



Veterinarian Dispenser Guide

North Carolina Controlled Substance Reporting System

Updated May 2019
Version 2.3

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1 Document Overview

The PMP AWAxE NC *Veterinarian Dispenser Guide* provides step-by-step instructions for veterinarians who are dispensers of Schedule II through Schedule V controlled substances in North Carolina who use (or intend to use) Appriss Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

- Reporting requirements for dispensers in the State of North Carolina
- Data file submission guidelines and methods
- Creating a PMP Clearinghouse account
- Creating a data file
- Uploading or reporting data
- Understanding and correcting errors

2 Data Collection and Tracking

This chapter provides an overview of the PMP AWAxE registration process as well as detailed instructions for registering for an account and registering for a delegate account.

2.1 Data Collection Overview

[General Statute 90-113.73](#) (Article 5E “North Carolina Controlled Substances Reporting System Act”) section (a) requires that the North Carolina Department of Health and Human Services (NC DHHS) establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. This statute requires that all dispensers of licit controlled substances submit information in accordance with the transmission methods and frequency communicated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the State’s ability to identify controlled substance misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances.

North Carolina General Statute 90-113.73 (a) also states that Dispensers are required to report to the North Carolina Controlled Substance Reporting System (NC CSRS) no later than the close of the next business day after the prescription is delivered. The data shall be reported using one of the electronic formats described in this document.

Per North Carolina General Statute 90-113.73 (f) veterinarians that dispense any Schedule II through V controlled substances are included in the definition “Dispenser” and subject to reporting the dispensation of those controlled substances by the close of the next business day after the transaction takes place.

North Carolina General Statute 90-113.73 (g) allows veterinarians to submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. This section expires October 1, 2019, and veterinarians will then be required to submit data to the clearinghouse either through electronic upload or entering the data into the Universal Claim Form in the clearinghouse.

A paper copy of the Universal Claim Form will be provided by NC CSRS upon approval. To request approval, contact the NC CSRS Administrator ([Administrative Assistance](#)).

See section [5.3 Manual Data Entry](#) for detailed directions on entering data in the Universal Claim form.

For a timeline of important dates, see [4.1 Timeline and Requirements](#).

Note: If a veterinarian writes a prescription to be filled at a pharmacy, that pharmacy is the dispenser and is responsible for reporting data to the NC CSRS.

2.2 Reporting Requirements

Veterinarian dispensers of controlled substances are required to collect and report the following information to the data repository:

- 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 (NDC) 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. NDCs 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 the section that is missing a digit (e.g., 1234-123-1 becomes 01234-0123-0)1. The NDC number must be entered without dashes or spaces for it to be accepted. For more information on National Drug Codes, see <https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory>.

In the event the dispenser is unable to report the information within the timeframe required by this section because the system is not operational or there is some other temporary electrical or technological failure, this inability shall be documented in the dispenser's records. Once the electrical or technological failure has been resolved, the dispenser shall promptly report the information.

The [Data Submission](#) chapter provides all the instructions necessary to submit the required information.

2.2.1 Reporting Noncompliance

The laws and regulations for reporting to the NC CSRS are continuously subjected to amendments, and it is the dispenser's responsibility to be aware of such updates as they are enacted and made public.

As per North Carolina General Statute 90-113.73., any pharmacy that employs dispensers found to have failed to report information in the manner required within a reasonable period of time after being informed that the required information is missing or incomplete may be assessed civil penalties.

2.2.2 Excluded from Reporting

"Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does **not** include any of the following:

- An animal hospital or long-term care pharmacy that dispenses such substances **for inpatient administration**
- A wholesale distributor of a Schedule II through V controlled substance
- A physician dispensing a controlled substance medication is provided directly to the end user and does not exceed a 48-hour supply
- A dispenser is not required to report Schedule V non-narcotic, non-anorectic Schedule V controlled substances provided directly to the ultimate user for the purpose of assessing a therapeutic response when prescribed according to indications approved by the US FDA

3 Accessing Clearinghouse

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

3.1 Creating Your Account

Prior to submitting data, you must create an account. **It is only necessary to have one veterinarian in the practice to be an account holder.** Most practices will only need one or two added users who will be entering the data for the entire practice. An example would be the practice owner as the main account holder. This person would then add the person(s) who will be entering the dispensation data as a user. This can be office staff or a vet tech and does not require a DEA number. For details on adding a user, see [Adding Users to Your Upload Account](#).

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

The screenshot shows the 'PMP Clearinghouse' website with the 'Account Registration' page. The page has a header with the site name and a sub-header 'NEW DATA SUBMITTER REGISTRATION'. The main content area is divided into sections: 'Profile' with fields for Email Address, Password, and Password confirmation; 'Personal' with fields for First name, Middle name, and Last name, and search boxes for DEA and NPI numbers; and 'Employer' at the bottom. A note at the bottom of the Personal section states 'Searching for DEA or NPI will autopopulate your information if found.'

2. Complete your Profile information.
 - a. Enter your current, valid email address in the **Email Address** field.
 - b. Enter a password for your account in the **Password** field.
 - c. Enter the password again in the **Password Confirmation** field.

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.

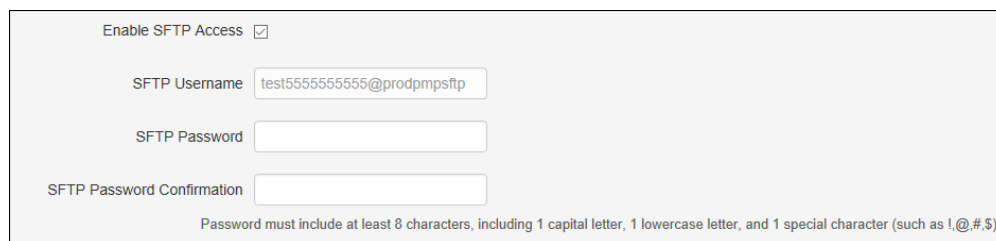
3. Complete your Personal and Employer information, noting the following:

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 number, then clicking the search icon. If the number is found, the information will automatically populate.*

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

If SFTP is not needed, skip to Step 5.

- a. Click to select the **Enable SFTP Access** checkbox. The SFTP access fields are displayed.

A screenshot of a web form for SFTP configuration. At the top, there is a checkbox labeled "Enable SFTP Access" which is checked. Below this are three input fields: "SFTP Username" containing the text "test5555555555@prodpmpsftp", "SFTP Password" which is empty, and "SFTP Password Confirmation" which is also empty. At the bottom of the form, a note states: "Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)".

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. Example: "Test" is the employer's name and "555-555-5555" is the employer's phone number, SFTP username is test5555555555@prodpmpsftp.
- c. Enter a password for your SFTP account in the **SFTP Password** field.
- d. Enter the password again in the **SFTP Password Confirmation** field. This password will be input into the dispensary software so that submissions can be automated.

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 can be the same as the one previously entered under Profile.

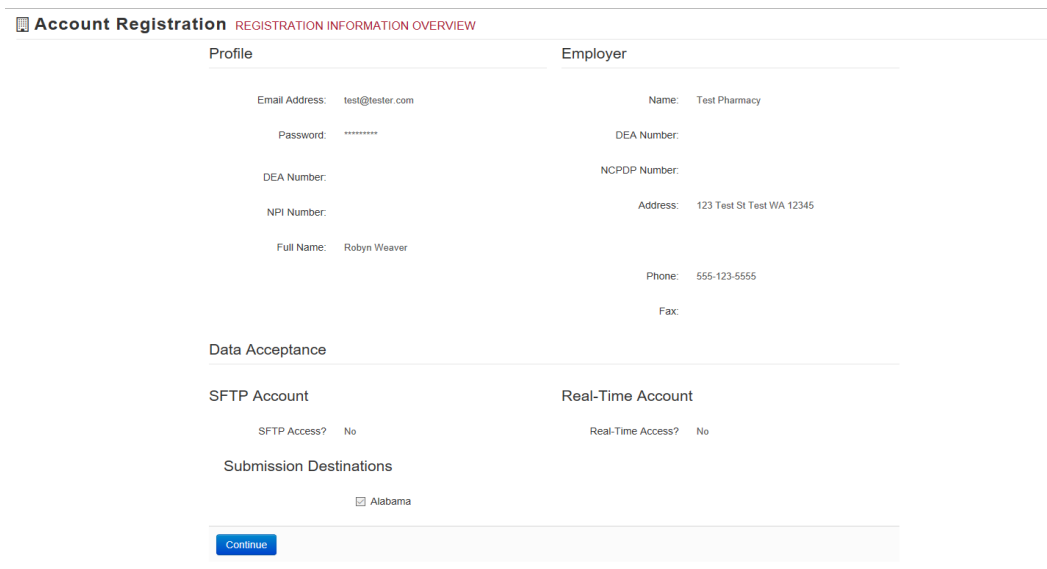
Unlike the Profile (user account) password, the SFTP password does not expire.

The URL to connect via SFTP is [sftp://sftp.pmpclearinghouse.net](ftp://sftp.pmpclearinghouse.net).

Additional details on SFTP configuration can be found in [Appendix B: SFTP Configuration](#).

5. In the Submission Destinations section of the page, select North Carolina as the state for which you will submit data.
6. Click **Submit**.

The request is submitted to the PMP administrator, and the Registration Information Overview page is displayed.



The screenshot shows the 'Account Registration' page with a sub-header 'REGISTRATION INFORMATION OVERVIEW'. It is divided into three main sections: Profile, Employer, and Data Acceptance. The Profile section includes fields for Email Address (test@tester.com), Password (masked), DEA Number, NPI Number, and Full Name (Robyn Weaver). The Employer section includes fields for Name (Test Pharmacy), DEA Number, NCPDP Number, Address (123 Test St Test WA 12345), Phone (555-123-5555), and Fax. The Data Acceptance section includes checkboxes for SFTP Account (SFTP Access? No) and Real-Time Account (Real-Time Access? No). Below these is a 'Submission Destinations' section with a checkbox for Alabama. A 'Continue' button is at the bottom.

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

Data Acceptance

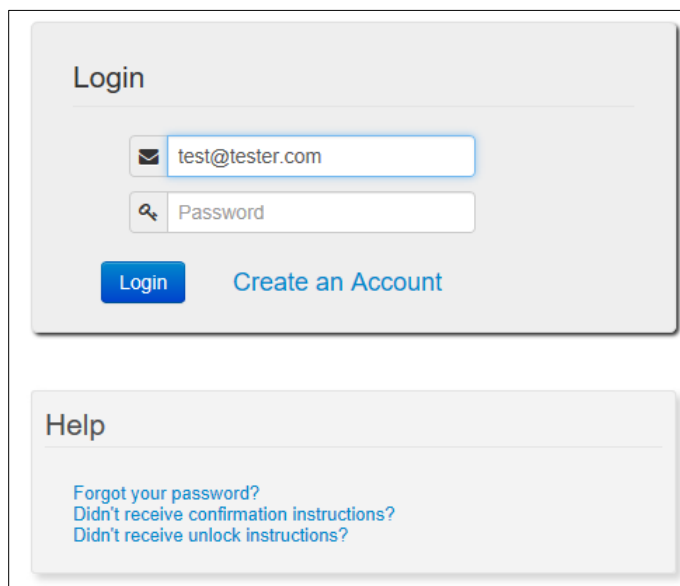
SFTP Account	Real-Time Account
SFTP Access? No	Real-Time Access? No

Submission Destinations

☐ Alabama

[Continue](#)

7. Click **Continue**.
8. The PMP Clearinghouse Login page is displayed; however, you will not be able to log in until your account has been approved. Once the state PMP administrator has approved your request, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWARxE.



The screenshot shows the 'Login' page of the PMP Clearinghouse. It features a login form with fields for Email Address (test@tester.com) and Password. Below the form are buttons for 'Login' and 'Create an Account'. A 'Help' section is located below the login form, containing links for 'Forgot your password?', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

Login

Email Address: test@tester.com

Password:

[Login](#) [Create an Account](#)

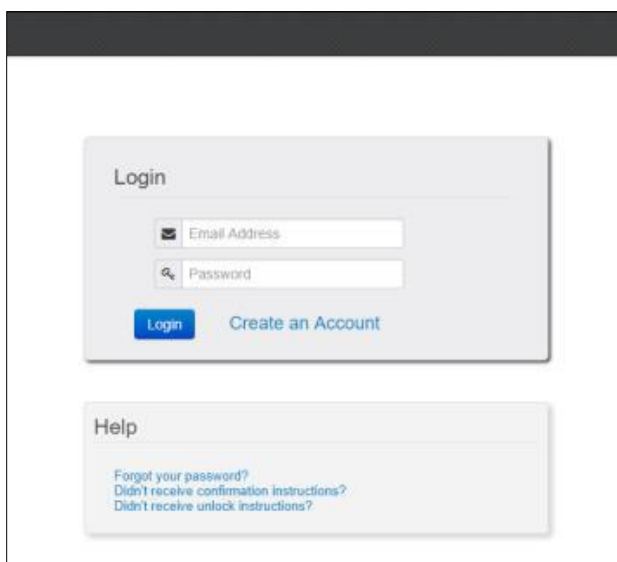
Help

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

9. Continue to [3.2 Logging in to PMP Clearinghouse](#) for instructions on logging in.

3.2 Logging in to PMP Clearinghouse

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.

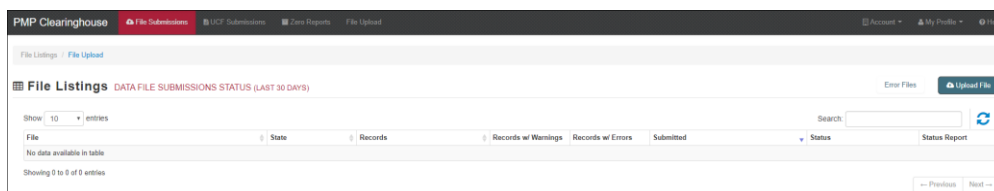


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

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

4. Click **Login**.

The PMP Clearinghouse home page is displayed.



4 Data Submission

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

4.1 Timeline and Requirements

You can begin submitting data to PMP Clearinghouse as soon as your account has been created.

January 1, 2019 – Veterinarians that dispense controlled substances were included in the definition “Dispenser” and subject to reporting the dispensation of those controlled substances by the close of the next business day after the transaction takes place.

June 3, 2019 – Dispensing veterinarians to begin submitting data to Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#). It is not necessary to submit data for dispensations prior to this date, only going forward. Until October 1, 2019, a paper Universal Claim Form may be accepted, as long as the dispenser has approval from the NC DHHS. A paper copy of the Universal Claim Form will be provided by NC CSRS upon approval. To request approval, contact the NC CSRS Administrator ([Administrative Assistance](#)).

October 1, 2019 – all data must be submitted directly to Clearinghouse either through electronic upload or entering the data into the Universal Claim Form in Clearinghouse. See section [5.3 Manual Data Entry](#) for detailed directions on entering data in the Universal Claim Form.

If you have any questions about the reporting timeline, please contact the NC CSRS administrator using the information provided in [Administrative Assistance](#).

4.2 Upload Specifications

Files should be in the ASAP 4.2 format as defined in [Appendix A: ASAP 4.2 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20180919.dat”. All of your upload files will be kept separate from the files of other dispensers.

Dispensers are required to report prescription information by the end of the next business day but are encouraged to submit no later than 24 hours after the prescription was delivered.

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, 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	10
Web Portal Upload	11
Manual Data Entry	12

5.1 Secure FTP

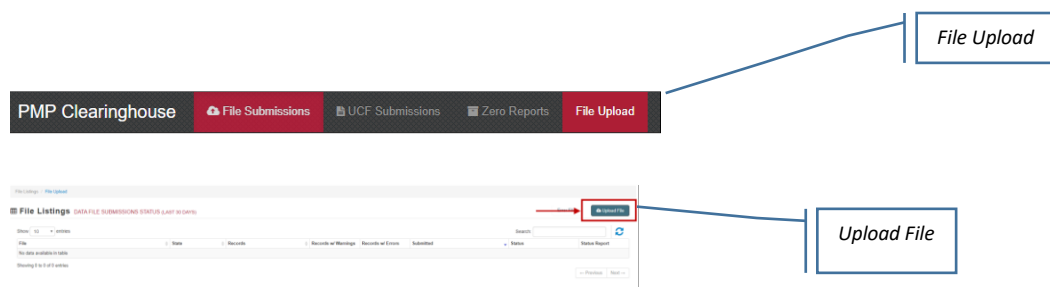
If you are submitting data to PMP Clearinghouse using SFTP, you must configure an individual sub-folder for the North Carolina state PMP system. This sub-folder must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the state abbreviation NC**. Data files not submitted to a state sub-folder will be required to have a manual state PMP assignment made on the File Listings page. Please refer to [State Subfolders](#) for additional details.

1. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).
 - 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". An example file name would be "20180919.dat".
 - All of your upload files will be kept separate from the files of others.
 - Reports for multiple veterinarians in the same practice can be in the same upload file in any order.
 - 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.
2. SFTP the file to <sftp://sftp.pmpclearinghouse.net>.
3. When prompted, enter the username and password you created when setting up the SFTP account.
4. Place the file in the appropriate state-abbreviated directory. The results of the transfer/upload can be seen on the Submissions page in PMP Clearinghouse.

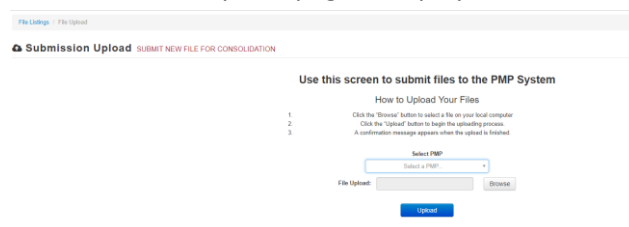
Note: If you place the data file in the root directory and not a state sub-folder, a **"Determine PMP"** error is displayed on the File Status page, and you will be prompted to select a destination PMP (state) to which the data should be sent.

5.2 Web Portal Upload

1. Prepare the data file(s) for submission, using the ASAP specifications in [Appendix A: ASAP 4.2 Specifications](#).
 - 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”. An example file name would be “20180919.dat”.
 - All of your upload files will be kept separate from the files of others.
 - Reports for multiple veterinarians in the same practice can be in the same upload file in any order.
 - 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.
2. Log in to PMP Clearinghouse.
3. Click **File Upload** from the menu bar, or Click **Upload File** from the File Listings page.

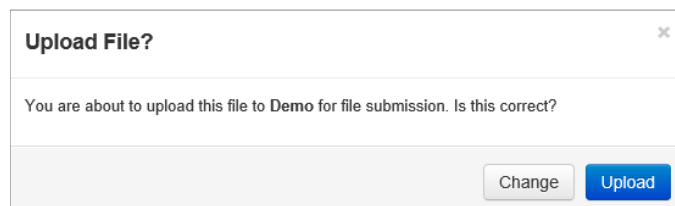


The Submission Upload page is displayed.



4. Select **North Carolina** from the drop-down list in the **Select PMP** field.
5. Click the **Browse** button, next to the **File Upload** field, and select the file created in step 2.
6. Click **Upload**.

A message is displayed prompting you to confirm the submission.



7. Click **Upload** to continue with the file submission. Your file is uploaded, and you can view the results of the upload on the File Submissions page.

5.3 Manual Data Entry

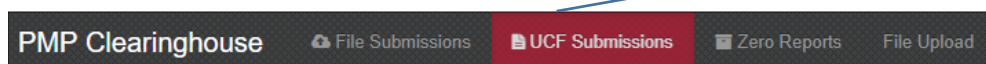
If you do not have internet access, please contact the NC CSRS administrator using the information provided in [Administrative Assistance](#).

If you have internet access, but do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, you can manually enter the required information using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. [Reporting Requirements](#) lists all required data elements.

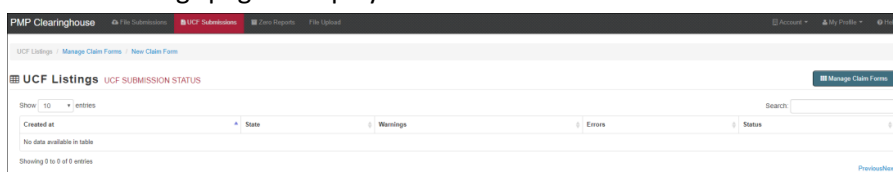
If you do not have an account, perform the steps in [Creating Your Account](#).

1. [Log in to PMP Clearinghouse](#).

2. Click **UCF Submissions**.



The UCF Listings page is displayed.



3. Click **New Claim Form** at the top of the page.

The Create Universal Claim Form page is displayed.

4. Select **North Carolina** in the drop-down list in the **Select PMP** field.
5. Complete all required fields, noting that required fields are marked with a red asterisk (*)

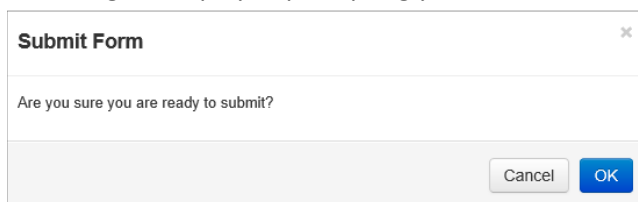
*Note: To enter a compound, click the **Compound** checkbox in the Drug Information section, complete the required fields for the first drug ingredient, and click **Add New** to add additional drug ingredients.*

6. After entering data, click Save.

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

7. Click **Submit Now**.

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

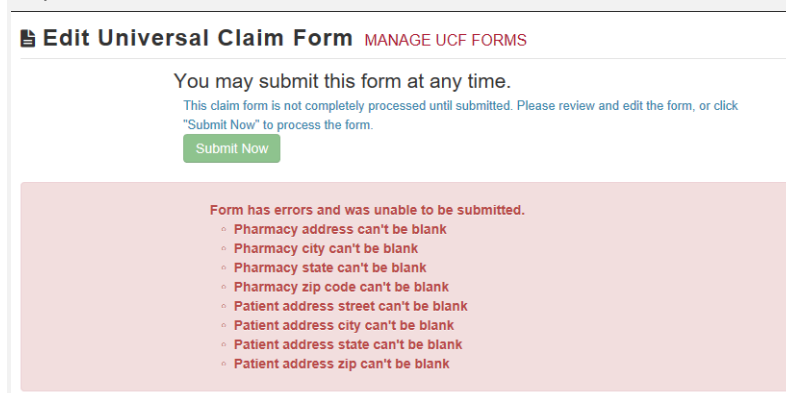
A modal dialog box titled "Submit Form" with a close button (X) in the top right corner. The text inside asks, "Are you sure you are ready to submit?". At the bottom right, there are two buttons: "Cancel" and "OK".

8. Click **OK**.

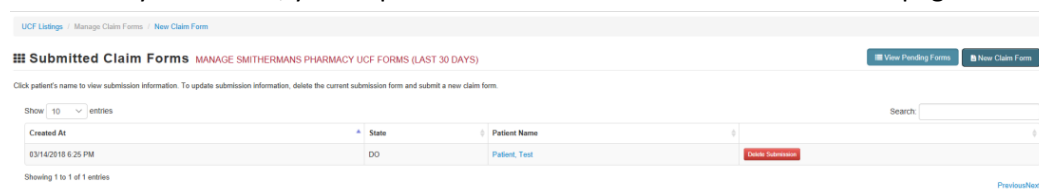
Your data will be validated upon submission.

- a. If there are no errors, you are returned to the Submitted Claim Forms page and your report is listed there.
- b. If there are any errors on the UCF form, they are displayed at the top of the page.

Note: If the error is a National Drug Code (NDC) that is not in the system and you are sure it is correct, email NCCSRS@dhs.nc.gov to have the NDC added to the database. You will not be held responsible for the delay in reporting that dispensation.

The screenshot shows the "Edit Universal Claim Form" page. At the top, it says "You may submit this form at any time." followed by a note: "This claim form is not completely processed until submitted. Please review and edit the form, or click 'Submit Now' to process the form." Below this is a green "Submit Now" button. A large red error box contains the following text: "Form has errors and was unable to be submitted." followed by a list of errors: "Pharmacy address can't be blank", "Pharmacy city can't be blank", "Pharmacy state can't be blank", "Pharmacy zip code can't be blank", "Patient address street can't be blank", "Patient address city can't be blank", "Patient address state can't be blank", and "Patient address zip can't be blank".

9. Correct the indicated errors, then repeat steps 4–6. Once your data has been successfully submitted, your report is listed on the Submitted Claim Forms page.

The screenshot shows the "Submitted Claim Forms" page. It has a header with "Submitted Claim Forms" and "MANAGE SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS)". Below the header, there's a search bar and a table. The table has columns for "Created At", "State", and "Patient Name". The first row shows "03/14/2018 6:25 PM", "DO", and "Patient, Test". There are also buttons for "View Pending Forms" and "New Claim Form".

A National Drug Code (NDC) 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. NDCs 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 (e.g., 1234-123-1 becomes 01234-0123-01). The NDC number must be entered without dashes or spaces for it to be accepted.

6 Data Compliance

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

6.1 Electronic Uploaded 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. Click **File Submissions** to access this page.

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
FurFuzzySearches.txt	-	0	-	-	03/09/2018 05:30PM	ASAP Errors	-
Clinical3.txt	VT	1	0	1	03/09/2018 02:33AM	Pending Dispensation Error	status report
clinical8.txt	DO	5	5	0	03/09/2018 02:32AM	✓	status report
clinical7.txt	DO	5	1	0	03/09/2018 02:27AM	✓	status report
clinical6.txt	DO	5	5	0	03/09/2018 02:25AM	✓	status report
clinical5.txt	DO	5	5	0	03/09/2018 02:23AM	✓	status report
Clinical4.txt	DO	3	3	0	03/09/2018 02:17AM	✓	status report
Clinical3.txt	DO	1	1	0	03/09/2018 02:11AM	✓	status report
Clinical2.txt	DO	1	1	0	03/09/2018 02:08AM	✓	status report
Clinical1.txt	-	0	-	-	03/09/2018 02:06AM	ASAP Errors	-

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

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

Refer to [Error Correction](#) for instructions on how to correct errors. If a file is unable to be parsed into the PMP Clearinghouse application, it will have a status of **“ASAP Errors.”** To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

*In this instance, **Parsing** is simply separating a record into distinct sections and filing each section into the correct place in the database. For example, parsing the name “Mary Ashley Smith” would mean putting the first name (Mary) into the first name field, the middle name (Ashley) into the middle name field, and the last name (Smith) into the last name field.*

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

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.

UCF Listings UCF SUBMISSION STATUS					
Show	10	entries			
Created at	State	Warnings	Errors	Status	
09/04/2015 07:56 PM	KS	0	0	✓	
09/04/2015 08:05 PM	KS	0	0	✓	
11/30/2015 09:50 PM	SC	0	0	✓	
11/30/2015 09:53 PM	SC	0	0	✓	
12/04/2015 08:01 PM	SC	0	0	✓	
04/20/2016 03:31 PM	KS	0	0	✓	
06/26/2016 07:05 PM	SC	0	0	✓	
08/29/2016 07:03 PM	KS	0	0	✓	
08/29/2016 07:16 PM	KS	0	0	✓	
08/30/2016 06:00 PM	KS	0	0	✓	

Showing 1 to 10 of 20 entries

[File Listings](#) / [File Errors](#) /

Error Correction MANAGE AND RESOLVE SUBMISSION ISSUES

Show 10 entries Search:

DECA Number	NCDPID Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	
BH-892237	2002750	BH792002711	HYDROCODONE BITARTRATE TABLETS 10 mg	2018-03-10	Drug	0	2	Correct
BH-892237	2002750	BH792002711	HYDROCODONE BITARTRATE TABLETS 10 mg	2018-03-10	Dispensation	0	1	Correct

Showing 1 to 2 of 2 entries

[<](#) Previous | 1 | Next [>](#)

record listed on the Error Correction page (see [View Records](#) for more information).

Field	Submitted Value	Corrected Value	Messages
Sequence			✓
Product Identifier type	01	NDC	✓
Product Identifier	tramadol	tramadol	Errors: Product identifier error: NDC number not found in registry. Product identifier must be a 10 or 11 digit number
Quantity	10	10.0	✓
Units	03	gm	✓
Prescription strength text			✓
Prescription product name text			✓

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

6.3.3 Error Correction via File Submission

The ASAP 4.2 standard requires dispensers 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) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- **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

7 Data Status Report for Electronic Uploads

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 uploaded electronically and are not applicable to manual entry in the Universal Claim Form (UCF). This chapter describes the status reports you may receive via email and how to interpret them.

7.1 File Failed Report

You will receive the *File Failed Report* if a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections.

Note: Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system. An example File Failed Report is provided below.

```
SUBJ: North Carolina 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: 4.2
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: September 19, 2018

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

7.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the state PMP system. This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

Delivery Method	Page
DEA	11 (9 + pad)
NCPDP *Not required for Vets	9 (7 + pad)
NPI *Not required for Vets	12 (10 + pad)
Prescription	27 (25 + pad)
Filled	10 (8 + pad)
Segment	18 (16 + pad)
Field	18 (16 + pad)
Type	9 (7 + pad)
Message	Arbitrary

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

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

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

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

The initial File Status Report is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file. An example of the File Status Report is provided on the following page.

Example File Status Report

SUBJ: North Carolina ASAP file: fake-test3.txt - Status Report

BODY:

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

Summary:

* File Name: fake-test3.txt

* ASAP Version: 4.2

* Transaction Control Number: 23489504823

* Transaction Control Type: send

* Date of Submission: September 19, 2018

* Total Record Count: ###

* Duplicate Records: ###

* In Process Count: ###

* Records with Error Count: ###

* Imported Records Count: ###

* Records Imported with Warning Count: ###

8 Managing Your Upload Account

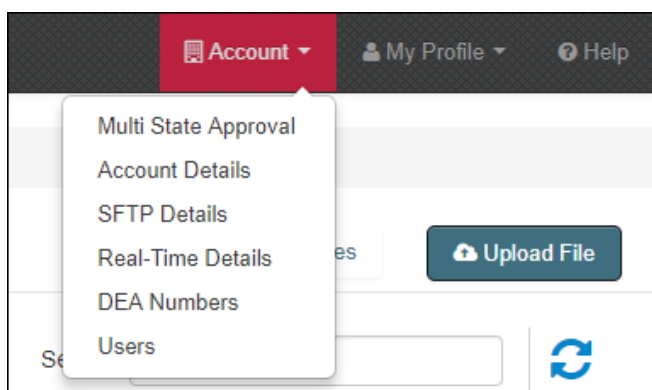
This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to Managing Your User Profile.

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

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. This additional user does not need a DEA number.

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



3. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.
4. Click **New User** in the top right corner of the page.
The New Data Submitter User page is displayed.

A screenshot of the 'New Data Submitter User' form. The form has a title bar with a paw print icon, the text 'New Data Submitter User', and a link 'MANAGE DATA SUBMITTER USERS'. Below the title bar is a section titled 'Account Information'. It contains three input fields: 'Email', 'First name', and 'Last name'. Each field has a red asterisk icon to its left. At the bottom of the form, there are two buttons: 'Submit' (blue) and 'Cancel' (red).

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

 - 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.

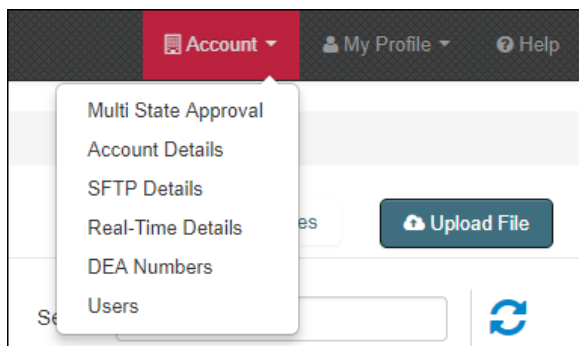
8.2 Adding States to Your Upload Account

If your practice needs to submit data files to an additional state that uses PMP AWARDx, please email NCCSRS@dhhs.nc.gov for instructions.

8.3 Adding SFTP Access to an Upload Account

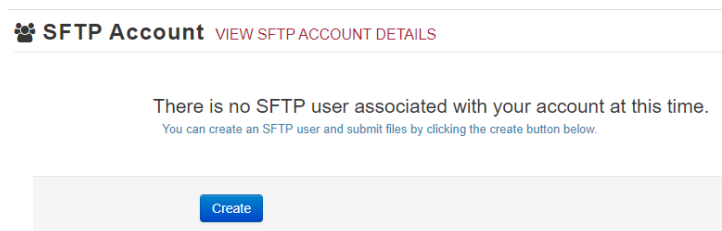
If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

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

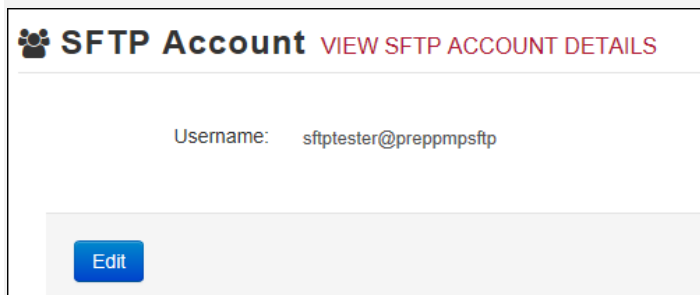


3. Select **SFTP Details**.

The SFTP Account page is displayed.



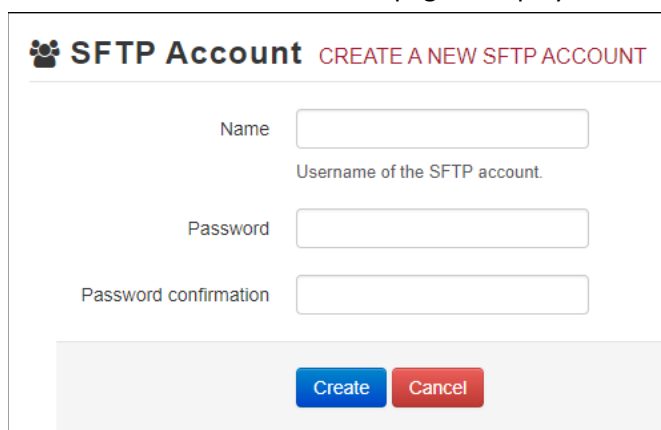
Note: If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page. You cannot change the SFTP account username; however, you can update the password by clicking **Edit**.



The screenshot shows the 'SFTP Account' page with a header 'VIEW SFTP ACCOUNT DETAILS'. Below the header, the 'Username:' is displayed as 'sftp tester@preppmpsftp'. At the bottom, there is a blue 'Edit' button.

4. Click **Create**.

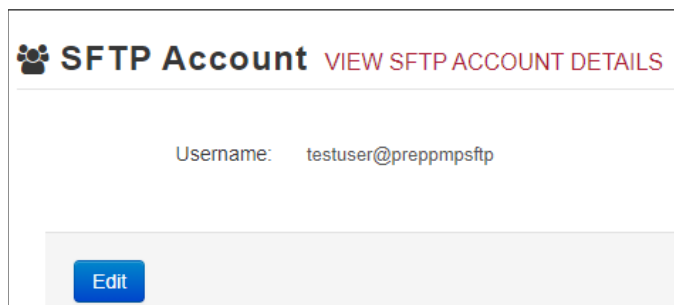
The Create a New SFTP Account page is displayed.



The screenshot shows the 'SFTP Account' page with a header 'CREATE A NEW SFTP ACCOUNT'. Below the header, there are three input fields: 'Name' (with a placeholder 'Username of the SFTP account.'), 'Password', and 'Password confirmation'. At the bottom, there are two buttons: 'Create' (blue) and 'Cancel' (red).

5. Enter a username for the account in the **Name** field. *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. *Once the account has been successfully created, this password will be input into the dispensary software so that submissions can be automated.*
7. Click **Create**.

The account is created, and the username is displayed.

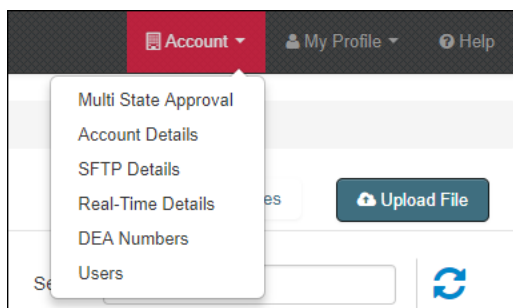


The screenshot shows the 'SFTP Account' page with a header 'VIEW SFTP ACCOUNT DETAILS'. Below the header, the 'Username:' is displayed as 'testuser@preppmpsftp'. At the bottom, there is a blue 'Edit' button.

8.4 Editing Your Upload Account

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

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



3. Select **Account Details**.

The Account page is displayed.

A screenshot of the 'Test Pharmacy Account' page. The page title is 'Test Pharmacy Account' with a sub-header 'MANAGE ORGANIZATION ACCOUNTS'. Below the title, there are two sections: 'Account Details' and 'Admin Details'. The 'Account Details' section contains fields for 'Name' (Test Pharmacy), 'Phone Number' (555-123-5555), and 'Fax Number'. The 'Admin Details' section contains fields for 'User Name' (Test User), 'Email' (testuser@preppmpsfip.com), 'Address' (123 Test St, Test KY 12345), and 'Sftp Account ID' (testuser@preppmpsfip). At the bottom of the page, there is a blue 'Edit' button.

4. Click **Edit**.

The Edit Account page is displayed.

A screenshot of the 'Edit Test Pharmacy Account' page. The page title is 'Edit Test Pharmacy Account' with a sub-header 'MANAGE ORGANIZATION ACCOUNTS'. Below the title, there are two sections: 'Account Details' and 'Admin Demographic Details'. The 'Account Details' section contains input fields for 'Name' (Test Pharmacy), 'Phone number' (555-123-5555), and 'Fax number'. The 'Admin Demographic Details' section contains input fields for 'Address' (123 Test St), 'City' (Test), 'State' (Kentucky), and 'Zip code' (12345). At the bottom of the page, there are two buttons: 'Submit' and 'Cancel'.

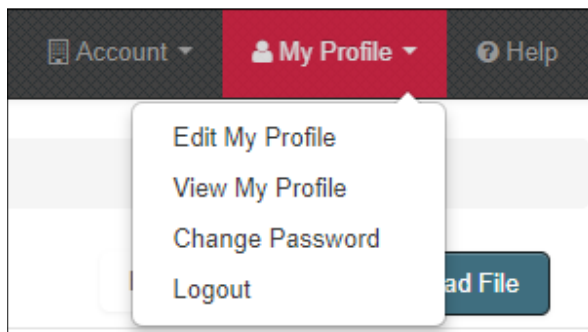
5. Update the information as necessary, then click **Submit**. The account information is updated.

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. For information about managing your organization's upload account, including how to add users, please refer to [Managing Your Upload Account](#).

9.1 Editing Your Profile

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



3. Select **Edit My Profile**.

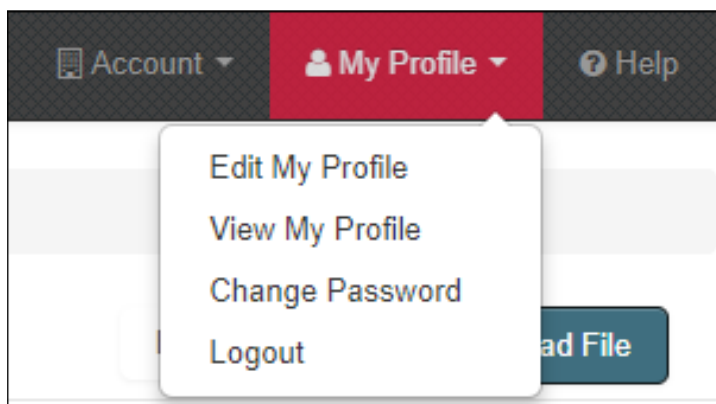
A screenshot of the 'My Profile' edit form. The form has a header with a user icon, the text 'My Profile', and a link 'MANAGE MY PROFILE'. The form is divided into two sections. The first section contains fields for 'First name' (with the value 'Test'), 'Last name' (with the value 'User'), 'Email' (with a masked email address), and 'Time zone' (a dropdown menu showing '(GMT+00:00) UTC'). There is also a checkbox labeled 'Disable report emails' which is currently unchecked. The second section is titled 'Organization Information' and contains fields for 'Name' (with the value 'Test Pharmacy'), 'Admin' (with the value 'Test User'), and 'Admin Email' (with a masked email address). At the bottom of the form, there are two buttons: 'Submit' and 'Cancel'.

4. Update your information, then click **Submit**. Your changes are saved, and the updated profile is displayed.

9.2 Changing Your Password

Note: Clearinghouse passwords expire every 90 days. Use this function to proactively change your password before it expires. If your password is expired, or you have forgotten your password, refer to [9.3 Resetting Your Password](#).

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



3. Select **Change Password**.

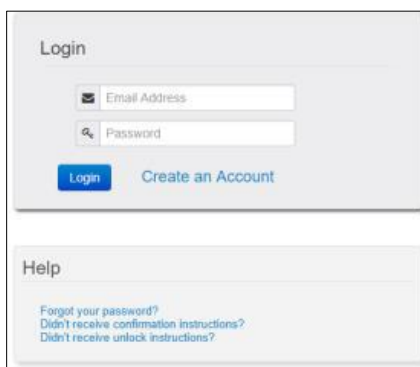
A screenshot of the 'Change Password' form in the PMP Clearinghouse. The form has a title 'Change Password' and a subtitle 'MANAGE MY PROFILE'. It contains four input fields: 'Current password', 'Email', 'Password', and 'Password confirmation'. Below the 'Current password' field, there is a note: 'we need your current password to confirm your changes'. At the bottom of the form, there are two buttons: 'Update' (blue) and 'Cancel' (red).

4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field.
6. Click **Update**. Your password is updated, and you will use it the next time you log in to PMP Clearinghouse.

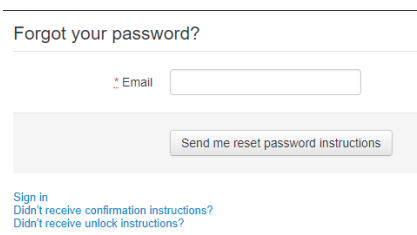
9.3 Resetting Your Password

If you have forgotten your password or your password has expired, do the following to reset it:

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.

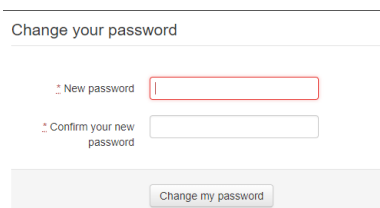
The screenshot shows the 'Login' page of the PMP Clearinghouse. It features a 'Login' header, an 'Email Address' input field with an envelope icon, a 'Password' input field with a key icon, a blue 'Login' button, and a 'Create an Account' link. Below the login fields is a 'Help' section with links for 'Forgot your password?', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

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

The screenshot shows the 'Forgot your password?' page. It has a header 'Forgot your password?' and an 'Email' input field with an envelope icon. Below the input field is a 'Send me reset password instructions' button. At the bottom, there are links for 'Sign in', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

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

The Change your password page is displayed.

The screenshot shows the 'Change your password' page. It has a header 'Change your password' and two input fields: 'New password' and 'Confirm your new password'. Both fields have a key icon. Below the input fields is a 'Change my password' button.

5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field.
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 help with any of the procedures in this guide, contact Appriss Health at:

1-866-792-3149; OR

Create a support request at: <https://apprissmpclearinghouse.zendesk.com/hc/en-us/requests/new>.

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

10.2 Administrative Assistance

If you have non-technical questions about NC CSRS, please contact:

North Carolina Controlled Substances Reporting System

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

3008 Mail Service Center

Raleigh, North Carolina 27699-3008

Phone: 919-733-1765

E-mail: nccsrs@dhhs.nc.gov

11 Document Information

11.1 Disclaimer

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

11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	05/24/2019	N/A	Initial publication

Appendix A: ASAP 4.2 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 NC CSRS 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 NC CSRS
 - N = Not required but accepted if submitted
 - S = Situational (not required; however, supply if available)
 - P = Preferred, please submit

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

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	S
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type - P = Production - T = Test	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Element ID	Element Name	Requirement
PHA: Pharmacy Header (required)			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	S
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner's name.	S
	PHA05	Address Information – 1 Free-form text for address information.	S
	PHA06	Address Information – 2 Free-form text for address information.	S
	PHA07	City Address Free-form text for city name.	S
	PHA08	State Address U.S. Postal Service state code.	S
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
	PHA10	Phone Number Complete phone number including area code.	S
	PHA11	Contact Name Free-form name.	S
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
PAT: Patient Information (required)			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Element ID	Element Name	Requirement
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 08 Tribal ID 99 Other (agreed upon ID)	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card 05 Passport ID 06 Driver's License ID 08 Tribal ID 99 Other (agreed upon ID)	S
	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.	S
	PAT07	Last Name Patient's last name.	R
	PAT08	First Name Patient's first name.	R
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	S

Segment	Element ID	Element Name	Requirement
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	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.	R
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	R
	PAT19	Gender Code Code indicating the sex of the patient. • F Female • M Male • U Unknown	S
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	S

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code 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	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 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).	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R

Segment	Element ID	Element Name	Requirement
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
	DSP10	Days Supply Estimated number of days the medication will last.	R
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. 01 Each 02 Milliliters (ml) 03 Grams (gm)	R
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other	S
	DSP13	Partial Fill Indicator 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. 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.	S

Segment	Element ID	Element Name	Requirement
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 99 Other	R
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	RxNorm Product Qualifier 01 Semantic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK) <i>Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.</i>	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. <i>Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.</i>	S
	DSP20	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. <i>Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.</i>	S
	DSP21	Electronic Prescription Order Number <i>Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.</i>	S

Segment	Element ID	Element Name	Requirement
PRE: Prescriber Information (required)			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	S
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	S
	PRE06	First Name Prescriber's first name.	S
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number	S
CDI: Compound Drug Ingredient Detail (situational)			
Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC 02 UPC 03 HRI 04 UPN 05 DIN 06 Compound (this code is not used in this segment)	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R

Segment	Element ID	Element Name	Requirement
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm; for milligrams, adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting (situational) Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	S
	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. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 08 Tribal ID 99 Other (agreed upon ID)	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	S

Segment	Element ID	Element Name	Requirement
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable <i>Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.</i>	S
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix B: 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 [3.1.1 Creating Your Account](#). You will be able to set up your SFTP account during the account creation process.
- If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to [Adding SFTP Access to an Upload Account](#).

SFTP Connection Details

Hostname: `sftp.pmpclearinghouse.net` Port: 22

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

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

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

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

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

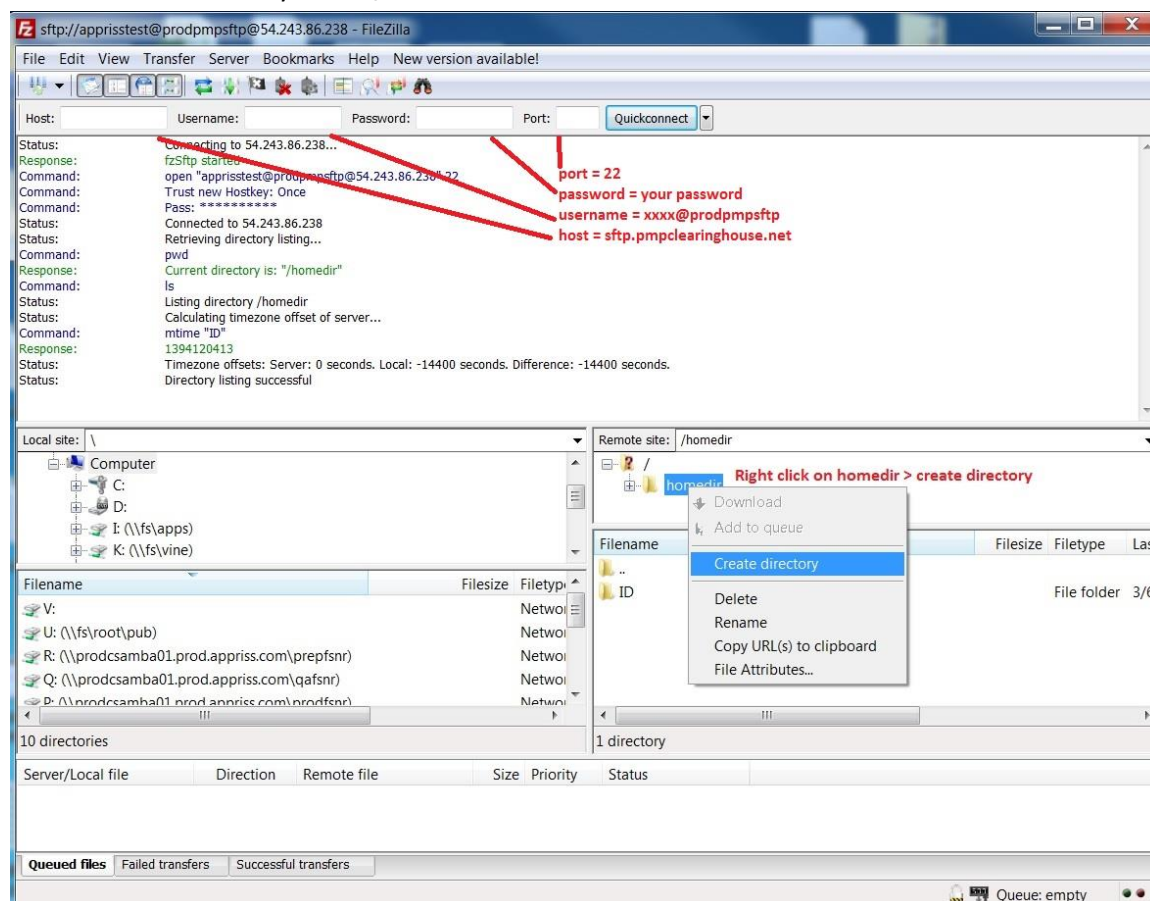
State Subfolders

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

*Capitalization of the abbreviated state folders' names has no bearing on whether or not Clearinghouse processes the files; however, some dispensary 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 the state subfolder for SFTP submissions:

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



2. **Via command prompt**
 - a. Log in to your SFTP account using command prompt.

- b. Type “**mkdir**” followed by a space and then the state abbreviation for North Carolina (**mkdir NC**).

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

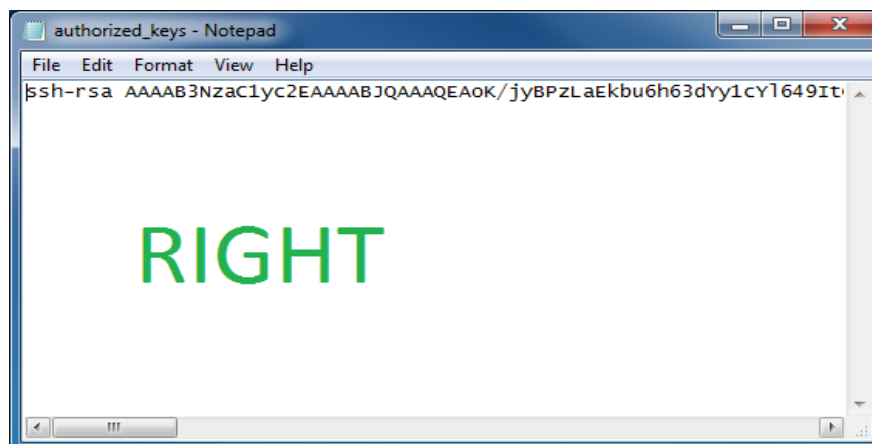
```
$ sftp apprisstest@prodpmpsftp@sftp.pmpclearinghouse.net
Password:
Connected to sftp.pmpclearinghouse.net.
sftp> mkdir ND
```

Log in using account
credentials. use make
directory command
"mkdir"

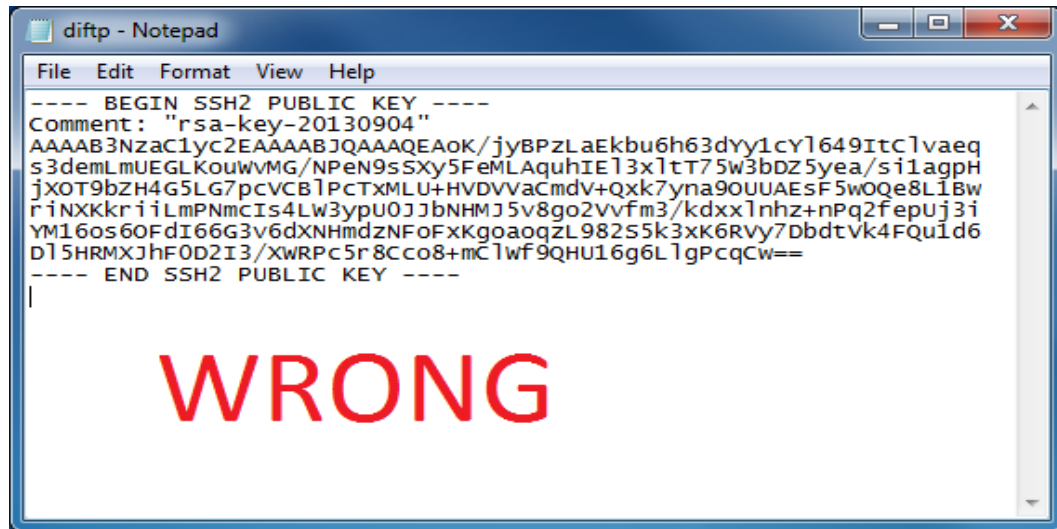
Public (SSH/RSA) Key Authentication

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