





Data Submission Guide for Dispensers Ohio Prescription Monitoring Program



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

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1 Document Overview

This document serves as a training guide and support manual for dispensers of reportable drugs in Ohio 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 Ohio
- 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 Ohio required to report the dispensing of reportable drugs.

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2 Data Collection and Tracking

2.1 Data Collection Overview

The Ohio Legislature passed legislation, which allows the State of Ohio Board of Pharmacy (SOBP) to develop its Prescription Monitoring Program (PMP) called the Ohio Automated Rx Reporting System (OARRS; see ORC 4729.75–4729.84.) The legislation became law on May 18, 2005, and the rules needed to implement the law became effective on January 1, 2006. The text of the law is available in the Drug Laws of Ohio, and the rules are available on our website at <u>www.pharmacy.ohio.gov</u>. From the website, click on Laws & Rules, then Administrative Code Rules, and scroll down to "Chapter 4729-37 Drug Database."

The SOBP manages the collection of required data from all prescriptions for reportable drugs (and other dangerous drugs established by rule) submitted electronically by pharmacies, dispensing prescribers, and wholesalers.

This document applies to all outpatient dispensing by pharmacies and prescribers who are personally furnishing medications (i.e., acting as the "pharmacy") for their own patients.

2.2 Data Collection Requirements

Every in-state pharmacy and dispensing prescriber shall report all outpatient dispensing of any reportable medication regardless of the state in which the patient lives.

Every out-of-state pharmacy that holds an Ohio Terminal Distributor of Dangerous Drugs license shall report all outpatient dispensing of any reportable medication product to an Ohio resident.

Sales of reportable drugs at wholesale to a prescriber or a pharmacy must also be reported but should not be included in the reports of outpatient prescriptions. For information regarding reporting wholesale transactions, please refer to the Ohio Data Submission Wholesaler Guide.

"Outpatient" is defined as any person who receives drugs for use outside of an institutional facility (OAC 4729-17-01 (G)).

All dispensers of reportable drugs must meet the reporting requirements set forth by state law in a secure methodology and format. Information about reportable drug dispensing activities must be reported on regular intervals to the Ohio PMP through the authorized data collection vendor, Appriss, Inc. (Appriss).

2.3 Reporting Requirements

As of March 15, 2017, the Ohio PMP began requiring pharmacies and dispensers to report reportable drug dispensations to the SOBP via PMP Clearinghouse. Dispensations must be reported no later than 24 hours after dispensing the prescription, although they may be submitted more frequently.

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The laws and regulations for reporting to the Ohio PMP are continuously subjected to amendments. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

All dispensers of reportable drugs are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Ohio PMP is the state oversight agency, and Appriss acts as an agent of the Ohio PMP in the collection of this information.

Certain elements are required by law to be reported. For details on these elements and others of ASAP 4.2A, please refer to <u>Appendix A: ASAP 4.2A Specifications</u>.

2.4 Exemptions

Pharmacies that attest to NEVER dispensing reportable drugs (e.g., pharmacies that only dispense respiratory drugs, diabetes drugs, etc.) on their license renewal will be considered exempt from reporting to OARRS. Should a change in business practices cause a reporting pharmacy to be qualified for an exemption outside of a license renewal period, the pharmacy may request an exemption in writing. Should a change in business practices cause an exempt pharmacy to begin dispensing reportable drugs, the pharmacy must begin reporting to OARRS immediately.

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3 Data Submission

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

3.1 Timeline and Requirements

- Pharmacies and software vendors can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- Beginning March 15, 2017, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting</u> <u>Requirements</u>.
- If a pharmacy does not dispense any reportable drugs for the preceding reporting period, it must file a zero report for that reporting period, or it will be considered noncompliant. See <u>Zero Reports</u> for additional details.

3.2 Upload Specifications

Files should be in the ASAP 4.2A format as defined in <u>Appendix A: ASAP 4.2A</u> <u>Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110415.dat". All uploaded files will be stored and processed separately.

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

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4 Accessing Clearinghouse

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

4.1 Creating Your Account

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

Notes:

- Data from multiple pharmacies can be uploaded in the same file. For example, chain
 pharmacies may send in one file containing reportable drug dispensing information
 for all their pharmacies licensed in the State of Ohio. Therefore, chains with multiple
 stores and clinics with multiple veterinarians 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 https://pmpclearinghouse.net/registrations/new.

		* Indi	cates Required F
Email Address			
Password *		Password confirmation *	
Personal Information			
First name *	Middle name	Last name *	
	will autopopulate your informati	on if found.	
Searching for DEA or NPI			
Searching for DEA or NPI		NPI	

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2. Complete your Profile Details.

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

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

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

- 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 ($\begin{smallmatrix} \mathbf{Q} \end{smallmatrix}$). If the number you entered is found, your information will automatically be populated.

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First name <u>*</u>	Middle name		Last name	
Searching for DEA or NPI	will autopopulate your informat	tion if found.		
DEA		NPI		
	Q			Q
nployer Information	ı			
Name "				
Address <u>*</u>		Address (continu	ed)	
Address		Address (continu	ed)	
Address "*	State <u>*</u>	Address (continu	ed) Postal Code "	
	State "*	Address (continu		
City	State*	· · · · · · · · · · · · · · · · · · ·		
	State*			
City	State "*	· · · · · · · · · · · · · · · · · · ·		
City :: Phone ::	State "*	Fax		

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

Notes:

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

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.

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The	SETP	access	fields	are	disn	laved

Data Submission	
PMP Clearinghouse users are able to submit data through the web portal via manual entry or uple Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states	
Enable SFTP Access	
SFTP Username	
SFTP Password	
SFTP Password Confirmation	
Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as $l, @, \#, S$)	
Finable Real-Time Access	
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 test5555555556@prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then reenter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

Notes:

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

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

Thank you	u for registering with PMP Clearinghouse, a service of PMP AWARxE.
A link to veri	fy your email address has been sent. You must confirm your email address before you can
login to PMP	Clearinghouse. Your data submission request has been sent to your requested state(s) for
processing. U	Jpon approval, you may begin submitting prescription data.
Profile	
Email Add	dress: testuser@test.com
Password	• ******
DEA Num	iber:
NPI Num	ber:
Full Name	e:: Test User
Employer	
Name: Ap	priss
DEA Num	iber:
NCPDP N	umber::
Address:	9901 Linn Station Rd Louisville KY 40223
Phone: 55	5-555-5555
Fax:	
Data Acce	eptance
SETD Acc	punt: SETP Access? No
	e Account: Real-Time Access? No
	on Destinations
Submissio	on Destinations
🗹 Alaban	na

7. Click Continue.

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

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4.2 Logging In to PMP Clearinghouse

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

PMP Clearinghouse			0144
	Login Crust Address A passent Copy Cruste an Account		
	Help		
	Foggd your peatward? Dight receive confirmation instructions? Dight receive unlack 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.

PMP Clearinghouse	File Submissions UCF Submission	15 🖬 Zero Reports Fi	ile Upfoad					Account	• 🛔 My Profile • 😡 Help
File Listings 🔹	File Upload								
	File Submissions Status (Last 30 D	ays)							
Show 10 ¢ entries							Advanced Options *	Search	0
File		State	Records	Warnings	Errors	Submitted	14	Status	Status Report
)	No data available in table					
Showing 0 to 0 of 0 entri	es								
									Previous Next

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5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your reportable drugs 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	11
Web Portal Upload	11
Manual Entry (UCF)	13
Zero Reports	16

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., OH, AK, GA, KS, 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

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

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

5.2 Web Portal Upload

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

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3. Log in to PMP Clearinghouse.

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

File Listings 💌 File Uplo	ed 🛶 🛶							
ile Listings Data File Su	omissions Status (Last 30 Days)							
how 10 C entries						Advanced Op	tions • Search	0
Account	File	State 11	Records 11	Warnings	Errors	Submitted 14	Status	Status Report
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	м	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	
SMITHERMANS PHARMACY						01/29/2019 05:31PM	ASAP errors	

The File Upload page is displayed.

File Listings	•	File Upload	
File U	ploa	d	
Submit	New F	ile For Consolio	lation
Use this sci	een to s	submit files to the P	MP system.
How to Up	load You	ır Files	
2. Click the	"Uploa mation r	d" button to begin t	a file on your local computer the uploading process. ten the upload is finished.
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 a 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.

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A message is displayed prompting you to confirm the submission.



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 Submissions page.

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

5.3 Manual Entry (UCF)

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

Please refer to <u>Appendix A: ASAP 4.2A Specifications</u> for the complete list of reporting requirements.

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

PMP Clearinghouse	File Submissions	UCF Submission	ns 🔳 Zero F	Reports Fil	e Upload
File Listings 🔻	File Upload				
File Listings Data	a File Submissions S	Status (Last 30 Da	ays)		
File	•	ţţ	State	ţţ	Records
Showing 0 to 0 of 0 ent	ries				
e y man attante attante another and destrological another the		-0.00.000-000-000-00-00-0	- den der dette datte		

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The UCF Listings page is displayed.

				Search:
11	State	Warnings	Errors	Status
	KS	0	0	~
	KS	0	0	~
	CR	0	0	×
	CR	0	0	~
	CR	0	0	~
	ti	KS KS CR CR	45 0 45 0 46 0 47 0 48 0	xs 0 0 xs 0 0 0 xs 0 0 0 xx 0 0 0 xx 0 0 0

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

The Create Universal Claim Form page is displayed.

PMP	* Indicates Required Fie
Pmp	
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 a PMP** field.
- 6. Complete the required fields.

Notes:

- An asterisk (*) indicates a required field.
- If you are entering a compound, click the Compound checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click Add New to add additional drug ingredients.
- 7. Once you have completed all required fields, click Save.

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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. P and edit the form, or click "Submit Now" to process the form. Submit Now	lease review
Form has been successfully created.	×

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 may	submit this form at any time.	
	form is not completely processed until submitted. Please the form, or click "Submit Now" to process the form.	review
Submit	Now	
Form I	has errors and was unable to be submitted.	×
0 [Drug Segment is invalid	
0	Patient last name can't be blank	
0 F	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	
0 F	Pharmacy state can't be blank	
0 6	Prescriber last name can't be blank	
0 6	Prescriber first name can't be blank	
0 F	Pharmacy zip code can't be blank	
0 (Claim fill number can't be blank	
0 (Claim fill number is not a number	
0 [Date written can't be blank	
0 [Date filled can't be blank	
0 (Claim days supply can't be blank	
0 (Claim days supply is not a number	
0 (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.

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

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

ICF Listings					
iow to a 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	×

5.4 Zero Reports

If you have no dispensations to report, you must report this information to the Ohio 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:

- <u>Submit a single-click zero report</u>
- 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.

MP Clearinghouse	File Upload	ns 🖀 Zero Reports	s Filo	e Upload
5	ta File Submissions Status (Last 30	ays)		
File	ti.	State	ţţ	Records

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The Zero Report Listings page is displayed.

	Report							
Zero Reports Listings								
Show 25 0 entries							Advanced Options * Search	
Account	State 1	Start Date	End Date	NCPDP 1	DEA	NPI 11	ASAP File	Date Submitted
INSCHOME INFLOOM	AL	01/16/2020	01/16/2020	113808	ECHTRGS	10710310000		01/16/2020 5:13 PM
Hiddease (Plantary Syllems	AL	01/16/2020	01/16/2020		PERCENT		milaa718623887568prodpropilip3622638811623en-ila	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.

have to enter it each time you submit a zero		tting up pharmacies here will all	ow you to create a profile	e for the pharmacy the	at includes its identifiers (e.g. DEA, NPI, NCPDP) so you d
NOTE: The time frame for "Today" or "Yester	ay" is 00:00-23:59:59 and base	d upon the time zone set for you	ur account profile at the ti	ime of submission.	

- 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 :
	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.

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- 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.



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

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

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

- 11. Click **Today** to submit a zero report for the current date; Or
- 12. Click **Yesterday** to submit a zero report for the previous date.

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

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

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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	Tero Reports	File Upload
File Listings 🔹	File Upload			
File Listings Data	File Submissions S	itatus (Last 30 ay	5)	
Show 10 ¢ entries		-		
File		11 5	State	Records
Showing 0 to 0 of 0 entr	ies			
- 100.004	والمراجع والم			

The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero Re	port									
Zero Reports Listings										
Show 25 e entries							Ad	vanced Options *	Search	
Account	State 1	Start Date	End Date	NCPDP	DEA :	NPI 1	ASAP File			Date Submitted
BASIC HONE INFUSION	AL	01/16/2020	01/16/2020	110000	Contractory	107103146000				01/16/2020 5:13 PM
Hideson Parnas, Splins	AL	01/16/2020	01/16/2020		PERCOSE		makes / lot (1007 helio)		CONTRACTOR AND	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 Report 						
		-click reporting. Setting	up pharmacies here will allo	ow you to create a profi	le for the pharmacy	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 up	on the time zone set for you	ir account profile at the	time of submission	
Add New Pharmacy						
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
O Demo						

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

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The	Create	Zero	Report	page i	s disp	laved.

Zero Reports Listings	Create Zero Report		
Create Zero Repo	ort		
 Submit a Single Clicl ● Create new Zero Rep 			
PMP .*		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 **Select a 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.

Su Mo Tu We Th Fr Sa 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
3 4 5 6 7 8 9 t	
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	
V	
nm/dd/yyyy	

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

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

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6 Data Compliance

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

6.1 File Listings

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

w 10 ¢ enti	ies					Advanced Options	Search	
ccount 11	File	State 11	Records 11	Warnings 11	Errors 11	Submitted 斗	Status	Status Report
MITHERMANS HARMACY	pa_test.dat	PA	45	-	-	06/07/2019 02:50PM	Error Threshold Exceeded	45 of 45
MITHERMANS HARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat	DO	20			05/31/2019 06:13PM	~	Report
MITHERMANS	6ee803f3-7704-4ee4-8288-058a5d1a4d13.dat	DO	20			05/31/2019 05:46PM	✔(test file)	Report

- 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.

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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.

ICF Listings				
iow 10 ¢ entries				Search:
Created at	State 14	Warnings	Errors 11	Status
01/28/2019 03:51 PM	CR	0	0	~
01/28/2019 04:04 PM	CR	0	0	~
01/28/2019 04:07 PM	CR	0	0	~
01/28/2019 04:11 PM	CR	0	0	×

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

1. To view pending or incomplete submissions, click the Manage Claim Forms tab.

CF Listings					
ow 10 • writes					Search:
Created at	1	State	Warnings	Errors	Status
01/28/2019 03:51 PM		CR	0	0	×
01/28/2019 04:04 PM		CR	0	0	×
01/28/2019 04:07 PM		CR	0	0	×
01/28/2019 04:11 PM		CR	0	0	~

The Pending Claim Forms page is displayed.

UCF Listings Manage Claim Forms New Claim Form								
Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) View Submitted Forms								
Show 10 ¢ entries								Search:
Created At	ti.	Created By		Last Updated By		State		
06/10/2019 5:51 PM		rweaver@appriss.com		rweaver@appriss.com		AK	ŧ	idit Delete
Showing 1 to 1 of 1 entries								Previous 1 Next

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.

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The Edit Universal Claim Form page is displayed.

until submitted. Please review process the form.
* 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.

clearinghouse-prep.pmp.appriss.com says	5	
Are you sure you are ready to submit?		
	ОК	Cancel

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.

ł	Edit Universal Claim Form
١	/ou may submit this form at any time.
	This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form. Submit Now
	Form has errors and was unable to be submitted. × • Drug Segment is invalid • • Date of Birth can't be blank

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

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5. Correct the indicated errors, then repeat steps 3-4.

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

6.3 Error Correction

6.3.1 View Records

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

ror Correctio	n M	anage And Resolve S	ubmissi	on Issues						
w 10 0 entries									Search:	
EA Number	ъ	NCPDP Identifier		Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
M4601616				ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

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 Dispense	ary Errors		
Dispensary Errors Manage An Prescription Number: 0100755 DEA Num	d Resolve Submission Issues nber: 869432042 NCPDP Identifier: 0068	568 Filled At: 2019-02-13	
Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	×
NCPDP identifier	0068568	0068568	×
DEA number	8E9432042	BE9432042	Warnings: DEA number warning: DEA number not found in negistry.
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	

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

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

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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 4.2A 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

Note: For more information on usage of the DSP01 field, please refer to <u>Appendix D: Correct Use of Codes in DSP01</u>.



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: Ohio ASAP file: fake-test3.txt - Parse Failure
BODY :
Error Message
                      _____
_____
Failed to decode the value '04' for the bean id
'transactionControlType'.
Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2A
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016
NOTE: This file could not be received into the system because the
system could not recognize its content as a valid ASAP format.
Action is required to resolve the issues and a subsequent file
should be submitted. As such the information provided in this
report is "best effort" and any information we could not parse is listed as "unparseable" in the fields above.
```

7.2 File Status Report

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

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

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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.

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SUBJ: Ohic	ASAP fil	e: fake-test	3.txt - Status Report					
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message
BE1234567 DE9841394	1347347 3491849	9034618394 4851947597	123486379596-0 357199504833-345	20130808 20130808	Dispensation Dispensation	refill_number days_supply	WARNING ERROR	message example message example
Summary: * File Nam * ASAP Ver * Transact	sion: 4.2		3489504823					
* Transact	ion Contr	ol Type: sen n: January 3	d					
* Total Re	cord Coun	t: ###	0, 2010					
* Duplicat * In Proce	ss Count:	###						
		r Count: ### Count: ###						
*		with Warning	Count: ###					

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7.3 Zero Report Confirmation

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

An example Zero Report Confirmation is provided below.

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

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8 Managing Your Upload Account

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

Note: This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to <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.
- 2. Click Account.

	Advanced Opt	ions •	Search		
Submitted	T1		Status	Status Re	port

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	Admin Name	Admin Email	
heli di codi collignati, con	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	styrteerereijigent om	Edit Deactivate
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	stylasor of graft on	Edit

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

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The New Data Submitter User page is displayed.

ccount Informatio	n		
." Email			
<u>*</u> First name			
* Last name			

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.

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The Account Users page is displayed.

Show 10 + entries						Search:	
Email	First Name	Last Name 0	Organization Name	Phone Number	Admin Name	Admin Email	
had all colling the set	Tosty	McTesterton	Test Pharmacy	555-123-5555	Test User	the famous constants on	Edit Deactivate
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	digital and a signal con-	tat

 Click the Edit button, located to the right of the user's information. The Edit Data Submitter User page is displayed.

📽 Edit Data Sub	DMITTER USER MANAGE DATA SUBMITTER USERS								
Account Information	Account Information								
" Email	And and and and and the second								
* 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.
- Click Submit.
 The password is changed.

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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.

Advanced Options *	Search		2
T	Status	Status Report	

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.

SMITHER	SMITHERMANS PHARMACY Account MULTI STATE APPROVAL								
			s that will receive data fro		ved this account.				
		Abbv	State	Status	Participating States Your Approval Status				
		AL	Alabama	Pending	4				
		AK	Alaska	Approved	A The A				
		AZ	Arizona						
		AR	Arkansas						
		со	Colorado						
		ст	Connecticut	Approved	L V L L L				
		DO	Demo	Approved	NO THE				
		DC	District of Columbia		my The				
		GA	Georgia		and the second second				
		н	Hawaii		- Seal & Charles				
	2	ID	Idaho	Approved					

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

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

Notes:

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

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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.

		•			
	Advanced Opt	tions • S	earch		0
11 Submitte	d 11		Status	Status Repo	rt

3. Select SFTP Details.

The SFTP Account page is displayed.

SFTP Account VIEW SFTP ACCOUNT DETAILS	
There is no SFTP user associated with You can create an SFTP user and submit files by clicking the	·
Create	
Note: If an SFTP account already exists for the upload accordisplayed on the SFTP Account page.	ount, the username is
SFTP Account VIEW SFTP ACCOUNT DETAILS	
Username: sftptester@preppmpsftp	
Edit	

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

4. Click Create.

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The Create a New SFTP Account page is displayed.

📽 SFTP Accour	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.

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The account is created, and the username is displayed.

嶜 SFTP A	ccoun	VIEW SFTP ACCOUNT DETAILS
Us	sername:	testuser@preppmpsftp
Edit		

8.4 Editing Your Upload Account

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

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

	Advanced Optio	ns • Search	
14 Submitted	14	Status	Status Report

3. Select Account Details.

The Account Details page is displayed.

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

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4. Click Edit.

The Edit Account page is displayed.

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

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

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9 Managing Your User Profile

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

Note: This chapter contains information for managing your individual user profile. For information about managing your organization's upload account, including how to add users, please refer to <u>Managing Your Upload Account</u>.

9.1 Editing Your Profile

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

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



3. Select Edit My 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	

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

9.2 Changing Your Password

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

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

Left My Profile ▼ 🕑 Help Version
Edit My Profile
View My Profile
Change Password
Logout

3. Select Change Password.

Profile Details	* Indicates Required Fie
Email: rweaver@appriss.com Current password <u>*</u>	
we need your current password to confirm your changes	
Password	Password confirmation

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

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- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Update.

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

9.3 Resetting Your Password

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

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

PMP Clearinghouse	OHep
	Login final Atoms
	Holp Fuger researcher(a) F

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

Forgot your passwo	ord?
<u>*</u> Email	
	Send me reset password instructions
Sign in Didn't receive confirmation inst Didn't receive unlock instructio	

- 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.

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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.

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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 1-844-464-4767;
- 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, 365 days per year.

10.2 Administrative Assistance

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

State of Ohio Board of Pharmacy 77 South High Street, 17th Floor Columbus, OH 43215-6126

Phone: (614) 466-4143 (Option 1) Email: <u>pharmacy@ohiopmp.gov</u> Fax: (614) 644-8556

Chad Garner Director of OARRS

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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	01/03/2017	N/A	Initial draft
1.1	01/18/2017	Cover page	Added state logo
		Exemptions	Added new section
		Global	Updated verbiage
1.2	02/07/2017	Appendix A	Updated appendix
1.3	03/16/2017	Appendix A	Updated PHA and PRE fields
1.4	09/20/2017	Global	Updated to reflect ASAP 4.2A requirements
2.0	06/20/2019	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		6.2/UCF Listings	Added clarification on correcting UCF errors
		Appendix D	Added appendix
2.1	09/09/2019	Appendix A	Removed "99 Other" as an accepted payment type for DSP16
2.2	03/31/2020	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

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Appendix A: ASAP 4.2A Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2A format to comply with the Ohio 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 Ohio
 - N = Not required but accepted if submitted

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.

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Segment	Element ID	Element Name	Requirement
TH: Transa	ction Header (required)	
Used to inc control nui		of a transaction. It also assigns the data element separator, segment ter	minator, and
	TH01	Version/Release Number	R
		Code uniquely identifying the transaction.	
		Format = xx.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	TH03	Transaction Type	R
		Identifies the purpose of initiating the transaction.	
		01 Send/Request Transaction	
		• 02 Acknowledgement (used in Response only)	
		• 03 Error Receiving (used in Response only)	
		• 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	
	тн04	Response ID	N
		Contains the Transaction Control Number of a transaction that	
		initiated the transaction. Required in response transaction only.	
	тно5	Creation Date	R
		Date the transaction was created. Format: CCYYMMDD.	
	тно6	Creation Time	R
		Time the transaction was created. Format: HHMMSS or HHMM.	
	тно7	File Type	R
		P = Production	
		• T = Test	
	TH08	Routing Number	N
		Reserved for real-time transmissions that go through a network switch	
		to indicate, if necessary, the specific state PMP the transaction should	
		be routed to.	
	тн09	Segment Terminator Character	R
		This terminates the TH segment and sets the actual value of the data	
		segment terminator for the entire transaction.	
IS: Informa	ation Source (r	equired)	
Used to co	nvey the name	e and identification numbers of the entity supplying the information.	
	IS01	Unique Information Source ID	R
		Reference number or identification number.	
		(Example: phone number)	
	IS02	Information Source Entity Name	R
		Entity name of the Information Source.	
	IS03	Message	N
		Free-form text message.	

egment	Element ID	Element Name	Requirement
HA: Phari	macy Header (required)	
sed to ide	entify the phar	macy.	
ote: It is i	required that i	nformation be provided in at least one of the following fields: PHA01, PH	A02, or PHA03.
	PHA01	National Provider Identifier (NPI)	R
		Identifier assigned to the pharmacy by CMS.	(if unavailable
			enter
			1234567893
	PHA02	NCPDP/NABP Provider ID	N
		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	(if unavailabl
		Administration.	enter
			OH1111119)
	PHA04	Pharmacy Name	R
		Free-form name of the pharmacy or dispensing practitioner.	(if PHA01 & PHA03 are
			unavailable
			Pharmacy
			Name must b
			entered)
	PHA05	Address Information – 1	R
		Free-form text for address information.	
	PHA06	Address Information – 2	N
		Free-form text for address information, if needed.	
	PHA07	City Address	R
		Free-form text for city name.	
	PHA08	State Address	R
		U.S. Postal Service state code.	
	PHA09	ZIP Code Address	R
		U.S. Postal Service ZIP Code.	
	PHA10	Phone Number	R
		Complete phone number including area code. Do not include hyphens.	
	PHA11	Contact Name	N
		Free-form name.	
	PHA12	Chain Site ID	N
		Store number assigned by the chain to the pharmacy location. Used	
		when the PMP needs to identify the specific pharmacy from which	
		information is required.	
	PHA13	Pharmacy's Permit Number/License Number	N
		Helps identify the sending pharmacy.	

Element ID	Element Name	Requirer
PAT01	ID Qualifier of Patient Identifier	N
	Code identifying the jurisdiction that issues the ID in PAT03.	
PAT02	ID Qualifier	N
	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is	
	required.	
	• 01 Military ID	
	02 State Issued ID	
	• 03 Unique System ID	
	04 Permanent Resident Card (Green Card)	
	• 05 Passport ID	
	06 Driver's License ID	
	07 Social Security Number	
	• 08 Tribal ID	
	• 99 Other (agreed upon ID)	
PAT03	ID of Patient	N
	Identification number for the patient as indicated in PAT02.	
	An example would be the driver's license number.	
PAT04	ID Qualifier of Additional Patient Identifier	N
	Code identifying the jurisdiction that issues the ID in PAT06.	
	Used if the PMP requires such identification.	
PAT05	Additional Patient ID Qualifier	N
	Code to identify the type of ID in PAT06 if the PMP requires a second	
	identifier. If PAT05 is used, PAT06 is required.	
	• 01 Military ID	
	02 State Issued ID	
	• 03 Unique System ID	
	04 Permanent Resident Card	
	05 Passport ID	
	06 Driver's License ID	
	07 Social Security Number	
	• 08 Tribal ID	
	• 99 Other (agreed upon ID)	
PAT06	Additional ID	N
	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.	

4

egment	Element ID	Element Name	Requirement
	PAT10	Name Prefix	N
		Patient's name prefix such as Mr. or Dr., if available.	
	PAT11	Name Suffix	N
		Patient's name suffix such as Jr. or the III, if available.	
	PAT12	Address Information – 1	R
		Free-form text for street address information.	
	PAT13	Address Information – 2	N
		Free-form text for additional address information, if available.	
	PAT14	City Address	R
		Free-form text for city name.	
	PAT15	State Address	R
		U.S. Postal Service state code	
		<i>Note:</i> Field has been sized to handle international patients not residing in the U.S.	
	PAT16	ZIP Code Address	R
		U.S. Postal Service ZIP code.	
		Populate with zeros if patient address is outside the U.S.	
	PAT17	Phone Number	R
		Complete phone number including area code. Do not include hyphens.	
		For situations in which the patient does not have a phone number, submit ten 9s (i.e., <i>9999999999</i>).	
	PAT18	Date of Birth	R
		Date patient was born.	
		Format: CCYYMMDD	
	PAT19	Gender Code	R
		Code indicating the sex of the patient.	
		F Female	
		M Male	
		U Unknown	
	PAT20	Species Code	R
		Used if required by the PMP to differentiate a prescription for an	
		individual from one prescribed for an animal.	
		O1 Human O2 Materianse Detient	
		02 Veterinary Patient	

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Segment	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	R
		Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	
	PAT23	Name of Animal	N
	PAIZS	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.	N
DSP: Dispe	nsing Record ((required)	
•	-	components of a dispensing of a given prescription order including the d	ate and
	DSP01	Reporting Status	R
		DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:	
		 00 New Record (indicates a new prescription dispensing transaction) 	
		 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 	
		 O2 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	
		*Note: For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See <u>Appendix D</u> .	
	DSP02	Prescription Number	R
	1		

egment	Element ID	Element Name	Requirement
	DSP03	Date Written	R
		Date the prescription was written (authorized).	
		Format: CCYYMMDD	
	DSP04	Refills Authorized	R
		The number of refills authorized by the prescriber.	
	DSP05	Date Filled	R
		Date prescription was prepared. Format: CCYYMMDD	
	DSP06	Refill Number	R
		Number of the fill of the prescription.	
		0 indicates New Rx; 01-99 is the refill number.	
	DSP07	Product ID Qualifier	R
		Used to identify the type of product ID contained in DSP08.	
		• 01 NDC	
		06 Compound	
	DSP08	Product ID	R
		Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then	
		becomes required.	
	DSP09	Quantity Dispensed	R
		Number of metric units dispensed in metric decimal format.	
		Example: 2.5	
	20240	Note: For compounds show the first quantity in CDI04.	-
	DSP10	Days Supply	R
		Estimated number of days the medication will last.	
	DSP11	Drug Dosage Units Code	R
		Identifies the unit of measure for the quantity dispensed in DSP09.	
		• 01 Each	
		• 02 Milliliters (ml)	
		• 03 Grams (gm)	
	DSP12	Transmission Form of Rx Origin Code	N
		Code indicating how the pharmacy received the prescription.	
		01 Written Prescription	
		02 Telephone Prescription	
		03 Telephone Emergency Prescription	
		04 Fax Prescription	
		05 Electronic Prescription	
		06 Transfer/Forwarded	
		• 99 Other	

: Eler	ment ID	Element Name	Requirement
DSP	13	Partial Fill Indicator	R
		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	
		Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.	
DSP	14	Pharmacist National Provider Identifier (NPI)	Ν
		Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	
DSP	15	Pharmacist State License Number	Ν
		This data element can be used to identify the pharmacist dispensing the medication.	
		Assigned to the pharmacist by the State Licensing Board.	
DSP	16	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	
DSP	17	Date Sold	N
		Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	
DSP	18	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)	
DSP	19	RxNorm Code	N
		Used for electronic prescriptions to capture the prescribed drug product identification.	
DSP	20	Electronic Prescription Reference Number	N
		This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	
DSP	21	Electronic Prescription Order Number	N
		This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	

-	DSP22 DSP23	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator. Rx SIG This field captures the actual directions printed on the prescription vial label. Treatment Type	N N
_		Indicator. Rx SIG This field captures the actual directions printed on the prescription vial label.	N
	DSP23	This field captures the actual directions printed on the prescription vial label.	N
[DSP23	label.	
		Treatment Type	
			N
		While this field can be used to indicate that the prescription was for opioid dependency treatment when code "02" is used, it can also be used to provide other reasons for the opioid prescription through use of the additional codes.	
		 01 Not used for opioid dependency treatment 	
		02 Used for opioid dependency treatment	
		03 Pain associated with active and aftercare cancer treatment	
		 04 Palliative care in conjunction with a serious illness 	
ſ	DSP24	05 End-of-life and hospice care	
		 06 A pregnant individual with a pre-existing prescription for opioids 	
		07 Acute pain for an individual with an existing opioid prescription for chronic pain	
		08 Individuals pursuing an active taper of opioid medications	
		09 Patient is participating in a pain management contract	
		 99 Other (trading partner agreed upon reason) 	
		*Note: Codes 03-99 can only be reported if provided by the prescriber with the prescription.	
		Diagnosis Code	R
C	DSP25	This field is used to report the ICD-10 code or CDT. If required by a PDMP, this field would be populated only when the ICD-10 or CDT code is included with the prescription.	(if no code was provided, enter <i>NC</i>)
PRE: Prescrib	ber Informatio	on (required)	
Used to iden	tify the presc	riber of the prescription.	
F	PRE01	National Provider Identifier (NPI)	R
		Identifier assigned to the prescriber by CMS.	(provide if PRE02 is
			unavailable; if PRE01 is also
			unavailable, enter 1234567893)

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).	(provide if PRE01 is unavailable; if PRE02 is also unavailable, enter
			OH1111119)
	PRE03	DEA Number Suffix Required if an institutional DEA number is supplied in PRE02.	N (provide if applicable)
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	R (if PRE01 & PRE02 are unavailable)
	PRE05	Last Name Prescriber's last name.	R (if PRE01 & PRE02 are unavailable, Last Name must be entered)
	PRE06	First Name Prescriber's first name.	R (if PRE01 & PRE02 are unavailable, First Name must be entered)
	PRE07	Middle Name Prescriber's middle name or initial.	N
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
	PRE09	XDEA Number This field is in addition to Treatment Type in the DSP segment. This gives PDMPs the option to require the XDEA Number (NADEAN) in the PRE segment.	Ν
Use of this reporting c would be in	segment is red Irug. If more th acremented by	redient Detail (situational) quired when medication dispensed is a compound and one of the ingredie nan one ingredient is for a prescription monitoring program reporting dru / one for each compound ingredient being reported. of DSP08 must be 99999999999.	
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R

-0	Element ID	Element Name	Requirement
	CD102	 Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC 	R
	CD103	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CD105	 Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	R
sed wher cking up	state-issued s the prescriptio	ion Reporting (situational) rerialized Rx pads are used, the state requires information on the person on, or for data elements not included in other detail segments. sed, at least one of the data elements (fields) will be required.	dropping off or
	AIR01		
	AIR02	State Issued Rx Serial Number	N
		Number assigned to state issued serialized prescription blank.	
	AIR03	Number assigned to state issued serialized prescription blank. Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N

Segment	Element ID	Element Name	Requirement
	AIR05	5 ID of Person Dropping Off or Picking Up Rx	
		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	
		O2 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.	
	AIR11	Dropping Off/Picking Up Identifier Qualifier	N
		Additional qualifier for the ID contained in AIR05	
		• 01 Person Dropping Off	
		• 02 Person Picking Up	
		03 Unknown/Not Applicable	
		Note: Both 01 and 02 cannot be required by a prescription drug	
		monitoring program.	
TP: Pharma	acy Trailer (red	quired)	
		of data for a given pharmacy and provide the count of the total number e 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: Transa	ction Trailer (r	equired)	
Used to inc transactior		of 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.	
	тт02	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 Ohio 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> ASAP 4.2A Specifications.

Segment	Element ID	Element Name	Requirement
TH: Transac	tion Header (requ	ired)	
	TH01	4.2A	R
	TH02	123456	R
	TH05	20150101	R
	тно6	223000	R
	TH07	Р	R
	тно9	//	R
IS: Informa	tion Source (requi	ed)	
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	1503	Date Range of Report	R
	1305	#YYYYMMDD#-#YYYYMMDD#	
PHA: Pharn	nacy Header (requi	red)	
	PHA03	ZZ1234567	R
PAT: Patien	t 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

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Sample Zero Report

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

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

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Appendix C: SFTP Configuration

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

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

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

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.

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State Subfolders

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

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

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

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

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

	est@prodpmpsftp@54.24	-					X
	Transfer Server Book	marks Help New vers	ion available!				
₩ - 🗇 🗉	🕐 🚍 🚅 🐇 🎦 🙀	🔹 🗉 📯 🖈 🛝 –					
Host:	Username:	Password:	Port:	Quickconn	ect 💌		
Status: Response: Command: Command: Status: Status: Status: Command: Response: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status:	Trust new Hostkey: One Pass: ***********************************	pworftp@54.243.86.2304.3 .e 	pas use hos	t = 22 sword = your rname = xxx t = sftp.pmpo			
Local site: \				Remote site:			
	uter \\fs\apps) (\\fs\vine)			Filename	Bight click on homedir > c Download F Add to queue	Filesize Filety	pe La
Filename V: U: (\\fs\root\ R: (\\prodcsa Q: (\\prodcsa	pub) mba01.prod.appriss.com\p mba01.prod.appriss.com\	qafsnr)	Filesize Filetyp Ketwo Ketwo Netwo Netwo Netwo		Create directory Delete Rename Copy URL(s) to clipboard File Attributes	File fo	older 3/
P: (\)prodesat	mba01 prod appriss com\r III	prodfsnr)	Networ	•	ш		•
10 directories				1 directory			
Server/Local file	Direction	Remote file	Size Priority	Status			
Queued files F	ailed transfers Successful	transfers				💭 📆 Queue: empty	

2. Via command prompt

a. Log in to your SFTP account using command prompt.

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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.

\$ sftp apprisstest@prodpmpsftp@sftp.pmpclearinghouse.net Password: Connected to sftp.pmpclearinghouse.net. sftp> mkdir ND	
Log in using account credentials. use make directory command "mkdir"	

Public (SSH/RSA) Key Authentication

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

Note: PGP Encryption is not supported.

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

authorized_keys - Notepad	_ _ ×
File Edit Format View Help	
þsh-rsa AAAAB3NzaClyc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63α	Yy1cYl649It ∧
RIGHT	
<	►

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

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- 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.

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Appendix D: Correct Use of Codes in DSP01

Error Correction

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

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

Submit a New Record

Perform the following steps to submit a new record:

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

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

Revise a Record

Perform the following steps to revise a record:

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

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

Void a Record

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

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

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

Limited Data Set to Void a Prescription

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

Transmission Confirmation

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

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

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