



# Data Submission Guide for Dispensers Nevada Prescription Monitoring Program

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## 1 Document Overview

This document serves as a training guide and support manual for dispensers of Schedule II through Schedule IV controlled substances in Nevada who use Appriss Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

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

This guide is intended for use by all dispensers in the State of Nevada required to report the dispensing of controlled substances.

# 2 Data Collection and Tracking

### 2.1 Data Collection Overview

The Nevada Prescription Monitoring Program (NV PMP) was established in 1997 to monitor Schedule II–IV controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 sets forth the requirements for reporting Schedule II–IV prescriptions to the 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, including mail order pharmacies that send controlled substance prescriptions into the state, is required to provide such information to Appriss in approved formats and frequencies.

## 2.2 Reporting Requirements

All dispensers of Schedule II–V controlled substances must collect and report their prescribing information to the NV PMP. A "dispenser" is a practitioner or pharmacy that 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 pharmacy's 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 <u>Data Submission</u> chapter to submit the data.

## 3 Data Submission

This chapter provides information about submitting data to the PMP Clearinghouse repository.

### 3.1 Timeline and Requirements

- Pharmacies, dispensing veterinarians, and software vendors can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- Beginning October 1, 2015, dispensers are required to transmit their data no later than the end of the **next business day** after dispensing the controlled substance.

## 3.2 Upload Specifications

As of January 1, 2018, files should be in the ASAP 4.2A format as defined in <u>Appendix A:</u> <u>ASAP 4.2A 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 "20110415.dat". All uploaded files will be stored and processed separately.

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

Prescription information must be reported daily.

## 4 Accessing Clearinghouse

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

### 4.1 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 Nevada to your existing account for data submissions. If you have an existing PMP Clearinghouse account, please refer to <u>Adding</u> <u>States to Your Upload Account</u> to add states to your account.

#### Notes:

- Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State of Nevada. Therefore, chains with multiple stores need only to set up one account to upload a file.
- 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 Your Upload Account</u>.

Perform the following steps 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 Details			* Indicates Required Fiel
Email Address			
Password <u>*</u>		Password confirmation	
Personal Information			
First name <u>*</u>	Middle name	Last na	ame <u>*</u>
Searching for DEA or NPI	will autopopulate your informati	on if found.	
DEA		NPI	
	Q		Q

2. Complete your Profile Details.

Profile Details	* Indicates Required Field
Email Address	
Password "	Password confirmation

a. Enter your current, valid email address in the **Email Address** field.

**Note:** The email address you provide here will act as your username 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. The password requirements are provided below.

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 ( $\begin{aligned} \begin{aligned} \b$ 

First name <u>*</u>	Middle name		Last name <u>*</u>	
Searching for DEA or NPI V	vill autopopulate your informati	on if found.		
DEA		NPI		
	Q			Q
ployer Information				
Name <u>*</u>				
Address "		Address (continu	ied)	
Address		Address (continu	ed)	
Address* City*	State "*	Address (continu	ed) Postal Code <u>*</u>	
	State "	Address (continu		
City*	State "*			
	State	· · · · · · · · · · · · · · · · · · ·		
City :::	State* State*	Fax		

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</u> <u>Access to an Upload Account</u> for complete instructions.

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

a. Click to select the Enable SFTP Access checkbox.

#### The SFTP access fields are displayed.

	nghouse users are able to subm (SFTP) access is available, and R	-		of ASAP files.
🖉 Enable S	FTP Access			
SFTP Userna	me			
SFTP Passwo	ord			
SFTP Passwo	ord Confirmation			
	include at least 8 characters, including 1 r, and 1 special character (such as !,@,#,			

- b. Your SFTP Username is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be test5555555555556 prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then reenter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

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.

This password will be input into the pharmacy software so that submissions can be automated.

#### Notes:

- This password can be the same as the one previously entered under Profile.
- Unlike the Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <u>sftp://sftp.pmpclearinghouse.net</u>.
- Additional details on SFTP configuration can be found in <u>Appendix C: SFTP</u> <u>Configuration</u>.
- 5. In the Submission Destinations section of the page, select the state(s) for which you will be submitting data.
- 6. Click Submit.

The request is submitted to the PMP administrator for each of the states you selected for data submission, and the Registration Information Overview page is displayed as shown on the following page.

Thank you for registering with PMP Clearinghouse, a service of PMP A link to verify your email address has been sent. You must confirm your email address	
login to PMP Clearinghouse. Your data submission request has been sent to your requ	ested state(s) for
processing. Upon approval, you may begin submitting prescription data.	
Profile	
Email Address: testuser@test.com	
Password: *******	
DEA Number:	
NPI Number:	
Full Name:: Test User	
Employer	
Name: Appriss	
DEA Number:	
NCPDP Number::	
Address: 9901 Linn Station Rd Louisville KY 40223	
Phone: 555-555-5555	
Fax:	
Data Acceptance	
SFTP Account: SFTP Access? No	
Real-Time Account: Real-Time Access? No	
Submission Destinations	
Alabama	
Continue	

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 AWARxE.

### 4.2 Logging In to PMP Clearinghouse

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

1	Login
	Email Address
	Password
	Login
	Create an Account
н	elp
Fo	orgot your password?
D	idn't receive confirmation instructions?
D	idn't receive unlock instructions?

- 2. Enter the email address you used to create your account in the Email Address field.
- 3. Enter your password in the **Password** field.

**Note:** If you have forgotten your password, have completed your registration but did not receive the account confirmation email, or your account has been locked and you did not receive 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>.

4. Click Login.

The PMP Clearinghouse home page is displayed.

Clearinghouse II Appril								
ed in successfully.								
File Listings 👻 File Uplo	ad							
le Listings Data File Sul	omissions Status (Last 30 Days)							
ow 10 ¢ entries						Advanced Opt	ions      Search	
Account	File	11 State 11	Records 1	Warnings 11	Errors	Submitted 11	Status	Status Report
MITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report
MITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	~	Report
	scott_20161121_41_1.dat test_data_for_residents_2	IA DO	737 9	18		02/02/2019 09:27PM 01/29/2019 05:35PM	~	Report Report
SMITHERMANS PHARMACY SMITHERMANS PHARMACY SMITHERMANS PHARMACY				18				

# 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 stepby-step instructions for your chosen data delivery method:

Delivery Method	Page
Secure FTP	10
Web Portal Upload	10
Manual Entry (UCF)	12
Zero Reports	15

### 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** (e.g., ND, KS, MS, NV, etc.). Data files not submitted to a state sub-folder will be required to have a manual state PMP assignment made on the <u>File Listings</u> 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 <u>Creating Your</u> <u>Account</u>.

Or

- 2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in <u>Adding SFTP Access to an Upload Account</u>.
- 3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.2A Specifications</u>.
- 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.
- 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 4.2A Specifications</u>.

- 3. Log in to PMP Clearinghouse.
- 4. From the home page, click the **File Upload** tab.

		-						
File Listings 👻 File Uplo	ad							
File Listings Data File Sul	bmissions Status (Last 30 Days)							
show 10 ¢ entries						Advanced Op	tions	0
Account	File	State 14	Records 1	Warnings 14	Errors 14	Submitted 14	Status	Status Report
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	~	Report
SMITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	~	Report
SMITHERMANS PHARMACY	test_data_for_residents		0			01/29/2019 05:31PM	ASAP errors	
	Philodical 2472 Composition Connect data	00				01/20/2010 07:41014	Deadles Discouties Free	Descent

The File Upload page is displayed.

ile Listings	• F	File Upload					
File U	pload						
Submit	Submit New File For Consolidation						
Use this sci	een to subr	mit files to the P	MP system.				
How to Up	load Your Fi	iles					
2. Click the 3. A confir	<ol> <li>Click the "Browse" button to select a file on your local computer</li> <li>Click the "Upload" button to begin the uploading process.</li> <li>A confirmation message appears when the upload is finished.</li> </ol>						
Select PMP							
Select a	PMP		·				
File Upload	:						
Browse							
Upload							

- 5. Select the state PMP to which you are submitting the file from the drop-down list in the **Select PMP** field.
- 6. Click the **Browse** button, located next to the **File Upload** field, and select the file you created in step 2.
- 7. Click Upload.

A message is displayed prompting you to confirm the submission.

Upload File?	×
You are about to upload this file for file submission. Is this correct?	
Change	Upload

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

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

## 5.3 Manual Entry (UCF)

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>Appendix A: ASAP 4.2A Specifications</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 🛛 🗗	ile Submissions 🛛 🖹 UCF Subm	nissions 🛛 🖬 Zer	o Reports Fil	le Upload
File Listings <b>File U</b>	Ipload			
File Listings Data File S	Submissions Status (Last	30 Days)		
Show 10 🗢 entries				
File		1↓ State	ţ↑	Records
Showing 0 to 0 of 0 entries				
- malifered all the matter work of all of a low and a second structures and a				

#### The UCF Listings page is displayed.

UCF Listings Manage Claim Forms New Claim Form				
UCF Listings				
Show to entries				Search:
Created at	11 State 11	Warnings	Errors	Status 11
01/15/2019 02:13 PM	кs	0	0	×
01/17/2019 07:38 PM	KS	0	0	×
01/28/2019 03:51 PM	CR	0	0	×
01/28/2019 04:04 PM	CR	0	0	×
01/28/2019 04:07 PM	CR	0	0	×
01/28/2019 04:11 PM	CP	0	0	4

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

The Create Universal Claim Form page is displaye	aim Form page is displayed.	Iniversal	The Create
--	-----------------------------	-----------	------------

РМР	* Indicates Required Field
Pmp " Select a PMP	•
Patient	
Patient Animal	
First Name	Last Name <u>"*</u>
Date of Birth <u>*</u>	Gender
MM/DD/YYYY	Unknown
Phone Number	

- 5. Select the state PMP to which you are submitting data from the drop-down list in the **Select a PMP** field.
- 6. Complete the required fields.

### Notes:

- An asterisk (\*) indicates a required field.
- 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.

NDC Number		
Quantity		
Units		
	•	
Remove		
Keniove		

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	
You may submit this form at any time.	
This claim form is not completely processed until submitted and edit the form, or click "Submit Now" to process the for Submit Now	
Form has been successfully created.	×

8. Click **Submit Now** to continue with the data submission process.

A message is displayed prompting you to confirm the data submission.

clearinghouse-prep.pmp.appriss.com say	s	
Are you sure you are ready to submit?		
	ОК	Cancel

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.

u may submit this form at any time. is claim form is not completely processed until submitted. Please review d edit the form, or click "Submit Now" to process the form. Submit Now Form has errors and was unable to be submitted. • Drug Segment is invalid • Patient last name can't be blank	
d edit the form, or click "Submit Now" to process the form. Submit Now Form has errors and was unable to be submitted. o Drug Segment is invalid o Patient last name can't be blank	
Form has errors and was unable to be submitted. X • Drug Segment is invalid • Patient last name can't be blank	v
<ul> <li>Drug Segment is invalid</li> <li>Patient last name can't be blank</li> </ul>	
• Patient last name can't be blank	¢
<ul> <li>Patient first name can't be blank</li> </ul>	
<ul> <li>Date of Birth can't be blank</li> </ul>	
<ul> <li>Pharmacy name can't be blank</li> </ul>	
Pharmacy address can't be blank	
Pharmacy city can't be blank	
<ul> <li>Pharmacy state can't be blank</li> <li>Prescriber last name can't be blank</li> </ul>	
<ul> <li>Prescriber last name can't be blank</li> <li>Prescriber first name can't be blank</li> </ul>	
<ul> <li>Pharmacy zip code can't be blank</li> <li>Claim fill number can't be blank</li> </ul>	
<ul> <li>Claim fill number can't be blank</li> <li>Claim fill number is not a number</li> </ul>	
<ul> <li>Date written can't be blank</li> </ul>	
Date whiten can't be blank     Date filled can't be blank	
<ul> <li>Claim days supply can't be blank</li> </ul>	
<ul> <li>Claim days supply can be blank</li> <li>Claim days supply is not a number</li> </ul>	
<ul> <li>Claim authorized refill count can't be blank</li> </ul>	

**Note:** If there are no errors, you are returned to the Submitted Claim Forms page and your report is listed there.

10. Correct the indicated errors, then repeat steps 7–9.

Once your data has been successfully submitted, your report is listed on the UCF Listings page.

UCF Listings Manage Claim Forms New Claim Form				
UCF Listings				
Show 10 + entries				Search:
Created at	State 14	Warnings	Errors	Status 11
01/15/2019 02:13 PM	KS	0	0	×
01/17/2019 07:38 PM	KS	0	0	×
01/28/2019 03:51 PM	CR	0	0	×
01/28/2019 04:04 PM	CR	0	0	×
01/28/2019 04:07 PM	CR	0	0	×
.01/28/2019 04:11 PM	. f.R			- Konen ennen sonen sonen so

### 5.4 Zero Reports

If you have no dispensations to report, you must report this information to the NV PMP. You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to <u>Appendix B: ASAP Zero Report</u> <u>Specifications</u>.

You may submit zero reports through the PMP Clearinghouse web portal using one of the following methods:

- Submit a single-click zero report
- Create a new zero report

### 5.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the pharmacy that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report.

To create a pharmacy profile and begin submitting single-click zero reports:

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Log in to PMP Clearinghouse.
- 3. Click Zero Reports.

PMP Clearinghouse	▲ File Submissions	UCF Submission	s 🖬 Zero F	Reports Fil	e Upload
File Listings 🔻	File Upload	•			
File Listings Data	a File Submissions S	Status (Last 30) a	ys)		
File		ţţ	State	†↓	Records
Showing 0 to 0 of 0 ent	ries				

#### The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero R	Zero Reports Listings Create Zero Report											
Zero Reports Listings												
Advanced Options * Search												
Account	State 1	Start Date	End Date	NCPDP	DEA 11	NPI 11	ASAP File			Date Submitted		
	AL	01/16/2020	01/16/2020	1108040	<b>ECOTOLIST</b>	107103146800				01/16/2020 5:13 PM		
Hidapa Humuy Letters	AL	01/16/2020	01/16/2020		PERCOON		ndari fatirini		NUMBER OF STREET	01/16/2020 5:04 PM		

#### 4. Click the Create Zero Report tab.

The Create Zero Report page is displayed. *Note that* **Submit a Single Click Zero Report** is selected by default.

Zero Reports Listings	Create Zero Report											
Create Zero Repo	Create Zero Report											
<ul> <li>Submit a Single Click Zero Report</li> <li>Create new Zero Report</li> </ul>												
Create Single Click Zero Report Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.												
NOTE: The time frame for	"Today" or "Yesterday" is 00:00-	-23:59:59 and based upo	on the time zone set for your ac	count profile at the t	ime of submission.							
Add New Pharmacy												
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:						
O Demo												

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to <u>step 10</u> to submit a zero report for those pharmacies.
- If you have not configured your pharmacy for single-click zero reporting, continue to <u>step 5</u>.
- 5. Click Add New Pharmacy.

The New Pharmacy page is displayed.

Zero Reports Listings	Create Zero Report	
		New Pharmacy
		PMP :
		Pharmacy 📩
		NCPDP
		DEA Number
		NPI
		Save Cancel

- 6. Select the PMP for which you are submitting a zero report from the dropdown list in the **PMP** field.
- 7. Enter the pharmacy's name in the **Pharmacy** field.
- Populate the NCPDP, DEA Number, and/or NPI fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (\*) will be displayed next to that field once you have selected a PMP.
- 9. Click Save.

The pharmacy is saved and will be listed under the drop-down for the selected PMP, which is located at the bottom of the page.

Create Zero Report											
<ul> <li>Submit a Single Click Zero</li> <li>Create new Zero Report</li> </ul>	Report										
Create Single Click Zero Report Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you dor have to enter it each time you submit a zero report.											
NOTE: The time frame for "Toda	NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.										
Add New Pharmacy											
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:					
Pharmacies configured for single-click zero reporting are listed here     Vermont											

10. Click the plus sign ("+") next to the PMP for which you wish to submit a zero report.

The list of pharmacies you have configured for single-click zero reporting for that PMP is displayed. *Note that this page allows you to submit a zero report for the current date* (**Today**) *or the previous day* (**Yesterday**).

	Pharmacy NCPDP		DEA Number	DEA Number NPI		Submit Zero Reports for:
Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	Today Yesterday 01/16/2020 01/15/2020
	Test		BK0121258		Edit Delete	Today Vesterday 01/16/2020 01/15/2020
	Test Pharmacy		FC8591934		Edit Delete	Today Yesterday 01/16/2020 01/15/2020

11. Click Today to submit a zero report for the current date;

Or

12. Click **Yesterday** to submit a zero report for the previous date.

Once the report is submitted, the submission is indicated on the screen, and the zero report is displayed on the **Zero Report Listings** tab.

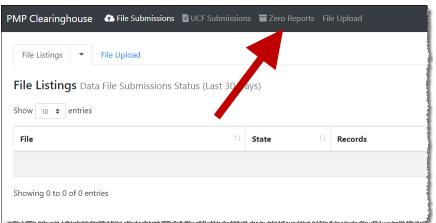
	Pharmacy NCPDP		DEA Number	NPI	Actions	Submit Zero Reports for:
Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	Today         Yesterday           01/16/2020         01/15/2020
	Test		BK0121258		Edit Delete	Today         Yesterday           01/16/2020         01/15/2020
	Test Pharmacy		FC8591934		Edit Derete	✓ Submitted Yesterday 01/15/2020

*Note:* You may edit or delete a pharmacy from this page.

- To edit a pharmacy, click **Edit** to display the Edit Pharmacy page and make any necessary changes. Refer to steps 6–9 for guidance on entering pharmacy information.
- To delete a pharmacy, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the pharmacy configuration will be removed.

### 5.4.2 Create a New Zero Report

- 1. If you do not have an account, perform the steps in <u>Creating Your Account</u>.
- 2. Log in to PMP Clearinghouse.
- 3. Click Zero Reports.



#### The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero R	epore											
ro Reports Listings												
how 25 ¢ entries Advanced Options • Search												
Account	State 14	Start Date	End Date	NCPDP	DEA 11	NPI 14	ASAP File		Date Submitted			
NOC HOME INFLUEDA	AL	01/16/2020	01/16/2020	1110000	<b>B</b> ENTHERN	1027001145000			01/16/2020 5:13 PM			
Welferson (Plannary Systems)	AL	01/16/2020	01/16/2020		PERCOON		maker (145) (1987) 16	herollenes/he/A, 20180116, Jacobie	01/16/2020 5:04 PM			

4. Click the **Create Zero Report** tab.

The Create Zero Report page is displayed. *Note that* **Submit a Single Click Zero Report** is selected by default.

Zero Reports Listings	Create Zero Report					
Create Zero Repor	t					
<ul> <li>Submit a Single Click Z</li> <li>Create new Zero Report</li> </ul>						
Create Single Click Zero Re Below are the pharmacies yo have to enter it each time yo	ou have configured for single	click reporting. Setti	ing up pharmacies here will allow	you to create a prot	file for the pharmac	ry that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't
NOTE: The time frame for "T	oday" or "Yesterday" is 00:00	-23:59:59 and based	upon the time zone set for your	account profile at the	e time of submissio	n.
Add New Pharmacy						
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
O Demo						

5. Click the button to select Create new Zero Report.

The Create Zero Report page is displayed.

Zero Reports Listings	Create Zero Report		
Create Zero Repo	ort		
○ Submit a Single Click ● Create new Zero Rep			
PMP *		NCPDP	
Select a PMP		•	
Start date <u>*</u>		DEA Number	
mm/dd/yyyy			
End date <u>*</u>		NPI	
mm/dd/yyyy			
Submit			

- 6. Select the PMP for which you are submitting a zero report from the dropdown list in the **PMP** field.
- 7. Enter the start date and end date for the zero report in the **Start date** and **End date** fields using the *MM/DD/YYYY* format. You may also select the dates from the calendar that is displayed when you click in these fields.

~	Fe	bru	ary	201	9	>>
			We			
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	1	2
3	4	5	6	7	8	9
$\sim$						
mm	/dd/	/vvv	v			

- 8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your state's PMP.
- 9. Click Submit.

Your zero report is submitted to PMP Clearinghouse and will be displayed on the **Zero Report Listings** tab.

# 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. The File Listings page is displayed upon logging in to Clearinghouse; you may also click **File Submissions** from the menu at any time to access this page.

You may sort the File Listings page by account name, file name, state, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

File Listings    File Uple	File Upload												
File Listings Data File Su	bmissions Status (Last 30 Days)												
Show 10 e entries Advanced Options* Search C													
Account	File	State 11	Records	Warnings	Errors 11	Submitted 14	Status	Status Report					
SMITHERMANS PHARMACY	TestUpload.txt	DO	0			02/13/2019 04:43PM	ASAP errors						
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report					
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	~	Report					
SMITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	~	Report					
SMITHERMANS PHARMACY	test_data_for_residents	-	0			01/29/2019 05:31PM	ASAP errors	-					
na the second second second second						-							

- 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.

You may sort the UCF Listings page date created, state, warning count, error count, and status.

UCF Listings Manage Claim Forms New Claim Form												
UCF Listings												
Show to e entries												
Created at	t1	State 11	Warnings	Errors 11	Status							
01/15/2019 02:13 PM		KS	0	0	*							
01/17/2019 07:38 PM		KS	0	0	×							
01/28/2019 03:51 PM		CR	0	0	×							
01/28/2019 04:04 PM		CR	0	0	×							
01/28/2019 04:07 PM		CR	0	0	×							
.01/28/2019 04:11 PM	All house and a distance of some sources	CR.	0	0	<b>A</b>							

The **Status** column, located at the end of each row, displays the UCF's status. Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those errors and submit the record, you have 30 days to make updates to these records in Clearinghouse.

1. To view pending or incomplete submissions, click the **Manage Claim Forms** tab on the UCF Listings page.

UCF Listings Manage Claim Forms New C	laim Form					
UCF Listings						
how 10 © entries					Search:	
Created at	ti.	State	Warnings	Errors	Status	
01/15/2019 02:13 PM		KS	0	0	×	
01/17/2019 07:38 PM		KS	0	0	×	
01/28/2019 03:51 PM		CR	0	0	×	
01/28/2019 04:04 PM		CR	0	0	×	
01/28/2019 04:07 PM		CR	0	0	¥	
01/28/2019 04:11 PM	ale a della addi ferra a da anna di addi teletera, a da basela di addi	. £8				

The Pending Claim Forms page is displayed.

	UCF Listings Manage Claim Forms Ne	ew Claim Fo	m					
	Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) View Submitted Forms							
-	how 10 + entries					Search:		
	Created At	Ť1	Created By	Last Updated By	State	11		
	01/15/2019 2:33 PM		rjohn@appriss.com	rjohn@appriss.com	КS	Edit Delete		
	01/18/2019 4:54 PM		rjohn@appriss.com	rjohn@appriss.com	KS	Edit Delete		
	01/24/2019 5:13 PM		dhempy@appriss.com	dhempy@appriss.com		Edit Delete		
	01/24/2019 7:30 PM		rjohn@appriss.com	rjohn@appriss.com	NJ	Edit Delete		

2. Click Edit next to the form you wish to update.

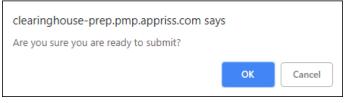
**Note:** If it has been longer than 30 days, the **Edit** option will not be available. You must click **Delete** to delete the record and start over.

#### The Edit Universal Claim Form page is displayed.

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			
Submit Now PMP	* Indicates Required Fie	d Field	
	* Indicates Required Fie	d Field	
РМР	* Indicates Required Fie	d Field	

3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

A message is displayed prompting you to confirm the data submission.



4. Click **OK**.

Your data will be validated upon submission. If there are any remaining errors on the UCF form, they are displayed at the top of the page.

Edit Universal Claim Form	
You may submit this form at any time.	
This claim form is not completely processed until submitted. Plea and edit the form, or click "Submit Now" to process the form. Submit Now	ase review
<ul> <li>Form has errors and was unable to be submitted.</li> <li>Orug Segment is invalid</li> <li>Date of Birth can't be blank</li> </ul>	×

**Note:** If there are no errors, you are returned to the UCF Listings page and your report is listed there.

- 5. Correct the indicated errors, then repeat steps 3-4.
- 6. Once your data has been successfully submitted, your report is listed on the UCF Listings page.

### 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 Listings</u> page.

File Listings * File Upload												
Error Correction Manage And Resolve Submission Issues												
Show to entries Search:												
DEA Number	t1	NCPDP Identifier		Prescription Number		Name 14	Filled At	Segment Type	Warning Count	Er	ror Count	
BM4601616				ERROR_DSP25_CORRECT		MEDICINE SHOPPE	2019-01-27	Patient	0	1		Correct
Showing 1 to 1 of 1 entri	es										Pre	evious 1 Next

The **Correct** button, located at the end of each row, allows you to make corrections to the record.

### 6.3.2 Error Correction via PMP Clearinghouse

Once you click **Correct** on the Error Correction page, the Errors page is displayed. This 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.

File Listings         File Errors         Dispensary Errors           Dispensary Errors         Manage And Resolve           Prescription Number: 0100753         DEA Number: 8E94		led At: 2019-02-13	
Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP identifier	0068568	0068568	✓
DEA number	BE9432042	8E9432042	Warnings: DEA number warning: DEA number not found in registry.
Name			
			Errors: Name value must be present.
Phone number	4017704455	4017704455	×

- 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 <u>File Listings</u> and <u>Error Correction</u> 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 any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

# 7 Email Reports

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 submitted and to confirm zero report submissions. 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: 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: 4.2A
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016
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:

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

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).

**Note:** 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 <u>Error Correction</u> 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 provided on the following page.

SUBJ: Neva	ada ASAP f	ile: fake-te	est3.txt - Status Report					
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message
BE1234567 DE9841394	1347347 3491849	9034618394 4851947597	123486379596-0 357199504833-345	20130808 20130808	Dispensation Dispensation	refill_number days_supply	WARNING ERROR	message example message example
* Transact * Date of * Total Re * Duplicat * In Proce	csion: 4.2 tion Contr tion Contr Submissic ecord Cour te Records ess Count:	A col Number: 2 col Type: sen on: January 3 at: ### s: ###	nd 30, 2016					

\* Imported Records Count: ###

\* Records Imported with Warning Count: ###

## 7.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the state PMP to which the zero report was submitted, date range for the zero report, date the zero report was submitted to PMP Clearinghouse, and date the report was originally created.

An example Zero Report Confirmation is provided below.

```
SUBJ: ASAP Zero Report: zero_reports_20160306KSMCPS.DAT
BODY:
Summary:
* File Name: zero_reports_20160306KSMCPS.DAT
* PMP Name: Nevada
* Date Range: 2016-03-06 - 2016-03-06
* Submission Date: 2016-03-06
* ASAP Creation Date: 2016-03-06
```

# 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 <u>Managing Your User Profile</u>.

## 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.
  - Account ~ & My Profile ~ O Help Advanced Options ~ Search... 14 Submitted 14 Status Status Report Previous Next
- 2. Click Account.

3. Select Users from the Account drop-down menu.

The Account Users page is displayed.

how 10 + entries						Search:	
Email	First Name 0	Last Name	Organization Name	Phone Number  🗄	Admin Name	Admin Email	
his decention dignations	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	thy farmer right at an	Edit Deactivate
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	Wetter were started one	Edit

4. Click **New User**, located in the top right corner of the page.

The New Data Submitter User page is displayed.

	DMITTER USER MANAGE DATA SUBMITTER USERS
Account Informatio	n
<u>"</u> Email	
* First name	
" Last name	
	Submit Cancel

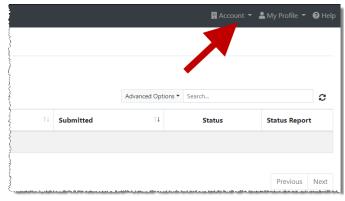
- 5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
- 6. Click Submit.

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

- 7. Please inform the new user of the account creation.
  - 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.

### 8.1.1 Changing Another User's Password

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



3. Select Users from the Account drop-down menu.

The Account Users page is displayed.

ow 10 • entries						Search:	
mail 0	First Name 0	Last Name 0	Organization Name	Phone Number 0	Admin Name	Admin Email	
ali di cadi calificati can	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	thy factor of gradient.	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	NUMBER OF STREET	Edit

4. Click the **Edit** button, located to the right of the user's information.

The Edit Data Submitter User page is displayed.

Edit Data Submitter User MANAGE DATA SUBMITTER USERS					
Account Information	n				
Email					
<u>*</u> First name	Testy				
" Last name	McTesterton				
Password					
	leave it blank if you don't want to change it				
Password confirmation					
	Submit Cancel				

5. Enter a new password for the user in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

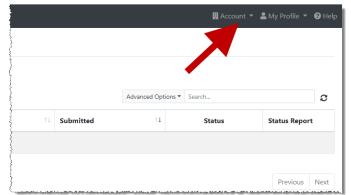
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Submit.

The password is changed.

## 8.2 Adding States to Your Upload Account

If your organization needs to submit data files to an additional state that uses PMP AWARxE, you can submit the request through PMP Clearinghouse.

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



3. Select Multi State Approval from the Account drop-down menu.

The Multi State Approval page is displayed. This page displays all states currently using the PMP AWARxE system as well as your data sharing status with each state.

	PHARMACY Acco		AL
		propriate state administrator has approve	t this account.
Abbv	State	Status	Participating States   Your Approval Status
AL	Alabama	Pending	and the second s
AK	Alaska	Approved	hand the second
□ AZ	Arizona		LIL CR I
AR	Arkansas		
🗆 CO	Colorado		
🖂 СТ	Connecticut	Approved	
DO DO	Demo	Approved	
DC	District of Columbia		my the
🗆 GA	Georgia		" and the second of the second
п н	Hawaii		and a grand
☑ ID	Idaho	Approved	

4. To request to submit data to another state, click to select the checkbox next to that state.

PMP Clearinghouse automatically saves your changes, and your request is submitted to the state's PMP administrator for review and approval. Once the request has been approved, the status for that state will change from "Pending" to "Approved," and you may begin submitting data to that state's PMP.

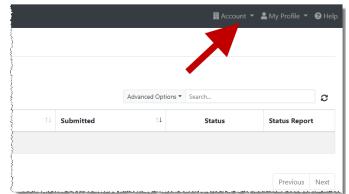
#### Notes:

- If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired state PMP.
- To cancel data submission to a state's PMP, uncheck the box for that state. Note that if you need to submit data to that state again in the future, you will have to go through the approval process again.

# 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.



3. Select SFTP Details.

The SFTP Account page is displayed.

SFTP Account VIEW SFTP ACCOUNT DETAILS
There is no SFTP user associated with your account at this time. You can create an SFTP user and submit files by clicking the create button below.
Create

**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.

SFTP Account CREATE A NEW SFTP ACCOUNT		
Name		
	Username of the SFTP account.	
Password		
Password confirmation		
	Create Cancel	

5. Enter a username for the account in the **Name** field.

#### Notes:

- 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. The password requirements are provided below.

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.

Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

#### Notes:

- This password can be the same as the one used when the upload account was created.
- Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <u>sftp://sftp.pmpclearinghouse.net</u>.
- Additional details on SFTP configuration can be found in <u>Appendix C: SFTP</u> <u>Configuration</u>.
- 7. Click Create.

#### The account is created, and the username is displayed.

SFTP Account	
SFTP Account Details	
Username: sftptester@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.

		Advanced Options	• Search		£
†↓	Submitted	†1	Status	Status Report	

3. Select Account Details.

The Account page is displayed as shown on the following page.

Account Details	
Name: SMITHERMANS PHARMACY	
Phone Number: 2056652575	
Fax Number: 2056650940	
Admin Details	
Here Manage Test (Jaco	
User Name: Test User	
Email: testuser@appriss.com	
Address: 703 MAIN ST MONTEVALLO KY 35115	
Sftp Account ID: sftptester@preppmpsftp	5
Edit View All Accounts	

4. Click Edit.

The Edit Account page is displayed.

Account Details	* Indicates Required Field
Name	
SMITHERMANS PHARMACY	
Phone number	Fax number
2056652575	2056650940
Address 703 MAIN ST	
703 MAIN ST	
City Zip code	State
MONTEVAI 35115	Kentucky

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.

**Note:** This chapter contains information for managing your individual user profile. 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

**Note:** This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to <u>Editing Your Upload Account</u>.

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

Amy Profile 🔻 😢 Help Version
Edit My Profile
View My Profile
Change Password
Logout

3. Select Edit My Profile.

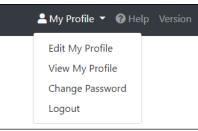
Profile Details	* Indicates Required Field
First name	Last name generated
Email <u>*</u> rweaver@appriss.com Disable report emails	Time zone (GMT+00:00) UTC
Organization Information	
Name: SMITHERMANS PHARMACY Admin: Test User Admin Email: testuser@appriss.com	
Save Changes Cancel	

4. Update your information as necessary, then click **Submit**. Your changes are saved, and your updated profile is displayed.

## 9.2 Changing Your Password

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

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



3. Select Change Password.

Email: rweaver@appriss.com	
Current password	
we need your current password to confirm your changes	
Password	Password confirmation

- 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. The password requirements are provided below.

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.
- 6. Click Update.

Your password is updated, and you will 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, perform the following steps 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>.

Login		
Email A	ddress	
Passwo	d	
	Login	
	Create an Account	
Help		
Forgot y	our password?	
Didn't re	ceive confirmation instructions?	
Didn't re	ceive unlock instructions?	

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

Profile Details	* Indicates Required Field
Email <u>*</u>	
Send me reset	password instructions
Sign in	
Sign in Didn't receive confirmati	on 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	
	Change my password

5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field. The password requirements are provided below.

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.
- 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 additional help with any of the procedures outlined in this guide, you can:

- Contact Appriss Health at 1-855-568-4767 (1-855-5NV-4PMP);
   OR
- Create a support request at the following URL: <u>https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new.</u>

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

### 10.2 Administrative Assistance

If you have any 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

# 11 Document Information

## 11.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information is subject to change.

## 11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	2018	N/A	Initial draft
2.0	03/31/2020	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
		6.2/UCF Listings	Added clarification on correcting UCF errors

# Appendix A: ASAP 4.2A 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) 4.2A format to comply with the NV PMP requirements.

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

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

TH05

**TH06** 

**TH07** 

**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: Transa	ction Header (	required)	·
Used to inc control nu		of a transaction. It also assigns the data element separator, segment te	rminator, and
	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	N
		Identifies the purpose of initiating the transaction.	
		01 Send/Request Transaction	
		• 02 Acknowledgement (used in Response only)	
		• 03 Error Receiving (used in Response only)	
		• 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	
	TH04	Response ID	R
		Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	

Date the transaction was created. Format: CCYYMMDD.

Time the transaction was created. Format: HHMMSS or HHMM.

**Creation Date** 

**Creation Time** 

P = Production T = Test

**File Type** 

•

.

R

R

R

Segment	Element ID	Element Name	Requirement
	TH08	Routing Number	N
		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.	
IS: Inform	ation Source (r	equired)	
Used to co	onvey the name	and identification numbers of the entity supplying the information.	
	IS01	Unique Information Source ID	R
		Reference number or identification number.	
		(Example: phone number)	
	IS02	Information Source Entity Name	R
		Entity name of the Information Source.	
	IS03	Message	N
		Free-form text message.	
PHA: Phar	macy Header (	reguired)	
	entify the phar	• •	
Note: It is	required that in	nformation be provided in at least one of the following fields: PHA01, PHA	A02, or PHA03.
	PHA01	National Provider Identifier (NPI)	R
		Identifier assigned to the pharmacy by CMS.	
	PHA02	NCPDP/NABP Provider ID	R
		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	
		Identifier assigned to the pharmacy by the Drug Enforcement Administration.	
	PHA04		R
	PHA04	Administration.	R
	PHA04 PHA05	Administration. Pharmacy Name	R
		Administration. Pharmacy Name Free-form name of the pharmacy or dispensing practitioner.	
	PHA05	Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1	
		Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1         Free-form text for address information.	R
	PHA05	Administration.Pharmacy NameFree-form name of the pharmacy or dispensing practitioner.Address Information – 1Free-form text for address information.Address Information – 2Free-form text for address information, if needed.	R
	PHA05 PHA06	Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1         Free-form text for address information.         Address Information – 2	R
	PHA05 PHA06 PHA07	Administration.Pharmacy NameFree-form name of the pharmacy or dispensing practitioner.Address Information – 1Free-form text for address information.Address Information – 2Free-form text for address information, if needed.City AddressFree-form text for city name.	R
	PHA05 PHA06	Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1         Free-form text for address information.         Address Information – 2         Free-form text for address information, if needed.         City Address	R S R
	PHA05 PHA06 PHA07 PHA08	Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1         Free-form text for address information.         Address Information – 2         Free-form text for address information, if needed.         City Address         Free-form text for city name.         State Address         U.S. Postal Service state code.	R S R R
	PHA05 PHA06 PHA07	Administration.Pharmacy NameFree-form name of the pharmacy or dispensing practitioner.Address Information – 1Free-form text for address information.Address Information – 2Free-form text for address information, if needed.City AddressFree-form text for city name.State AddressU.S. Postal Service state code.ZIP Code Address	R S R
	PHA05 PHA06 PHA07 PHA08	Administration.         Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         Address Information – 1         Free-form text for address information.         Address Information – 2         Free-form text for address information, if needed.         City Address         Free-form text for city name.         State Address         U.S. Postal Service state code.	R S R R

Segment	Element ID	Element Name	Requirement
	PHA11	Contact Name	N
		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.	
	PHA13	Pharmacy's Permit Number/License Number	S
		This field has been added to report the pharmacy's permit number (license number). It is 20 characters, AN.	
PAT: Patie	nt Information	(required)	
Used to rep	port the patien	t's name and basic information as contained in the pharmacy record.	
	PAT01	ID Qualifier of Patient Identifier	N
		Code identifying the jurisdiction that issues the ID in PAT03.	
	PAT02	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	
		• 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)	
	PAT03	ID of Patient	N
		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	N
		Code identifying the jurisdiction that issues the ID in PAT06.	
		Used if the PMP requires such identification.	

Segment	Element ID	Element Name	Requirement
	PAT05	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	
		03 Unique System ID	
		04 Permanent Resident Card	
		05 Passport ID	
		06 Driver's License ID	
		O7 Social Security Number	
		08 Tribal ID	
		• 99 Other (agreed upon ID)	
	PAT06	Additional ID	Ν
		Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 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	N
		Patient's name prefix such as Mr. or Dr., if available.	
	PAT11	Name Suffix	S
		Patient's name suffix such as Jr. or the III, if available.	-
	PAT12	Address Information – 1	R
		Free-form text for street address information.	
	PAT13	Address Information – 2	S
		Free-form text for additional address information, if available.	3
	PAT14	City Address	R
		Free-form text for city name.	ĸ
	PAT15	State Address	R
		U.S. Postal Service state code	N
		<b>Note:</b> Field has been sized to handle international patients not residing	
		in the U.S.	
	PAT16	ZIP Code Address	R
	PAT16	ZIP Code Address U.S. Postal Service ZIP code.	R

Segment	Element ID	Element Name	Requirement
	PAT17	Phone Number	R
		Complete phone number including area code. Do not include hyphens.	
		For situations in which the patient does not have a phone number,	
		submit ten 9s (i.e., 999999999).	
	PAT18	Date of Birth	R
		Date patient was born.	
		Format: CCYYMMDD	
	PAT19	Gender Code	R
		Code indicating the sex of the patient.	
		• F Female	
		M Male	
		U Unknown	
	PAT20	Species Code	Ν
		Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.	
		• 01 Human	
		02 Veterinary Patient	
	PAT21	Patient Location Code	N
		Code indicating where patient is located when receiving pharmacy	
		services.	
		• 01 Home	
		02 Intermediary Care	
		O3 Nursing Home	
		04 Long-Term/Extended Care	
		• 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	Ν
		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.	

#### Segment Element ID Element Name Requirement **DSP: Dispensing Record (required)** Used to identify the basic components of a dispensing of a given prescription order including the date and quantity. DSP01 **Reporting Status** R DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 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). \*Note: For prescriptions voided with 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. DSP02 R **Prescription Number** Serial number assigned to the prescription by the pharmacy. DSP03 **Date Written** R Date the prescription was written (authorized). Format: CCYYMMDD DSP04 **Refills Authorized** R The number of refills authorized by the prescriber. DSP05 **Date Filled** R Date prescription was prepared. 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. 01 NDC • 06 Compound DSP08 Product ID R Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required. 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.

Segment	Element ID	Element Name	Requirement
	DSP10	Days Supply	R
		Estimated number of days the medication will last.	
	DSP11	Drug Dosage Units Code	N
		Identifies the unit of measure for the quantity dispensed in DSP09.	
		• 01 Each	
		• 02 Milliliters (ml)	
		• 03 Grams (gm)	
	DSP12	Transmission Form of Rx Origin Code	R
		Code indicating how the pharmacy received the prescription.	
		01 Written Prescription	
		02 Telephone Prescription	
		03 Telephone Emergency Prescription	
		04 Fax Prescription	
		05 Electronic Prescription	
		06 Transfer/Forwarded	
		• 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	
		<ul><li>often referred to as a split filling.</li><li>00 Not a Partial Fill</li></ul>	
		O1 First Partial Fill	
		<b>Note:</b> For additional fills per prescription, increment by 1. So, the	
		second partial fill would be reported as 02, up to a maximum of 99.	
	DSP14	Pharmacist National Provider Identifier (NPI)	N
		Identifier assigned to the pharmacist by CMS. This number can be used	
		to identify the pharmacist dispensing the medication.	
	DSP15	Pharmacist State License Number	N
		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	R
		Code identifying the type of payment (i.e., how it was paid for).	
		O1 Private Pay	
		02 Medicaid	
		03 Medicare	
		04 Commercial Insurance	
		05 Military Installations and VA	
		06 Workers' Compensation	
		07 Indian Nations	
		• 99 Other	

Segment	Element ID	Element Name	Requirement
	DSP17	Date Sold	S
		Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	
	DSP18	<ul> <li>RxNorm Code Qualifier</li> <li>RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.</li> <li>01 Semantic Clinical Drug (SCD)</li> <li>02 Semantic Branded Drug (SBD)</li> <li>03 Generic Package (GPCK)</li> <li>04 Branded Package (BPCK)</li> </ul>	Ν
	DSP19	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	N
	DSP21	<b>Electronic Prescription Order Number</b> This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	N
	DSP22	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	S
	DSP23	<b>Rx SIG</b> This field captures the actual directions printed on the prescription vial label.	N
	DSP24	<ul> <li>Treatment Type</li> <li>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.</li> <li>01 Not used for opioid dependency treatment</li> <li>02 Used for opioid dependency treatment</li> <li>03 Pain associated with active and aftercare cancer treatment</li> <li>04 Palliative care in conjunction with a serious illness</li> <li>05 End-of-life and hospice care</li> <li>06 A pregnant individual with a pre-existing prescription for opioids</li> <li>07 Acute pain for an individual with an existing opioid prescription for chronic pain</li> <li>08 Individuals pursuing an active taper of opioid medications</li> <li>09 Patient is participating in a pain management contract</li> <li>99 Other (trading partner agreed upon reason)</li> </ul> *Note: Codes 03-99 can only be reported if provided by the prescriber with the prescription.	N

Segment	Element ID	Element Name	Requirement
	DSP25	<b>Diagnosis Code</b> This field is used to report the ICD-10 code or CDT. If required by a PDMP, this field would be populated only when the ICD-10 or CDT code is included with the prescription.	R
PRE: Presc	riber Informat	ion (required)	
Used to ide	entify the prese	criber of the prescription.	
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	R
	PRE02	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	<b>DEA Number Suffix</b> Required if an institutional DEA number is supplied in PRE02.	S
	PRE04	<b>Prescriber State License Number</b> Identification assigned to the prescriber by the State Licensing Board.	N
	PRE05	Last Name Prescriber's last name.	R
	PRE06	First Name Prescriber's first name.	R
	PRE07	Middle Name Prescriber's middle name or initial.	N
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	R
Use of this reporting c would be in	segment is rec Irug. If more th ncremented by	redient Detail (situational) quired when medication dispensed is a compound and one of the ingredi- nan one ingredient is for a prescription monitoring program reporting dru one for each compound ingredient being reported. of DSP08 must be 99999999999. Compound Drug Ingredient Sequence Number	
		First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	
	CD102	<ul><li>Product ID Qualifier</li><li>Code to identify the type of product ID contained in CDI03.</li><li>01 NDC</li></ul>	S
	CDI03	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
	CDI04	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S

Segment	Element ID	Element Name	Requirement
	CD105	Compound Drug Dosage Units Code	S
		Identifies the unit of measure for the quantity dispensed in CDI04.	
		• 01 Each (used to report as package)	
		• 02 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: Additi	onal Informat	ion Reporting (situational)	
picking up	the prescriptio	erialized Rx pads are used, the state requires information on the person on, or for data elements not included in other detail segments. sed, at least one of the data elements (fields) will be required.	dropping off or
Note. II till	-		
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	AIR02	State Issued Rx Serial Number	N
		Number assigned to state issued serialized prescription blank.	
	AIR03	Issuing Jurisdiction	N
		Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	
	AIR04	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	
		• 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)	
	AIR05	ID of Person Dropping Off or Picking Up Rx	N
		ID number of patient or person picking up or dropping off the prescription.	
	AIR06	Relationship of Person Dropping Off or Picking Up Rx	N
		Code indicating the relationship of the person.	
		• 01 Patient	
		• 02 Parent/Legal Guardian	
		03 Spouse	
		• 04 Caregiver	
		• 99 Other	

Segment	Element ID	Element Name	Requirement
	AIR07	Last Name of Person Dropping Off or Picking Up Rx	N
		Last name of person picking up the prescription.	
	AIR08	First Name of Person Dropping Off or Picking Up Rx	N
		First name of person picking up the prescription.	
	AIR09	Last Name or Initials of Pharmacist	N
		Last name or initials of pharmacist dispensing the medication.	
	AIR10	First Name of Pharmacist	N
		First name of pharmacist dispensing the medication.	
	AIR11	Dropping Off/Picking Up Identifier Qualifier	N
		Additional qualifier for the ID contained in AIR05	
		01 Person Dropping Off	
		• 02 Person Picking Up	
		03 Unknown/Not Applicable	
		<i>Note:</i> Both 01 and 02 cannot be required by a prescription drug	
		monitoring program.	
	acy Trailer (red entify the end o	<b>quired)</b> of data for a given pharmacy and provide the count of the total number o	of detail
	•	e pharmacy, including the PHA and TP segment.	
	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: Transa	ction Trailer (r	equired)	
	-	of the transaction and provide the count of the total number of segment	s included in the
transactior	۱.		
	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.	
	TT02	Segment Count	R
		Total number of segments included in the transaction including the	
		header and trailer segments.	

# Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the NV PMP. It lists the **Segment** and **Element ID** with pre-populated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to <u>Appendix A:</u> <u>ASAP 4.2A Specifications</u>.

Segment	Element ID	Element Name	Requirement
TH: Transac	tion Header (requi	red)	
	TH01	Version/ Release Number: 4.2A	R
	TH02	123456	R
	тно5	20150101	R
	тно6	223000	R
	тно7	Р	R
	тно9	//	R
IS: Informat	tion Source (requir	ed)	
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report	R
	1503	#CCYYMMDD#-#CCYYMMDD#	
PHA: Pharn	nacy Header (requi	red)	
	PHA03	ZZ1234567	R
PAT: Patien	t Information (req	uired)	
	РАТ07	REPORT	R
	PAT08	ZERO	R
DSP: Disper	nsing Record (requi	red)	
	DSP05	20150101	R
PRE: Prescr	iber Information (r	equired; can be null as follows: PRE******\)	·
CDI: Compo	ound Drug Ingredie	nt Detail	
AIR: Additio	onal Information R	eporting	
TP: Pharma	cy Trailer (required	i)	
	TP01	7	R
TT: Transac	tion Trailer (requir	ed)	
	TT01	123456	R
	тто2	10	R

## Sample Zero Report

The following example illustrates a zero report using the above values.

```
TH*4.2A*123456*01**20150108*223000*P**\\
IS*7705555555*PHARMACY NAME*#20150101#-#20150107#\
PHA*** ZZ1234567\
PAT*****REPORT*ZERO********\
DSP****20150108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*123456*10\
```

# 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 Adding SFTP Access to an Upload Account.

### SFTP Connection Details

#### Hostname: sftp.pmpclearinghouse.net

Appriss recommends that you use the hostname when configuring the connection rather than the IP address, as the IP address is subject to change.

#### Port: 22

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*.
- Your username cannot be modified; however, you can update your password.

**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 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 pharmacy 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 pharmacy 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*.

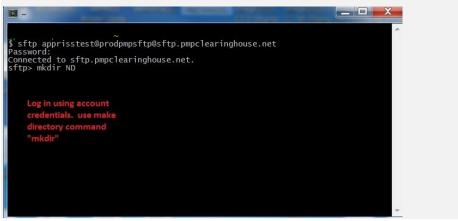
5 sftp://appriss	test@prodpmpsftp@54.24			_ 🗆 🗙			
File Edit View	r Transfer Server Bool	marks Help New v	version available!				
₩ -  ि	🖱 🖾 🚅 🐇 🍽 🏨	1 I N P A					
Host:	Username:	Password:	Port:	Quickconr	nect 💌		
Status: Response: Command: Command: Status: Status: Status: Command: Response: Command: Status: Status: Status: Status: Status: Status: Status: Status:	Trust new Hostkey: Or Pass: Connected to 54.243.8 Retrieving directory list pwd Current directory is: "/ Is Listing directory /home Calculating timezone o mtime "ID" 1394120413	oppnactp@54.243.86.23 ce 5.238 ing nomedir" dir fiset of server rer: 0 seconds. Local: -1:	pa	st = sftp.pmp	x@prodpmpsftp clearinghouse.net		
Local site: \				Remote site:	/heree die		2
1					Homestie Right click on homedir >	create directory Filesize	Filetype Li
♀ Q: (\\prodcsa	mba01.prod.appriss.com mba01.prod.appriss.com	(qafsnr)	Filesize Filetyp Netwo Netwo Netwo Netwo		Create directory Delete Rename Copy URL(s) to clipboard File Attributes		File folder 3,
	mba01 prod appriss com\ III	nrodfsnr)	Networ	•	III	1	
10 directories				1 directory			
Server/Local file	Direction	Remote file	Size Priority	Status			
Queued files F	ailed transfers Successfu	l transfers					40.5
						🛄 🕎 Queue: e	empty 🔍 🔍

#### 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.

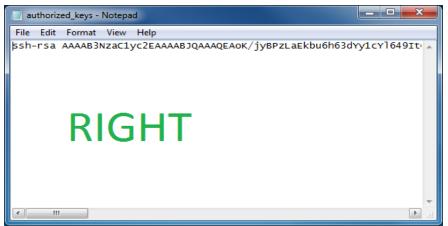


## Public (SSH/RSA) Key Authentication

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.

Note: PGP Encryption is not supported.

- Supported Key Types:
  - SSH-2 RSA 2048 bit length
- Unsupported Key Types:
  - SSH-1 RSA
  - SSH-2 DSA
- **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	<b>×</b>
File Edit Format View Help	
BEGIN SSH2 PUBLIC KEY Comment: "rsa-key-20130904" AAAAB3NzaClyc2EAAAABJQAAAQEAOK/jyBPzLaEkbu6h63dYy1cY1649Itclvaeq s3demLmUEGLKouWvMG/NPeN9sSXy5FeMLAquhIE13x1tT75W3bDZ5yea/si1agpH jxOT9bZH4G5LG7pcVCB1PcTxMLU+HVDVVaCmdV+Qxk7yna9OUUAEsF5wOQe8L1Bw riNXKkriiLmPNmcIs4LW3ypU0JJbNHMJ5v8go2Vvfm3/kdxx1nhz+nPq2fepUj3i YM16os60FdI66G3v6dXNHmdzNF0FxKgoaoqzL982s5k3xK6RVy7DbdtVk4FQu1d6 D15HRMXJhF0D2I3/XWRPc5r8cco8+mc1wf9QHU16g6L1gPcqCw== END SSH2 PUBLIC KEY	*
WRONG	Ŧ

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

Notes:

- 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.

# Appendix D: Correct Use of Codes in DSP01

### **Error Correction**

The ASAP 4.2A standard requires a dispenser to select a code in the **DSP01** field. Dispensers may submit new records, revise and resubmit records, and void (delete) records. This is communicated by supplying one of the following values in the **DSP01** field:

- New Record indicates a new record.
- **Revise** indicates that one or more data elements in a previously submitted record have been revised.
- Void indicates that the original record should be deleted.

### Submit a New Record

Perform the following steps to submit a new record:

- 1. Create a record with the value "**00**" in the **DSP01** field.
- 2. Populate all other required fields and submit the record.

**Note:** These steps are used to submit new records or to submit records that were previously submitted but received a fatal status on the dispenser's error report. **Records with fatal errors are not loaded into the PDMP system**. The errors in these records must be corrected in the dispenser's system and resubmitted using the "**00**" status in the **DSP01** field.

### Revise a Record

Perform the following steps to revise a record:

- 1. Create a record with the value "**01**" in the **DSP01** field.
- 2. Populate the following fields with the same information originally submitted in the record that is being revised:
  - PHA02 (NCPDP/NABP Provider ID)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
- 3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4. Submit the record.

**Important Note**: If any of the fields referenced in Step 2 are part of the correction, the record should first be voided and then resubmitted using the value "**00**" in the **DSP01** field.

### Void a Record

Perform the following steps to void (delete) a record:

- 1. Send a record with the value "**02**" in the **DSP01** field.
- 2. Fill in all other data identical to the original record. This will void the original record.

3. An option to sending all the identical data in the prescription is to send a limited data set. The reason for a limited data set to void a prescription is to simplify the process in the pharmacy. This data set would be an option that a PDMP could require, rather than the identical data of the entire original prescription. The entire limited data set would be sent and if a PDMP does not require a data element, it would be ignored by the PDMP.

#### Limited Data Set to Void a Prescription

- PHA02 (NCPDP/NABP Provider ID)
- PHA03 (DEA Number)
- **DSP02** (Prescription Number)
- **DSP03** (Date Written)
- **DSP05** (Date Filled)
- DSP06 (Refill Number)
- **DSP13** (Partial Fill Indicator)

### **Transmission Confirmation**

For each successful submission, those not resulting in a Fatal Error, you will receive a status report via email. Status reports are described in the <u>Email Reports</u> section of this guide.

For submissions that contain dispensation errors, the status report email will list the errors. Errors can be corrected by submitting revision or void records in a new transmission or by manually updating the error records via the PMP Clearinghouse website. The error correction process is described in full in the <u>Data Compliance</u> section of this guide.