		
	Example: 2.5		
	Compound Drug Dosage Units Code	S	
	Identifies the unit of measure for the quantity dispensed in CDI04.		
CDI05	<ul> <li>01 Each (used to report as package)</li> </ul>		
CDIOS	<ul> <li>02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)</li> </ul>		
	<ul> <li>03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)</li> </ul>		
AIR – Additional Information Reporting – Situational			
To report other	information if required by the state.		
	State Issuing Rx Serial Number	N	
AIR01	U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIRO2 is used.		
	State Issued Rx Serial Number	N	
AIR02	<ul> <li>Number assigned to state issued serialized prescription blank.</li> </ul>		
	Issuing Jurisdiction	N	
AIR03	Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.		

	ID Qualifier of Person Dropping Off or Picking Up Rx	N
	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	
AIR04	03 Unique System ID	
AIRU4	04 Permanent Resident Card (Green Card)	
	05 Passport ID	
	06 Driver's License ID	
	07 Social Security Number	
	08 Tribal ID	
	99 Other (agreed upon ID)	
	ID of Person Dropping Off or Picking Up Rx	N
AIR05	ID number of patient or person picking up or dropping	
	off the prescription.	
	Relationship of Person Dropping Off or Picking Up Rx	N
	Code indicating the relationship of the person.	
	01 Patient	
AIR06	02 Parent/Legal Guardian	
	03 Spouse	
	04 Caregiver	
	99 Other	
AIR07	Last Name of Person Dropping Off or Picking Up Rx	N
	Last name of person picking up the prescription.	
	First Name of Person Dropping Off or Picking Up Rx	N
AIR08	First name of person picking up the	
	prescription.  Last Name or Initials of Pharmacist	N
AIR09		N
Amos	Last name or initials of pharmacist dispensing the medication.	
	First Name of Pharmacist	N
AIR10	First name of pharmacist dispensing the medication.	
	Dropping Off/Picking Up Identifier Qualifier	N
	Additional qualifier for the ID contained in AIR05	
AIR11	01 Person Dropping Off	
	02 Person Picking Up	
	03 Unknown/Not Applicable	

	TP – Pharmacy Trailer – Required			
· ·	end of the data for a given pharmacy and to provide a cou il segments included for the pharmacy.	nt of the total		
	Detail Segment Count	R		
TP01	Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.			
TT – Transaction Trailer – Required				
To identify the end of the transaction and to provide the count of the total number of segments included in the transaction.				
	Transaction Control Number	R		
TT04	Identifying control number that must be unique.			
TT01	Assigned by the originator of the transaction.			
	Must match the number in TH02.			
	Segment Count	R		
тт02	Total number of segments included in the transaction including the header and trailer segments.			

# 12 Appendix B – ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to NV PMP. The table below lists the Segment and Element ID with prepopulated data to be used as an example for constructing a Zero Report. For more details regarding these Segment or Elements IDs or for the purposes of reporting actual dispensations please refer to the previous section, Appendix A – ASAP 4.2A Specifications

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.2A	R
TH02	123456	R
TH05	20150101	R
TH06	223000	R
TH07	P	R
TH09	//	R
IS – Information	n Source – Required	
IS01	702555555	R
ISO2	PHARMACY NAME	R
IS03	Date Range of Report	R
1303	#CCYYMMDD#-#CCYYMMDD#	
PHA – Pharmac	y Header – Required	
PHA03	ZZ1234567	R
PAT – Patient Ir	nformation – Required	
PAT07	REPORT	R
PAT08	ZERO	R
DSP – Dispensir	ng Record – Required	
DSP05	20150101	R
PRE – Prescribe	er Information – Required	R
CDI – Compoun	d Drug Ingredient Detail	
AIR – Additional Information Reporting		
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R
TT02	10	R

The following is an example, using the above values, of how a Zero Report would look.

```
TH*4.2A*123456*01**20150108*223000*P**\\
IS*7025555555*PHARMACY NAME*#20150101#-#20150107#\
PHA*** ZZ1234567\
PAT*****REPORT*ZERO********\
DSP****20150108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*123456*10\
```

# 13 Appendix C – sFTP Configuration

If submitting data via sFTP, a Clearinghouse account with sFTP access needs to already exist.

See Creating Your Account to register with PMP Clearinghouse.

See <u>Adding sFTP to a Registered Account</u> to add sFTP access to an existing PMP Clearinghouse account.

#### sFTP Connection Details:

#### Hostname: sftp.pmpclearinghouse.net

It is recommended to use the hostname when configuring the connection rather than the IP Address as the IP Address is subject to change.

#### Port: 22

one.

The port will always be 22

**Credentials** – Account credentials (username and password) can be found within the PMP Clearinghouse website. Login to PMP Clearinghouse > click Account > sFTP Details > Edit The username cannot be modified, however, the password can be updated. The current sFTP password cannot be seen or recovered. If it is unknown/lost the user will need to create a new

# Username: apprisstest@prodpmpsftp Password Must be at least 8 characters Password confirmation Update Cancel

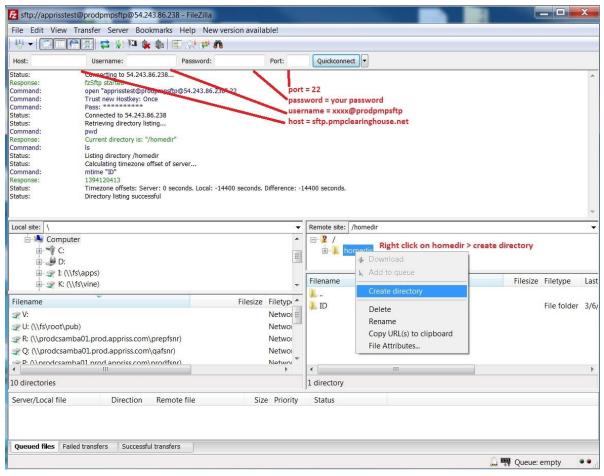
Users can test the sFTP connection but will not be able to submit data to a PMP until their account has been approved by the state administrator.

#### State Subfolders

PMP Clearinghouse is the data repository for several states. As such, data submitted via sFTP must be placed in a state abbreviated folder so that it can be properly imported to the correct state. The creation of subfolders must be done outside of the PMP Clearinghouse website using 3<sup>rd</sup> party software such as a SSH Client or a command line utility. Files placed in the root/home directory of the sFTP server will not be imported. This will cause the dispensing entity to appear as non-compliant/delinquent.

The following are two methods by which to create state subfolders for sFTP submissions.

- 1. Via SSH client (ex: WinSCP/FileZilla)
  - Log into sFTP Account and create the directories needed under /homedir.

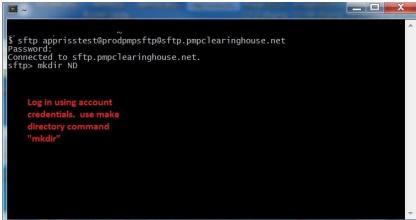


- 2. Via command prompt
  - a. Log into sFTP Account using command prompt. Once logged in, type:

"mkdir" (then the directory name you wish to create)

Example: mkdir KS

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



Pharmacy software will need to be configured to place files in the appropriate state folder when submitting. The software vendor may need be contacted for additional assistance on this process. **NOTE**: Capitalization of the abbreviated state folders names have no bearing on whether or not Clearinghouse processes the files, however, some pharmacy systems, especially \*nix based systems, will require the exact case be used when specifying the target folder.

### Public (SSH/RSA) Key Authentication

SSH key authentication is supported by PMP Clearinghouse. The generation of the key is outside the scope of this document, however, general guidelines about the key along with how to import/load the key is provided.

\*PGP Encryption is not supported

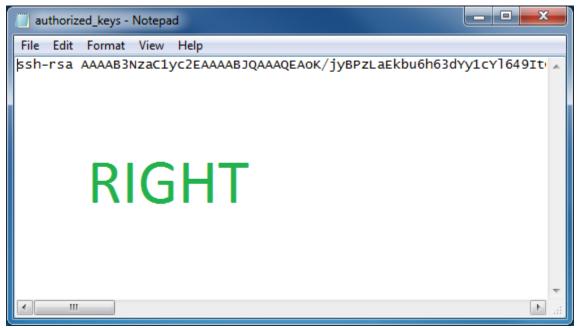
#### **Supported Key Types:**

o SSH-2 RSA 2048 bit length

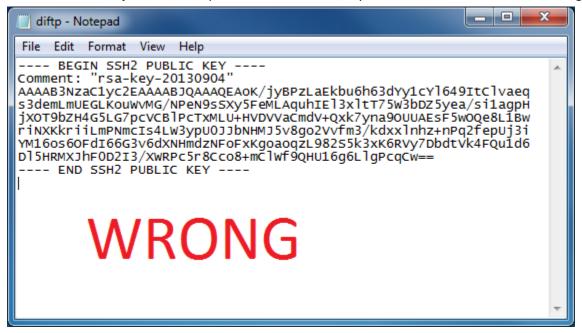
#### **Unsupported Key Types:**

SSH-1 RSA and SSH-2 DSA keys are not supported.

**Correct Public Key Format** – If opened in a text editor, key should look like the following:



Incorrect Public Key Format – If opened in a text editor, key SHOULD NOT look like the following:



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

**NOTE:** There is no file extension and an underscore between the words authorized and keys.

A .ssh subfolder needs to be created in the home directory of the of the sFTP account. 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. Refer to the <u>State Subfolders</u> section for steps on creating subfolders.