# Bamboo CURES Health

# Data Submission Guide for Dispensers

## CA CURES PRESCRIPTION MONITORING PROGRAM

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# 1 Document Overview

This document serves as a training guide and support manual for dispensers of reportable drugs to California's Prescription Drug Monitoring Program, Controlled Substance Utilization Review and Evaluation System (CURES.) This document includes such topics as:

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

### 1.1 Summary

Please visit our help center at <u>https://pmpclearinghouse.zendesk.com/hc/en-us</u> to view helpful articles or submit a request for assistance. Please note that registration sign in is required to ensure HIPAA compliance when submitting a ticket and corresponding on tickets.

Direct Dispense: <a href="https://pmpclearinghouse.net/">https://pmpclearinghouse.net/</a>

Prescriber and Dispensary Information: https://pmpclearinghouse.zendesk.com/hc/en-

us/articles/6217423054867-Prescriber-and-Dispensary-Information

#### sFTP Information:

Host: sftp://sftp.pmpclearinghouse.net

Port: 22

Credentials: See sections: <u>Adding SFTP Access to an Upload Account</u> if you already created your account, or step 4 of the <u>Creating Your Account</u> section if you haven't already created an account.

Full sFTP Specifications: <u>sFTP Configuration Appendix</u>

ASAP File Information: ASAP File format: ASAP 4.1 Full ASAP Specifications: ASAP 4.1 Appendix

# 2 Data Collection and Tracking

### 2.1 CURES Overview

CURES (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, Schedule III, Schedule IV and Schedule V controlled substance prescriptions dispensed by California-licensed dispensers and serves the public health, regulatory oversight agencies, and law enforcement. CURES is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

The operation of CURES complies with all applicable federal and state privacy and security laws and regulations. The controlled substances dispensation history of an individual that is received by a practitioner or pharmacist from CURES is subject to the Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the HIPAA regulations in 45 Code of Federal Regulations parts 160 and 164.

### 2.2 Reporting Requirements

Pursuant to California Health & Safety Code (HSC) section 11165(d), for each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, the dispensing pharmacy, clinic, or other dispenser shall report specified information to the Department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative. Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is released.

Prescriber dispensations subject to Business & Professions Code (BPC) section 4170 are required to be reported in a manner consistent with HSC section 11190.

The laws and regulations for reporting to the CURES are subjected to amendments, and it is the dispenser's responsibility to be aware of such updates as they are enacted and promulgated.

The <u>Data Submission</u> chapter provides all the instructions necessary to submit the required information.

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

#### 2.2.1 HIPAA Compliance

The reporting dispenser of prescription monitoring information must comply with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45 C.F.R. parts 160 and 164; federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including 42 C.F.R. part 2; and state health information confidentiality laws.

#### 2.2.2 Zero Reports

Users can send a non-dispensed report of Schedule II to V controlled substances for a specific week. If any Schedule II to V controlled substances is dispensed in the reporting week (Sunday-Saturday), do not submit a Zero Fill Report. The California Board of Pharmacy encourages users to submit a Zero Fill Report weekly. It is preferred that Sunday to Saturday dates are used for submission of the Zero Fill Reports. There is no waiver. Filing a zero report is described in the <u>Reporting Zero</u> <u>Dispensing</u> topic in this guide.

#### 2.2.3 Excluded from Reporting

Prescriber dispensations subject to BPC section 4170 are required to be reported in a manner consistent with HSC section 11190. Subdivision (e) of HSC 11190 states the reporting requirement in this section for Schedule IV controlled substances shall not apply to any of the following: (1) The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less. (2) The administration or dispensing of a controlled substance in accordance with any other exclusion identified by the United States Health and Human Service Secretary for the National All Schedules Prescription Electronic Reporting Act of 2005.

The direct administration of a controlled substance is not required to be reported to the State. In this context, "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient for his or her immediate needs. The laws and regulations for reporting to the CURES are subjected to amendments, and it is the dispenser's responsibility to be aware of such updates as they are enacted and promulgated.

# 3 Data Submission

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

# 3.1 Timeline and Requirements for Transition to PMP Clearinghouse

- Pharmacies, software vendors, and dispensers can begin creating their PMP Clearinghouse accounts on or after January 1, 2022. See <u>Creating Your</u> <u>Account</u> for more information.
- Beginning February 9, 2022, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting Requirements</u>.

### 3.2 Upload Specifications

Files should be in the ASAP 4.1 format as defined in <u>Appendix A: ASAP 4.1</u> <u>Specifications</u>. Files for upload must 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 "20220919.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.

# 4 Accessing Clearinghouse

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

### 4.1 Creating Your Account

Prior to submitting data, you must create an account. If you are currently registered with the Bamboo Health PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add PMPs to your existing account for data submissions. If you have an existing PMP Clearinghouse account, please refer to Adding CA CURES to Your Upload Account to add PMPs to your account.

#### Notes:

- Data from multiple pharmacies or dispenser can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State. Therefore, chains with multiple stores need only to set up one account to upload a file.
- When you create an account, you are creating an administrator account for the entity you are submitting for, whether that is a pharmacy, a chain of pharmacies, a veterinarian, a veterinary clinic, or any sort of dispensing prescriber. You as the administrator can add additional users to the account you create as outlined in the next section. See <u>Adding Users to Your Upload</u> <u>Account</u> for additional information.
- PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.
- If you need to make changes to an existing PMP Clearinghouse upload account, please refer to <u>Managing Your Upload Account</u>.

Perform the following steps to create an account:

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

		* Indicates Required Field
Email Address		
Password	P	Password confirmation "
ersonal Information		
	Middle name	Last name <u>*</u>
First name *		Last hame
First name <u>*</u>		
Searching for DEA or NPI	will autopopulate your information if	f found.
		f found.

#### 2. Complete your Profile Details.

Profile Details	* Indicates Required Field
Email Address	
Password *	Password confirmation*

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

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

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

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 3. Complete your Personal and Employer information, noting the following:
  - Required fields are marked with a red asterisk (\*).

• You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or

**NCPDP** number, then clicking the search icon ( $^{\bigcirc}$ ). If the number you entered is found, your information will automatically be populated.

First name <u>*</u>	Middle name	Last name <u>*</u>	
Searching for DEA or NPI	will autopopulate your inforn	nation if found.	
DEA		NPI	
	Q		a
nployer Information			
Name			
Address		Address (continued)	
City	State "*	Postal Code <u>*</u>	
		· · · · · · · · · · · · · · · · · · ·	
Phone		Fax	
Searching for DEA or NPI	will autopopulate your inform	nation if found.	
Searching for DEA or NPI v	will autopopulate your inform	nation if found.	

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

#### Notes:

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

Data Submission	
2	ubmit data through the web portal via manual entry or upload of ASAP files. nd 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.

ata Subn		
	inghouse users are able to submit data through the web portal via manual entry or upload of ASAP file P (SFTP) access is available, and Real-Time submissions are also available in select states.	es.
🕑 Enable	SFTP Access	
SFTP Userr	ame	
SFTP Passv	ord	
SFTP Passv	ord Confirmation	
	t include at least 8 characters, including 1 capital letter, 1 er, and 1 special character (such as !.@.#.\$)	
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 *test55555555@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 or dispenser software so that submissions can be automated.

#### Notes:

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

- 5. In the Submission Destinations section of the page, select the PMP(s) for which you will be submitting data.
- 6. Click Submit.

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

Thank you for registering with PMP Clearinghouse, a service of PMP AWARxE.
A link to verify your email address has been sent. You must confirm your email address before you can login to
PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing.
Upon approval, you may begin submitting prescription data.
Profile
Email Address: testuser@bamboohealth.com
Password: *****
DEA Number:
NPI Number:
Full Name:: Test User
Employer
Name: Bamboo Health
DEA Number:
NCPDP Number::
Address: 123 Main St Anywhere KY 40223
Phone: 5555555555
Fax:
Data Acceptance
SFTP Account: SFTP Access? No
Real-Time Account: Real-Time Access? No
Submission Destinations
🔽 Demo State
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.

*Note*: Once the registration request has been approved, 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 Clearinghouse.

### 4.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at <u>https://pmpclearinghouse.net/users/sign in</u>.

ess	
1	
Create an Account	
ive confirmation instructions? ive unlock instructions?	
	ress Login Create an Account ur password?

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

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

4. Click Login.

The **PMP Clearinghouse** home page is displayed.

PMP Clearinghouse 🛛 🔂 File Submissions 🖺 UCF Submissions													
File Listings													
File Listings Data File Submissions Status (Last 30 Days)													
Show 10 ¢ entries									Advanced Op	ions * Se	arch		ø
File		State 14	Records		Warnings 🛛	Errors		Submitted	14		Status	Status Repor	t
				N	No data available in table								
Showing 0 to 0 of 0 entries													
												Previous	Next

# 5 Data Delivery Methods

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

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

Delivery Method	Page
Secure FTP	12
Web Portal Upload	13
Manual Entry (UCF)	14
Zero Reports	17

### 5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual sub-folders for the 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 PMP abbreviation (e.g., AK, KS, MS, DC, GU, PR etc.).** Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the File Listings page. Please refer to <u>PMP Subfolders</u> for additional details on this process.

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

Or

- 2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in <u>Adding SFTP Access to an Upload Account</u>.
- 3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.1 Specifications</u>.
- 4. SFTP the file to 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 PMP-abbreviated directory.
- 7. You can view the results of the transfer/upload on the **Submissions** page in PMP Clearinghouse.

See the <u>Error Correction via File Submission</u> sections for more information on voiding and correcting submissions. Additionally, please refer to <u>Appendix C:</u> <u>Format for Revising Accepted Records</u> to view formats of submitted files. *Note:* If you place the data file in the root directory and not a PDMP sub-folder, a <sup>9</sup> symbol with a mouse over hint of "*Determine PMP*" is displayed on the *File Status* page, and you will be prompted to select a destination PMP to which the *data should be sent.* 

### 5.2 Web Portal Upload

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.1 Specifications</u>.
- 3. Log in to PMP Clearinghouse.
- 4. From the home page, click the File Upload tab.

File Listings 👻 File Upload											
File Listings Data File Submissions Status (Last 30 Days)											
Show 10 ¢ entries	Show to e entries Advanced Options * Search 2										
Account	File	State 11	Records 14	Warnings 11	Errors 11	Submitted	1 Status	Status Report			
SMITHERMANS PHARMACY	scott_20161026_41_4.dat	IA	1791	25		02/02/2019 10:01PM	~	Report			
SMITHERMANS PHARMACY	scott_20161121_41_1.dat	IA	737			02/02/2019 09:27PM	~	Report			
SMITHERMANS PHARMACY	test_data_for_residents_2	DO	9	18		01/29/2019 05:35PM	~	Report			
SMITHERMANS PHARMACY	test_data_for_residents		0			01/29/2019 05:31PM	ASAP errors				
SMITHERMANS RUARMACY	PMRCLFAR, 3432, Fron DSR25, CORRECT data	-00	- 3			- 91/28/2019 07:41RM	Panding Dispensation Stress	Report			

#### The File Upload page is displayed.

e Listings	•	File Upload					
File U Submit I		d le For Consolid	dati	ion			
Use this scr	een to s	ubmit files to the P	MP	system.			
How to Upl	load You	r Files					
2. Click the	"Uploa mation r	e" button to select d" button to begin nessage appears wi	the (	uploadin	g proce	ss.	
Select a	PMP	,	"				
File Upload	:						
Browse							
Upload							

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

A message is displayed prompting you to confirm the submission.

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.

**Revising, Retracting, or Voiding Records:** If you need to retract a file, please refer to the <u>Error Correction via File Submission</u> section of this document. Additionally, please refer to <u>Appendix C: Format for Revising</u> <u>Accepted Records</u> to view formats of submitted files.

### 5.3 Manual Entry (UCF)

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

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

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

PMP Clearinghouse 🛛 File Submissions 🖺 UCF Submission	is 🗧 Zero Reports	File Upload
File Listings 🔻 File Upload		
File Listings Data File Submissions Status (Last 30 Da Show 10 + entries	ays)	
File T4	State	11 Records
Showing 0 to 0 of 0 entries		

#### The UCF Listings page is displayed.

UCF Listings Manage Claim Forms New Claim Form								
UCF Listings								
Show to a entries Search								
Created at	State 1	Warnings	Errors 11	Status 11				
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								

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

The Create Universal Claim Form page is displayed.

PMP	* Indicates Red	quired Fie
Pmp		
Select a PMP	-	
Patient		
Patient Animal		
First Name	Last Name	
Date of Birth	Gender	
MM/DD/YYYY	Unknown	•
Phone Number		

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

Notes:

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

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

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.	Edit Universal Claim Form	
and edit the form, or click "Submit Now" to process the form. Submit Now	You may submit this form at any time.	
		se review
Form has been successfully created.	Submit Now	
	Form has been successfully created.	×

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

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



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.



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

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

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

UCF Listing: Marage Claim Forms New Claim Form								
UCF Listings								
Show to a entries Search								
Created at TI	State	Warnings 11	Errors 11	Status 11				
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	~				
01/28/2019.04/11.014								

If you need to revise or retract a submission, please refer to the <u>Error</u> <u>Correction via File Submission</u> section of this document.

### 5.4 Zero Reports

Users can send a non-dispensed report of Schedule II to V controlled substances for a specific week. If *any* Schedule II to V controlled substances is dispensed in the reporting week (Sunday-Saturday), do not submit a Zero Fill Report. The

California Board of Pharmacy requires users to submit a Zero Fill Report weekly. It is preferred that Sunday to Saturday dates are used for submission of the Zero Fill Reports. There is no waiver.

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

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

- Submit a single-click zero report
- Create a new zero report

#### 5.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the pharmacy or dispenser 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 or dispenser profile and begin submitting singleclick zero reports:

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



#### The Zero Report Listings page is displayed.

ero Reports Listings								
how 25 \$ entries							Advanced Options   Search	
Account	1↓ State 1↓	Start Date 11	End Date	NCPDP	DEA 11	NPI 11	ASAP File	Date Submitted
RADE HOME INFLIGHT	AL	01/16/2020	01/16/2020	11 (1880)	<b>D</b> Contractory	107703146600		01/16/2020 5:1 PM
Millinson (Harman), Spilens	AL	01/16/2020	01/16/2020		macroox		million/1945/1987948/proliferignRig/Ac; 200401140_Date	01/16/2020 5:04 PM

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

The Create Zero Report page is displayed.

Note: Submit a Single Click Zero Report is selected by default.

Zero Reports Listings	Create Zero Report								
Create Zero Repo	ort								
Submit a Single Click Create new Zero Rep									
Below are the pharmacies	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 upo	n the time zone set for your accou	nt profile at the	time of submission.				
Add New Pharmacy									
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:			
O Demo									

- Any pharmacies or dispensing locations you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to <u>Step 10</u> to submit a zero report for those pharmacies.
- If you have not configured your account for single-click zero reporting, continue to <u>Step 5</u>.
- 5. Click Add New Pharmacy.

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 or dispensing location's name in the **Pharmacy** field.
- 8. Populate the **DEA Number** field 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 or dispensing location 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 Repo	rt							
<ul> <li>Submit a Single Click</li> <li>Create new Zero Report</li> </ul>								
have to enter it each time y	you have configured for sir you submit a zero report.		ng up pharmacies here will allo upon the time zone set for you			y that includes its identifiers (e.g. DEA, NPI, NC	:PDP) so you don't	
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:		
Demo     Pharmacies configured for single-click zero reporting are listed here     Vermont								

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

The list of pharmacies or dispensing locations you have configured for single-click zero reporting for that PMP is displayed.

*Note*: This page allows you to submit a zero report for the current date (*Today*) or the previous day (*Yesterday*).

-	•			-			
	Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
Demo							
	Another Test Pharmacy			BITTERSON.		Edit Delete	Today Yesterday 12/22/2021 12/21/2021
	Bamboo Health Test Pharmacy			B		Edit Delete	Today Yesterday 12/22/2021 12/21/2021

- 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	License Number	NCPDP	DEA Number	NPI	Actions	1	Submit Zero Repo	orts for:
Demo									
	Another Test Pharmacy			INTERPRET		Edit	Delete	Today 12/22/2021	Yesterday 12/21/2021
	Bamboo Health Test Pharmacy			(INTO OTHERS)		Edit	Delete	✓ Submitted	Yesterday 12/21/2021

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

- To edit a pharmacy or dispensing location, 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 or dispensing location, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the pharmacy or dispensing location configuration will be removed.

#### 5.4.2 Create a New Zero Report

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

PMP Clearinghouse	File Submissions	UCF Submission	s 🖬 Zero Re	eports Fil	e Upload	
File Listings 🔻	File Upload					
File Listings Data	a File Submissions S	itatus (Last 30) a	ays)			
File		ţţ	State	T1	Records	
Showing 0 to 0 of 0 entr	ries					

#### The Zero Report Listings page is displayed.

Zero Reports Listings								
how 25 ¢ entries							Advanced Options   Search	
Account	State 14	Start Date	End Date 14	NCPDP 14	DEA 11	NPI 14	ASAP File	Date Submitted
NOCIONE NELSON	AL	01/16/2020	01/16/2020	11 (18804)	D. ATTRUCT	1027003146000		01/16/2020 5:13 PM
Welferson (Harmany, Systems)	AL	01/16/2020	01/16/2020		macron		milus/1645/00/7682000000000000000000000000000000000000	01/16/2020 5:04 PM

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

The Create Zero Report page is displayed.

Note: Submit a Single Click Zero Report is selected by default.

Create Zero Repo	ort					
Submit a Single Click	k Zero Report					
Create new Zero Rep						
Create Single Click Zero	Report					
Create Single Click Zero Below are the pharmacies		gle-click reporting. Sett	ting up pharmacies here will allow	you to create a profil	le for the pharmacy	that includes its identifiers (e.g. DEA, NPI, NCPDP) so yo
Below are the pharmacies		gle-click reporting. Sett	ting up pharmacies here will allow	you to create a profil	le for the pharmac <sub>)</sub>	that includes its identifiers (e.g. DEA, NPI, NCPDP) so yo
Below are the pharmacies have to enter it each time	s you have configured for sin you submit a zero report.		ting up pharmacies here will allow			
Below are the pharmacies have to enter it each time NOTE: The time frame for	s you have configured for sin you submit a zero report.					
Below are the pharmacies have to enter it each time	s you have configured for sin you submit a zero report.					

Click the button to select Create new Zero Report.
 The Create Zero Report page is displayed.

Zero Reports Listings	Create Zero Report		
reate Zero Repo	ort		
Submit a Single Click	Zero Report		
Create new Zero Rep	oort		
PMP *		NCPDP	
Select a PMP		•	
Start date *		DEA Number	
mm/dd/yyyy			
End date *		NPI	
mm/dd/yyyy			
Submit			

- 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.

~	Fe	bru	ary	201	9	>>
			We			
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	1	2
3	4	5	6	7	8	9
~						

8. Enter your DEA number and pharmacy license, if applicable.

*Note*: If any of these fields are required by the 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 View Data Submission Status and Submit Error Corrections

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.

how 10 ¢	entries		Advanced Options   Search						
Account 11	File T1	State 11	Records 11	Warnings 11	Errors	11	Submitted 1	Status	Status Report
DEMO ACCT	AA5555555_20211130.dat	DO	2		1		11/30/2021 02:21PM	0	Report
DEMO ACCT	ZZ5555555_20211130.DAT	DO	2				11/30/2021 02:01PM	~	Report
DEMO ACCT	ZZ5555555_20211123.DAT	DO	2				11/23/2021 03:13PM	~	Report
DEMO ACCT	AA5555555_20211123.dat	DO	2				11/23/2021 02:29PM	✓(test file)	Report
DEMO ACCT	Bad_File_2.dat	DO	0				11/23/2021 02:27PM	<b>A</b>	-
DEMO	Bad_File.dat	DO	0				11/23/2021 02:26PM	A	-

Click File Submissions to access this page.

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

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

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an **A** symbol with a mouse over hint of "**ASAP Errors**." Clicking the icon will display the detailed error, which indicates what element was missing or malformed. 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 PMP-specific sub-folder, the file will be displayed, and <sup>(2)</sup> symbol will be displayed in the status column with a mouse over hint of "Determine PMP." Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.

S	et Dest	inati	on PMP:			×			
			m determining de estination pmp ir						
					Cance	1		Advanced Options -	Search
N	Records	TV-	Warnings	îV.	Errors	<b>1</b> ↓	Submitted	ΦΨ	Status
	0						06/21/2021 07	41PM	Determine PMP
	1						06/21/2021 07	:37PM	0

If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the "Invalid Zero Report" error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted. Error example:



### 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.

JCF Listings									
how 10 + entries Search:									
Created at	†⊥	State	Warnings		Errors 11	Status			
01/28/2019 03:51 PM		CR	0		0	~			
01/28/2019 04:04 PM		CR	0		0	~			
01/28/2019 04:07 PM		CR	0		0	~			
01/28/2019 04:11 PM		CR	0		0	~			

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

### 6.2.1 Submitted Claim Forms

1. To view submitted claim forms, click the Manage Claim Forms tab.

CF Listings								
how 10 ¢ whites Search:								
Created at Ti	State	Warnings 11	Errors 11	Status				
01/28/2019 03:51 PM	CR	0	0	~				
01/28/2019 04:04 PM	CR	0	0	<b>~</b>				
1/28/2019 04:07 PM	CR	0	0	¥				
01/28/2019 04:11 PM	CR	0	0	~				

#### 2. Then, click the Pending Forms toggle.



3. This will change your view to *Submitted* forms:

Submitted Claim Forms - UCF	FORMS (LAST 30 DAYS)		Submitted Forms
Click patient's name to view submission information	n. To update submission information, dele	te the current submission form and submit a new claim form.	
Show 10 + entries			Search:
© Created At	\$ State	Patient Name	
12/17/2021, 1:17:26 PM	CA	test20211217a, Test20211217a	Delete Submission
12/20/2021, 8:50:51 AM	CA	Test20211220a, Test20211220a	Delete Submission
12/20/2021, 9:36:29 AM	СА	Test20211220b, Test20211220b	Delete Submission
12/20/2021, 10:55:02 AM	CA	Test20201220c, Test20201220c	Delete Submission

- 4. You can view the details of the submitted form by clicking on the patient's name.
- 5. If you need to revise or void the record, click the **Delete Submission** button.
- If you need to revise the record, after you have deleted the submission, then navigate to New Claim Form and submit the record with the revised information. See section <u>Manual Entry (UCF)</u> for more details on how to submit the record.

#### 6.2.2 Pending Claim Forms

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

JCF Listings									
how 10 ¢ whiles Search									
Treated at	T- State		Warnings		Errors	Status			
01/28/2019 03:51 PM	CR		0		0	~			
01/28/2019 04:04 PM	CR		0		0	~			
01/28/2019 04:07 PM	CR		0		0	<b>~</b>			
01/28/2019 04:11 PM	CR		0		0	~			

#### The Pending Claim Forms page is displayed.

UCF Listings Manage Claim Forms New Claim Form							
Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) View Submitted Forms							
how 10 • entries					Search:		
Created At	T∔	Created By	Last Updated By	State 14			
06/10/2019 5:51 PM		rweaver@appriss.com	rweaver@appriss.com	AK	Edit Delete		
Showing 1 to 1 of 1 entries					Previous 1 Next		

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

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

The Edit Universal Claim Form page is displayed.

Edit Universal Claim Forr	Form		
You may submit this form at any time.	h.		
This claim form is not completely proc and edit the form, or click "Submit No			
Submit Now			
Submit Now	* Indicates Required Field		
	* Indicates Required Field		
PMP	* Indicates Required Field		

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

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

	ок	Cancel
Are you sure you are ready to submit?		
pmpclearinghouse.net says		

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.



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

5. Correct the indicated errors, then repeat steps 3-4.

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

### 6.3 Error Correction Page

#### 6.3.1 View Records with Errors

The Error Correction page displays more information about the records within a selected data file that need correcting, including Prescription Number, Segment Type, Warning Count, and Error Count.

To access this page, click the "**Pending Dispensation Error**" icon () in the **Status** column of the <u>File Listings</u> page.

rror Correctio	on M	anage And Resolve Su	bmissio	on Issues						
how 10 ¢ entrie									Search:	
DEA Number	Ţ1	NCPDP Identifier		Prescription Number	Name	Filled At 11	Segment Type	Warning Count	Error Count	
BM4601616				ERROR DSP25 CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1	Correct

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

#### 6.3.2 Error Correction via PMP Clearinghouse

*Note:* This section only applies if you are attempting to correct a record that is currently in an error status in PMP Clearinghouse. If you are attempting to correct a record that has already been submitted and accepted, do not follow this process. See the following sections instead: *Revising Accepted Records via File Submission.*  Once you click **Correct on the Error Correction** page, the **Errors** page is displayed.

This page displays detailed information about the records within a selected data file that need correcting, including all the fields contained within the record and the originally submitted value, and allows you to correct those records.

File Listings File Errors Dispensary	y Errors		
Dispensary Errors Manage And Prescription Number: 0100755 DEA Numl		568 Filled At: 2019-02-13	
Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.
			×
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

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

#### To correct records:

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

The error is processed through the validation rules.

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

#### 6.3.3 Correcting Accepted Records via File Submission

*Note:* This information only applies if you are attempting to correct a record that has already been submitted and accepted.

The ASAP 4.1 standard requires a pharmacy or dispenser to select an

indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) records by using the following **DSP01** fields:

- 00 New Record indicates a new record
- **01 Revise** indicates that one or more data elements in a previously-submitted record have been revised.
- 02 Void indicates that the original record should be removed.
- 6.3.3.1 Voiding Accepted Records via File Submission To void a submitted and accepted record:
  - 1. Create a record with the value *O2* (*void*) in the **DSP01** field. The *O2* value indicates that the original record should be voided.
  - 2. Populate the remaining fields with the previously submitted information.
  - 3. Submit the *void* (DSP01 = 02) record.
- 6.3.3.2 Revising Accepted Records via File Submission

To **revise** a record that has already been accepted, you must **first** void the record, **then** submit a revision record. See the following appendix for specifics on formatting: <u>Appendix C:</u> <u>Format for Revising Accepted Records</u>.

To revise a record:

- 1. Create a record with the value *O2* (*void*) in the **DSP01** field. The *O2* value indicates that the original record should be voided.
- 2. Populate the remaining fields with the previously submitted information.
- 3. Submit the *void* (DSP01 = 02) record.
- 4. Next, create a record with the value *01* (*revise*) in the DSP01 field.
- Populate all required fields (refer to <u>Appendix A: ASAP</u> <u>4.1 Specifications</u>.), making sure to enter the new, corrected information.
- 6. Submit the *revision* (**DSP01 =** *01*) record.

# 7 Email Reports

Email status reports are automatically sent to all users associated with a specific data submitter account. These reports are used to identify errors in files that have been submitted and to confirm zero report submissions. This chapter describes the status reports you may receive via email.

### 7.3 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: State ASAP file: fake-test3.txt - Parse Failure BODY: Error Message Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 4.1
- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: September 19, 2022

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.

### 7.4 File Status Report

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

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

The columns are set to the following lengths:

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 <u>Error Correction</u> for instructions on correcting errors.
- **Records imported without warnings**: The number of records without warnings that were imported.

*Note:* The initial File Status Report is sent out two (2) hours after the file has been submitted and processed in 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.
#### CA CURES Prescription Monitoring Program Data Submission Guide for Dispensers

SUBJ: State	ASAP file	: fake-test3.txt	t - Status Report				
BODY: DEA	NCPDP	NPI	Prescription	Filled	Segment	Field Type	Message
			123486379596-0 357199504833-345		Dispensation Dispensation	refill_number days_supply	WARNING message example ERROR message example
* Transactio	sion: 4.1 on Contro on Contro ubmission ord Count	l Number: 234 l Type: send i: August 09, 2 :: ###					
* In Process * Records w * Imported * Records II	vith Error Records (	Count: ###	Count: ###				

## 7.5 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the 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\_20220306KSMCPS.DAT

BODY:

Summary:

\* File Name: zero\_reports\_20130301KSMCPS.DAT

\* PMP Name: CA

\* Date Range: 2022-03-06 - 2022-03-06

\* Submission Date: 2022-03-07

\* ASAP Creation Date: 2022-03-06

# 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, PMPs, and SFTP access to your account as well as editing your organization's account information.

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

## 8.1 Adding Users to Your Upload Account

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

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



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

The Account Users page is displayed.

ow 10 • entries						Search:	
mail \$	First Name	Last Name 🔶	Organization Name	Phone Number	Admin Name	Admin Email	
ali all'eradionalianali con	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	silplice exemple and con-	Edit Deactivale
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	Weiter an eighter of the	Edit

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

#### The New Data Submitter User page is displayed.

New Data Sul	bmitter User MANAGE DATA SUBMITTER USERS
Account Informatio	n
<u>"</u> Email	
<u>*</u> First name	
<u>*</u> Last name	
	Submit Cancel

5. Enter the new data submitter's email address, first name, and last name in the appropriate fields.

Note: All fields are required.

6. Click Submit.

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

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

### 8.1.1 Changing Another User's Password

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



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

### The Account Users page is displayed.

iow 10 • entries						Search:	
imail 🔶	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
an all continues and con-	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	ally there are milligned in con-	Edit Deactivate
Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	Wytheres engine on	Edit

4. Click the **Edit** button, located to the right of the user's information. The **Edit Data Submitter User** page is displayed.

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

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

Passwords must contain:

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

The password is changed.

## 8.2 Adding PMPs to Your Upload Account

If your organization needs to submit data files to an additional PMP 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 PMPs currently using the PMP AWARxE system as well as your data sharing status with each State or territory.

		data from this account. appropriate state administrator has approved this account.	
Abt		Status	Participating States   Your Approval Sta
AL.	Alabama	Pending	
AK	Alaska	Approved	- The second
🗆 AZ	Arizona	4	IN TO STA
AR	Arkansas	1	
🗆 co	Colorado		
🛛 ст	Connecticut	Approved	VIERS
D0 🖸	Demo	Approved	4 MARO
DC DC	District of Columbia	4	my ruld
GA GA	Georgia		con " and the of
п н	Hawaii	- 7	all on A
[7] ID	Idaho	Approved	

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

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

- If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired PMP.
- To remove CA CURES's PMP, uncheck the box for California.
- If you need to submit data to CURES 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.

Advanced Options   Search	¢.
11 Submitted 11 Status Rep	ort

3. Select SFTP Details.

The **SFTP Account** page is displayed.



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



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

4. Click Create.

The Create a New SFTP Account page is displayed.

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

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

### Notes:

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.
- 6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below. *Passwords must contain:* 
  - At least eight (8) characters
  - One (1) uppercase letter
  - One (1) lowercase letter
  - One (1) number

• One (1) special character, such as !, @, #, \$, etc.

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

Notes:

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

The account is created, and the username is displayed.

📽 SFTP A	ccoun	t VIEW SFTP ACCOUNT DETAILS
ι	Jsername:	testuser@preppmpsftp
Edit		

### 8.4 Editing Your Upload Account

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

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

			Accour	nt 🔻 💄 My Profile 🔻	<b>8</b> ⊦
		Advanced Option	ns  Search		0
ŤŤ	Submitted	†1	Status	Status Repo	t

3. Select Account Details.

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

ccount Details		
Name: Bamboo Health		
Phone Number: 5555555	555	
Fax Number:		
Allowed submission: True	2	
Suppress Rx details in er	nailed error reports: False	
dmin Details		
User Name: QA TESTER		
Email: qa2@gmail.com Address: 10401 Linn Stati Louisville KY 4		
SFTP Account ID: qa2555	01@qapmpsftp	
Edit		

4. Click Edit.

The **Edit Account** page is displayed.

Name *	
Bamboo Health	
Phone number	Fax number
555555555	
Allowed submission	
□ Suppress Rx details in emailed	error reports
dmin Details	
unnin Detans	
Address	
	¥200
Address	200 Zip code
Address 10401 Linn Station Road#	
Address 10401 Linn Station Road# City	Zip code
Address 10401 Linn Station Road# City Louisville	Zip code

5. Update the information as necessary, then click **Submit**. The account information is updated.

# 9 Managing Your User Profile

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

**Note:** This chapter contains information for managing your individual user profile. For information about managing your organization's upload account, including how to add users, please refer to <u>Managing Your Upload Account</u>.

## 9.1 Editing Your Profile

*Note:* This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to <u>Editing Your</u> <u>Upload Account</u>.

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



3. Select Edit My Profile.

**Edit Profile** 

Profile Details	* Indicates Required Field
First name *	Last name *
Test	User
Email *	Time zone
testuser@email.com	(GMT-05:00) Eastern Time (US 8 🗢
✓ Disable report emails	
Organization Information	
Name: Bamboo Health Test Pharmacy Admin: Test Admin Admin Email: testadmin@email.com	
Coursel	
Save Changes Cancel	

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

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

## 9.2 Changing Your Password

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

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



3. Select Change Password.

Change Password	
Profile Details	* Indicates Required Field
Email: testuser@email.com Current password <u>*</u>	
we need your current password to confirm your changes	
Password	Password confirmation
Update Cancel	

- 4. Enter your current password in the Current Password field.
- 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 <u>https://pmpclearinghouse.net/users/sign\_in</u>.

Login		
Email Address		
Password		
8	1944	ĥ
	Login	
	Create an Account	
Help		
Forgot your	bassword?	
Didn't receive	confirmation instructions?	
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.

Forgot your password?				
<u>*</u> Email				
	Send me reset password instructions			
Sign in Didn't receive confirmation inst Didn't receive unlock instruction				

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

The Change your password page is displayed.

Change your password				
* New password * Confirm your new password				
	Change my password			

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

Passwords must contain:

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

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

# 10 Assistance and Support

## 10.1 Technical Assistance

If you need additional help with any of the procedures outlined in this guide, or need support for data reporting, you can:

- Contact Bamboo Health at 1-855-502-0999
   OR
- Browse our Help Center or create a support request at the following URL: <u>https://pmpclearinghouse.zendesk.com/hc/en-us</u>
  - Note that for HIPAA compliance you must have a separate account and sign in within our Help Center to submit a ticket and correspond on tickets.

Technical assistance is available 24 hours per day, 7 days per week.

If you have general questions about the CURES Program or CURES web application, contact the CURES Program at <u>CURES@doj.ca.gov</u> or 916-210-3187.

# 11 Document Information

## 11.1 Disclaimer

Bamboo Health 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	01/01/2022	N/A	N/A; initial publication
1.1	2/9/2022	Appendix A: ASAP 4.1 Specifications	Revision to DSP13 – Partial Fill Indicator – Instructions. Revised values to 01 (Yes, a Partial Fill) 02: (No, Not a Partial Fill)
1.2	3/7/2022	5.1 Secure FTP and 5.2 Web Portal Upload	revised notes in #8 to clarify that 02 should be used to void dispensations.
1.3	7/21/2022	2.2.2/Zero Reports	Updated reporting requirements from "required" to "encouraged"
1.4	01/18/2023	General	Removed the "Quantity" field as part of the ASAP reporting requirements field.
1.5	03/01/2023	Appendix A/ASAP 4.1 Reporting Requirements	Updated table to be compliant with ASAP 4.1 Requirements
1.6	06/14/2023	Appendix A/ASAP 4.1 Reporting Requirements	Updated PHA11 to be consistent with recent reporting changes made to the field. Also, updated AIR02 to be "O" or optional.
1.7	06/16/2023	Appendix A/ASAP 4.1 Reporting Requirements	Updated field to include recommendations from the State of California.
1.8	12/14/2023	6.3.2/Error Correction via PMP Clearinghouse	Updated and added information as necessary to be compliant with usage from Clearinghouse.
		6.3.3/Correcting Accepted Records via File Submission	Updated and added information as necessary to be compliant with usage from Clearinghouse.
		6.3.3.1/Voiding Accepted Records via File Submission	Updated and added information as necessary to be compliant with usage from Clearinghouse.

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Accepted Records via	Updated and added information as necessary to be compliant with usage from Clearinghouse.
for Revising Accepted	Examples updated for accuracy. Examples previously had excessive field separators.

# Appendix A: ASAP 4.1 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the State of California 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 State of California
  - O = Optional (not required; however, supply if available)
  - S = Situationally required
  - 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. That guide includes field lengths, acceptable attributes, and examples.

Segmen	t Element	ID Element Name	Requirement
H: Trans	action Head	er (required)	
		tart of a transaction. It also assigns the data element separator, segme	nent
erminato	or, and contro		
	TH01	Version/Release Number	R
		Code uniquely identifying the transaction.	
		Format = xx.x	
	TH02	Transaction Control Number	R
		Sender assigned code uniquely identifying a transaction.	
	TH03	Transaction Type	0
		Identifies the purpose of initiating the transaction.	
		01 Send/Request Transaction	
		02 Acknowledgement (used in Response only)	
		03 Error Receiving (used in Response only)	
		<ul> <li>04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	
	TH04	Response ID	0
		Contains the Transaction Control Number of a transaction that	0
		initiated the transaction. Required in response transaction only.	
	TH05	Creation Date	R
		Date the transaction was created.	
		Format: CCYYMMDD.	
	TH06	Creation Time	R
		Time the transaction was created.	
		Format: HHMMSS or HHMM.	
	TH07	File Type	R
		• P = Production	
		• T = Test	
	TH08	Routing Number	0
		Reserved for real-time transmissions that go through a	
		network switch to indicate, if necessary, the specific CA CURES	
	TU00	PMP the transaction should be routed to.	
	TH09	Segment Terminator Character	R
		This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	
Silnform	nation Source		
		ame and identification numbers of the entity supplying the informatic	on.
	IS01	Unique Information Source ID	R
	1001	Reference number or identification number.	IX.
		(Example: phone number)	

Segment	Element	ID Element Name	Requirement
	IS02	Information Source Entity Name	R
		Entity name of the Information Source.	
	IS03	Message	0
		Free-form text message.	
PHA: Phar	macy Heade	r (required)	
	<b>y</b> 1	narmacy or dispenser.	
Note: It is PHA03.	required tha	it information be provided in at least one of the following fields: PH	1A01, PHA02, or
	PHA01	National Provider Identifier (NPI)	0
		Identifier assigned to the pharmacy or dispenser by CMS.	
	PHA02	NCPDP/NABP Provider ID	0
		Identifier assigned to pharmacy or dispenser by the National	
		Council for Prescription Drug Programs.	
	PHA03	DEA Number	R
		Identifier assigned to the Dispensing Entity by the Drug Enforcement Administration.	
	PHA04	Pharmacy Name	R
		Free-form name of the Dispensing Entity or dispensing practitioner's name.	
	PHA05	Address Information – 1	0
		Free-form text for address information.	
	PHA06	Address Information – 2	0
		Free-form text for address information.	
	PHA07	City Address	0
		Free-form text for city name.	
	PHA08	State Address	0
		U.S. Postal Service 2-letter jurisdiction code.	
	PHA09	ZIP Code Address	0
		U.S. Postal Service ZIP Code.	
	PHA10	Phone Number	Р
		Complete phone number including area code.	
	PHA11	Contact Name	S
		CA Field name: CA Pharmacy License Number	
		Note: This field is required if the prescription was filled by a	
		pharmacy. If entered, the field should contain a CA Pharmacy	

Segment	Element I	ID Element Name	Requirement
	PHA12	Chain Site ID	0
		Store number assigned by the chain to the pharmacy or dispenser location. Used when the PMP needs to identify the specific pharmacy or dispenser from which information is required.	
PAT: Patien	t Informatio	on (required)	
Used to rep record.	port the pati	ient's name and basic information as contained in the pharmacy or	dispenser
	PAT01	ID Qualifier of Patient Identifier	0
		Code identifying the jurisdiction that issues the ID in PAT03.	
	PAT02	<ul> <li>ID Qualifier</li> <li>Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required.</li> <li>01 Military ID</li> <li>02 CA CURES 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>08 Tribal ID</li> </ul>	0
		• 99 Other (agreed upon ID)	
	PAT03	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	0
	PAT04	<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.	0
	PAT05	<ul> <li>Additional Patient ID Qualifier</li> <li>Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.</li> <li>01 Military ID</li> <li>02 CA CURES 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>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	0

Segment	Element ID	Element Name	Requirement
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	0
	PAT07	Last Name Patient's last name.	R
	PAT08	First Name Patient's first name.	R
	PAT09	<b>Middle Name</b> Patient's middle name or initial if available.	0
	PAT10	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	0
	PAT11	Name Suffix Patient's name suffix such as <i>Jr</i> . or <i>the III</i> .	0
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information.	0
	PAT14	<b>City Address</b> Free-form text for city name.	R
	PAT15	CA CURES Address U.S. Postal Service 2-letter state code or other regional jurisdiction code.	R
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
	PAT17	Phone Number Complete phone number including area code.	0
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	R
	PAT19	<ul> <li>Gender Code</li> <li>Code indicating the sex of the patient.</li> <li>F Female</li> <li>M Male</li> <li>U Unknown</li> </ul>	R

Segment	Element ID	Element Name	Requirement
	PAT20	Species Code	S
		Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.	
		• 01 Human	
		02 Veterinary Patient	
	PAT21	Patient Location Code	0
	PAT22	Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	0
	PAIZZ	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country.	0
	PAT23		S
and quanti	-	c components of a dispensing of a given prescription order incluc	ling the date
	DSP01	<ul> <li>Reporting Status</li> <li>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</li> <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 transactions are being revised.</li> <li>Note: If your record was already accepted, this value should only be used after submitting a voided record. Please refer to Correction of Errors via File Submission</li> </ul>	R
		<ul> <li>section within this document for additional information.</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>	

Segment	Element ID	Element Name	Requirement
	DSP02	Prescription Number	R
		Serial number assigned to the prescription by the pharmacy or dispenser.	
	DSP03	Date Written	R
		Date the prescription was written (authorized). Format: CCYYMMDD	
	DSP04	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R
	DSP05	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	R
	DSP06	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the fill number.	R
	DSP07	<ul> <li>Product ID Qualifier</li> <li>Used to identify the type of product ID contained in DSP08.</li> <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, NDC, as indicated in DSP07, including leading zeros without punctuation. Must be eleven digits. If DSP07 is 06 (Compound), enter eleven 9's, and enter the appropriate eleven-digit NDCs in the appropriate CDI segments. <b>Note:</b> For prescriptions that are part of a double-blind clinical trial, the State of California recommends submitters use five sevens (77777) followed by six-alpha-numeric characters of the data reporter's choosing.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds, show the first quantity in CDI04.</i>	R
	DSP10	<b>Days' Supply</b> Estimated number of days the medication will last.	R

Segment	Element ID	Element Name	Requirement
	DSP11	<ul> <li>Drug Dosage Units Code</li> <li>Identifies the unit of measure for the quantity dispensed in DSP09.</li> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	R
	DSP12	<ul> <li>Transmission Form of Rx Origin Code</li> <li>Code indicating how the pharmacy or dispenser received the prescription.</li> <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>	R
	DSP13	<ul> <li>Partial Fill Indicator</li> <li>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.</li> <li>01 Yes (a partial fill)</li> <li>02 No (not a partial fill)</li> </ul>	R
	DSP14	<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.	0
	DSP15	<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.	Ο
	DSP16	<ul> <li>Classification Code for Payment Type</li> <li>Code identifying the type of payment (i.e., how it was paid for).</li> <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>	R

Segment	Element ID	Element Name	Requirement
	DSP17	Date Sold	0
		Usage of this field depends on the pharmacy or dispenser having a point-of-sale system that is integrated with the pharmacy or dispenser management system to allow a bidirectional flow of information, and PMP wants to capture the date received by the patient or patient's agent.	
	DSP18	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	0
	DSP19	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions.	0
PRE: Prescri	ber Informati	on (required)	
Used to ide	ntify the pres	criber of the prescription.	
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	0
	PRE02	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	<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.	S
	PRE04	<b>Prescriber State License Number</b> Identification assigned to the prescriber by the state Licensing Board.	0
	PRE05	Last Name Prescriber's last name.	0
	PRE06	<b>First Name</b> Prescriber's first name.	0
	PRE07	<b>Middle Name</b> Prescriber's middle name or initial.	0
Use of this a PMP repo drug, then	segment is re orting drug. If this would be	gredient Detail (situational) quired when medication dispensed is a compound and one of th more than one ingredient is for a prescription monitoring progra incremented by one for each compound ingredient being report C of DSP08 must be 99999999999.	am reporting
	CDI01	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	S

Segment	Element ID	Element Name	Requirement
	CDI02	<ul> <li>Product ID Qualifier</li> <li>Code to identify the type of product ID contained in CDI03.</li> <li>01 NDC</li> <li>02 UPC</li> <li>03 HRI</li> <li>04 UPN</li> <li>05 DIN</li> <li>06 Compound (this code is not used in this segment)</li> </ul>	S
	CDI03	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
	CDI04	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	S
	CDI05	<ul> <li>Compound Drug Dosage Units Code</li> <li>Identifies the unit of measure for the quantity dispensed in CDI04.</li> <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>	S
Used when person drop segments.	CA CURES-iss oping off or p	<b>Fon Reporting (situational)</b> sued serialized Rx pads are used, the CA CURES requires informa nicking up the prescription, or for data elements not included in c used, at least one of the data elements (fields) will be required.	
	AIR01	Jurisdiction Issuing Rx Serial Number U.S.P.S. 2-letter code of jurisdiction that issued serialized prescription blank. This is required if AIR02 is used.	0
	AIR02	Jurisdiction Issued Rx Serial Number Number assigned to issued serialized prescription blank.	0
	AIR03	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR05.	0

AIR04         ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.         O           0 11 Military ID         0.2 State Issued ID         0.3 Unique System ID         0.3 Unique System ID         0.4 Permanent Resident Card (Green Card)         0.9 Spasport ID         0.6 Driver's License ID         0.8 Tribal ID         0.9 Other (agreed upon ID)         0.8 Tribal ID         0.9 Other (agreed upon ID)         0.0 ID number of patient or person picking Up Rx         O         O           AIR05         ID of Person Dropping Off or Picking Up Rx         O         O         O           AIR06         Relationship of Person Dropping Off or Picking Up Rx         O         O           AIR06         Relationship of Person Dropping Off or Picking Up Rx         O         O           AIR06         Relationship of Person Dropping Off or Picking Up Rx         O         O           AIR06         First Name of Person Dropping Off or Picking Up Rx         O         O           AIR07         Last Name of Person Dropping Off or Picking Up Rx         O         O           AIR08         First Name of Person Dropping Off or Picking Up Rx         O         O           AIR07         Last Name of Person Dropping Off or Picking Up Rx         O         O           AIR08         First Name	Segment	Element ID	D Element Name	Requiremen
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O 6 Driver's License ID     O 8 Tribal ID     O 99 Other (agreed upon ID)     AIR05     ID of Person Dropping Off or Picking Up Rx     ID number of patient or person picking up or dropping off the     prescription.     AIR06     Relationship of Person Dropping Off or Picking Up Rx     O     Code indicating the relationship of the person.     O 10 Patient     O 20 Parent/Legal Guardian     O 20 Parent/Legal Guardian     O 30 Spouse     O 4 Caregiver     9 90 Other     AIR07     Last Name of Person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of Person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of person Dropping Off or Picking Up Rx     O     Last name of person picking up the prescription.     AIR08     First name of Person Dropping Off or Picking Up Rx     O     Last name or initials of Pharmacist     O     Iast name or initials of Pharmacist     O     First name of pharmacist dispensing the medication.     P: Pharmacy Trailer (required)     Ised to identify the end of data for a given pharmacy or dispenser and provide the count of the total     unber of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment     TP01     Detail Segment Count     Number of detail segments included for the pharmacy or     dispenser, including			04 Permanent Resident Card (Green Card)	
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AIR06       Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person.       O         • 01 Patient       • 02 Parent/Legal Guardian       • 03 Spouse         • 04 Caregiver       • 99 Other         AIR07       Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.       O         AIR08       First Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.       O         AIR08       First Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.       O         AIR09       Last Name of Person Dropping Off or Picking Up Rx East name of person picking up the prescription.       O         AIR09       Last Name of Pharmacist       O         Last name or initials of Pharmacist       O         Eirst name of pharmacist dispensing the medication.       O         P: Pharmacy Trailer (required)       Jsed to identify the end of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment         TP01       Detail Segment Count Number of detail segments included for the pharmacy or dispenser, including the pharmacy or dispen			ID number of patient or person picking up or dropping off the	
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<ul> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> <li>AIR07</li> <li>Last Name of Person Dropping Off or Picking Up Rx</li> <li>Last name of person picking up the prescription.</li> <li>AIR08</li> <li>First Name of Person Dropping Off or Picking Up Rx</li> <li>O</li> <li>First name of person picking up the prescription.</li> <li>AIR09</li> <li>Last Name or Initials of Pharmacist</li> <li>Last name or initials of pharmacist dispensing the medication.</li> <li>AIR10</li> <li>First Name of Pharmacist dispensing the medication.</li> </ul>		AIR06	Relationship of Person Dropping Off or Picking Up Rx	0
• 02 Parent/Legal Guardian       • 03 Spouse         • 04 Caregiver       • 99 Other         AIR07       Last Name of Person Dropping Off or Picking Up Rx       O         Last name of person picking up the prescription.       O         AIR08       First Name of Person Dropping Off or Picking Up Rx       O         First name of person picking up the prescription.       O         AIR09       Last Name or Initials of Pharmacist       O         Last name or initials of pharmacist dispensing the medication.       O         AIR10       First Name of Pharmacist dispensing the medication.       O         P: Pharmacy Trailer (required)       Jased to identify the end of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment         TP01       Detail Segment Count       R         Number of detail segments included for the pharmacy or dispenser, including the PHA and the       R			Code indicating the relationship of the person.	
• 03 Spouse         • 04 Caregiver         • 09 Other           AIR07         Last Name of Person Dropping Off or Picking Up Rx         O           Last name of person picking up the prescription.         O           AIR08         First Name of Person Dropping Off or Picking Up Rx         O           First name of person picking up the prescription.         O           AIR09         Last Name or Initials of Pharmacist         O           Last name or initials of pharmacist dispensing the medication.         O           AIR10         First Name of Pharmacist         O           First name of pharmacist dispensing the medication.         O           First name of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment           TP01         Detail Segment Count         R           Number of detail segments included for the pharmacy or dispenser, including the pharmacy or dispenser, including the pharmacy or dispenser, including th			01 Patient	
• 04 Caregiver         • 99 Other           AIR07         Last Name of Person Dropping Off or Picking Up Rx         O           Last name of person picking up the prescription.         O           AIR08         First Name of Person Dropping Off or Picking Up Rx         O           AIR09         Last Name of Person Dropping Off or Picking Up Rx         O           AIR09         Last Name of Person picking up the prescription.         O           AIR09         Last Name or Initials of Pharmacist         O           Last name or initials of pharmacist dispensing the medication.         O           AIR10         First Name of Pharmacist         O           First name of pharmacist dispensing the medication.         O           P: Pharmacy Trailer (required)         Jumber of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment           TP01         Detail Segment Count         R           Number of detail segments included for the pharmacy or dispenser, including the pharmacy or dispenser (PHA) and the			02 Parent/Legal Guardian	
			• 03 Spouse	
AIR07       Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.       O         AIR08       First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.       O         AIR09       Last Name or Initials of Pharmacist Last name or initials of Pharmacist dispensing the medication.       O         AIR10       First Name of Pharmacist First name of pharmacist dispensing the medication.       O         TP: Pharmacy Trailer (required)       Jsed to identify the end of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment Number of detail segments included for the pharmacy or dispenser, including the pharmacy header (PHA) and the			• 04 Caregiver	
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<b>P: Pharmacy Trailer (required)</b> Jsed to identify the end of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment <b>TP01 Detail Segment Count</b> Number of detail segments, included for the pharmacy or dispenser, included for the pharmacy or dispenser, including the PHA and TP segment		AIR10	First Name of Pharmacist	0
Jsed to identify the end of data for a given pharmacy or dispenser and provide the count of the total number of detail segments reported for the pharmacy or dispenser, including the PHA and TP segment         TP01       Detail Segment Count       R         Number of detail segments, included for the pharmacy or dispenser, included for the pharmacy or dispenser, including the       R			First name of pharmacist dispensing the medication.	
TP01       Detail Segment Count       R         Number of detail segments included for the pharmacy or dispenser, including the PHA and TP segment       R	P: Pharma	cy Trailer (red	quired)	
TP01       Detail Segment Count       R         Number of detail segments included for the pharmacy or dispenser, including the pharmacy header (PHA) and the       R	Jsed to ide	entify the end	l of data for a given pharmacy or dispenser and provide the coun	t of the total
Number of detail segments included for the pharmacy or dispenser, including the pharmacy header (PHA) and the	number of	detail segme	nts reported for the pharmacy or dispenser, including the PHA an	d TP segment.
dispenser, including the pharmacy header (PHA) and the		TP01	Detail Segment Count	R
			Number of detail segments included for the pharmacy or	
pharmacy trailer (TP) segments.				
			pharmacy trailer (TP) segments.	
	Jsed to inc	licate the end	d of the transaction and provide the count of the total number of	segments

included in the transaction.

Segment	Element ID	Element Name	Requirement
	тт01	Transaction Control Number	R
		Identifying control number must be unique.	
		Assigned by the originator of the transaction.	
		Must match the number in TH02.	
	TT02	Segment Count	R
		Total number of segments included in the transaction	
		including the header and trailer segments.	

# Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to the CA CURES PMP. It lists the **Segment** and **Element ID** with prepopulated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to <u>Appendix A: ASAP 4.1 Specifications</u>.

Segment	Element ID	Element Nan	ne	Sample Value	Requirement		
TH: Transac	tion Header	(required)					
	TH01	Version/Releas	se Number	4.1	R		
	TH02	Transaction Co Number	ontrol	123456	R		
	TH05	Creation Date		20220101	R		
	TH06	Creation Time		223000	R		
	TH07	File Type		Р	R		
	TH09	Segment Term Character	ninator	W	R		
IS: Informat	ion Source (r	equired)					
	IS01	Unique Inform Source ID	nation	7705555555	R		
	IS02	Information So Name	ource Entity	PHARMACY NAME	R		
	IS03	Message		Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R		
PHA: Pharm	nacy Header (	(required)					
	PHA03	DEA Number		ZZ1234567	R		
	I		PAT: Patient	Information (required)			
	PAT07	Last Name		REPORT	R		
	PAT08	First Name		ZERO	R		
	DSP: Dispensing Record (required)						
	DSP05	Date Filled		20220101	R		
PRE: Prescri	ber Informati	ion (required; ca	an be null as	follows: PRE******\)			
CDI: Compo	ound Drug In	gredient Detail					
AIR: Additic	onal Informat	ion Reporting					
TP: Pharma	cy Trailer (rec	juired)					

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	TP01	Detail Segment Count	7	R	
TT: Transaction Trailer (required)					
	тт01	Transaction Control Number	123456	R	
ТТ02		Segment Count	10	R	

## Sample Zero Report

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

```
TH*4.1*123456*01**20220108*223000*P**\\
IS*770555555*PHARMACY NAME*#20220101#-#20220107#\
PHA*** ZZ1234567\
PAT*****REPORT*ZERO*******\
DSP****20220108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*123456*10\
```

# Appendix C: Format for Revising Accepted Records

The example below illustrates a quantity in DSP09 (Quantity Dispensed) being updated from 60 to 90.

#### **Original record:**

#### Void Record:

#### Updated Record (with new quantity, example):

```
TH|4.1|REVISED|01||20151230|111707|P|791787|\\
IS|555555555|PHARMACY\
PHA|||BB1234567|DRUGS STORE|1150 BROADWAY||MIAMI|FL|73036|555555555|PHY123\
PAT||||||PATIENT|TEST|||110 GEORGE ST||OKLAHOMA
CITY|OK|73036|9999999999|19080101|M|01\
DSP|01|1101|20201101|0|20201101|00|06|51927101300|90|30|01|01|02|||04\
PRE||AA1234567|||DOCTOR|GOOD\
TP|6\
TT|ORIGINAL|9\
```

# Appendix D: SFTP Configuration

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

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

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

## SFTP Connection Details

### Hostname: sftp.pmpclearinghouse.net

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

### Port: 22

Note: The port will always be 22.

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

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

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

## **PMP** Subfolders

PMP Clearinghouse is the data repository for several PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. 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 PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

**NOTE**: Capitalization of the abbreviated PMP 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 PMP 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.

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### 2. Via command prompt

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

**NOTE:** The PMP 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 PMP subfolder. Please refer to <u>PMP</u> <u>Subfolders</u> for steps on creating subfolders.