



# Data Submission Guide for Dispensers South Carolina Prescription Monitoring Program

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## 1 Document Overview

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

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

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

# 2 Data Collection and Tracking

### 2.1 Data Collection Overview

This guide provides information regarding the South Carolina Prescription Monitoring Program (SC PMP) also known as the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS). SCRIPTS is South Carolina's solution for monitoring Schedule II, III and IV controlled substances dispensed in South Carolina.

South Carolina Legislature House Bill 3803 authorizes the South Carolina Department of Health and Environmental Control (DHEC) to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II–IV controlled substances by professionals licensed to prescribe or dispense the substances in South Carolina. The purpose of this legislation is to improve the State's ability to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances. S.C. Code Ann. § 44-53-1640 requires dispensers to submit to DHEC, by electronic means, information regarding each prescription dispensed for Schedule II–IV controlled substances. The data collected will be used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

Information about controlled substance dispensing activities is reported daily to the state of South Carolina through the authorized data collection vendor. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

### 2.2 Reporting Requirements

All dispensers of Schedule II, III, and IV controlled substance prescriptions are required to collect and report their dispensing information.

"Dispenser" means a person who delivers a Schedule II–IV controlled substance to the ultimate user, **but does not include**:

- a. A licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;
- b. A practitioner or other authorized person who administers these controlled substances; or
- c. A wholesale distributor of a Schedule II–IV controlled substance;

Each dispenser shall submit the required fields to the data repository daily.

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

## 3 Accessing Clearinghouse

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

### 3.1 Creating Your Account

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

#### Notes:

- Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State of South Carolina. Therefore, chains with multiple stores need only to set up one account to upload a file.
- PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.
- If you need to make changes to an existing PMP Clearinghouse upload account, please refer to <u>Managing Your Upload Account</u>.

Perform the following steps to create an account:

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

		* Indicates Required Field
Email Address		
Password	Pas	ssword confirmation
Personal Information	Middle name	Last name
Searching for DEA or NPI	will autopopulate your information if fc	bund.
Searching for DEA or NPI	will autopopulate your information if fo	

2. Complete your Profile Details.

ates Required Field	* India	tails	Pro
		dress "*	E
	Password confirmation	*	F

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

**Note:** The email address you provide here will act as your user name when logging into the PMP Clearinghouse system.

b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. 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 an asterisk (\*).
  - You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then

clicking the search icon ( $\begin{aligned}{l}\end{aligned}$ ). If the number you entered is found, your information will automatically be populated.

First name <u>*</u>	Middle name		Last name
Searching for DEA or NPI	vill autopopulate your informatio	on if found.	
DEA		NPI	
	Q		Q
nployer Information			
Name <u>*</u>			
Address		Address (continue	d)
City	State		Postal Code <u>"</u>
		-	
Phone		Fax	
Phone		Fax	
	vill autopopulate your informatic		

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

#### Notes:

- If SFTP access is not required, you do not need to complete the Data Submission section and you may continue to step 5.
- You may add SFTP access to an existing account. Please refer to <u>Adding SFTP</u> <u>Access to an Upload Account</u> for complete instructions.

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

a. Click to select the Enable SFTP Access checkbox.

#### The SFTP access fields are displayed.

ata Submission	
PMP Clearinghouse users are able to submit data through the web portal via manual e Secure FTP (SFTP) access is available, and Real-Time submissions are also available in su	
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 + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be test5555555555556 prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then reenter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

#### Notes:

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

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

**Note:** Selecting multiple states to which to submit data **does not** enable interstate sharing.

6. Click Submit.

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

Email Address: testuser@test.com Password: ******** DEA Number: NPI Number: Full Name: Test User Employer Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No	A link to verify you login to PMP Clea	registering with PMP Clearinghouse, a service of PMP AWARxE. Ir email address has been sent. You must confirm your email address before you can ringhouse. Your data submission request has been sent to your requested state(s) for approval, you may begin submitting prescription data.
Password: ********         DEA Number:         NPI Number:         Full Name:: Test User         Employer         Name: Appriss         DEA Number:         NCPDP Number::         Address: 9901 Linn Station Rd Louisville KY 40223         Phone: 555-5555         Fax:         Data Acceptance         SFTP Account: SFTP Access? No         Real-Time Account: Real-Time Access? No         Submission Destinations	Profile	
DEA Number: NPI Number: Full Name:: Test User Employer Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Email Address:	testuser@test.com
NPI Number: Full Name:: Test User Employer Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Access? No Submission Destinations	Password: ****	ken
Full Name:: Test User Employer Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Access? No Submission Destinations	DEA Number:	
Employer Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	NPI Number:	
Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Full Name:: Tes	it User
Name: Appriss DEA Number: NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Employer	
DEA Number: NCPDP Number: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations		
NCPDP Number:: Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Name: Appriss	
Address: 9901 Linn Station Rd Louisville KY 40223 Phone: 555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	DEA Number:	
Phone: 555-555-5555 Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	NCPDP Numbe	21::
Fax: Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Address: 9901	Linn Station Rd Louisville KY 40223
Data Acceptance SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Phone: 555-55	5-5555
SFTP Account: SFTP Access? No Real-Time Account: Real-Time Access? No Submission Destinations	Fax:	
Real-Time Account: Real-Time Access? No Submission Destinations	Data Accepta	nce
Real-Time Account: Real-Time Access? No Submission Destinations		SETD Accord No.
Submission Destinations		
🖉 Alabama	Submission D	estinations
	🖉 Alabama	
	Continue	

7. Click Continue.

The PMP Clearinghouse Login page is displayed; however, you will not be able to log in until your account has been approved. Once your account is approved, 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.

### 3.2 Logging In to PMP Clearinghouse

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

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

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

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

4. Click Login.

The PMP Clearinghouse home page is displayed.

and an	iss Admin 👻 🚔 Data Submitter 👻						🚨 My Prol	file 🔻 🕜 Help Ve
ned in successfully.								
File Listings 🔹 File Uplo	ad							
le Listings Data File Sul	bmissions Status (Last 30 Days)							
now 10 ¢ entries						Advanced Op	tions • Search	
Account	File	11 State 11	Records	Warnings	Errors	Submitted 14	Status	Status Report
	File scott_20161026_41_4.dat	IA State II	Records 14	Warnings 14 25	Errors 11	Submitted 14	Status 🗸	Status Report
Account 11 SMITHERMANS PHARMACY SMITHERMANS PHARMACY		State			Errors			
MITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791		Errors 11	02/02/2019 10:01PM	~	Report
SMITHERMANS PHARMACY	scott_20161026_41_4.dat scott_20161121_41_1.dat	IA IA	1791 737	25	Errors 14	02/02/2019 10:01PM 02/02/2019 09:27PM	~	Report Report

## 4 Data Submission

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

### 4.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts and begin submitting data upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- As of November 20, 2015, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting</u> <u>Requirements</u>.

## 4.2 Upload Specifications

Files should be in the ASAP 4.2 format, which was released in September 2011, as defined in <u>Appendix A: ASAP 4.2 Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110415.dat". All of your upload files will be kept separate from the files of others.

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

Prescription information must be reported daily for the preceding 24 hours. This includes zero reporting if there has been no dispensing.

# 5 Data Delivery Methods

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

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

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

### 5.1 Secure FTP

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

1. If you do not have a PMP Clearinghouse account, perform the steps in <u>Creating Your</u> <u>Account</u>.

Or

- 2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in <u>Adding SFTP Access to an Upload Account</u>.
- 3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.2 Specifications</u>.
- 4. SFTP the file to <u>sftp://sftp.pmpclearinghouse.net</u>.
- 5. When prompted, enter the username and password you created when setting up the SFTP account.
- 6. Place the file in the appropriate state-abbreviated directory.
- 7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

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

### 5.2 Web Portal Upload

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Prepare the data file(s) for submission, using the ASAP specifications described in Appendix A: ASAP 4.2 Specifications.

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

File Listings	ad							
le Listings Data File Sul	omissions Status (Last 30 Days)							
ow 10 ¢ entries						Advanced Op	tions   Search	c
Account 11	File	11 State 11	Records 1	Warnings	Errors 11	Submitted 14	Status	Status Report
MITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report
MITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	~	Report
MITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	~	Report
MITHERMANS PHARMACY	test_data_for_residents		0			01/29/2019 05:31PM	ASAP errors	

The File Upload page is displayed.

e Listings	•	File Upload				
File U	ploa	d				
Submit	New F	ile For Consolic	lation			
Use this sc	reen to s	submit files to the Pl	MP system.			
How to Up	load You	ur Files				
2. Click the	<ol> <li>Click the "Browse" button to select a file on your local computer</li> <li>Click the "Upload" button to begin the uploading process.</li> <li>A confirmation message appears when the upload is finished.</li> </ol>					
Select a	PMP	-	·]			
File Upload	:		_			
Browse	;					
Upload						

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

A message is displayed prompting you to confirm the submission.

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

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

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

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

## 5.3 Manual Entry (UCF)

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

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

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

PMP Clearinghouse	A File Submissions	UCF Submission	s 🔳 Zero Repo	orts File	e Upload
File Listings 🔹	File Upload				
File Listings Data	File Submissions S	tatus (Last 30 Da	iys)		
Show 10 🗢 entries					
File		†↓	State	ţ↑	Records
Showing 0 to 0 of 0 entrie	es				
		0,001-c,-0.01-00-c,-00.00-00	alan da shaka kata sasarki		والمراجع

#### The UCF Listings page is displayed.

UCF Listings Manage Claim Forms New Claim Form							
UCF Listings							
Show 10 ¢ entries Search							
Created at	State 11	Warnings 11	Errors 14	Status 13			
01/15/2019 02:13 PM	KS	0	0	×			
01/17/2019 07:38 PM	KS	0	0	×			
01/28/2019 03:51 PM	CR	0	0	×			
01/28/2019 04:04 PM	CR	0	0	×			
01/28/2019 04:07 PM	CR	0	0	×			
01/28/2019 04:11 PM	CP	0	0	4			

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

The Create	Universal	Claim	Form	page	is	display	yed.
------------	-----------	-------	------	------	----	---------	------

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

- 5. Select the state PMP to which you are submitting data from the drop-down list in the **Select 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. Pl and edit the form, or click "Submit Now" to process the form. Submit Now	ease review

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

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

9. Click **OK**.

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

/ou ma	y submit this form at any time.
	im form is not completely processed until submitted. Please review t the form, or click "Submit Now" to process the form.
Subm	it Now
Form	has errors and was unable to be submitted.
0	Drug Segment is invalid
0	Patient last name can't be blank
0	Patient first name can't be blank
0	Date of Birth can't be blank
0	Pharmacy name can't be blank
0	Pharmacy address can't be blank
0	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
0	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.
- 11. Once your data has been successfully submitted, your report is listed on the UCF Listings page.

UCF Listings Manage Claim Forms New Claim Form						
UCF Listings						
Show 10 C entries Search:						
Created at	14 State	14 Warnings	11 Errors	11 Status 11		
01/15/2019 02:13 PM	KS	0	0	~		
01/17/2019 07:38 PM	KS	0	0	~		
01/28/2019 03:51 PM	CR	0	0	✓		
01/28/2019 04:04 PM	CR	0	0	~		
01/28/2019 04:07 PM	CR	0	0	~		
01/28/2019 04:11.9M	CR.					

### 5.4 Zero Reports

If you have no dispensations to report for the preceding reporting period, you must report this information to the SC PMP.

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to <u>Appendix B: ASAP Zero Report</u> <u>Specifications</u>.

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

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

### 5.4.1 Submit a Single-Click Zero Report

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

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

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

PMP Clearinghouse	File Submissions	UCF Submissions	Zero Report	s Fil	e Upload
File Listings 👻	File Upload				
_	ta File Submissions S	Status (Last 30) ay	ys)		
Show 10 $\Leftrightarrow$ entries		t I	State	↑↓	Records
Showing 0 to 0 of 0 er	ıtries				

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

Zero Reports Listings Create Zero Rep	oort									
Zero Reports Listings										
Show 25 ¢ entries								Advanced Options *	Search	
Account	State 1	Start Date	End Date	NCPDP	DEA 11	NPI TI	ASAP File			Date Submitted
\$M(3)()+(3)M(1,9)(1,5)(3)()	AL	01/16/2020	01/16/2020	110000	<b>BOATBOOT</b>	107103146800				01/16/2020 5:13 PM
Hidana Turnus Spinne	AL	01/16/2020	01/16/2020		PRECIONAL		naise/inticite/i		North Contraction	01/16/2020 5:04 PM

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

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

Zero Reports Listings	Create Zero Report					
Create Zero Repo	ort					
● Submit a Single Click ○ Create new Zero Rep						
Create Single Click Zero Below are the pharmacies have to enter it each time	you have configured for single	-click reporting. Setting	g up pharmacies here will allo	ow you to create a profile f	for the pharmacy that	t includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't
NOTE: The time frame for	"Today" or "Yesterday" is 00:00	-23:59:59 and based up	ion the time zone set for you	ir account profile at the tim	ne of submission.	
Add New Pharmacy						
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
O Demo						

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

The New Pharmacy page is displayed.

Zero Reports Listings	Create Zero Report	
		New Pharmacy
		PMP *
		Pharmacy 🕺
		NCPDP
		DEA Number
		NPI
		Save Cancel

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

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

Create Zero Report							
<ul> <li>Submit a Single Click Zer</li> <li>Create new Zero Report</li> </ul>	o Report						
Create Single Click Zero Rep Below are the pharmacies you have to enter it each time you	have configured for sin	gle-click reporting. Settir	ng up pharmacies here will allo	w you to create a pr	ofile for the pharmac	ry that includes its identifiers (e.g. DEA, NPI, NCP	DP) so you don't
NOTE: The time frame for "Tod	ay" or "Yesterday" is 00:	00-23:59:59 and based u	upon the time zone set for your	r account profile at t	he time of submissio	n.	
Add New Pharmacy							
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
<ul> <li>Demo</li> <li>Vermont</li> </ul>	Pharmaci	es configure	d for single-clic	k zero rep	orting are I	isted here	

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

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

	Pharmacy	Pharmacy NCPDP		DEA Number NPI		Submit Zero Reports for:
Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	Today Yesterday 01/14/2020 01/15/2020
	Test		BK0121258		Edit Delete	Today Vesterday 01/16/2020 01/15/2020
	Test Pharmacy		FC8591934		Edit Delete	Today Vesterday 01/16/2020 01/15/2020

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

Or

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

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

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

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

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

### 5.4.2 Create a New Zero Report

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

PMP Clearinghouse	File Submissions	UCF Submissions	Zero Reports		
File Listings 🔻	File Upload				
File Listings Data	File Submissions St	tatus (Last 30 ay	/S)		
Show 10 🗢 entries					
File		t1 :	State	1↓ Records	
Showing 0 to 0 of 0 entr	ies				

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

Zero Reports Listings										
5how 25 \$ entries								Advanced Options *	Search	
Account	State 1	Start Date	End Date	NCPDP	DEA 11	NPI 11	ASAP File			Date Submitted
BADE HOME NALLSON	AL	01/16/2020	01/16/2020	1108040	<b>ECOTOLIST</b>	107103146000				01/16/2020 5:13 PM
Welferson (Plannary, Systems)	AL	01/16/2020	01/16/2020		PERCOON		maker (145) (1987)	Byrolynys By Ac	NUMBER OF STREET	01/16/2020 5:04 PM

4. Click the Create Zero Report tab.

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

Zero Reports Listings	Create Zero Report					
Create Zero Repo	ort					
<ul> <li>Submit a Single Click</li> <li>Create new Zero Rep</li> </ul>						
Create Single Click Zero Below are the pharmacies have to enter it each time	you have configured for single	⊷click reporting. Sett	ting up pharmacies here will allow	v you to create a prof	file for the pharmac	ry that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't
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	e time of submissio	n.
Add New Pharmacy						
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo						

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

The Create Zero Report page is displayed.

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

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

			ary				
su	NO	IU	We	In	Fr	Sa	
27	28	29	30	31	1	2	+
3	4	5	6	7	8	9	L
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	1	2	
3	4	5	6	7	8	9	
<u></u>							

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

**Note:** If any of these fields are required by your state's PMP, they will be marked with a red asterisk (\*).

9. Click Submit.

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

## 6 Data Compliance

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

### 6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. The File Listings page is displayed upon logging in to Clearinghouse; you may also click **File Submissions** from the menu at any time to access this page.

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

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

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

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

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

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

### 6.2 UCF Listings

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

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

UCF Listings Manage Claim Forms New Claim Form				
UCF Listings				
Show 10 + entries				Search:
Created at 1	State	Warnings	Errors	Status 💷
01/15/2019 02:13 PM	KS	0	0	~
01/17/2019 07:38 PM	KS	0	0	×
01/28/2019 03:51 PM	CR	0	0	×
01/28/2019 04:04 PM	CR	0	0	×
01/28/2019 04:07 PM	CR	0	0	×
01/28/2019 04:11 PM				

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

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

UCF Listings Manage Claim Forms New Claim	Form			
UCF Listings				
Show 10 e entries				Search:
Created at	11 State	Warnings	11 Errors	11 Status 11
01/15/2019 02:13 PM	KS	0	0	*
01/17/2019 07:38 PM	KS	0	0	*
01/28/2019 03:51 PM	CR	0	0	*
01/28/2019 04:04 PM	CR	0	0	~
01/28/2019 04:07 PM	CR	0	0	~
01/28/2019 04:11 PM				

The Pending Claim Forms page is displayed.

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

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

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

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

You may submit this form at any time.	
This claim form is not completely proce and edit the form, or click "Submit Now	
Submit Now	
Submit Now	* Indicates Required Field
	* Indicates Required Field
PMP *	* Indicates Required Field
РМР	* Indicates Required Field

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

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



4. Click **OK**.

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

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	Edit Universal Claim Form	
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         ×	You may submit this form at any time.	
<ul> <li>Drug Segment is invalid</li> </ul>	and edit the form, or click "Submit Now" to process the form.	eview
<ul> <li>Drug Segment is invalid</li> </ul>	Form has errors and was unable to be submitted	*
	<ul> <li>Drug Segment is invalid</li> </ul>	^

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

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

### 6.3 Error Correction

### 6.3.1 View Records with Errors

The Error Correction page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**. To access this page, click the "**Pending Dispensation Error**" message in the **Status** column of the <u>File Listings</u> page.

File Listings 👻 File U	Jpload								
Error Correction	Manage An	d Resolve Submis	sion Issues						
Show 10 © entries								Search:	
DEA Number	NCPDP I	dentifier	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 entrie	15								Previous 1 Next

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

### 6.3.2 Error Correction via PMP Clearinghouse

Once you click **Correct** on the Error Correction page, the Errors page is displayed. This page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records.

File Listings File Errors Dispensary Error	rors		
Dispensary Errors Manage And Re Prescription Number: 0100755 DEA Number:		8568 Filled At: 2019-02-13	
Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.
			×
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	×

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

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

#### To correct records:

- 1. Identify the fields that require corrections. Fields containing errors are highlighted in red, as shown in the screenshot above.
- 2. Enter the corrected value in the **Corrected Value** column.
- 3. Click Submit.

The error is processed through the validation rules.

- a. If the changes pass the validation rules, the record is valid and a message is displayed indicating that the errors have been corrected. The <u>File Listings</u> and <u>Error Correction</u> pages are also updated.
- b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

### 6.3.3 Error Correction via File Submission

The ASAP 4.1 standard requires a pharmacy 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 previouslysubmitted record have been revised
- 02 Void indicates that the original record should be removed

# 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: South Carolina ASAP file: fake-test3.txt - Parse Failure
BODY:
Error Message
_____
                     _____
Failed to decode the value '04' for the bean id
'transactionControlType'.
Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: April 30, 2015
NOTE: This file could not be received into the system because the
system could not recognize its content as a valid ASAP format.
Action is required to resolve the issues and a subsequent file
should be submitted. As such the information provided in this
report is "best effort" and any information we could not parse is
listed as "unparseable" in the fields above.
```

## 7.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the state PMP system.

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

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

The File Status Report notifies you of the following scenarios:

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

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

- **Records with errors**: The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to <u>Error Correction</u> for instructions on correcting errors.
- **Records with warnings**: The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.
- **Records imported with warnings**: The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to <u>Error Correction</u> 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: Sout	h Carolin	a ASAP file:	fake-test3.txt - Status R	eport				
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message
BE1234567 DE9841394	1347347 3491849	9034618394 4851947597	123486379596-0 357199504833-345	20130808 20130808	Dispensation Dispensation	refill_number days_supply	WARNING ERROR	message example message example
<pre>* Transact * Date of * Total Re * Duplicat * In Proce * Records * Imported</pre>	sion: 4.2 ion Contr ion Contr Submissio cord Coun e Records ss Count: with Erro Records	ol Number: 2 ol Type: sen n: April 30, t: ### : ### r Count: ###	d 2015					

## 7.3 Zero Report Confirmation

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

An example Zero Report Confirmation is provided below.

```
SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT
BODY:
Summary:
* File Name: zero_reports_20130301KSMCPS.DAT
* PMP Name: South Carolina
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* ASAP Creation Date: 2013-03-06
```

# 8 Managing Your Upload Account

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

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

## 8.1 Adding Users to Your Upload Account

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

- 1. Log in to PMP Clearinghouse.
  - Advanced Options ▼ Search... 2 14 Submitted 14 Status Status Report Previous Next
- 2. Click Account.

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

The Account Users page is displayed.

now 10 • entries						Search:	
Email \$	First Name	Last Name 🕴	Organization Name	Phone Number  🗄	Admin Name	Admin Email	
all divention diamatic con	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	thy have a right of a	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	Number of Street, on	Edit

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

The New Data Submitter User page is displayed.

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

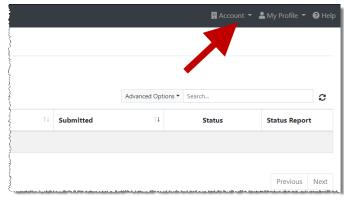
- 5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
- 6. Click Submit.

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

- 7. Please inform the new user of the account creation.
  - a. The user will receive an email with a link for them to confirm their account.
  - b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.
  - c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

### 8.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

how 10 + entries						Search:	
Email 0	First Name 0	Last Name 0	Organization Name	Phone Number 0	Admin Name	Admin Email	
an all collins dans to col	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	silphanan millipati on	Edit Deactivate
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	the factor of gradients	Edit

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

The Edit Data Submitter User page is displayed.

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

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

Passwords must contain:

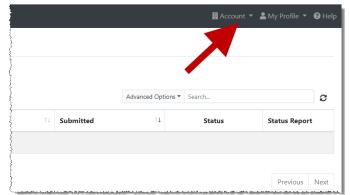
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Submit.

The password is changed.

## 8.2 Adding States to Your Upload Account

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

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



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

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

<b>H</b> S	SMITH	ERMANS PHARMAC	CY Accounts Manaç
Please select state PMPs that will receive data from this account. We will not allow data into a state PMP from this account until the appropriate state ac			
	Abbv	State	Status
	AL	Alabama	Approved
	AK	Alaska	Approved
	AZ	Arizona	
	AR	Arkansas	
	CO	Colorado	
¥	CR	Conch Republic	Approved
*	СТ	Connecticut	Approved
	DE	Delaware	
*	DO	Demo	Approved

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

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

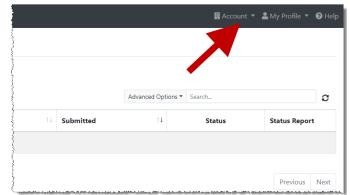
#### Notes:

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

## 8.3 Adding SFTP Access to an Upload Account

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

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



3. Select SFTP Details.

The SFTP Account page is displayed.

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

**Note:** If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



You cannot change the SFTP account username; however, you can update the password by clicking **Edit**.

4. Click Create.

The Create a New SFTP Account page is displayed.

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

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

#### Notes:

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.
- 6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

#### Notes:

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

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

SFTP Account Details Username: sftptester@preppmpsftp
Edit

### 8.4 Editing Your Upload Account

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

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

	hansed Options •	Search		
			Status Report	0
Ac	lvanced Options ▼	Search		

#### 3. Select Account Details.

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

Account Details	
Name: SMITHERMANS PHARMAC	(
Phone Number: 2056652575	
Fax Number: 2056650940	
Admin Details	
User Name: Test User	
Email: testuser@appriss.com	
Address: 703 MAIN ST	
MONTEVALLO KY 3511	5
Sftp Account ID: sftptester@prep	ompsftp

4. Click Edit.

The Edit Account page is displayed.

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

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

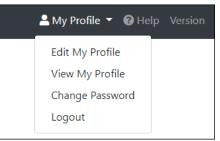
# 9 Managing Your User Profile

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

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

4. Update your information as necessary, then click Save Changes.

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

Your changes are saved, and your updated profile is displayed.

## 9.2 Changing Your Password

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

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

💄 My Profile 🔻 🔞 Help	Version
Edit My Profile	
View My Profile	
Change Password	
Logout	

3. Select Change Password.

rofile Details	* Indicates Required Field
Email: rweaver@appriss.com	
Current password	
we need your current password to confirm your changes	
Password	Password confirmation

- 4. Enter your current password in the Current Password field.
- 5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

## 9.3 Resetting Your Password

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

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

Login	
Email	Address
Passwo	ord
	Lastin
	Login
	Create an Account
Help	
Forgot	your password?
Didn't i	eceive confirmation instructions?
Didn't i	eceive unlock instructions?

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

Profile Details	* Indicates Required Field
Email "	
Send me reset	password instructions
Sign in	
Didn't receive confirmat	ion instructions?

- 3. Enter the email address associated with your user account, then click **Send me reset password instructions**.
- 4. Once you receive the reset password email, click the **Change my password** link within the email.

The Change your password page is displayed.

Change your pass	word
* New password	
Confirm your new password	
	Change my password

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

Passwords must contain:

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

Your password is changed, and you can now use it to log in to PMP Clearinghouse.

## 10 Assistance and Support

### 10.1 Technical Assistance

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

- Contact Appriss Health at 1-844-5SC-4PMP (1-844-572-4767);
   OR
- Create a support request at the following URL: <u>https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new</u>.

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

### 10.2 Administrative Assistance

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

South Carolina Prescription Monitoring Program DHEC Bureau of Drug Control 2600 Bull Street Columbia, SC 29210-1708

**Phone:** (803) 896-0688 **Fax:** (803) 896-0686

Christie Frick, RPh – Director Email: <u>frickcj@dhec.sc.gov</u>

Tracie M. Paschall, CPhT – Program Coordinator Email: <u>paschatm@dhec.sc.gov</u>

# 11 Document Information

### 11.1 Disclaimer

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

### 11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	09/21/2015	N/A	N/A; initial publication
2.0	05/15/2019	Global	Updated to current document template
2.1	01/16/2020	2.2/Reporting Requirements	Updated the definition of "dispenser" per state request
			Removed information regarding exemptions
		4.2/Upload Specifications	Removed information regarding exemptions
		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

## Appendix A: ASAP 4.2 Specifications

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

The following elements are used in each upload file:

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

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

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

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

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

- Requirement
  - R = Required by South Carolina
  - N = Not required but accepted if submitted
  - 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. This guide includes field lengths, acceptable attributes, and examples.

Requirement

#### Segment Element ID Element Name

#### 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	R
		Code uniquely identifying the transaction.	
		Format = xx.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	TH03	Transaction Type	Ν
		Identifies the purpose of initiating the transaction.	
		01 Send/Request Transaction	
		02 Acknowledgement (used in Response only)	
		O3 Error Receiving (used in Response only)	
		• 04 Void (used to void a specific Rx in a real-time transmission or	
		an entire batch that has been transmitted)	
	TH04	Response ID	Ν
		Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	
	TH05	Creation Date	R
		Date the transaction was created. Format: CCYYMMDD.	
	TH06	Creation Time	R
		Time the transaction was created. Format: HHMMSS or HHMM.	
	TH07	File Type	R
		• P = Production	
		• T = Test	
	TH08	Routing Number	Ν
		Reserved for real-time transmissions that go through a network	
		switch to indicate, if necessary, the specific state PMP the	
		transaction should be routed to.	
	TH09	Segment Terminator Character	R
		This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	
S: Inform	ation Source	(required)	
Jsed to c	onvey the nan	ne and identification numbers of the entity supplying the information.	
	IS01	Unique Information Source ID	R
		Reference number or identification number.	
		(Example: phone number)	
	IS02	Information Source Entity Name	R
		Entity name of the Information Source.	
	IS03	Message	N
	1303	in coode	

Requirement

#### Segment Element ID Element Name

#### 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)	Ν
		Identifier assigned to the pharmacy by CMS.	
	PHA02	NCPDP/NABP Provider ID	Ν
		Identifier assigned to pharmacy by the National Council for	
		Prescription Drug Programs.	
	PHA03	DEA Number	R
		Identifier assigned to the pharmacy by the Drug Enforcement	
		Administration.	
	PHA04	Pharmacy Name	R
		Free-form name of the pharmacy or dispensing practitioner's name.	
	PHA05	Address Information – 1	Ν
		Free-form text for address information.	
	PHA06	Address Information – 2	Ν
		Free-form text for address information.	
	PHA07	City Address	Ν
		Free-form text for city name.	
	PHA08	State Address	Ν
		U.S. Postal Service state code.	
	PHA09	ZIP Code Address	N
		U.S. Postal Service ZIP Code.	
	PHA10	Phone Number	Ν
		Complete phone number including area code. Do not include	
		hyphens.	
	PHA11	Contact Name	N
		Free-form name.	
	PHA12	Chain Site ID	Ν
		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.	
	nt Informatio		
sed to re	port the patie	ent's name and basic information as contained in the pharmacy record.	
	PAT01	ID Qualifier of Patient Identifier	N
		Code identifying the jurisdiction that issues the ID in PAT03.	

Element I	D Element Name	Requiremen
PAT02	ID Qualifier	N
	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is	
	required.	
	O1 Military ID	
	O2 State Issued ID	
	O3 Unique System ID	
	O5 Passport ID	
	06 Driver's License ID	
	O7 Social Security Number	
	08 Tribal ID     00 Other (agreed upon ID)	
	99 Other (agreed upon ID)	
PAT03	ID of Patient	N
	Identification number for the patient as indicated in PAT02.	
	An example would be the driver's license number.	
PAT04	ID Qualifier of Additional Patient Identifier	Ν
	Code identifying the jurisdiction that issues the ID in PAT06.	
	Used if the PMP requires such identification.	
PAT05	Additional Patient ID Qualifier	Ν
	Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.	
	01 Military ID	
	02 State Issued ID	
	03 Unique System ID	
	05 Passport ID	
	• 06 Driver's License ID	
	07 Social Security Number	
	• 08 Tribal ID	
	• 99 Other (agreed upon ID)	
PAT06	Additional ID	Ν
	Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	
PAT07	Last Name	R
	Patient's last name.	
PAT08	First Name	R
	Patient's first name.	
PAT09	Middle Name	N
	Patient's middle name or initial if available.	
PAT10	Name Prefix	N
	Patient's name prefix such as Mr. or Dr.	
PAT11	Name Suffix	N
	Patient's name suffix such as Jr. or the III.	

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

	Element ID	Element Name	Requirement
	PAT21	Patient Location Code	N
		Code indicating where patient is located when receiving pharmacy	
		services.	
		• 01 Home	
		02 Intermediary Care	
		03 Nursing Home	
		04 Long-Term/Extended Care	
		• 05 Rest Home	
		06 Boarding Home	
		07 Skilled-Care Facility	
		08 Sub-Acute Care Facility	
		09 Acute Care Facility	
		10 Outpatient	
		• 11 Hospice	
		• 98 Unknown	
		• 99 Other	
	PAT22	Country of Non-U.S. Resident	N
		Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	
	PAT23	Name of Animal	S
		Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at	
		the time of dispensing the prescription.	
sed to ide	nsing Record (r		e date and
sed to ide		equired)	e date and
sed to ide	ntify the basic	equired) components of a dispensing of a given prescription order including the	
lsed to ide	ntify the basic	equired) components of a dispensing of a given prescription order including the Reporting Status DSP01 requires one of the following codes, and an empty or blank	
sed to ide	ntify the basic	equired) components of a dispensing of a given prescription order including the <b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing	1
Jsed to ide	ntify the basic	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a</li> </ul>	
Jsed to ide	ntify the basic	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as</li> </ul>	1
Jsed to ide	ntify the basic	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul>	R
Jsed to ide	ntify the basic	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> <li>Prescription Number</li> </ul>	R
Jsed to ide	DSP01	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> <li>Prescription Number</li> <li>Serial number assigned to the prescription by the pharmacy.</li> </ul>	R
Jsed to ide	DSP01	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> <li>Prescription Number</li> <li>Serial number assigned to the prescription by the pharmacy.</li> <li>Date Written</li> </ul>	R
-	DSP01	<ul> <li>equired)</li> <li>components of a dispensing of a given prescription order including the</li> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> <li>Prescription Number</li> <li>Serial number assigned to the prescription by the pharmacy.</li> <li>Date Written</li> <li>Date the prescription was written (authorized).</li> </ul>	R

Segment	Element ID	Element Name	Requirement
	DSP05	Date Filled	R
		Date prescription was filled. Format: CCYYMMDD	
	DSP06	Refill Number	R
		Number of the fill of the prescription.	
		0 indicates New Rx; 01-99 is the refill number.	
	DSP07	Product ID Qualifier	R
		Used to identify the type of product ID contained in DSP08.	
		• 01 NDC	
		<ul> <li>06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)</li> </ul>	
	DSP08	Product ID	R
		Full product identification as indicated in DSP07, including leading zeros without punctuation. If "06 Compound" is indicated in DSP07, use 99999 as the first five characters; CDI then becomes required.	
	DSP09	Quantity Dispensed	R
		Number of metric units dispensed in metric decimal format.	
		Example: 2.5	
		<b>Note:</b> For compounds show the first quantity in CDI04.	
	DSP10	Days Supply	R
		Estimated number of days the medication will last.	
	DSP11	Drug Dosage Units Code	N
		Identifies the unit of measure for the quantity dispensed in DSP09.	
		• 01 Each	
		• 02 Milliliters (ml)	
		O3 Grams (gm)	
	DSP12	Transmission Form of Rx Origin Code	N
		Code indicating how the pharmacy received the prescription.	
		O1 Written Prescription	
		02 Telephone Prescription	
		O3 Telephone Emergency Prescription	
		04 Fax Prescription	
		O5 Electronic Prescription	
		• 99 Other	
	DSP13	Partial Fill Indicator	N
		Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity	
		is often referred to as a split filling.	
		• 00 Not a Partial Fill	
		• 01 First Partial Fill	
		<b>Note:</b> For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	

Segment	Element ID	Element Name	Requirement
	DSP14	Pharmacist National Provider Identifier (NPI)	N
		Identifier assigned to the pharmacist by CMS. This number can be	
		used to identify the pharmacist dispensing the medication.	
	DSP15	Pharmacist State License Number	N
		This data element can be used to identify the pharmacist dispensing	
		the medication.	
		Assigned to the pharmacist by the State Licensing Board.	
	DSP16	Classification Code for Payment Type	R
		Code identifying the type of payment (i.e., how it was paid for).	
		• 01 Private Pay	
		02 Medicaid	
		• 03 Medicare	
		04 Commercial Insurance	
		05 Military Installations and VA	
		06 Workers' Compensation	
		07 Indian Nations	
		• 99 Other	
	DSP17	Date Sold	N
		Usage of this field depends on the pharmacy having a point-of-sale	
		system that is integrated with the pharmacy management system to	
		allow a bidirectional flow of information.	
	DSP18	RxNorm Code Qualifier	N
		RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.	
		• 01 Semantic Clinical Drug (SCD)	
		• 02 Semantic Branded Drug (SBD)	
		• 03 Generic Package (GPCK)	
		• 04 Branded Package (BPCK)	
	DSP19	RxNorm Code	N
		Used for electronic prescriptions to capture the prescribed drug	
		product identification.	
	DSP20	Electronic Prescription Reference Number	N
		This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	
	DSP21	Electronic Prescription Order Number	N
		This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	
RE: Prescri	ber Informatio	n (required)	
		iber of the prescription.	
	PRE01	National Provider Identifier (NPI)	N
		Identifier assigned to the prescriber by CMS.	

Segment	Element ID	Element Name	Requirement
	PRE02	DEA Number	R
		Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	
	PRE03	DEA Number Suffix	S
		Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	
	PRE04	Prescriber State License Number	S
		Identification assigned to the prescriber by the State Licensing Board.	
	PRE05	Last Name	R
		Prescriber's last name.	
	PRE06	First Name	R
		Prescriber's first name.	
	PRE07	Middle Name	N
		Prescriber's middle name or initial.	
	PRE08	Phone Number	N
		Complete phone number including area code. Do not include hyphens.	
eporting dr	egment is required. If more that	redient Detail (situational) uired when medication dispensed is a compound and one of the ingred an one ingredient is for a prescription monitoring program reporting d one for each compound ingredient being reported.	
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eporting dr vould be in	egment is required. If more that cremented by	uired when medication dispensed is a compound and one of the ingred an one ingredient is for a prescription monitoring program reporting d one for each compound ingredient being reported.	
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Segment	Element ID	Element Name	Requirement
AIR: Additio	nal Informatio	n Reporting (situational)	
		rialized Rx pads are used, the state requires information on the persor , or for data elements not included in other detail segments.	n dropping off or
Note: If this	segment is use	ed, at least one of the data elements (fields) will be required.	
	AIR01	State Issuing Rx Serial Number	N
		U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	
	AIR02	State Issued Rx Serial Number	N
		Number assigned to state issued serialized prescription blank.	
	AIR03	Issuing Jurisdiction	N
		Code identifying the jurisdiction that issues the ID in AIR04.	
		Used if required by the PMP and AIR04 is equal to 02 or 06.	
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	N
		Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.	
		• 01 Military ID	
		02 State Issued ID	
		O3 Unique System ID	
		05 Passport ID	
		06 Driver's License ID	
		O7 Social Security Number	
		• 08 Tribal ID	
		• 99 Other (agreed upon ID)	
	AIR05	ID of Person Dropping Off or Picking Up Rx	N
		ID number of patient or person picking up or dropping off the prescription.	
	AIR06	Relationship of Person Dropping Off or Picking Up Rx	N
		Code indicating the relationship of the person.	
		• 01 Patient	
		02 Parent/Legal Guardian	
		• 03 Spouse	
		• 04 Caregiver	
		• 99 Other	
	AIR07	Last Name of Person Dropping Off or Picking Up Rx	N
		Last name of person picking up the prescription.	
	AIR08	First Name of Person Dropping Off or Picking Up Rx	N
		First name of person picking up the prescription.	
	AIR09	Last Name or Initials of Pharmacist	N
		Last name or initials of pharmacist dispensing the medication.	
	AIR10	First Name of Pharmacist	N

First name of pharmacist dispensing the medication.

Segment	Element ID	Element Name	Requirement
	AIR11	Dropping Off/Picking Up Identifier Qualifier	N
		Additional qualifier for the ID contained in AIR05	
		O1 Person Dropping Off	
		• 02 Person Picking Up	
		03 Unknown/Not Applicable	
TP: Pharmac	y Trailer (requ	ired)	
	-	data for a given pharmacy and provide the count of the total number pharmacy, including the PHA and TP segment.	of detail
	TP01	Detail Segment Count	R
		Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	
TT: Transact	ion Trailer (red	juired)	
Used to indic transaction.	cate the end of	f the transaction and provide the count of the total number of segmen	ts included in the
	TT01	Transaction Control Number	R
		Identifying control number that must be unique.	
		Assigned by the originator of the transaction.	
		Must match the number in TH02.	
	TT02	Segment Count	R
		Total number of segments included in the transaction including the header and trailer segments.	

# Appendix B: ASAP Zero Report Specifications

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

Segment	Element ID	Element Name	Requirement
TH: Transac	ction Header (requ	ired)	
	TH01	4.2	R
	тно2	123456	R
	тно5	20150101	R
	ТН06	223000	R
	ТН07	Р	R
	тно9	//	R
IS: Informa	tion Source (requir	ed)	
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report	R
	1503	#CCYYMMDD#-#CCYYMMDD#	
PHA: Pharn	nacy Header (requi	red)	
	PHA03	ZZ1234567	R
PAT: Patien	nt Information (req	uired)	
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Disper	nsing Record (requ	ired)	
	DSP05	20150101	R
PRE: Prescr	iber Information (I	equired; can be null as follows: PRE******\)	·
CDI: Compo	ound Drug Ingredie	nt Detail	
AIR: Additio	onal Information R	eporting	
TP: Pharma	cy Trailer (require	d)	
	TP01	7	R
TT: Transac	tion Trailer (requir	ed)	·
	TT01	123456	R
	тто2	10	R

### Sample Zero Report

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

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

# **Appendix C: SFTP Configuration**

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

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

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

### SFTP Connection Details

#### Hostname: sftp.pmpclearinghouse.net

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

#### Port: 22

Note: The port will always be 22.

- Credentials: Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, <u>log in to PMP Clearinghouse</u>, then click Account > SFTP Details > Edit.
- Your username cannot be modified; however, you can update your password.

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

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

### State Subfolders

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

Your pharmacy software will need to be configured to place files in the appropriate state folder when submitting. You may need to contact your software vendor for additional assistance with this process.

**NOTE**: Capitalization of the abbreviated state folders' names has no bearing on whether or not Clearinghouse processes the files; however, some pharmacy systems, especially \*nix-based systems, will require that the exact case is used when specifying the target folder.

There are two methods by which to create state subfolders for SFTP submissions:

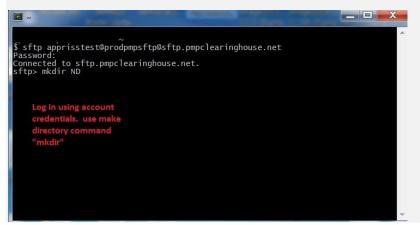
- 1. Via SSH client (e.g., WinSCP, FileZilla, etc.)
  - d. Log in to your SFTP account.
  - e. Create the required directories under */homedir*.

5 sftp://appriss	stest@prodpmpsftp@54.24	13.86.238 - FileZilla					
File Edit Viev	w Transfer Server Boo	kmarks Help New ve	ersion available!				
	P 🔆 🚅 🐇 🎦 🏨	🔹 🗉 📯 🕫 🙃					
Host:	Username:	Password:	Port:	Quickconr	nect 🔻		
Status: Response: Command: Command: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status:	Connecting to 54.243. fzSftp startes open "apprisstest@prit Trust new Hostkey: O Connected to 54.243. Retrieving directory lis pvd Current directory is: "/ Is Listing directory / norm Calculating timezone o mime "ID" 1394120413	36.238 up: heftp@54.243.86.239 ice 6.238 ing homedir" idir ffset of server ver: 0 seconds. Local: -14'	por pas use	t = 22 sword = you rname = xxx t = sftp.pmp	r password x@prodpmpsftp clearinghouse.net		
Local site: \			•	Remote site:			-
			THE STREET	Filename	Horpertin Right click on homedir >	create directory Filesize Filet	ype Las
♀ Q: (\\prodcs	amba01.prod.appriss.com <sup>1</sup> amba01.prod.appriss.com	(qafsnr)	Filesize Filetyp   Networ Netw	 J. ID	Create directory Delete Rename Copy URL(s) to clipboard File Attributes	File 1	folder 3/6
P: (\nrodcs:	amha01 nrod annriss com) III	nrodfsnr)	Networ	•	III		۲
10 directories				1 directory			
Server/Local file	e Direction	Remote file	Size Priority	Status			
Queued files	Failed transfers Successfu	l transfers					
						🛄 쫶 Queue: empty	y ••

#### 2. Via command prompt

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

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



### Public (SSH/RSA) Key Authentication

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

Note: PGP Encryption is not supported.

- Supported Key Types:
  - SSH-2 RSA 2048 bit length
- Unsupported Key Types:
  - SSH-1 RSA
  - SSH-2 DSA
- **Correct Public Key Format:** If opened in a text editor, the key should look like the screenshot below.



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• 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" AAAAB3NzaClyc2EAAAABJQAAAQEAOK/jyBPzLaEkbu6h63dYy1cY1649Itclvaeq s3demLmUEGLKouWvMG/NPEN9sSXy5FeMLAquhIE13x1tT75W3bDZ5yea/si1agpH jxOT9bZH4G5LG7pcVcB1PcTxMLU+HVDVVaCmdV+Qxk7yna9OUUAEsF5wOQe8L1Bw riNXKkriiLmPNmcIs4LW3ypU0JJbNHMJ5v8go2Vvfm3/kdxx1nhz+nPq2fepUj3i YM16os60FdI66G3v6dXNHmdzNF0FxKgoaoqzL982s5k3xK6Rvy7Dbdtvk4FQu1d6 D15HRMXJhF0D2I3/XWRPc5r8Cc08+mc1wf9QHU16g6L1gPcqCw== END SSH2 PUBLIC KEY	*
WRONG	+

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

#### Notes:

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