

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

PRESCRIPTION MONITORING PROGRAM DATA COLLECTION MANUAL

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Appriss, Inc.
400 W. Wilson Bridge Rd, Suite 305, Columbus, OH 43085
Contact Information
Phone: 855-482-4767
Fax: 866-282-7076
VARxReport@Appriss.com

Table of Contents

Reporting Requirements and Schedules.....	3
Subsequent Reporting:.....	3
Reporting Procedures and File Types	4
1. Website Upload/Prescription File Upload:	4
2. Secure FTP:.....	5
3. Manual Entry:.....	5
4. CD-ROM, CD-R, CD-RW, DVD or 3 1/2” Diskette.....	5
Zero Reporting	6
To File a Zero Report in the Data Collection Portal:.....	6
Alternative Reporting Method.....	8
Exemptions to Reporting	8
Errors and Corrections	9
Rejections:.....	9
Viewing Your Errors and File Upload Status:	9
Corrections for File Uploads:.....	10
Prescription Maintenance.....	11
Test Run Upload Feature	11
Required Information and Formatting.....	12
Frequently Asked Questions	14
Passwords and Sign-In Information:	14
File Issues and Error Corrections:.....	18
Other Questions:	19
Assistance and Support.....	21
Attachments.....	22
REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING.....	24
Please provide the information requested below. (Print or Type) Use full name not initials.....	24
Name of Dispenser	24
License or Permit Number	24
Zip Code.....	24

VIRGINIA PRESCRIPTION MONITORING PROGRAM

In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2525 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of Schedule II, III, and IV controlled substances. The program covers the entire state and requires all dispensers to report, within seven days, all prescriptions dispensed in Schedules II-IV. The program also requires non-resident pharmacies to report all controlled substances dispensed to a patient that resides within the Commonwealth of Virginia.

Reporting Requirements and Schedules

Dispensers will report the required dispensing information to Appriss, Inc. (Appriss), a private contractor that will collect all data and manage the technical aspects of the program.

Appriss will forward the verified data to DHP.

Email Assistance:	VARxReport@Appriss.com
Toll Free Number:	1-855-482-4767
Fax:	1-866-282-7076

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). Virginia Department of Health Professions is a health oversight agency and Appriss, Inc. will be acting as an agent of the Virginia Department of Health Professions in the collection of this information.

Subsequent Reporting:

All reporting deadlines and procedures contained within are effective as of October 1, 2011. This is a continuation of reporting parameters established by the DHP.

Reporting requirements take effect upon approval of licensure.

All transactions must be submitted within 7 days of dispensing. **Each prescription must be submitted no later than seven (7) days beyond the date dispensed.** Dispensers who so choose may report more frequently, or daily if necessary.

Additionally, all rejected files and/or prescriptions are required to be resubmitted within (5) five days of notification that the file and/or prescription was rejected.

Prescriptions on Hold: Prescriptions on hold should only be reported after they are completely filled. These must be reported within seven days of the date that they are completely filled.

Reporting Procedures and File Types

Only Schedule II-IV and drugs-of-concern prescription dispensing information is to be reported. All dispensers who are licensed in Virginia and who dispense Schedule II-IV controlled substances are required to submit the information by one of the four (4) following data submission options. The ASAP data reporting requirements are the ASAP 2009 v4.1 standard.

1. Website Upload/Prescription File Upload:

The user will need to use the login credential provided to sign into their Pharmacy account at the following website: www.VARxReport.com. Dispensers must be able to access the secure website via an internet connection either in the pharmacy, or at the location that is responsible for transmitting data, e.g. a main office or corporate office of the pharmacy.

This secure website address is provided for uploading data to Appriss, which utilizes 256-bit encryption. Dispensers are able to access the secure website via a web browser.

You will need to be able to upload your data in the ASAP 2009 v4.1 format as a .DAT or .TXT file.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by .DAT or .TXT

Therefore, if your DEA number is AB1234567 and you are submitting on August 1, 2013, the filename would look like this: **AB1234567080113.dat** or **AB1234567080113.txt**.

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Appriss and will assist with locating this information in a timely and efficient manner, should this be necessary.

Uploading your file:

1. Go to the **Data Collection menu** > Choose **File Upload**
2. **Click Browse** to locate your file,
3. Highlight the File, then **Click Open** (the file will populate in the File Name field)
4. **Click Upload** to send the file to Appriss
5. You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24 hours.

You may view all uploaded files, and their status, on the 'View Uploaded Files' tab on the 'File Upload' page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the 'View Uploaded Files' tab (*see the section "Errors and Corrections."*)

2. Secure FTP:

Chain Pharmacies, Community Pharmacies, and Dispensing Practitioners with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies, community pharmacies, and dispensing practitioners with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the FTP procedure.

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at www.VARxReport.com, for a "Pharmacy- FTP" account, to obtain a user id and password.

The host name for the file transfer is www.varxreport.com. Login credentials will be emailed to the email address listed on the registration within 24-48 business hours.

Please note: If multiple files are being uploaded via FTP in the same day the files must have different names. If a second file is uploaded in the same day with the same file name, the second file will overwrite the first file.

3. Manual Entry:

A dispenser who does not have an automated record keeping system capable of producing an electronic report in the ASAP 4.1 format; may submit prescriptions on the Manual Entry Page via a link on the prescription upload website: www.VARxReporting.com.

Use the following instructions to access the Manual Entry Form:

- a) Login to www.VARxReporting.com with your username and password
- b) Hover over the **Data Collection Menu**
- c) Click on **Manual Entry**
- d) Enter the prescription information. If you would like information regarding which fields must be populated during a manual entry, please refer to the section entitled "Required Information and Formatting."
- e) To enter another prescription, please repeat steps two and three to access a blank form. Failure to do so will create flawed/incorrect prescription records.

4. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette

A Program Transmittal Form (Attachment 1) must accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use. The dispenser may also wish to keep a copy of the completed form for its records.

The file contained on the external media must be in the ASAP 2009 v4.1 format.

**This file must also contain an external media label, with the following information:
Pharmacy/Submitter Name, DEA number, and the number of prescriptions.**

These media forms must be mailed to:
Appriss, Inc.
400 West Wilson Bridge Road
Suite 305
Columbus, OH 43085

Zero Reporting

If a dispenser does not dispense any controlled substances in Schedules II- IV or a drug of concern during a seven-day period, a “zero” report must be submitted. This may be done via a link on the prescription upload website: www.varxreport.com.

To File a Zero Report in the Data Collection Portal:

1. Login to www.VARxReport.com with your username and password
2. Go to the **Data Collection** menu
3. Click on the option **Upload Pharmacy Zero Report**
4. Select the reporting period for zero report submission
5. Click **Submit**
6. Click the ‘View submitted reports’ tab to view a history of zero reporting for your pharmacy

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted.

Zero Reporting may also be done via file upload (through either the website or a secure FTP transfer.) The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; DSP05; and IS03. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date sent; IS03 = Date range.

Ref. Code	Data Element Name	Format	Attributes
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes

Ref. Code	Data Element Name	Format	Attributes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source	User login ID: FTPs username (without dashes): 190256###; or VA License #	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		Yes
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Zero	Yes
PAT08	First Name	Report	Yes
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT- TRANSACTION TRAILER – REQUIRED			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

Example ASAP zero report for Jan 01 2012 to Jan 15 2012:

```

TH*4.1*1700121700*01**20110514*1700*P**\
IS*190256000*Pharmacy Name*#20120101#-#20120115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\

```

Alternative Reporting Method

The Director of DHP may approve an alternate method of reporting, but regulations require that there be extraordinary circumstances in order to receive approval. If another means of reporting is requested, the dispenser should submit a written request specifying how the reporting is to be accomplished and provide a detailed explanation of the extraordinary circumstances that necessitate the accommodation.

Exemptions to Reporting

Exemptions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing by a prescriber in a bona fide medical emergency pursuant to §54.1-2914 of the Code of Virginia
- Administering of covered substances
- Dispensing within an appropriately licensed narcotic maintenance treatment program
- 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)
- Dispensing by veterinarians to animals

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 consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form (attachment 3) and mail to:

Department of Health Professions
Prescription Monitoring Program
Perimeter Center

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Or submit by FAX to (804) 527-4470, or submit by email to pmp@dhp.virginia.gov

Errors and Corrections

Rejections:

A file containing prescription errors must be corrected by the dispenser otherwise the prescription will not be entered into the PMP database, and thus the dispenser could be held accountable.

The Virginia Data Collection application will validate each file submitted, record by record, and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected. The user will be notified via email and the message center of the status of the file, and the errors contained within.

If the records in a file do not meet the required data specifications, the entire file may be rejected. In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure. A valid email address is required for email notification.

Appriss is not authorized to modify any data, therefore, the dispenser will be required to correct these errors through the website or resubmit the entire file, if necessary.

Please note: VA DHP requires that all rejected files be corrected and resubmitted within five (5) days of the notification that the file was rejected. All notifications are sent via email, if available, and also are sent to each user's individual 'message center' located within the Data Collection website. Please check your account to be sure that a valid email address is present, or check the message center.

Additionally, all individual records/errors that are rejected within an uploaded file, must be corrected via the website, or a file resubmission within 5 days of notification that the individual records have been rejected.

Viewing Your Errors and File Upload Status:

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed under the 'View Uploaded Files' tab under the 'File Upload' page. This page will also show the user any errors associated with a particular file, and will allow the user to make corrections to these errors through the website. Please follow the details below to view your uploaded files and any errors associated with those files.

Note: Only files uploaded with the same username you have logged in with will be visible to you.

View File Upload Errors:

1. Login to www.VARxReport.com with your username and password
2. Go to the Data Collection Menu → Click on **File Upload**
3. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
4. Click on the file containing errors that you wish to correct
5. Click on each individual error to see a detailed description at the bottom of the page

Example:

File Upload Details

File Name: InASAP200720100714131130.dat
Records Processed: 100000

Uploaded By: Root Account
Records Rejected: 1111

Total Records: 100000
Uploaded On: 8/18/2010

Error Details

Showing 1-10 of 1758

Error Message	Data
Unable to parse record 'PAT***8919-93-7356****KALL...	DSP**0301687*20060120*0*20060120*00*01*00406035805...
The GenderCode exceeds the length allowed,The all...	DSP**0301735*20060120*0*20060120*00*01*60258077016...
Unable to parse record 'PAT***8926334008****BENEFI...	DSP**0783112*20051014*3*20060112*03*01*00024542131...
Unable to parse record 'PAT***8909464822****PEARSO...	DSP**0796580*20060123*5*20060123*00*01*00093089005...
The GenderCode exceeds the length allowed,The all...	DSP**0796480*20051221*5*20060123*01*01*00093083201...
Unable to parse record 'PAT***8926388526*****H...	DSP**0828193*20060109*5*20060109*00*01*00378400505...
The value assigned to the field State is incorrec...	DSP**0915991*20051116*2*20060108*02*01*00074194914...
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060108*00*01*00024542131...
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060111*01*01*00024542131...
The GenderCode exceeds the length allowed,The all...	DSP**0466758*20060112*0*20060112*00*01*00093083201...

Items Per Page 10

[Back To File Upload](#)

Corrections for File Uploads:

The Commonwealth requires that the prescriptions reported be submitted within seven (7) days of dispensing. Therefore, if you have any rejected records, you may view them and correct them manually via the secure website. All prescription errors must be corrected within five (5) days of the error notification.

If the dispenser has errors in the submitted file, you may correct these errors in one of two ways:

1. Correct the data in your retail prescription software or dispensing practitioner software; regenerate the file and upload the data.
 - a. Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. The duplicate records require no action on the part of the pharmacy or dispenser.
 - b. You may also choose to correct only those records that were rejected and create a separate file to submit.

2. Correct the data online via the Data Collection Portal. This type of correction is manually performed and preferred when there are minimal errors.
 - a. Login to www.VARxReport.com with your username and password
 - b. Go to the Data Collection Menu → Click on **File Upload**
 - c. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
 - d. Click on the file containing errors that you wish to correct
 - e. To the right of each error, click on the paper/pencil icon . You will then be shown the **Prescription Correction** screen
 - f. Correct the fields indicated, click the authorization checkbox, and click **Save**
 - g. You will receive an online confirmation that your prescription was successfully saved

NOTE: Duplicate errors cannot be edited. A duplicate error means the prescription record has already been added to the database. Duplicate error messages are an FYI only and require no action.

[Prescription Maintenance](#)

For security purposes, data cannot be deleted or altered by Appriss once it has been *submitted* and *accepted* to the program. To remedy this situation, go to the 'Prescription Maintenance' page under the Data Management menu. Search for the prescription by prescription number, prescriber DEA, date filled or any combination of these criteria. You can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking the 'Save' button. To delete the prescription, click on the prescription in question, check the authorization checkbox, and click 'Delete' button.

[Test Run Upload Feature](#)

This feature is provided to assist the user with identifying errors within a file, prior to submitting data to Appriss for reporting purposes. It is located under "Data Collection" within the Virginia Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.VARxReporting.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors prior to your submission to the commonwealth reporting agency. Correct these errors within your pharmacy software, and create a new file to be uploaded.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor by helping to identify any corrections that may be needed related to software or the format of your file.

Required Information and Formatting

Controlled Substance Schedule II - Summary of ASAP 2009 v4.1 Data Elements

Note: ASAP Version 4 • Release 1 is used

Ref. Code	Data Element Name	Format	Required
HEADER SEGMENTS			
TH TRANSACTION HEADER – (TH01-TH09)			
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production T = Test	Yes
TH09	Segment Terminator Character	Examples: ~~ or or ::	Yes
IS INFORMATION SOURCE – REQUIRED			
IS01	Unique Information Source	User login ID: FTPs username (without dashes): 190256###; or VA License #	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Senders Phone Number: No Spaces	Yes
PHA DISPENSING PHARMACY – REQUIRED			
PHA03	DEA Number		Yes
DETAIL SEGMENTS			
PAT - PATIENT DETAIL SEGMENT – REQUIRED			
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT12	Address Information – 1		Yes
PAT14	City Address		Yes
PAT15	State Address		Yes
PAT16	ZIP Code Address	“00000” Non-US	Yes
PAT18	Date of Birth	CCYYMMDD	Yes

Ref. Code	Data Element Name	Format	Required
DSP - DISPENSING DETAIL SEGMENT – REQUIRED			
DSP01	Reporting Status	00 = New record 01 = Revise 02 = Void	Yes
DSP02	Prescription Number		Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP04	Refills Authorized		Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP06	Refill Number	0 = Indicates Original Dispensing; 01-99 is the refill number	Yes
DSP07	Product ID Qualifier	01 = NDC# 06 = compound	Yes
DSP08	Product ID	NDC# or “9999999999” for compound; If a compound the CDI segment is required	Yes
DSP09	Quantity Dispensed	Metric Decimal Format	Yes
DSP10	Days’ Supply		Yes
DSP11	Drug Dosage Units Code	01 = Each (solid dosage units or indivisible packages) 02 = ml 03 = gm. (must be converted to the liter/ mg equivalent)	Yes
DSP13	Partial Fill Indicator	01 = Yes (a partial fill) 02 = No (not a partial fill)	Situational
DSP16	Payment Method, Code identifying the type of payment, i.e. how it was paid	01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers’ Compensation 07 = Indian Nations 99 = Other	Yes
PRE - PRESCRIBER DETAIL SEGMENT – REQUIRED			
PRE02	DEA Number		Yes
PRE03	DEA Suffix	Required if the Institutional DEA is Reported in PRE02	Situational
CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT – If DSP07 = 06 all CDI segments required			

Ref. Code	Data Element Name	Format	Required
CDI01	Compound Drug Ingredient Number	1 st reportable ingredient is "1"; additional ingredients are incremented by 1.	SIT
CDI02	Product ID Qualifier	01 = NDC#	SIT
CDI03	Product ID	As indicated in CDI02	SIT
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	SIT
CDI05	Compound Drug Dosage Units Code	01 # of units or "02" ml or "03" gm.	SIT
AIR ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
All Segments Optional.			
SUMMARY SEGMENTS			
TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT- TRANSACTION TRAILER – REQUIRED			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

This page constitutes a summary of the required ASAP information for controlled substance reporting in Virginia. Additional information must be obtained by purchasing an implementation guide at www.asapnet.org.

[Frequently Asked Questions](#)

Passwords and Sign-In Information:

Does my password expire?

For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why is this happening?

Please consider the type of information that you are attempting to locate? If you are attempting to submit records of your dispensed controlled substances, please go to the link 'Forgot my password'. If you have answered the security questions provided, you will be able to reset your password using this function.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the correct website. The website required to view this information is www.pmp.dhp.virginia.gov. If you have a login ID and password, you should be able to access the information available at this site. If not, you will need to use the link provided to register for access.

Prescription Data and Reporting Requirements:

What is the NDC Number?

The NDC or National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?

The Virginia Prescription Monitoring Program collects drug schedules II-IV.

How often should I submit data?

Virginia collects all prescription data according to the date the medication was dispensed. All schedule II-IV controlled substances are required to be reported **within 7 days** of the date dispensed. All data submitted beyond 7 days from the date dispensed is deemed delinquent. You may consider submitting controlled substance reports on a weekly or bi-weekly (2x per week) basis to avoid delinquencies and to allow time to make any necessary corrections. A ZERO REPORT must also be submitted if there is no dispensing within 7 days.

Please be aware that any file rejections must also be corrected and resubmitted to the program **within 5 days** of notification that the file was rejected. Additionally, all error notifications are logged within the system as they are sent, and also appear in your 'Messages' center.

Additionally, all individual records/errors that are rejected within an uploaded file, must be corrected via the website, or a file resubmission within 5 days of notification that the individual records have been rejected.

Prescriptions on Hold: Prescriptions on hold should only be reported after they are completely filled. These must be reported within seven days of the date that they are completely filled.

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. Please follow the ASAP 4.1 standard for reporting controlled substances. Information for format requirements can be found in the section entitled “Required Information and Formatting.”

Why is the system rejecting the input metric quantity?

The metric quantity should be the number of metric units dispensed in metric decimal format.

What should I do if the pharmacy or doctor is exempt from reporting?

Please see the section entitled “Exemptions from Reporting.”

What should I do if the pharmacy / doctor I am reporting for will no longer dispense controlled substances? OR I believe I am exempt from reporting?

If you believe you are exempt from reporting, or the pharmacy you are reporting for will be closing, please fill out the program waiver (attachment 3) and follow the instructions listed. This request must be approved by the program administrator. They can be contacted at pmp@dhp.virginia.gov, or by calling 804-367-4566.

My pharmacy did not dispense any controlled substances. How do I submit a Zero Report?

Zero Reports should be submitted using the account which uses the DEA number as the username. If you do not know the password, please email VARxReport@Appriss.com for assistance. Please see the section titled zero reports for additional information.

Zero reports may also be submitted electronically via FTPs protocol using the ASAP v4.1 format only. (Please see the section titled zero reports for more detailed information.) Complete information can be found about formatting requirements at www.asapnet.org, the document is titled ASAP Standard for Prescription Monitoring Programs Zero Reports.

I use a common login for multiple locations, but one location did not dispense any controlled substances. How do I submit a Zero Report?

Zero Reports should be submitted using the account which uses the VA Pharmacy License Number as the username, or via FTP transfer in the ASAP v4.1 format (please see section entitled “Zero Reporting”). A Zero Report should not be submitted in the same file with prescription information. If you need to submit a Zero Report for a single location, please submit a separate file.

I received a Delinquency Letter; what should I do?

If you received a Delinquency letter and would like to check the status of your data, please send an email to VARxReport@Appriss.com with the following information (If

you are unsure if your data was submitted, resubmit the time period in question. This data will take one day to process, before we are able to review the data:

1. Username
2. Reporting period(s) in question
3. DEA Number

If a confirmation is required, you may forward our email response to the Administrator as confirmation your data was received.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?

All transactions must be submitted to the program within 7 days of the date dispensed.

If for some reason you need more time, please contact your program's administrator at: pmp@dhp.virginia.gov or by calling 804-367-4566.

File Issues and Error Corrections:

What should the filename be?

The filename should be the DEA number, followed by the date of submission, followed by **.dat** or **.txt**. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users should be certain to differentiate files by modifying the filename before the **.dat** or **.txt** extension. This will ensure that the contents of the file are not overwritten. FTP submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed overnight by a batch processor; therefore they will be in a "Pending" status until the following day. You will receive notification via the message center and email (valid email required) once the file has processed. You can update your email address through the "My Account" section of the website.

What should I do if my file was rejected?

If your file was rejected, do a Test Run Upload. To do this, go to the Data Collection Menu > Test Run Upload and submit your file. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

Please note: file rejections are required to be corrected and re-submitted within five (5) days of notification that the file was rejected. All notifications are sent to the email address indicated, and are also sent to the users' message center in the website. Additionally, all individual records rejected within any uploaded file must be corrected within five days of notification that the records were rejected. This can be done via the website, or a file upload with the corrected records.

How do I know if my file uploaded?

1. Go to Data Collection → File Upload
2. Click on the 'View Uploaded Files' tab
3. You will be able to view all file submitted with your username

If you are not receiving email notifications, you will need to verify that your email address is listed correctly. Go to 'My Account' and enter your email address in the appropriate field. You will also receive file status notifications in the section of your account titled 'Messages.'

Please make sure to add the domain @Appriss.com to your safe senders list within your email client. This will ensure that you receive communications from Appriss in a timely manner.

I do not work with a software vendor; how should I submit controlled substance data?

If you do not work with a software vendor, you will need to manually enter controlled substance data. To submit manually go to “Data Collection → Manual Entry.” Complete all required fields, check the authorization checkbox, and click “Save;” no further action is required.

I accidentally submitted incorrect information. Can I delete a record/entry?

Please login to your pharmacy’s account, and go to “Data Management → Prescription Maintenance.” Search for the prescription that needs to be deleted. Click on the prescription to be taken to the “Prescription Correction” page. Scroll to the bottom of the page, click on the authorization checkbox, and click the orange “Delete” button.

The ASAP 2011 v4.1 formatting allows for the following functions: ‘new, revise, or void.’ For those sending electronic files, please refer to DSP01 in the formatting table. Please contact your pharmacy software vendor to see if they are able to send the record as ‘void.’ This will overwrite the incorrect data within the system.

Why are there no menus displayed on the web page?

If you are using Internet Explorer, please make sure you are using version 7.0 or higher. To accomplish this go to “Help → About Internet Explorer.” If you are using a version older than 7.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your “tools” menu.

Why is nothing happening when I click on the browse button to upload my file?

If you are using a recent version of Internet Explorer, please make sure Compatibility View is enabled. Compatibility View can be found in your “tools” menu within your browser.

How do I fix a “duplicate” error?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.

Other Questions:

How do I setup an FTP account?

Please register at the website www.varxreport.com as a Pharmacy – FTPs job type. This will establish a unique set of credentials that will allow you to connect to our server.

You will be contacted with login credentials at the email address indicated within 24-48 business hours.

Should a suffix be included in the Last Name Field?

No. The ASAP 2011 v4.1 Standard calls for just the last name of the patient to be included in the 'last name' field when reporting controlled substance data to the Virginia Prescription Monitoring Program.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

If a patient resides outside the U.S, enter all zeros ("00000") in the zip code field.

Can I submit prescription records for non-scheduled drugs?

No, only drugs which are classified as schedule II –IV or a specified drugs-of-concern are to be reported to the system.

Assistance and Support

Appriss is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Appriss. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Appriss directly for assistance.

The Virginia Department of Health Professions will act as the final interpreter of regulations.

Unresolved disagreements between a dispenser and the vendor will be resolved by the Commonwealth.

Virginia Prescription Monitoring Program Contact Information:

For questions: call (804) 367-4566 or email pmp@dhp.virginia.gov

Attachments

Attachment 1 Program Transmittal Form

File Name: _____

The file name should be the DEA number followed by .DAT (example: AB01123456.DAT)

Date: _____

Pharmacy/Dispenser Name: _____

DEA Number: _____

Number of Prescriptions in File: _____

Name of Person Submitting Report: _____

Phone Number: _____

Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, DEA Number, and Number of Prescriptions

**Attachment 2: Virginia Manual Entry Claim Form
Virginia Universal Claim Form**

Dispenser DEA #: _____

(This Dispenser information will be used for each RX record on this page)

<u>Patient Details</u>					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
<u>Prescriber Details</u>					
Prescriber DEA #					

<u>Prescription Details</u>					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method
					<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	

<u>Patient Details</u>					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
<u>Prescriber Details</u>					
Prescriber DEA #					

<u>Prescription Details</u>					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method
					<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	



COMMONWEALTH OF VIRGINIA

Department of Health Professions

Prescription Monitoring Program

9960 Mayland Drive, Suite 300, Richmond, VA 23233-1463

Phone: (804) 367-4566 or 4409 Fax: (804) 527-4470

REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials

<u>Name of Dispenser</u>		<u>License or Permit Number</u>	
Street Address		City	
State	<u>Zip Code</u>	Area Code and Telephone Number	
<u>Name of PIC (Pharmacy only)</u>		Virginia License Number of PIC (Pharmacy only)	
Signature:		Date:	
Reason for approval of exemption/waiver request: (Check one box below)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.			
<input type="checkbox"/> This pharmacy or practitioner dispenses no Schedule II, III, or IV controlled substances OR Drugs of Concern (tramadol products).			
<input type="checkbox"/> This pharmacy or practitioner is exempt from reporting according §54.1-2522 of the Code of Virginia. State exemption(s)			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			

For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of action
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