



Data Submission Guide for Dispensers

Nevada Prescription Monitoring Program

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I Document Overview

This document serves as a training guide and support manual for dispensers of Schedule II through Schedule V controlled substances in or into Nevada who use Bamboo 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 or into 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 controlled substance prescriptions dispensed in Nevada. Nevada Administrative Code 639.926 sets forth the requirements for reporting Schedule II–V prescriptions to the NV PMP.

Information about controlled substance dispensing is reported daily to the state of Nevada through Bamboo Health. 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 Bamboo Health 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 [Data Submission](#) 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 and dispensing practitioners can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See [Creating Your Account](#) 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

Files should be in the ASAP 5.0 format as defined in [Appendix A: ASAP 5.0 Specifications](#). 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 “20220415.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 Bamboo Health 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 [Adding PMPs to Your Upload Account](#) to add PMPs 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 [Managing Your Upload Account](#).

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 <https://pmpclearinghouse.net/registrations/new>.

Account Registration

Profile Details * Indicates Required Field

Email Address *

Password *

Password confirmation *

Personal Information

First name * Middle name Last name *

Searching for DEA or NPI will autopopulate your information if found.

DEA NPI

Employer Information

Name *

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 (🔍). If the number you entered is found, your information will automatically be populated.

Personal Information

First name *	Middle name	Last name **
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Searching for DEA or NPI will autopopulate your information if found.

DEA	NPI
<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; background-color: #ccc; text-align: center; line-height: 20px; font-size: 10px; cursor: pointer;"/> Q	<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; background-color: #ccc; text-align: center; line-height: 20px; font-size: 10px; cursor: pointer;"/> Q

Employer Information

Name *

Address *

Address (continued)

City *

State *

Postal Code *

Phone *

Fax

Searching for DEA or NPI will autopopulate your information if found.

DEA	NCPDP
<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; background-color: #ccc; text-align: center; line-height: 20px; font-size: 10px; cursor: pointer;"/> Q	<input style="width: 95%;" type="text"/> <input style="float: right; width: 20px; height: 20px; border: 1px solid #ccc; border-radius: 50%; background-color: #ccc; text-align: center; line-height: 20px; font-size: 10px; cursor: pointer;"/> Q

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 [Adding SFTP Access to an Upload Account](#) 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.

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

SFTP Username

SFTP Password

SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !,@,#,\$)

Enable Real-Time Access

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number. 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 *test5555555555*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter 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 <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).

5. In the **Submission Destinations** section of the page, select the PMP(s) for which you will be submitting data.
6. Click **Submit**.

The request is submitted to the PMP administrator for each of the PMPs 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 AWARxE.

A link to verify your email address has been sent. You must confirm your email address before you can login to PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing. Upon approval, you may begin submitting prescription data.

Profile

Email Address: testuser@bamboohealth.com
Password: *****
DEA Number:
NPI Number:
Full Name:: Test User

Employer

Name: Bamboo Health
DEA Number:
NCPDP Number::
Address: 123 Main St Anywhere KY 40223
Phone: 5555555555
Fax:

Data Acceptance

SFTP Account: SFTP Access? No
Real-Time Account: Real-Time Access? No

Submission Destinations

Demo State

[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 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 https://pmpclearinghouse.net/users/sign_in.

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 [Resetting Your Password](#).

4. Click **Login**.
The PMP Clearinghouse home page is displayed.

5 Data Delivery Methods

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


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

Delivery Method	Page
Secure FTP	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 subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., DC, GU, ND, KS, MS, NV, PR, etc.)**. Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the [File Listings](#) page. Please refer to [PMP Subfolders](#) for additional details on this process.

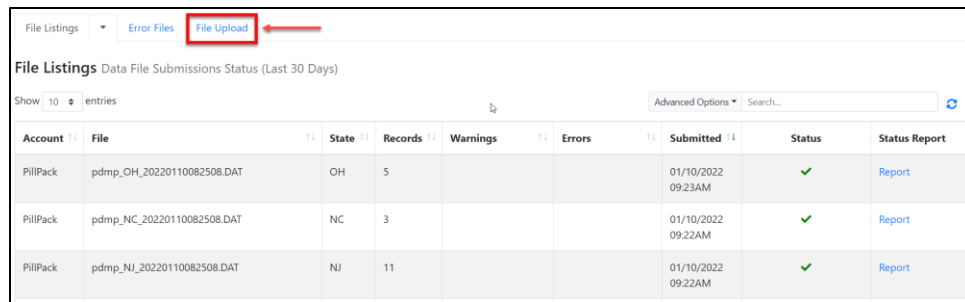
1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
- Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 5.0 Specifications](#).
4. SFTP the file to <http://submissions.healthcarecoordination.net/>.
5. When prompted, enter the username and password you created when setting up the SFTP account.
6. Place the file in the appropriate PMP-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 PDMP sub-folder, a  symbol with a mouse over hint of “**Determine PMP**” is displayed on the **File Status** page, and you will be prompted to select a destination PMP 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 [Appendix A: ASAP 5.0 Specifications](#).
3. [Log in to PMP Clearinghouse](#).

4. From the home page, click the **File Upload** tab.



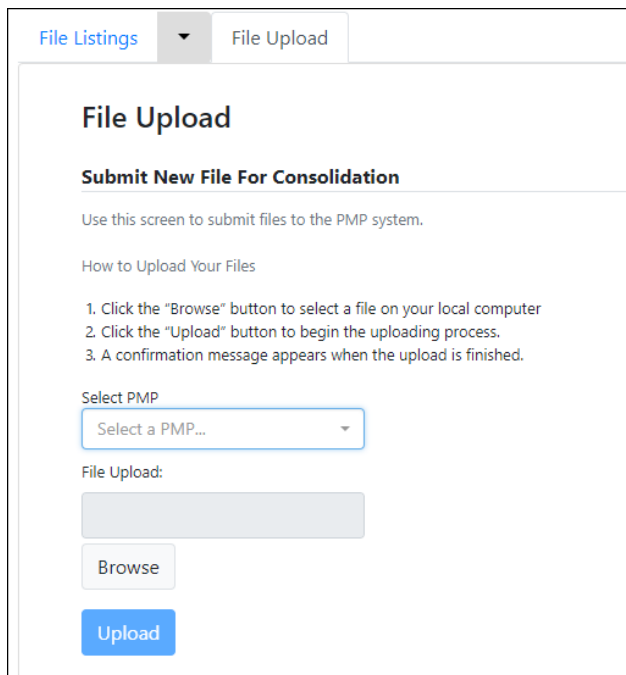
File Listings ▾ Error Files **File Upload** ←

File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries Advanced Options Search...

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
PIIPack	pdmp_OH_20220110082508.DAT	OH	5			01/10/2022 09:23AM	✓	Report
PIIPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	✓	Report
PIIPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	✓	Report

The **File Upload** page is displayed.



File Listings ▾ File Upload

File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer
2. Click the "Upload" button to begin the uploading process.
3. A confirmation message appears when the upload is finished.

Select PMP

Select a PMP...

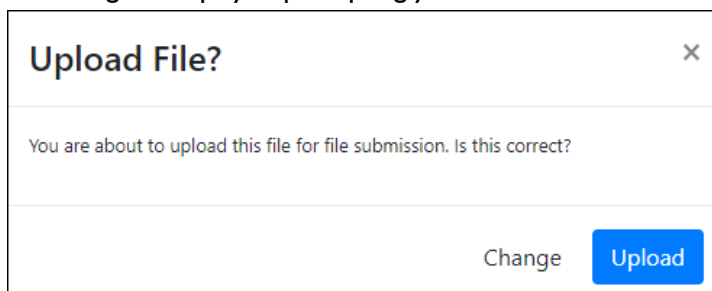
File Upload:

Browse

Upload

5. Select the 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.

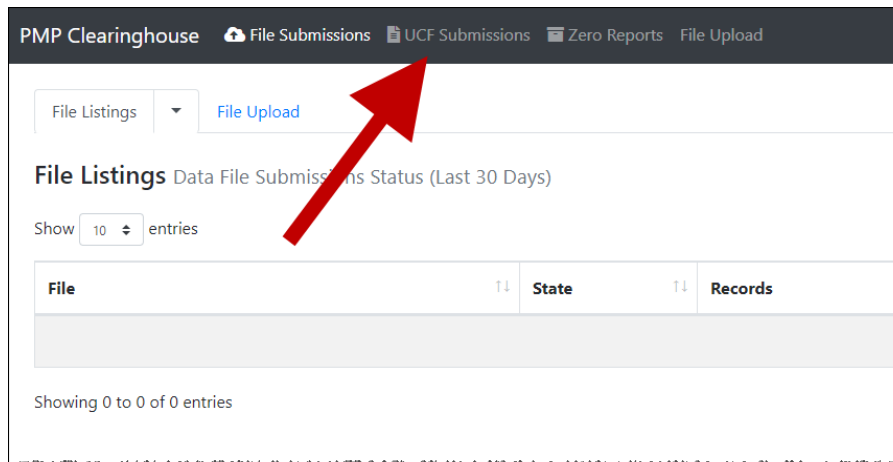
Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

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 [Appendix A: ASAP 5.0 Specifications](#) 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**.



The **UCF Listings** page is displayed.

Created at	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	✓

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

The **Create Universal Claim Form** page is displayed.

5. Select the 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.

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. Please review and edit the form, or click "Submit Now" to process the form.

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.

pmpclearinghouse.net says

Are you sure you are ready to submit?

OK 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.

Edit Universal Claim Form

You may submit this form at any time.

This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

Form has errors and was unable to be submitted. ✕

- Drug Segment is invalid
- Patient last name can't be blank
- Patient first name can't be blank
- Date of Birth can't be blank
- Pharmacy name can't be blank
- Pharmacy address can't be blank
- Pharmacy city can't be blank
- Pharmacy state can't be blank
- Prescriber last name can't be blank
- Prescriber first name can't be blank
- Pharmacy zip code can't be blank
- Claim fill number can't be blank
- Claim fill number is not a number
- Date written can't be blank
- Date filled can't be blank
- Claim days supply can't be blank
- Claim days supply is not a number
- Claim authorized refill count can't be blank

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.

Created at	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	✓

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 [Appendix B: ASAP Zero Report Specifications](#).

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

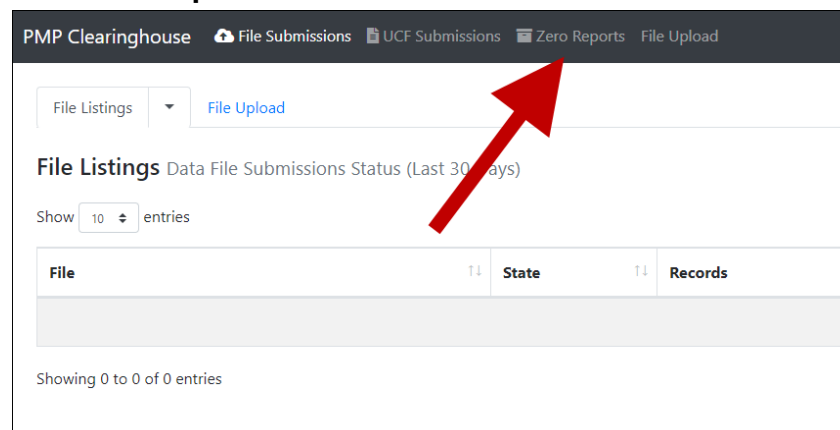
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

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**.



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

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:13 PM
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:04 PM

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

The **Create Zero Report** page is displayed.

Note: Submit a Single Click Zero Report is selected by default.

Create Zero Report

Submit a Single Click Zero Report
 Create new Zero 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 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 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:
Demo					

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to [step 10](#) to submit a zero report for those pharmacies.
- If you have not configured your pharmacy for single-click zero reporting, continue to [step 5](#).

5. Click **Add New Pharmacy**.

The **New Pharmacy** page is displayed.

New Pharmacy

PMP *

Pharmacy *

NCPDP

DEA Number

NPI

Save Cancel

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.

7. Enter the pharmacy's name in the **Pharmacy** field.

8. 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

Submit a Single Click Zero Report
 Create new Zero 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 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 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					
<input checked="" type="radio"/> Demo <input type="radio"/> 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: This page allows you to submit a zero report for the current date (**Today**) or the previous day (**Yesterday**).

Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
<input checked="" type="radio"/> Demo						
Another Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021

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.

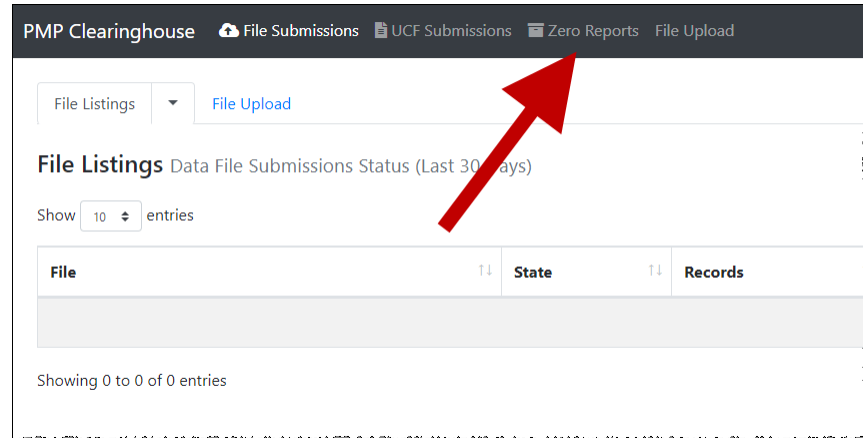
Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
<input checked="" type="radio"/> Demo						
Another Test Pharmacy					Edit Delete	Today 12/22/2021 Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	✔ Submitted Yesterday 12/21/2021

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 [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **Zero Reports**.



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

The screenshot shows the 'Zero Reports Listings' page. It has a 'Create Zero Report' button and a 'Show 25 entries' dropdown. Below is a table with columns: Account, State, Start Date, End Date, NCPDP, DEA, NPI, ASAP File, and Date Submitted. Two entries are visible:

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
AL	AL	01/16/2020	01/16/2020					01/16/2020 5:13 PM
AL	AL	01/16/2020	01/16/2020					01/16/2020 5:04 PM

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

The **Create Zero Report** page is displayed.

Note: *Submit a Single Click Zero Report* is selected by default.

The screenshot shows the 'Create Zero Report' page. It has two radio button options: 'Submit a Single Click Zero Report' (selected) and 'Create new Zero Report'. Below the options is a section for 'Create Single Click Zero Report' with a note about the time frame for 'Today' or 'Yesterday'. There is an 'Add New Pharmacy' button and a table with columns: Pharmacy, NCPDP, DEA Number, NPI, Actions, and Submit Zero Reports for. A 'Demo' button is visible at the bottom left.

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

The **Create Zero Report** page is displayed.

6. Select the PMP for which you are submitting a zero report from the drop-down 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.

8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your 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, PMP, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

Account	File	State	Records	Warnings	Errors	Submitted	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	-

- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to [File Status Report](#) for more information on how to read and interpret this report.

If a file contains errors, it will have a symbol with a mouse over hint of “**Pending Dispensation Error**” within the status column. You can click the error icon in the **Status** column to display the **Error Correction** page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error Correction](#) for instructions on how to correct errors.

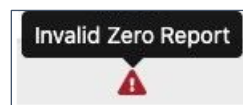
If a file is unable to be parsed into the PMP Clearinghouse application, it will have an symbol with a mouse over hint of “**ASAP Errors**.” Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted 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 PMP-specific sub-folder, the file will be displayed, and symbol will be displayed in the status column with a mouse over hint of “**Determine PMP**.” Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.

The screenshot shows a dialog box titled "Set Destination PMP:" with a close button (X). The dialog contains the text: "Problem determining destination : No destination pmp indicated." Below this text is a dropdown menu and an "Update" button. A "Cancel" button is also visible at the bottom of the dialog. In the background, a table is visible with columns: Records, Warnings, Errors, Submitted, and Status. The table has two rows. The first row has 0 records, 0 warnings, 0 errors, and a submitted date of 06/21/2021 07:41PM. The second row has 1 record, 0 warnings, 0 errors, and a submitted date of 06/21/2021 07:37PM. A "Determine PMP" button is overlaid on the Status column of the second row.

If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the “Invalid Zero Report” error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted.

Error example:



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.

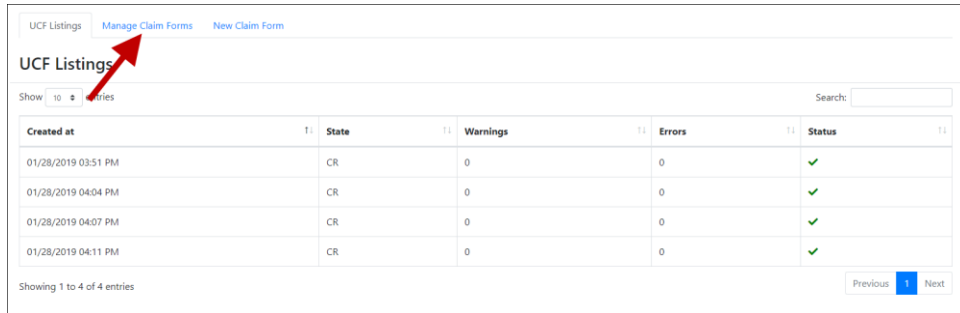
You may sort the **UCF Listings** page date created, PMP, warning count, error count, and status.

The screenshot shows the "UCF Listings" page. At the top, there are navigation tabs: "UCF Listings", "Manage Claim Forms", and "New Claim Form". Below the tabs, the page title "UCF Listings" is displayed. There is a "Show 10 entries" dropdown and a "Search:" input field. The main content is a table with the following columns: Created at, State, Warnings, Errors, and Status. The table contains four rows of data, all with 0 warnings and 0 errors, and a green checkmark in the Status column. At the bottom of the table, it says "Showing 1 to 4 of 4 entries" and "Previous 1 Next".

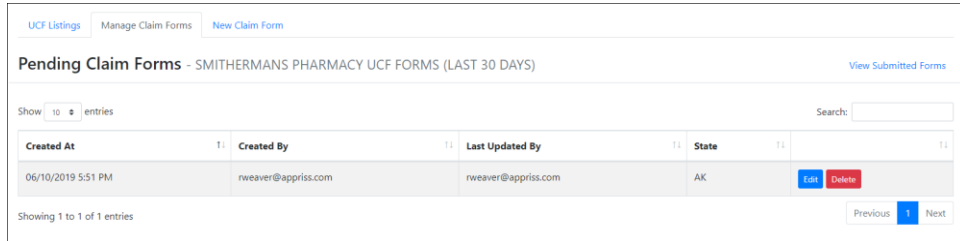
Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

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 up to one (1) year to make updates to these records in Clearinghouse.

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



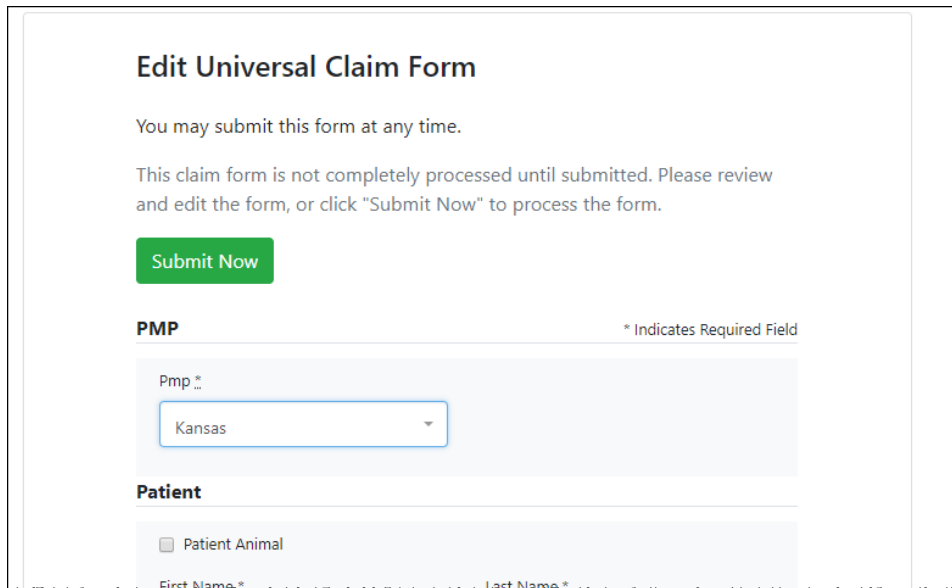
The **Pending Claim Forms** page is displayed.



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

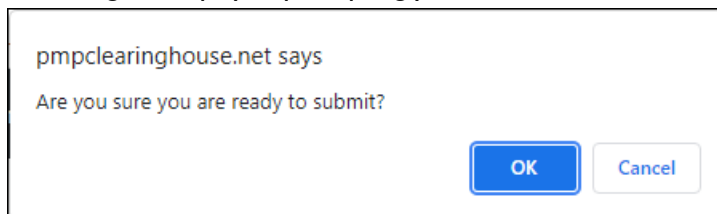
Note: If it has been longer than one (1) year, the **Edit** option will no longer be available. You must click **Delete** to delete the record and start over.

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



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. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

Form has errors and was unable to be submitted. ✕

- Drug Segment is invalid
- Date of Birth can't be blank

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 [File Listings](#) page.

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
BM4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

Showing 1 to 1 of 1 entries

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.

Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP Identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	<p>Warnings:</p> <p>DEA number warning: DEA number not found in registry.</p> <p>✓</p>
Name	<input type="text"/>		<p>Errors:</p> <p>Name value must be present.</p>
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**.
 - a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been corrected. The [File Listings](#) and [Error Correction](#) pages are also updated.
 - b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6.3.3 Error Correction via File Submission

The ASAP 5.0 standard requires a pharmacy or dispenser to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- **00 New Record** – indicates a new record
- **01 Revise** – indicates that one or more data elements in a previously-submitted record have been revised

To revise a record:

- a. Create a record with the value “**01**” in the **DSP01** field.
- b. Populate the following fields with the same information originally submitted in the record that is being revised:

- **PHA03** (DEA Number)
 - **DSP02** (Prescription Number)
 - **DSP05** (Date Filled)
 - **DSP06** (Refill Number)
 - **DSP09** (Quantity Filled)
- c. 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.
 - d. Submit the record.

Important Note: When submitting revisions for the Prescription Number (DSP02), Pharmacy DEA (PHA03), Date Filled (DSP05), Quantity Filled (DSP09), and/or Refill Number (DSP06) fields, a Void submission (02) on the original record should be processed before re-submitting a New Record (00). Submitting Revise (01) for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.

- **02 Void** – indicates that the original record should be removed

To void a record:

- a. Create a record with the value “**02**” in the **DSP01** field.
- b. Fill in all other data identical to the original record.
- c. Submit the record. This will void the original record.

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: 5.0
- * Transaction Control Number: unparseable
- * Transaction Control Type: unparseable
- * Date of Submission: June 30, 2022

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

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

An example *File Status Report* is provided on the following page.

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

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field Type	Message
BE1234567	1347347	9034618394	123486379596-0	20220808	Dispensation	refill_number	WARNING message example
DE9841394	3491849	4851947597	357199504833-345	20220808	Dispensation	days_supply	ERROR message example

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 5.0
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: August 09, 2022
- * Total Record Count: ###
- * Duplicate Records: ###
- * In Process Count: ###
- * Records with Error Count: ###
- * 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 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_20220606KSMCPS.DAT

BODY:

Summary:

* File Name: zero_reports_20220606KSMCPS.DAT

* PMP Name: Nevada

* Date Range: 2022-06-06 - 2022-06-06

* Submission Date: 2022-06-07

* ASAP Creation Date: 2022-06-07

8 Managing Your Upload Account

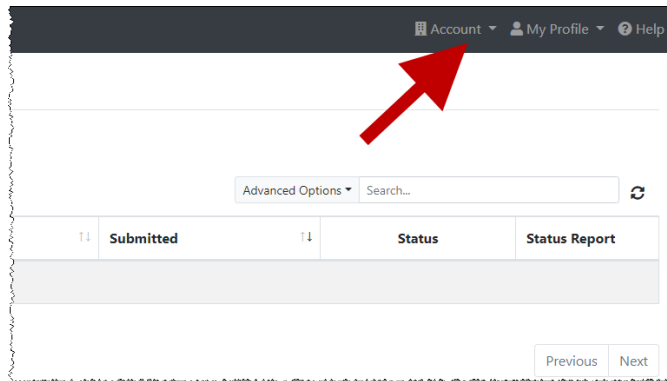
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

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

8.1 Adding Users to Your Upload Account

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

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



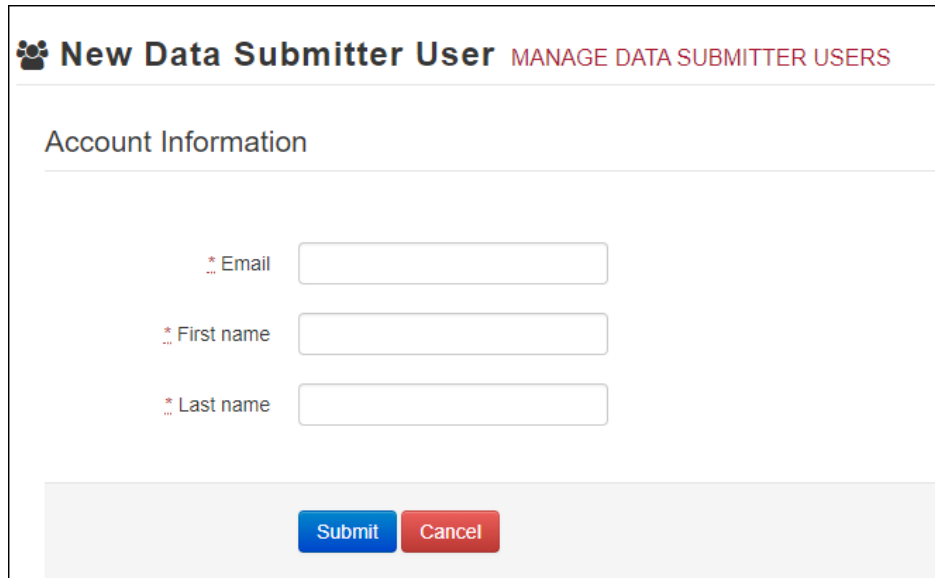
3. Select **Users** from the **Account** drop-down menu. The **Account Users** page is displayed.

 A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a sub-header 'MANAGE DATA SUBMITTER USERS' and a 'New User' button in the top right corner. Below the title is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: Email, First Name, Last Name, Organization Name, Phone Number, Admin Name, and Admin Email. There are two rows of user data. The first row has 'Testy' as the first name and 'McTesterton' as the last name. The second row has 'Test' as the first name and 'User' as the last name. Each row has 'Edit' and 'Deactivate' buttons. At the bottom left, it says 'Showing 1 to 2 of 2 entries'. At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email
	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	

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

The **New Data Submitter User** page is displayed.



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

Note: All fields are required.

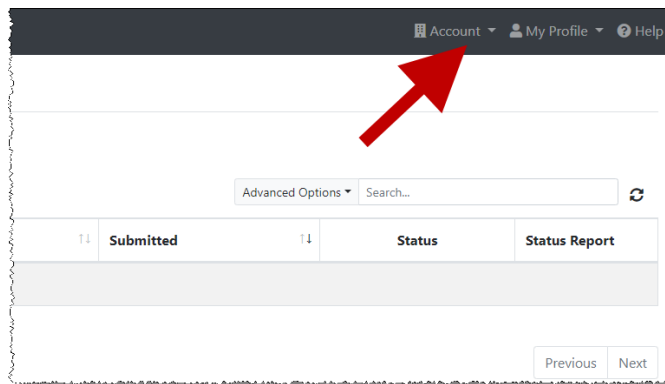
6. Click **Submit**.

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.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
test@bamboohealth.com	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	test@bamboohealth.com	Edit Delete
test@bamboohealth.com (Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	test@bamboohealth.com	Edit

- 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

* Email

* First name

* Last name

Password

leave it blank if you don't want to change it

Password confirmation

[Submit](#) [Cancel](#)

- 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.

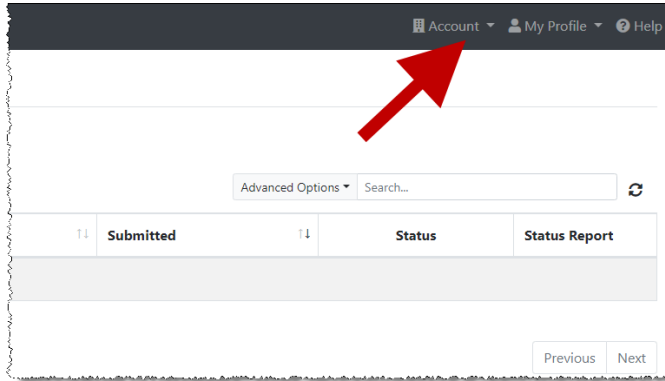
- Passwords must contain:**
- At least eight (8) characters
 - One (1) uppercase letter
 - One (1) lowercase letter
 - One (1) number
 - One (1) special character, such as !, @, #, \$, etc.

- Click **Submit**. The password is changed.

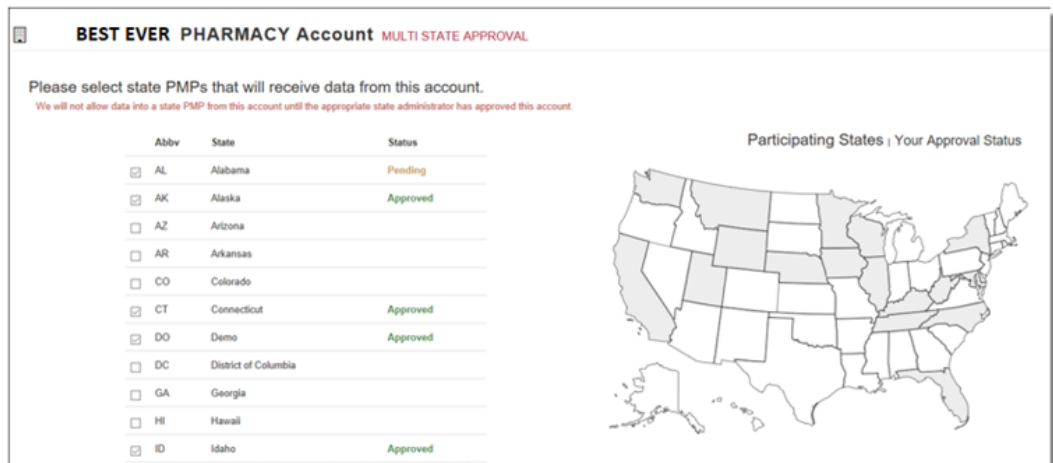
8.2 Adding PMPs to Your Upload Account

If your organization needs to submit data files to an additional PMP 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.



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

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

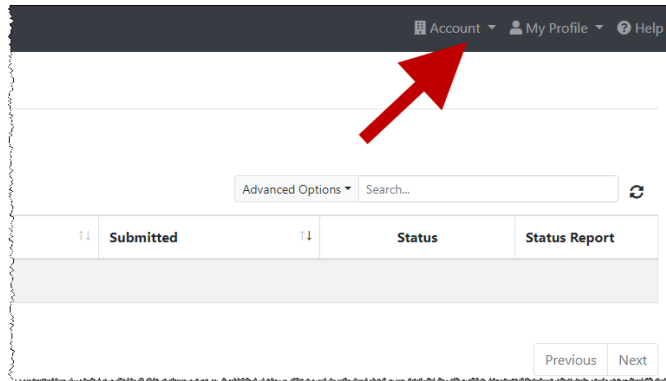
Notes:

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

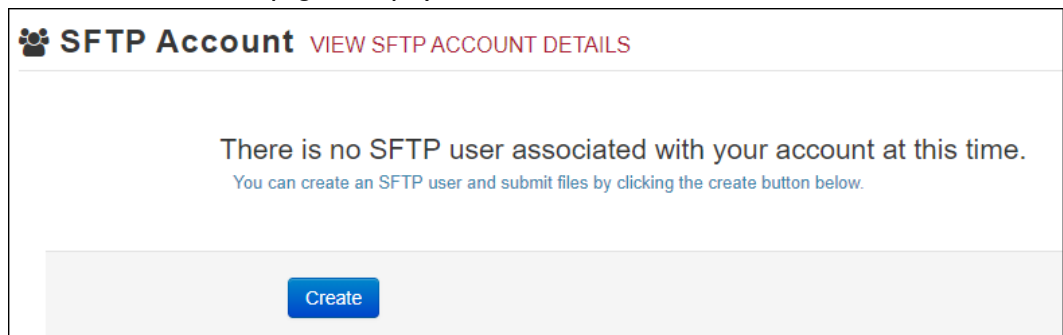
8.3 Adding SFTP Access to an Upload Account

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.

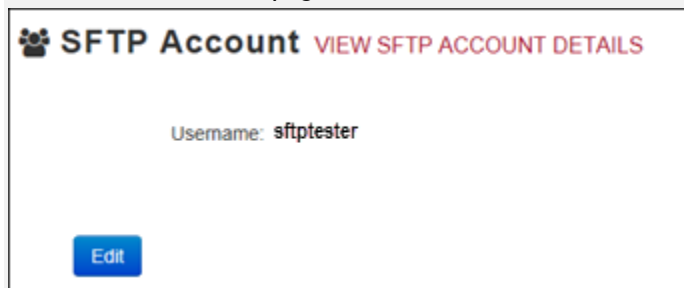
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



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



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

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.

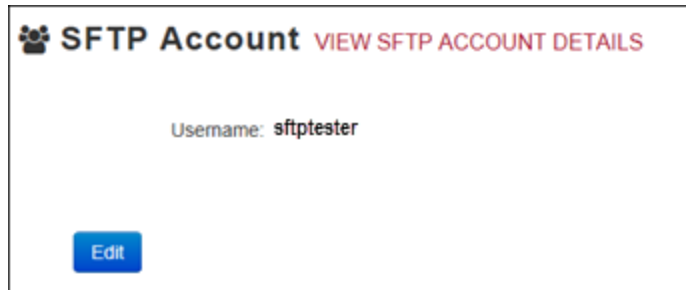
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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 <http://submissions.healthcarecoordination.net/>.
- Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).

7. Click **Create**.

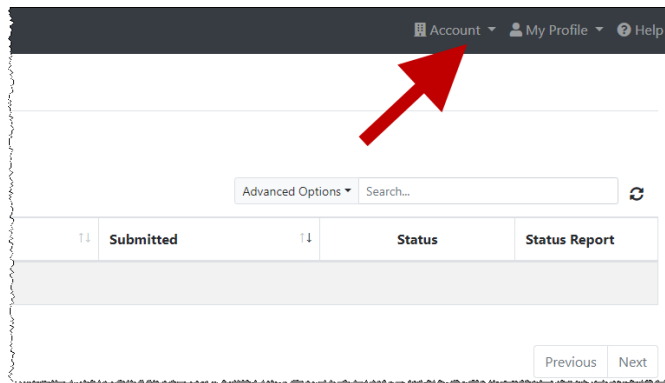
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

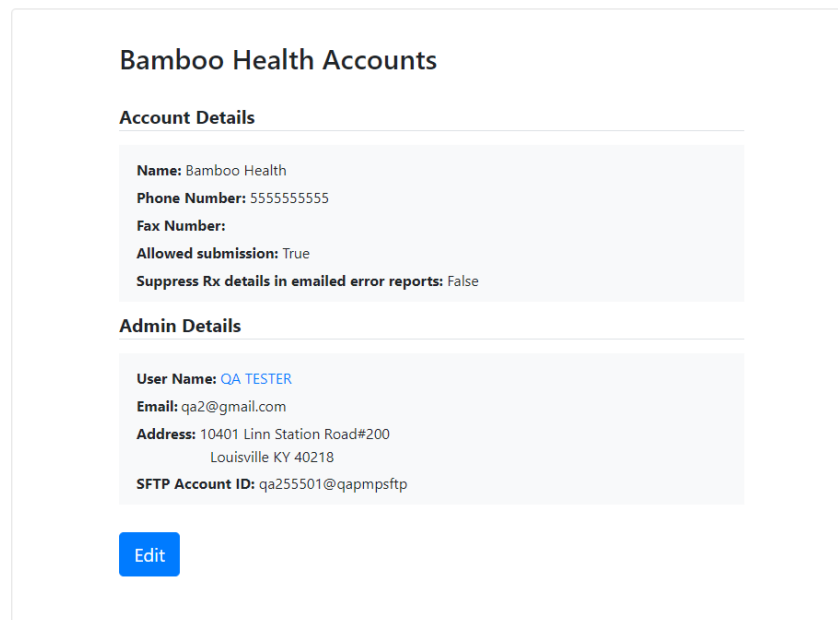
Note: This function only allows you to edit your organization's upload account. If you need to edit your individual profile information, please refer to [Editing Your Profile](#).

1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



3. Select **Account Details**.

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



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

Edit Bamboo Health Account

Account Details * Indicates Required Field

Name *

Bamboo Health

Phone number Fax number

Allowed submission
 Suppress Rx details in emailed error reports

Admin Details

Address

City Zip code

State

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

9 Managing Your User Profile

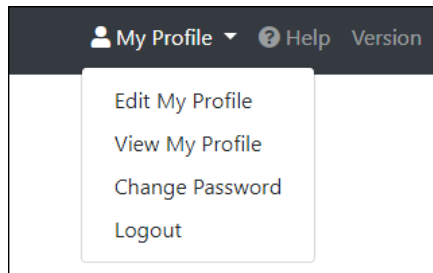
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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 [Managing Your Upload Account](#).

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 [Editing Your Upload Account](#).

1. [Log in to PMP Clearinghouse](#).
2. Click **My Profile**.



3. Select **Edit My Profile**.

Edit Profile

Profile Details * Indicates Required Field

First name *	Last name *
<input type="text" value="Test"/>	<input type="text" value="User"/>
Email *	Time zone
<input type="text" value="testuser@email.com"/>	(GMT-05:00) Eastern Time (US & CA) ⌵
<input checked="" type="checkbox"/> Disable report emails	

Organization Information

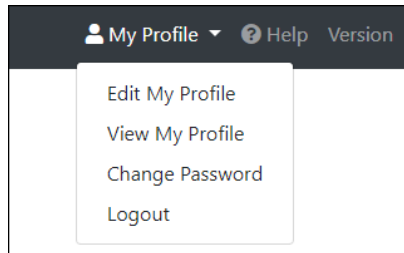
Name: Bamboo Health Test Pharmacy
Admin: Test Admin
Admin Email: testadmin@email.com

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 [Resetting Your Password](#) for more information.

1. [Log in to PMP Clearinghouse.](#)
2. Click **My Profile**.



3. Select **Change Password**.

Change Password

Profile Details * Indicates Required Field

Email: testuser@email.com

Current password *

we need your current password to confirm your changes

Password

Password confirmation

Update
Cancel

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.

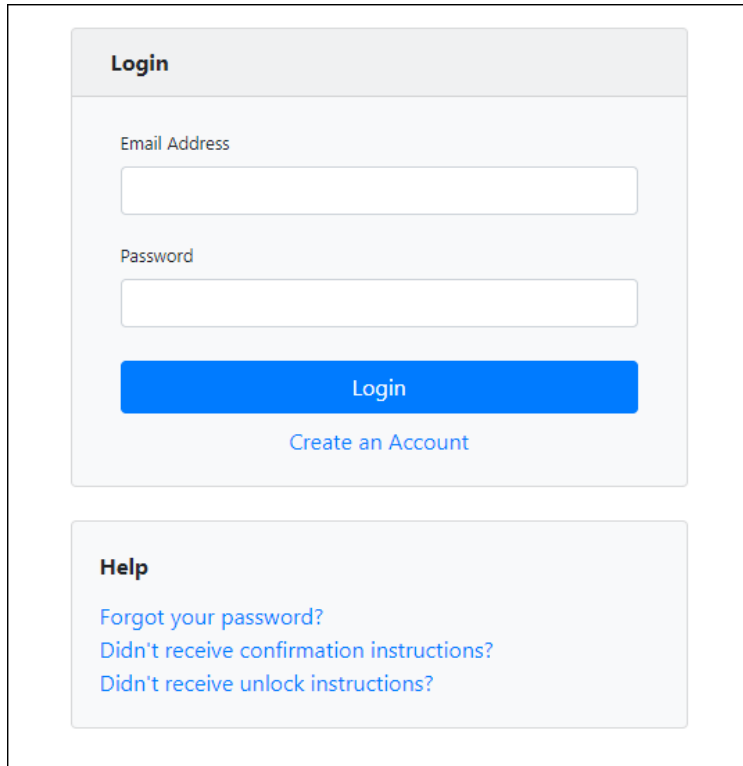
6. Click **Update**.

Your password is updated, and you will use it the next time you log in to PMP Clearinghouse.

9.3 Resetting Your Password

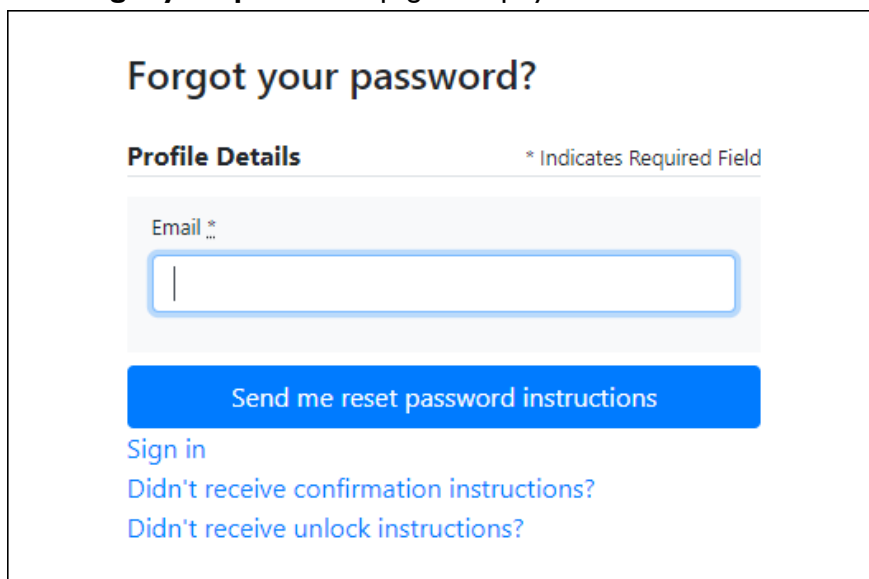
If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the **PMP Clearinghouse Login** page located at https://pmpclearinghouse.net/users/sign_in.



The screenshot shows the login interface. At the top is a header with the word "Login". Below it are two input fields: "Email Address" and "Password". A blue "Login" button is positioned below the password field, with a "Create an Account" link underneath it. A "Help" section is located below the login form, containing three links: "Forgot your password?", "Didn't receive confirmation instructions?", and "Didn't receive unlock instructions?".

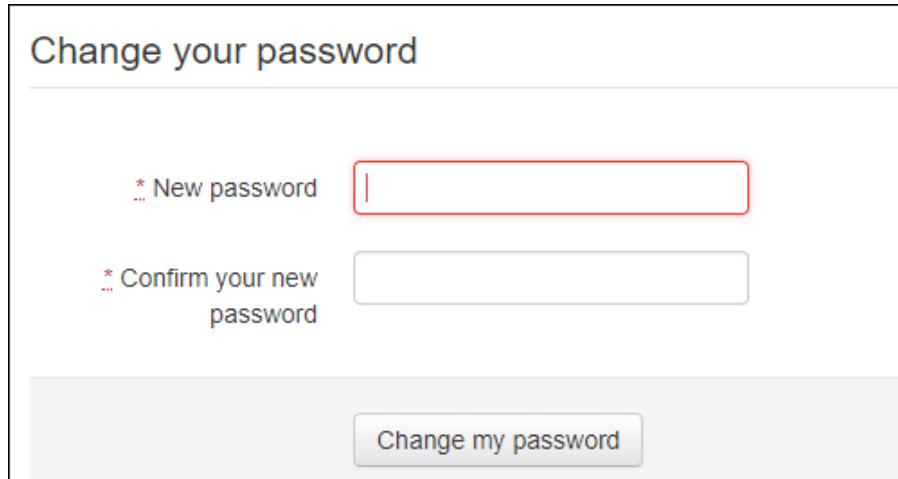
2. Click the **Forgot your password?** link, located in the **Help** section of the page. The **Forgot your password?** page is displayed.



The screenshot shows the "Forgot your password?" page. The title "Forgot your password?" is at the top. Below it is a section titled "Profile Details" with a note "* Indicates Required Field". There is an "Email ..." input field. A blue button labeled "Send me reset password instructions" is below the input field. At the bottom, there are three links: "Sign in", "Didn't receive confirmation instructions?", and "Didn't receive unlock 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 password

* 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 Bamboo Health at 1-855-568-4767 (1-855-5NV-4PMP);
OR
- Create a support request at the following URL:
<https://pmpclearinghouse.zendesk.com/hc/en-us/>

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

II Document Information

II.1 Disclaimer

Bamboo Health 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.

II.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
3.0	06/01/2022	Global	Updated guide to reflect Bamboo Health branding
4.0	03/05/2026	Global	Updated guide to reflect new Bamboo branding
		6.3.3	Added new section
		Global	Updated sFTP hostname information
4.1	05/05/2026	Appendix A/ASAP Reporting Requirements	Updated guide from 4.2A ASAP Reporting Requirements to ASAP 5.0
4.2	05/19/2026	Appendix A/ASAP Reporting Requirements	Corrected inconsistencies with the 5.0 migration
4.2	05/19/2026	Appendix A/ASAP Reporting Requirements	Updated the following fields from “R” to “N” per the state’s request: <ul style="list-style-type: none"> IS04 IS05 PHA14 PHA15 PAT26 PAT27 DSP28

			<ul style="list-style-type: none"> ● DSP29 ● DSP35 ● DSP36 ● PRE11 ● PRE12 ● PRE13 ● PRE14 ● PRE15 ● AIR12 ● AIR13 ● AIR14 ● AIR15 ● AIR16 ● AIR17 ● AIR18 ● AIR19
4.3	05/20/2026	Appendix A/ASAP Reporting Requirements	Update AIR05 from 'R' to 'N' per the state's request.
4.4	05/28/2026	Appendix A/ASAP Reporting Requirements	Update DSP17 from " R if available" to "R" and PRE10 from "R" to "N" per the state's request.

Appendix A: ASAP 5.0 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) 5.0 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

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. That guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = x.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 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) 	N
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	R
	TH05	Creation Date Date the file was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type Code specifying the type of transaction. <ul style="list-style-type: none"> • P = Production • T = Test 	R

Segment	Element ID	Element Name	Requirement
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	N
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	N
	IS04	Pharmacy Dispensing Software Vendor Name of software vendor the pharmacy is using.	N
	IS05	Phone Number of Software Vendor	N
PHA: Pharmacy Header (required)			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	R
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	R
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner. Note: If a dispensing prescriber, the prescriber's name and professional degree should be entered, such as John Doe MD.	R
	PHA05	Address Information – 1 Free-form text for address information.	R
	PHA06	Address Information – 2 Free-form text for address information, if needed.	S
	PHA07	City Address Free-form text for city name.	R

Segment	Element ID	Element Name	Requirement
	PHA08	State Address U.S. Postal Service state code or other regional jurisdiction code.	R
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	R
	PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	R
	PHA11	Contact Name Free-form name.	R
	PHA12	Chain Site ID 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.	S
	PHA13	Pharmacy's Permit Number/License Number This field has been added to report the pharmacy's permit number (license number). It is 20 characters, AN.	S
	PHA14	Pharmacy/Dispenser Type <ul style="list-style-type: none"> ● 01 Independent Pharmacy ● 02 Chain Pharmacy ● 03 Long-term Care Pharmacy ● 04 Hospital Pharmacy ● 05 Opioid Treatment Program ● 06 Cannabis Dispensary ● 07 Veterinary/Vet Patient Only Dispenser ● 08 Dispensing Prescriber ● 09 Specialty Pharmacy ● 10 Federal ● 11 Tribal ● 99 Other 	N
	PHA15	Mail Order Pharmacy <ul style="list-style-type: none"> ● 01 Yes ● 02 No 	N
PAT: Patient Information (required)			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03. If PAT01 is populated, then PAT02 and PAT03 must be populated as well.	N

Segment	Element ID	Element Name	Requirement
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 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 • 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) • 10 Veterinary Patient Microchip Number • 11 Medicaid Recipient ID Number • 99 Other (agreed upon ID) 	N
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) • 10 Veterinary Patient Microchip Number • 11 Medicaid Recipient Number • 99 Other (agreed upon ID) 	N
	PAT06	Additional ID 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.	N

Segment	Element ID	Element Name	Requirement
	PAT07	Last Name Patient's last name.	R
	PAT08	First Name Patient's first name.	R
	PAT09	Middle Name Patient's middle name or initial, if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr., if available.	N
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III</i> , if available.	S
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information, if available.	S
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state code or other regional jurisdiction code.	R
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
	PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9s (i.e., 9999999999).	R
	PAT18	Date of Birth Date patient was born. If for a veterinary patient Date of Birth should be listed as directed by applicable state/jurisdiction PDMP laws and regulations. Format: CCYYMMDD	R
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> ● F Female ● M Male ● N Non-Binary ● U Unknown/Undisclosed ● X Unspecified/Other 	R

Segment	Element ID	Element Name	Requirement
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> 01 Human 02 Veterinary Patient 	N
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> 01 Home 02 Intermediary Care 03 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 12 Homeless/Unhoused 13 Transient Care 98 Unknown 99 Other 	N
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. This is a free text field. ASAP does not provide a list of countries for this field.	N
	PAT23	Name of Animal 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. An unnamed animal could be described as COWSmith or as COWI Smith.	S
	PAT24	Patient Preferred or Alias Last Name May be used for patient's preferred name, previous name, nickname, alias, or name used on insurance if different than legal last name.	N
	PAT25	Patient Preferred or Alias First Name May be used for patient's preferred name, previous name, nickname, alias, or name used on insurance if different than legal first name.	N

Segment	Element ID	Element Name	Requirement
	PAT26	Patient Race Category Code used for general race category. <ul style="list-style-type: none"> ● 01 American Indian or Alaskan Native ● 02 Asian ● 03 Black or African American ● 04 Native Hawaiian or Other Pacific Islander ● 05 White ● 06 Multiracial ● 99 Other/Unknown 	N
	PAT27	Patient Ethnicity Code used to describe the general ethnicity group of the patient. <ul style="list-style-type: none"> ● 01 Hispanic or Latino ● 02 Not Hispanic or Latino ● 99 Undisclosed/Unknown 	N
	PAT28	Veterinary Species Code Code used to describe the animal species. <ul style="list-style-type: none"> ● 01 Cat/Feline ● 02 Dog/Canine ● 03 Small Animal (Hamster, Rabbit, Other Rodent) ● 04 Reptile ● 05 Bird ● 06 Livestock, Large Animal ● 99 Other 	S
	PAT29	Animal Location Code <ul style="list-style-type: none"> ● 01 Home ● 02 Animal Shelter ● 03 Foster ● 04 Farm ● 05 Zoo ● 06 Circus/Traveling Show ● 99 Other 	S

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 DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 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). <i>*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.</i>	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
	DSP05	Date Filled Date prescription was prepared. Format: CCYYMMDD	R
	DSP06	Fill Number Number of the fill of the prescription. 0 indicates New Rx; subsequent fills are designated sequentially from 01-99.	R
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> • 01 NDC • 06 Compound 	R
	DSP08	Product ID Full 11-digit NDC number, created by adding a leading zero to the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation. If code “06” (indicating a compound) is indicated in DSP07, use “99999” as the first 5 characters and the submitter’s choice for the last 6-digits of the NDC number; the CDI segment then becomes required.	R

Segment	Element ID	Element Name	Requirement
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i>	R
	DSP10	Days' Supply Estimated number of days the medication will last.	R
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> 01 Each (used to report solid dosage units or indivisible package) 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent) 	N
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transfer/Forwarded 07 Order (Administered at Prescriber Location) 08 Dispensed from a Prescriber Location 09 Standing Order/Protocol 99 Other 	R
	DSP13	Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> 00 Not a Partial Fill 01 First Partial Fill <i>Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i>	S
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	N

Segment	Element ID	Element Name	Requirement
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> ● 01 Private Pay ● 02 Medicaid ● 03 Medicare ● 04 Commercial Insurance ● 05 Military Installations and VA ● 06 Workers' Compensation ● 07 Indian Nations ● 99 Other 	R
	DSP17	Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	R
	DSP18	RxNorm Code Qualifier RxNorm Code that is populated in the DrugDBCodeQualifier field from the SCRIPT transaction. <ul style="list-style-type: none"> ● 01 Semantic Clinical Drug (SCD) ● 02 Semantic Branded Drug (SBD) ● 03 Generic Package (GPCK) ● 04 Branded Package (BPCK) 	N
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP20	Electronic Prescription Reference Number This field should be populated with the appropriate field in the SCRIPT transaction.	N
	DSP21	Electronic Prescription Order Number This field should be populated with the appropriate field in the SCRIPT standard.	N
	DSP22	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	S
	DSP23	Rx SIG This field captures the actual directions printed on the prescription vial label.	N

Segment	Element ID	Element Name	Requirement
	DSP24	<p>Treatment Type</p> <p>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.</p> <ul style="list-style-type: none"> • 01 Not used for opioid dependency treatment • 02 Used for opioid dependency treatment • 03 Pain associated with active and aftercare cancer treatment • 04 Palliative care in conjunction with a serious illness • 05 End-of-life and hospice care • 06 A pregnant individual with a pre-existing prescription for opioids • 07 Acute pain for an individual with an existing opioid prescription for chronic pain • 08 Individuals pursuing an active taper of opioid medications • 09 Patient is participating in a pain management contract • 10 Acute Opioid Therapy • 11 Chronic Opioid Therapy • 99 Other (trading partner agreed upon reason) <p><i>*Note: Codes 03-99 can only be reported if provided by the prescriber with the prescription.</i></p>	N
	DSP25	<p>Diagnosis Code</p> <p>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 available.</p>	R
	DSP26	<p>Time Written</p> <p>Time expressed in 24-hour clock time (HMMSS or HHMM).</p> <p>Time range: 00000 or 235959.</p> <p>The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.</p>	N
	DSP27	<p>Time Filled</p> <p>The time the prescription record was prepared.</p> <p>Time expressed in 24-hour clock time (HMMSS or HHMM).</p> <p>Time range: 00000 or 235959.</p> <p>The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.</p>	N

Segment	Element ID	Element Name	Requirement
	DSP28	<p>Time Sold The time the prescription was sold to, picked up by, or otherwise left the pharmacy for the patient.</p> <p>Time expressed in 24-hour clock time (HMMSS or HHMM).</p> <p>Time range: 00000 or 235959.</p> <p>The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.</p>	N
	DSP29	<p>Total Quantity Remaining on Prescription Identifies the unit of measure for the total quantity remaining for the prescription after the current dispense in metric decimal format.</p> <p>Example: 2.5</p> <p>Note: For compounding, show the first quantity in CDI04.</p>	N
	DSP30	<p>Total Quantity Remaining Drug Dosage Units Code Identifies the unit of measure for the quantity remaining in DSP29.</p> <ul style="list-style-type: none"> 01 Each (Used to report solid dosage units to the decimal milliliter) 02 Milliliters (ml) (For liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (For milligrams, adjust to the decimal gram equivalent) 	N
	DSP31	<p>Discount Card Identifies whether the type of payment occurred using a local or national discount card, if the PDMP requires payment DSP16.</p> <p>Required if classification payment code is 01 (Private Pay) or 04 (Commercial Insurance) used in DSP16.</p> <ul style="list-style-type: none"> 01 Yes 02 No 	N

Segment	Element ID	Element Name	Requirement
	DSP32	Classification Code for Additional Payment Type Code identifying the type of payment, i.e., how it was paid for, if required by the PDMP. <ul style="list-style-type: none"> ● 01 Private Pay (Cash, Charge, Credit Card) ● 02 Medicaid ● 03 Medicare ● 04 Commercial Insurance ● 05 Military Installations and VA ● 06 Workers' Compensation ● 07 Indian Nations ● 99 Other 	N
	DSP33	Discount Card for Additional Payment Type Required if classification payment code is 01 (Private Pay) or 04 (Commercial Insurance) used in DSP32.	N
	DSP34	DEA Schedule/State Designation State or federal control level or other reporting designation. <ul style="list-style-type: none"> ● 01 Cannabis and Cannabis Extract ● 02 State or DEA Schedule 2 ● 03 State or DEA Schedule 3 ● 04 State or DEA Schedule 4 ● 05 State or DEA Schedule 5 ● 06 State Designated Other Controlled Substance or Drug of Concern ● 07 CBD ● 99 Legend or Non-Controlled Substances 	N
	DSP35	Last Name or Initials of Pharmacist Filling the Prescription Last name or initials of the pharmacist dispensing the medication.	N
	DSP36	First Name of Pharmacist Filling the Prescription First name of the pharmacist dispensing the medication.	N
PRE: Prescriber Information (required)			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	R
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	DEA Number Suffix Required if an institutional DEA number is supplied in PRE02.	S
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the Licensing Board.	N
	PRE05	Last Name Prescriber's last name.	R

Segment	Element ID	Element Name	Requirement
	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
	PRE09	XDEA Number (Decommissioned) This field has been decommissioned since DEA no longer issues XDEA numbers. This field is not used.	N
	PRE10	Jurisdiction or State Issuing Prescriber License Number This field can be used to further identify the information in PRE04, depending on the PDMP's need for this information.	N
	PRE11	Prescriber Address Information – 1 Freetext for address information. Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	PRE12	Prescriber Address Information – 2 Freetext for additional address information. Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	PRE13	Prescriber City Address Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	PRE14	Prescriber State Address Two-letter jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N

Segment	Element ID	Element Name	Requirement
	PRE15	ZIP Code Address United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses. Do not include white spaces or special characters. Include hyphens in ZIP+4.	N
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 99999nnnnnn.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> 01 NDC 	S
	CDI03	Product ID Full 11-digit NDC number, created by adding a leading zero to the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation.	S
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	S
	CDI06	DEA Schedule/State Designation of Each Ingredient <ul style="list-style-type: none"> 01 Cannabis and Cannabis Extract 02 State or DEA Schedule 2 03 State or DEA Schedule 3 04 State or DEA Schedule 4 05 State or DEA Schedule 5 06 State Designated Other Controlled Substance or Drug of Concern 07 CBD 99 Legend or Non-Controlled Substance 	S

Segment	Element ID	Element Name	Requirement
AIR: Additional Information Reporting (situational)			
Used when issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	N
	AIR02	Jurisdiction Issued Rx Serial Number Number assigned to issued serialized prescription blank.	N
	AIR03	Jurisdiction Issuing ID of Person Picking Up if not Patient Code identifying the jurisdiction that assigned the ID for the person picking up in AIR05. Used if required by the PMP and AIR04 is equal to 02 or 06.	N
	AIR04	ID Qualifier of Person Picking Up Rx if not Patient Used to identify the type of ID contained in AIR05 for person picking up the prescription. <ul style="list-style-type: none"> • 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 • 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) • 10 Veterinary Patient Microchip Number • 11 Medicaid Recipient ID Number • 99 Other (agreed upon ID) 	N
	AIR05	ID of Person Picking Up Rx if other than Patient ID number of patient or person picking up the prescription.	N
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	N
	AIR07	Last Name of Person Picking Up Rx if other than Patient Last name of person picking up the prescription.	N
	AIR08	First Name of Person Picking Up Rx First name of person picking up the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR09	Last Name or Initials of Pharmacist (DECOMMISSIONED) Field decommissioned and moved to the DSP Segment.	N
	AIR10	First Name of Pharmacist (DECOMMISSIONED) Field decommissioned and moved to the DSP Segment.	N
	AIR11	Dropping Off/Picking Up Identifier Qualifier (DECOMMISSIONED) Field Decommissioned: Picking Up and Dropping Off now being handled separately.	N
	AIR12	Date of Birth of Person Picking Up Rx if other than Patient Date person picking up was born. Format: CCYYMMDD	N
	AIR13	Address Information – 1 of Person Picking Up Rx if other than Patient Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR14	Address Information – 2 of Person Picking Up Rx if other than Patient Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR15	Person Picking Up City Address if other than Patient Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR16	Person Picking Up State Address if other than Patient Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR17	Person Picking Up ZIP Code Address if other than Patient United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses. Do not include hyphens in ZIP+4.	N
	AIR18	Phone Number of Person Picking Up Rx if other than Patient Complete 10-digit phone number. Do not include hyphens or other special characters.	N

Segment	Element ID	Element Name	Requirement
	AIR19	Picking Up Method of Delivery <ul style="list-style-type: none"> 01 Person Picked Up 02 Mailed/Shipped <p><i>Note: Same filed descriptions in AIR03 to AIR18 apply to AIR20 to AIR32, respectively.</i></p>	N
	AIR20	Jurisdiction Issuing ID of Person Dropping Off Rx Code identifying the jurisdiction that issues the ID contained in AIR22.	N
	AIR21	ID Qualifier of Person Dropping Off Rx Code to identify the type of ID in AIR 22. If AIR20 is used, AIR21 is required. <ul style="list-style-type: none"> 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 09 Vendor Specific (such as Bamboo Health, Experian, or LexisNexis) 10 Veterinary Patient Microchip Number 11 Medicaid Recipient ID Number 99 Other (Trading partner agreed upon ID, such as cardholder ID). 	N
	AIR22	ID of Person Dropping off Rx if other than Patient Identification number for the person dropping off the prescription as indicated in AIR21. An example would be the driver's license number. <p><i>Note: This field can only be populated with code 10 when provided on the prescription.</i></p>	N
	AIR23	Person Dropping Off Rx Code indicating the relationship of the person dropping off Rx to the patient, if required by the PDMP. <ul style="list-style-type: none"> 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 05 Other 	N

Segment	Element ID	Element Name	Requirement
	AIR24	Last Name of Person Dropping Off Rx if other than Patient Last name of person dropping off Rx, if required by the PDMP.	N
	AIR25	First Name of Person Dropping Off Rx if other than Patient First name of person dropping off Rx, if required by the PDMP.	N
	AIR26	Date of Birth of Person Dropping off Rx if other than Patient Date of birth of the person dropping off Rx as listed on a government issued identification.	N
	AIR27	Address Information – 1 of Person Dropping Off Rx if other than Patient Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR28	Address Information – 2 of Person Dropping Off Rx if other than Patient Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR29	Person Dropping Off City Address if other than Patient Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR30	Person Dropping Off State Address if other than Patient Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	N
	AIR31	Person Dropping Off ZIP Code Address if other than Patient United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses. Do not include hyphens in ZIP+4.	N
	AIR32	Phone Number of Person Dropping Off Rx if other than Patient Complete 10-digit phone number. Do not include hyphens or other special characters.	N
TP: Pharmacy Trailer (required)			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			

Segment	Element ID	Element Name	Requirement
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

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 [Appendix A: ASAP 5.0 Specifications](#).

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	Version/ Release Number: 5.0	R
	TH02	123456	R
	TH05	20220601	R
	TH06	223000	R
	TH07	P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #CCYYMMDD#-#CCYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA03	ZZ1234567	R
PAT: Patient Information (required)			
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispensing Record (required)			
	DSP05	20220601	R
PRE: Prescriber Information (required; can be null as follows: PRE*****\)			
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	TP01	7	R
TT: Transaction Trailer (required)			
	TT01	123456	R
	TT02	10	R

Sample Zero Report

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

```
TH*5.0*I23456*0I**20220608*223000*P**\
IS*7705555555*PHARMACY NAME*#2022060I#-#20220607#\
PHA*** ZZI234567\
PAT*****REPORT*ZERO*****\
DSP*****20220608*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*I23456*I0\
```

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 [Creating Your Account](#). 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`

Bamboo Health 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, [log in to PMP Clearinghouse](#), 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 [Adding SFTP Access to an Upload Account](#).

- **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 PMP administrator.**

PMP Subfolders

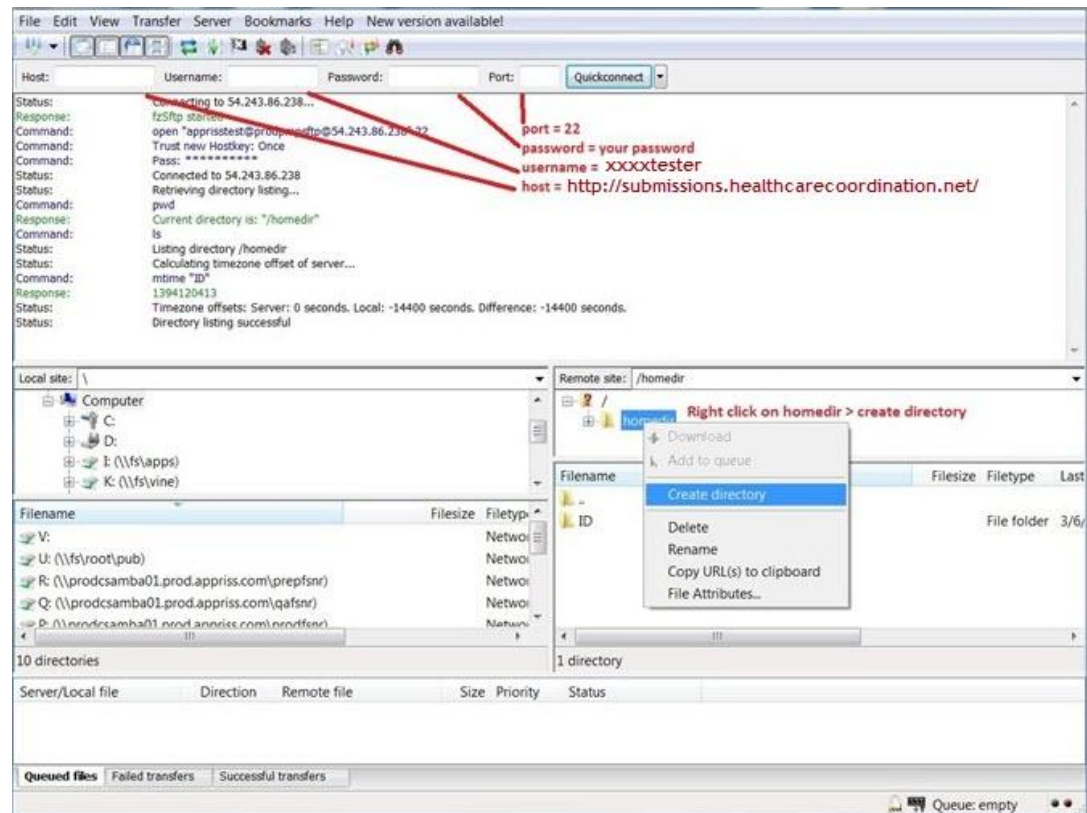
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse 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 PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

NOTE: Capitalization of the abbreviated PMP 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 PMP subfolders for SFTP submissions:

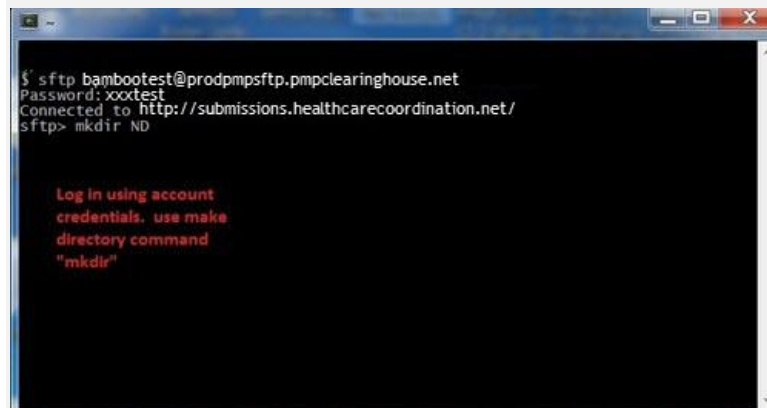
- I. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under */homedir*.



2. Via command prompt

- a. Log in to your SFTP account using command prompt.
- b. Type “`mkdir`” followed by a space and then the PMP abbreviation you are using (e.g., `mkdir NV`).

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

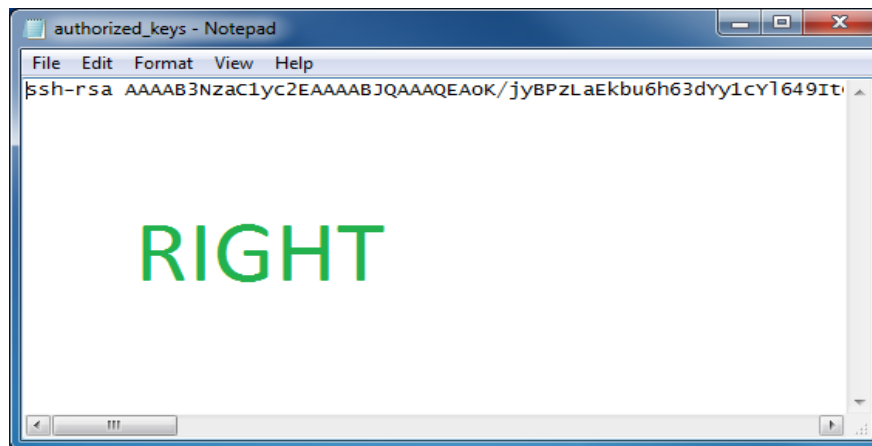


Public (SSH/RSA) Key Authentication

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.

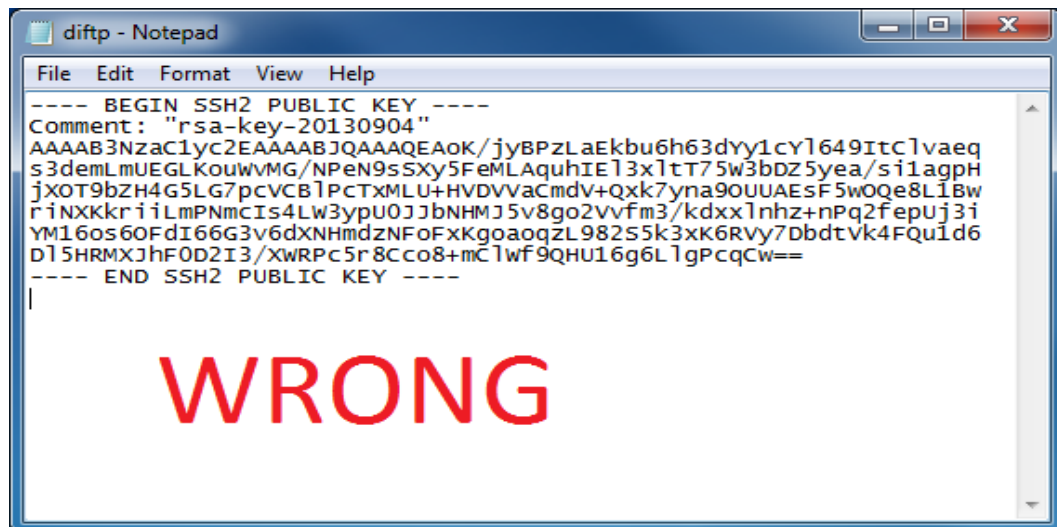
Note: *PGP Encryption is not supported.*

- **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.



```
authorized_keys - Notepad
File Edit Format View Help
ssh-rsa AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63dyy1cy1649It
```

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



```
diftp - Notepad
File Edit Format View Help
---- BEGIN SSH2 PUBLIC KEY ----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63dyy1cy1649ItC1vaeq
s3demLMUEGLKouwVMG/NPeN9sSxy5FeMLAquhIE13x1tT75w3bdZ5yea/si1agPH
jXOT9bZH4G5LG7pcVCB1PcTxMLU+HVDVvaCmdv+Qxk7yna90UUAESF5w0Qe8LiBw
riNXKkriiLmPNmcIs4LW3ypU0JbnHMJ5v8go2vVfm3/kdxxlnhz+nPq2fepUj3i
YM16os60FDI66G3v6dXNHmdzNFoFXKgoaoqZL982S5k3xK6RVy7DbdtVk4FQu1d6
D15HRMXJhFOD2i3/XwRpc5r8Cco8+mC1wf9QHU16g6L1gPcqCw==
---- END SSH2 PUBLIC KEY ----
```

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 PMP subfolder. Please refer to [PMP Subfolders](#) for steps on creating subfolders.

Appendix D: Correct Use of Codes in DSP01

Error Correction

The ASAP 5.0 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:

- **00 - New Record** – indicates a new record.
- **01 - Revise** – indicates that one or more data elements in a previously submitted record have been revised.
- **02 - Void** – indicates that the original record should be 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)
- **DSPI3** (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 [Email Reports](#) 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 [Data Compliance](#) section of this guide.