



Data Submission Guide for Dispensers

Connecticut 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 and [other reportable drugs](#) in Connecticut 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 Connecticut
- 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 Connecticut required to report the dispensing of controlled substances and gabapentin, naloxone, and insulin drugs, glucagon drugs, diabetes devices, diabetic ketoacidosis devices.

Note: [Public Act 21-182](#). Effective June 28, 2021, veterinarians, licensed under chapter 384, are *exempt* from the reporting requirement for the dispensation of insulin drugs, glucagon drugs, diabetes devices, and diabetic ketoacidosis devices for animal patients.

2 Data Collection and Tracking

2.1 Data Collection Requirements

In accordance with Connecticut General Statute: Section 21a-254, the Connecticut Department of Consumer Protection has established a program to monitor the prescribing and dispensing of Schedule II–V controlled substances. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substance and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

Pharmacies and dispensing practitioners are required to submit dispensing information on federally controlled substances in Schedules II through V and DCP-designated drugs and devices (gabapentin, naloxone, insulin drugs, glucagon drugs, diabetes devices, and diabetic ketoacidosis devices) within 24 hours or the next business day to the State of Connecticut through the PMP Clearinghouse application provided by Appriss Health, Inc. (Appriss). For more information on the reporting requirements, please visit the [PMP Pharmacist Information page](#).

Sec. 21a-408-50 requires dispensary reporting into the prescription monitoring program (PMP). **Note:** “Dispensary” = Medical Marijuana Dispensary

- (a) At least once per day, a dispensary shall transmit electronically to the Drug Control Division of the department the information set forth in the edition of the *Electronic Reporting Standard for Prescription Monitoring Programs* established by the American Society for Automation in Pharmacy, a copy of which may be obtained from the American Society for Automation in Pharmacy on their website: www.asapnet.org.
- (b) A dispensary shall transmit the information required pursuant to this section in such a manner as to ensure the confidentiality of the information in compliance with all federal and state statutes and regulations, including the federal Health Insurance Portability and Accountability Act 1996, Public Law 104-191.

Information about controlled substance dispensing activities is reported at regular intervals to the state of Connecticut through the authorized data collection vendor, Appriss, Inc. (Appriss). Pharmacies and other dispensers, including mail order pharmacies that mail orders into the state, are required by law to provide such reporting to the data collection vendor in approved formats and frequencies.

2.2 Reporting Requirements

On and after July 1, 2016, each pharmacy, nonresident pharmacy, outpatient pharmacy in a hospital or institution, and dispenser shall report all controlled substance and reportable prescriptions dispensed immediately upon, but in no event more than twenty-four hours after, dispensing.

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

Advance notice of new and amended laws and regulations will be posted accordingly on the State website at www.ct.gov/dcp/pmp; however, it is your responsibility to keep yourself informed of all legislative changes or amendments.

All dispensers of Schedule II–V controlled substance and reportable prescriptions are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

Exemptions to the reporting requirements outlined above may be granted in some circumstances. Refer to [Appendix C: Exemptions to Reporting](#) to see criteria that may qualify a dispenser for exemption status.

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

“Dispenser” includes:

- All pharmacies that provide controlled or reportable substances on an outpatient basis to patients in Connecticut, including pharmacies located within the state and those nonresidential pharmacies that regularly ship into the state and are licensed by the CT Department of Consumer Protection (DCP).
- Practitioners (physicians, dentists, podiatrists, physician assistants, advanced practice registered nurses, veterinarians, and optometrists) who dispense controlled substances and other drugs of interest directly to patients.

“Dispensing” DOES NOT include:


- Manufacturer’s drug samples given to the patient
- Prescriptions sent out to be filled by a pharmacy.
- Drugs administered during treatment occurring while the patient is on site at your facility.

Data collected from the dispensers shall include, for each Schedule II–V and other drugs of interest, at a minimum, the following information:

- Name of the prescriber
- Prescriber’s DEA number (or NPI number, if the prescriber is prescribing a non-controlled substance such as gabapentin and does not have a DEA number)
- Prescriber’s phone number
- Name of the dispenser

- Dispenser's DEA number (or NPI number, or state license number, if the dispenser of a non-controlled substance such as gabapentin does not have a DEA number)
- Dispenser's phone number
- Patient's name
- Patient's full address, including city, state, and ZIP code
- Patient's Phone Number (Not required, but should be encouraged)
- Patient's date of birth*
- Patient's gender*
- Species code (to differentiate a prescription for an individual from one prescribed for an animal)
- Prescription number
- Date the prescription was written
- Date the prescription was filled
- Date the prescription was sold, dependent on software capability (Not required, but should be encouraged)
- Refill number and number of refills authorized
- Name and strength of the controlled substance (or NDC number)
- Quantity of controlled substance dispensed
- Drug dosage units (each, milliliters, grams)
- Partial fill indicator (indicates whether or not the quantity dispensed is less than the quantity authorized by the prescriber)
- Number of days' supply
- Payment type

When the recipient of a controlled substance (the patient) is an animal, the requirements are to be modified as shown in the table below. In the following instructions, the term "client" refers to the animal's owner or caretaker who arranges for the animal's veterinary care. For a complete list of ASAP specifications, please refer to [Appendix A](#).

 **Veterinarian Prescription** - This icon is displayed beneath the drug name on a patient's report. This icon will only appear if a prescription was submitted as a veterinarian prescription. The species code is submitted as "02" in the PAT20 field to indicate the prescription is for a Veterinary Patient. There is nothing to identify if the veterinary patient is a dog, cat, ferret, etc; the icon will always be a dog. When hovering over the icon, a brief description further explains that the prescription is for an animal.



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 establish submission 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 and approved.
- As of June 16, 2016, dispensers are required to transmit their data using PMP Clearinghouse. Data should be reported in accordance with the guidelines outlined under [Reporting Requirements](#).
- If a pharmacy or any dispenser does not dispense any controlled substances or drugs of interest 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 4.2A format, as defined in [Appendix A: ASAP 4.2A 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 “20110415.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 Connecticut to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding States to Your Upload Account](#) to add states to your account.

Notes:

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

Account Registration

Profile Details * Indicates Required Field

Email Address *

Password *

Password confirmation *

Personal Information

First name * Middle name Last name *

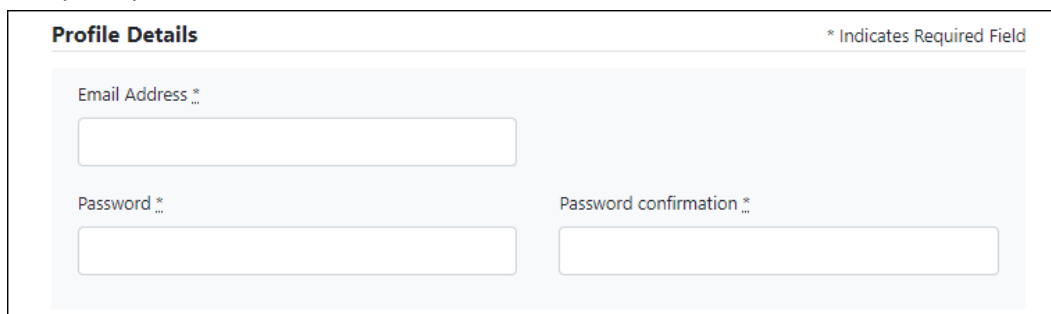
Searching for DEA or NPI will autopopulate your information if found.

DEA NPI

Employer Information

Name *

2. Complete your Profile Details.



- 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 is another checkbox labeled "Enable Real-Time Access" which is unchecked.

- 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 C: 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

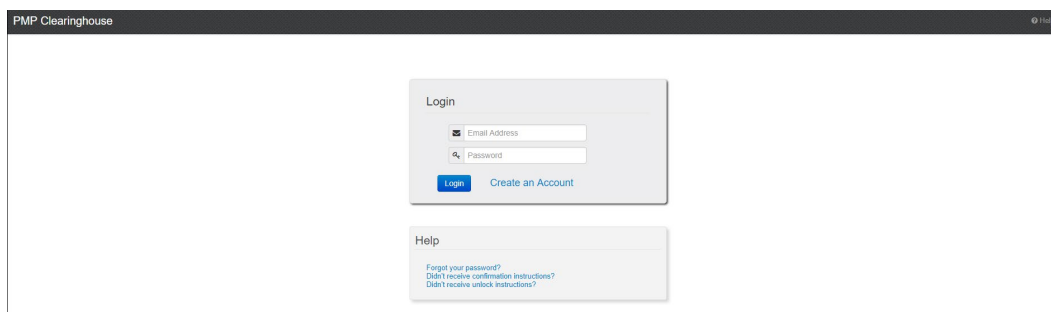
Continue

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.

4.2 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.

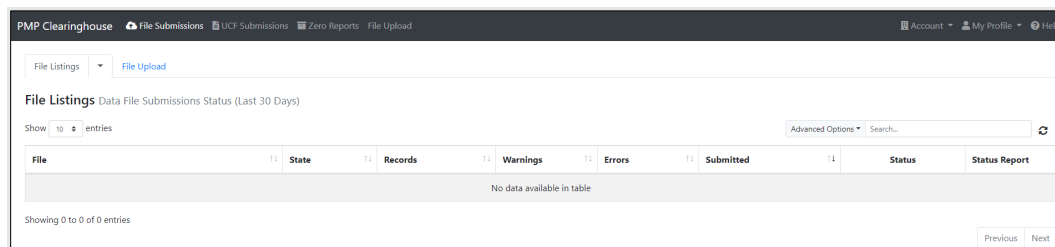


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

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	Error! Bookmark not defined.
Web Portal Upload	Error! Bookmark not defined.
Manual Entry (UCF)	Error! Bookmark not defined.
Zero Reports	Error! Bookmark not defined.

5.1 Secure FTP

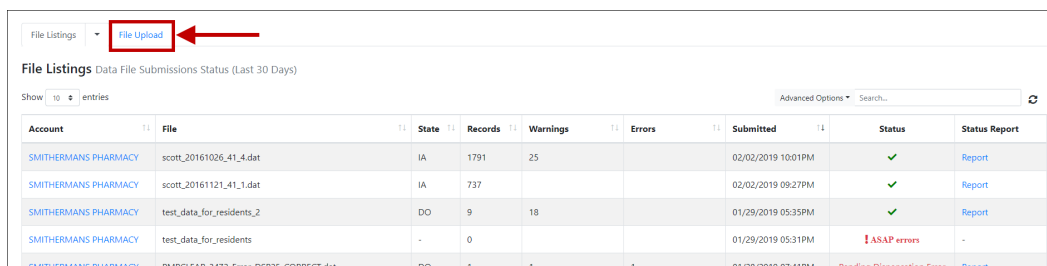
If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual sub-folders for the state PMP systems to which you are submitting data. These sub-folders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the state abbreviation (e.g., AK, CT, RI, 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 4.2A 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.

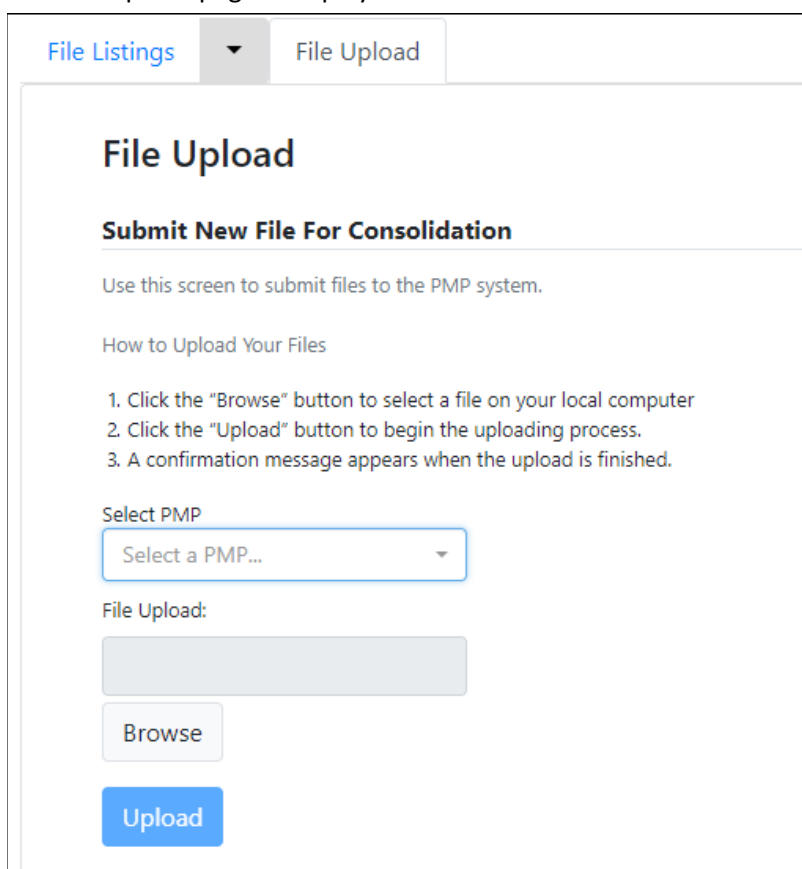
5.2 Web Portal Upload

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 4.2A Specifications](#).
3. [Log in to PMP Clearinghouse](#).
4. From the home page, click the **File Upload** tab.



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.



File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

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.

Select PMP

Select a PMP...

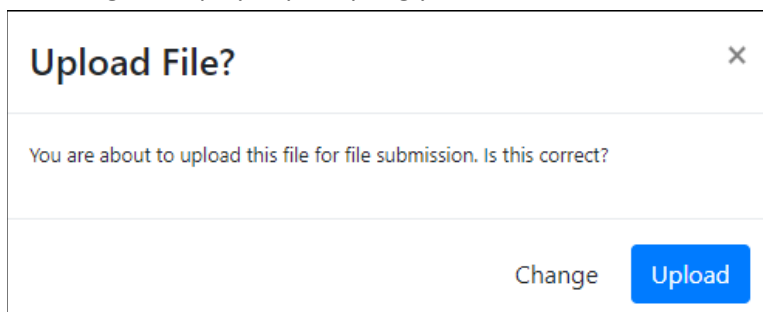
File Upload:

Browse

Upload

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

A message is displayed prompting you to confirm the submission.



The image shows a modal dialog box titled "Upload File?". It contains a close button (X) in the top right corner. The main text asks, "You are about to upload this file for file submission. Is this correct?". At the bottom right, there are two buttons: "Change" and "Upload". The "Upload" button is highlighted in blue.

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.

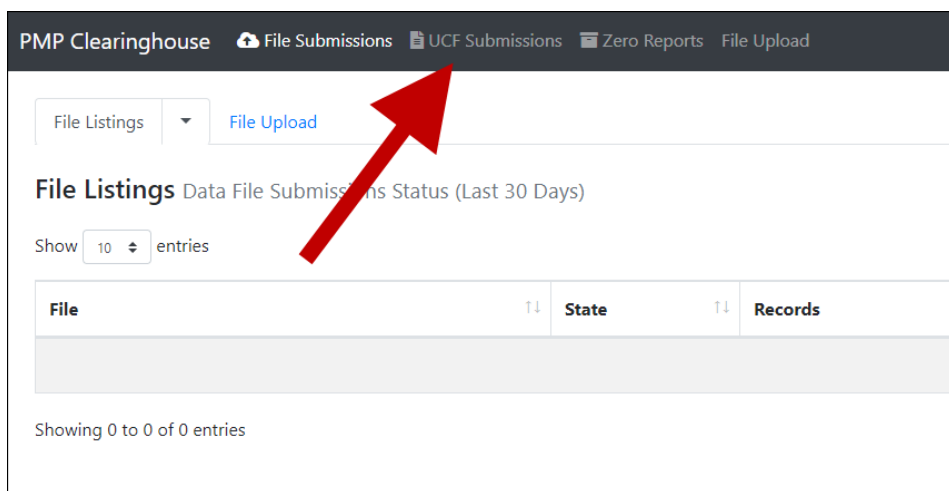
Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

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.

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**.



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

The UCF Listings page is displayed.

UCF Listings Manage Claim Forms New Claim Form					
UCF Listings					
Show 10 entries		Search:			
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	✓	
01/28/2019 04:11 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 *

Connecticut

Patient

☐ Animal

First Name - PAT08 *

Middle Name - PAT09

Last Name - PAT07 *

Date of Birth - PAT18 *

MM/DD/YYYY

Gender - PAT19

Unknown

Phone Number - PAT17

Patient Location - PAT21

Patient ID

Identity Type - PAT02

Identity Value - PAT03

Jurisdiction - PAT01

Patient Address

Address - PAT12 *

Apartment or Suite - PAT13

City - PAT14 *

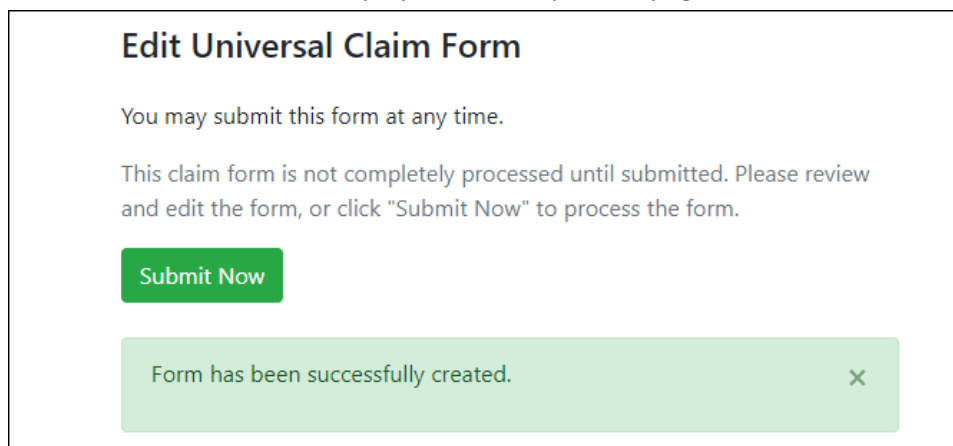
- Select the state PMP to which you are submitting data from the drop-down list in the **Select a PMP** field.
- Complete the required fields.

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.

- 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.

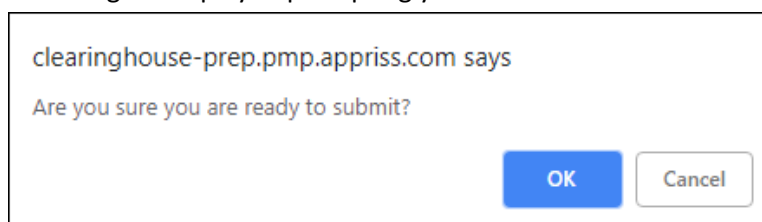
This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

Submit Now

Form has been successfully created. X

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

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



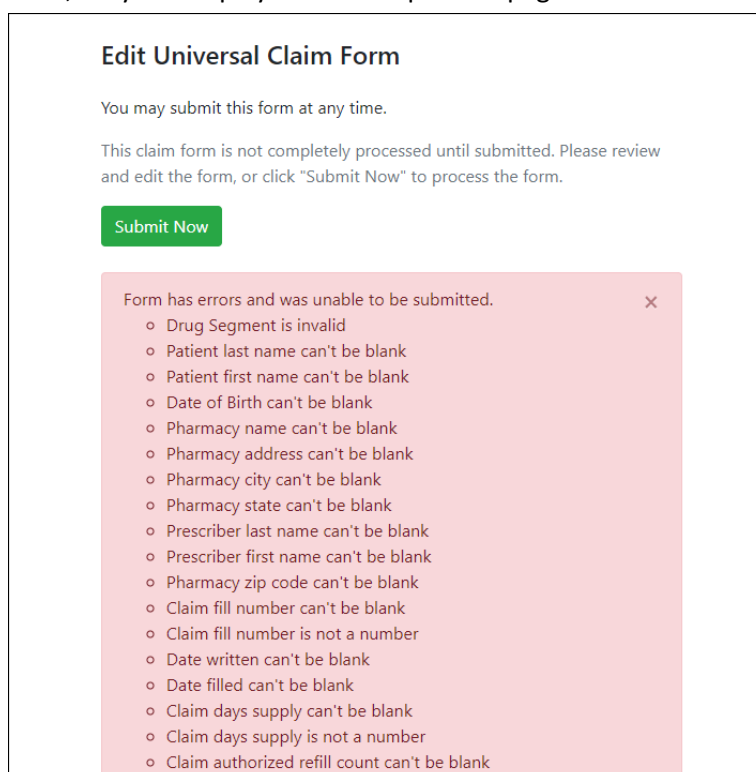
clearinghouse-prep.pmp.appriss.com says

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.

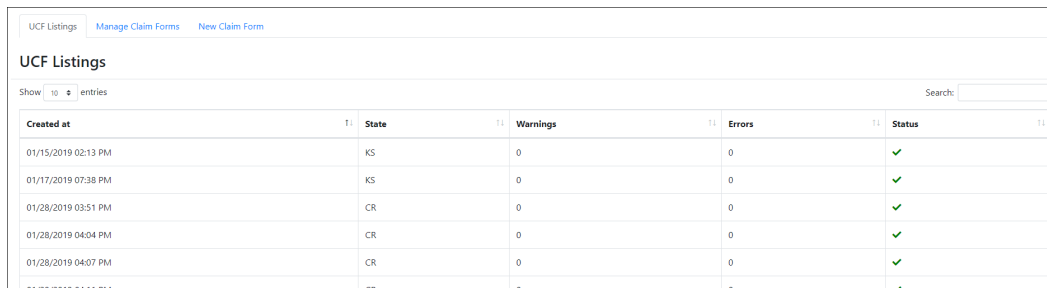
Submit Now

Form has errors and was unable to be submitted. X

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

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

10. Correct the indicated errors, then repeat steps 7–9.
11. Once your data has been successfully submitted, your report is listed on the UCF Listings page.



The screenshot shows the 'UCF Listings' page with a table of submitted reports. The table has columns for 'Created at', 'State', 'Warnings', 'Errors', and 'Status'. All entries show 0 warnings and 0 errors, with a status of '✓'.

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

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:

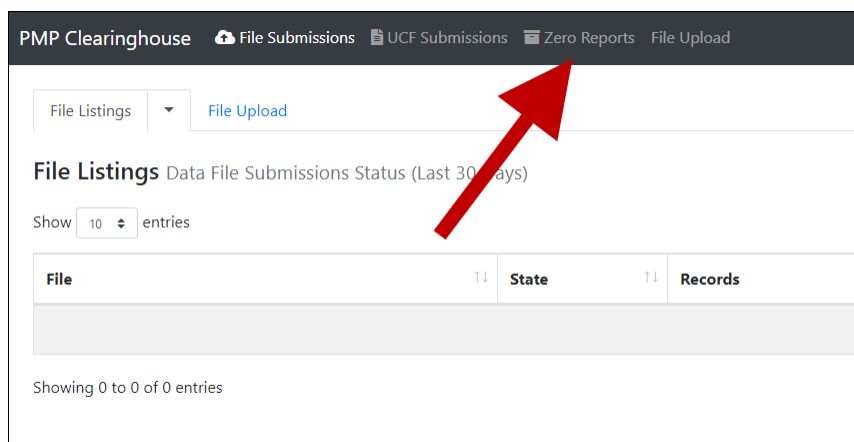
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

5.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the pharmacy, or for yourself if you are a dispensing practitioner, that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report. The Pharmacy Profile indicates actual pharmacies and dispensing practitioners.

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 Search...

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
Walmart (Pharmacy System)	AL	01/16/2020	01/16/2020	123456789	123456789	123456789		01/16/2020 5:13 PM
Walmart (Pharmacy System)	AL	01/16/2020	01/16/2020	123456789	123456789	123456789	https://pmp.clearinghouse.com/ASAP/123456789/20200116_Zero.pdf	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												
<p>Create Zero Report</p> <p> <input checked="" type="radio"/> Submit a Single Click Zero Report <input type="radio"/> Create new Zero Report </p> <p>Create Single Click Zero Report</p> <p>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.</p> <p>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.</p> <p>Add New Pharmacy</p> <table border="1"> <thead> <tr> <th>Pharmacy</th> <th>NCPDP</th> <th>DEA Number</th> <th>NPI</th> <th>Actions</th> <th>Submit Zero Reports for:</th> </tr> </thead> <tbody> <tr> <td colspan="6">+ Demo</td> </tr> </tbody> </table>		Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	+ Demo					
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.

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

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

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

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



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

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

Or

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

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

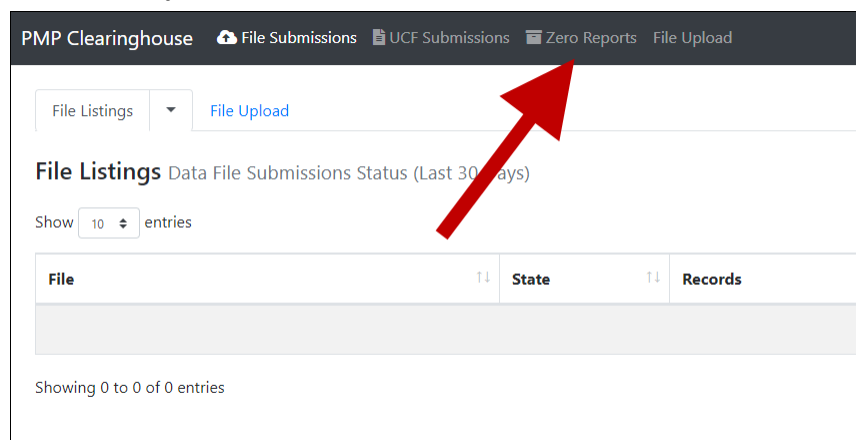
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
 Demo							
	Appriss Pharmacy		MM4122735		Edit Delete	Today 01/16/2020	Yesterday 01/15/2020
	Test		BK0121258		Edit Delete	Today 01/16/2020	Yesterday 01/15/2020
	Test Pharmacy		FC8591934		Edit Delete	 Submitted	Yesterday 01/15/2020

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](#).
- Click **Zero Reports**.



The Zero Report Listings page is displayed.

Zero Reports Listings Create Zero Report										
Zero Reports Listings										
Show 25 entries										
Advanced Options Search...										
Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted		
AL	AL	01/16/2020	01/16/2020					01/16/2020 5:13 PM		
AL	AL	01/16/2020	01/16/2020					01/16/2020 5:04 PM		

- 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					

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

The Create Zero Report page is displayed.

Zero Reports Listings Create Zero Report

Create Zero Report

☐ Submit a Single Click Zero Report
☒ Create new Zero Report

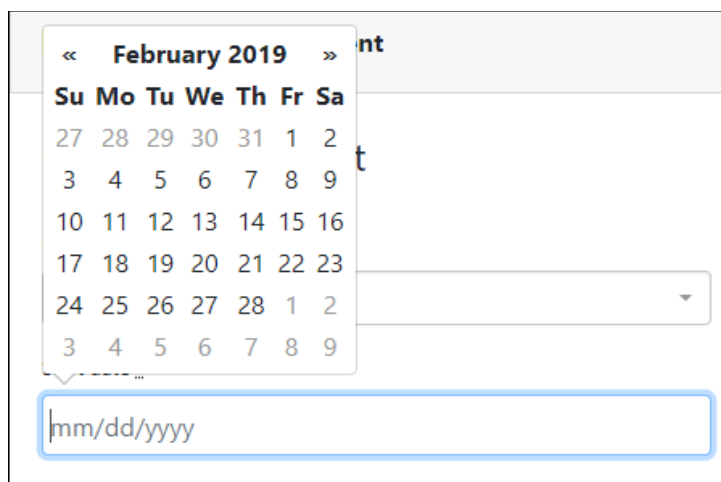
PMP * **NCPDP**
Select a PMP...

Start date * **DEA Number**
mm/dd/yyyy

End date * **NPI**
mm/dd/yyyy

Submit

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



The screenshot shows a date selection interface. At the top, there is a calendar for February 2019. The calendar has a header with navigation arrows and the month/year. Below the header, the days of the week are listed: Su, Mo, Tu, We, Th, Fr, Sa. The dates are arranged in a grid. To the right of the calendar, there is a dropdown menu. Below the calendar and dropdown, there is a text input field with a placeholder text "mm/dd/yyyy".

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)									
Show 10 entries Advanced Options Search... ↻									
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									
Previous 1 Next									

- 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.

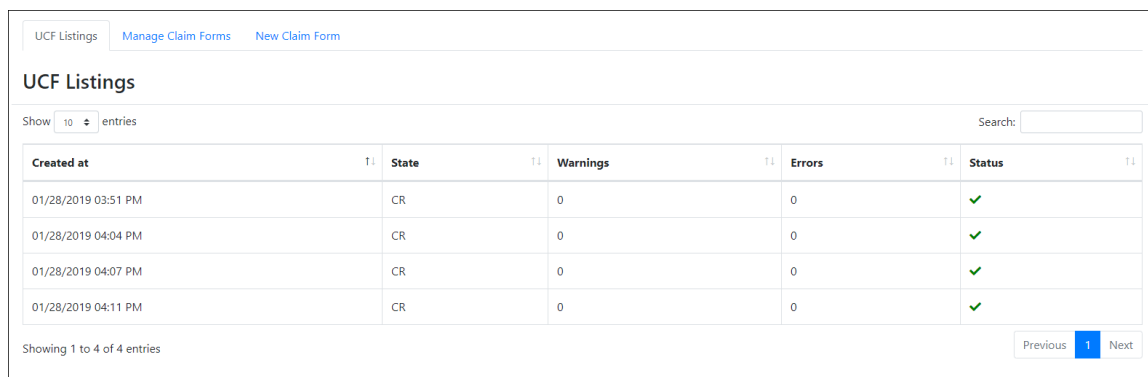
If a file contains errors, it will have a status of **“Pending Dispensation Error.”** You can click the error message in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error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

The UCF Listings page displays information about the UCFs (Universal Claim Forms) 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:

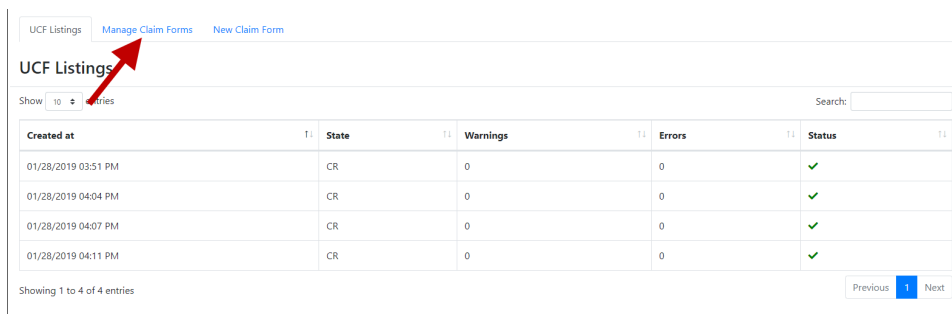
Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

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

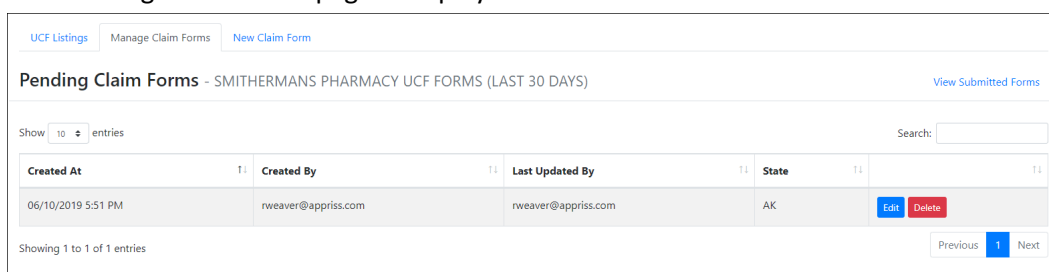
Search:

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)

Show 10 entries

Search:

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

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 displayed with the text: 'clearinghouse-prep.pmp.appriss.com says Are you sure you are ready to submit?'. It features 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 error message reads: '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.
6. 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.

File Listings File Upload

Error Correction Manage And Resolve Submission Issues

Show 10 entries Search:

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
BM4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

Showing 1 to 1 of 1 entries Previous Next

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

6.3.2 Error Correction via PMP Clearinghouse

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

File Listings File Errors Dispensary Errors

Dispensary Errors Manage And Resolve Submission Issues

Prescription Number: 0100755 DEA Number: BE9432042 NCPDP Identifier: 0068568 Filled At: 2019-02-13

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

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **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 4.2A standard requires a pharmacy or other dispenser 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

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

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

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

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

7.2 File Status Report

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

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

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.

*Connecticut Prescription Monitoring Program
Data Submission Guide for Dispensers*

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

BODY:

DEA Type	NCPDP Message	NPI	Prescription	Filled	Segment	Field
-------------	------------------	-----	--------------	--------	---------	-------

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: 4.2A
- * 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: Connecticut
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* ASAP Creation Date: 2013-03-06
```

8 Managing Your Upload Account

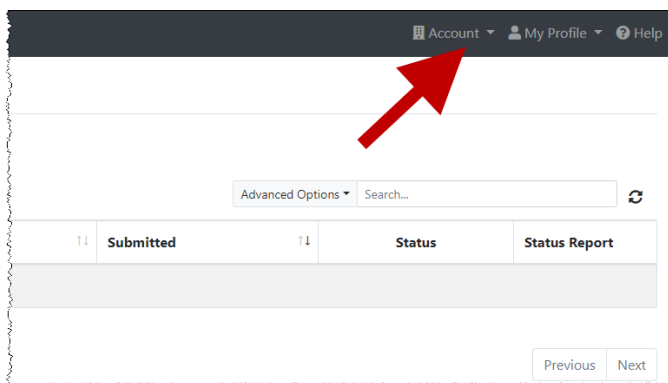
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

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](#).
1. Click **Account**.

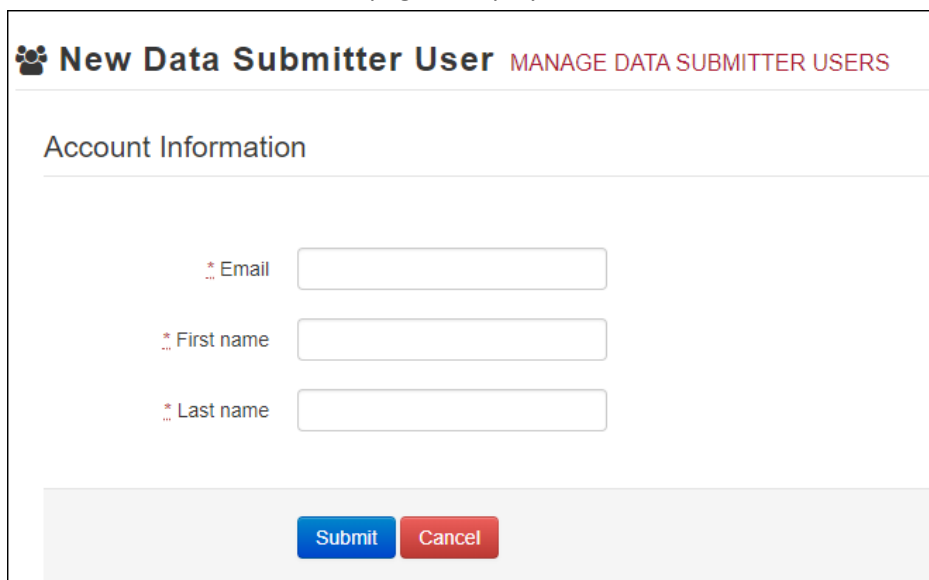


2. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.

A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a subtitle 'MANAGE DATA SUBMITTER USERS'. In the top right corner, there is a blue button labeled 'New User'. Below the title, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: Email, First Name, Last Name, Organization Name, Phone Number, Admin Name, and Admin Email. There are two rows of data. The first row has a blue 'Edit' button and a red 'Deactivate' button. The second row has a blue 'Edit' button. At the bottom of the table, it says 'Showing 1 to 2 of 2 entries'. In the bottom right corner, there are navigation buttons: 'Previous', '1', and 'Next'.

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

The New Data Submitter User page is displayed.



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

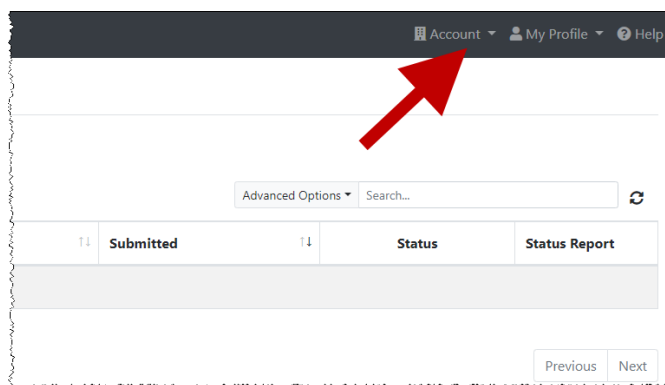
5. Click **Submit**.

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

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

8.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email
testy@mcusercontent.com	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	testy@mcusercontent.com
(Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	testy@mcusercontent.com

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

The Edit Data Submitter User page is displayed.

Edit Data Submitter User MANAGE DATA SUBMITTER USERS

Account Information

* Email

* First name

* Last name

Password

leave it blank if you don't want to change it

Password confirmation

Submit **Cancel**

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

Passwords must contain:

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

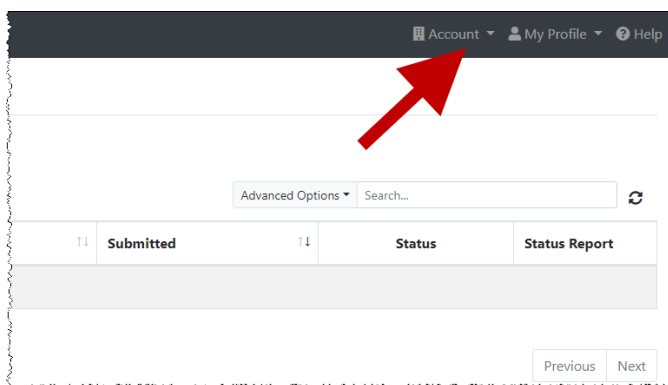
6. Click **Submit**.

The password is changed.

8.2 Adding States to Your Upload Account

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

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



3. Select **Multi State Approval** from the **Account** drop-down menu.
The Multi State Approval page is displayed. This page displays all states currently using the PMP AWARxE system as well as your data sharing status with each state.

SMITHERMANS PHARMACY Account MULTI STATE APPROVAL

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.

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

Participating States | Your Approval Status

A map of the United States with several states shaded in gray, indicating they are participating states. The shaded states include Washington, Oregon, California, Nevada, Idaho, Utah, Arizona, New Mexico, Colorado, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Louisiana, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, and Alaska.

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.

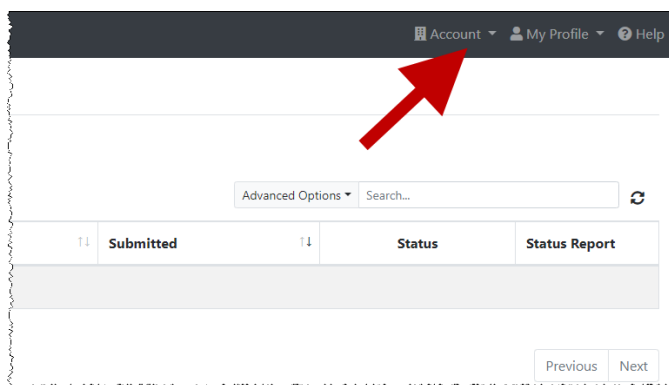
Notes:

- 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.

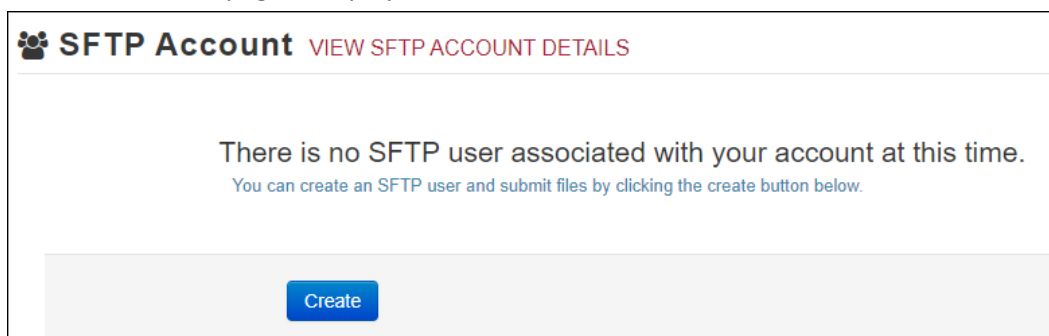
8.3 Adding SFTP Access to an Upload Account

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.

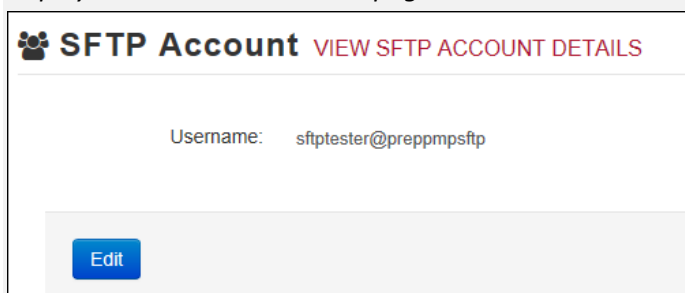
1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



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



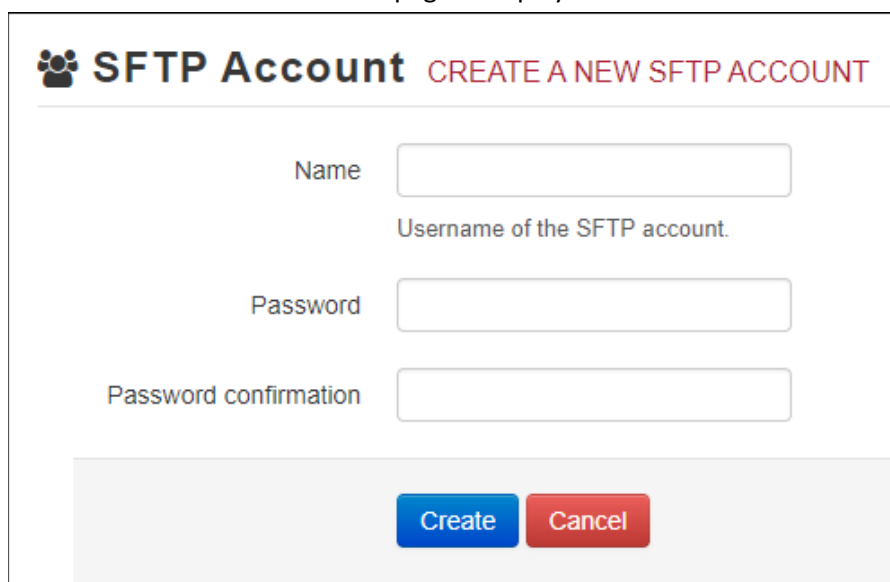
Note: If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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.



SFTP Account CREATE A NEW SFTP ACCOUNT

Name
Username of the SFTP account.

Password

Password confirmation

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.

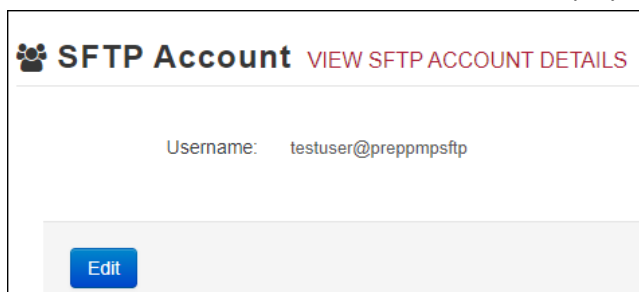
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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**.

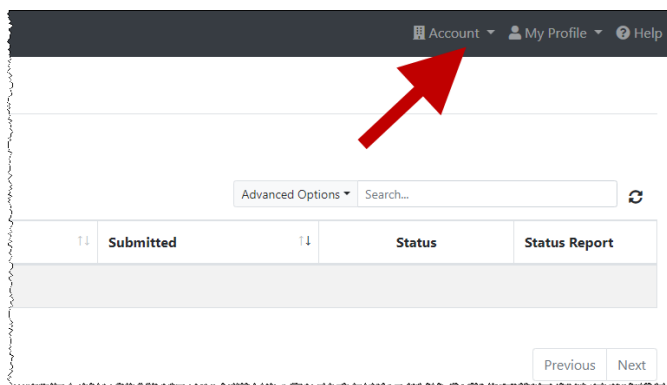
The account is created, and the username is displayed.



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

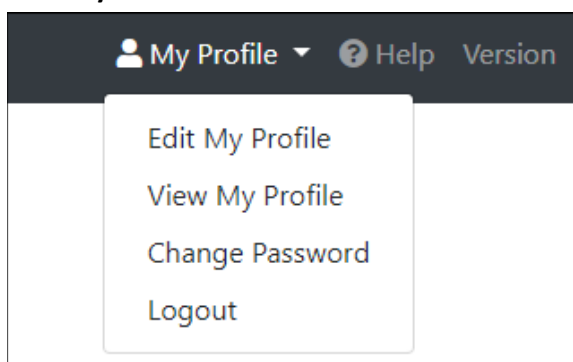
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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**.

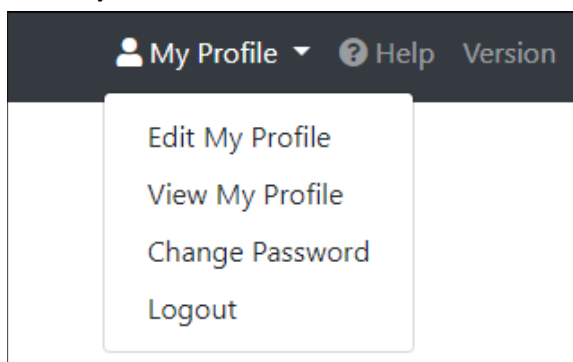
A screenshot of the 'Edit Profile' form. The form is titled 'Edit Profile' and has a subtitle 'Profile Details'. A note '* Indicates Required Field' is in the top right. The form is divided into two main sections: 'Profile Details' and 'Organization Information'. In the 'Profile Details' section, there are four input fields: 'First name *' (containing 'ldap'), 'Last name *' (containing 'generated'), 'Email *' (containing 'rweaver@appriss.com'), and 'Time zone' (a dropdown menu showing '(GMT+00:00) UTC'). There is also a checkbox labeled 'Disable report emails' which is currently unchecked. The 'Organization Information' section shows '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 the 'Change Password' form in the PMP Clearinghouse. The form has a title 'Change Password' and a subtitle 'Profile Details' with a note '* Indicates Required Field'. The form contains the following fields: 'Email' (pre-filled with 'rweaver@appriss.com'), 'Current password *' (with a text input field), 'Password' (with a text input field), and 'Password confirmation' (with a text input field). Below the fields, there are two buttons: 'Update' (in blue) and 'Cancel' (in grey). A small text note says 'we need your current password to confirm your changes'.

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.

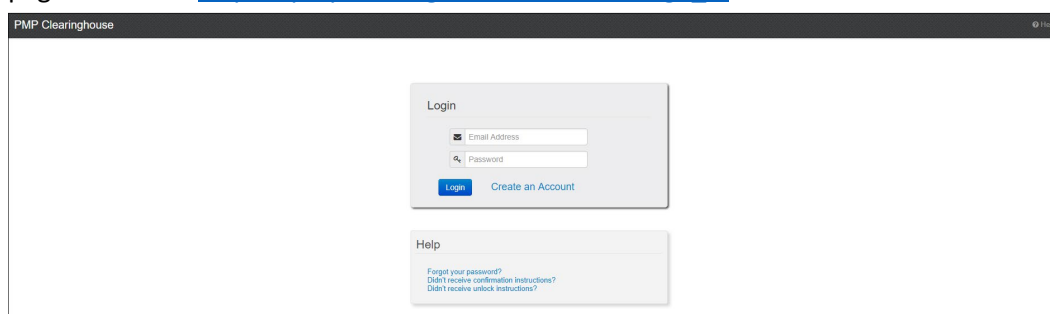
6. Click **Update**.

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

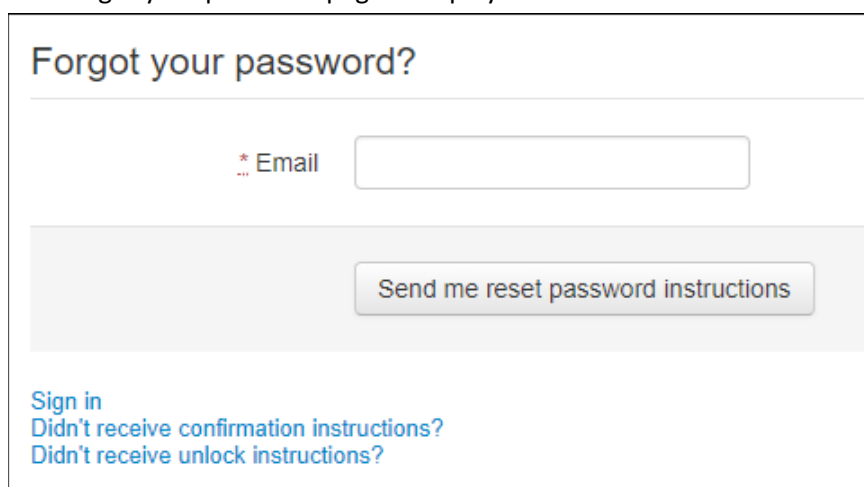
9.3 Resetting Your Password

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.

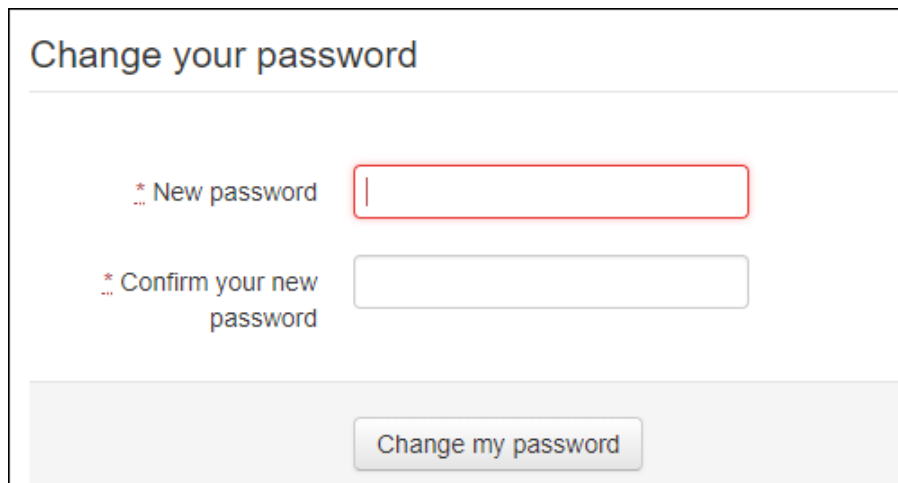


2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.



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.



Change your password

* New password

* Confirm your new password

Change my password

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

Passwords must contain:

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

6. Click **Change my password**.

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

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 1-866-683-3246;
OR
- Create a support request at the following URL:
<https://apprisspmclearinghouse.zendesk.com/hc/en-us/requests/new>.

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

10.2 Administrative Assistance

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

Connecticut Prescription Monitoring and Reporting System (CPMRS)

Phone: (860) 713-6073

Email: dcp.pmp@ct.gov

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	05/13/2016	N/A	Initial version
1.1	06/29/2016	Appendix A	Changed PAT02 and PAT03 from “R” to “N”
2.0	06/24/2019	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		6.2/UCF Listings	Added clarification on correcting UCF errors
		Appendix A	Changed PRE05 and PRE06 from “N” to “R” to accurately reflect state requirements
2.1	02/13/2020	Cover Page	Updated CT PMP logo
		5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
		Appendix C/Exemptions to Reporting	Replaced Waiver/Exemption Form with current version
2.2	05/24/2021	Appendix A	Updated to version 4.2A
2.3	08/18/2021	Global	Updated guide to be more specific on reporting requirements and global with respect to pharmacies, dispenser, veterinarians, etc.

Appendix A: ASAP 4.2A Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the CPMRS requirements. The definitions contain a mix of fields required by ASAP and additional requirements established by the CPMRS.

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 Connecticut
 - N = Not required but accepted if submitted
 - S = Situational

Notes:

- *Medical Marijuana Dispensers (MMD) take note of special submitting instructions.*
- *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	Notes
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) 	N	
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N	
	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	

Segment	Element ID	Element Name	Requirement	Notes
	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.	N	
	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.	N	
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.	N	See Reporting DCP – Designated Drugs and Devices Prescriptions (Appendix F) for exception information.
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N	

Segment	Element ID	Element Name	Requirement	Notes
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R	*MMD – use the state-provided DEA assigned to the facility.
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner’s name.	R	
	PHA05	Address Information – 1 Free-form text for address information.	R	
	PHA06	Address Information – 2 Free-form text for address information.	N	
	PHA07	City Address Free-form text for city name.	R	
	PHA08	State Address U.S. Postal Service state code.	R	
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	R	
	PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	N	
	PHA11	Contact Name Free-form name.	N	
	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.	N	

Segment	Element ID	Element Name	Requirement	Notes
	PHA13	Pharmacy Permit/License Number Identification assigned to the pharmacy by the State Licensing Board. To be utilized for non-controlled substances (e.g., gabapentin, Insulin) only when the pharmacy does not have an NPI number or DEA number (e.g., veterinary pharmacy). In this instance, leave PHA01 and PHA03 blank and insert the pharmacy's or dispenser's Connecticut state license number in PHA13.	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.	N	
	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 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID) 	N	
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the Social Security Number.	N	

Segment	Element ID	Element Name	Requirement	Notes
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N	
	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 • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N	
	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.	N	
	PAT07	Last Name Patient's last name.	R	If the prescription is for an animal, report the owner's last name (Human).
	PAT08	First Name Patient's first name.	R	If the prescription is for an animal, report the owner's first name (Human).

Segment	Element ID	Element Name	Requirement	Notes
	PAT09	Middle Name Patient's middle name or initial if available. It is recommended that a middle name or initial be included to help distinguish patients with the same name.	N	
	PAT10	Name Prefix Patient's name prefix such as <i>Mr.</i> or <i>Dr.</i>	N	
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	N	
	PAT12	Address Information – 1 Free-form text for street address information.	R	
	PAT13	Address Information – 2 Free-form text for additional address information.	S	
	PAT14	City Address Free-form text for city name.	R	
	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>	R	
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R	
	PAT17	Phone Number Complete phone number including area code. Do not include hyphens.	N	
	PAT18	Date of Birth Date patient was born. If animal, user owner's Date of Birth. Format: CCYYMMDD	R	

Segment	Element ID	Element Name	Requirement	Notes
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	R	If the patient is an animal, please enter the owner's gender or "unknown".
	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 	R	
	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 	R	
	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	

Segment	Element ID	Element Name	Requirement	Notes
	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	If PAT20 = 02 (veterinary patient), please submit the name of the animal.
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.	R	
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R	*MMD – Date the written certification was issued
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R	

Segment	Element ID	Element Name	Requirement	Notes
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R	
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R	
	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 	R	
	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.	R	*MMD – use appropriate state-provided NDCs
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i>	R	
	DSP10	Days Supply Estimated number of days the medication will last.	R	
	DSP11	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) 	R	

Segment	Element ID	Element Name	Requirement	Notes
	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 	R	*MMD – Shall be populated by code 05 Electronic Prescription.
	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 <i>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.</i>	N	
	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.	N	
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N	

Segment	Element ID	Element Name	Requirement	Notes
	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 • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	R	
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information. Format: YYYYMMDD	N	
	DSP18	RxNorm Product Qualifier RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> • 01 Sematic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	N	
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N	

Segment	Element ID	Element Name	Requirement	Notes
	DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	N	
	DSP21	Electronic Prescription Order Number This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	N	
	DSP22	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	R	
	DSP23	Rx Sig This field captures the actual directions printed on the prescription vial label.	N	
	DSP24	Treatment Type This field indicates that the prescription was for opioid dependency treatment when Code 02 is used. 01 = Not used for opioid dependency treatment 02 = Used for opioid dependency treatment	N	
	DSP25	Diagnosis Code This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription.	N	
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.				
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	S	See Reporting DCP – Designated Drugs and Devices Prescriptions (Appendix F) for guidance on veterinarians.

Segment	Element ID	Element Name	Requirement	Notes
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R	
	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. To be utilized for non-controlled substances (e.g., gabapentin, Insulin) only when the prescriber does not have an NPI number or DEA number (e.g., veterinary pharmacy). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's Connecticut state license number in PRE04.	N	Use your full state license number formatted as issued ex: 1.038562; 47.0000000; 23.000000.
	PRE05	Last Name Prescriber's last name.	R	
	PRE06	First Name Prescriber's first name.	R	
	PRE07	Middle Name Prescriber's middle name or initial.	N	
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N	
	PRE09	XDEA Number This field is in addition to Treatment Type in the DSP segment. This gives PDMPs the option to require the XDEA Number (NADEAN) in the PRE segment.	N	

Segment	Element ID	Element Name	Requirement	Notes
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 999999999999.				
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S	
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> 01 NDC 	S	
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S	
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S	
	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	Notes
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.	N	
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	N	
	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.	N	
	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 • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N	
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N	

Segment	Element ID	Element Name	Requirement	Notes
	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 	N	
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N	
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	N	
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N	
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N	
	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 	N	
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.				

Segment	Element ID	Element Name	Requirement	Notes
	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 CPMRS. 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 4.2A Specifications](#).

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	4.2A	R
	TH02	123456	R
	TH05	20150101	R
	TH06	223000	R
	TH07	P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	8605555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #CCYYMMDD#-#CCYYMMDD#	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*4.2A*123456*01**20150108*223000*P**\\  
IS*7705555555*PHARMACY NAME*#20150101#-#20150107#\\  
PHA*** ZZ1234567\\  
PAT*****REPORT*ZERO*****\\  
DSP*****20150108*****\\  
PRE*\\  
CDI*\\  
AIR*\\  
TP*7\\  
TT*123456*10\\
```

Appendix C: Exemptions to Reporting

This appendix defines situations in which exemptions may be granted for reporting of controlled substances as outlined in this document.

Exemptions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Any drug dispensed by a licensed healthcare facility or by a practitioner, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours. Naloxone is not included under this exemption.
- A drug administered directly to a patient
- Dispensing within an appropriately licensed narcotic maintenance treatment program by the United States Drug Enforcement Administration
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)
- A practitioner that dispenses or administers directly to patients an opioid antagonist for treatment of a substance use disorder from a registrant licensed under Conn. General Statutes Sec. 19a-495 (Methadone Clinic)

Nursing Homes:

Pharmacies dispensing to nursing homes are exempt from reporting. However, prescriptions dispensed to assisted living facilities must be reported.

Hospitals:

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

If you think that you are exempt from reporting or wish to submit a request for a waiver from reporting, please complete the Exemption/Waiver Form located at <http://www.ct.gov/dcp/pmp> and submit via:

Email: dcp.pmp@ct.gov

If there are any questions, please feel free to contact us via email at dcp.pmp@ct.gov or call (860) 713-6073.

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

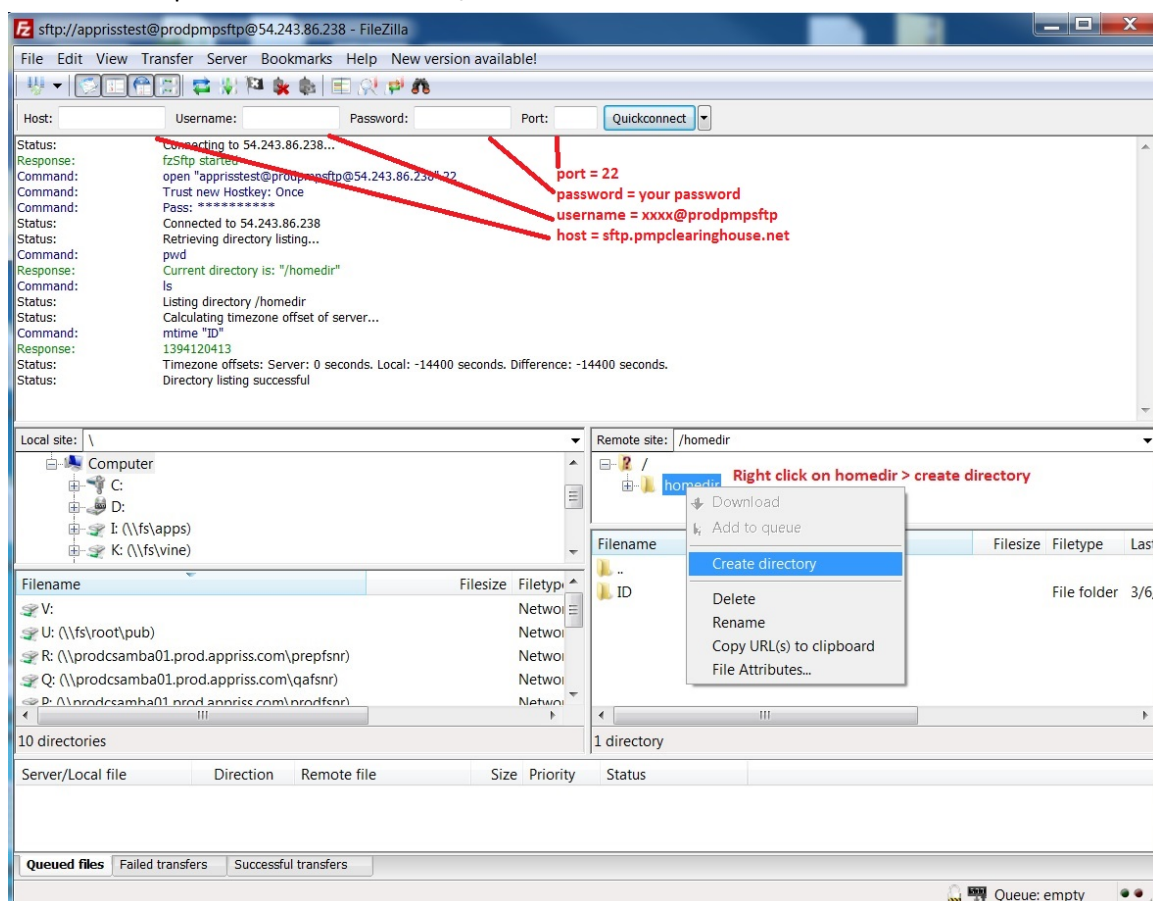
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse 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:

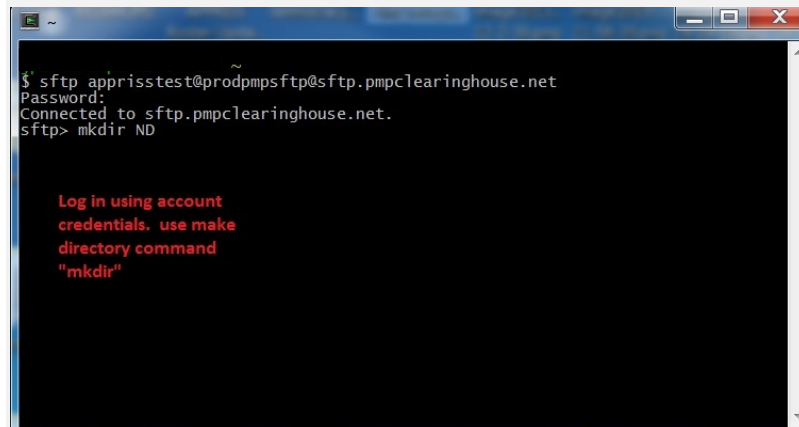
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under **/homedir**.



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.

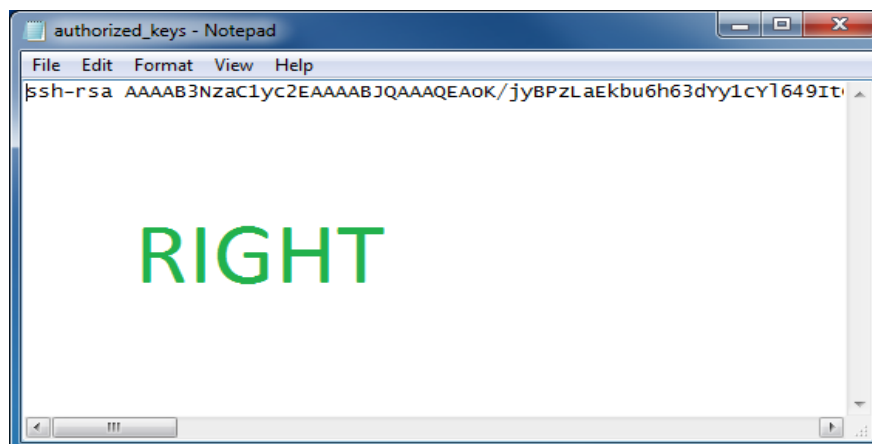


Public (SSH/RSA) Key Authentication

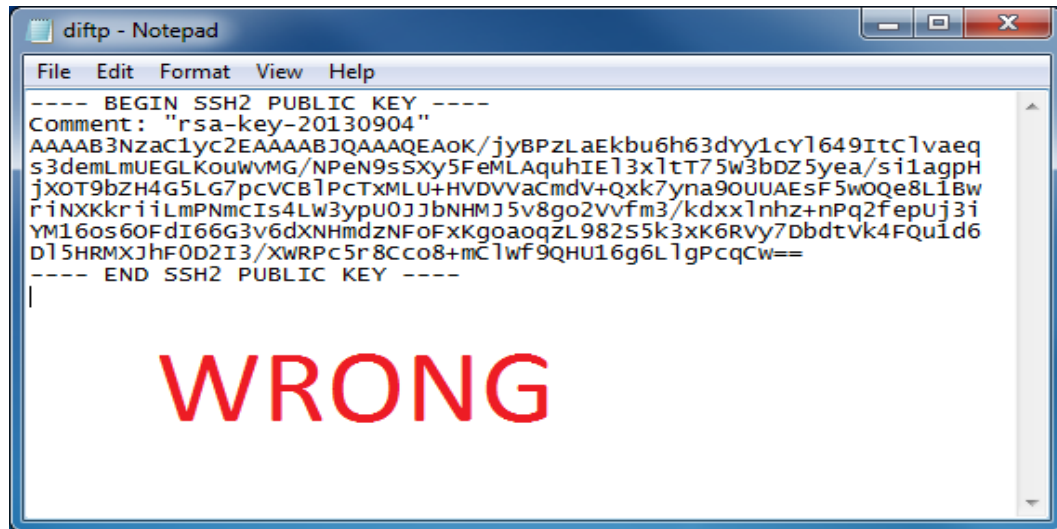
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

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 F: Data Entry Guidance

This section is designed to address those fields that may require extra guidance for proper data entry.

Please note: The names used for data fields in this section may differ from the labels assigned by software providers programming pharmacy systems.

The comprehensive list of specific data elements that pharmacies are required to collect and submit to the CT PMP is provided in [Appendix A](#) of this document.

Pharmacies, pharmacy corporations, and dispensaries are advised to consult their software providers regarding the alphanumeric code values, drop-down list choices, and terminology to use for data entry screens.

DSP06: Refill Number

An original prescription is a prescription that upon dispensing is issued/assigned a new prescription number by the dispensing pharmacy. Prescriptions that constitute continuation of drug therapy and that are issued/assigned a new prescription number are original prescriptions. The code for an original prescription is “0” (zero).

Refills of prescriptions are those prescriptions dispensed in accordance with the refill indication on a prescription having a previously issued/assigned prescription number. The codes indicating the refill number correspond to that dispensing (e.g., “01” for first refill, “02” for second refill, etc.). PRN is not an acceptable code to indicate a refill.

Partial fills are entered in DSP13. See guidance on entry of DSP06 and DSP13 for partially filled dispensations in DSP13 Partial Fills below.

DSP13 Partial Fills

Please see the table below for guidance on entry of DSP06 and DSP13 for partial fills:

First fill:	DSP06	DSP13
First partial fill	DSP06 = 0	DSP13 = 01
Second partial fill	DSP06 = 0	DSP13 = 02
First refill:	DSP06	DSP13
First partial fill	DSP06 = 01	DSP13 = 01
Second partial fill	DSP06 = 01	DSP13 = 02

PRE02: Prescriber DEA

The pharmacy is required to submit the prescriber’s personal DEA number in PRE02, if the prescriber has a DEA number. There are only a few prescribers of DCP-designated drugs (Insulin drugs, glucagon drugs, diabetes devices, diabetic ketoacidosis devices, gabapentin, and

naloxone) who do not have a DEA number. For guidance on how to report these, please see the [Reporting DCP Designated Drugs and Devices Prescriptions](#) section of this document.

Guidance on Metric Quantity Reporting

Accurate reporting of metric quantities is essential for providers who review patient records and CT PMP staff who perform data analyses. To aid in accurate and consistent reporting of metric quantities, the following guidance has been developed using information from the commercial databases most frequently used in pharmacy data entry:

- Use “each” when referring to the following dosage forms: capsule, diaphragm, disc, patch, plaster, suppository, suture, tablet, troche, and wafer.
- Use “mL” when referring to the following dosage forms: aerosol liquids (note: some formulations are powders; use “gm”), elixirs, emulsions, extracts, mouthwash, oils, shampoos, liquid soaps, solutions, sprays, suspensions, syrups, and tinctures.

Example: For 1 package of 10 morphine sulfate syringes, each syringe containing 2 mL of 10 mg/mL morphine, the total volume dispensed is 20 mL, and the metric quantity reported will be “20.”

- Use “gm” when referring to the following dosage forms: aerosol powders (note: some formulations are liquids; use “mL”), creams, crystals, gels, jellies, granules, ointments, and powders.

In cases where NCPDP Billing Unit standard offers specific guidance on particular product formulations, the CT PMP will accept such guidance as an acceptable basis of metric quantity calculation and will not consider it to be a conflict with ASAP or the instructions above.

Reporting Compounded Prescriptions

Enter code “06” in DSP07. In the DSP08 field, where the National Drug Code (NDC) number is normally entered for the prescription, the pharmacy will either enter (a) the number “9” eleven times (i.e., “9999999999”), or (b) an in-house assigned eleven-character compound code, provided the first five characters are nines. Also, enter code “06” in DSP07. The specific NDC number, the metric quantity, and the unit of measure (gm, mL, or each) of each reportable ingredient must also be submitted to the CT PMP. Pharmacies and pharmacy corporations are advised to consult with their software providers for guidance on how to enter this data.

Reporting DCP-Designated Drugs and Devices Prescriptions

Typically, records submitted to the CT PMP require a dispenser/pharmacy DEA and prescriber DEA. Pharmacies are required to submit DCP-designated drugs and devices (Insulin drugs, glucagon drugs, diabetes devices, diabetic ketoacidosis devices, gabapentin, and naloxone) prescriptions and as such may be obtained from prescribers or dispensers who do not have a DEA registration who have neither had a DEA registration nor NPI. Refer to the scenarios below for guidance.

Scenario 1: A pharmacy or dispensing practitioner that does not dispense Schedule II–V controlled substances but does dispense gabapentin or insulin drugs or devices. The pharmacy does not have DEA number but does have an NPI number.

Guideline: Leave the dispenser/pharmacy DEA number section blank (PHA02). Input the dispenser/pharmacy NPI number in the appropriate data submission field (PHA01).

Scenario 2: A pharmacy or dispensing practitioner that does not dispense Schedule II–V controlled substances but does dispense gabapentin or insulin drugs or devices. The pharmacy does not have DEA number or an NPI number but does hold a Pharmacy permit/state license.

Guideline: Leave the dispenser/pharmacy DEA number section blank (PHA02) and the dispenser/pharmacy NPI number field (PHA01) and input the pharmacy’s state license number in PHA13.

Scenario 3: Prescriber does not prescribe Schedule II–V controlled substances but does prescribe Naloxone. Prescriber does not have a DEA number.

Guideline: Leave the prescriber DEA number field (PRE02) blank and input the prescriber NPI number in the appropriate data submission field (PRE01).

Scenario 4: Prescriber is a veterinarian who does not prescribe drugs in Schedules II–V but does prescribe gabapentin. Because CMS will not issue an NPI to a veterinarian, the prescriber (veterinarian) does not have an NPI.

Guideline: Leave the prescriber DEA number field (PRE02) and the NPI field (PRE01) blank and input the State License Number of the prescriber (veterinarian) in the Prescriber State License Number field (PRE04). Insert “02” in the species code field (PAT20).