

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

Login

Email Address

Password

Login

[Create an Account](#)

1. Go to https://pmpclearinghouse.net/users/sign_in
2. Enter the email address and password you created in Registration
3. Click Login

Help

- [Forgot your password?](#)
- [Didn't receive confirmation instructions?](#)
- [Didn't receive unlock instructions?](#)

Manual Data Entry

Navigation to Universal Claim Form (UCF)

PMP Clearinghouse File Submissions **UCF Submissions** Zero Reports File Upload Account My Profile Help

File Listings File Upload

1. Select UCF Submissions

File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries Advanced Options Search...

File	State	Records	Warnings	Errors	Submitted	Status	Status Report
No data available in table							

Showing 0 to 0 of 0 entries

Previous Next

PMP Clearinghouse File Submissions **UCF Submissions** Zero Reports File Upload Account My Profile Help

UCF Listings Manage Claim Forms **New Claim Form**

2. The UCF listings page is displayed, showing previous entries
3. Click New Claim Form

UCF Listings

Show 10 entries Search:

Created at	State	Warnings	Errors	Status
05/02/2019 07:06 PM	NC	0	0	✓

Showing 1 to 1 of 1 entries

Previous 1 Next

Manual Data Entry PMP and Patient Sections

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

Create Universal Claim Form

PMP

* Indicates Required Field

Pmp *

North Carolina

1. Select North Carolina

Patient

2. Check Patient Animal

Patient Animal

First Name *

John

3. Owner's First Name

Last Name *

Smith

4. Owner's Last Name

5. Animal's First Name

Animal Name

Fluffy

6. Owner's Date of Birth

Date of Birth *

10/10/1980

Gender

Unknown

Not required – if entering, use Owner's Gender

7. Owner's Phone Number

Phone Number *

919-555-1212

Patient Location

Not required - if entering, select where Animal will be, typically "Home"

Patient ID

Manual Data Entry

Patient ID and Patient Address Sections

Reporting Requirements in this section:

Owner's full address, including city, state, and ZIP Code – items 1, 2, 3, 4, 5

Not required – if entering, use ID Number

Patient ID Section - Not Required

Not required – if entering, use ID type

Patient ID

Identity Value

Drivers License ID

123456789

Jurisdiction

North Carolina

Not required – if entering, select Issuer of ID

Patient Address

1. Owner's Street Address

2. If no apartment or suite number, leave blank

Address *

Apartment or Suite

123 Peta Street

A2

3. Owner's City

State/Province *

Postal Code *

5. Owner's ZIP Code

Raleigh

North Carolina

27699

4. Owner's State

Manual Data Entry

Pick-up/Drop-off Person and Pharmacy Sections

Reporting Requirements in this section:

Dispenser's DEA number – item 1

Pick-up/Drop-off Person

First Name: Last Name:

Patient Relationship:

Drop-off/Pick-up ID Type: Drop-off/Pick-up ID #:

Jurisdiction:

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.

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

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

2. Click the magnifying glass to autofill information

Not required – if entering, use main contact person for Practice

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

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

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

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

Pharmacy

Name *:

Phone Number:

DEA Number:

Permit Number/License Number:

Contact Name:

Address *:

City *: State *: Postal Code *:

Manual Data Entry

Prescriber and Pharmacist Sections

Reporting Requirements in this section:

Prescriber's DEA number – item 1

Prescriber

DEA Number *

ZZ1111119

DEA Suffix

***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

XDEA Number

First Name *

Sue

Last Name *

Catdoctor

3. Prescriber Last Name

Phone Number

919-555-1122

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

Pharmacist

Identifier Type

Identifier Value

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

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

Reporting Requirements in this section:

- Prescription number – item 2
- Prescription refill indicator – items 3, 4
- Estimated day's supply – item 5
- Prescription written date – item 6
- Prescription filled date – item 7
- Payment method – item 8

Manual Data Entry Prescriptions Section

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

Prescriptions

Partial Fill No	Rx Number * 2019050501	Refill Number * 0
Authorized Refills * 0	Prescription Origin	Diagnosis Code
Days Supply * 30	Date written * 05/05/2019	Date filled * 05/05/2019
Payment Type * Patient Paid	Treatment Type	
Control (Serial) Number	EPrescription Reference	Date Sold MM/DD/YYYY
Quantity Prescribed 30	Directions	

Drug Information

2. Prescription number

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

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

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

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

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

Not required – if entering, use instructions like "1 QD each morning. Take with food"

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)

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

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

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

Manual Data Entry Drug Information Section

Reporting Requirements in this section:

National Drug Code (NDC) – item 1

Metric quantity dispensed – items 2, 3

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

Drug Information

Compound

NDC Number *

00093005805

1. NDC Number

Quantity *

30

2. Quantity

Units *

Each

3. Select Each, Grams, or Milliliters

Remove

Add New

Only applicable for compound drugs – click Add New to add the compound drug

4. Click Save

Save

Delete

Submit

5. Click Submit

Manual Data Entry

Form Created, Review and Submit

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

* Indicates Required Field

Pmp *

North Carolina

Patient

Patient Animal

First Name *

John

Last Name *

Smith

Animal Name

Fluffy

Date of Birth *

10/10/1980

Gender

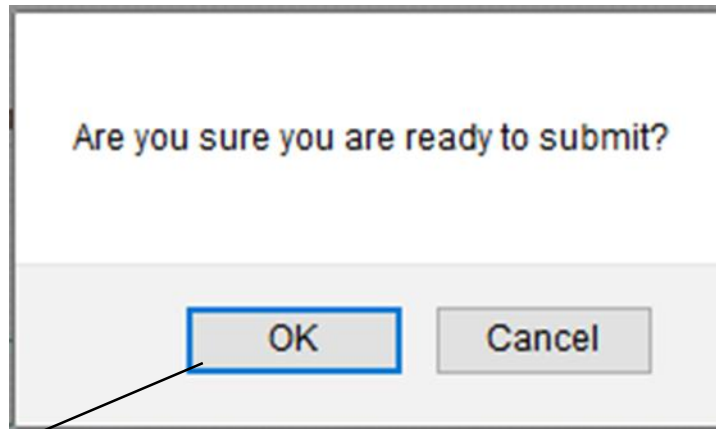
Unknown

Phone Number *

Patient Location

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

Manual Data Entry Submit Verification



1. Click OK to Submit

Manual Data Entry

Error notification

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 errors and was unable to be submitted. ×
○ Drug (NDC: 00123456789): NDC number not found in registry.

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

PMP * Indicates Required Field

Pmp ?
North Carolina

Patient

Patient Animal

First Name ?
John

Last Name ?
Smith

Animal Name
Fluffy

Date of Birth ?

Gender

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

Form was successfully submitted. ✕

[UCF Listings](#) [Manage Claim Forms](#) [New Claim Form](#)

Submitted Claim Forms - Cat Clinic UCF FORMS (LAST 30 DAYS) [View Pending Forms](#)

Click patient's name to view submission information. To update submission information, delete the current submission form and submit a new claim form.

Show entries Search:

Created At	State	Patient Name	
05/02/2019 7:05 PM	NC	Smith, Joe	Delete Submission
05/28/2019 3:24 PM	NC	Smith, John	Delete Submission

Showing 1 to 2 of 2 entries Previous **1** Next

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

Login

Email Address

Password

[Login](#)

[Create an Account](#)

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

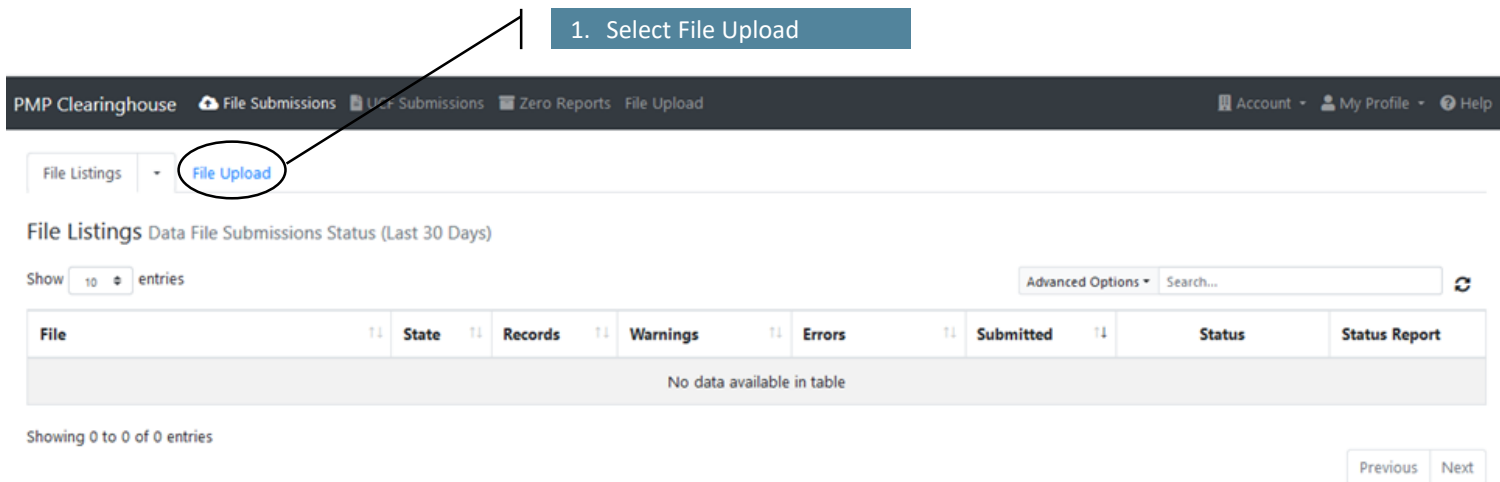
Help

[Forgot your password?](#)
[Didn't receive confirmation instructions?](#)
[Didn't receive unlock instructions?](#)

Web Portal Upload

File Submissions tab

1. Select File Upload



The screenshot shows the PMP Clearinghouse interface. The top navigation bar includes 'PMP Clearinghouse', 'File Submissions', 'UCF Submissions', 'Zero Reports', and 'File Upload'. On the right, there are links for 'Account', 'My Profile', and 'Help'. Below the navigation bar, a dropdown menu is open under 'File Listings', with 'File Upload' selected and circled. A callout box with the text '1. Select File Upload' points to this option. Below the dropdown, the page title is 'File Listings Data File Submissions Status (Last 30 Days)'. There is a 'Show 10 entries' control and an 'Advanced Options' dropdown with a search field. A table with columns 'File', 'State', 'Records', 'Warnings', 'Errors', 'Submitted', 'Status', and 'Status Report' is shown, but it contains no data, displaying 'No data available in table'. At the bottom, it says 'Showing 0 to 0 of 0 entries' and has 'Previous' and 'Next' buttons.

Web Portal Upload Submission Upload

The screenshot shows the 'File Upload' page in the PMP Clearinghouse. The page title is 'File Upload' and the subtitle is 'Submit New File For Consolidation'. Below the subtitle, there is a brief instruction: 'Use this screen to submit files to the PMP system.' and a section titled 'How to Upload Your Files' with three numbered steps: 1. Click the 'Browse' button to select a file on your local computer. 2. Click the 'Upload' button to begin the uploading process. 3. A confirmation message appears when the upload is finished. The form includes a 'Select PMP' dropdown menu with 'North Carolina' selected, a 'File Upload:' label, a file selection area, and two buttons: 'Browse' and 'Upload'. Three callout boxes provide additional instructions: 1. 'If North Carolina isn't already showing, select it in the pull-down menu' (pointing to the dropdown), 2. 'Click Browse to find the file created in the File Preparation step' (pointing to the Browse button), and 3. 'After locating the desired file, click Upload' (pointing to the Upload button).

PMP Clearinghouse File Submissions UCF Submissions Zero Reports File Upload Account My Profile Help

File Listings File Upload

File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

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

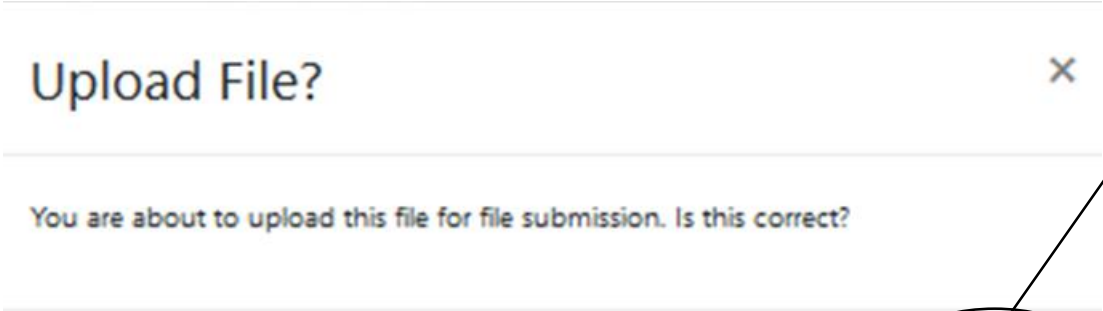
Select PMP
North Carolina

File Upload:

Browse 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



The screenshot shows a dialog box titled "Upload File?" with a close button (X) in the top right corner. The main text inside the dialog reads: "You are about to upload this file for file submission. Is this correct?". At the bottom of the dialog, there are two buttons: "Change" and "Upload". The "Upload" button is highlighted with a blue background and is circled in black. A callout box with a dark blue background and white text points to the "Upload" button. The callout contains two numbered steps: "1. Click upload to confirm" and "2. Results of the upload can be seen on the File Submissions page".

Upload File? X

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

Change Upload

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