



Data Submission Guide for Dispensers

Delaware Division of Professional Regulation Prescription Monitoring Program

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1 Document Overview

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

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

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

2 Data Collection and Tracking

2.1 Data Collection Overview

This guide provides information regarding the State of Delaware Prescription Monitoring Program (PMP). The purpose of this program is to collect data on ALL Schedule II, III, IV, and V controlled substances dispensed in the State of Delaware. This is made possible by 16 Del. C. § 4798, which states:

The Office of Controlled Substances shall establish and maintain a PMP program to monitor the prescribing and dispensing of all Schedule II, III, IV and V controlled substances by prescribers in this State, and to research the prescribing and dispensing of drugs of concern. The PMP shall not interfere with the legal use of a controlled substance or drug of concern.

The data collected is used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

“Dispenser” means a person authorized by this State to dispense or distribute to the ultimate user any controlled substance or drug monitored by the program but shall not include any of the following: a licensed healthcare facility pharmacy that dispenses, distributes, or administers any controlled substance or drug monitored by the program for the purposes of inpatient care, or any emergency department dispensing a controlled substance for immediate use.

2.2 Reporting Requirements

Effective November 7, 2017, the Delaware PMP will begin requiring pharmacies and dispensers to report controlled substance dispensations to the Delaware PMP via PMP Clearinghouse. Dispensations must be reported DAILY.

If a facility does not stock or dispense controlled substances, the facility must upload a daily “zero report” or relinquish its Delaware CSR. To relinquish the CSR, notify the Office of Controlled Substances in writing. When the facility’s CSR has terminated, the facility may stop uploading zero reports.

If a practitioner dispenses controlled substances, he or she must upload a report on the same day. A practitioner who does not dispense controlled substances on a given day is not required to upload a report on that day.

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

All dispensers of Schedule II, III, IV, and V controlled substances 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 Delaware Department of State is the state oversight agency, and Appriss will be acting as an agent of the Delaware PMP in the collection of this information.

The following elements are required by law to be reported. For additional details on these elements and others of ASAP 4.2, please see [Appendix A: ASAP 4.2 Specifications](#).

Element Name	Element ID
Pharmacy Header	
Pharmacy NPI	PHA01
DEA Number	PHA03
Pharmacy or Dispensing Prescriber Name	PHA04
Patient Information	
Last Name	PAT07
First Name	PAT08
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
Dispensing Record	
Prescription Number	DSP02
Date Written	DSP03
Date Filled	DSP05
Refill Number	DSP06
Product ID Qualifier Note: NDC is required.	DSP07
Product ID	DSP08
Days Supply	DSP10
Classification Code for Payment Type	DSP16
Prescriber Information	
Prescriber NPI	PRE01
DEA Number	PRE02
Last Name	PRE05
First Name	PRE06

2.3 Noncompliance

A dispenser who fails to submit prescription monitoring information to the Office of Controlled Substances PMP as required by this section, or who knowingly submits incorrect prescription information, shall be subject to disciplinary sanction pursuant to Title 24.

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 create their PMP Clearinghouse accounts upon receipt of this guide. See [Creating Your Account](#) for more information.
- You can begin submitting data to PMP Clearinghouse as soon as your account has been created. As of November 7, 2017, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).
- 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 [Zero Reports](#) for additional details.

3.2 Upload Specifications

Files should be in the ASAP 4.2 format as defined in [Appendix A: ASAP 4.2 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20180919.dat”. All of your upload files will be kept separate from the files of others.

Reports for multiple 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 Appriss PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add Delaware to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding States to Your Upload Account](#) to add states to your account.

Notes:

- *Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the state. Therefore, chains with multiple stores need only to set up one account to upload a file.*
- *Multiple users for the same entity can upload under the same account. Please refer to [Adding Additional Users to an Upload Account](#) for more information on adding additional users to an upload account.*
- *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*
- *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [Managing Your Upload Account](#).*

Perform the following steps to create an account:

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

The screenshot shows the 'Account Registration' form. It is divided into three main sections: 'Profile Details', 'Personal Information', and 'Employer Information'. The 'Profile Details' section includes fields for 'Email Address *', 'Password *', and 'Password confirmation *'. The 'Personal Information' section includes fields for 'First name *', 'Middle name', and 'Last name *', followed by a note about auto-populating information from DEA or NPI numbers, and then fields for 'DEA' and 'NPI' with search icons. The 'Employer Information' section is partially visible at the bottom with a 'Name *' field.

2. Complete your Profile Details.

This close-up screenshot focuses on the 'Profile Details' section. It shows the 'Email Address *' field, the 'Password *' field, and the 'Password confirmation *' field. A legend in the top right corner indicates that an asterisk (*) denotes a required field.

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

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


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

Passwords must contain:

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

3. Complete your Personal and Employer information, noting the following:

- Required fields are marked with a red asterisk (*).
- You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then

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

Personal Information

First name *

Middle name

Last name *

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

DEA

NPI

Employer Information

Name *

Address *

Address (continued)

City *

State *

Postal Code *

Phone *

Fax

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

DEA

NCPDP

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

Notes:

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

Data Submission

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

☐ Enable SFTP Access

☐ Enable Real-Time Access

- a. Click to select the **Enable SFTP Access** checkbox.

The SFTP access fields are displayed.

The screenshot shows a web form titled "Data Submission". At the top, a grey box contains the text: "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." Below this, there is a checkbox labeled "Enable SFTP Access" which is checked. Underneath are three text input fields: "SFTP Username", "SFTP Password", and "SFTP Password Confirmation". Below the password fields, a small text note states: "Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)". At the bottom of the form, there is an unchecked checkbox labeled "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 *test5555555555@prodpmpsftp*.
- 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 <sftp://sftp.pmpclearinghouse.net>.*
- *Additional details on SFTP configuration can be found in [Appendix D: SFTP Configuration](#).*

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

6. Click **Submit**.

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

Account Registration

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@test.com
Password: *****
DEA Number:
NPI Number:
Full Name: Test User

Employer

Name: Appriss
DEA Number:
NCPDP Number:
Address: 9901 Linn Station Rd Louisville KY 40223
Phone: 555-555-5555
Fax:

Data Acceptance

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

Submission Destinations

☒ Alabama

[Continue](#)

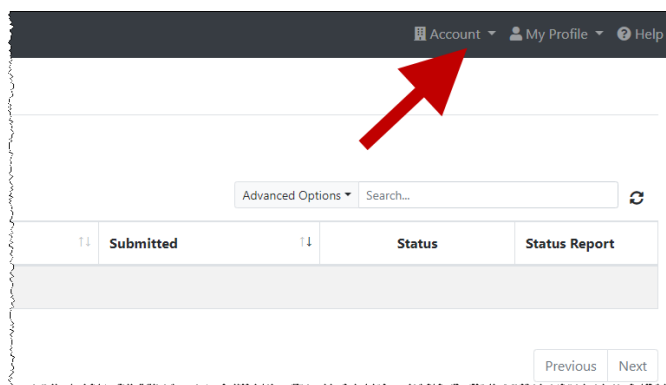
7. Click **Continue**.

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

4.1.1 Adding Additional Users to an Upload Account

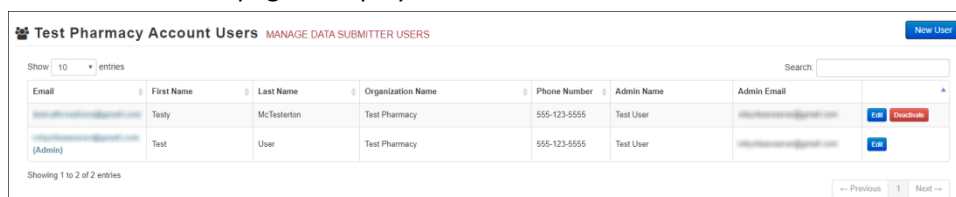
You can add additional user accounts to the main registered upload account. This can be beneficial for multiple users at your organization to be able to see what has been submitted by your organization and make corrections, if necessary.

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



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

The Account Users page is displayed.



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

The New Data Submitter User page is displayed.

A screenshot of the 'New Data Submitter User' form. The page title is 'New Data Submitter User' with a sub-header 'MANAGE DATA SUBMITTER USERS'. The form is titled 'Account Information' and contains three required fields: '* Email', '* First name', and '* Last name'. Each field has a red asterisk and a red '...' icon. At the bottom, there are 'Submit' and 'Cancel' buttons.

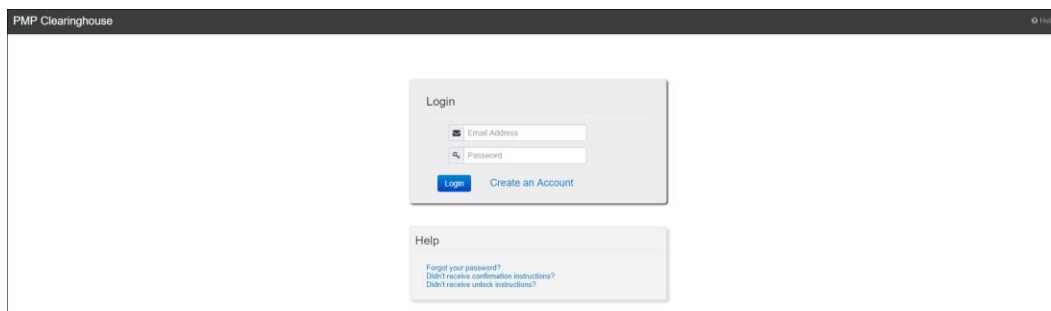
5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
6. Click **Submit**.
The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.
7. Please inform the 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.

Note: The data submitter admin can also set the password for new users. Please refer to [Changing Another User's Password](#) for more information.

4.2 Logging In to PMP Clearinghouse

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

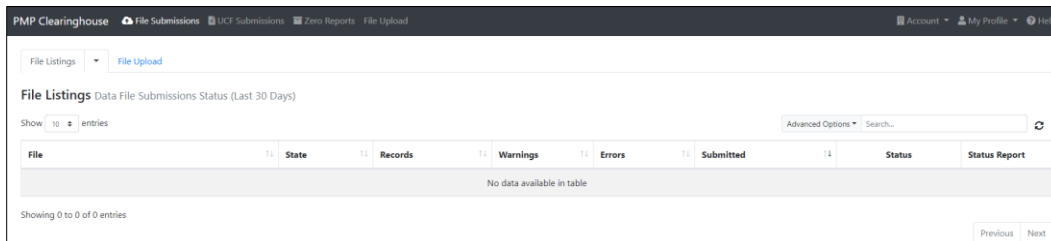


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

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

4. Click **Login**.

The PMP Clearinghouse home page is displayed.



5 Data Delivery Methods

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

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

Delivery Method	Page
Secure FTP	12
Web Portal Upload	12
Manual Entry (UCF)	14
Zero Reports	17

5.1 Secure FTP

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

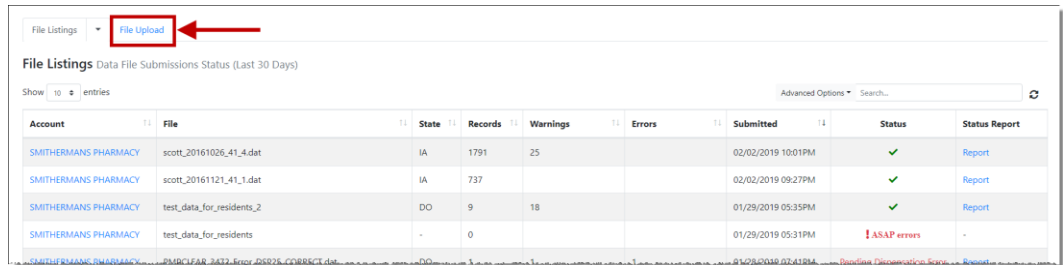
1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the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

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

5.2 Web Portal Upload

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

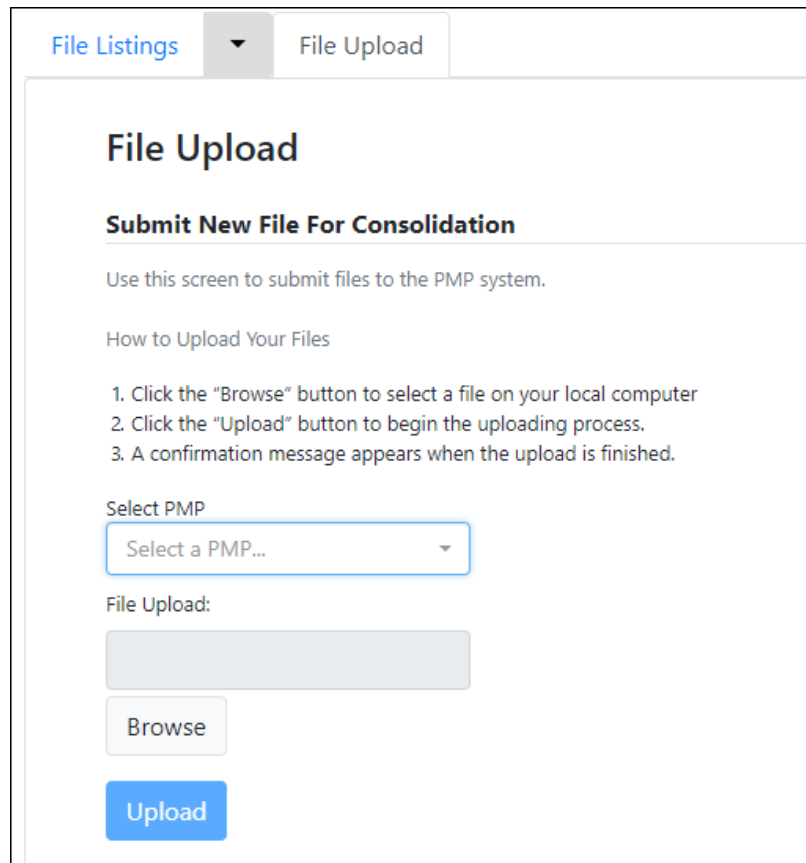
3. [Log in to PMP Clearinghouse.](#)
4. From the home page, click the **File Upload** tab.



The screenshot shows the 'File Listings' page. At the top, there is a navigation bar with 'File Listings' and 'File Upload' tabs. A red box highlights the 'File Upload' tab, and a red arrow points to it. Below the tabs, the page title is 'File Listings Data File Submissions Status (Last 30 Days)'. There is a 'Show' dropdown set to '10' and 'entries'. To the right, there is an 'Advanced Options' dropdown and a search bar. Below this is a table with columns: Account, File, State, Records, Warnings, Errors, Submitted, Status, and Status Report. The table contains four rows of data for 'SMITHERMANS PHARMACY'.

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	✓	Report
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	✓	Report
SMITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	✓	Report
SMITHERMANS PHARMACY	test_data_for_residents	-	0			01/29/2019 05:31PM	! ASAP errors	-

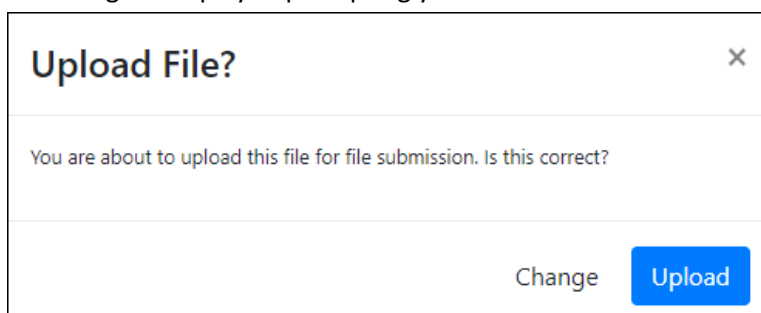
The File Upload page is displayed as shown on the following page.



The screenshot shows the 'File Upload' page. At the top, there is a navigation bar with 'File Listings' and 'File Upload' tabs. Below the tabs, the page title is 'File Upload'. Underneath, there is a section titled 'Submit New File For Consolidation' with the text 'Use this screen to submit files to the PMP system.' Below this is a section titled 'How to Upload Your Files' with three numbered steps: 1. Click the "Browse" button to select a file on your local computer. 2. Click the "Upload" button to begin the uploading process. 3. A confirmation message appears when the upload is finished. Below the steps is a 'Select PMP' section with a dropdown menu labeled 'Select a PMP...'. Below the dropdown is a 'File Upload:' section with a large text input field. Below the input field are two buttons: 'Browse' and 'Upload'.

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

A message is displayed prompting you to confirm the submission.

A dialog box titled "Upload File?" with a close button (X) in the top right corner. The text inside says "You are about to upload this file for file submission. Is this correct?". At the bottom, there are two buttons: "Change" and "Upload".

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.

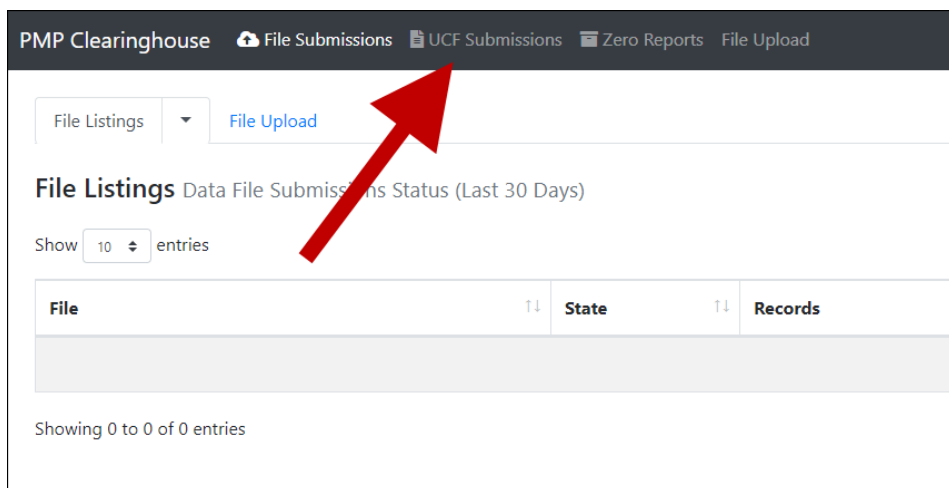
5.3 Manual Entry (UCF)

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 [Reporting Requirements](#) for the complete list of reporting requirements.

Note: An example UCF is provided in [Appendix C](#).

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**.

A screenshot of the PMP Clearinghouse web portal. The top navigation bar includes "PMP Clearinghouse", "File Submissions", "UCF Submissions", "Zero Reports", and "File Upload". Below the navigation bar, there is a "File Listings" dropdown menu and a "File Upload" button. A red arrow points to the "UCF Submissions" link in the navigation bar. The main content area is titled "File Listings" and "Data File Submissions Status (Last 30 Days)". It includes a "Show" dropdown menu set to "10" and "entries". Below this is a table with columns "File", "State", and "Records". The table is currently empty, and the text "Showing 0 to 0 of 0 entries" is displayed at the bottom.

PMP Clearinghouse File Submissions UCF Submissions Zero Reports File Upload

File Listings File Upload

File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries

File	State	Records
------	-------	---------

Showing 0 to 0 of 0 entries

The UCF Listings page is displayed.

Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓

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

The Create Universal Claim Form page is displayed.

Create Universal Claim Form

PMP * Indicates Required Field

Pmp *

Select a PMP...

Patient

☐ Patient Animal

First Name *

Last Name *

Date of Birth *

Gender

MM/DD/YYYY

Unknown

Phone Number

Patient ID

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

Notes:

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

Notes about NDC numbers:

- The NDC number must be submitted without dashes.
- At times, manufacturers may leave off a zero (0) in the NDC number. If you experience difficulty entering the NDC number or are receiving an error for the NDC number, you can use the following examples as a guideline:

If the NDC appears this way...	Enter it this way...
1234-5678-90 (missing 0 in first segment)	01234567890
54321-123-98 (missing 0 in second segment)	54321012398

7. Once you have completed all required fields, click **Save**.

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

Edit Universal Claim Form

You may submit this form at any time.

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

Submit Now

Form has been successfully created. ×

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

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

clearinghouse-prep.pmp.appriss.com says

Are you sure you are ready to submit?

OK Cancel

9. Click **OK**.

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

Edit Universal Claim Form

You may submit this form at any time.

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

Submit Now

Form has errors and was unable to be submitted.

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

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

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

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

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

5.4 Zero Reports

If a facility does not stock or dispense controlled substances, the facility must upload a daily zero report or relinquish its Delaware CSR. To relinquish the CSR, notify the Office of Controlled Substances in writing. When the facility's CSR has terminated, the facility may stop uploading zero reports.

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

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For

additional details on submitting via SFTP, please refer to [Appendix B: ASAP Zero Report Specifications](#).

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

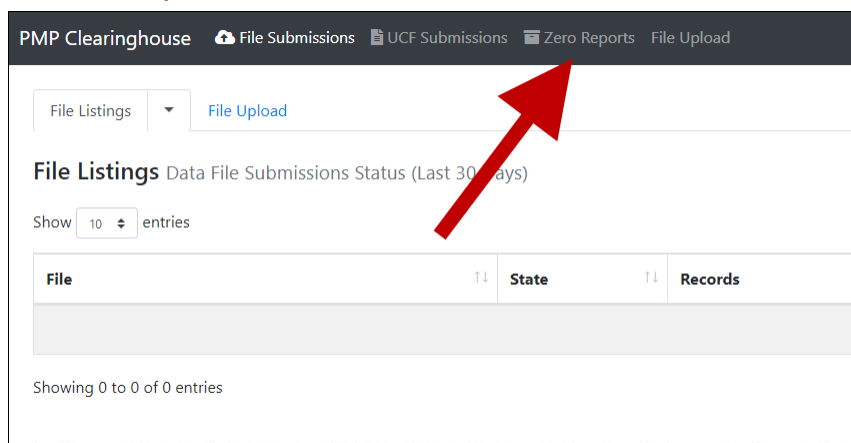
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

5.4.1 Submit a Single-Click Zero Report

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

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

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **Zero Reports**.



The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero Report										
Zero Reports Listings										
Show 25 entries Advanced Options <input type="text" value="Search..."/>										
Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted		
Basic Medical Dispensary	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020		01/16/2020 5:13 PM		
Wellness Pharmacy Systems	AL	01/16/2020	01/16/2020				https://pmpclearinghouse.com/zero-reports/20200116_Zero-Rep	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
☐ Create new Zero Report

Create Single Click Zero Report

Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.

NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+ Demo					

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

5. Click **Add New Pharmacy**.

The New Pharmacy page is displayed.

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

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

Create Zero Report

Submit a Single Click Zero Report

Create new Zero Report

Create Single Click Zero Report

Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report.

NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo					
Pharmacies configured for single-click zero reporting are listed here					
Vermont					

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

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

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

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

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

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

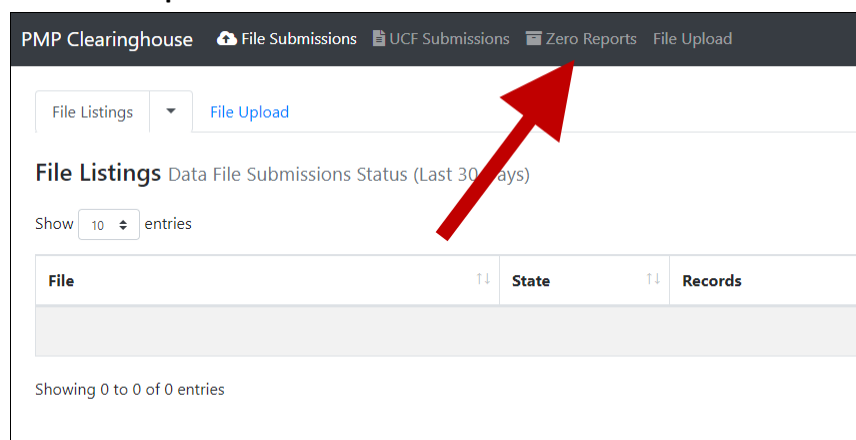
Note: You may edit or delete a pharmacy from this page.

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

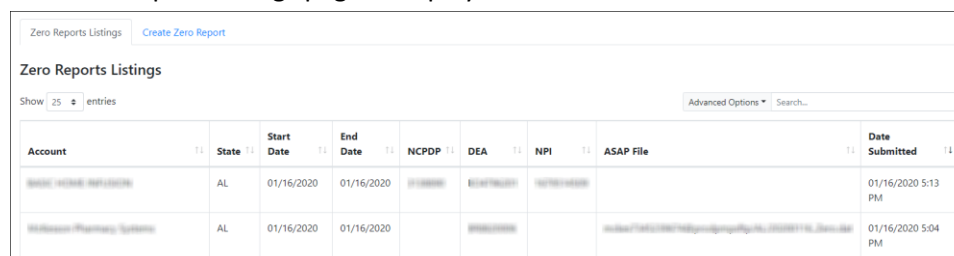
5.4.2 Create a New Zero Report

- If you do not have an account, perform the steps in [Creating Your Account](#).
- [Log in to PMP Clearinghouse](#).

3. Click **Zero Reports**.

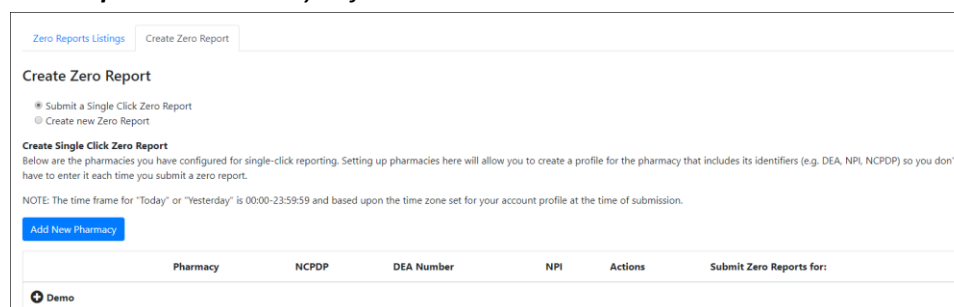


The Zero Report Listings page is displayed.



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.*



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

The Create Zero Report page is displayed.

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

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

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

9. Click **Submit**.

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

6 Data Compliance

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

6.1 File Listings

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

<div>File Listings File Upload</div>									
File Listings Data File Submissions Status (Last 30 Days)									
<div> Show 10 entries <div>Advanced Options Search...</div> </div>									
Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report	
SMITHERMANS PHARMACY	pa_test.dat	PA	45	-	-	06/07/2019 02:50PM	Error Threshold Exceeded	45 of 45	
SMITHERMANS PHARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat	DO	20			05/31/2019 06:13PM	✓	Report	
SMITHERMANS PHARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13.dat	DO	20			05/31/2019 05:46PM	✓(test file)	Report	
Showing 1 to 3 of 3 entries									
<div>Previous 1 Next</div>									

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

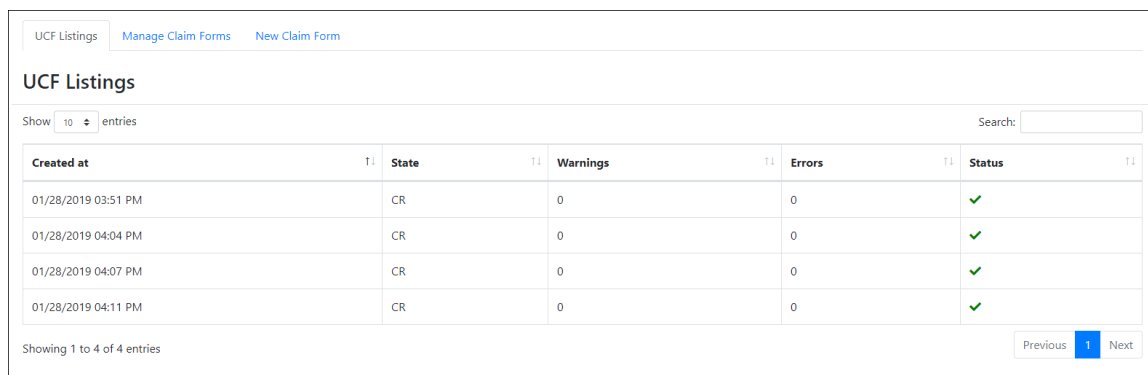
If a file contains errors, it will have a status of **“Pending Dispensation Error.”** You can click the error message in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error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

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

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

6.2 UCF Listings

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



UCF Listings [Manage Claim Forms](#) [New Claim Form](#)

UCF Listings

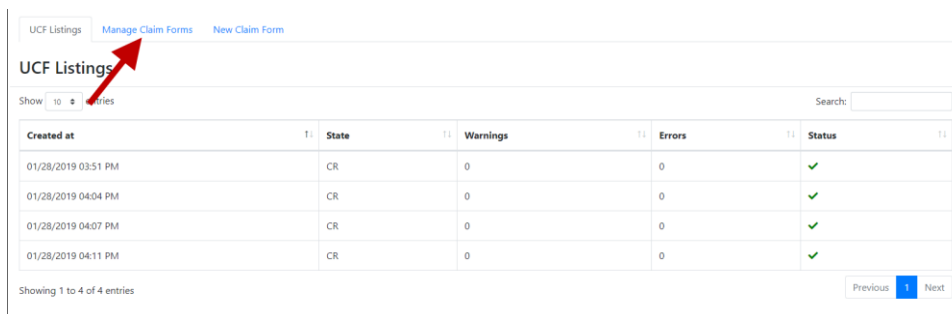
Show 10 entries Search:

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

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 [Manage Claim Forms](#) [New Claim Form](#)

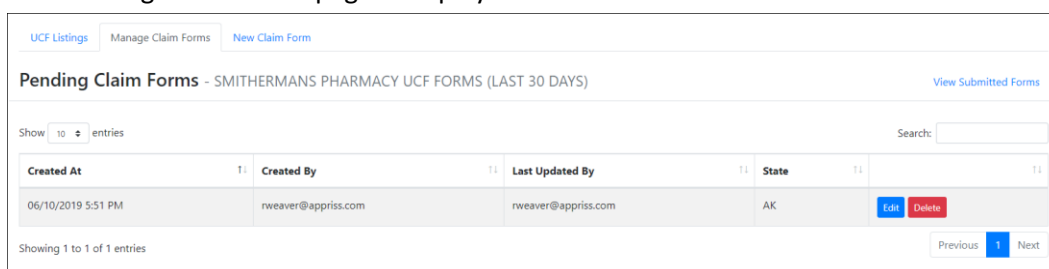
UCF Listings

Show 10 entries Search:

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

Showing 1 to 4 of 4 entries Previous 1 Next

The Pending Claim Forms page is displayed.



UCF Listings [Manage Claim Forms](#) [New Claim Form](#)

Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) [View Submitted Forms](#)

Show 10 entries Search:

Created At	Created By	Last Updated By	State
06/10/2019 5:51 PM	nweaver@appriss.com	nweaver@appriss.com	AK

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.

The screenshot shows the 'Edit Universal Claim Form' page. At the top, there is a green 'Submit Now' button. Below it, a message states: 'You may submit this form at any time. This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.' The form is divided into sections: 'PMP' with a dropdown menu showing 'Alaska' and a note '* Indicates Required Field', and 'Patient' with a checkbox for 'Patient Animal' and fields for 'First Name *' and 'Last Name *'.

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.

A confirmation dialog box is shown with the text: 'clearinghouse-prep.pmp.appriss.com says Are you sure you are ready to submit?'. It has two buttons: 'OK' and 'Cancel'.

4. Click **OK**.

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

The screenshot shows the 'Edit Universal Claim Form' page with a red error message box at the bottom. The message says: 'Form has errors and was unable to be submitted.' followed by two bullet points: 'o Drug Segment is invalid' and 'o Date of Birth can't be blank'. The 'Submit Now' button is still visible at the top.

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 Page

6.3.1 View Records with Errors

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

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
BA4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

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

6.3.2 Error Correction via PMP Clearinghouse

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

Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP Identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry. ✓
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **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 [File Listings](#) and [Error Correction](#) pages are also updated.
- b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6.3.3 Error Correction via File Submission

The ASAP 4.2 standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- **00 New Record** – indicates a new record
- **01 Revise** – indicates that one or more data elements in a previously-submitted record have been revised
- **02 Void** – indicates that the original record should be removed

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 erroneous record:
 - Dispensary identifier (e.g., DEA number)
 - Prescription number (DSP02)
 - Date filled (DSP05)
 - Refill number (DSP06)
 - Quantity (DSP09)

Note: *If you need to revise any of the fields listed above, you must delete the original record and submit a new one with the correct information. Otherwise, a duplicate record will be created.*

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.

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: Delaware ASAP file: fake-test3.txt - Parse Failure

BODY:
Error Message
-----
Failed to decode the value '04' for the bean id
'transactionControlType'.

Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016

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

7.2 File Status Report

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

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

The columns are set to the following lengths:

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

The *File Status Report* notifies you of the following scenarios:

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

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

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

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

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

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

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Type	Message
BE1234567	1347347	9034618394	123486379596-0	20130808	Dispensation	refill_number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20130808	Dispensation	days_supply	ERROR	message example

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.2
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: January 30, 2016
- * Total Record Count: ###
- * Duplicate Records: ###
- * In Process Count: ###
- * Records with Error Count: ###
- * Imported Records Count: ###
- * Records Imported with Warning Count: ###

7.3 Zero Report Confirmation

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

An example *Zero Report Confirmation* is provided below.

```
SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:
Summary:
* File Name: zero_reports_20130301KSMCPS.DAT
* PMP Name: Delaware
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* ASAP Creation Date: 2013-03-06
```

8 Managing Your Upload Account

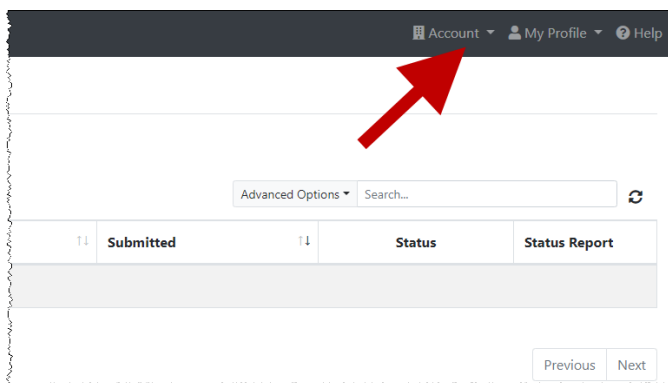
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

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

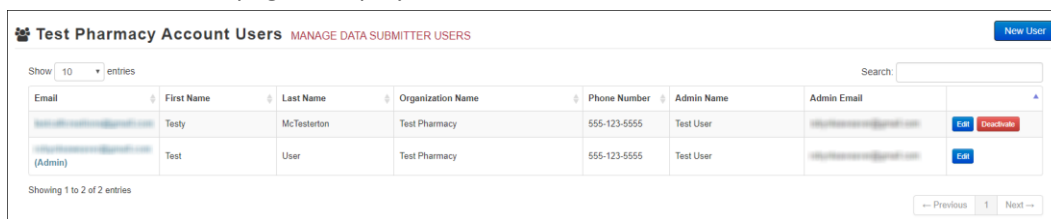
8.1 Adding Users to Your Upload Account

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

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

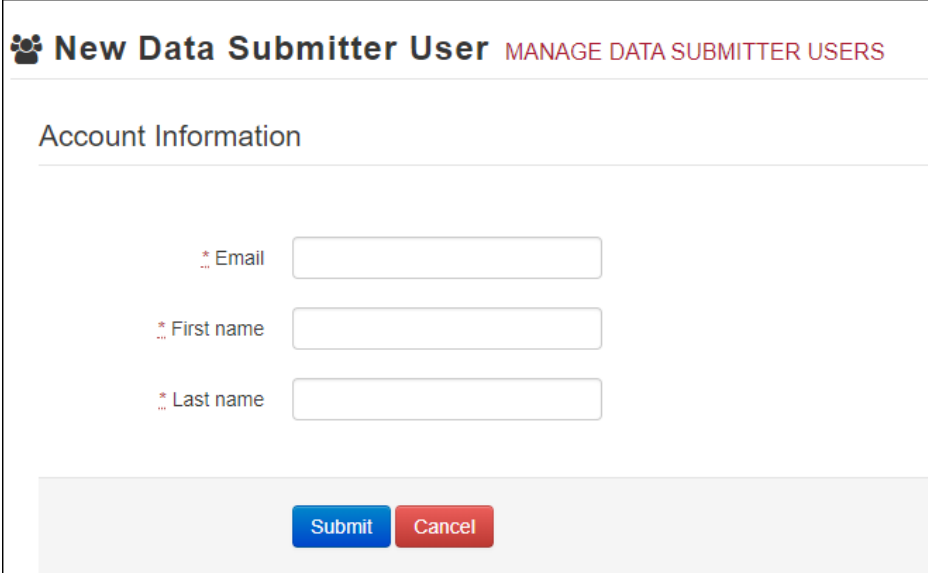


3. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.



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

The New Data Submitter User page is displayed.

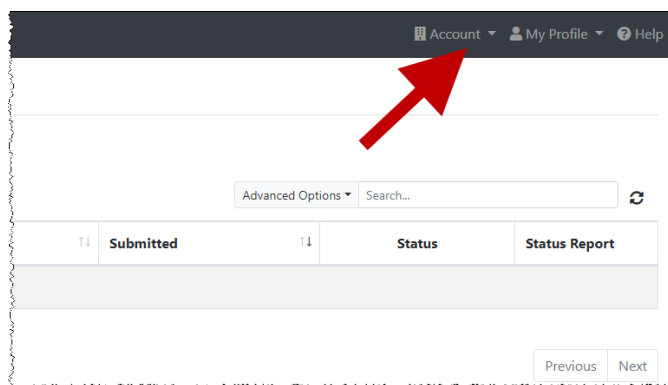


5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
6. Click **Submit**.
The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.
7. Please inform the 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

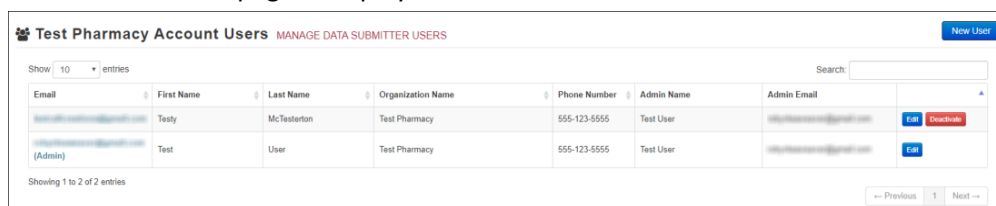
If a user is unable to update their own password, a data submitter can update a password for any additional users linked to the admin account.

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



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

The Account Users page is displayed.



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

The Edit Data Submitter User page is displayed.

A screenshot of the 'Edit Data Submitter User' page. The page title is 'Edit Data Submitter User' with a sub-header 'MANAGE DATA SUBMITTER USERS'. The main section is 'Account Information'. It contains several form fields: 'Email' (with a red asterisk and a red eye icon), 'First name' (with a red asterisk), 'Last name' (with a red asterisk), 'Password' (with a red asterisk), and 'Password confirmation'. A note below the password field says 'leave it blank if you don't want to change it'. At the bottom, there are 'Submit' and 'Cancel' buttons.

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

Passwords must contain:

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

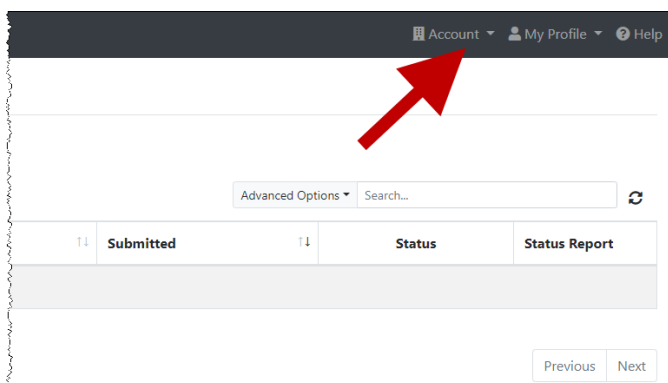
6. Click **Submit**.

The password is changed.

8.2 Adding States to Your Upload Account

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

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



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

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

A screenshot of the 'SMITHERMANS PHARMACY Account MULTI STATE APPROVAL' page. The page has a header with the account name and title. Below the header, there is a message: 'Please select state PMPs that will receive data from this account. We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.' Below the message, there is a table with columns 'Abbv', 'State', and 'Status'. The table lists various states with checkboxes and their approval status. To the right of the table, there is a map of the United States titled 'Participating States | Your Approval Status' showing the status of each state.

Abbv	State	Status
<input checked="" type="checkbox"/>	AL Alabama	Pending
<input checked="" type="checkbox"/>	AK Alaska	Approved
<input type="checkbox"/>	AZ Arizona	
<input type="checkbox"/>	AR Arkansas	
<input type="checkbox"/>	CO Colorado	
<input checked="" type="checkbox"/>	CT Connecticut	Approved
<input checked="" type="checkbox"/>	DO Demo	Approved
<input type="checkbox"/>	DC District of Columbia	
<input type="checkbox"/>	GA Georgia	
<input type="checkbox"/>	HI Hawaii	
<input checked="" type="checkbox"/>	ID Idaho	Approved

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

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

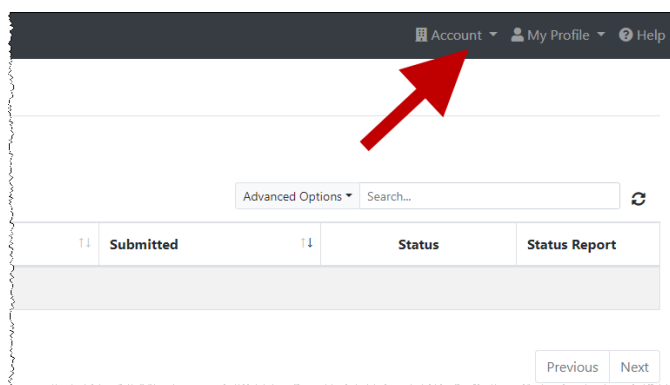
Notes:

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

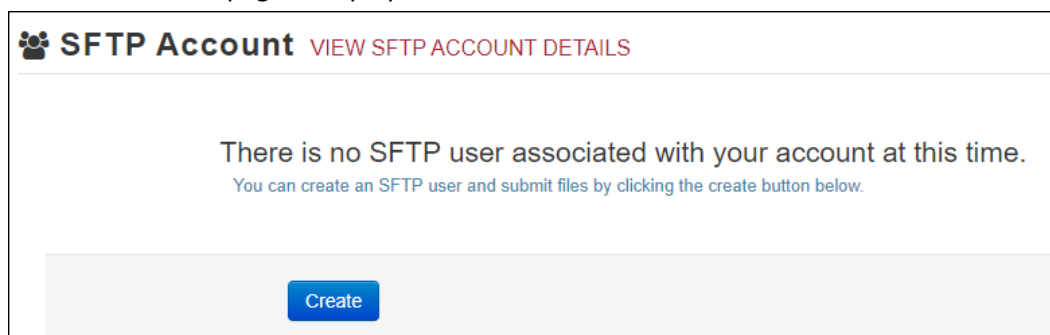
8.3 Adding SFTP Access to an Upload Account

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

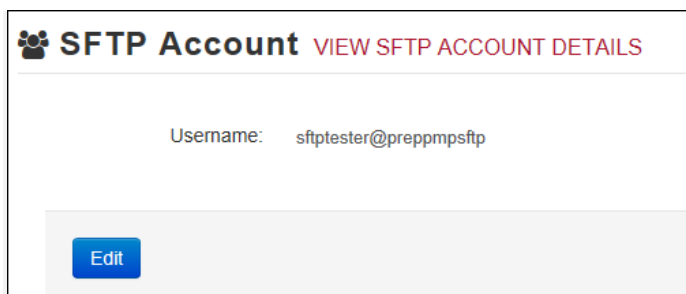
1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



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



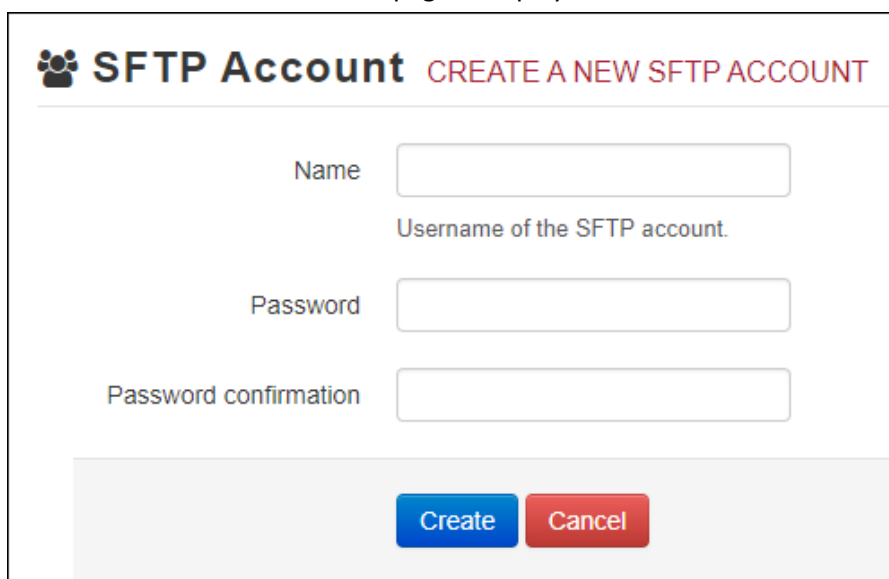
Note: If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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.



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.

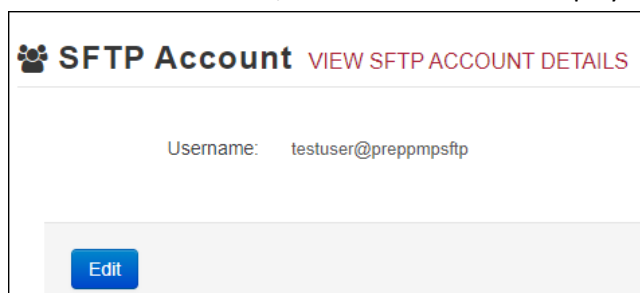
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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

7. Click **Create**.

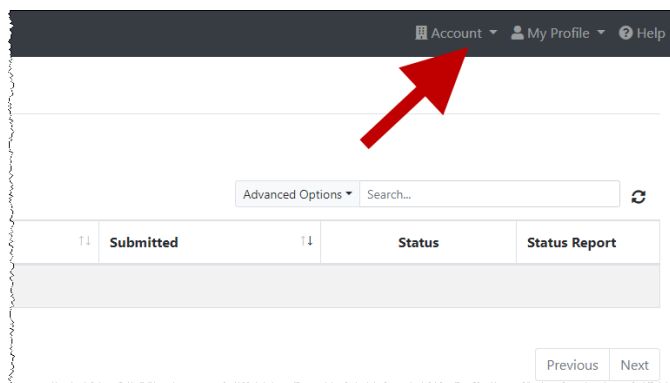
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

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

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



3. Select **Account Details**.

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

SMITHERMANS PHARMACY Accounts

Account Details

Name: SMITHERMANS PHARMACY
Phone Number: 2056652575
Fax Number: 2056650940

Admin Details

User Name: Test User
Email: testuser@appriss.com
Address: 703 MAIN ST
MONTEVALLO KY 35115
Sftp Account ID: sftp tester@preppm sftp

[Edit](#) [View All Accounts](#)

4. Click **Edit**.

The Edit Account page is displayed.

Edit SMITHERMANS PHARMACY Account

Account Details * Indicates Required Field

Name *

Phone number Fax number

Admin Details

Address

City Zip code State

[Save Changes](#) [Cancel](#)

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

The account information is updated.

9 Managing Your User Profile

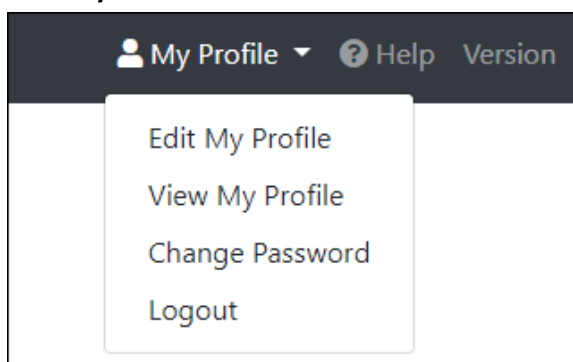
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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

9.1 Editing Your Profile

Note: This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to [Editing Your Upload Account](#).

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



3. Select **Edit My Profile**.

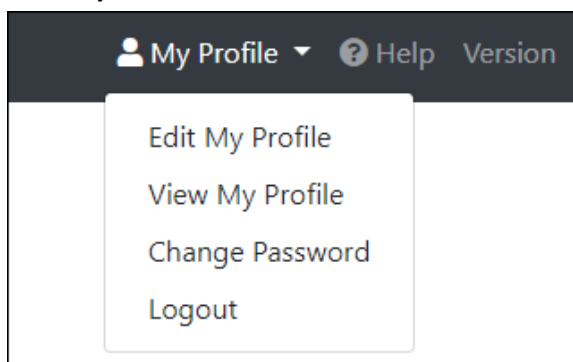
A screenshot of the 'Edit Profile' form. The form has a title 'Edit Profile' at the top. Below it is a section titled 'Profile Details' with a note '* Indicates Required Field'. This section contains four input fields: 'First name *' (with 'ldap' entered), 'Last name *' (with 'generated' entered), 'Email *' (with 'rweaver@appriss.com' entered), and 'Time zone' (a dropdown menu showing '(GMT+00:00) UTC'). There is also a checkbox labeled 'Disable report emails' which is currently unchecked. Below the 'Profile Details' section is a section titled 'Organization Information' which displays read-only information: 'Name: SMITHERMANS PHARMACY', 'Admin: Test User', and 'Admin Email: testuser@appriss.com'. At the bottom of the form are two buttons: 'Save Changes' (in blue) and 'Cancel' (in grey).

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

9.2 Changing Your Password

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

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



3. Select **Change Password**.

A screenshot of a 'Change Password' form. At the top, the title 'Change Password' is centered. Below it, 'Profile Details' is on the left and '* Indicates Required Field' is on the right. The form contains an 'Email' field with the value 'rweaver@appriss.com'. Below the email is a 'Current password' field with an asterisk, followed by a text input box. A note below the box says 'we need your current password to confirm your changes'. Below this are two side-by-side input boxes labeled 'Password' and 'Password confirmation'. At the bottom are two buttons: 'Update' (in blue) and 'Cancel' (in grey).

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

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter

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

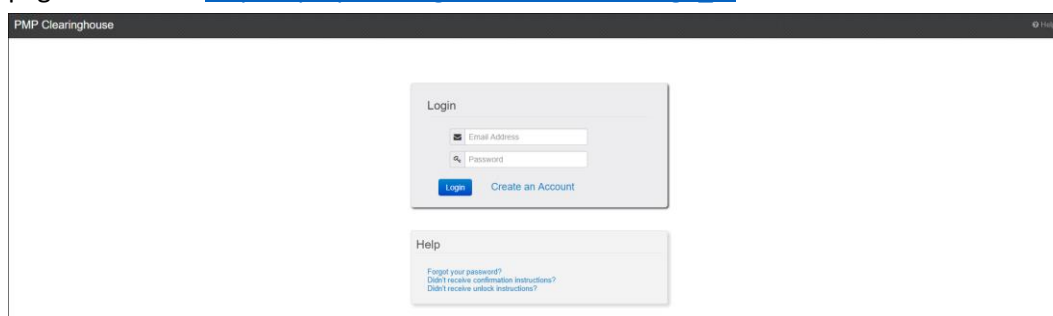
6. Click **Update**.

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

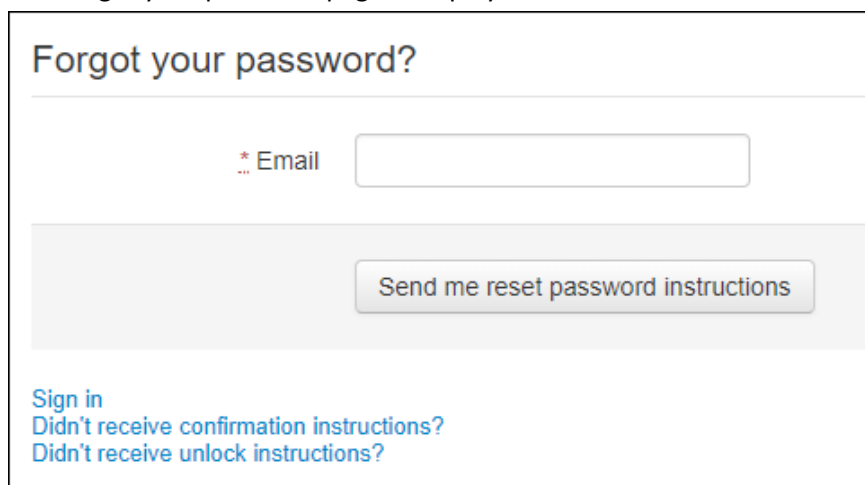
9.3 Resetting Your Password

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

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

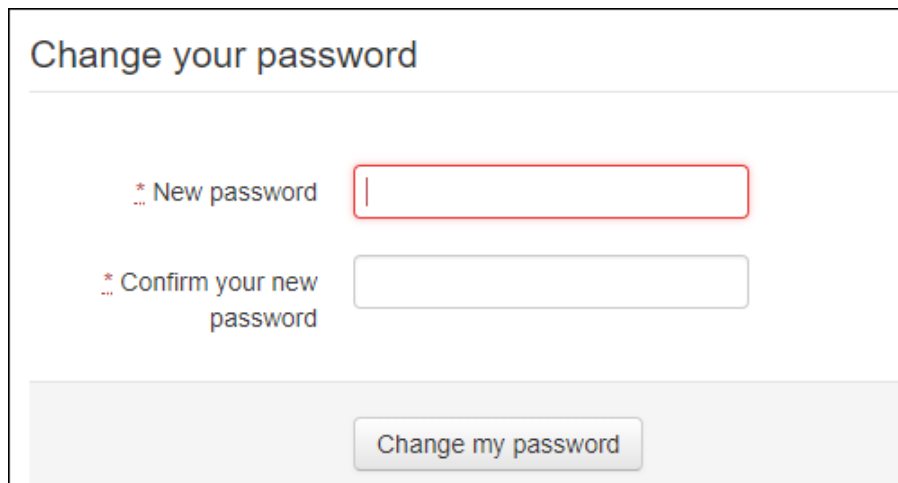


2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.



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.



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

Passwords must contain:

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

6. Click **Change my password**.

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

10 Assistance and Support

10.1 Technical Assistance

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

- Contact Appriss Health at 1-855-263-6401;
OR
- Create a support request at the following URL:
<https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new>.

Technical assistance is available Monday through Friday from 8:00 a.m. to 5:00 p.m.
Eastern Standard Time.

10.2 Administrative Assistance

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

Jason Slavoski, Pharm.D.
Prescription Monitoring Program Administrator
Delaware Board of Pharmacy
Office of Controlled Substances

Phone: 302-744-4518

E-mail: delawarepmp@state.de.us

11 Document Information

11.1 Disclaimer

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

11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	08/30/2017	N/A	N/A; initial publication
1.1	10/02/2017	Reporting Requirements	Added required elements table
			Added PRE01 to required elements table
		Noncompliance	Added verbiage
		Creating Your Upload Account	Added instructions for adding additional user accounts
		Manual Upload (UCF)	Added notes regarding entry of NDC numbers
		Zero Reports	Added verbiage regarding zero report history
		Appendix E	Added UCF
1.2	10/04/2017	Reporting Requirements	Added PHA01 to required elements table
1.3	10/05/2017	Zero Reports	Added verbiage regarding reporting frequency
		Changing Another User's Password	Added additional language for clarity around password updates
2.0	01/29/2020	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
		6.2/UCF Listings	Added clarification on correcting UCF errors

Version	Date	Chapter/Section	Change Made
		6.3.3/ Error Correction via File Submission	Added clarification on correcting errors by submitting a revision file using 01 (revise) in the DSP01 field
2.1	04/24/2020	2.2/Reporting Requirements	Changed the requirement for submitting zero reports from weekly to daily
		5.4/Zero Reports	

Appendix A: ASAP 4.2 Specifications

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

The following elements are used in each upload file:

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

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

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

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

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

- **Requirement**

- R = Required by ASAP
- S = Situational
- RR = Required by the DE PMP

Both “R” and “RR” fields must be submitted.

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

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	S
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <ul style="list-style-type: none"> P = Production T = Test 	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Element ID	Element Name	Requirement
PHA: Pharmacy Header (required)			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	RR
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	Pharmacy Name Free-form name of the pharmacy.	RR
	PHA05	Address Information – 1 Free-form text for address information.	S
	PHA06	Address Information – 2 Free-form text for address information.	S
	PHA07	City Address Free-form text for city name.	S
	PHA08	State Address U.S. Postal Service state code.	S
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
	PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	S
	PHA11	Contact Name Free-form name.	S
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
PAT: Patient Information (required)			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Element ID	Element Name	Requirement
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card 05 Passport ID 06 Driver's License ID 99 Other (agreed upon ID) 	S
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient's last name.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S
	PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	S
	PAT12	Address Information – 1 Free-form text for street address information.	RR

Segment	Element ID	Element Name	Requirement
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	RR
	PAT15	State Address U.S. Postal Service state code <i>Note: Field has been sized to handle international patients not residing in the U.S.</i>	RR
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9s (i.e., 9999999999).	S
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> F Female M Male U Unknown 	RR
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> 01 Human 02 Veterinary Patient 	S

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other 	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R

Segment	Element ID	Element Name	Requirement
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> 01 NDC 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment) 	RR
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If 06 Compound is indicated in DSP07, use 99999 as the first five characters; CDI then becomes required.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days Supply Estimated number of days the medication will last.	RR
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> 01 Each 02 Milliliters (ml) 03 Grams (gm) 	S
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other 	S
	DSP13	Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> 00 Not a Partial Fill 01 First Partial Fill 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.	S

Segment	Element ID	Element Name	Requirement
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> • 01 Private Pay (cash, check, debit, credit) • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	RR
	DSP17	Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: YYYYMMDD	S
	DSP18	RxNorm Code Qualifier RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	S
	DSP21	Electronic Prescription Order Number This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	S
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	RR

Segment	Element ID	Element Name	Requirement
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	RR
	PRE06	First Name Prescriber's first name.	RR
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	S
CDI: Compound Drug Ingredient Detail (situational) Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> 01 NDC 	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	S

Segment	Element ID	Element Name	Requirement
AIR: Additional Information Reporting (situational)			
Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 08 Tribal ID 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other 	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S

Segment	Element ID	Element Name	Requirement
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.	S
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix B: ASAP Zero Report Specifications

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

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	4.2	R
	TH02	123456	R
	TH05	20150101	R
	TH06	223000	R
	TH07	P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA03	ZZ1234567	R
PAT: Patient Information (required)			
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispensing Record (required)			
	DSP05	20150101	R
PRE: Prescriber Information (required; can be null as follows: PRE*****\)			
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	TP01	7	R
TT: Transaction Trailer (required)			
	TT01	123456	R
	TT02	10	R

Sample Zero Report

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

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

Appendix C: Online Universal Claim Form

An example of a complete online universal claim form (UCF) is provided on the following page.
Required fields are indicated with an asterisk (*).

Create Universal Claim Form	Prescriber
<p>PMP * Indicates Required Field</p> <p>Pmp * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">Delaware</div> </p> <p>Patient</p> <p><input type="checkbox"/> Patient Animal</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>First Name * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Date of Birth * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">MM/DD/YYYY</div> </p> <p>Phone Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>Last Name * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Gender <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">Unknown</div> </p> <p>Patient Location <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> </div> </div> <p>Patient ID</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Identity Type <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Jurisdiction <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>Identity Value <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> <p>Patient Address</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Address * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>City * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>Apartment or Suite <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>State/Province * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Postal Code * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> <p>Pick-up/Drop-off Person</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>First Name <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Patient Relationship <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Drop-off/Pick-up ID Type <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Jurisdiction <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>Last Name <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Drop-off/Pick-up ID # <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> <p>Pharmacy</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Name * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Phone Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>DEA Number * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Permit Number/License Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Contact Name <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Address * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>City * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> <div style="width: 30%;"> <p>State * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> </div> <div style="width: 30%;"> <p>Postal Code * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> </div>	<p>Prescriptions</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>DEA Number * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>NPI Number <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>XDEA Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>First Name * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Phone Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>DEA Suffix <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Last Name * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> <p>Pharmacist</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Identifier Type <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> </div> <div style="width: 48%;"> <p>Identifier Value <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Partial Fill <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Authorized Refills * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Days Supply * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Payment Type <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Control (Serial) Number <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Quantity Prescribed <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> </div> <div style="width: 30%;"> <p>Rx Number * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Prescription Origin <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>Date written * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">MM/DD/YYYY</div> </p> <p>Treatment Type <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p>EPrescription Reference <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Directions <div style="border: 1px solid #ccc; height: 80px; width: 100%;"></div> </p> </div> <div style="width: 30%;"> <p>Refill Number * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Diagnosis Code <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Date filled * <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">MM/DD/YYYY</div> </p> <p>Date Sold <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">MM/DD/YYYY</div> </p> </div> </div> <p>Drug Information</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p><input type="checkbox"/> Compound</p> <p>NDC Number * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Quantity * <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> </p> <p>Units <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"></div> </p> <p style="text-align: center;"> Remove Add New </p> <p style="text-align: center; margin-top: 10px;"> Save Cancel </p> </div>

Appendix D: SFTP Configuration

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

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

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

SFTP Connection Details

Hostname: *sftp.pmpclearinghouse.net*

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

Port: 22

Note: The port will always be 22.

- **Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, [log in to PMP Clearinghouse](#), then click **Account** > **SFTP Details** > **Edit**.

- Your username cannot be modified; however, you can update your password.

Note: Your current SFTP password cannot be seen or recovered. If you have forgotten or lost it, you will need to create a new one. For more information on changing the SFTP password, please refer to [Adding SFTP Access to an Upload Account](#).

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

State Subfolders

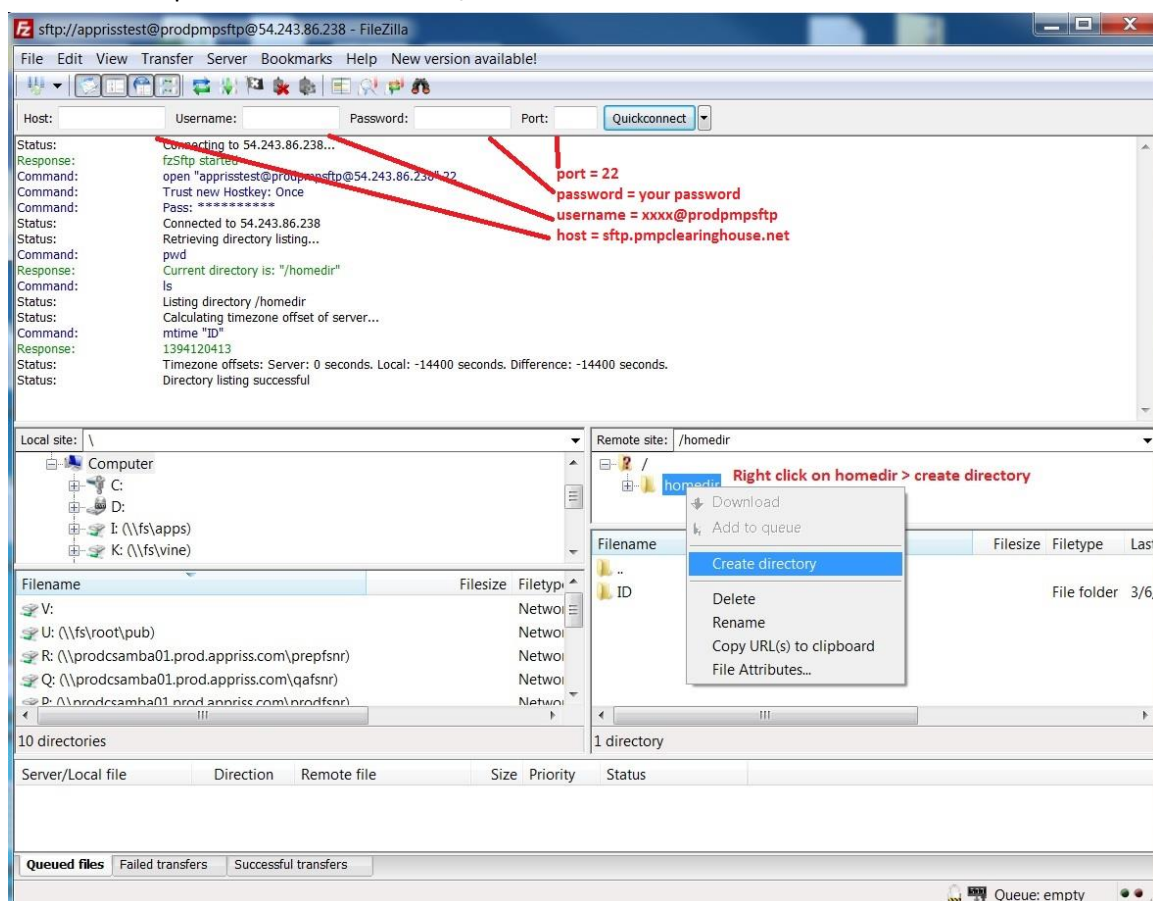
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

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

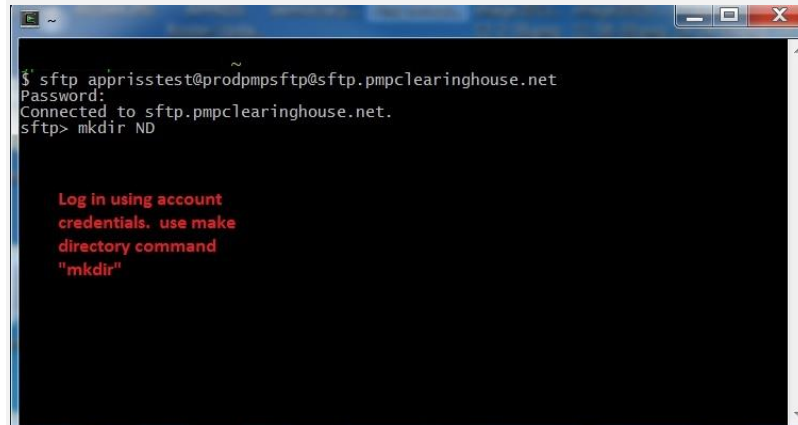
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under **/homedir**.



2. Via command prompt

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

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

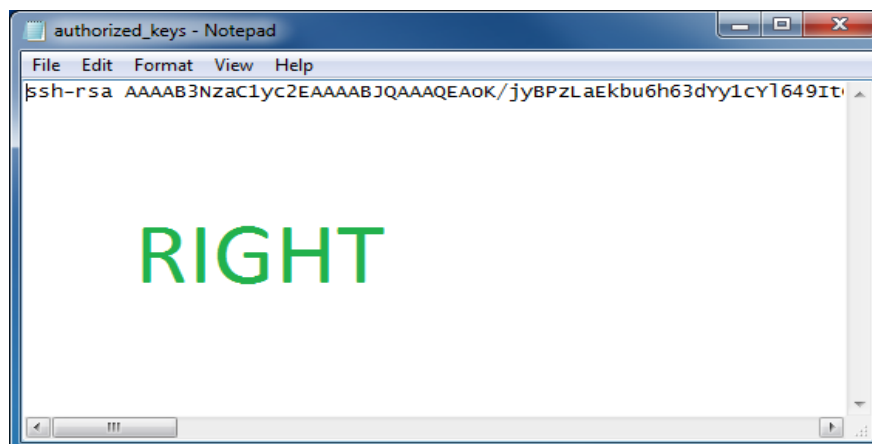


Public (SSH/RSA) Key Authentication

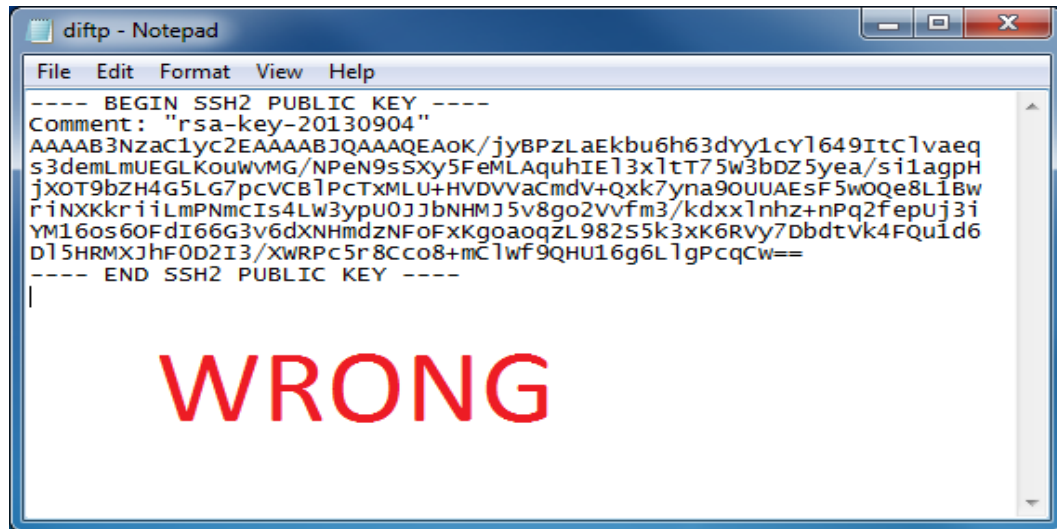
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: *PGP Encryption is not supported.*

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



- **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 state subfolder. Please refer to [State Subfolders](#) for steps on creating subfolders.

Appendix E: Universal Claim Form

The Universal Claim Form is provided on the following page.

Patient Information							
Patient Last Name	Patient First Name			Patient Date of Birth		Patient Gender	
Patient Street Address	Patient City			Patient State		Patient Zip	
Dispenser Information						Pharmacy Information	
Dispenser Name	Dispenser DEA #		Dispenser Phone #		Dispenser Fax #		Pharmacy DEA #
Dispenser Address	Dispenser City		Dispenser State		Dispenser Zip		Pharmacy Name
Prescription Information							
(Prescription 1) Rx #	Date Filled	Date Written	Reporting Status		Qty Dispensed	Days Supply	Refills Authorized
			<input type="checkbox"/> New Record <input type="checkbox"/> Revise <input type="checkbox"/> Void				
NDC	Drug Name (Strength)		Prescriber Name				Prescriber DEA #
Classification Code for Payment Type <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Military Installations and VA <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other *Select "Other" if the payment type is unknown.							
(Prescription 2) Rx #	Date Filled	Date Written	Reporting Status		Qty Dispensed	Days Supply	Refills Authorized
			<input type="checkbox"/> New Record <input type="checkbox"/> Revise <input type="checkbox"/> Void				
NDC	Drug Name (Strength)		Prescriber Name				Prescriber DEA #
Classification Code for Payment Type <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Military Installations and VA <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other *Select "Other" if the payment type is unknown.							
(Prescription 3) Rx #	Date Filled	Date Written	Reporting Status		Qty Dispensed	Days Supply	Refills Authorized
			<input type="checkbox"/> New Record <input type="checkbox"/> Revise <input type="checkbox"/> Void				
NDC	Drug Name (Strength)		Prescriber Name				Prescriber DEA #
Classification Code for Payment Type <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Military Installations and VA <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other *Select "Other" if the payment type is unknown.							