



# Data Submission Guide for Dispensers

## Virginia Prescription Monitoring Program

August 2021  
Version 2.5

**Note: The Virginia PMP's current reporting standard is ASAP 4.2. The Virginia PMP also supports ASAP 4.2a; data submitters may choose to report dispensations using this version.**

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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 covered substances, naloxone, and drugs of concern, and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia, 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 Virginia
- 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 Virginia required to report the dispensing of covered substances. Specific instructions for pharmaceutical processors can be found in Appendix A in the column identified for "Pharmaceutical Processors".

## 2 Data Collection and Tracking

### 2.1 Data Collection Overview

In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2526 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of Schedule II, III, IV, and V controlled substances. The program covers the entire state and requires all dispensers to report, within 24 hours, all prescriptions dispensed in Schedules II-V, naloxone, and drugs of concern, and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. The program also requires non-resident pharmacies licensed by the Virginia Board of Pharmacy to report all controlled substances shipped to a patient that resides within the Commonwealth of Virginia.

### 2.2 Data Collection Requirements

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

All dispensers of controlled substances must meet the reporting requirements set forth by state law in a secure methodology and format. Information about controlled substance dispensing activities must be reported on regular intervals to the Virginia Prescription Monitoring Program (PMP) through the authorized data collection vendor, Appriss, Inc.

### 2.3 Reporting Requirements

**The Virginia PMP requires all dispensers to report controlled substance dispensations to the Virginia PMP via PMP Clearinghouse. Dispensations must be reported within 24 hours or the dispenser's next business day of dispensing the prescription.**

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

All dispensers of Schedule II–V controlled substance prescriptions, naloxone, and drugs of concern, and pharmaceutical processors in Virginia dispensing cannabidiol oils and THC-A oils are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Virginia PMP is the state oversight agency, and Appriss acts as an agent of the Virginia PMP in the collection of this information.

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

## 2.4 Exemptions

The reporting of dispensed covered substances is exempt from reporting under the following conditions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide medical emergency or when pharmaceutical services are not available
- 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 of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less, or if such covered substance is feline buprenorphine or canine butorphanol

### **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 ([Appendix D](#)) and FAX to (804) 527-4470 or email to [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov).**

## 3 Accessing Clearinghouse

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

### 3.1 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 Virginia 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 Virginia. Therefore, chains with multiple stores need only to set up one account to upload a file.
- PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.
- If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [Managing Your Upload Account](#).

Perform the following steps to create an account:

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

**Account Registration**

**Profile Details** \* Indicates Required Field

Email Address \*

Password \*

Password confirmation \*

**Personal Information**

First name \* Middle name Last name \*

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

DEA NPI

**Employer Information**

Name \*

2. Complete your Profile Details.

The screenshot shows a web form titled "Profile Details" with a legend indicating that an asterisk (\*) denotes a required field. The form contains three input fields: "Email Address \*" (a single-line text box), "Password \*" (a single-line text box), and "Password confirmation \*" (a single-line text box).

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


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

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

*Passwords must contain:*

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

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

- Required fields are marked with an asterisk (\*).
- You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or **NCPDP** number, then clicking the search icon (). If the number you entered is found, your information will automatically be populated.



### Personal Information

First name \*
Middle name
Last name \*\*

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

DEA
NPI

### Employer Information

Name \*\*

Address \*
Address (continued)

City \*
State \*\*
Postal Code \*\*

Phone \*
Fax

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

DEA
NCPDP

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

**Notes:**

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

### Data Submission

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

☐ Enable SFTP Access
☐ Enable Real-Time Access

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

The SFTP access fields are displayed.

The screenshot shows a web form titled "Data Submission". At the top, a grey box contains the text: "PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states." Below this, there is a checkbox labeled "Enable SFTP Access" which is checked. Underneath are three text input fields: "SFTP Username", "SFTP Password", and "SFTP Password Confirmation". Below the password fields, a small text box states: "Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)". At the bottom of the form, there is an unchecked checkbox labeled "Enable Real-Time Access".

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555@prodpmpsftp*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

*Passwords must contain:*

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

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

**Notes:**

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

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

**Note:** Selecting multiple states to which to submit data **does not** enable interstate sharing.

6. Click **Submit**.

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

**Account Registration** REGISTRATION INFORMATION OVERVIEW

Profile	Employer
Email Address: test@tester.com	Name: Test Pharmacy
Password: *****	DEA Number:
DEA Number:	NCPDP Number:
NPI Number:	Address: 123 Test St Test WA 12345
Full Name: Robyn Weaver	Phone: 555-123-5555
	Fax:

Data Acceptance

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

Submission Destinations

☒ Alabama

[Continue](#)

7. Click **Continue**.

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

## 3.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).

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

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

4. Click **Login**.

The PMP Clearinghouse home page is displayed.

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

---

## 4 Data Submission

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

### 4.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts and begin submitting data upon receipt of this guide. See [Creating Your Account](#) for more information.
- As of November 30, 2016, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).
- If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See [Zero Reports](#) for additional details.

### 4.2 Upload Specifications

Files should be in the ASAP 4.2A format as defined in [Appendix A: ASAP 4.2A Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.dat”. All of your upload files will be kept separate from the files of others.

Reports for multiple dispensers/pharmacies can be in the same upload file in any order.

## 5 Data Delivery Methods

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

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

Delivery Method	Page
<a href="#">Secure FTP</a>	11
<a href="#">Web Portal Upload</a>	11
<a href="#">Manual Entry (UCF)</a>	13
<a href="#">Zero Reports</a>	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., VA, AL, AK, KS, GA, etc.)**. Data files not submitted to a state sub-folder will be required to have a manual state PMP assignment made on the [File Listings](#) page. Please refer to [State Subfolders](#) for additional details on this process.

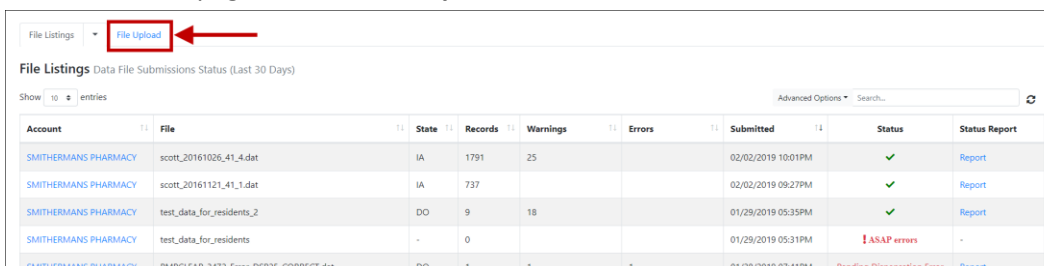
1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).  
Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the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

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

### 5.2 Web Portal Upload

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

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

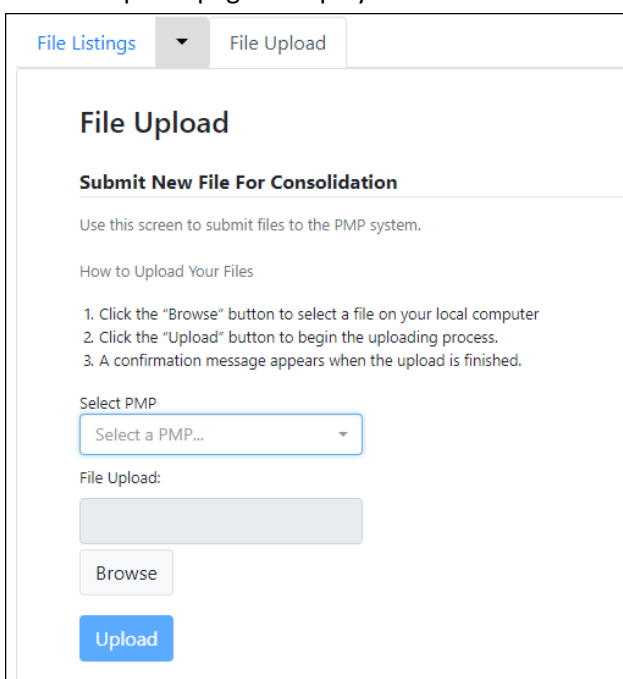


File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries

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

The File Upload page is displayed.



**File Upload**

**Submit New File For Consolidation**

Use this screen to submit files to the PMP system.

How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer
2. Click the "Upload" button to begin the uploading process.
3. A confirmation message appears when the upload is finished.

Select PMP

Select a PMP...

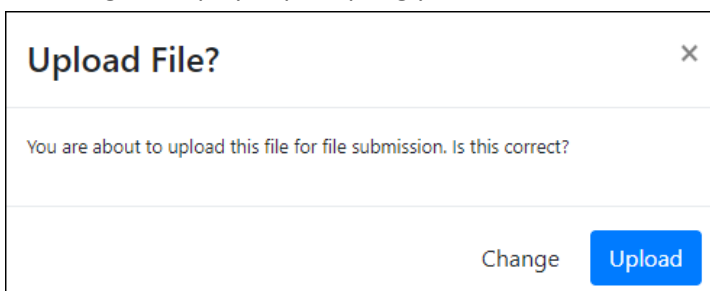
File Upload:

Browse

Upload

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

A message is displayed prompting you to confirm the submission.



**Upload File?**

You are about to upload this file for file submission. Is this correct?

Change Upload

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

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

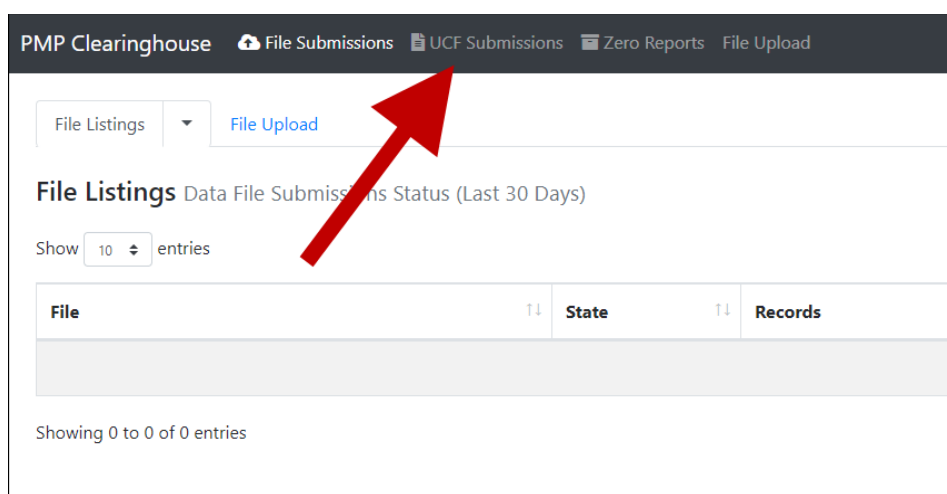
**Note:** When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

## 5.3 Manual Entry (UCF)

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

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

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



The UCF Listings page is displayed.

UCF Listings						
Show 10 entries						
Created at	State	Warnings	Errors	Status		
01/15/2019 02:13 PM	KS	0	0	✓		
01/17/2019 07:38 PM	KS	0	0	✓		
01/28/2019 03:51 PM	CR	0	0	✓		
01/28/2019 04:04 PM	CR	0	0	✓		
01/28/2019 04:07 PM	CR	0	0	✓		
01/28/2019 04:11 PM	CR	0	0	✓		

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



The Create Universal Claim Form page is displayed.

**Create Universal Claim Form**

\* Indicates Required Field

**PMP**

Pmp \*

Select a PMP...

**Patient**

☐ Patient Animal

First Name \*

Last Name \*

Date of Birth \*

MM/DD/YYYY

Gender

Unknown

Phone Number

Patient ID

5. Select the state PMP to which you are submitting data from the drop-down list in the **Select 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.

**Drug Information**

☒ Compound

NDC Number \*

Quantity \*

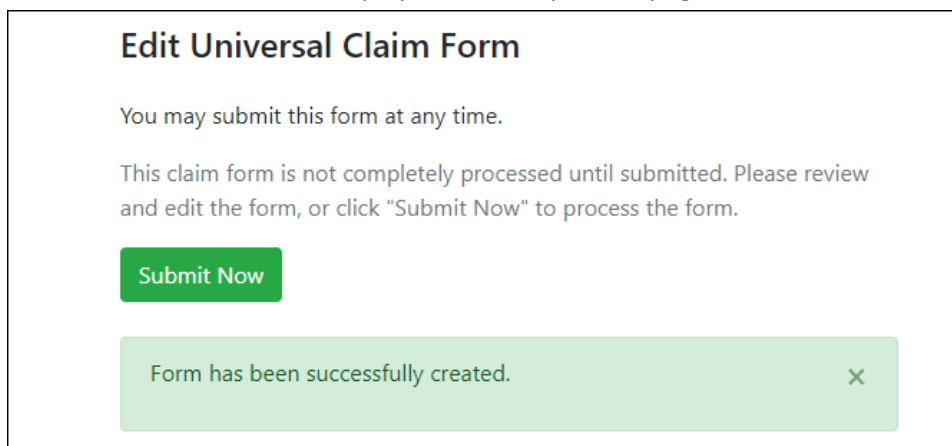
Units

Remove

Add New

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

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



**Edit Universal Claim Form**

You may submit this form at any time.

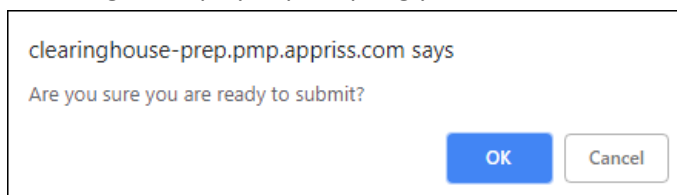
This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

**Submit Now**

Form has been successfully created. X

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

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



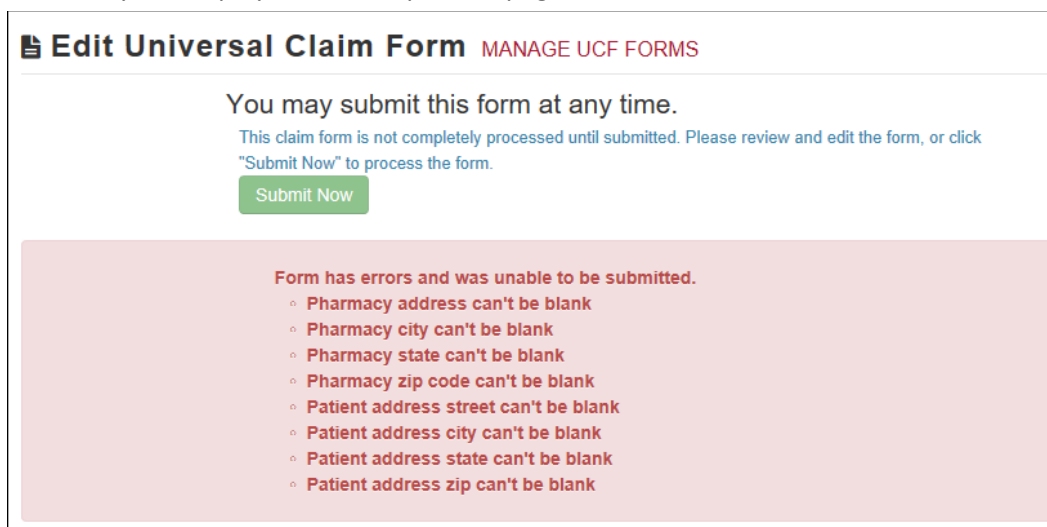
clearinghouse-prep.pmp.appriss.com says

Are you sure you are ready to submit?

**OK** Cancel

9. Click **OK**.

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



**Edit Universal Claim Form** **MANAGE UCF FORMS**

You may submit this form at any time.

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

**Submit Now**

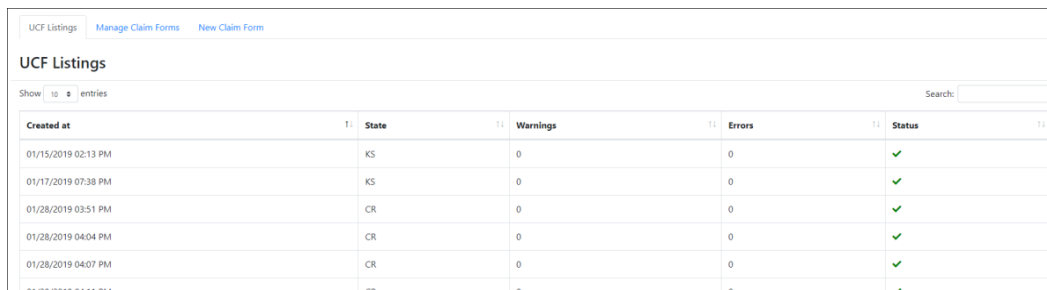
**Form has errors and was unable to be submitted.**

- Pharmacy address can't be blank
- Pharmacy city can't be blank
- Pharmacy state can't be blank
- Pharmacy zip code can't be blank
- Patient address street can't be blank
- Patient address city can't be blank
- Patient address state can't be blank
- Patient address zip 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.



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

## 5.4 Zero Reports

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

You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to [Appendix B: ASAP Zero Report Specifications](#).

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

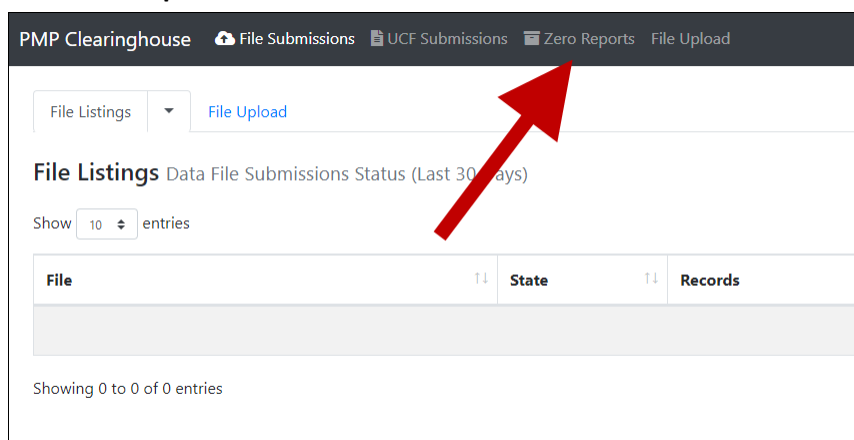
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

### 5.4.1 Submit a Single-Click Zero Report

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

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

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



Zero Reports Listings		<a href="#">Create Zero Report</a>						
Zero Reports Listings								
Show	25	entries						
		Advanced Options <input type="text" value="Search..."/>						
Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
AMC HEALTH REFLECTIONS	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020		01/16/2020 5:13 PM
Wellness Pharmacy Systems	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020	https://api.wellnesspharmacy.com/api/v1/20200116_Zero.pdf	01/16/2020 5:04 PM

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

Zero Reports Listings

Create Zero Report

### Create Zero Report

☒ Submit a Single Click Zero Report

☐ Create new Zero Report

**Create Single Click Zero Report**

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

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

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
<div><div><div></div></div><div>Demo</div></div>					

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

- The New Pharmacy page is displayed.

[Zero Reports Listings](#)[Create Zero Report](#)

### New Pharmacy

**PMP \***

**Pharmacy \***

**NCPDP**

**DEA Number**

**NPI**

Save

Cancel

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the pharmacy's name in the **Pharmacy** field.

8. Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (\*) will be displayed next to that field once you have selected a PMP.
9. Click **Save**.

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

**Create Zero Report**

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

**Create Single Click Zero Report**

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

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

[Add New Pharmacy](#)

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

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

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

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

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

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

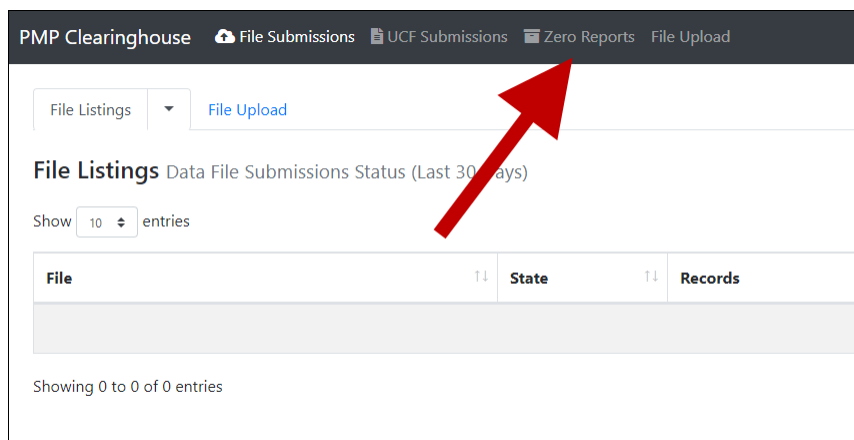
Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
<div>+</div> Demo						
Appriss Pharmacy		MM4122735		<a href="#">Edit</a> <a href="#">Delete</a>	<div>Today</div> <div>01/16/2020</div>	<div>Yesterday</div> <div>01/15/2020</div>
Test		BK0121258		<a href="#">Edit</a> <a href="#">Delete</a>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

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

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

## 5.4.2 Create a New Zero Report

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



The Zero Report Listings page is displayed.

Zero Reports Listings [Create Zero Report](#)

Show 25 entries

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
ALABAMA PHARMACY SYSTEM	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020		01/16/2020 5:13 PM
ALABAMA PHARMACY SYSTEM	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020		01/16/2020 5:04 PM

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

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

Zero Reports Listings [Create Zero Report](#)

### Create Zero Report

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

**Create Single Click Zero Report**

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

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

[Add New Pharmacy](#)

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

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

The Create Zero Report page is displayed.

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

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

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

9. Click **Submit**.

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

## 6 Data Compliance

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

### 6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. The File Listings page is displayed upon logging in to Clearinghouse; you may also click **File Submissions** from the menu at any time to access this page.

You may sort the File Listings page by account name, file name, state, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
SMITHERMANS PHARMACY	TestUpload.txt	DO	0			02/13/2019 04:43PM	ASAP errors	-
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	✓	Report
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	✓	Report
SMITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	✓	Report
SMITHERMANS PHARMACY	test_data_for_residents	-	0			01/29/2019 05:31PM	ASAP errors	-

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

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

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

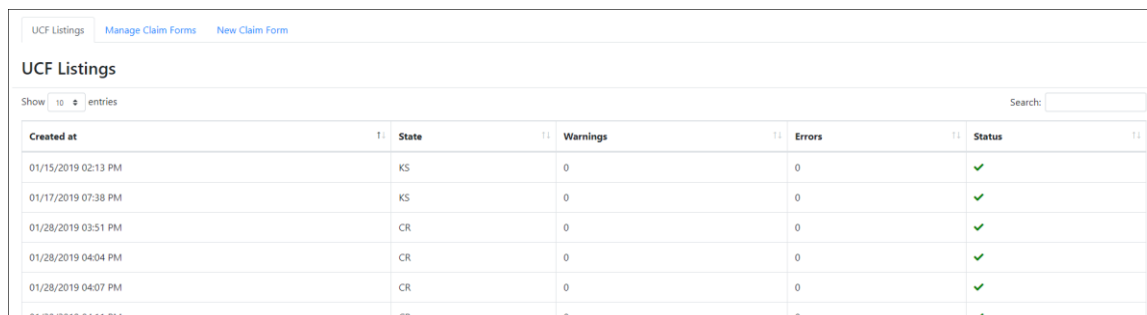
If you submitted a file via SFTP without using a state-specific sub-folder, the file will be displayed, and you will be prompted to select a destination PMP to which the data file will be transferred.



## 6.2 UCF Listings

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

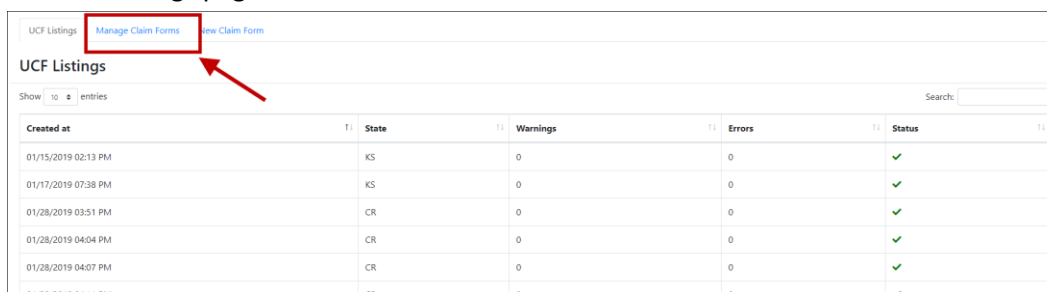
You may sort the UCF Listings page date created, state, warning count, error count, and status.



Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

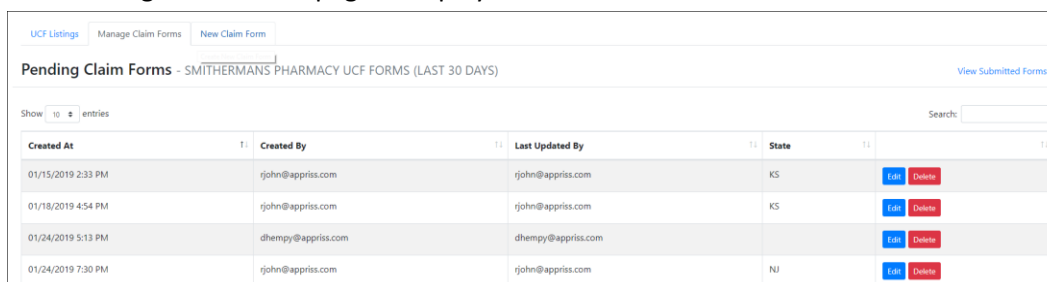
The **Status** column, located at the end of each row, displays the UCF's status. Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those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



Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

The Pending Claim Forms page is displayed.



Created At	Created By	Last Updated By	State	
01/15/2019 2:33 PM	rjohn@appriss.com	rjohn@appriss.com	KS	<a href="#">Edit</a> <a href="#">Delete</a>
01/18/2019 4:54 PM	rjohn@appriss.com	rjohn@appriss.com	KS	<a href="#">Edit</a> <a href="#">Delete</a>
01/24/2019 5:13 PM	dhenpy@appriss.com	dhenpy@appriss.com		<a href="#">Edit</a> <a href="#">Delete</a>
01/24/2019 7:30 PM	rjohn@appriss.com	rjohn@appriss.com	NJ	<a href="#">Edit</a> <a href="#">Delete</a>

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 until submitted. Please review and edit the form, or click "Submit Now" to process the form.

**Submit Now**

**PMP** \* Indicates Required Field

Pmp \*

Kansas

**Patient**

☐ Patient Animal

First Name\* Last Name\*

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

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

clearinghouse-prep.pmp.appriss.com says

Are you sure you are ready to submit?

**OK** Cancel

4. Click **OK**.

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

**Edit Universal Claim Form** [MANAGE UCF FORMS](#)

You may submit this form at any time.

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

**Submit Now**

**Form has errors and was unable to be submitted.**

- Pharmacy address can't be blank
- Pharmacy city can't be blank
- Pharmacy state can't be blank
- Pharmacy zip code can't be blank
- Patient address street can't be blank
- Patient address city can't be blank
- Patient address state can't be blank
- Patient address zip 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.

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

## 6.3 Error Correction Page

### 6.3.1 View Records with Errors

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

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
BM4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	<a href="#">Correct</a>

The **Correct** button, located at the end of each row, allows you to make corrections to the record. Refer to [Error Correction via PMP Clearinghouse](#) for more information about correcting erroneous records.

### 6.3.2 Error Correction via PMP Clearinghouse

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

Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.
Name	<input type="text"/>		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 **Messages** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

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

#### To correct records:

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

The error is processed through the validation rules.

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

**Note:** Any data not accepted due to a substantial number of errors or omissions must be corrected and resubmitted to the vendor within five (5) days of receiving notification.

## 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: Virginia ASAP file: fake-test3.txt - Parse Failure

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

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

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

### 7.2 File Status Report

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

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

The columns are set to the following lengths:

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

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

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

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

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

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

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

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

BODY:

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

Summary:

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

## 7.3 Zero Report Confirmation

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

An example *Zero Report Confirmation* is provided below.

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

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



## 8 Managing Your Upload Account

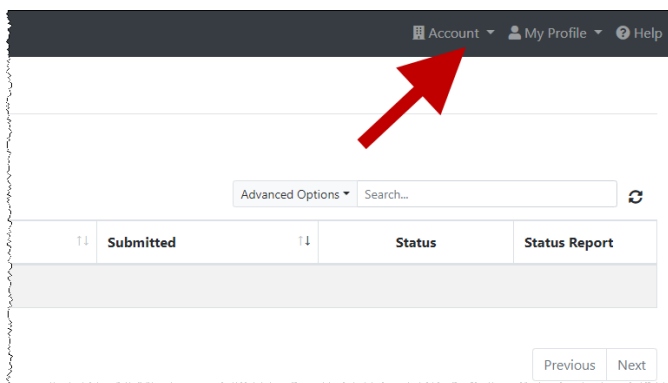
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

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

### 8.1 Adding Users to Your Upload Account

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

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

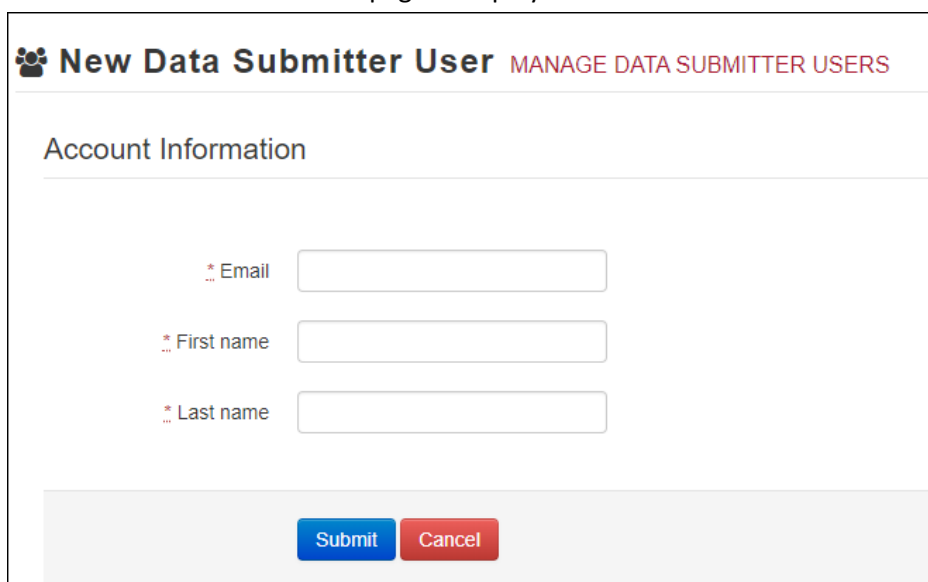


3. Select **Users** from the **Account** drop-down menu.  
The Account Users page is displayed.

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

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

The New Data Submitter User page is displayed.



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

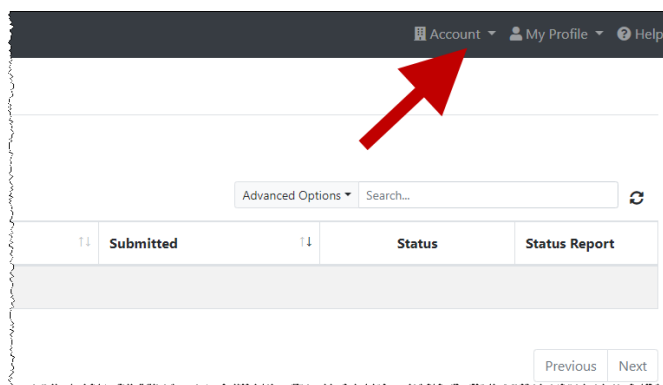
6. Click **Submit**.

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

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

### 8.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

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

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

The Edit Data Submitter User page is displayed.

**Edit Data Submitter User** MANAGE DATA SUBMITTER USERS

Account Information

\* Email

\* First name

\* Last name

Password

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

Password confirmation

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

*Passwords must contain:*

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

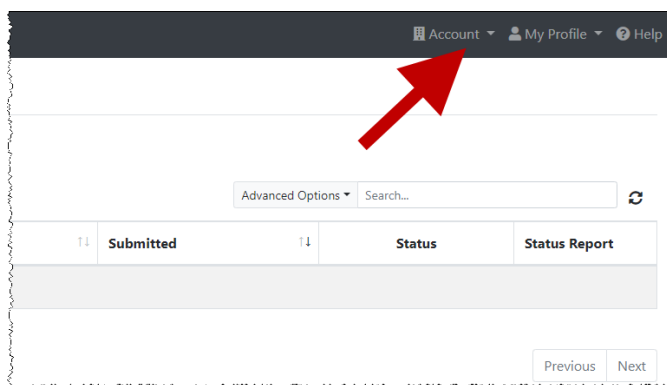
6. Click **Submit**.

The password is changed.

## 8.2 Adding States to Your Upload Account

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

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



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

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

**SMITHERMANS PHARMACY Accounts Management**
MULTI STATE APPROVAL

Please select state PMPs that will receive data from this account.

We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.

Abbv	State	Status
<input checked="" type="checkbox"/>	AL Alabama	Approved
<input checked="" type="checkbox"/>	AK Alaska	Approved
<input type="checkbox"/>	AZ Arizona	
<input type="checkbox"/>	AR Arkansas	
<input type="checkbox"/>	CO Colorado	
<input checked="" type="checkbox"/>	CR Conch Republic	Approved
<input checked="" type="checkbox"/>	CT Connecticut	Approved
<input type="checkbox"/>	DE Delaware	
<input checked="" type="checkbox"/>	DO Demo	Approved

Participating States | Your Approval Status

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

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

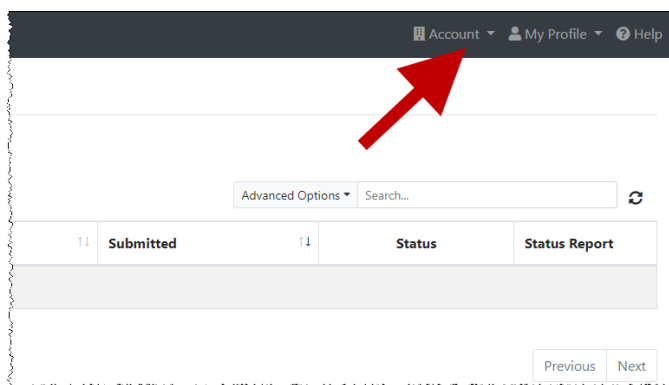
### Notes:

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

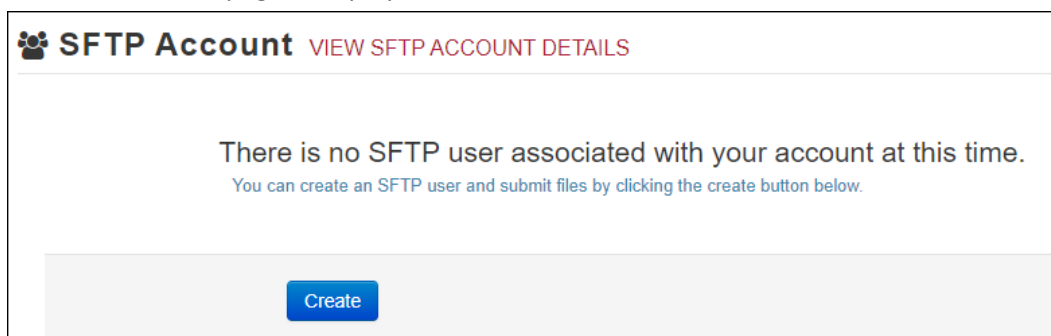
## 8.3 Adding SFTP Access to an Upload Account

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

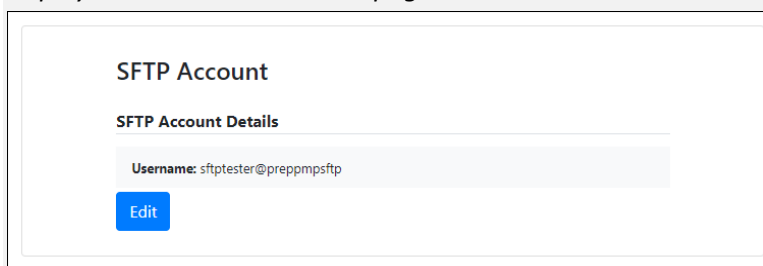
1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



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



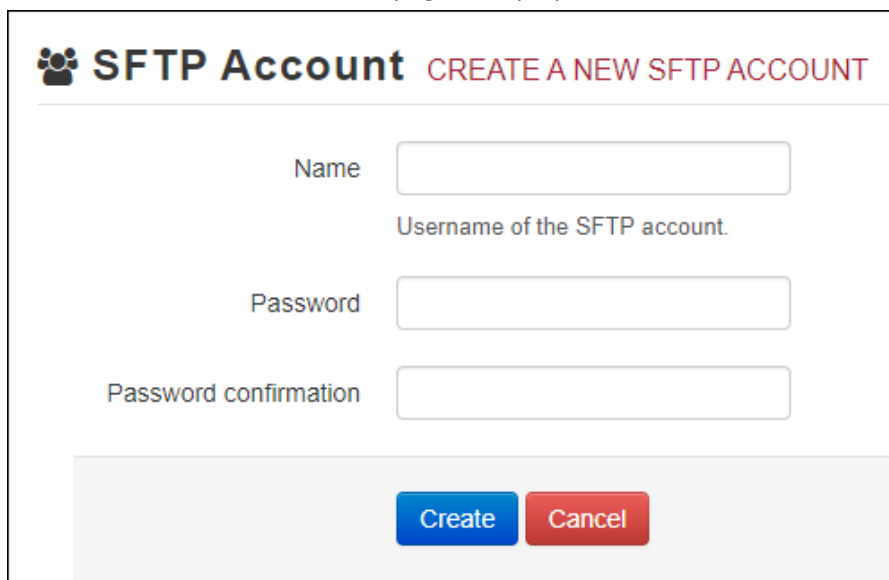
**Note:** If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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

4. Click **Create**.

The Create a New SFTP Account page is displayed.



The screenshot shows a web form titled "SFTP Account" with a sub-header "CREATE A NEW SFTP ACCOUNT". The form contains three input fields: "Name" (with a placeholder "Username of the SFTP account."), "Password", and "Password confirmation". Below the fields are two buttons: "Create" (blue) and "Cancel" (red).

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

**Notes:**

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.

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

*Passwords must contain:*

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

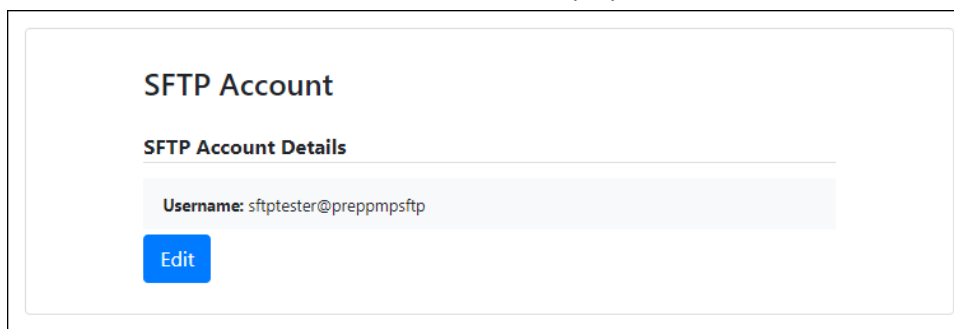
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

**Notes:**

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

7. Click **Create**.

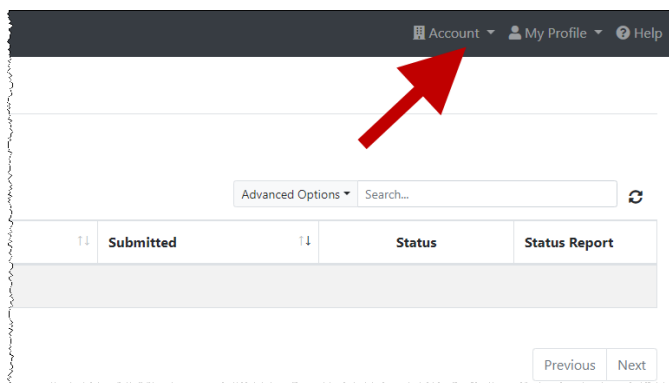
The account is created, and the username is displayed.



## 8.4 Editing Your Upload Account

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

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



3. Select **Account Details**.

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

**SMITHERMANS PHARMACY Accounts**

**Account Details**

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

**Admin Details**

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

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

4. Click **Edit**.

The Edit Account page is displayed.

**Edit SMITHERMANS PHARMACY Account**

**Account Details** \* Indicates Required Field

Name \*

Phone number  Fax number

**Admin Details**

Address

City  Zip code  State

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

5. Update the information as necessary, then click **Save Changes**.

The account information is updated.



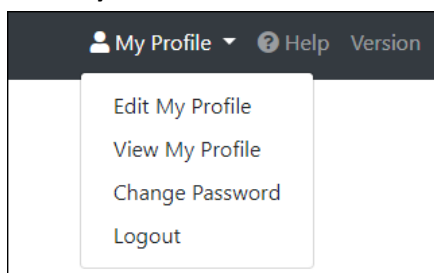
## 9 Managing Your User Profile

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

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

### 9.1 Editing Your Profile

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



3. Select **Edit My Profile**.

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

4. Update your information as necessary, then click **Save Changes**.

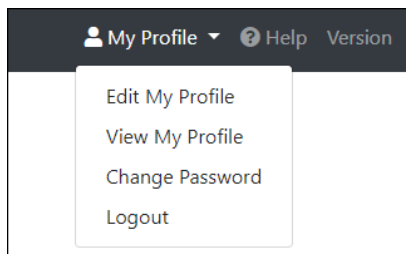
**Note:** This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to [Editing Your Upload Account](#).

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

## 9.2 Changing Your Password

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

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



3. Select **Change Password**.

A screenshot of a web form titled 'Change Password'. At the top, it says 'Profile Details' on the left and '\* Indicates Required Field' on the right. Below this, there is a section for 'Email: rweaver@appriss.com'. Underneath, it says 'Current password \*' followed by a text input field. Below the input field, a note reads 'we need your current password to confirm your changes'. Further down, there are two text input fields: 'Password' and 'Password confirmation'. At the bottom of the form, there are two buttons: a blue 'Update' button and a grey 'Cancel' button.

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.

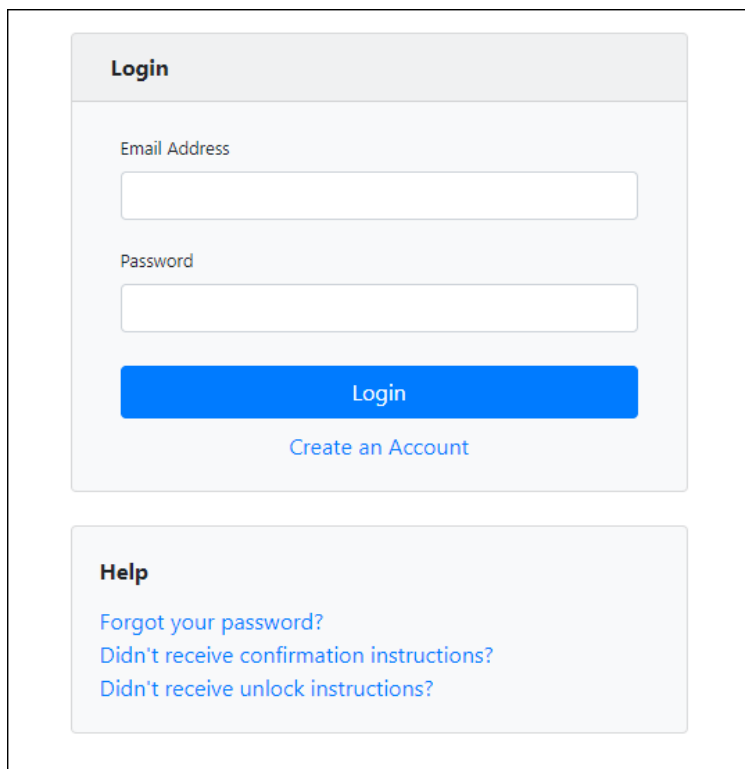
6. Click **Update**.

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

## 9.3 Resetting Your Password

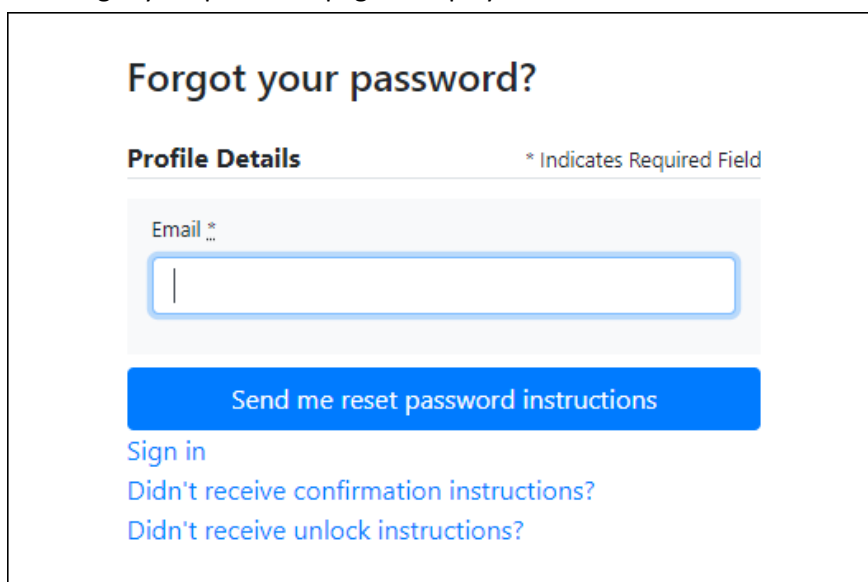
If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).



The screenshot shows the login interface. At the top is a 'Login' header. Below it are two input fields: 'Email Address' and 'Password'. A blue 'Login' button is positioned below the password field, with a 'Create an Account' link underneath it. A 'Help' section is located at the bottom, containing three links: 'Forgot your password?', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

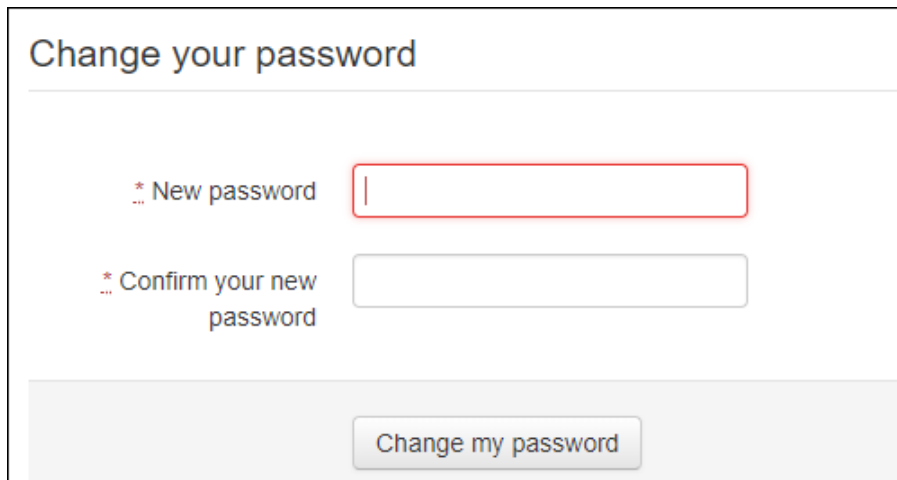
2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.



The screenshot shows the 'Forgot your password?' page. The title 'Forgot your password?' is at the top. Below it is a 'Profile Details' section with a note '\* Indicates Required Field'. There is an 'Email \*' input field. A blue button labeled 'Send me reset password instructions' is below the input field. At the bottom, there are three links: 'Sign in', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

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

The Change your password page is displayed.

A screenshot of a web form titled "Change your password". The form has two input fields: the first is labeled "\* New password" and the second is labeled "\* Confirm your new password". Both fields have a red border and a small vertical line indicating the start of the input. Below the fields is a button labeled "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.

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## 10 Assistance and Support

### 10.1 Technical Assistance

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

- Contact Appriss Health at 1-855-482-4767;
- **OR**
- Create a support request at the following URL:  
<https://apprisspmclearinghouse.zendesk.com/hc/en-us/requests/new>.

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

### 10.2 Administrative Assistance

If you have non-technical questions regarding the VA PMP, please call 804-367-4514 or email [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov).

# 11 Document Information

## 11.1 Disclaimer

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

## 11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	09/26/2016	N/A	N/A; initial draft
1.1	10/11/2016	Global	Updated to 4.1
			Added compound section
			Changed/added other language in document per customer specs
1.2	11/10/2016	Appendix A	Updated IS03 fields
1.3	12/20/2016	Data Collection Overview	Updated verbiage to reflect 24-hour requirement for dispensation submissions
1.4	02/17/2017	Data Collection Overview	Updated verbiage referencing non-resident pharmacies
		Appendix A	Updated to ASAP 4.2, which requires NPI, Gender, Species Code, Partial Fill Info, and Electronic Prescribing Info
1.5	08/11/2017	Error Correction	Added a statement instructing data submitters to correct and resubmit to the vendor any data not accepted due to a substantial number of errors or omissions within 5 business of receiving notification
2.0	04/29/2019	Global	Updated to current document template
		2.1/Data Collection Overview	Removed “gabapentin”
		2.3/Reporting Requirements	
		2.4/Exemptions	Added new regulatory language regarding dispensing of covered substances by veterinarians
		Compound Prescription Reporting	Removed section; compound reporting via Clearinghouse is now described in section 5.3, Manual Entry (UCF), under step 6
		10.2/Administrative Assistance	Updated phone number

Version	Date	Chapter/Section	Change Made
		Appendix A	Changed field requirement for PAT23 from “N” to “S”
		Appendix D	Added waiver request form
2.1	04/08/2020	5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
2.2	06/17/2020	Appendix A	Added “Pharmaceutical Processors” column with instructions for pharmaceutical processors
2.3	02/19/2021	Appendix E/Correct Use of Codes in DSP01	Added new appendices
		Appendix F/Identifying Duplicates within Submissions	
2.4	03/23/2021	Appendix A	Updated to ASAP 4.2A
		Appendix G/Status Report Definitions	Added new appendices
2.4	05/24/2021	Appendix A/PHA 13 Pharmacy Permit/License Number	Added note: “Use the pharmaceutical processor permit number assigned to you by the Virginia Board of Pharmacy. When using PHA13, leave PHA03 blank.”
2.5	8/27/2021	N/A	Added note to the cover page of the Dispenser Guide.

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## Appendix A: ASAP 4.2A Specifications

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

The following elements are used in each upload file:

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

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

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

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

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

- **Requirement**
  - R = Required by VA
  - N = Not required but accepted if submitted
  - S = Situational
  - P = Preferred, please submit

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



Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
<b>TH: Transaction Header (required)</b>				
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.				
	<b>TH01</b>	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = xx.x	<b>R</b>	
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	<b>R</b>	
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>01 Send/Request Transaction</li> <li>02 Acknowledgement (used in Response only)</li> <li>03 Error Receiving (used in Response only)</li> <li>04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	<b>N</b>	
	<b>TH04</b>	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	<b>N</b>	
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	<b>R</b>	
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	<b>R</b>	
	<b>TH07</b>	<b>File Type</b> <ul style="list-style-type: none"> <li>P = Production</li> <li>T = Test</li> </ul>	<b>R</b>	
	<b>TH08</b>	<b>Routing Number</b> 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.	<b>N</b>	
	<b>TH09</b>	<b>Segment Terminator Character</b> This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	<b>R</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
<b>IS: Information Source (required)</b>				
Used to convey the name and identification numbers of the entity supplying the information.				
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	<b>R</b>	
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	<b>R</b>	
	<b>IS03</b>	<b>Message</b> Free-form text message.	<b>N</b>	
<b>PHA: Pharmacy Header (required)</b>				
Used to identify the pharmacy.				
<b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.				
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	<b>P</b>	
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	<b>P</b>	
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	<b>R</b>	<b>Pharmaceutical Processors:</b> Use the pharmaceutical processor permit number assigned to you by the Virginia Board of Pharmacy.
	<b>PHA04</b>	<b>Pharmacy Name</b> Free-form name of the pharmacy or dispensing practitioner's name.	<b>N</b>	
	<b>PHA05</b>	<b>Address Information – 1</b> Free-form text for address information.	<b>N</b>	
	<b>PHA06</b>	<b>Address Information – 2</b> Free-form text for address information.	<b>S</b>	
	<b>PHA07</b>	<b>City Address</b> Free-form text for city name.	<b>N</b>	
	<b>PHA08</b>	<b>State Address</b> U.S. Postal Service state code.	<b>N</b>	
	<b>PHA09</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code.	<b>N</b>	
	<b>PHA10</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	<b>N</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>PHA11</b>	<b>Contact Name</b> Free-form name.	<b>N</b>	
	<b>PHA12</b>	<b>Chain Site ID</b> 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.	<b>S</b>	
	<b>PHA13</b>	Pharmacy Permit/License Number	<b>P</b>	<b>Pharmaceutical Processors:</b> Use the pharmaceutical processor permit number assigned to you by the Virginia Board of Pharmacy. When using PHA13, leave PHA03 blank.
<b>PAT: Patient Information (required)</b> Used to report the patient's name and basic information as contained in the pharmacy record.				
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT03.	<b>S</b>	
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	<b>P</b>	
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	<b>P</b>	
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	<b>N</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	<b>N</b>	
	<b>PAT06</b>	<b>Additional ID</b> 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.	<b>N</b>	
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	<b>R</b>	
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	<b>R</b>	
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial if available.	<b>S</b>	
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	<b>N</b>	
	<b>PAT11</b>	<b>Name Suffix</b> Patient's name suffix such as Jr. or the III.	<b>S</b>	
	<b>PAT12</b>	<b>Address Information – 1</b> Free-form text for street address information.	<b>R</b>	
	<b>PAT13</b>	<b>Address Information – 2</b> Free-form text for additional address information.	<b>S</b>	
	<b>PAT14</b>	<b>City Address</b> Free-form text for city name.	<b>R</b>	
	<b>PAT15</b>	<b>State Address</b> U.S. Postal Service state code <i><b>Note:</b> Field has been sized to handle international patients not residing in the U.S.</i>	<b>R</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>PAT16</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	<b>R</b>	
	<b>PAT17</b>	<b>Phone Number</b> Complete phone number including area code.	<b>P</b>	
	<b>PAT18</b>	<b>Date of Birth</b> Date patient was born. Format: CCYYMMDD	<b>R</b>	
	<b>PAT19</b>	<b>Gender Code</b> Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>F Female</li> <li>M Male</li> <li>U Unknown</li> </ul>	<b>R</b>	
	<b>PAT20</b>	<b>Species Code</b> Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> <li>01 Human</li> <li>02 Veterinary Patient</li> </ul>	<b>R</b>	
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>01 Home</li> <li>02 Intermediary Care</li> <li>03 Nursing Home</li> <li>04 Long-Term/Extended Care</li> <li>05 Rest Home</li> <li>06 Boarding Home</li> <li>07 Skilled-Care Facility</li> <li>08 Sub-Acute Care Facility</li> <li>09 Acute Care Facility</li> <li>10 Outpatient</li> <li>11 Hospice</li> <li>98 Unknown</li> <li>99 Other</li> </ul>	<b>P</b>	
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	<b>N</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>PAT23</b>	<b>Name of Animal</b> 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.	<b>S</b>	
<b>DSP: Dispensing Record (required)</b> Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.				
	<b>DSP01</b>	<b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul> <i>Note: For prescriptions voided with a code 02, a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See <a href="#">Appendix E</a>.</i>	<b>R</b>	
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	<b>R</b>	
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	<b>R</b>	<b>Pharmaceutical Processors:</b> Provide the date the certification expires as indicated by the licensed prescriber (§ 54.1-2521.B.6.)
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	<b>R</b>	
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	<b>R</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	DSP06	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R	
	DSP07	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>01 NDC</li> <li>06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)</li> </ul>	R	
	DSP08	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	R	<b>Pharmaceutical Processors:</b> Use the registered product identifier provided to you by the Virginia Board of Pharmacy for this specific product.
	DSP09	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 <i><b>Note:</b> For compounds, show the first quantity in CDI04.</i>	R	
	DSP10	<b>Days Supply</b> Estimated number of days the medication will last.	R	
	DSP11	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	R	
	DSP12	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>05 Electronic Prescription</li> <li>99 Other</li> </ul>	P	<b>Pharmaceutical Processors:</b> Use Rx Origin Code 99.

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>DSP13</b>	<b>Partial Fill Indicator</b> Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> <li>00 Not a Partial Fill</li> <li>01 First Partial Fill</li> </ul> <i><b>Note:</b> For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i>	<b>R</b>	
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	<b>N</b>	
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	<b>S</b>	
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> <li>01 Private Pay</li> <li>02 Medicaid</li> <li>03 Medicare</li> <li>04 Commercial Insurance</li> <li>05 Military Installations and VA</li> <li>06 Workers' Compensation</li> <li>07 Indian Nations</li> <li>99 Other</li> </ul>	<b>R</b>	
	<b>DSP17</b>	<b>Date Sold</b> Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	<b>S</b>	
	<b>DSP18</b>	<b>RxNorm Product Qualifier</b> RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> <li>01 Semantic Clinical Drug (SCD)</li> <li>02 Semantic Branded Drug (SBD)</li> <li>03 Generic Package (GPCK)</li> <li>04 Branded Package (BPCK)</li> </ul>	<b>S</b>	



Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	DSP19	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	S	
	DSP20	<b>Electronic Prescription Reference Number</b> This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	R	
	DSP21	<b>Electronic Prescription Order Number</b> This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	R	
	DSP22	<b>Quantity Prescribed</b> This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	R	
	DSP23	<b>Rx Sig</b> This field captures the actual directions printed on the prescription vial label.	N	
	DSP24	<b>Treatment Type</b> This field indicates that the prescription is for opioid dependency treatment. <ul style="list-style-type: none"> <li>01 – Not used for Opioid Dependency Treatment</li> <li>02 – Used for Opioid Dependency Treatment</li> <li>03 – Pain Associated with Active and Aftercare Cancer Treatment</li> <li>04 – Palliative Care in Conjunction with a Serious Illness</li> <li>05 – End-of-Life and Hospice Care</li> <li>06 – A Pregnant Individual with a Pre-existing Prescription for Opioids</li> <li>07 – Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain</li> <li>08 – Individuals Pursuing an Active Taper of Opioid Medications</li> <li>09 – Patient is Participating in a Pain Management Contract</li> <li>99 – Other (trading partner agreed upon reason)</li> </ul> <i><b>Note:</b> Codes 03–99 can only be reported if provided by the prescriber with the prescription.</i>	S	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>DSP25</b>	<b>Diagnosis Code</b> This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription.	<b>S</b>	
<b>PRE: Prescriber Information (required)</b> Used to identify the prescriber of the prescription.				
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	<b>R</b>	
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	<b>R</b>	
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	<b>N</b>	
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the prescriber by the State Licensing Board.	<b>P</b>	<b>Pharmaceutical Processors:</b> If PRE01 and PRE02 are not available, provide the cannabis oil license number issued by the prescriber's Virginia Regulatory Board.
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	<b>N</b>	
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	<b>S</b>	
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	<b>N</b>	
	<b>PRE08</b>	<b>Phone Number</b>	<b>N</b>	
	<b>PRE09</b>	XDEA Number	<b>S</b>	
<b>CDI: Compound Drug Ingredient Detail (situational)</b> Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.				
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	<b>S</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> <li>01 NDC</li> </ul>	<b>S</b>	
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	<b>S</b>	
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	<b>S</b>	
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)</li> </ul>	<b>S</b>	
<b>AIR: Additional Information Reporting (situational)</b> Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. <b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.				
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	<b>N</b>	
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	<b>N</b>	
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	<b>N</b>	

Segment	Element ID	Element Name	Requirement	Pharmaceutical Processors
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	<b>N</b>	
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	<b>N</b>	
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> </ul>	<b>N</b>	
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	<b>N</b>	
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	<b>N</b>	
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	<b>N</b>	
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	<b>N</b>	

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

## Appendix B: ASAP Zero Report Specifications

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

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

## Sample Zero Report

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

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

## Appendix C: SFTP Configuration

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

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

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

### SFTP Connection Details

**Hostname:** *sftp.pmpclearinghouse.net*

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

**Port:** 22

**Note:** The port will always be 22.

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

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

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

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



## State Subfolders

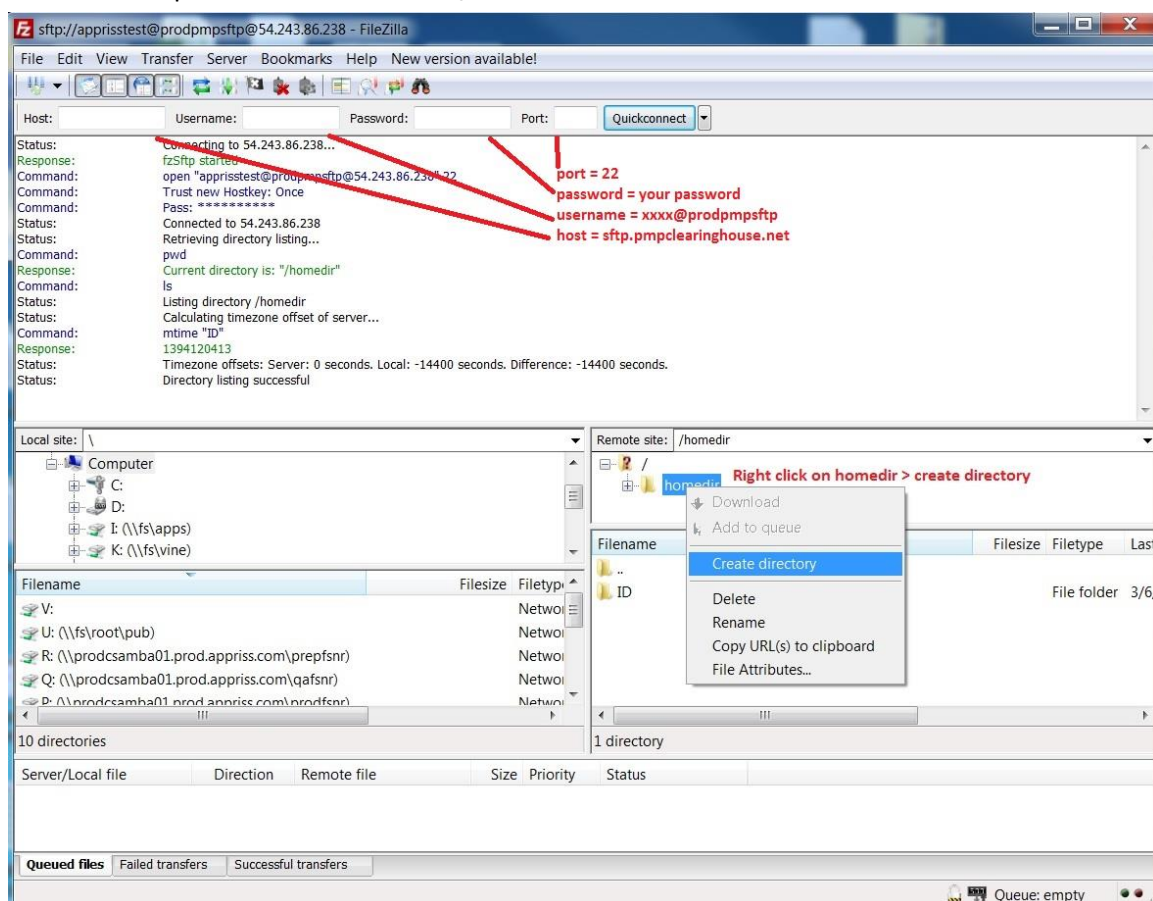
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

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

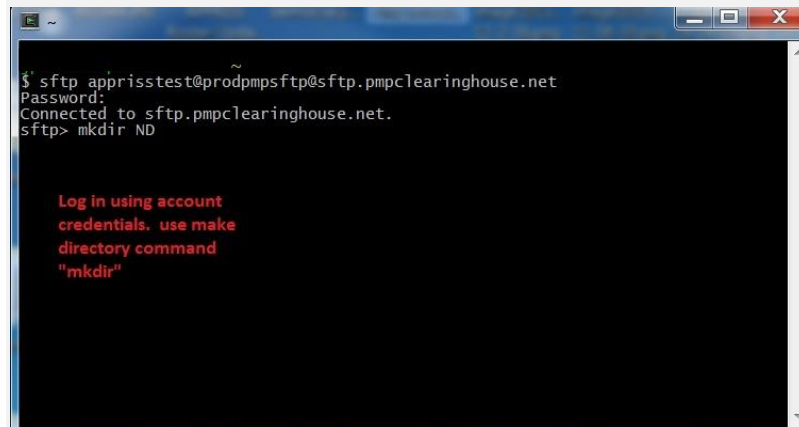
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
  - a. Log in to your SFTP account.
  - b. Create the required directories under **/homedir**.



## 2. Via command prompt

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

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

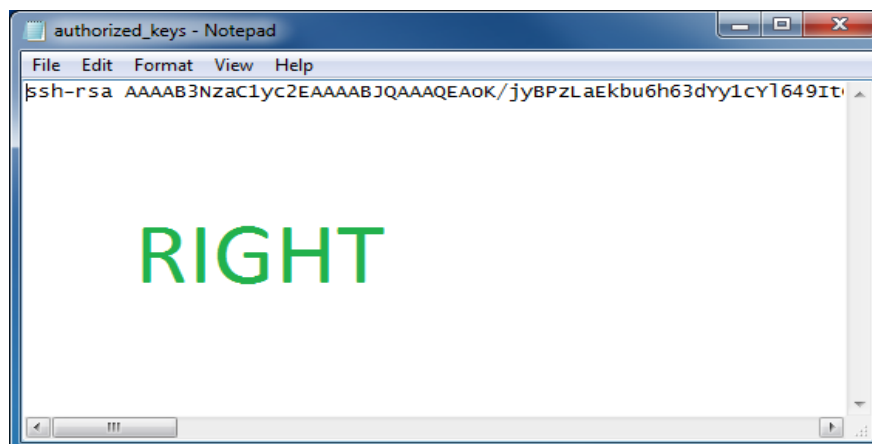


## Public (SSH/RSA) Key Authentication

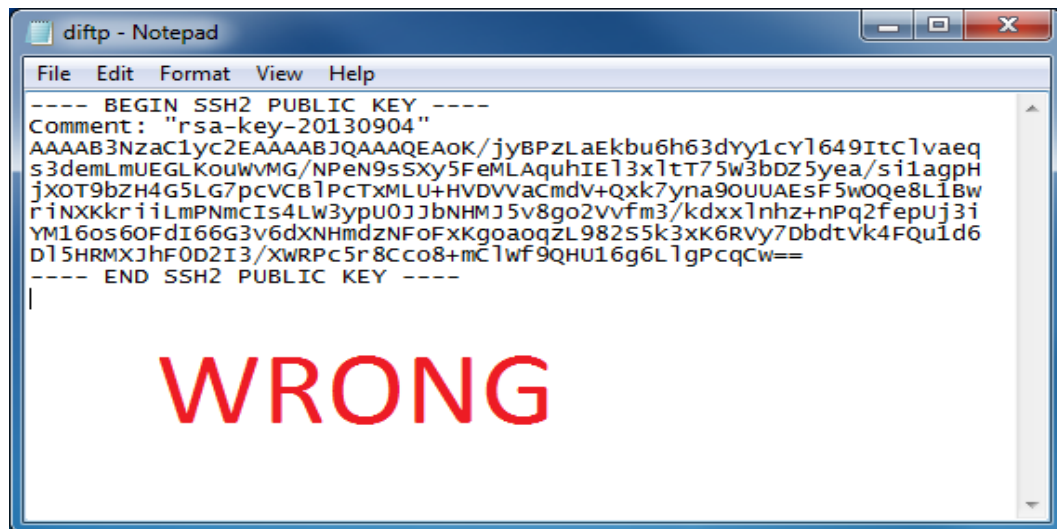
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

**Note:** *PGP Encryption is not supported.*

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



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



- Once the key has been generated, it should be named "***authorized\_keys***".

**Notes:**

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

---

## Appendix D: Waiver Request Form

The Request for a Waiver or an Exemption from Reporting form is provided on the following page.

[PLACEHOLDER FOR WAIVER REQUEST FORM TO BE ADDED WHEN CONVERTED TO PDF]

# Appendix E: Correct Use of Codes in DSP01

## Error Correction

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

- **New Record (DSP01 = 00)** – indicates a new record
- **Revise (DSP01 = 01)** – indicates that one or more data elements in a previously submitted record have been revised
- **Void (DSP01 = 02)** – indicates that the original record should be deleted

## Submit a New Record

Perform the following steps to submit a new record:

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

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

## Revise a Record

Perform the following steps to revise a record:

1. Create a record with the value **"01"** in the **DSP01** field.
2. Populate the following fields with the same information originally submitted in the record that is being revised:
  - **PHA01** (NPI) OR **PHA02**(NCPDP/NABP Provider ID) OR **PHA 03** (DEA Number)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
  - **DSP06** (Fill Number)
  - **DSP09/CDI04** (Quantity Dispensed)
  - **DSP 13** (Partial Fill; added in May 2020)
3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
4. Submit the record.

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

## Void a Record

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

1. Send a record with the value “02” in the **DSP01** field.
2. Fill in all other data identical to the original record. This will void the original record.

## Transmission Confirmation

For each successful submission (i.e., those not resulting in a fatal error), you will receive a status report via email.

For submissions that contain dispensation errors, the status report email will list the errors. Errors can be corrected by submitting revision or void records in a new transmission or by manually updating the error records via the PMP Clearinghouse website.

---

# Appendix F: Identifying Duplicates within Submissions

## Logic for Identifying Duplicate Record

Clearinghouse utilizes the following six fields to check for a duplicate, complete a revision, or delete a record:

- Dispensary Identifier
- Rx #
- Fill Date
- Refill Number
- Quantity
- Partial Fill (*added in May 2020*)

It is important to remember that if a pharmacy needs any of these values **revised**, the original record must be deleted (exactly as submitted, meaning the six key fields listed above must match the originally submitted file), then the correct information must be submitted. Otherwise, a duplicate record will be created on the patient report.

“Create” and “update” dispensations are processed in much the same way. For “create” records, Clearinghouse will look within Clearinghouse and AWARxE for corresponding records to check for a duplicate. For “update” records, Clearinghouse will look within Clearinghouse and AWARxE to locate the original record and revise.

**Note:** *Clearinghouse receives a multitude of “create” records coded as “update” records. If Clearinghouse receives an “update” record and cannot locate a record in AWARxE or Clearinghouse based on the six key fields listed above, it will import the record as a new record. Therefore, it is important to note that “update” records can also be considered “create” records.*



---

## Appendix G: Status Report Definitions

This appendix provides a list of statuses you may see on the Clearinghouse Status Report as well as the definitions of those statuses.

- **File Name:** Name of file submitted
- **ASAP Version:** Pulls from TH01
- **Transaction Control Number:** Pulls from TH02
- **Transaction Control Type:** Pulls from TH03
- **Date of Submission:** Date record was created in Clearinghouse
- **Total Records Count:** Total number of records within the submission, regardless of status
- **In Process Count:** Records still being processed for import
- **Sideline by Updated Count:** In-process record that was replaced by a later update
- **Sideline by Delete Count:** In-progress record that was replaced by a later delete
- **Records with Error Count:** Total number of records within the file that produced an error
- **Records with Warning Count:** Total number of records within the file that produced a warning
- **Imported Count:** Total number of records imported into the AWARe environment
- **Invalid records count:** Records with validation errors that need to be corrected
- **Deleted Records Count:** Void records that found a corresponding record to delete in AWARe
- **Delete Records Not Found:** Voided records that did not find a record to delete in AWARe
- **Unapproved County Records Rejected:** Indicates any dispensation not allowed based on allowed counties (*only in use for STL County due to allowed county-specific submission requirements*)
- **Unapproved Drug Schedule:** Number of records not imported into AWARe due to the exclusion of specific drug schedules (will only show records if validation is enabled)
- **Exempt Minor Records:** Number of records not imported into AWARe due to the exclusion of patients with a DOB younger than 18 years of age (*will only show records if validation is enabled*)
- **Records Exempt by Fill Date:** Number of records not imported into AWARe due to the exclusion of fill dates older than the allowed time indicated by the “Max Fill Date” setting (*will only show records if validation is enabled*)
- **Unapproved Records:** Records pending account approval to submit to the given PMP
- **Accepted Pharmacy DEAs:** DEAs accepted as overrides, even though the allowed county functionality would have exempted it (*only in use for STL County due to allowed county-specific submission requirements*)