# Bamboo Health PMP AWARxE®

# Data Submission Guide for Dispensers

Rhode Island Prescription Drug Monitoring Program



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# 1 Document Overview

This document serves as a training guide and support manual for dispensers of Schedule II through Schedule V controlled substances or opioid antagonists in or into Rhode Island who use Bamboo Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

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

This guide is intended for use by all dispensers in or into the State of Rhode Island required to report the dispensing of controlled substances or opioid antagonists (collectively, "reportable drugs").

# 2 Data Collection and Tracking

### 2.1 Data Collection Requirements

In accordance with Rhode Island General Statute: Section 21-28.3-1, the Director of Health, or the director's designee, has established a program to monitor the prescribing and dispensing of **Schedule II–V** controlled substances and opioid antagonists including, but not limited to, naloxone. The requirement of the transmission of opioid antagonists is limited to resident and non-resident pharmacies who possess a controlled substance registration (CSR) in Rhode Island.

The program shall be designed to provide information regarding the prescriptions of controlled substances to prevent the improper or illegal use of them and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice. Information collected regarding the dispensing of opioid antagonists from pharmacies shall be for statistical, research, or educational purposes only, and will not be viewable by practitioners or pharmacists in the PDMP database.

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

### 2.2 Reporting Requirements

Effective July 1, 2016, the Rhode Island Prescription Drug Monitoring Program (RI PDMP) will begin requiring pharmacies to report dispensations within 24 hours of the prescription being dispensed to the patient.

The laws and regulations for reporting to the RI PDMP are continuously subjected to amendments, and it is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

*Note:* "Deliver" or "delivery" means the actual, constructive, or attempted transfer of a controlled substance or imitation controlled substance, whether or not there exists an agency relationship.

A "dispenser" is identified as a practitioner who delivers a controlled substance to an ultimate user or their representative by, or pursuant to the lawful order of, a practitioner, including the packaging, labeling, or compounding necessary to prepare the substance for delivery. 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). The Rhode Island Department of Health is a health oversight agency, and Bamboo Health will be acting as an agent of Rhode Island Department of Health in the collection of this information.

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

# 3 Data Submission

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

### 3.1 Timeline and Requirements

- Pharmacies and software vendors can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See <u>Creating Your</u> <u>Account</u> for more information.
- Beginning March 22, 2016, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting Requirements</u>.
- If a pharmacy 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.

# 3.2 Upload Specifications

Files should be in the ASAP 4.2A format as defined in <u>Appendix A: ASAP 4.2A</u> <u>Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20220422.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.

# 4 Accessing Clearinghouse

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

# 4.1 Creating Your Account

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

#### Notes:

- Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State of Rhode Island. 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:

 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 Fiel
Email Address <u>*</u>		
Password		Password confirmation <u>*</u>
Personal Information	Middle name	Last name."
Searching for DEA or NPI	will autopopulate your information	
	will autopopulate your information	n if found. NPI

#### 2. Complete your Profile Details.

Profile Details	* Indicates Required Field
Email Address <u>*</u>	
Password "	Password confirmation

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

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

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

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 3. Complete your Personal and Employer information, noting the following:
  - Required fields are marked with a red asterisk (\*).

• You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or

**NCPDP** number, then clicking the search icon  $(\begin{tmatrix} \mathbf{Q} \end{tmatrix})$ . If the number you entered is found, your information will automatically be populated.

First name <u>*</u>	Middle name	Last name
Searching for DEA or NPI	will autopopulate your information if fou	nd.
DEA	NPI	
	Q	
nployer Information	I	
Name		
Address	Addr	ess (continued)
City	State	Postal Code "
City	State*	Postal Code <u>*</u>
City	State *	
Phone		•

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

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

a. Click to select the Enable SFTP Access checkbox.

#### The SFTP access fields are displayed.

ata Submission						
PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states.						
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 *test55555555556prodpmpsftp*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

#### Notes:

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

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

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

Thank you for registering with PMP Clearinghouse, a service of PMP AWARxE.
A link to verify your email address has been sent. You must confirm your email address before you can login to
PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing.
Upon approval, you may begin submitting prescription data.
Profile
Email Address: testuser@bamboohealth.com
Password: ********
DEA Number:
NPI Number:
Full Name:: Test User
Employer
Name: Bamboo Health
DEA Number:
NCPDP Number::
Address: 123 Main St Anywhere KY 40223
Phone: 555555555
Fax:
Data Acceptance
SFTP Account: SFTP Access? No
Real-Time Account: Real-Time Access? No
Submission Destinations
🔽 Demo State
Continue

7. Click Continue.

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

# 4.2 Logging In to PMP Clearinghouse

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

Lo	gin
Er	nail Address
P	issword
	issuotu -
	Login
	Create an Account
Hel	p
For	got your password?
Did	n't receive confirmation instructions?
	n'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.

PMP Clearinghouse	File Submissions UCF Submission								🚨 My Profile 🔻	
File Listings 👻	File Upload									
File Listings Dat	a File Submissions Status (Last 30 D	ays)								
Show 10 © entries							Advanced Options •	Search		C
File		State	Records	Warnings	Errors	Submitted	11	Status	Status Report	t
			N	No data available in table						
Showing 0 to 0 of 0 ent	ies									
									Previous	Next

# 5 Data Delivery Methods

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

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

Delivery Method	Page
Secure FTP	11
Web Portal Upload	12
Manual Entry (UCF)	13
Zero Reports	16

### 5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., AK, DC, GU, KS, PR, RI, etc.)**. Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the <u>File</u> <u>Listings</u> page. Please refer to <u>PMP 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 Account</u>.

Or

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

*Note:* If you place the data file in the root directory and not a PDMP sub-folder, a symbol with a mouse over hint of "*Determine PMP*" is displayed on the *File Status* page, and you will be prompted to select a destination PMP to which the data should be sent.

# 5.2 Web Portal Upload

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.2A Specifications</u>.
- 3. Log in to PMP Clearinghouse.
- 4. From the home page, click the **File Upload** tab.

File Listings	File Listings     •     Error Files     File Upload       elle Listings     Data File Submissions Status (Last 30 Days)									
Show 10 ¢	how 10 C entries Advanced Options - Search									
Account	File	State 11	Records	Warnings	Errors	Submitted 14	Status	Status Report		
PillPack	pdmp_OH_20220110082508.DAT	ОН	5			01/10/2022 09:23AM	~	Report		
PillPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	~	Report		
PillPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	~	Report		

The File Upload page is displayed.

e Listings	✓ File Upload								
File U	load								
Submit	Submit New File For Consolidation								
Use this sc	en to submit files to the PMP system.								
How to Up	ad Your Files								
2. Click the	Browse" button to select a file on your Upload" button to begin the uploading ation message appears when the uploa	g process.							
Select a	MP								
File Upload									
Browse									
Upload									

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

7. Click Upload.

A message is displayed prompting you to confirm the submission.

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

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

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

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

### 5.3 Manual Entry (UCF)

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

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

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

PMP Clearinghouse	🚹 File Submissions	UCF Submission	ns 🧧 Zero Re	eports Fil	e Upload	
File Listings 🔻	File Upload					
File Listings Data	i File Submissi ns Sta	tus (Last 30 Da	ays)			
Show 10 🗢 entries						
File		ţţ	State	¢↓	Records	
Showing 0 to 0 of 0 entr	ies					
، سه العرب مثالكم مستحرب وقر ف المار معاصل الم	an a	<sup>1</sup> 44, 1, 10 <sup>10</sup> 11, 14, 14, 14, 14, 14, 14, 14, 14, 14,	hadan maada kata kata kata			

#### The UCF Listings page is displayed.

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

4. Click the **New Claim Form** tab, located at the top of the page. The Create Universal Claim Form page is displayed.

PMP	* In	dicates Required Fie
Pmp		
Select a PMP	-	
Patient		
Patient Animal		
First Name	Last Name	
Date of Birth	Gender	
MM/DD/YYYY	Unknown	•
Phone Number		

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

Notes:

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

#### The **Submit Now** button is displayed at the top of the page.

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

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

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

pmpclearinghouse.net says		
Are you sure you are ready to submit?		
	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.

Edit	Jniversal Claim Form	
You ma	y submit this form at any time.	
	in form is not completely processed until submitted. Please review t the form, or click "Submit Now" to process the form.	v
Subm	it Now	
Form	has errors and was unable to be submitted.	(
0	Drug Segment is invalid	
	Patient last name can't be blank	
	Patient first name can't be blank	
	Date of Birth can't be blank	
	Pharmacy name can't be blank	
	Pharmacy address can't be blank	
	Pharmacy city can't be blank	
	Pharmacy state can't be blank	
	Prescriber last name can't be blank	
	Prescriber first name can't be blank	
	Pharmacy zip code can't be blank Claim fill number can't be blank	
	Claim fill number can t be blank Claim fill number is not a number	
	Date written can't be blank	
	Date filled can't be blank	
	Claim days supply can't be blank	
	Claim days supply can t be blank Claim days supply is not a number	
	Claim days supply is not a number Claim authorized refill count can't be blank	

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

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

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

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

### 5.4 Zero Reports

If you have no dispensations to report for the preceding reporting period, you must report this information to the RI 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</u> <u>Zero Report Specifications</u>.

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

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

#### 5.4.1 Submit a Single-Click Zero Report

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

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

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

PMP Clearinghouse	File Submissions	UCF Submission:	s 🔳 Zero F	Reports Fil		
File Listings 👻	File Upload	•				
File Listings Da	ta File Submissions S	Status (Last 30) a	ys)			
File		ţţ	State	†↓	Records	4
Showing 0 to 0 of 0 or	trios					
Showing 0 to 0 of 0 er	unes					

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

ero Reports Listings								
how 25 ¢ entries							Advanced Options * Search	
Account	State 11	Start Date	End Date	NCPDP	DEA 11		ASAP File	Date Submitted
MICHOME NELSON	AL	01/16/2020	01/16/2020	110000	BCATTRONT.	10710310000		01/16/2020 5:13 PM
Welferson (Plannary, Systems	AL	01/16/2020	01/16/2020		#18270036		milua/1945/19874682004800083044, 20020114, 200244	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 Report									
Submit a Single Click Zero Report     Oreate new Zero Report									
Below are the pharmacies	Create Single Click Zero 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, NPI, NCPDP) so you don't have to netric its each time you submit a zero report.								
NOTE: The time frame for	"Today" or "Yesterday" is 00:00-	23:59:59 and based upo	on the time zone set for your	account profile at the time of s	ubmission.				
Add New Pharmacy									
	Pharmacy	NCPDP	DEA Number	NPI Actio	s 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 drop-down 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 Report     Create new Zero Report									
Create Single Click Zero Report Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you have to enter it each time you submit a zero report.									
NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.									
Add New Pharmacy									
Pharmacy NCPDP DEA Number NPI Actions Su	bmit Zero Reports for:								
Demo     Pharmacies configured for single-click zero reporting are listed     Vermont	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	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo							
	Another Test Pharmacy			81111111111111		Edit Delete	Today Yesterday 12/22/2021 12/21/2021
	Bamboo Health Test Pharmacy			Environmental		Edit Delete	Today Yesterday 12/22/2021 12/21/2021

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

Or

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

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

	Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Repo	orts for:
Demo								
	Another Test Pharmacy			HTUTTERS		Edit Delete	Today 12/22/2021	Yesterday 12/21/2021
	Bamboo Health Test Pharmacy			ITTOTAL		Edit Delete	✓ Submitted	Yesterday 12/21/2021

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

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

#### 5.4.2 Create a New Zero Report

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

PMP Clearinghouse	UCF Submissions	Zero Reports	File Upload	
File Listings <b>•</b> File Upload				
File Listings Data File Submissions	Status (Last 30 ay	/S)		
File	11	State	î↓ Records	
Showing 0 to 0 of 0 entries				
				1

The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero	кероп							
ero Reports Listings								
how 25 ¢ entries Advanced Options * Search								
Account	State 1	Start Date	End Date	NCPDP	DEA 11	NPI 11	ASAP File	Date Submitted
BISCIONE NELSON	AL	01/16/2020	01/16/2020	110000	BOAT THEORY	1027001105000		01/16/2020 5:13 PM
Hideson Plantary Systems	AL	01/16/2020	01/16/2020		#18270036		milar/145208748pecilemedia/Ac20081116.3ec.ila	01/16/2020 5:04 PM

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

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

Zero Reports Listings	Create Zero Report										
Create Zero Repo	Create Zero Report										
	Submit a Single Click Zero Report     Create new Zero Report										
Below are the pharmacies	Create Single Click Zero Report Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.										
NOTE: The time frame for Add New Pharmacy	"Today" or "Yesterday" is 00:	00-23:59:59 and based	upon the time zone set for your	account profile at the	e time of submissio	n.					
	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	
<ul> <li>Submit a Single Clicl</li> <li>Create new Zero Rep</li> </ul>		
PMP *		NCPDP
Select a PMP		•
Start date <u>*</u>		DEA Number
mm/dd/yyyy		
End date *		NPI
mm/dd/yyyy		
Submit		

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

		N G	ary				
Su	Мо	Tu	We	Th	Fr	Sa	
27	28	29	30	31	1	2	+
3	4	5	6	7	8	9	L
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	1	2	
3	4	5	6	7	8	9	

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

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

9. Click Submit.

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

# 6 Data Compliance

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

# 6.1 File Listings

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

File Listings	Error Files File Upload								
File Listing	<b>IS</b> Data File Submissions Status (Last 30 Da	ys)							
how 10 • entries Advanced Options • Search									
Account 11	File 11	State 11	Records 11	Warnings	Errors 14	Submitted 14	Status	Status Report	
DEMO ACCT	AA5555555_20211130.dat	DO	2		1	11/30/2021 02:21PM	0	Report	
DEMO ACCT	ZZ5555555_20211130.DAT	DO	2			11/30/2021 02:01PM	~	Report	
DEMO ACCT	ZZ5555555_20211123.DAT	DO	2			11/23/2021 03:13PM	~	Report	
DEMO ACCT	AA5555555_20211123.dat	DO	2			11/23/2021 02:29PM	✓(test file)	Report	
DEMO ACCT	Bad_File_2.dat	DO	0			11/23/2021 02:27PM	<b>A</b>	-	
DEMO ACCT	Bad_File.dat	DO	0			11/23/2021 02:26PM	۸	-	

- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- The Status Report column, located next to the Status column, contains a link to the status report for that file. Please refer to <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 <sup>•</sup> symbol with a mouse over hint of "Pending Dispensation Error" within the status column. You can click the error icon in the Status column to display the Error Correction page, which allows you to view the records containing errors (see <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 an <sup>A</sup> symbol with a mouse over hint of "ASAP Errors." Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse. If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and <sup>(2)</sup> symbol will be displayed in the status column with a mouse over hint of "**Determine PMP.**" Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.

S	et Dest	inati	on PMP:			×			
			m determining d estination pmp in		.:				
					Cancel	f i		Advanced Options •	Search
N	Records	N	Warnings	<b>™</b>	Errors	Ť	Submitted	<b>1</b> 4	Status
	0						06/21/2021 07	41PM	Determine PMP
	1						06/21/2021 07	:37PM	0

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



# 6.2 UCF Listings

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

UCF Listings Manage Claim Forms New Claim Form									
UCF Listings									
Show 10 e entries Search:									
Created at	State 11	Warnings 11	Errors 14	Status 11					
01/28/2019 03:51 PM	CR	0	0	<b>~</b>					
01/28/2019 04:04 PM	CR	0	0	<b>~</b>					
01/28/2019 04:07 PM	CR	0	0	<b>~</b>					
01/28/2019 04:11 PM	CR	0	0	✓					
Showing 1 to 4 of 4 entries				Previous 1 Next					

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.

UCF Listings									
Show to a stries Search:									
Created at 1	State 11	Warnings	Errors	Status					
01/28/2019 03:51 PM	CR	0	0	*					
01/28/2019 04:04 PM	CR	0	0	~					
1/28/2019 04:07 PM	CR	0	0	~					
01/28/2019 04:11 PM	CR	0	0	~					

The Pending Claim Forms page is displayed.

UCF Listings	Manage Claim Forms	New	Claim Form							
Pending Cl	Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) View Submitted Forms									
Show 10 ¢ entr	ies							Search:		
Created At		ţ1	Created By		Last Updated By	s	State 14			
06/10/2019 5:51	PM		rweaver@appriss.com		rweaver@appriss.com	Д	٩K	Edit Dele	te	
Showing 1 to 1 of 1	entries								Previous 1 Next	

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

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

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 processed and edit the form, or click "Submit Now" to	
Submit Now	
PMP	* Indicates Required Field
Pmp <u>*</u>	
Alaska	
Dationt	
Patient	
Patient  Patient Animal	

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 Univer	rsal Claim Form	
You may submit	this form at any time.	
	s not completely processed until submitted. P n, or click "Submit Now" to process the form.	lease review
<ul> <li>Drug Se</li> </ul>	ors and was unable to be submitted. Igment is invalid 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.

### 6.3 Error Correction

#### 6.3.1 View Records

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

Error Correction Manage And Resolve Submission Issues											
how 10 🗢 entrie	es						Search:				
DEA Number 🛝	NCPDP Identifier $\uparrow\downarrow$	Prescription Number 🕕	Name	↓ Filled At ↑↓	Segment Type 斗	Warning Count $\hat{\ }\hat{\ }$	Error Count $\uparrow\downarrow$	Action			
		2104AB	RED CROSS	2021-01-10	Dispensation	0	2	Correct Void			
		2104AB	RED CROSS	2021-01-10	Patient	0	1	Correct Void			

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

#### 6.3.2 Error Correction via PMP Clearinghouse

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

File Listings File Errors Dispensary	/ Errors			
ispensary Errors Manage And escription Number: 0100755 DEA Numb		568 Filled At: 2019-02-13		
Field	Submitted Value	Corrected Value	Messages	
National provider identifier	1104923507	1104923507	×	
NCPDP identifier	0068568	0068568	×	
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.	
			×	
Name			Errors: Name value must be present.	
hone number	4017704455	4017704455		

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

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

To correct records:

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

The error is processed through the validation rules.

a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been

corrected. The <u>File Listings</u> and <u>Error Correction</u> pages are also updated.

 b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the Message column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

# 7 Email Reports

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been submitted and to confirm zero report submissions. This chapter describes the status reports you may receive via email.

### 7.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

*Note:* Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system.

An example File Failed Report is provided below.

SUBJ: Rhode Island ASAP file: fake-test3.txt - Parse Failure BODY: Error Message -------Failed to decode the value '04' for the bean id 'transactionControlType'. Summary: \* File Name: fake-test3.txt \* ASAP Version: 4.2A

- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: September 19, 2022

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

### 7.2 File Status Report

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

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified

during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

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 columns are set to the following lengths:

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.

Email Reports

BODY:								
DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message
BE1234567	1347347	9034618394	123486379596-0	20220918	Dispensation	refill_number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20220918	3 Dispensation	days_supply	ERROR	message example
Summary:								
* File Name	: fake-test	3.txt						
* ASAP Vers	sion: 4.2A							
* Transactio	on Control	Number: 234	89504823					
* Transactio	on Control	Type: send						
* Date of Su	ubmission:	September 1	9, 2022					
* Total Reco	ord Count:	###						
* Duplicate	Records: #	###						
* In Process	Count: ##	##						
* Records w	vith Error C	Count: ###						
* Imported	Records C	ount: ###						
* Records Ir	mported w	ith Warning	Count: ###					

# 7.3 Zero Report Confirmation

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

An example Zero Report Confirmation is provided below.

SUBJ: ASAP Zero Report: zero\_reports\_20220306KSMCPS.DAT

BODY:

Summary:

\* File Name: zero\_reports\_20220301KSMCPS.DAT

\* PMP Name: Rhode Island

\* Date Range: 2022-03-06 - 2022-03-06

\* Submission Date: 2022-03-07

\* ASAP Creation Date: 2022-03-07

# 8 Managing Your Upload Account

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

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

### 8.1 Adding Users to Your Upload Account

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

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



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

The Account Users page is displayed.

Show 10 • entries						Search:	
Email $\phi$	First Name	Last Name 💠	Organization Name	Phone Number  🗄	Admin Name	Admin Email	
hait afferention gage affects	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	sily/fasesrer@graf.cm	Edit Deactivate
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	Wolfster with the set	Edit

4. Click **New User**, located in the top right corner of the page.
### The New Data Submitter User page is displayed.

Account Informatio	n
<u>*</u> Email	
<u>*</u> First name	
* Last name	

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

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

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



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

### The Account Users page is displayed.

Show 10 * entries Search:							
mail	First Name	Last Name $\varphi$	Organization Name	Phone Number  🔶	Admin Name	Admin Email	
all divention dignations	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	tilg fan en regjeraf om	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	NUMBER OF STREET	Edit

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

The Edit Data Submitter User page is displayed.

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

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

Passwords must contain:

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

The password is changed.

## 8.2 Adding PMPs to Your Upload Account

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

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



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

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



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

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

### Notes:

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

## 8.3 Adding SFTP Access to an Upload Account

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

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

		Advanced Options	Search	
ţţ	Submitted	†1	Status	Status Report

3. Select SFTP Details.

The SFTP Account page is displayed.



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



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

4. Click Create.

The Create a New SFTP Account page is displayed.

🖀 SFTP 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</u>: <u>SFTP Configuration</u>.
- 7. Click Create.

The account is created, and the username is displayed.

🐮 SFTP	Accoun	t VIEW SFTP ACCOUNT DETAILS
	Username:	testuser@preppmpsftp
Edit		

## 8.4 Editing Your Upload Account

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

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

		Advanced Options	Search	
†↓	Submitted	†↓	Status	Status Report

3. Select Account Details.

The Account page is displayed.

Name: Bamboo Health	
Phone Number: 555555555	
Fax Number:	
Allowed submission: True	
Suppress Rx details in emailed error reports: False	
dmin Details	
User Name: QA TESTER	
Email: qa2@gmail.com Address: 10401 Linn Station Road#200	
Louisville KY 40218	
SFTP Account ID: qa255501@qapmpsftp	

4. Click Edit.

The Edit Account page is displayed.

Name <u>*</u>	
Bamboo Health	
Phone number	Fax number
555555555	
Allowed submission	
□ Suppress Rx details in emailed error re	eports
dmin Details	
Address	
Address 10401 Linn Station Road#200	
	Zip code
10401 Linn Station Road#200	Zip code 40218
10401 Linn Station Road#200 City	
10401 Linn Station Road#200 City Louisville	

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

### 9 Managing Your User Profile

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

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

## 9.1 Editing Your Profile

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



3. Select Edit My Profile.

The Edit Profile page is displayed.

### **Edit Profile**

Profile Details	* Indicates Required Field
First name *	Last name 🇯
Test	User
Email *	Time zone
testuser@email.com	(GMT-05:00) Eastern Time (US 8 🗢
<ul> <li>Disable report emails</li> <li>Organization Information</li> </ul>	
Name: Bamboo Health Test Pharmacy Admin: Test Admin	
Admin Email: testadmin@email.com	
Save Changes Cancel	

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

*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</u> <u>Upload Account</u>.

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

## 9.2 Changing Your Password

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

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



3. Select Change Password.

Change Password	
Profile Details	* Indicates Required Field
Email: testuser@email.com Current password *	
Password Update Cancel	Password confirmation

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

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

Passwords must contain:

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

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

## 9.3 Resetting Your Password

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

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

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

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

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

The Change your password page is displayed.

Change your password					
* New password					
password	Change my password				

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

Passwords must contain:

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

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

# 10 Assistance and Support

## 10.1 Technical Assistance

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

- Contact Bamboo Health at 1-844-474-4767;
   OR
- Create a support request at the following URL: <u>https://pmpclearinghouse.zendesk.com/hc/en-us/</u>

Technical assistance is available Monday through Friday from 8:00 a.m.–8:00 p.m. EST.

## 10.2 Administrative Assistance

If you have non-technical questions regarding the RI PDMP, please contact:

The Rhode Island Department of Health Board of Pharmacy

Phone: 401-222-4747

Email: doh.ripmp@health.ri.gov

# 11 Document Information

## 11.1 Disclaimer

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

## 11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	02/11/2016	N/A	Initial publication
1.1	07/12/2016		Updated reporting requirement from 72 hours to 24 hours
			Added Appendix C
1.2	10/23/2017		Add additional information about Naloxone reporting
2.0	01/09/2019	Global	Updated to current document template
		Appendix A	Updated to ASAP 4.2A Specifications
		Appendix D	Added new appendix
2.1	01/23/2019	Appendix A	Changed field requirement for DSP24 from "R" to "N"
2.2	01/06/2020	Global	Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		6.2/UCF Listings	Added clarification on correcting UCF errors
		Appendix A	Changed field requirement for DSP12 from "N" to "R"
2.3	04/06/2020	5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single- click zero report submission functionality

		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
3.0	03/11/2022	Global	Updated guide to reflect Bamboo Health branding

## Appendix A: ASAP 4.2A Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2A format to comply with the RI 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 Rhode Island
  - N = Not required but accepted if submitted
  - S = Situational (not required; however, supply if available)

*Note*: For more information, contact the American Society for Automation in Pharmacy for the full Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs. That guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	D Element Name	Requirement
TH: Transad	ction Header	(required)	
		rt of a transaction. It also assigns the data element separator, seg	ment
terminator,	, and control	number.	Т
	TH01	Version/Release Number	R
		Code uniquely identifying the transaction.	
		Format = xx.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	TH03	Transaction Type	Ν
		Identifies the purpose of initiating the transaction.	
		01 Send/Request Transaction	
		02 Acknowledgement (used in Response only)	
		03 Error Receiving (used in Response only)	
		• 04 Void (used to void a specific Rx in a real-time	
		transmission or an entire batch that has been transmitted)	
	TH04	Response ID	N
		Contains the Transaction Control Number of a transaction that	
		initiated the transaction. Required in response transaction only.	
	TH05	Creation Date	R
		Date the transaction was created. Format: CCYYMMDD.	
			_
	TH06	Creation Time	R
		Time the transaction was created.	
		Format: HHMMSS or HHMM.	
	TH07	File Type	R
		• P = Production	
		• T = Test	
	TH08	Routing Number	N
		Reserved for real-time transmissions that go through a	
		network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	
	ТН09		R
		Segment Terminator Character This terminates the TH segment and sets the actual value of	n n
		the data segment terminator for the entire transaction.	
IS Informat	tion Source (r		1
		ne and identification numbers of the entity supplying the informa-	tion.
3000 10 00	IS01	Unique Information Source ID	R
		Reference number or identification number.	
		(Example: phone number)	

IS02	Information Source Entity Name	R
	•	ĸ
	Entity name of the Information Source.	
IS03	Message	N
	Free-form text message.	
acy Header	· (required)	
ntify the ph	narmacy.	
equired tha	t information be provided in at least one of the following fields: PH	A01, PHA02, o
PHA01	National Provider Identifier (NPI)	N
PHA02		N
	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 or dispensing practitioner.	
PHA05	Address Information – 1	N
	Free-form text for address information.	
PHA06	Address Information – 2	N
	Free-form text for address information, if needed.	
PHA07	City Address	N
	Free-form text for city name.	
PHA08	State Address	N
	U.S. Postal Service state or other regional jurisdiction 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	N
	Free-form name.	
PHA12	Chain Site ID	N
	Store number assigned by the chain to the pharmacy location.	
	PHA01 PHA02 PHA02 PHA03 PHA03 PHA04 PHA05 PHA06 PHA06 PHA07 PHA08 PHA09 PHA09 PHA10 PHA11	acy Header (required)         ntify the pharmacy.         equired that information be provided in at least one of the following fields: PH         PHA01       National Provider Identifier (NPI)         Identifier assigned to the pharmacy by CMS.         PHA02       NCPDP/NABP Provider ID         Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.         PHA03       DEA Number         Identifier assigned to the pharmacy by the Drug Enforcement Administration.         PHA04       Pharmacy Name         Free-form name of the pharmacy or dispensing practitioner.         PHA05       Address Information – 1         Free-form text for address information.         PHA06       Address Information – 2         Free-form text for address information, if needed.         PHA07       City Address         Free-form text for city name.         PHA08       State Address         U.S. Postal Service state or other regional jurisdiction code.         PHA09       ZIP Code Address         U.S. Postal Service ZIP Code.         PHA10       Phone Number         Complete phone number including area code. Do not include hyphens.         PHA11       Contact Name         Free-form name.       PHA12

Segment	Element	ID Element Name	Requirement
	PHA13	Pharmacy's Permit Number/License Number	R
		Helps identify the sending pharmacy.	
PAT: Patier	nt Informatio	on (required)	
Used to re	port the pat	ient's name and basic information as contained in the pharmacy re	ecord.
	PAT01	ID Qualifier of Patient Identifier	Ν
		Code identifying the jurisdiction that issues the ID in PAT03.	
	PAT02	ID Qualifier	N
		Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.	
		01 Military ID	
		02 State Issued ID	
		03 Unique System ID	
		• 04 Permanent Resident Card (Green Card)	
		• 05 Passport ID	
		06 Driver's License ID	
		07 Social Security Number	
		08 Tribal ID	
		• 99 Other (agreed upon ID)	
	<b>PAT03</b>	ID of Patient	N
		Identification number for the patient as indicated in PAT02.	
		An example would be the driver's license number.	
	PAT04	ID Qualifier of Additional Patient Identifier	Ν
		Code identifying the jurisdiction that issues the ID in PAT06.	
		Used if the PMP requires such identification.	
	PAT05	Additional Patient ID Qualifier	N
		Code to identify the type of ID in PAT06 if the PMP requires a	
		second identifier. If PAT05 is used, PAT06 is required.	
		01 Military ID	
		02 State Issued ID	
		03 Unique System ID	
		04 Permanent Resident Card	
		05 Passport ID	
		06 Driver's License ID	
		07 Social Security Number	
		08 Tribal ID	
		• 99 Other (agreed upon ID)	

Segment	Element ID	Element Name	Requirement
	PAT06	Additional ID	N
		Identification that might be required by the PMP to further	
		identify the individual. An example might be that in PAT03	
		driver's license is required and in PAT06 Social Security number is also required.	
	PAT07	Last Name	R
		Patient's last name.	
	PAT08	First Name	R
		Patient's first name.	
	PAT09	Middle Name	N
		Patient's middle name or initial, if available.	
	PAT10	Name Prefix	N
		Patient's name prefix such as Mr. or Dr., if available.	
	PAT11	Name Suffix	N
		Patient's name suffix such as <i>Jr</i> . or <i>the III</i> , if available.	
	PAT12	Address Information – 1	R
		Free-form text for street address information.	
	PAT13	Address Information – 2	Ν
		Free-form text for additional address information, if available.	
	PAT14	City Address	R
		Free-form text for city name.	
	PAT15	State Address	R
		U.S. Postal Service state or other regional jurisdiction code.	
	PAT16	ZIP Code Address	R
		U.S. Postal Service ZIP code.	
		Populate with zeros if patient address is outside the U.S.	
	PAT17	Phone Number	N
		Complete phone number including area code. Do not include hyphens.	
	PAT18	Date of Birth	R
	FAI 10	Date patient was born.	IX I
		Format: CCYYMMDD	
	PAT19	Gender Code	R
		Code indicating the sex of the patient.	
		• F Female	
		M Male	
		• U Unknown	

egment	Element ID	Element Name	Requiremen
	PAT20	Species Code	R
		Used if required by the PMP to differentiate a prescription for	
		an individual from one prescribed for an animal.	
		• 01 Human	
		02 Veterinary Patient	
	PAT21	Patient Location Code	Ν
		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	Ν
		Used when the patient's address is a foreign country.	
	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.	
SP: Dispe	nsing Record	(required)	
ed to ide	entify the basi	ic components of a dispensing of a given prescription order inclu	ding the date
d quanti	ty.		

Segment	Element ID	Element Name	Requirement
	DSP01	<ul> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul> </li> <li>*Note: For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See <u>Appendix D</u>.</li> </ul>	R
	DSP02	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	R
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R
	DSP05	Date Filled Date prescription was prepared. Format: CCYYMMDD	R
	DSP06	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx fill; 01-99 indicate additional fills.	R
	DSP07	<ul> <li>Product ID Qualifier</li> <li>Used to identify the type of product ID contained in DSP08.</li> <li>01 NDC</li> <li>06 Compound</li> </ul>	R
	DSP08	<b>Product ID</b> Full 11-digit NDC number as indicated in DSP07, created by adding a zero to the front of the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters and submitter's choice for the last 6 digits; the CDI segment then becomes required.	R

Segment	Element ID	Element Name	Requirement
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i>	R
	DSP10	Days Supply Estimated number of days the medication will last.	R
	DSP11	<ul> <li>Drug Dosage Units Code</li> <li>Identifies the unit of measure for the quantity dispensed in DSP09.</li> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	R
	DSP12	<ul> <li>Transmission Form of Rx Origin Code</li> <li>Code indicating how the pharmacy received the prescription.</li> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>05 Electronic Prescription</li> <li>06 Transfer/Forwarded</li> <li>99 Other</li> </ul>	R
	DSP13	<ul> <li>Partial Fill Indicator</li> <li>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.</li> <li>00 Not a Partial Fill</li> <li>01 First Partial Fill</li> <li>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.</li> </ul>	N
	DSP14	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	N

Segment	Element ID	Element Name	Requirement
	DSP16	<ul> <li>Classification Code for Payment Type</li> <li>Code identifying the type of payment (i.e., how it was paid for).</li> <li>01 Private Pay</li> <li>02 Medicaid</li> <li>03 Medicare</li> <li>04 Commercial Insurance</li> <li>05 Military Installations and VA</li> <li>06 Workers' Compensation</li> <li>07 Indian Nations</li> <li>99 Other</li> </ul>	R
	DSP17	<b>Date Sold</b> Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	Ν
	DSP18	<ul> <li>RxNorm Code Qualifier</li> <li>RxNorm Code that is populated in the DrugDBCodeQualifier</li> <li>field in XML in the SCRIPT transaction.</li> <li>01 Semantic Clinical Drug (SCD)</li> <li>02 Semantic Branded Drug (SBD)</li> <li>03 Generic Package (GPCK)</li> <li>04 Branded Package (BPCK)</li> </ul>	Ν
	DSP19	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP20	<b>Electronic Prescription Reference Number</b> This field should be populated with the Initiator Reference Number from the MessageID field in in XML in the SCRIPT transaction.	N
	DSP21	<b>Electronic Prescription Order Number</b> This field should be populated with the Initiator Control Reference from the PrescriberOrderNumber field in XML in the SCRIPT standard.	Ν
	DSP22	<b>Quantity Prescribed</b> This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	R
	DSP23	<b>Rx SIG</b> This field captures the actual directions printed on the prescription vial label.	Ν

Segment	Element ID	Element Name	Requirement		
		<b>Treatment Type</b> While this field can be used to indicate that the prescription was for opioid dependency treatment when code "02" is used, it can also be used to provide other reasons for the opioid prescription through use of the additional codes.	Ν		
	DSP24	<ul> <li>01 Not used for opioid dependency treatment</li> <li>02 Used for opioid dependency treatment</li> <li>03 Pain associated with active and aftercare cancer treatment</li> <li>04 Palliative care in conjunction with a serious illness</li> <li>05 End-of-life and hospice care</li> <li>06 A pregnant individual with a pre-existing prescription for opioids</li> <li>07 Acute pain for an individual with an existing opioid prescription for chronic pain</li> <li>08 Individuals pursuing an active taper of opioid medications</li> <li>09 Patient is participating in a pain management contract</li> <li>99 Other (trading partner agreed upon reason)</li> </ul>			
	DSP25	<i>prescriber.</i> <b>Diagnosis Code</b> This field is used to report the ICD-10 code or CDT. If required by a PDMP, the ICD-10 or CDT code must be provided by the	R		
	iber Informatio	prescriber. on (required) criber of the prescription.			
Used to luc	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	N		
	PRE02	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R		
	PRE03				
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the Licensing Board.	Ν		
	PRE05	Last Name Prescriber's last name.	N		

Segment	Element ID	Element Name	Requiremen
	PRE06	First Name	N
		First Name Prescriber's first name. Middle Name Prescriber's middle name or initial. Phone Number Complete phone number including area code. Do not include hyphens. XDEA Number redient Detail (situational) quired when medication dispensed is a compound and one of nore than one ingredient is for a prescription monitoring pro- incremented by one for each compound ingredient being rep of DSP08 must be 9999999999. Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1. Product ID Qualifier Code to identify the type of product ID contained in CDI03.     0 01 NDC Product ID Full 11-digit NDC number as indicated in CDI02, created by adding a zero to the front of the appropriate segment to resu in a 5-4-2 formatted NDC number, without punctuation. Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5 Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04.  0 11 Each (used to report as package) 0 2 Milliliters (mI) (for liters, adjust to the decimal milliliter equivalent)	
	PRE07	Middle Name	N
		First Name         Prescriber's first name.         Middle Name         Prescriber's middle name or initial.         Phone Number         Complete phone number including area code. Do not include hyphens.         XDEA Number         g Ingredient Detail (situational)         is required when medication dispensed is a compound and one of the g. If more than one ingredient is for a prescription monitoring programe to incremented by one for each compound ingredient being reportered by of DSP08 must be 9999999999.         Compound Drug Ingredient Sequence Number         First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.         Product ID Qualifier         Code to identify the type of product ID contained in CDI03.         • 01 NDC         Product ID         Full 11-digit NDC number as indicated in CDI02, created by adding a zero to the front of the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation.         Compound Ingredient Quantity         Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5         Compound Drug Dosage Units Code         Identifies the unit of measure for the quantity dispensed in CDI04.         • 01 Each (used to report as package)         • 02 Milliliters (mI) (for liters, adjust to the decimal milliliter	
	PRE08	Phone Number	N
	PRE09	XDEA Number	S
se of this PMP repo rug, then	segment is re orting drug. If this would be	quired when medication dispensed is a compound and one of th more than one ingredient is for a prescription monitoring progra incremented by one for each compound ingredient being report	im reporting
	CDI01	First reportable ingredient is 1; each additional reportable	S
	CDI02	Code to identify the type of product ID contained in CDI03.	S
	CD103	Full 11-digit NDC number as indicated in CDI02, created by adding a zero to the front of the appropriate segment to result	S
	CDI04	Metric decimal quantity of the ingredient identified in CDI03.	S
	CDI05	<ul> <li>Identifies the unit of measure for the quantity dispensed in CDI04.</li> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters, adjust to the decimal milliliter</li> </ul>	S

Note: If this segment is used, at least one of the data elements (fields) will be required.

Segment	Element ID	Element Name	Requirement	
	AIR01	<b>State Issuing Rx Serial Number</b> U.S.P.S. state or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	N	
	AIR02	<b>State Issued Rx Serial Number</b> Number assigned to state or other regional jurisdiction issued serialized prescription blank.	N	
	AIR03	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N	
	AIR04	<ul> <li>ID Qualifier of Person Dropping Off or Picking Up Rx</li> <li>Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.</li> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	N	
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N	
	AIR06	<ul> <li>Relationship of Person Dropping Off or Picking Up Rx</li> <li>Code indicating the relationship of the person.</li> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> </ul>	N	
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N	
	AIR08	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	N	
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N	
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N	

Segment	Element ID	Element Name	Requirement			
	AIR11	Dropping Off/Picking Up Identifier Qualifier	Ν			
		Additional qualifier for the ID contained in AIR05				
		01 Person Dropping Off				
		• 02 Person Picking Up				
		03 Unknown/Not Applicable				
TP: Pharmac	y Trailer (req	uired)				
	-	of data for a given pharmacy and provide the count of the total r I for the pharmacy, including the PHA and TP segment.	number of			
	TP01 Detail Segment Count					
	Number of detail segments included for the pharmacy					
	including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.					
TT: Transact	TT: Transaction Trailer (required)					
	-	of the transaction and provide the count of the total number of s	seaments			
	the transactio	•	segments			
	TT01	Transaction Control Number	R			
		Identifying control number that must be unique.				
		Assigned by the originator of the transaction.				
		Must match the number in TH02.				
	TT02 Segment Count					
		Total number of segments included in the transaction				
		including the header and trailer segments.				

# Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the RI PDMP. It lists the **Segment** and **Element ID** with prepopulated 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: ASAP 4.2A Specifications</u>.

Segment	Element ID	Element Name	Requirement
TH: Transa	ction Header (req	uired)	
	TH01	4.2A	R
	TH02	123456	R
	ТН05	20220401	R
	ТН06	223000	R
	ТН07	Р	R
	ТН09	W	R
IS: Informa	tion Source (requ	ired)	
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report	R
	1303	#YYYYMMDD#-#YYYYMMDD#	
PHA: Pharr	nacy Header (requ	uired)	
	PHA03	ZZ1234567	R
PAT: Patier	t Information (ree	quired)	
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispe	nsing Record (rec	uired)	
	DSP05	20220401	R
PRE: Prescr	iber Information	(required; can be null as follows: PRE******\)	
CDI: Comp	ound Drug Ingred	lient Detail	
AIR: Additi	onal Information	Reporting	
TP: Pharma	cy Trailer (require	ed)	
	TP01	7	R
TT: Transac	tion Trailer (requi	red)	
	TT01	123456	R

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TT02 10 R	
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## Sample Zero Report

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

TH\*4.2A\*123456\*01\*\*20220108\*223000\*P\*\*\\ IS\*7705555555\*PHARMACY NAME\*#20220101#-#20220107#\ PHA\*\*\* ZZ1234567\ PAT\*\*\*\*\*REPORT\*ZERO\*\*\*\*\*\*\*\ DSP\*\*\*\*20220108\*\*\*\*\*\ 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</u> <u>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

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

### Port: 22

Note: The port will always be 22.

- Credentials: Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, <u>log in to PMP</u> <u>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</u> <u>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 PMP administrator.

## **PMP** Subfolders

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

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

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

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

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

🔁 sftp://apprisst	est@prodpmpsftp@54.24	3.86.238 - FileZilla							X
File Edit View	Transfer Server Bool	marks Help New v	ersion available!						
- 🖑 🕶 🔯 🗖	🖱 🗐 😫 😫 🙀	n 19, 19, 19							
Host:	Username:	Password:	Port:	Quickcon	nect 💌				
Status: Response: Command: Command: Status: Status: Status: Status: Command: Response: Status: Command: Response: Status: Status: Status: Status: Status:	Trust new Hostky: On Pass: Connected to 54.243.8 Retrieving directory list pwd Current directory lis: "// Is Listing directory /home Calculating timezone of mtime "ID" 1394120413	ip-noftp@54.243.86.258 ce 5.238 ng nomedir" dir fset of server er: 0 seconds. Local: -14	pas	t = sftp.pmp	x@prodpmpsftp clearinghouse.net				
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Filename V: U: (\\fs\root\ R: (\\prodcsa Q: (\\prodcsa	mba01.prod.appriss.com\ mba01.prod.appriss.com\ mba01.prod.appriss.com\	qafsnr)	Filesize Filetyp • Networ Networ Networ Networ	 ID	Create direct Delete Rename Copy URL(s) File Attribute	to clipboard		File folde	er 3/
•	III		4	•	III				)
10 directories				1 directory					
Server/Local file Queued files	ailed transfers Successfu	Remote file transfers	Size Priority	Status			<u>.</u>	ueue: empty	••

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### 2. Via command prompt

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

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



## Public (SSH/RSA) Key Authentication

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

Note: PGP Encryption is not supported.

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



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



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

# Appendix D: Correct Use of Codes in DSP01

## **Error Correction**

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

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

## Submit a New Record

Perform the following steps to submit a new record:

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

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

### Revise a Record

Perform the following steps to revise a record:

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

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

## Void a Record

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

- 1. Send a record with the value "*02"* in the **DSP01** field.
- 2. Fill in all other data identical to the original record. This will void the original record.
- 3. An option to sending all the identical data in the prescription is to send a limited data set. The reason for a limited data set to void a prescription is to simplify the process in the pharmacy. This data set would be an option that a PDMP could require, rather than the identical data of the entire original prescription. The entire limited data set would be sent and if a PDMP does not require a data element, it would be ignored by the PDMP.

### Limited Data Set to Void a Prescription

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