Veterinarian Training

Module 2 – Data Submission

NC DHHS Drug Control Unit

May 2019
Manual Data Entry (Using the Universal Claim Form)

This method should be used if your practice doesn’t use record-keeping software (such as Cornerstone or Avimark) or if your software cannot currently produce ASAP 4.2 files.

Your software vendor can reach out to Appriss Health at 855-962-4767 for guidance on the file requirements so they can create the files for you to upload electronically.

Further details on this process are in the NC Veterinarian Dispenser Guide in 5.3 Manual Data Entry.
Manual Data Entry
Preparation

Gather the information needed for submission

- Dispenser’s DEA number
- Prescriber’s DEA number
- Prescriber’s State License and NPI (if available)
- Owner’s name
- Owner’s full address, including city, state, and ZIP code
- Owner’s telephone number
- Owner’s Date of Birth (this is required to aid in identification of drug diversion)
- Animal’s Name
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication of whether the prescription was new or refill
- Metric quantity dispensed
- Estimated days’ supply, if provided
- National Drug Code* (NDC) number of the drug dispensed
- Method of payment

*A National Drug Code number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor.

NDC’s will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be “normalized”. To normalize an NDC number add a leading zero to whichever section is missing a digit; 1234-123-1 becomes 01234-0123-01. Enter it into the UCF like 01234012301

The NDC number must be entered without dashes or spaces for it to be accepted.

For more information, see https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory
Manual Data Entry
Log in to the PMP Clearinghouse

1. Go to https://pmpclearinghouse.net/users/sign_in
2. Enter the email address and password you created in Registration
3. Click Login
Manual Data Entry
Navigation to Universal Claim Form (UCF)

1. Select UCF Submissions

2. The UCF listings page is displayed, showing previous entries
3. Click New Claim Form
Manual Data Entry
PMP and Patient Sections

Create Universal Claim Form

PMP

1. Select North Carolina

Patient

2. Check Patient Animal

3. Owner’s First Name
4. Owner’s Last Name

5. Animal’s First Name

6. Owner’s Date of Birth

7. Owner’s Phone Number

Reporting Requirements in this section:

Owner’s Name – items 3 and 4
Animal’s Name – Item 5
Owner’s Date of Birth – Item 6
Owner’s Telephone Number – Item 7

Not required – if entering, use Owner’s Gender

Not required - if entering, select where Animal will be, typically “Home”
Manual Data Entry
Patient ID and Patient Address Sections

Patient ID
- Not required – if entering, use ID Number

Patient ID Section - Not Required

Not required – if entering, use ID type

Reporting Requirements in this section:
Owner’s full address, including city, state, and ZIP Code – items 1, 2, 3, 4, 5

Identity Value

Drivers License ID
123456789

Jurisdiction
North Carolina

Patient Address

1. Owner’s Street Address
2. If no apartment or suite number, leave blank
3. Owner’s City
4. Owner’s State
5. Owner’s ZIP Code

Address *
123 Peta Street

Apartment or Suite *
A2

State/Province *
North Carolina

Postal Code *
27699
Manual Data Entry
Pick-up/Drop-off Person and Pharmacy Sections

1. Enter the DEA number of the Practice or Owner (used at registration)

   - Not required – if entering, use License number for Practice or Practice owner

2a. If DEA search does not autofill, enter the name of the practice

2b. If DEA search does not autofill, enter the phone number of the practice

2c. If DEA search does not autofill, enter Practice Address

2d. If DEA search does not autofill, enter Practice City

2e. If DEA search does not autofill, enter Practice State

2f. If DEA search does not autofill, enter Practice ZIP Code

Reporting Requirements in this section:
Dispenser’s DEA number – item 1

Pick-up/Drop-off Person - Not Required - used only if someone other than the Owner picks up the prescription.
Example shown here: Owner’s mother picks up the animal and medication to go home with the animal.
Manual Data Entry
Prescriber and Pharmacist Sections

1. Prescriber DEA number (can be the same as the Dispenser)

   Not applicable; Do not enter - this is only for Human Providers with an XDEA number

2. Prescriber First Name

   Not required – if entering, use Practice Phone Number

3. Prescriber Last Name

   *Special use only – For use by registered clinics that have emailed a list of Suffixes and Prescribers to NCCSRS@dhhs.nc.gov; email for more information if your practice has only one DEA number being used by multiple doctors to prescribe

   Not applicable; Do not enter - this is only for Pharmacies

   Identifier Type

   Identifier Value

   Not applicable; Do not enter - this is only for Pharmacies

Reporting Requirements in this section:

Prescriber’s DEA number – item 1
# Manual Data Entry

## Prescriptions Section

**Prescriptions**

1. Select Yes (if only filling part of the prescription) or No (if filling the entire prescription)

2. Prescription number

3. If this is a refill, enter refill number; if not a refill, enter “0”

4. Number of refills allowed. If no refills, enter “0”

5. How many days prescription should last (Ex. If 30 pills to be taken BiD, would be 15)

6. Date written (may be same as Date filled)

7. Date filled (may be same as Date written)

8. If insurance is paying, select “Commercial Insurance”, else select “Patient Paid” to show owner paid out of pocket

9. Recommended – use number of pills, milliliters, etc.

**Payment method** – item 8

**Estimated day’s supply** – item 5

**Prescription written date** – item 6

**Prescription filled date** – item 7

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**Drug Information**

Not applicable; Do not enter - this is only for Pharmacies

Not applicable; Do not enter - this is only for Pharmacies

Not required – if entering, use instructions like “1 QD each morning. Take with food”
Manual Data Entry
Drug Information Section

Only applicable for compound drugs – If this box is checked, the NDC in item 1 will be the NDC for the Active Controlled Substance ingredient. Example: Liquid Buprenorphine 5 ml mixed with pet multi-vitamin 10 ml. NDC will be for the Buprenorphine; Quantity and Units will be for the complete solution - 15 milliliters.

Reporting Requirements in this section:
- National Drug Code (NDC) – item 1
- Metric quantity dispensed – items 2, 3

Only applicable for compound drugs – click Add New to add the compound drug.
Manual Data Entry
Form Created, Review and Submit

1. Review form for accuracy and completeness
2. Make any updates and Save
3. Click Submit Now

Edit Universal Claim Form

You may submit this form at any time.

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

Submit Now

Form has been successfully created, but not yet submitted.

PMP

Dmp *
North Carolina

Patient

Patient Animal

First Name *
John

Last Name *
Smith

Animal Name
Fluffy

Date of Birth *
10/10/1980

Gender
Unknown

Phone Number *
Manual Data Entry
Submit Verification

1. Click OK to Submit
Manual Data Entry

Error notification

1. Look at error type
2. Correct errors
3. Resubmit using process in Form Created, Review and Submit slide
Manual Data Entry

Successful Submission - Manage Claim Forms

Successful submission takes you back to the Manage Claim Forms tab showing submissions over the last 30 days.
Web Portal Upload (Using Electronic Files)

This method should only be used if your practice uses record-keeping software that is able to produce ASAP 4.2 files.

If your software vendor cannot yet produce files in this format, use the Manual Data Entry method until your vendor can create ASAP 4.2 files (begin at Slide 2).

Your software vendor can reach out to Appriss Health at 855-962-4767 for guidance on the file requirements so they can create the files for you to upload electronically.

Further details on this process are in the NC Veterinarian Dispenser Guide in 5.2 Web Portal Upload
Web Portal Upload
File Preparation

- Prepare the data file(s) for submission, using the ASAP specifications in Appendix A: ASAP 4.2 Specifications
- Reports for multiple veterinarians in the same practice can be in the same upload file in any order
- Files for upload should have unique names, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of “.dat”. Example file name: “20180919.dat”
- If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: 20180919a.dat, 20180919b.dat, and 20180919c.dat
Web Portal Upload
Log in to the PMP Clearinghouse

1. Go to https://pmpclearinghouse.net/users/sign_in
2. Enter the email address and password you created in registration
3. Click Login
Web Portal Upload
File Submissions tab

1. Select File Upload
Web Portal Upload
Submission Upload

1. If North Carolina isn’t already showing, select it in the pull-down menu

2. Click Browse to find the file created in the File Preparation step

3. After locating the desired file, click Upload
Web Portal Upload
Submission Upload Confirmation

1. Click upload to confirm
2. Results of the upload can be seen on the File Submissions page

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

Upload File?

Change

Upload