



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 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.

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.

Sec. 21a-408-50 requires dispensary reporting into the prescription monitoring program (PMP).

- (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: <u>www.asapnet.org</u>.
- (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.

Note: "Dispensary" = Medical Marijuana Dispensary

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 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 <u>www.ct.gov/dcp/pmp</u>; however, it is your responsibility to keep yourself informed of all legislative changes or amendments. All dispensers of Schedule II–V controlled substance prescriptions are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

Exemptions to the reporting requirements outlined above may be granted in some circumstances. Refer to <u>Appendix C: Exemptions to Reporting</u> to see criteria that may qualify a dispenser for exemption status.

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

3 Data Submission

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

3.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- You can begin submitting data to PMP Clearinghouse as soon as your account has been created.
- 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 <u>Reporting Requirements</u>.
- If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period, or it will be considered noncompliant. See Zero Reports for additional details.

3.2 Upload Specifications

Files should be in the ASAP 4.1 format, as defined in <u>Appendix A: ASAP 4.1</u> <u>Specifications</u>. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110415.dat". All 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 <u>Managing Your Upload Account</u>.

Perform the following steps to create an account:

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

Profile Details		* Indicates Required Fi
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
	Q	Q

2. Complete your Profile Details.

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

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

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

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

Passwords must contain:

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

clicking the search icon ($\begin{aligned}{l}\end{aligned}$). If the number you entered is found, your information will automatically be populated.

Accessing Clearinghouse

First name <u>*</u>	Middle name		Last name <u>*</u>	
Searching for DEA or NPI	will autopopulate your inform	nation if found.		
DEA		NPI		
	Q			Q
nployer Information	1			
Name "				
Address		Address (continu	ed)	
City <u>*</u>	State "*		Postal Code	
City	State*	Ŧ	Postal Code <u>*</u>	
City Phone	State*	• Fax	Postal Code	
	State ":		Postal Code <u>*</u>	
Phone	State <u>*</u>	Fax	Postal Code <u>*</u>	

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

Notes:

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

Submission
VP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Ecure 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.

	nghouse users are able to subm (SFTP) access is available, and R	-		of ASAP files.
🖉 Enable S	FTP Access			
SFTP Userna	me			
SFTP Passwo	ord			
SFTP Passwo	ord Confirmation			
	include at least 8 characters, including 1 r, and 1 special character (such as !,@,#,			

- b. Your SFTP Username is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be test555555555555@prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then reenter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

Notes:

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

6. Click Submit.

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

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

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 <u>https://pmpclearinghouse.net/users/sign_in</u>.

PMP Clearinghouse		O Hop
	Login	
	S timit Address	
	Loge Create an Account	
	Help	
	Koppl your parsword? Date 1 course contraction executions? Date 1 course unlead instructions?	

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

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

4. Click Login.

The PMP Clearinghouse home page is displayed.

PMP Clearinghouse	🗅 File Submissions 🛛 🗎 UCF Submission									
File Listings 💌 F	le Upload									
File Listings Data F	ile Submissions Status (Last 30 Da	ays)								
Show 10 entries							Advanced Options *	Search		ø
File		State	Records 11	Warnings	Errors	Submitted	- 14	Status	Status Report	të -
			,	No data available in table						
Showing 0 to 0 of 0 entrie	C.									
									Previous	Next

5 Data Delivery Methods

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

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

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

5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual sub-folders for the state PMP systems to which you are submitting data. These sub-folders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the state abbreviation** (e.g., 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 <u>File Listings</u> page. Please refer to <u>State Subfolders</u> for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in <u>Creating Your</u> <u>Account</u>.

Or

- 2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in Adding SFTP Access to an Upload Account.
- 3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.1 Specifications</u>.
- 4. SFTP the file to <u>sftp://sftp.pmpclearinghouse.net</u>.
- 5. When prompted, enter the username and password you created when setting up the SFTP account.
- 6. Place the file in the appropriate state-abbreviated directory.
- 7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

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

5.2 Web Portal Upload

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.1 Specifications</u>.

- 3. Log in to PMP Clearinghouse.
- 4. From the home page, click the **File Upload** tab.

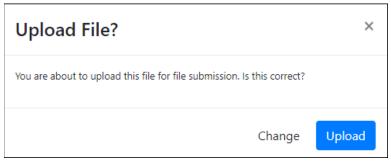
	File Listings Data File Submissions Status (Last 30 Days)								
ow 10 + entries					Advanced Options	 Search 	c		
Account	File		State 1	Records 14	Warnings	Errors	Submitted 11	Status	Status Report
MITHERMANS PHARMACY	scott_20161025_41_4.dat		1A	1791	25		02/02/2019 10:01PM	~	Report
MITHERMANS PHARMACY	scott_20161121_41_1.dat		А	737			02/02/2019 09:27PM	~	Report
MITHERMANS PHARMACY	test_data_for_residents_2		DO	9	10		01/29/2019 05:35PM	~	Report
MITHERMANS PHARMACY	test_data_for_residents						01/29/2019 05:31PM	ASAP errors	

The File Upload page is displayed.

le Listings	•	File Upload					
File U	pload	I					
Submit	New File	For Consolic	lat	tion			
Use this sc	een to sub	omit files to the Pl	MP	system.			
How to Up	load Your F	Files					
2. Click the	"Upload" mation me	button to select a button to begin t issage appears wh	the	uploadin	g proce	ss.	۱۲.
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.



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

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

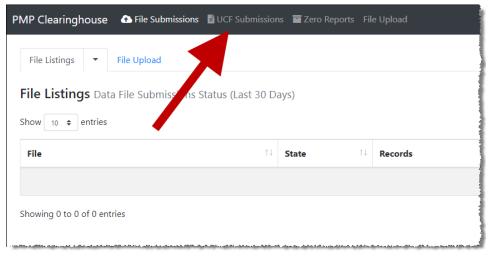
Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

5.3 Manual Entry (UCF)

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

Please refer to <u>Reporting Requirements</u> for the complete list of reporting requirements.

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



The UCF Listings page is displayed.

UCF Listings									
Show to a vertiles Search:									
Created at	ti,	State		Warnings		Errors		Status	
01/15/2019 02:13 PM		KS		0		0		~	
01/17/2019 07:38 PM		KS		0		0		~	
01/28/2019 03:51 PM		CR		0		0		~	
01/28/2019 04:04 PM		ÇR		0		0		~	
01/28/2019 04:07 PM		CR		0		0		5	
01/28/2019 64:31 994		12	0120120201	0				1	

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

The Create Universal Claim Form page is displayed.

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

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

Notes:

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

٦

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

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

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

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

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

9. Click **OK**.

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

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

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

- 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.

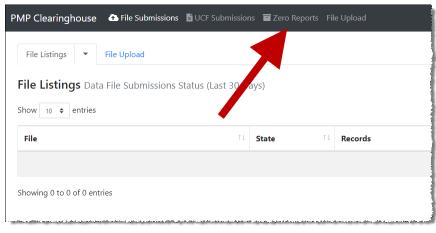
UCF Listings									
Show to a vertiles Search:									
Created at	T: State	Warnings	Errors	Status					
01/15/2019 02:13 PM	rs	0	0	~					
01/17/2019 07:38 PM	15	0	o	~					
01/28/2019 03:51 PM	CR :	0	0	~					
01/28/2019 04:04 PM	CR	0	0	~					
01/28/2019 04:07 PM	CR	0	0	<i>у</i>					
01/28/2018 64:11 894		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 <u>Appendix B: ASAP Zero Report</u> <u>Specifications</u>.

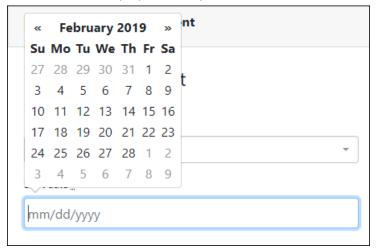
- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Log in to PMP Clearinghouse.
- 3. Click Zero Reports.



The Zero Reports page is displayed.

Zero Report Management		
Create Zero Report		
solect a PAP.	NC202	
Solact a PIdP. •		
Rart date :	DEA Number	
mm/dd/yyyy		
rd date_ mm/dd/yyyy	NPI	
mm/dd/jŋjjy		

- 4. Select the PMP for which you are submitting a zero report from the drop-down list in the **Select a PMP** field.
- 5. 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.



- 6. 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 an asterisk (*).
- 7. Click Submit.

Your zero report is submitted to PMP Clearinghouse.

Note: All previously submitted zero reports, including those submitted via SFTP, are displayed at the bottom of the page.

how 21 a entries		Advanced Opcons • Search.,						
Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
Q\$1	π	02/12/2010	02/13/2019	0000021	QA1234553	1730433129	038008457558@preppmpsftp/17/74E_20190213_090000416.dat	02/13/2019 2:00 PM
Longleal Neuro-Medical Treatment Center	NC	02/12/2019	02/12/2019		AE6065735		long/2523992109@preppropshp/1VC/20190213.dat	02/13/2019 11:25 AM
051	18	02/11/2019	02/12/2019	0000030		1001000511	qui0004575580/preppmpsftp/17/4/6_20190212_190005290.dat	02/13/2019 12:00 AM
051	it	02/11/2019	02/12/2019	0500030		1003000511	0380084575588/preppmpsftp/11/14/L_20190212_190007456.dat	82/12/2010 11:00 PM
Q\$1	it.	12/12/2018	02/12/2019	8000021	QA1234553	1730433129	qi8008457558@preppmpsftp/1T/ME_20190212_100037970.dat	02/12/2019 3:00 PM
Longleaf Neuro-Medical Treatment Center	NC	02/11/2019	02/11/2019		A\$6065735		long/2523992109@preppmpsftp/WC/20190212.dat	02/12/2019 11:25 AM

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.

ow 10 c entr	ies	Advanced Options *	Search					
Account	File	State	Records	Warnings	Errors	Submitted 14	Status	Status Report
MITHERMANS PHARMACY	pa_test.dat	PA	45	•		06/07/2019 02:50PM	Error Threshold Exceeded	45 of 45
MITHERMANS PHARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat	DO	20			05/31/2019 06:13PM	~	Report
MITHERMANS	6ee803f3-7704-4ee4-8288-058a5d1a4d13.dat	DO	20			05/31/2019 05:46PM	✓(test file)	Report

- The Status column, located at the end of each row, displays the file status.
- The Status Report column, located next to the Status column, contains a link to the status report for that file. Please refer to <u>File Status Report</u> for more information on how to read and interpret this report.

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

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

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

6.2 UCF Listings

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

UCF Listings									
Show 10 ¢ entries Search:									
Created at	11 State	n.	Warnings		Errors	71	Status		
01/28/2019 03:51 PM	CR		0		0		~		
01/28/2019 04:04 PM	CR		0		0		~		
01/28/2019 04:07 PM	CR		0		0		*		
01/28/2019 04:11 PM	CR		0		0		~		

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

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

UCF Listings								
Show to a search: Search:								
Treated at 1	State	Warnings	Errors		Status			
1,/28/2019 03:51 FM	CR	0	0		~			
1/28/2019 04:04 PM	CR	0	0		~			
1/28/2019 04:07 PM	CR	0	0		~			
1/28/2019 04:11 FM	CR	0	0		~			

The Pending Claim Forms page is displayed.

ending Claim For	ms - SMITH	HERMANS PHARMACY UC	F FORMS (LA	AST 30 DAYS)		View Subm	
how 10 • entries						Search:	
Created At	ti.	Created By		Last Updated By	State		
06/10/2019 5:51 PM		rweaver@appriss.com		rweaver@appriss.com	AK	Edit Delete	

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

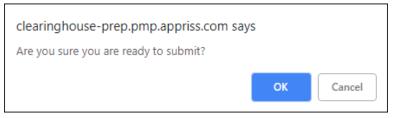
Note: If it has been longer than 30 days, the **Edit** option will not be available. You must click **Delete** to delete the record and start over.

The Edit Universal Claim Form page is displayed.

Edit Universal Claim Form	
You may submit this form at any time.	
This claim form is not completely processed of and edit the form, or click "Submit Now" to p	
Submit Now	
Subline Now	
PMP	* Indicates Required Field
	* Indicates Required Field
РМР	* Indicates Required Field
PMP	* Indicates Required Field
PMP Pmp.* Alaska	* Indicates Required Field

3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

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



4. Click OK.

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

Edit Unive	rsal Claim Form	
You may submit	this form at any time.	
	is not completely processed until submitted. I n, or click "Submit Now" to process the form.	
 Drug Se 	ors and was unable to be submitted. gment is invalid Birth can't be blank	×

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

- 5. Correct the indicated errors, then repeat steps 3-4.
- 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 <u>File Listings</u> page.

rror Correctio	on M	anage And Resolve Su	bmissie	on Issues						
iow io entries	¢.								Search:	
DEA Number	сų.	NCPDP Identifier		Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
M4501616				ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

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

6.3.2 Error Correction via PMP Clearinghouse

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

ispensary Errors Manage An	d Resolve Submission issues			
escription Number: 0100755 DEA Num	nber: 889432042 NCPDP Identifier: 006	8568 Filled At: 2019-02-13		
Seld	Submitted Value	Corrected Value	Messages	
vational provider identifier	1104923507	1104923507	~	
ICPDP identifier	0068568	0058358	~	
EA number	869432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.	
			4	
lame			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 <u>File Listings</u> and <u>Error Correction</u> pages are also updated.
- b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the Message column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6.3.3 Error Correction via File Submission

The ASAP 4.1 standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

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

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: 4.1
* 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)
Туре	9 (7 + pad)
Message	Arbitrary

The File Status Report notifies you of the following scenarios:

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

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

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

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

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

SUBJ: Conn	ecticut A	SAP file: fa	ke-test3.txt - Status Repo	rt						
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Туре	Message		
BE1234567 DE9841394	1347347 3491849	9034618394 4851947597	123486379596-0 357199504833-345	20130808 20130808	Dispensation Dispensation	refill_number days_supply	WARNING ERROR	message example message example		
Summary: * File Name: fake-test3.txt										
	* ASAP Version: 4.1 * Transaction Control Number: 23489504823									
* Transact	ion Contr	ol Type: sen	d							
		n: January 3	0, 2016							
* Total Re										
* Duplicat										
* In Proce										
		r Count: ###								
		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 <u>Managing Your User Profile</u>.

8.1 Adding Users to Your Upload Account

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

- 1. Log in to PMP Clearinghouse.
 - Advanced Options

 Advanced Options

 Advanced Options

 Previous

 Next
- 2. Click Account.

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

The Account Users page is displayed.

iow 10 + entri	ies					Search	
imail	‡ First Name	# Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
-	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	distant and produced	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	the former of grint con	Edt

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

The New Data Submitter User page is displayed.

📽 New Data Sub	DMITTER USER MANAGE DATA SUBMITTER USERS
Account Informatio	n
<u>*</u> Email	
<u>*</u> First name	
<u>*</u> Last name	
	Submit Cancel

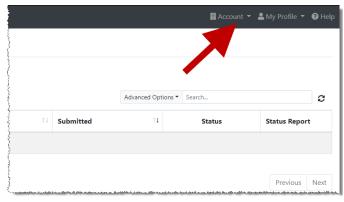
- 5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
- 6. Click Submit.

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

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

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.

iow 10 + entries						Search	
imail	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
and the section dependence	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	any trace of the set of	Est Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User		Tal

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

The Edit Data Submitter User page is displayed.

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

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

Passwords must contain:

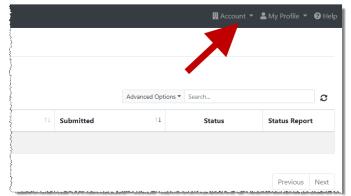
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Submit.

The password is changed.

8.2 Adding 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.

] SMITH	ERMANS P	HARMACY Acco	DUNT MULTI STATE APPROVAL	
		Ps that will receive da MP from this account until the app	ata from this account. ropriate state administrator has approved this account.	
	Abby	State	Status	Participating States Your Approval Status
	I AL	Alabama	Pending	A THE A
	🖂 AK	Alaska	Approved	MITTY D
	🗆 AZ	Arizona		LIM COR SPL
	AR	Arkansas		THE HARD
	□ co	Colorado		1 THEILER
	🖓 СТ	Connecticut	Approved	L VIII VIII
	D0	Demo	Approved	NO HO
	DC	District of Columbia		my the
	GA GA	Georgia		is a fait of
	П ні	Hawaii		- Jood
	D D	Idaho	Approved	

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

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

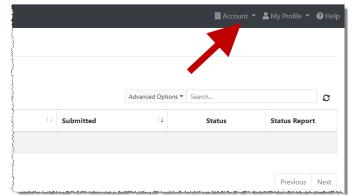
Notes:

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

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.

SFTP Account VIEW SFTP ACCOUNT DETAILS	
There is no SFTP user associated with your account at this time. You can create an SFTP user and submit files by clicking the create button below.	
Create	

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

SFTP Account VIEW SFTP ACCOUNT DETAILS			
	Username: sftptester@preppmpsftp		
Edit			

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

4. Click Create.

The Create a New SFTP Account page is displayed.

SFTP Account CREATE A NEW SFTP ACCOUNT			
Name	Username of the SFTP account.		
Password			
Password confirmation			
	Create Cancel		

5. Enter a username for the account in the **Name** field.

Notes:

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.
- 6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

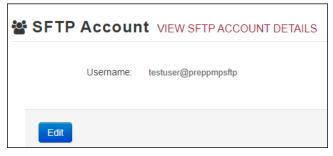
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

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

Notes:

- This password can be the same as the one used when the upload account was created.
- Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <u>sftp://sftp.pmpclearinghouse.net</u>.
- Additional details on SFTP configuration can be found in <u>Appendix C: SFTP</u> <u>Configuration</u>.
- 7. Click Create.

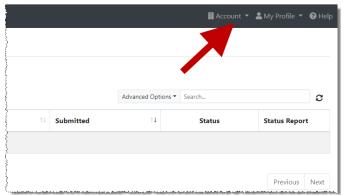
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

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

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



3. Select Account Details.

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

Account Details		
Name: SMITHERMANS PHARMAC	4	
Phone Number: 2056652575		
Fax Number: 2056650940		
Admin Details		
User Name: Test User		
Email: testuser@appriss.com		
Address: 703 MAIN ST		
MONTEVALLO KY 3511	5	
Sftp Account ID: sftptester@prep	ompsftp	
Edit View All Accounts		

4. Click Edit.

The Edit Account page is displayed.

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

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 <u>Editing Your Upload Account</u>.

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

And the second s
Edit My Profile
View My Profile
Change Password
Logout

3. Select Edit My Profile.

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

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

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

9.2 Changing Your Password

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

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

And the second s
Edit My Profile
View My Profile
Change Password
Logout

3. Select Change Password.

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

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

Login
S Limat Address
R, Password
Logn Create an Account
Help
Forget year passwerd? Data reconse contraction encructions? Data in second enclose the individual

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

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

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

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:
 <u>https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new.</u>

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:** <u>dcp.pmp@ct.gov</u>

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

Appendix A: ASAP 4.1 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		
Used to indi	TH: Transaction Header (required) Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.					
	тн01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R			
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R			
	тноз	 Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	Ν			
	тн04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N			
	тно5	Creation Date Date the transaction was created. Format: CCYYMMDD.	R			
	тно6	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R			
	тно7	 File Type P = Production T = Test 	R			
	тнов	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			
	ТН09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R			

Segment	Element ID	Element Name	Requirement	Notes
IS: Informat	tion Source (r	required)		
	-	e and identification numbers of the entity supplying t	the information.	
	IS01	Unique Information Source ID	R	
		Reference number or identification number.		
		(Example: phone number)		
	IS02	Information Source Entity Name	R	
		Entity name of the Information Source.		
	IS03	Message	N	
		Free-form text message.		
PHA: Pharm	nacy Header (
	ntify the phar			
Note: It is re PHA03.	equired that i	nformation be provided in at least one of the followi	ng fields: PHA01,	PHA02, or
	PHA01	National Provider Identifier (NPI)	N	
		Identifier assigned to the pharmacy by CMS.		
	PHA02	NCPDP/NABP Provider ID	N	
		Identifier assigned to pharmacy by the National		
		Council for Prescription Drug Programs.		
	PHA03	DEA Number	R	*MMD – use
		Identifier assigned to the pharmacy by the Drug		the state- provided DEA
		Enforcement Administration.		assigned to the
				facility
	PHA04	Pharmacy Name	N	
		Free-form name of the pharmacy.		
	PHA05	Address Information – 1	N	
		Free-form text for address information.		
	PHA06	Address Information – 2	N	
		Free-form text for address information.		
	PHA07	City Address	N	
		Free-form text for city name.		
	PHA08	State Address	N	
		U.S. Postal Service state code.		
	PHA09	ZIP Code Address	N	
		U.S. Postal Service ZIP Code.		
	PHA10	Phone Number	N	
		Complete phone number including area code. Do		
		not include hyphens.		
	PHA11	Contact Name	N	
		Free-form name.		

Segment	Element ID	Element Name	Requirement	Notes
	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	
	t Information			
Used to rep	T	t's name and basic information as contained in the p	-	
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	N	
	РАТ02	 ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID) ID of Patient Identification number for the patient as indicated in PAT02. An example would be the Social Security Number. 	N	
	РАТО4	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PATO6. 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. 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) 	Ν	

Segment	Element ID	Element Name	Requirement	Notes
	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	
	PAT08	First Name Patient's first name.	R	
	РАТО9	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 Mr. or Dr.	N	
	PAT11 Name Suffix Patient's name suffix such as Jr. or the III. PAT12 Address Information – 1 Free-form text for street address information.		N	
	PAT12 Address Information – 1		R	
	PAT13	Address Information – 2 Free-form text for additional address information.	S	
	Patient's name suffix such as Jr. or the III. Patient's name suffix such as Jr. or the III. PAT12 Address Information – 1 R Free-form text for street address information. PAT13 Address Information – 2 S PAT13 Address Information – 2 S S Free-form text for additional address information. R R PAT14 City Address R Free-form text for city name. R R PAT15 State Address R U.S. Postal Service state code Note: Field has been sized to handle R		R	
	PAT15	U.S. Postal Service state code	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. Format: CCYYMMDD	R	

Segment	Element ID	Element Name	Requirement	Notes
	PAT19	 Gender Code Code indicating the sex of the patient. F Female M Male U Unknown 	R	
	PAT20	 Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient 	R	
	PAT21	Patient Location CodeCode indicating where patient is located whenreceiving pharmacy services.01 Home02 Intermediary Care03 Nursing Home04 Long-Term/Extended Care05 Rest Home06 Boarding Home07 Skilled-Care Facility08 Sub-Acute Care Facility09 Acute Care Facility10 Outpatient11 Hospice98 Unknown99 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	
	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	

Segment	Element ID	Element Name	Requirement	Notes
-	ntify the basic	(required) c components of a dispensing of a given prescription	order including th	ne date and
	DSP01	 Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R	
	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	
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R	
	DSP06	Refill Number Number of the fill of the prescription. O 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. 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 <i>99999</i> as the first five characters; CDI then becomes required.	R	*MMD – use appropriate state-provided NDCs

Segment	Element ID	Element Name	Requirement	Notes
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	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. 01 Each 02 Milliliters (ml) 03 Grams (gm) 	R	
	DSP12	 Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other 	R	*MMD – Shall be populated by value provided by the department
	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. 00 Not a partial fill 01 First partial fill Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99. 	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). 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 Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: YYYYMMDD	N	
	DSP18	 RxNorm Code Qualifier RxNorm Code that is populated in the DRU-010- 09 field in the SCRIPT transaction. 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	
	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.	Ν	
		criber of the prescription.		
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	N	
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R	

Segment	Element ID	Element Name	Requirement	Notes
	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	RE03 DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. S RE04 Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board. N RE05 Last Name Prescriber's last name. R RE06 First Name Prescriber's first name. R RE07 Middle Name Prescriber's middle name or initial. N RE08 Phone Number Complete phone number including area code. Do not include hyphens. N Drug Ingredient Detail (situational) nent is required when medication dispensed is a compound and one of the ingresented by one for each compound ingredient being reported. the NDC of DSP08 must be 9999999999. S D101 Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is 1; each additional reportable ingredient is incremented by 1. S D102 Product ID Qualifier Code to identify the type of product ID contained in CDI03. S D103 Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation. S D103 Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. S		
	PRE05		R	
	IDDEA Numb Identifying an instituti used as the PRE04PRE04Prescriber Identificati State LicenPRE05Last Name Prescriber'PRE06First Name Prescriber'PRE07Middle Na Prescriber'PRE08Phone Nur Complete p not includenot include filled in, the NDC of DSP08 mid First report code to ide in CDI01CDI02Product ID Code to ide in cluding leCDI03Product ID Full product including leCDI04Compound Compound		R	
	PRE07		N	
	ID DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. PRE04 Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board. PRE05 Last Name Prescriber's last name. PRE06 First Name Prescriber's first name. PRE07 Middle Name Prescriber's middle name or initial. PRE08 Phone Number Complete phone number including area code. Do not include hyphens. npound Drug Ingredient Detail (situational) a compound are greated by one for each compound ingredient being reported. illed in, the NDC of DSP08 must be 9999999999. CDI01 Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is 1; each additional reportable ingredient is 1; each additional reportable ingredient is incremented by 1. CDI02 Product ID Qualifier Code to identify the type of product ID contained in CDI03. • 01 NDC CDI03 Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation. CDI04 Compound Ingredient Quantity Metric decimal quantity of the ingredient	N		
Use of this s reporting dr would be in	egment is re ug. If more the cremented by	quired when medication dispensed is a compound an han one ingredient is for a prescription monitoring p y one for each compound ingredient being reported.	rogram reporting	
	CDI01	First reportable ingredient is 1; each additional	S	
	CDI02	Code to identify the type of product ID contained in CDI03.	S	
	CDI03	Full product identification as indicated in CDI02,	S	
	CDI04	Metric decimal quantity of the ingredient identified in CDI03.	S	

Segment	Element ID	Element Name	Requirement	Notes
	CDI05	Compound Drug Dosage Units Code	S	
		Identifies the unit of measure for the quantity dispensed in CDI04.		
		• 01 Each (used to report as package)		
		 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 		
		 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 		
AIR: Additio	onal Informat	ion Reporting (situational)		
or picking u	p the prescrip	serialized Rx pads are used, the state requires inform otion, or for data elements not included in other deta sed, at least one of the data elements (fields) will be	ail segments.	on dropping off
	AIR01	State Issuing Rx Serial Number	N	
		U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.		
	AIR02	State Issued Rx Serial Number	N	
		Number assigned to state issued serialized prescription blank.		
	AIR03	Issuing Jurisdiction	N	
		Code identifying the jurisdiction that issues the ID in AIR04.		
		Used if required by the PMP and AIR04 is equal to 02 or 06.		
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	mation on the per etail segments. pe required. N	
	dispensed in CDI04. 01 Each (used to r 02 Milliliters (ml) decimal milliliter of 03 Grams (gm) (for decimal gram equi- AIR: Additional Information Reporting (situation Used when state-issued serialized Rx pads are us or picking up the prescription, or for data elemer Note: If this segment is used, at least one of the of AIR01 State Issuing Rx Serial U.S.P.S. state code of s prescription blank. This used. AIR02 State Issued Rx Serial Number assigned to st prescription blank. AIR03 Issuing Jurisdiction Code identifying the ju ID in AIR04. Used if required by the to 02 or 06. AIR04 ID Qualifier of Person Up Rx Used to identify the ty AIR05 for person drop prescription. 01 Military ID 02 State Issued ID 03 Unique System 05 Passport ID 06 Driver's License 07 Social Security 08 Tribal ID 99 Other (agreed AIR05 ID of Person Dropping ID number of patient of	Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription		
		 99 Other (agreed upon ID) 		
	AIR05	ID of Person Dropping Off or Picking Up Rx	N	
		ID number of patient or person picking up or dropping off the prescription.	S ation on the person dro ation segments. required. N N N N N N N N	

AIR06 Relationship of Person Dropping Off or Picking Up Rx. Code indicating the relationship of the person. N 01 Patient 01 Patient 01 Patient 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other AIR07 Last Name of Person Dropping Off or Picking Up Rx N N Last name of person picking up the prescription. N N AIR08 First Name of Person Dropping Off or Picking Up Rx N Last name of person picking up the prescription. N N AIR09 Last name of person picking up the prescription. N AIR09 Last name of person picking up the prescription. N AIR09 Last name of pharmacist N N Last name of pharmacist dispensing the medication. N N TP: Pharmacy Trailer (retured) 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. R TP: Transaction Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. R Used to indicate the end of t	Segment	Element ID	Element Name	Requirement	Notes
Image:		AIR06		N	
Image: second			Code indicating the relationship of the person.		
Image: Problem in the pharmacy including the pharmacy and provide the count of the total number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy header (PHA) and the pharmacy header (PHA) and the pharmacy including the pharmacy header (PHA) and			01 Patient		
Image:			_		
Image:					
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 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 N 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 TP: Pharmacty 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. R TP01 Detail Segment Count 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. Must match the number in THO2. R TT02 Segment Count Number of detail segments included in the R			• 99 Other		
AIR08First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.NAIR09Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.NAIR10First Name of Pharmacist First name of pharmacist dispensing the medication.NTP: Pharmacy Trailer (revured) 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.RTP01Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.RTT: Transaction Trailer (reured) Used to indicate the end of the transaction and provide the count of the total number of segments included in the the transaction.RTT: Transaction Trailer (reured) Used to indicate the end of the transaction and provide the count of the total number of segments included in the the transaction.RTT: Transaction Trailer (reured) Used to indicate the end of the transaction and provide the count of the total number of segments included in the the transaction.RTT01Transaction Control Number Must match the number in TH02.RTT02Segment Count Total number of segments included in theR		AIR07		N	
Rx First name of person picking up the prescription. N AIR09 Last Name or initials of Pharmacist N AIR09 Last Name or initials of pharmacist dispensing the medication. N AIR10 First Name of Pharmacist N First name of pharmacist dispensing the medication. 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. Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segment sincluded for the pharmacy including the PHA and TP segment. R TP01 Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. R Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. Number of segment for the transaction. Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. R Identifying control number that must be unique. Assigned by the originator of the transaction. R Identifying control number in TH02. R Identifying control number in TH02. R			Last name of person picking up the prescription.		
AIR09 Last Name or Initials of Pharmacist N Last name or initials of pharmacist dispensing the medication. N AIR10 First Name of Pharmacist N First name of pharmacist dispensing the medication. N Image: Comparison of the total number of detail segments reported for the pharmacy, including the PHA and TP segment. 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. R 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. Must match the number in TH02. R TT02 Segment Count Number of segments included in the R		AIR08		N	
Image: A star and e or initials of pharmacist dispensing the medication. Image: A star and e or initials of pharmacist dispensing the medication. Image: A star and e or pharmacist dispensing the medication. Image: A star and e or pharmacist dispensing the medication. 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. TP: Pharmacy Trailer (required) Detail Segment Count R 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. R Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. 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. R Identifying control number that must be unique. Assigned by the originator of the transaction. R Identifying control number in TH02. R Image: Total number of segments included in the R			First name of person picking up the prescription.		
medication.medication.medication.AIR10First Name of Pharmacist First name of pharmacist dispensing the medication.NTP: Pharmacy Trailer (rewired)First name of pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.TP: Pharmacy Trailer (rewired)Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.RTI: Transaction Trailer (rewired)Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.RIdentifying control number Must match the number in TH02.RTr02Segment Count Nust match the number of segments included in the		AIR09	Last Name or Initials of Pharmacist	N	
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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.TP01Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.RTT: 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.RTT: TransactionTransaction Control Number I dentifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.RTT02Segment Count Total number of segments included in theR		AIR10	First Name of Pharmacist	N	
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segments.			transaction including the header and trailer		

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 <u>Appendix A: ASAP</u> <u>4.1 Specifications</u>.

Segment	Element ID	Element Name	Requirement	
TH: Transac	tion Header (requi	red)		
	TH01	4.1	R	
	TH02	123456	R	
	TH05	20150101	R	
	TH06	223000	R	
	TH07	Р	R	
	тно9	//	R	
IS: Informat	tion Source (requir	ed)		
	IS01	860555555	R	
	IS02	PHARMACY NAME	R	
	IS03	Date Range of Report	R	
	1505	#CCYYMMDD#-#CCYYMMDD#		
PHA: Pharm	nacy Header (requi	red)		
	PHA03 ZZ1234567			
PAT: Patien	t Information (req	uired)		
	PAT07	REPORT	R	
	PAT08	ZERO	R	
DSP: Disper	nsing Record (requi	red)		
	DSP05	20150101	R	
PRE: Prescr	iber Information (r	equired; can be null as follows: PRE******\)		
CDI: Compo	ound Drug Ingredie	nt Detail		
AIR: Additio	onal Information R	eporting		
TP: Pharma	cy Trailer (required	i)		
	TP01	7	R	
TT: Transac	tion Trailer (requir	ed)		
	TT01	123456	R	
	ТТ02	10	R	

Sample Zero Report

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

```
TH*4.1*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, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours
- 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 on the following page and submit via:

Fax: (860) 622-2608; or

Email: dcp.pmp@ct.gov

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



PRESCRIPTION MONITORING PROGRAM

WAIVER / EXEMPTION FORM

	For Department Use Only
	Date Dessigned
NAME OF DISPENSER	Date Received
LICENSE OR PERMIT NUMBER	Approved Disapproved
ADDRESS	Director or Designee Signature
CITY STATE ZIP	Date of Action
NAME OF PHARMACIST IN CHARGE (PHARMACY ONLY)	
CT LICENSE NUMBER OF PHARMACIST IN CHARGE (PHARMACY ONLY)	
TELEPHONE	PVP
SIGNATURE	PRESCRIPTION MONITORING PROGRAM connecticut devertment of consumer importation
APPLICANT SIGNATURE Date	
REASON FOR WAIVER / EXEMPTION (Check on box) below	
Hardship created by a natural disaster or other emergency beyond the Please provide description:	he control of the permit holder.
\Box This dispenser does not hold a Controlled Substance registration w	vith Drug Enforcement Administration.
This dispenser does not dispense Schedule II, III, IV, and V control	lled substances.
The dispenser is exempt from reporting according to Connecticut C exemption(s)	General Statute: Chapter 400j. State
Other: Please provide description below or provide information as	a separate attachment.
Please e-mail or fax to the Connecticut Department of Consumer Protection Prescriptio dcp.pmp@ct.gov, Fax: (860) 622-2608	n Monitoring Program at
CONNECTICUT DEPARTEMENT OF CONSUMER PROT	FCTION

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

SFTP Connection Details

Hostname: sftp.pmpclearinghouse.net

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

Port: 22

Note: The port will always be 22.

- Credentials: Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, <u>log in to PMP Clearinghouse</u>, then click Account > SFTP Details > Edit.
- Your username cannot be modified; however, you can update your password.

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

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

State Subfolders

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

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

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

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

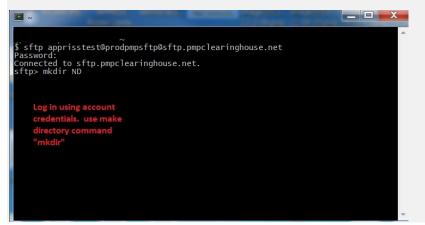
- 1. Via SSH client (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under */homedir*.

5ftp://appriss	test@prodpmpsftp@54.2	43.86.238 - FileZilla					X
File Edit View	v Transfer Server Boo	kmarks Help New	version available!				
	👚 🚍 🔹 🐩 🍽 🛊	n 🔩 🗉 🔍 🖈 n	1				
Host:	Username:	Password:	Port:	Quickconn	ect 💌		
Status: Response: Command: Command: Status: Status: Command: Status: Command: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status: Status:	Trust new Hostkey: O Pass: """ Connected to 54,243. Retrieving directory lis pwd Current directory is: " Is Listing directory /hom Calculating timezone mtme "ID" 1394120413	bdposftp@54.243.86.23 nce 36.238 titing /homedir" edir offset of server ver: 0 seconds. Local: -1	pas: use	: = sftp.pmp	(@prodpmpsftp clearinghouse.net		
Local site: \			•	Remote site:	1. b		
			*	Filename	Bight click on homedir > a	Filesize Filetype	La
♀ Q: (\\prodcsa	pub) amba01.prod.appriss.com amba01.prod.appriss.com mba01.prod.appriss.com	\qafsnr)	Filesize Filetyp Netwo Netwo Netwo Netwo Netwo Netwo Netwo	ID	Create directory Delete Rename Copy URL(s) to clipboard File Attributes	File folde	er 3/0
10 directories				1 directory			
Server/Local file	e Direction	Remote file	Size Priority	Status			
Queued files F	ailed transfers Successf	ul transfers				🛄 🔛 Queue: empty	••

2. Via command prompt

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

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



Public (SSH/RSA) Key Authentication

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

Note: PGP Encryption is not supported.

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



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

📄 diftp - Notepad	<
File Edit Format View Help	
BEGIN SSH2 PUBLIC KEY Comment: "rsa-key-20130904" AAAAB3NzaClyc2EAAAABJQAAAQEAOK/jyBPzLaEkbu6h63dYy1cYl649Itclvaeq s3demLmUEGLKouWVMG/NPEN9sSXy5FeMLAquhIEl3xltT75W3bDZ5yea/silagpH jxOT9bZH4G5LG7pcVcBlPcTXMLU+HVDVVaCmdV+Qxk7yna9OUUAEsF5wOQe8LlBw riNXKkriiLmPNmcIs4LW3ypU0JJbNHMJ5V8go2Vvfm3/kdxxlnhz+nPq2fepUj3i YM16os60FdI66G3v6dXNHmdzNF0FXKgoaoqzL98255k3xK6RVy7Dbdtvk4FQuld6 Dl5HRMXJhF0D2I3/XWRPc5r8Cc08+mclwf9QHU16g6LlgPcqCw== END SSH2 PUBLIC KEY	*
WRONG	+

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

Notes:

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