





Data Submission Dispenser Guide Hawaii Prescription Drug Monitoring Program

Department of Public Safety Narcotics Enforcement Division

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1 Data Collection and Tracking

1.1 Data Collection Overview

The Hawaii Prescription Drug Monitoring Program (HI PDMP) is Hawaii's solution for monitoring Schedule II-V controlled substances dispensed in Hawaii. Hawaii Revised Statutes (HRS), Chapter 329, Part VIII, Electronic Prescription Accountability System, requires the Hawaii Narcotics Enforcement Division to establish and maintain an electronic controlled substances prescription database for the reporting of dispensed prescriptions for those schedules that are determined as being misused or abused. As such, the Narcotics Enforcement Division (NED) Administrator has determined that dispensing of controlled substance schedules II-V under federal law shall be reported. This program was created to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; and to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances.

HRS, Chapter 329, Part VIII requires that each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. Each dispenser shall submit the information required by HRS, Chapter 329, Part VIII to the central repository within seven (7) days of dispensing the controlled substance unless the NED waives this requirement as authorized by statute.

1.2 Data Collection Requirements

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the HI PDMP, using a format approved by the NED, within seven (7) days of dispensing the controlled substance. All dispensers of controlled substances must meet the reporting requirements set forth by HRS, Chapter 329, Part VIII in a secure methodology and format. Such approved formats may include, but are not limited to, secure FTP, web portal upload, or universal claim form (online or paper). To submit dispensing information via a paper universal claim form, an electronic reporting waiver must first be granted by the NED. Please contact NED should an electronic reporting waiver be required.

Note: A "dispenser" is identified as a practitioner who delivers a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

All dispensers of controlled substances must meet the reporting requirements set forth by state law in a secure methodology and format. Information about controlled substance dispensing activities must be reported on regular intervals to the HI PDMP through the authorized data collection vendor, Appriss, Inc.

1.3 Reporting Requirements

Effective December 15, 2016, HI PDMP will begin requiring pharmacies and dispensers to report controlled substance dispensations to the HI PDMP via PMP Clearinghouse. Dispensations must be reported not less than once every seven days after dispensing the prescription.

The laws and regulations for reporting to the HI PDMP 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 Schedule II–V controlled substance prescriptions 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). Hawaii Narcotics Enforcement Division is the state oversight agency, and Appriss acts as an agent of the HI PDMP in the collection of this information.

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

1.4 Exemptions

The following substances are exempt from reporting:

- Controlled substances dispensed to inpatients in hospitals
- Controlled substances dispensed to inpatients in nursing homes
- Any drug administered at a healthcare facility

1.5 Noncompliance

Intentional or knowing failure to transmit any information as required by HRS, Chapter 329, Part VIII, including a request by the NED for data corrections, shall be a misdemeanor, may incur administrative fines, and shall result in the immediate suspension of that pharmacy or practitioner's ability to dispense controlled substances in the state until authorized by the administrator of the HI PDMP.

2 Data Submission

This chapter provides information and instructions for submitting data to Appriss's PMP Clearinghouse repository.

2.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- Beginning December 15, 2016, 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 or dispensing practitioners does not dispense any controlled substances 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.

2.2 Upload Specifications

Files should be in the ASAP 4.2 format released in September 2011. The ASAP 4.2 specifications are defined in <u>Appendix A: ASAP 4.2 Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed with 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.

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

Notes:

- Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies throughout the state. 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 Fie
Email Address <u>"</u>		
Password	Pa	ssword confirmation
Personal Information	Middle name	Last name <u>*</u>
Searching for DEA or NPI	will autopopulate your information if f	found.
Searching for DEA or NPI	will autopopulate your information if f	

2. Complete your Profile Details.

equired Fiel

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

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

b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 3. Complete your Personal and Employer information, noting the following:
 - Required fields are marked with a red asterisk (*).
 - You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then

clicking the search icon ($\$). If the number you entered is found, your information will automatically be populated.

First name <u>*</u>	Middle name		Last name <u>*</u>	
Searching for DEA or NPI	will autopopulate your informat	tion if found.		
DEA		NPI		
	Q			Q
nployer Information	1			
Name <u>*</u>				
Address		Address (continu	ued)	
City	State*		Postal Code	
		*		
Phone		Fax		
	will autopopulate your informat	tion if found.		

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.

D	ata 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 test555555555555@prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then reenter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

Notes:

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

6. Click Submit.

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

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

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.

3.2 Logging In to PMP Clearinghouse

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

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

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

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

4. Click Login.

The PMP Clearinghouse home page is displayed.

	iss Admin 👻 🚨 Data Submitter 👻									
ed in successfully.										
File Listings 💌 File Upload										
e Listings Data File Sul	bmissions Status (Last 30 Days)									
ow 10 ¢ entries						Advanced	Options • Search			
Account	File	11 State 11	Records 14	Warnings	Errors	Submitted	1 Status	Status Report		
	File scott_20161026_41_4.dat	IA State	Records 14	Warnings 14 25	Errors 11	Submitted 02/02/2019 10:01PM		Status Report Report		
MITHERMANS PHARMACY		State			Errors		*			
MITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791		Errors	02/02/2019 10:01PM	~	Report		
Account 11 IMITHERMANS PHARMACY IMITHERMANS PHARMACY IMITHERMANS 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 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

4.1 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., AK, KS, GA, HI, 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 Adding SFTP Access to an Upload Account.
- 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.

4.2 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 👻 File Uplo	ad							
File Listings Data File Sul	bmissions Status (Last 30 Days)							
how 10 ¢ entries						Advanced Opt	ions • Search	c
Account 11	File	11 State 11	Records 1	Warnings 11	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	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	÷
	PHOCIELD 2472 Free DED2E CODDECT dat	00				01/39/3010 07:41014	Dending Disponsation Error	Report

The File Upload page is displayed.

Listings	▼ Fi	le Upload			
File U	pload				
Submit	New File F	or Consolic	ation		
Use this sc	reen to subm	it files to the P	VIP system.		
How to Up	load Your File	s			
2. Click the	e "Upload" bu mation messa	tton to select a tton to begin t age appears wh	he uploadin	g process.	
Select a	PMP	-			
File Upload	:				
Browse					

- 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 to Demo for file submission. Is this correct?	
Change	Jpload

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.

4.3 Manual Entry (UCF)

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, prescription information may be submitted on the Universal Claim Form (UCF).

You can manually enter your prescription information into the PMP Clearinghouse system using the 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 4.2 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	is 🧧 Zero R	eports Fil	e Upload
File Listings 🔻	File Upload				
File Listings Data	a File Submissions S	Status (Last 30 Da	ays)		
Show 10 \$ entries					
File		ţ↑	State	ţţ	Records
Showing 0 to 0 of 0 ent	ries				

The UCF Listings page is displayed.

UCF Listings Manage Claim Forms New Claim Form						
UCF Listings						
Show 10 0 entries Search:						
Created at 11	State	Warnings 11	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.BM	CR			Low come and comes and		

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

The Create Universa	l Claim Form	page is d	isplayed.
---------------------	--------------	-----------	-----------

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

- 5. Select the state PMP to which you are submitting data from the drop-down list in the **Select 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.

Drug Information		
Compound		
NDC Number <u>*</u>		
Quantity .*		
Units		
	¥	
Remove		
Add New		

- 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. 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 s	says	
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 UCF Listings page and your report is listed there.

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

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

UCF Listings Manage Claim Forms New Claim Form						
UCF Listings						
Show 10 s entries Search:						
Created at 1	State	Warnings 14	Errors 14	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	~		
01/28/2019.04:11.0M	CR.			- Louis and an a company and		

4.4 Zero Reports

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

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

4.4.1 Submit a Single-Click Zero Report

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

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

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

PMP Clearinghouse 🛛 🗠	File Submissions 🔋 UCF Submission	s 🧧 Zero Reports 🛛 Fi	
File Listings 🔻 File U	Upload		
File Listings Data File	Submissions Status (Last 30) a	iys)	
File	11	State 11	Records
Showing 0 to 0 of 0 entries			

The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero R	port										
Zero Reports Listings											
Show 25 ¢ entries	how 25 C entries Advanced Options Search										
Account	State 1	Start Date	End Date	NCPDP	DEA 11	NPI 1	ASAP File			Date Submitted	
	AL	01/16/2020	01/16/2020	1108040	ECOTOLIST	107103146800				01/16/2020 5:13 PM	
Hidapa Humuy Letters	AL	01/16/2020	01/16/2020		PREFERENCE		ndia/1462380		Distance Second	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 Clicl ◎ Create new Zero Rep												
Below are the pharmacies	Create Single Click Zro Report Below are the pharmacies you have configured for single-click reporting. Setting up pharmacles here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPL NCPDP) so you don't have to enter it each time you submit a zero report.											
NOTE: The time frame for "Today" or "Vesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.												
Add New Pharmacy												
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:						
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											
 Submit a Single Click Zero Create new Zero Report 	Report										
Create Single Click Zero Repo 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	y that includes its identifiers (e.g. DEA, NPI, N	CPDP) so you don't				
NOTE: The time frame for "Toda	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:					
 Demo Vermont 	Pharmacies configured for single-click zero reporting are listed 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	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	Today Yesterday 01/16/2020 01/15/2020
	Test		BK0121258		Edit Delete	Today 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.

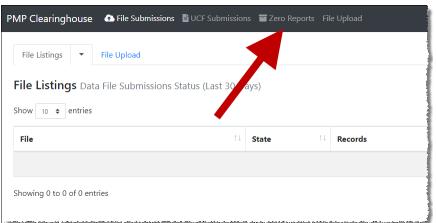
	Pharmacy	Pharmacy NCPDP		NPI	Actions	Submit Zero Reports for:
Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	Today Yesterday 01/16/2020 01/15/2020
	Test		BK0121258		Edit Delete	Today Yesterday 01/16/2020 01/15/2020
	Test Pharmacy		FC8591934		Edit Delete	✓ Submitted Yesterday 01/15/2020

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

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

4.4.2 Create a New Zero Report

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



The Zero Report Listings page is displayed.

ero Reports Listings											
Advanced Options Search											
Account	State	Start Date	End Date	NCPDP	DEA 11	NPI 11	ASAP File	Date Submitted			
INTELECTORE INFLUENCE	AL	01/16/2020	01/16/2020	1110000	B (AFTBURN	1027001145000		01/16/2020 5:13 PM			
Wellinson (Planmary, Systems	AL	01/16/2020	01/16/2020		PRECION		malaa 754623987488 asala madha Au 26200114, 3a	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 I Below are the pharmacies have to enter it each time	you have configured for singl	le-click reporting. Setti	ng up pharmacies here will allov	v you to create a prof	ile for the pharmac	ry that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't
NOTE: The time frame for Add New Pharmacy	'Today" or "Yesterday" is 00:0	0-23:59:59 and based (upon the time zone set for your	account profile at the	e time of submissio	n.
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
O Demo						

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

The Create Zero Report page is displayed.

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

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

u Mo Tu We Th Fr Sa 7 28 29 30 31 1 2 3 4 5 6 7 8 9 0 11 12 13 14 15 16 7 18 19 20 21 22 23 4 25 26 27 28 1 2 3 4 5 6 7 8 9		re	Dia	ary	201		"	
3 4 5 6 7 8 9 0 11 12 13 14 15 16 7 18 19 20 21 22 23 4 25 26 27 28 1 2	u	Мо	Tu	We	Th	Fr	Sa	
0 11 12 13 14 15 16 7 18 19 20 21 22 23 4 25 26 27 28 1 2	7	28	29	30	31	1	2	+
7 18 19 20 21 22 23 4 25 26 27 28 1 2	3	4	5	6	7	8	9	L
4 25 26 27 28 1 2	0	11	12	13	14	15	16	
	7	18	19	20	21	22	23	
3 4 5 6 7 8 9	4	25	26	27	28	1	2	
	3	4	5	6	7	8	9	
	~							
	1	/dd/	′ууу	'Y				

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.

5 Data Compliance

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

5.1 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.

e Listings Data File Su	bmissions Status (Last 30 Days)										
how 10 e entries Advanced Options * Search 3											
ccount	File	State 1	Records	Warnings	Errors	Submitted 14	Status	Status Report			
MITHERMANS PHARMACY	TestUpload.txt	DO	0			02/13/2019 04:43PM	ASAP errors				
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 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.

5.2 UCF Listings

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

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

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

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

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

UCF Listings Manage Claim Forms New C	aim Form				
JCF Listings					
how 10 ¢ entries					Search:
Created at	t:	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	No. although for any source and the sector of a starting to although	£8			

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.

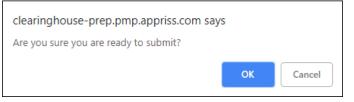
Note: If it has been longer than 30 days, the **Edit** option will not be available. You must click **Delete** to delete the record and start over.

The Edit Universal Claim Form page is displayed.

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

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

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

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

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

5.3 Error Correction

5.3.1 View Records

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

File Listings * File Upload								
Error Correction Manage And Resolve Submission Issues								
Show 10 © entries							Search:	
DEA Number 1	NCPDP Identifier	Prescription Number	Name 11	Filled At	Segment Type	Warning Count	Error Count	
BM4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct
Showing 1 to 1 of 1 entries							P	revious 1 Next

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

5.3.2 Error Correction via PMP Clearinghouse

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

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

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

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

For example, if a file is submitted without an IS segment, an error message indicating that the IS segment is missing will be displayed. However, you could also receive this error message if the preceding segment was not properly terminated, as at this point the IS segment cannot be parsed from the 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.

5.3.3 Error Correction via File Submission

The ASAP 4.2 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

6 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.

6.1 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: Hawaii 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: September 19, 2018
NOTE: This file could not be received into the system because the
system could not recognize its content as a valid ASAP format.
Action is required to resolve the issues and a subsequent file
should be submitted. As such the information provided in this
report is "best effort" and any information we could not parse is
listed as "unparseable" in the fields above.
```

6.2 File Status Report

The *File Status Report* 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: Hawa	ii ASAP f	ile: fake-te	st3.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 Name: fake-test3.txt * ASAP Version: 4.2 * Transaction Control Number: 23489504823 * Transaction Control Type: send * Date of Submission: September 19, 2018								
* Total Re * Duplicat * In Proce	e Records	: ###						
* Records * Imported	with Erro l Records	r Count: ###						

6.3 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 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: Hawaii
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* ASAP Creation Date: 2013-03-06
```

7 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>.

7.1 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

 Advanced Options

 Search...

 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 of	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	in
<u>,*</u> Email	
<u>*</u> First name	
<u>*</u> Last name	
	Submit Cancel

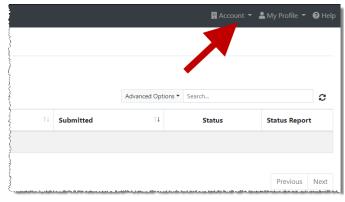
- 5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
- 6. Click Submit.

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.

7.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

ow 10 + entries						Search:	
mail 0	First Name 0	Last Name 0	Organization Name	Phone Number	Admin Name	Admin Email	
ali di cadi calificati can	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	thy factor of gradient.	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	the feature of grant and	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 Sul	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:

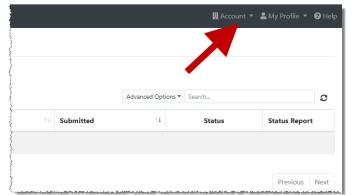
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Submit.

The password is changed.

7.2 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.

			ount MULTI STATE APPROVAL	
We will not allow da	ata into a state F	MP from this account until the app	propriate state administrator has approved this account	nt.
	Abby	State	Status	Participating States Your Approval Status
	AL	Alabama	Pending	A Company of
	AK	Alaska	Approved	
	AZ	Arizona		
	AR	Arkansas		
	🗆 со	Colorado		
	🖂 СТ	Connecticut	Approved	
	DO DO	Demo	Approved	
	DC	District of Columbia		my the table
	🗌 GA	Georgia		· day com · · · · ·
	🗆 ні	Hawaii		- Joan B V J
	⊡ 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.

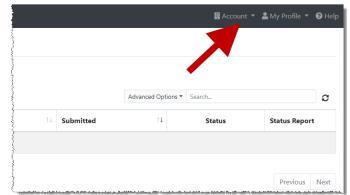
Notes:

- 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.

7.3 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.

嶜 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.

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.

The account is created, and the username is displayed.

SFTP Account	
SFTP Account Details	
Username: sftptester@preppmpsftp	
Edit	

7.4 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.

			Account	 ➡ My Profile ▼ 	He
		Advanced Options	Search		C
ţ1	Submitted	11	Status	Status Repor	t

3. Select Account Details.

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

Name: SMITHERMANS PHAR	RMACY	
Phone Number: 2056652575	5	
Fax Number: 2056650940		
Admin Details		
User Name: Test User		
Email: testuser@appriss.com		
Address: 703 MAIN ST		
MONTEVALLO KY		
Sftp Account ID: sftptester@	0preppmpsftp	

4. Click Edit.

The Edit Account page is displayed.

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

5. Update the information as necessary, then click **Submit**.

The account information is updated.

8 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>.

8.1 Editing Your Profile

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

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

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

3. Select Edit My Profile.

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

4. Update your information as necessary, then click Submit.

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

8.2 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.

8.3 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
Passw	ord
	Logia
	Login
	Create an Account
Help	
Forgot	your password?
Didn't	receive confirmation instructions?
Didn't	receive unlock instructions?

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

Profile Details	* Indicates Required Field
Email	
<u> </u>	
Send me reset p	password instructions
Sign in	
Didn't receive confirmati	on instructions?
Didn't receive unlock ins	tructions?

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

The Change your password page is displayed.

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

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

Passwords must contain:

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

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

9 Assistance and Support

9.1 Technical Assistance

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

- Contact Appriss Health at 1-844-5HI-4PMP (1-844-544-4767);
 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.

9.2 Administrative Assistance

If you have non-technical questions regarding the HI PDMP, please contact the NED PDMP director at:

Phone: (808) 837-8470 E-mail: hirxmonitor@hawaii.gov

10 Document Information

10.1 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.

10.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	10/04/2016	N/A	N/A; initial publication
1.1	10/31/2016	Global	Made all changes per state specs
1.2	11/11/2016	Global	Added UCF and made edits per state request
1.3	11/15/2016	Global	Updated font size
1.4	12/02/2016	Appendix A	Updated DSP16
2.0	12/17/2018	Global	Updated to current document template
		Global	Updated drug schedule reporting requirements
		9.2/Administrative Assistance	Updated email address
2.1	02/05/2020	Global	Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		4.4/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
		4.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
		5.2/UCF Listings	Added clarification on correcting UCF errors

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 HI PDMP 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 Hawaii
 - N = Not required but accepted if submitted
 - S = Situational
 - P = Preferred, please submit

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 = x.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	тноз	Transaction Type	Ν
		Identifies the purpose of initiating the transaction.	
		O1 Send/Request Transaction	
		O2 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	S
		Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	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
		Sets the actual value of the data segment terminator for the entire transaction.	
S: Informa	ation Source ((required)	
		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
		Free-form text message.	

Segment	Element ID	Element Name	Requirement
PHA: Pharm	acy Header (re	quired)	
Jsed to ide	ntify the pharm	acy or the dispensing prescriber.	
Note: It is re	equired that inf	formation be provided in at least one of the following fields: PHA01, Pl	HA02, or PHA03.
	PHA01	National Provider Identifier (NPI)	N
		Identifier assigned to the pharmacy by CMS.	
	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 Administration.	
	PHA04	Pharmacy Name	N
		Free-form name of the pharmacy.	
	PHA05	Address Information – 1	N
		Free-form text for address information.	
	PHA06	Address Information – 2	N
		Free-form text for address information.	
	PHA07	City Address	N
		Free-form text for city name.	
	PHA08	State Address	N
		U.S. Postal Service state code.	
	PHA09	ZIP Code Address	N
		U.S. Postal Service ZIP Code.	
	PHA10	Phone Number	N
		Complete phone number including area code. Do not include hyphens.	
	PHA11	Contact Name Free-form name.	N
	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.	
AT: Patien	t Information (required)	
lsed to rep	ort the patient	's name and basic information as contained in the pharmacy record.	
	PAT01	ID Qualifier of Patient Identifier	S
		Code identifying the jurisdiction that issues the ID in PAT03.	

ent Elei	ment ID	Element Name	Requirement
PAT	02	ID Qualifier	R
		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	
		• 08 Tribal ID	
		• 99 Other (agreed upon ID)	
ΡΑΤ	03	ID of Patient	R
		Identification number for the patient as indicated in PAT02.	
		An example would be the driver's license number.	
PAT	04	ID Qualifier of Additional Patient Identifier	S
		Code identifying the jurisdiction that issues the ID in PAT06.	
		Used if the PMP requires such identification.	
PAT	05	Additional Patient ID Qualifier	S
		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	
		• 08 Tribal ID	
		 99 Other (agreed upon ID) 	
PAT	106	Additional ID	S
		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.	
ΡΑΤ	07	Last Name	R
		Patient's last name.	
ΡΑΤ	08	First Name	R
		Patient's first name.	
PAT	-09	Middle Name	S
	•••	Patient's middle name or initial if available.	
ΡΑΤ	10	Name Prefix	N
FAI	10	Patient's name prefix such as Mr. or Dr.	r v
	11	Name Suffix	c
	11		S

Segment	Element ID	Element Name	Requirement
	PAT12	Address Information – 1	R
		Free-form text for street address information.	
	PAT13	Address Information – 2	S
		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	
		<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	Р
		Complete phone number including area code.	
		<i>Note:</i> Do not include hyphens in the number. If the patient does not have a phone number, enter 9999999999.	
	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	Р
		Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.	
		• 01 Human	
		02 Veterinary Patient	

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	S
		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.	
726. LUKUM		equired)	
Jsed to ide	nsing Record (r entify the basic o	components of a dispensing of a given prescription order including the	date and
Jsed to ide		components of a dispensing of a given prescription order including the Reporting Status	e date and
lsed to ide	entify the basic o		1
lsed to ide	entify the basic o	Reporting Status DSP01 requires one of the following codes, and an empty or blank	1
lsed to ide	entify the basic o	 Reporting Status 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 	1
lsed to ide	entify the basic o	 Reporting Status 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) 	1
Jsed to ide	entify the basic o	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: O0 New Record (indicates a new prescription dispensing transaction) O1 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 	1
Jsed to ide	entify the basic o	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as 	1
Jsed to ide	DSP01	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) 	R
Jsed to ide	DSP01 DSP02	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) 	R
Jsed to ide	DSP01	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) Prescription Number Serial number assigned to the prescription by the pharmacy. Date Written	R
Jsed to ide	DSP01 DSP02	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) Prescription Number Serial number assigned to the prescription by the pharmacy.	R
-	DSP01 DSP02	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored) Prescription Number Serial number assigned to the prescription by the pharmacy. Date Written Date the prescription was written (authorized).	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	
		06 Compound	
	DSP08	Product ID	R
		Full product identification as indicated in DSP07, including leading	
		zeros without punctuation.	
		If compound is indicated in DSP07, use <i>99999</i> as the first 5 characters; CDI then becomes required.	
	00000		-
	DSP09	Quantity Dispensed	R
		Number of metric units dispensed in metric decimal format. Example: 2.5	
		Note: For compounds show the first quantity in CDI04.	
	DSP10	Days' Supply	R
	25/10	Estimated number of days the medication will last.	N N
	DSP11	Drug Dosage Units Code	S
	551 11	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	
		• 99 Other	
	DSP13	Partial Fill Indicator	S
		Used when the quantity in DSP 09 is less than the metric quantity	
		per dispensing authorized by the prescriber. This dispensing activity	
		is often referred to as a split filling.	
		 00 Not a Partial Fill 01 First 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.	

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.	
		Report as 10 digits, no punctuation. Format: 1234567890	
	DSP16	Classification Code for Payment Type	R
		Code identifying the type of payment (i.e., how it was paid for).	
		• 01 Private Pay (cash, charge, credit card)	
		• 02 Medicaid	
		• 03 Medicare	
		04 Commercial Insurance	
		05 Military Installations and VA	
		06 Workers' Compensation	
		• 07 Indian Nations	
		• 99 Other	
	DSP17	Date Sold	N
	-	This field is used to determine the date the prescription left the	
		pharmacy, not the date it was filled, if the dates differ.	
		Format: YYYYMMDD	
	DSP18	RxNorm Product Qualifier	S
		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	S
		Used for electronic prescriptions to capture the prescribed drug product identification.	
	DSP20	Electronic Prescription Reference Number	S
		This field should be populated with the Initiator Reference Number	
		from field UIB-030-01 in the SCRIPT transaction.	
	DSP21	Electronic Prescription Order Number	S
		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)	
lsed to ide	ntify the prescr	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 Identification assigned to the prescriber by the State Licensing Board.	N
		Report as 10 digits, no punctuation. Format: 1234567890	
	PRE05	Last Name Prescriber's last name.	N
	PRE06	First Name Prescriber's first name.	N
	PRE07	Middle Name Prescriber's middle name or initial.	N
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
Use of this s reporting dr would be in	egment is required. If more that cremented by o	edient Detail (situational) nired when medication dispensed is a compound and one of the ingree on one ingredient is for a prescription monitoring program reporting d one for each compound ingredient being reported. f DSP08 must be 99999999999.	
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	 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
	CD104	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

Segment	Element ID	Element Name	Requirement
	CDI05	Compound Drug Dosage Units Code	S
		Identifies the unit of measure for the quantity dispensed in CDI04.	
		• 01 Each (used to report as package)	
		• 02 Milliliters (ml) (for liters, adjust to the decimal milliliter	
		equivalent)	
		 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	
AIR: Additio	onal 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.	dropping off or
Note: If this	s segment is use	ed, at least one of the data elements (fields) will be required.	
	AIR01	State Issuing Rx Serial Number	S
		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	S
		Number assigned to state issued serialized prescription blank.	
	AIR03	Issuing Jurisdiction	S
		Code identifying the jurisdiction that issues the ID in AIR04. Used if	
		required by the PMP and the value in AIR04 is 02 or 06.	
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	S
		Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.	
		• 01 Military ID	
		02 State Issued ID	
		• 03 Unique System ID	
		• 04 Permanent Resident Card (Green Card)	
		05 Passport ID	
		• 06 Driver's License ID	
		• 08 Tribal ID	
		• 99 Other (agreed upon ID)	
	AIR05	ID of Person Dropping Off or Picking Up Rx	S
		ID number of patient or person picking up or dropping off the	
		prescription.	
	AIR06	Relationship of Person Dropping Off or Picking Up Rx	S
		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	S
		Last name of person picking up the prescription.	

Segment	Element ID	Element Name	Requirement			
	AIR08	First Name of Person Dropping Off or Picking Up Rx	S			
		First name of person picking up the prescription.				
	AIR09	Last Name or Initials of Pharmacist	S			
		Last name or initials of pharmacist dispensing the medication.				
	AIR10	First Name of Pharmacist	S			
		First name of pharmacist dispensing the medication.				
	AIR11	Dropping Off/Picking Up Identifier Qualifier	S			
		Additional qualifier for the ID contained in AIR05				
		• 01 Person Dropping Off				
		• 02 Person Picking Up				
		• 03 Unknown/Not Applicable				
008		TP01 Detail Segment Count				
	TD01	Datail Compant Count	D			
	TP01	Number of detail segments included for the pharmacy including the	R			
IT: Transac		Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R			
	tion Trailer (rec	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.				
Used to ind	tion Trailer (red	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.				
Used to ind	tion Trailer (red	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.				
Used to ind	tion Trailer (red icate the end o	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. quired) f the transaction and provide the count of the total number of segmer	nts included in the			
Used to ind	tion Trailer (red icate the end o	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. quired) f the transaction and provide the count of the total number of segmer Transaction Control Number	nts included in the			
Used to ind	tion Trailer (red icate the end o	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. quired) f the transaction and provide the count of the total number of segmer Transaction Control Number Identifying control number that must be unique.	nts included in the			
	tion Trailer (red icate the end o	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. quired) f the transaction and provide the count of the total number of segmer Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction.	nts included in the			

Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the HI PDMP. 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: Transaction Header (required)							
	TH01	4.2					
	TH02	123456	R				
	тно5	20150101	R				
	тно6	223000	R				
	TH07	Р	R				
	тно9	//	R				
IS: Information Source (required)							
	IS01	R					
	IS02	PHARMACY NAME	R				
	IS03	Date Range of Report	R				
	1303	#YYYYMMDD#-#YYYYMMDD#					
PHA: Pharn	PHA: Pharmacy Header (required)						
	PHA03	R					
PAT: Patient Information (required)							
	РАТ07	REPORT	R				
	PAT08	ZERO					
DSP: Disper	DSP: Dispensing Record (required)						
	DSP05	20150101	R				
PRE: Prescr	iber Information (required; can be null as follows: PRE******\)					
CDI: Compo	ound Drug Ingredie	nt Detail					
AIR: Additional Information Reporting							
TP: Pharmacy Trailer (required)							
	TP01	7	R				
TT: Transac	TT: Transaction Trailer (required)						
	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 <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.

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:

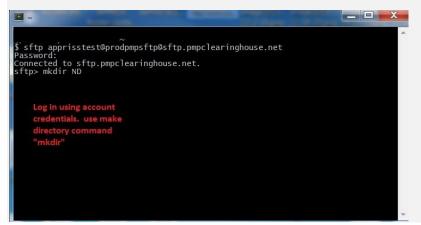
- 1. Via SSH client (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under */homedir*.

5ftp://appriss	stest@prodpmpsftp@54.2	43.86.238 - FileZilla					X
File Edit View	w Transfer Server Boo	kmarks Help New ve	ersion available!				
	P 🔆 📫 🐩 🏁 🙀	n 🟚 🗉 📯 🕫 🚜					
Host:	Username:	Password:	Port:	Quickconn	ect 💌		
Status: Response: Command: Command: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status:	Connecting to 54.243. fz5ftp startes open "apprisstest@pri Trust new Hostkey: O Connected to 54.243. Retrieving directory lis pvd Current directory is: " Is Listing directory / hom Calculating timezone of mime "ID" 1394120413	96,238 Nopmosfip@54.243.86.239 noc 16,238 ting 'homedir" adir iffset of server ver: 0 seconds. Local: -14	por pas	t = 22 sword = your rname = xxxx t = sftp.pmpc			
Local site:				Remote site:	/homedir		-
				Filename	 Download Add to queue 	Filesize Filetype	La
	amba01.prod.appriss.com amba01.prod.appriss.com	\qafsnr)	Filesize Filetyp		Create directory Delete Rename Copy URL(s) to clipboard File Attributes	File folde	∦r 3/
P: (\\nrodcsa	amha01 prod appriss com' III	nrodfsnr)	Netwoi *	•	Ш		0
10 directories				1 directory			
Server/Local file	e Direction	Remote file	Size Priority	Status			
Queued files	Failed transfers Successfu	Il transfers				💭 🏧 Queue: empty	

2. Via command prompt

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

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



Public (SSH/RSA) Key Authentication

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

Note: PGP Encryption is not supported.

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



Copyright © 2016-2020 Appriss, Inc. All rights reserved. Do not copy or distribute without the express written permission of Appriss. • 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/jyBPzLaEkbu6h63dYy1cYl649Itclvaeq s3demLmUEGLKOUWVMG/NPEN9sSXy5FeMLAquhIEl3xltT75W3bDZ5yea/silagpH jxOT9bZH4G5LG7pcVcBlPcTxMLU+HVDVVaCmdV+Qxk7yna9OUUAEsF5wOQe8L1Bw riNXKkriiLmPNmcIs4LW3ypU0JJbNHMJ5v8go2Vvfm3/kdxxlnhz+nPq2fepUj3i YM16os6OFdI66G3v6dXNHmdzNF0FxKgoaoqzL982s5k3xK6RVy7DbdtVk4FQu1d6 D15HRMXJhF0D2I3/XWRPc5r8cco8+mclwf9QHU16g6LlgPcqCw== END SSH2 PUBLIC KEY	*
WRONG	Ŧ

• Once the key has been generated, it should be named "*authorized_keys*".

Notes:

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

Appendix D: Universal Claim Form

*****NOTE:** Paper UCF submissions should only be used by dispensers lacking internet access; otherwise, submissions should be submitted via PMP Clearinghouse as outlined in the <u>Data</u> <u>Delivery Methods</u> chapter.***

If you have not been granted a waiver from electronic reporting, you may not submit a paper UCF.

Fax UCF Submissions:

(808) 837-8474

Mail UCF Submissions:

Hawaii Department of Public Safety, Narcotics Enforcement Division 3375 Koapaka Street, Suite D100 Honolulu, HI 96819

Use the template on the following page for paper UCF submissions.

Hawaii PDMP Universal Claim Form

			<u>Patie</u>	nt Detai	<u>ls</u>				
Last Name		First Name			Date of Birth		Gender	Patient ID Number	
Street Address		City			State		Zip	Patient ID Type	
								[] Military ID	[] SSN
		<u> </u>					ļ	[] State ID	[] Tribal ID
Prescriber Details								[] System ID	[] Other
Prescriber DEA #			Prescriber NPI #	ŧ				[] Green Card	
								[] Passport	
		·	—— —— ——	·				[] Driver's License	
Prescription Details									
Prescription #	Prescription # Date Writte		Total Refills Allowed		illed	Current Refill #		Payment Method	
								[] Private Pay	[] Worker's Comp
NDC Code				Days Su	pply	Quantity	Dosage Units	[] Medicaid	[] Indian Nations
							[] Each	[] Medicare	[] Other
								[] Military/VA	
········					[] Grams		[] Grams	[] Commercial Ins	
							[] Milliliters		