



APPRISS[®]
HEALTH



Data Submission Guide for Dispensers

Minnesota Prescription Monitoring Program

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1 Document Overview

This document serves as a training guide and support manual for Minnesota-licensed dispensers and prescribers who dispense Minnesota Schedule II through Schedule V controlled substances, as well as butalbital and gabapentin, both in and into the State of Minnesota and use Appriss Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

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

This guide is intended for use by all dispensers in the State of Minnesota required to report the dispensing of controlled substances.

2 Data Collection and Tracking

2.1 Data Collection Overview

The Minnesota Legislature passed a law (*M.S. § 152.126*) requiring the Minnesota Board of Pharmacy (MN BOP) to establish a Prescription Monitoring Program (PMP) for schedule II, III, IV, and V controlled substances, butalbital, and gabapentin prescriptions. A dispenser is required by law to report to the PMP the dispensing of all Minnesota schedule II–V controlled substances as well as butalbital and gabapentin.

The PMP is an essential tool for addressing the problem of prescription drug abuse, misuse, and diversion. It utilizes an electronic monitoring system to facilitate the transmission of data concerning controlled substance prescriptions from dispensers to a central database maintained by the vendor. “Dispenser” is defined on page 4 of this guide.

Dispensers are required to report on a daily basis. Dispensers who do not dispense a controlled substance prescription on any given day are required to submit a “zero report” at the end of the day or by noon on the following day, regardless of whether the pharmacy is open for business. Instructions for zero reporting are available in the [Zero Reports](#) section of this guide.

In your reporting, please note that *M.S. § 152.02* has designated certain drugs as Schedule III and V controlled substances in Minnesota. These drugs are either in a different federal schedule or are not federally scheduled; they include certain codeine-containing cough syrups, human growth hormones, chorionic gonadotropin, pseudoephedrine, and ephedrine. Please be advised that over-the-counter sales of pseudoephedrine are not reported to the PMP (only pseudoephedrine pursuant to a prescription).

2.2 Reporting Requirements

Data collected from the dispensers shall include, for each Schedule II–V, butalbital, and gabapentin prescription, at a minimum, the following information:

- Name of the prescriber
- Prescriber’s DEA number (or NPI number, if the prescriber is prescribing a non-controlled substance such as gabapentin and does not have a DEA number)
- Prescriber’s phone number
- Name of the dispenser
- Dispenser’s DEA number (or NPI number, if the dispenser is dispensing a non-controlled substance such as gabapentin and does not have a DEA number)
- Dispenser’s phone number
- Patient’s name
- Patient’s full address, including city, state, and ZIP code
- Patient’s date of birth

- Patient’s gender
- Species code (to differentiate a prescription for an individual from one prescribed for an animal)
- Prescription number
- Date the prescription was written
- Date the prescription was filled
- Date the prescription was sold
- Refill number and number of refills authorized
- Name and strength of the controlled substance (or NDC number)
- Quantity of controlled substance dispensed
- Drug dosage units (each, milliliters, grams)
- Partial fill indicator (indicates whether or not the quantity dispensed is less than the quantity authorized by the prescriber)
- Number of days’ supply
- Payment type

When the recipient of a controlled substance (the patient) is an animal, the requirements are to be modified as shown in the table below. In the following instructions, the term “client” refers to the animal’s owner or caretaker who arranges for the animal’s veterinary care. For a complete list of ASAP specifications, please refer to [Appendix A](#).

Element ID	Element Name	Guidance for Veterinary Prescription
PAT07	Last Name	Client’s last name (human)
PAT08	First Name	Client’s first name (human)
PAT18	Date of Birth (DOB)	Client’s date of birth (human)
PAT19	Gender Code <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	Client’s gender (human)
PAT20	Species Code <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	Enter “02” for Veterinary Patient
PAT23	Name of Animal	Animal’s name
PRE04	Prescriber State License Number	To be utilized for non-controlled substances, such as gabapentin, when the prescriber does not have an NPI number (e.g., veterinarians). In this instance, leave PRE01 and PRE02 blank and enter the prescriber’s Minnesota state license number in PRE04.

Furthermore, the client’s phone number and full address—including city, state, and ZIP code—must be entered in their respective fields. For additional questions regarding veterinary prescriptions, please refer to the [FAQ section](#) of the PMP website.

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

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

2.3 Definition of “Dispenser”

“Dispenser” includes:

- All pharmacies that provide controlled substances on an outpatient basis to patients in Minnesota, including pharmacies located within the state and those nonresidential pharmacies that regularly ship into the state and are licensed by the MN BOP.
- Practitioners (physicians, dentists, podiatrists, physician assistants, advanced practice registered nurses, and optometrists) who dispense controlled substances.
- Veterinarians are excluded from reporting to the PMP.
- Methadone clinics are excluded from reporting to the PMP.

Dispensers are not required to submit data for:

- Individuals residing in a healthcare facility, as defined in section 151.58, subdivision 2, paragraph (b), when a drug is distributed through the use of an automated drug distribution system according to section 151.58; and
- Individuals receiving a drug sample that was packaged by a manufacturer and provided to the dispenser for dispensing as a professional sample pursuant to Code of Federal Regulations, title 21, part 203, subpart D.

Pharmacies that do not dispense controlled substances or that dispense controlled substances using an automated drug distribution system to individuals residing in a healthcare facility in accordance with Minnesota Statute 151.58 must forward a written request to the MN PMP for an exemption using the “Request for Exemption from Reporting” form that is available on the PMP website (www.pmp.pharmacy.state.mn.us).

If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

3 Accessing Clearinghouse

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

3.1 Creating Your Account

Prior to submitting data, you must create an account. **If you are currently registered with the Appriss PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add Minnesota to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding States to Your Upload Account](#) to add states to your account.

Notes:

- *Data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State of Minnesota. Therefore, chains with multiple stores need only to set up one account to upload a file.*
- *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*
- *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [Managing Your Upload Account](#).*

Perform the following steps to create an account:

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

Account Registration

Profile Details * Indicates Required Field

Email Address *

Password *

Password confirmation *

Personal Information

First name * Middle name Last name *

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

DEA NPI

Employer Information

Name *

2. Complete your Profile Details.

Profile Details * Indicates Required Field

Email Address *

Password *

Password confirmation *

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

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

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

Passwords must contain:

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

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

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

Personal Information

First name *	Middle name	Last name **
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DEA	NPI
<input type="text"/> <input type="submit" value="Q"/>	<input type="text"/> <input type="submit" value="Q"/>

Employer Information

Name *		
<input type="text"/>		
Address *	Address (continued)	
<input type="text"/>	<input type="text"/>	
City *	State **	Postal Code **
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone *	Fax	
<input type="text"/>	<input type="text"/>	

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

DEA	NCPDP
<input type="text"/> <input type="submit" value="Q"/>	<input type="text"/> <input type="submit" value="Q"/>

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

Notes:

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

Data Submission

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

Enable SFTP Access

Enable Real-Time Access

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

The SFTP access fields are displayed.

Data Submission

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

Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)

Enable Real-Time Access

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

Passwords must contain:

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

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

Notes:

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

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

6. Click **Submit**.

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

Account Registration

Thank you for registering with PMP Clearinghouse, a service of PMP AWARxE.
A link to verify your email address has been sent. You must confirm your email address before you can login to PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing. Upon approval, you may begin submitting prescription data.

Profile

Email Address: testuser@test.com
Password: *****
DEA Number:
NPI Number:
Full Name: Test User

Employer

Name: Appriss
DEA Number:
NCPDP Number:
Address: 9901 Linn Station Rd Louisville KY 40223
Phone: 555-555-5555
Fax:

Data Acceptance

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

Submission Destinations

Alabama

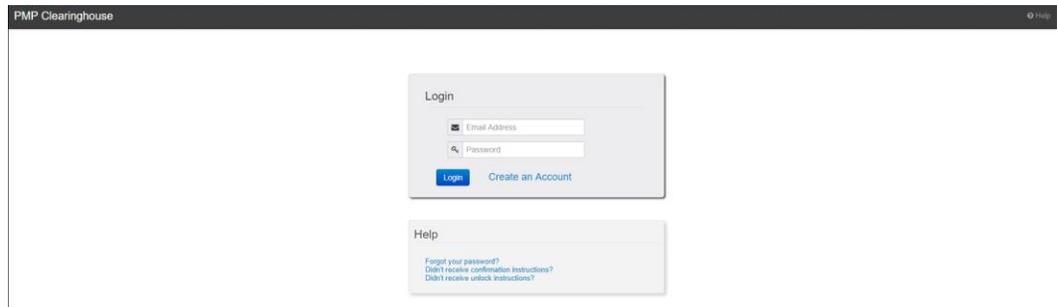
Continue

7. Click **Continue**.

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

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.

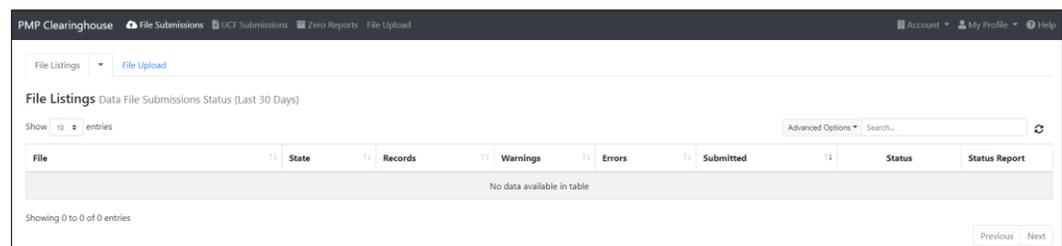


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

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

4. Click **Login**.

The PMP Clearinghouse home page is displayed.



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

4 Data Submission

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

4.1 Timeline and Requirements

- Pharmacies and software vendors can begin submitting data to PMP Clearinghouse as soon as your account has been approved. Please refer to [Creating Your Account](#) for more information.
- Dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).

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 must be given a unique file name, with a prefix constructed with 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 others.

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

Prescription information is to be reported daily. If you are a pharmacy that does not dispense controlled substances, submit a written request to the MN PMP for an exemption using the “Request for Exemption from Reporting” form that is available from the PMP Data Uploaders area of the PMP website (www.pmp.pharmacy.state.mn.us).

5 Data Delivery Methods

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

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

Delivery Method	Page
Secure FTP	12
Web Portal Upload	13
Manual Entry (UCF)	15
Zero Reports	18

5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure individual sub-folders for the state PMP systems to which you are submitting data. These sub-folders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the state abbreviation (e.g., MN, AL, AK, KS, GA, etc.)**. Data files not submitted to a state sub-folder will be required to have a manual state PMP assignment made on the [File Listings](#) page. Please refer to [State Subfolders](#) for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Notes:

- Files for upload must be given a unique file name, 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 pharmacies 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.

4. SFTP the file to [sftp://sftp.pmpclearinghouse.net](ftp://sftp.pmpclearinghouse.net).
5. When prompted, enter the username and password you created when setting up the SFTP account.
6. Place the file in the appropriate state-abbreviated directory.

7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

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

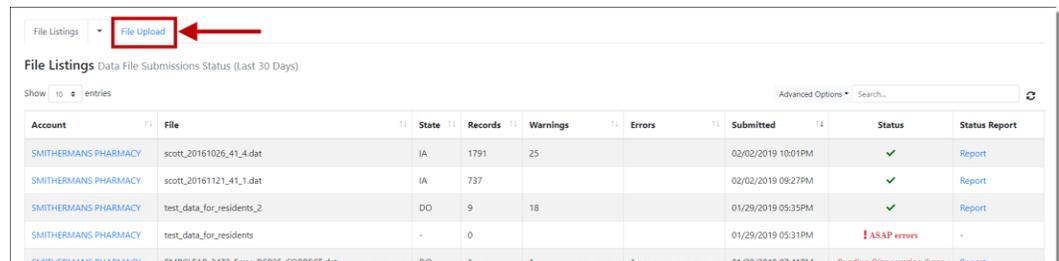
5.2 Web Portal Upload

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

Notes:

- Files for upload must be given a unique file name, 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 pharmacies 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.

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



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

The File Upload page is displayed as shown on the following page.

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

Select a PMP...

File Upload:

Browse

Upload

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

A message is displayed prompting you to confirm the submission.

Upload File?

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

Change Upload

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

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

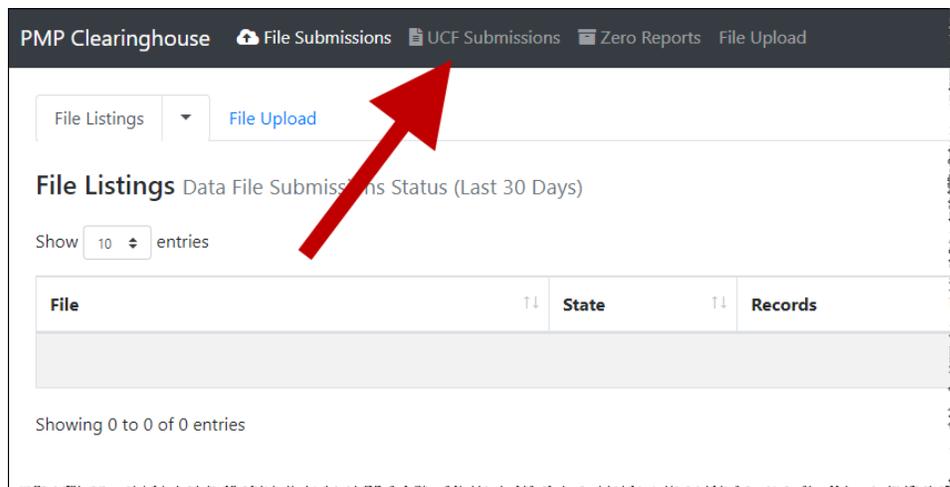
5.3 Manual Entry (UCF)

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, prescription information may be submitted on the Universal Claim Form (UCF).

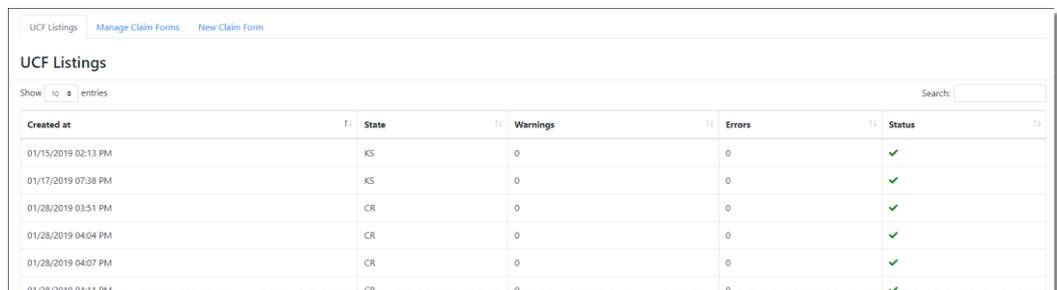
You can manually enter your prescription information into the PMP Clearinghouse system using the UCF within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

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

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



The UCF Listings page is displayed.

A screenshot of the UCF Listings page. The page has a navigation bar with 'UCF Listings', 'Manage Claim Forms', and 'New Claim Form'. Below the navigation bar, there is a 'UCF Listings' section with a 'Show 10 entries' dropdown and a search box. The main content is a table with columns: 'Created at', 'State', 'Warnings', 'Errors', and 'Status'. The table contains five rows of data, all with a status of '✓'.

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

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

The Create Universal Claim Form page is displayed.

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

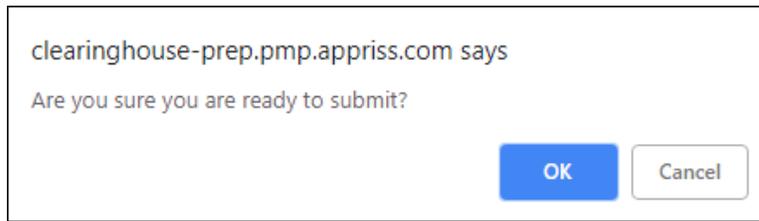
Notes:

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

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

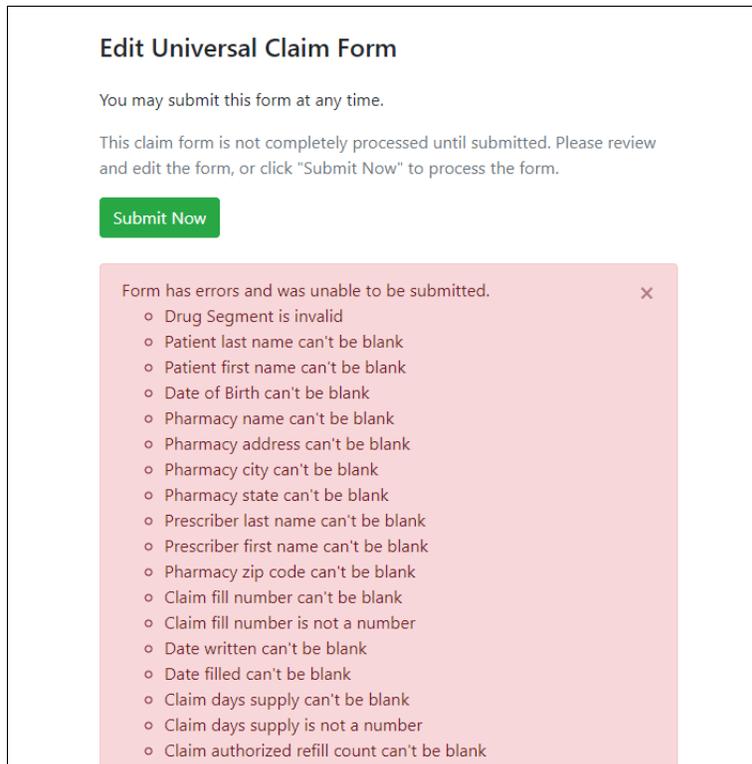
8. Click **Submit Now** to continue with the data submission process.

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



9. Click **OK**.

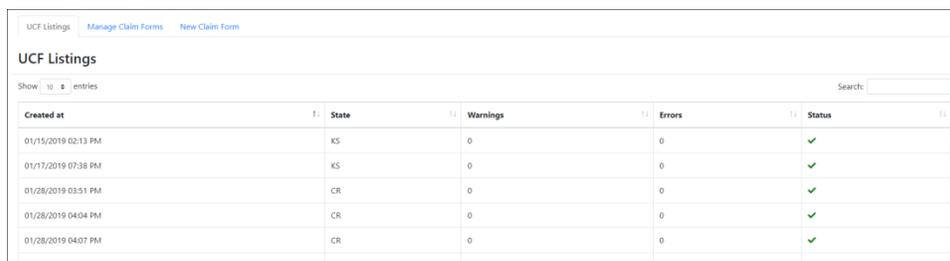
Your data will be validated upon submission. If there are any errors on the UCF form, they are displayed at the top of the page.



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

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

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



The screenshot shows the "UCF Listings" page. It has a search bar and a table with the following columns: Created at, State, Warnings, Errors, and Status. The table contains five rows of data, all with a status of "✓".

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

5.4 Zero Reports

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

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

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

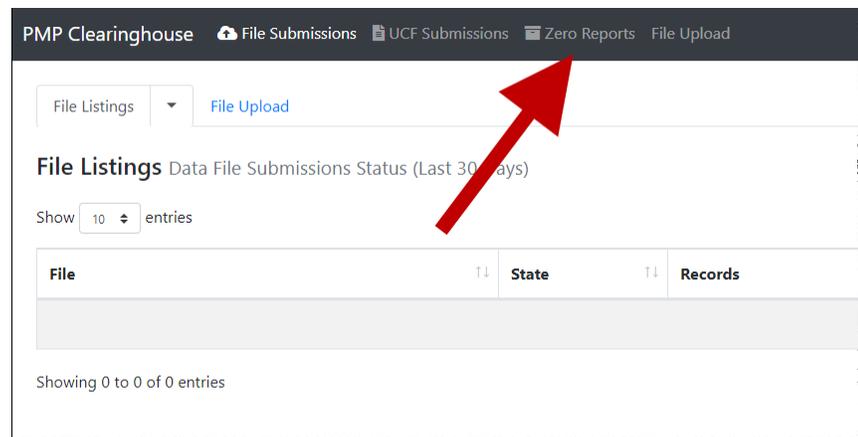
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

5.4.1 Submit a Single-Click Zero Report

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

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

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



The Zero Report Listings page is displayed.



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

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

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

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

The New Pharmacy page is displayed.

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the pharmacy's name in the **Pharmacy** field.
8. Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (*) will be displayed next to that field once you have selected a PMP.
9. Click **Save**.

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

Create Zero Report

Submit a Single Click Zero Report
 Create new Zero Report

Create Single Click Zero Report

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

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

[Add New Pharmacy](#)

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

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

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

	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+ Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	<input type="button" value="Today 01/16/2020"/> <input type="button" value="Yesterday 01/15/2020"/>
	Test		BK0121258		Edit Delete	<input type="button" value="Today 01/16/2020"/> <input type="button" value="Yesterday 01/15/2020"/>
	Test Pharmacy		FC8591934		Edit Delete	<input type="button" value="Today 01/16/2020"/> <input type="button" value="Yesterday 01/15/2020"/>

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

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

	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
+ Demo						
	Appriss Pharmacy		MM4122735		Edit Delete	<input type="button" value="Today 01/16/2020"/> <input type="button" value="Yesterday 01/15/2020"/>
	Test		BK0121258		Edit Delete	<input type="button" value="Today 01/16/2020"/> <input type="button" value="Yesterday 01/15/2020"/>
	Test Pharmacy		FC8591934		Edit <input checked="" type="button" value="Submitted"/>	<input type="button" value="Yesterday 01/15/2020"/>

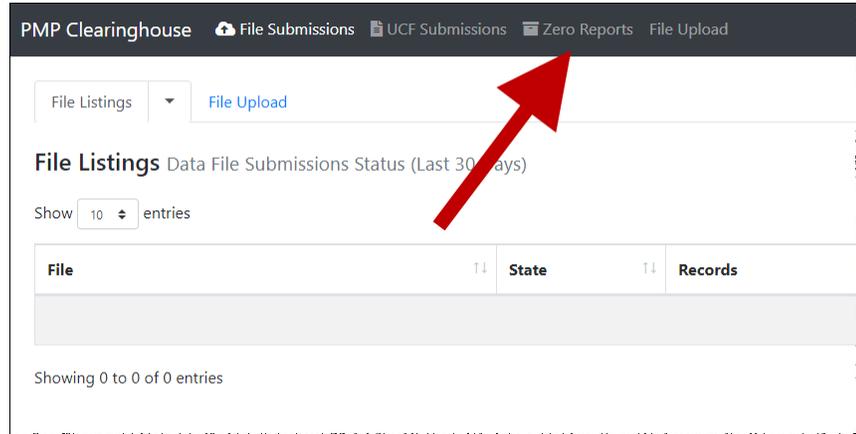
Note: You may edit or delete a pharmacy from this page.

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

5.4.2 Create a New Zero Report

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

3. Click **Zero Reports**.

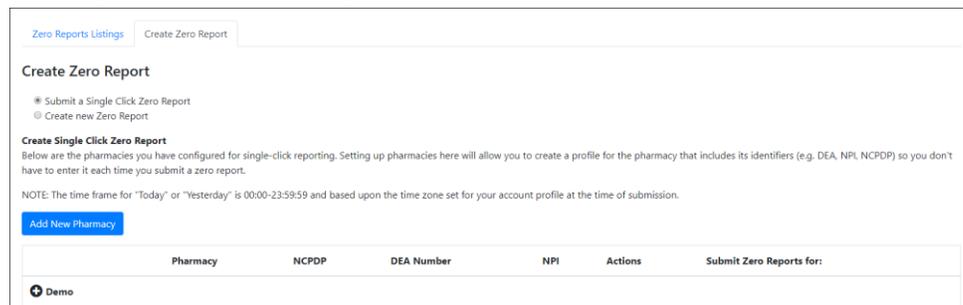


The Zero Report Listings page is displayed.



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

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



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

The Create Zero Report page is displayed as shown on the following page.

Zero Reports Listings Create Zero Report

Create Zero Report

Submit a Single Click Zero Report
 Create new Zero Report

PMP * NCPDP
Select a PMP... [text box]

Start date * DEA Number
mm/dd/yyyy [text box]

End date * NPI
mm/dd/yyyy [text box]

Submit

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

Note: Timeframes of greater than one day are not permissible when submitting a zero report.

* Start date mm/dd/yyyy

* End date

Submit

ports

▼ entries

March 2018

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

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

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

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

6 Data Compliance

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

Note: Please refer to [Appendix C: Dispensation Validation Severity Specifications](#) for a complete list of ASAP errors and their severity.

6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. Click **File Submissions** to access this page.

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
SMITHERMANS PHARMACY	pa_test.dat	PA	45	-	-	06/07/2019 02:50PM	Error Threshold Exceeded	45 of 45
SMITHERMANS PHARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat	DO	20			05/31/2019 06:13PM	✓	Report
SMITHERMANS PHARMACY	6ee803f3-7704-4ee4-8288-058a5d1a4d13.dat	DO	20			05/31/2019 05:46PM	✓(test file)	Report

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

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

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

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

6.2 UCF Listings

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

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

UCF Listings

Show 10 entries Search:

Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

Showing 1 to 4 of 4 entries Previous 1 Next

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

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

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

UCF Listings

Show 10 entries Search:

Created at	State	Warnings	Errors	Status
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

Showing 1 to 4 of 4 entries Previous 1 Next

The Pending Claim Forms page is displayed.

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

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

Show 10 entries Search:

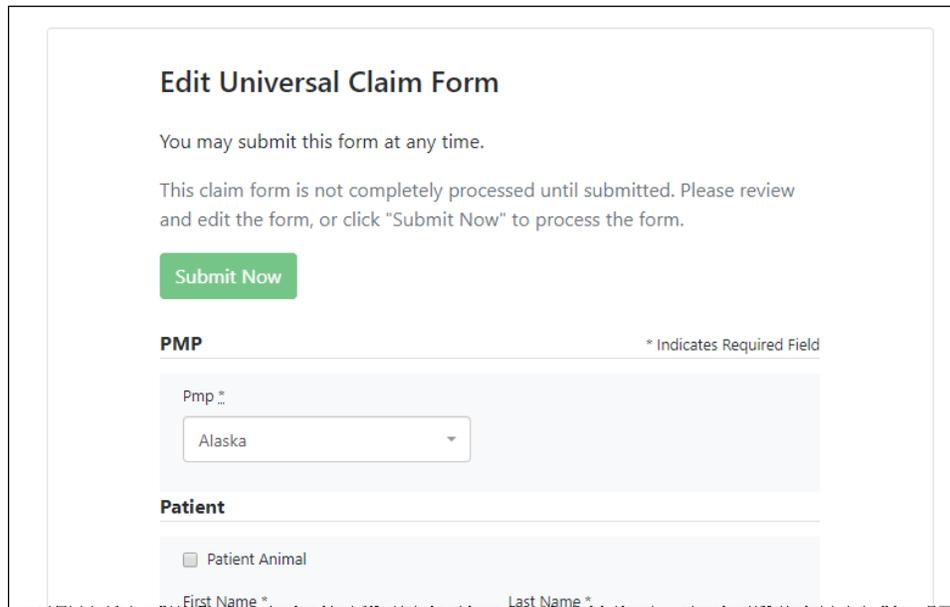
Created At	Created By	Last Updated By	State
06/10/2019 5:51 PM	rweaver@appriss.com	rweaver@appriss.com	AK

Showing 1 to 1 of 1 entries Previous 1 Next

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

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

The Edit Universal Claim Form page is displayed.



Edit Universal Claim Form

You may submit this form at any time.

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

Submit Now

PMP * Indicates Required Field

Pmp **

Alaska

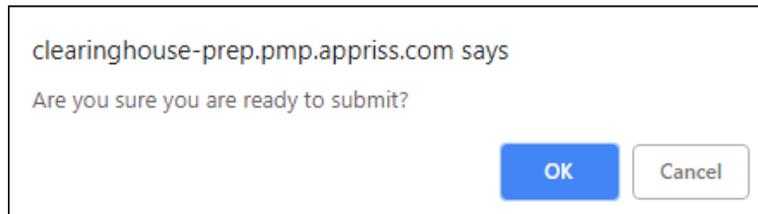
Patient

Patient Animal

First Name * Last Name *

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

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



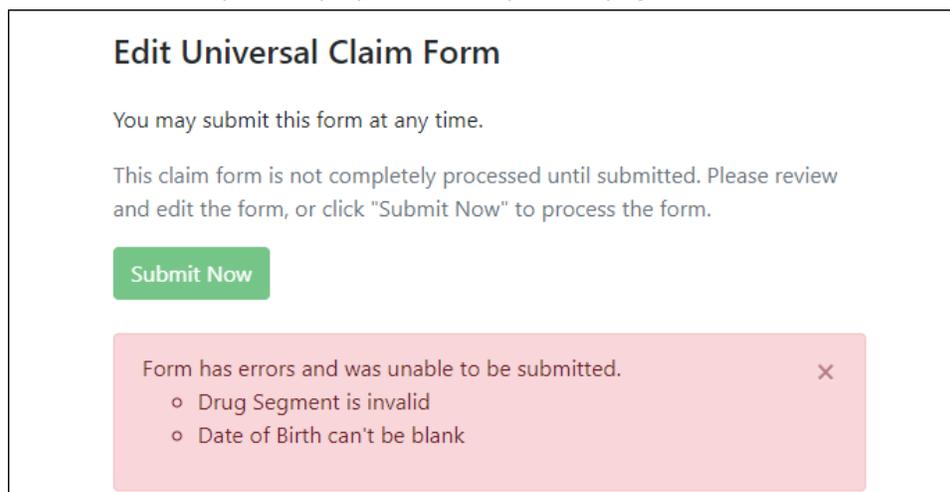
clearinghouse-prep.pmp.appriss.com says

Are you sure you are ready to submit?

OK Cancel

4. Click **OK**.

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



Edit Universal Claim Form

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 Segment is invalid
- Date of Birth can't be blank

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

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

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

6.3 Error Correction

6.3.1 View Records with Errors

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

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count
BM4601616		ERROR_DSP25_CORRECT	MEDICINE SHOPPE	2019-01-27	Patient	0	1

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

6.3.2 Error Correction via PMP Clearinghouse

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

Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.
Name		<input type="text"/>	Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **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.

For example, if a file is submitted without an IS segment, an error message indicating that the IS segment is missing will be displayed. However, you could also receive this error message if the preceding segment was not properly terminated, as at this point the IS segment cannot be parsed from the file.

To correct records:

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

The error is processed through the validation rules.

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

6.3.3 Error Correction via File Submission

The ASAP 4.2 standard requires a pharmacy 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 Email Reports

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

7.1 File Failed Report

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

Note: Failed files are not parsed into Clearinghouse and do not require a voided ASAP file to remove it from the system.

An example *File Failed Report* is provided below.

```
SUBJ: Minnesota 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:

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

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

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

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

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

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

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

SUBJ: Minnesota 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: ###

7.3 Zero Report Confirmation

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

Note: Timeframes of greater than one day are not permissible when submitting a zero report. Only singular dates are allowed.

An example *Zero Report Confirmation* is provided below.

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

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

8 Managing Your Upload Account

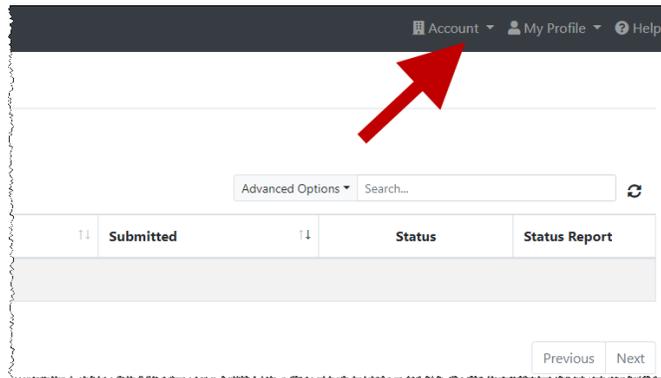
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

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

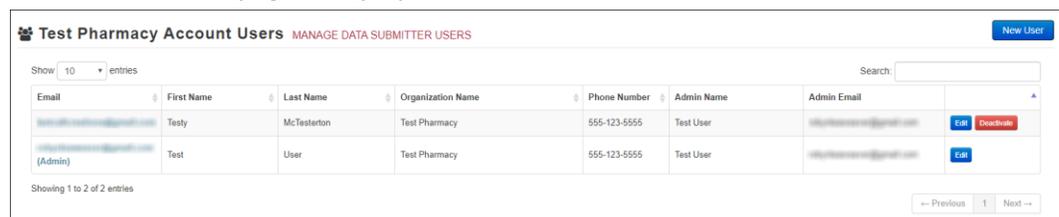
8.1 Adding Users to Your Upload Account

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

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

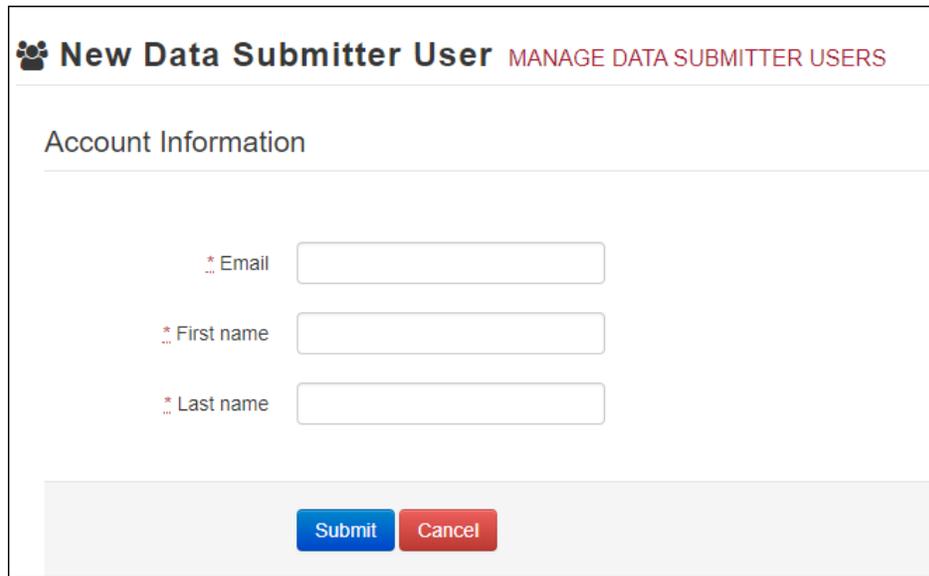


3. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.

A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a sub-header 'MANAGE DATA SUBMITTER USERS'. In the top right corner, there is a blue 'New User' button. Below the title, there is a 'Show 10 entries' dropdown and a search bar. The main content is a table with the following columns: Email, First Name, Last Name, Organization Name, Phone Number, Admin Name, and Admin Email. There are two rows of data. The first row has 'Testy', 'McTesterton', 'Test Pharmacy', '555-123-5555', 'Test User', and 'test@test.com'. The second row has 'Test', 'User', 'Test Pharmacy', '555-123-5555', 'Test User', and 'test@test.com'. Each row has an 'Edit' button and a 'Deactivate' button. At the bottom left, it says 'Showing 1 to 2 of 2 entries'. At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

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

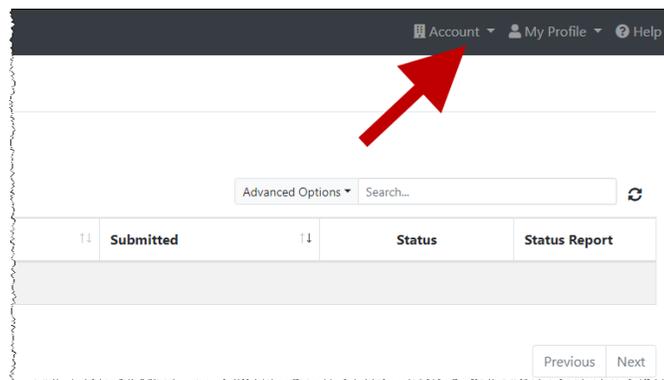
The New Data Submitter User page is displayed.



5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
6. Click **Submit**.
The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.
7. Please inform the new user of the account creation.
 - a. The user will receive an email with a link for them to confirm their account.
 - b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.
 - c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

8.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
[Redacted]	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	[Redacted]	Edit Delete
(Admin) [Redacted]	Test	User	Test Pharmacy	555-123-5555	Test User	[Redacted]	Edit

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

The Edit Data Submitter User page is displayed.

Edit Data Submitter User MANAGE DATA SUBMITTER USERS

Account Information

* Email

* First name

* Last name

Password

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

Password confirmation

[Submit](#) [Cancel](#)

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

Passwords must contain:

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

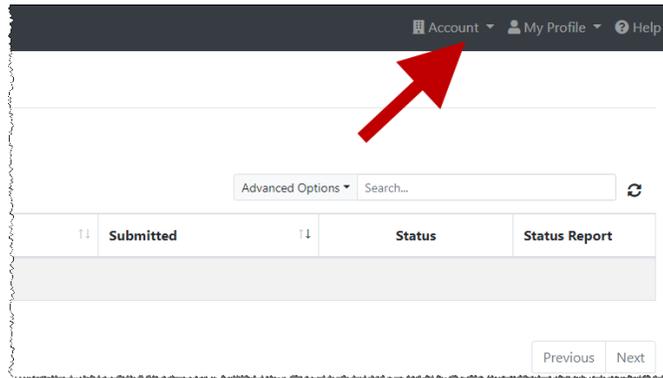
6. Click **Submit**.

The password is changed.

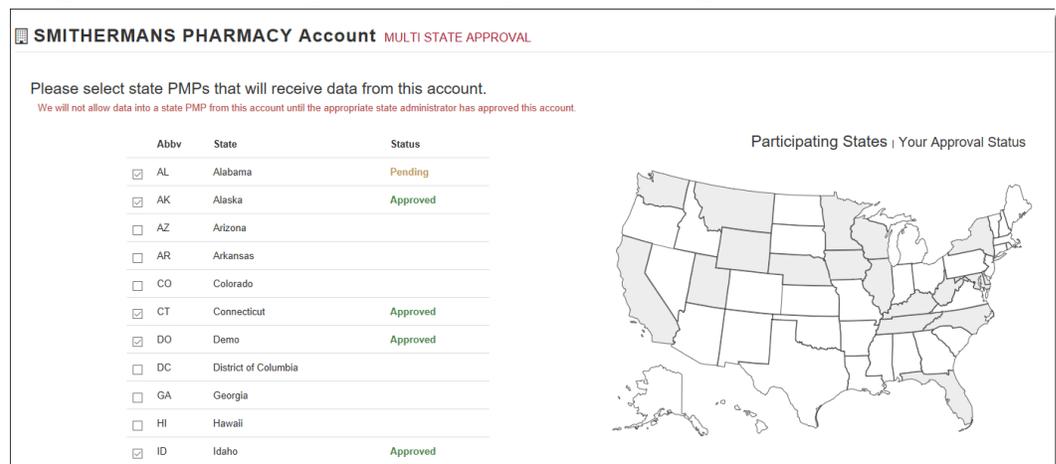
8.2 Adding States to Your Upload Account

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

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



3. Select **Multi State Approval** from the **Account** drop-down menu.
The Multi State Approval page is displayed. This page displays all states currently using the PMP AWARxE system as well as your data sharing status with each state.



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

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

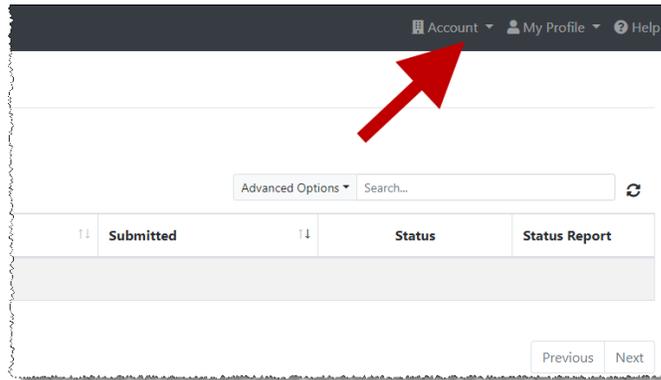
Notes:

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

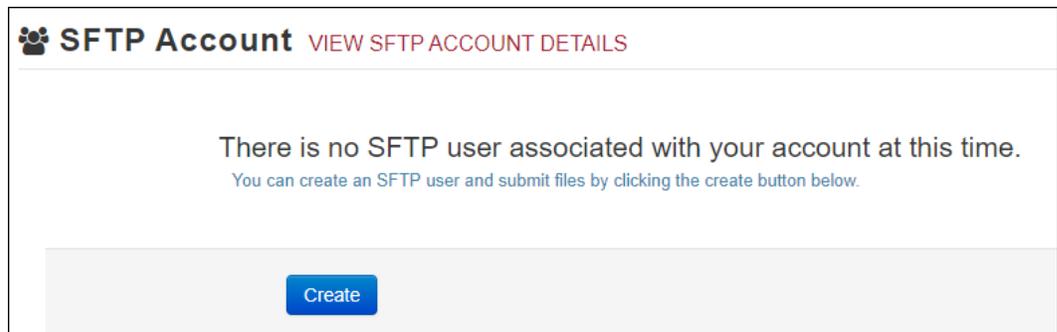
8.3 Adding SFTP Access to an Upload Account

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

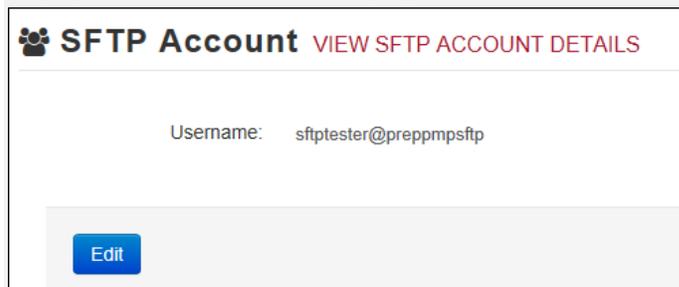
1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



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



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



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

4. Click **Create**.
The Create a New SFTP Account page is displayed.

SFTP Account CREATE A NEW SFTP ACCOUNT

Name
Username of the SFTP account.

Password

Password confirmation

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

Notes:

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

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

Passwords must contain:

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

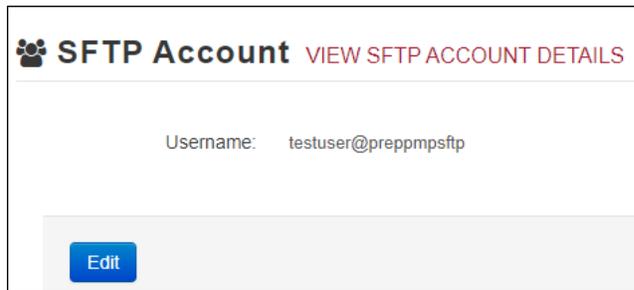
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

Notes:

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

7. Click **Create**.

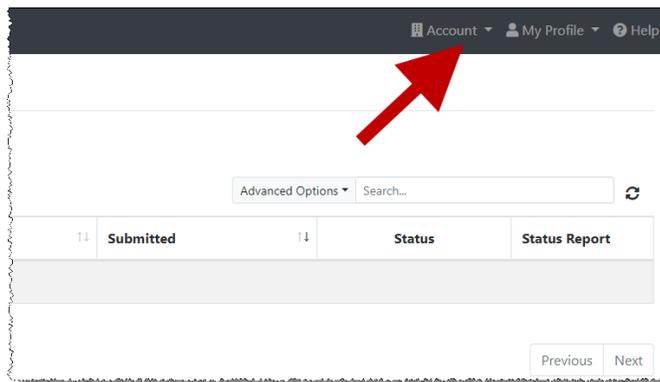
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

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

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



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

SMITHERMANS PHARMACY Accounts

Account Details

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

Admin Details

User Name: Test User
Email: testuser@appriss.com
Address: 703 MAIN ST
MONTEVALLO KY 35115
Sftp Account ID: sftptester@preppmpsftp

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

4. Click **Edit**.
The Edit Account page is displayed.

Edit SMITHERMANS PHARMACY Account

Account Details * Indicates Required Field

Name *

Phone number Fax number

Admin Details

Address

City Zip code State

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

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

9 Managing Your User Profile

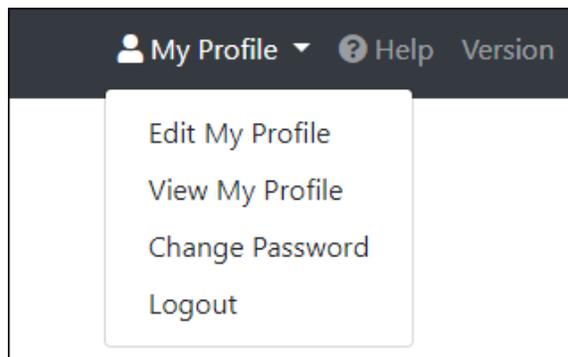
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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

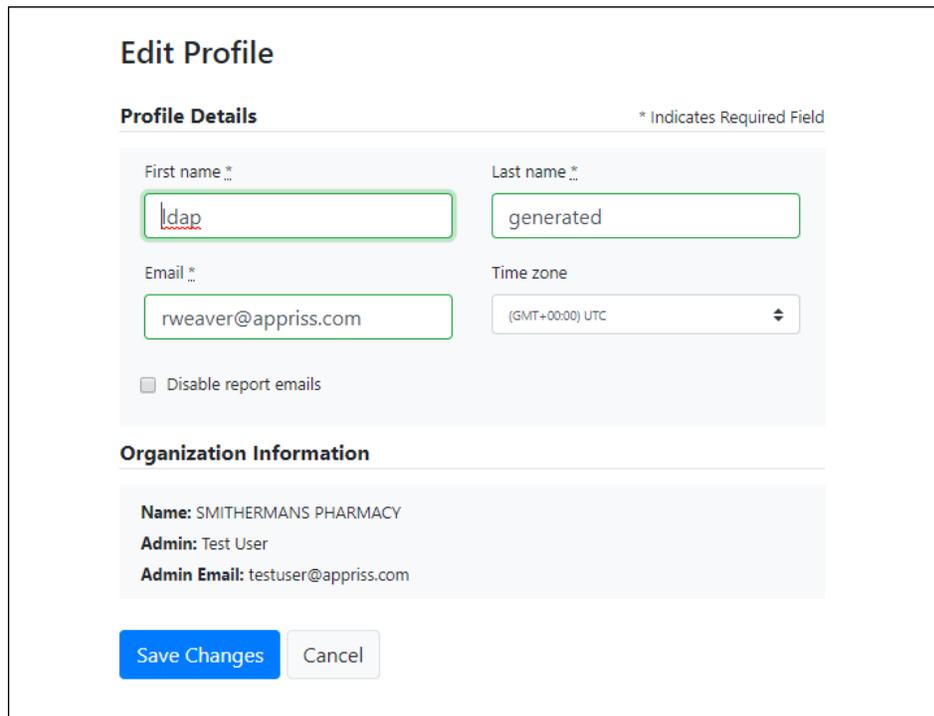
9.1 Editing Your Profile

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

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



3. Select **Edit My Profile**.

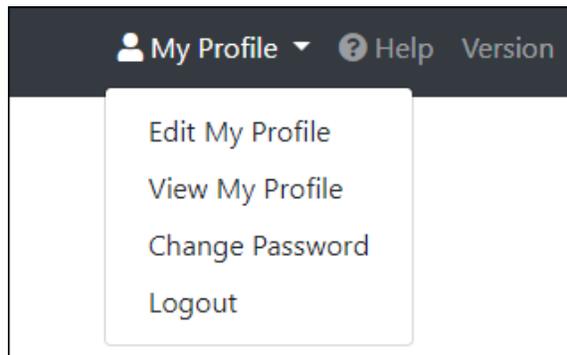
A screenshot of the "Edit Profile" form. The form has a title "Edit Profile" and a subtitle "Profile Details" with a note "* Indicates Required Field". It contains several input fields: "First name" with the value "ldap", "Last name" with the value "generated", "Email" with the value "rweaver@appriss.com",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

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

9.2 Changing Your Password

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

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



3. Select **Change Password**.

A screenshot of the "Change Password" form. The form has a title "Change Password" and a subtitle "Profile Details" with a note "* Indicates Required Field". The form contains an "Email" field with the value "rweaver@appriss.com". Below the email is a "Current password" field with a required field asterisk. Below that is a "Password" field and a "Password confirmation" field. At the bottom of the form are "Update" and "Cancel" buttons.

4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

- *At least eight (8) characters*
- *One (1) uppercase letter*

- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

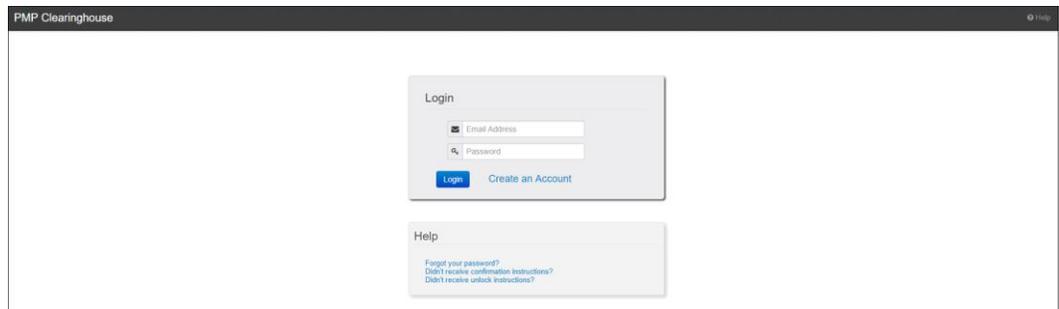
6. Click **Update**.

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

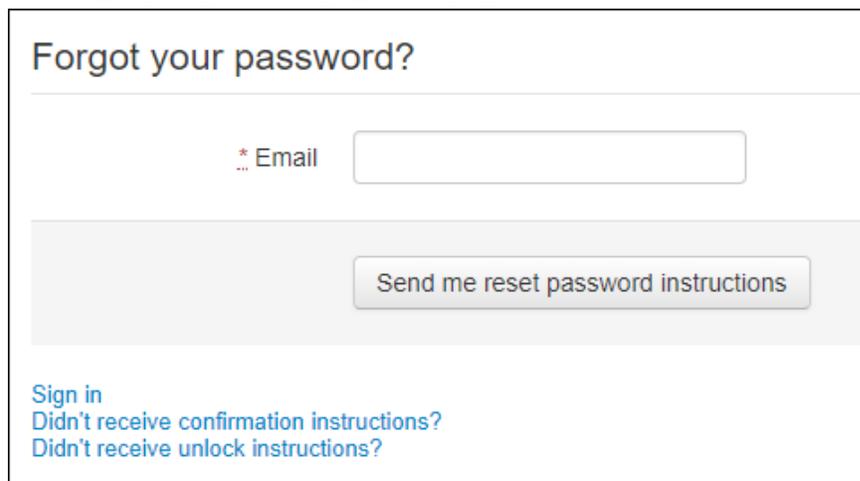
9.3 Resetting Your Password

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

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

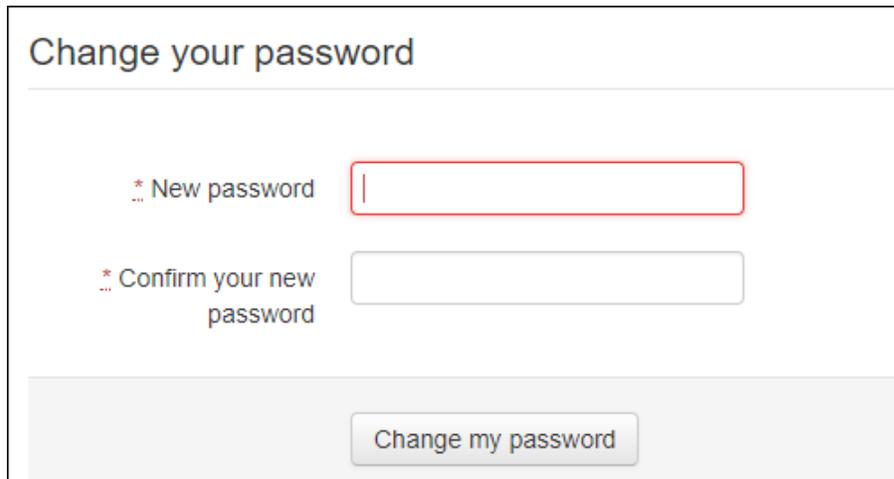


2. Click the **Forgot your password?** link, located in the Help section of the page. The Forgot your password page is displayed.



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

The Change your password page is displayed.



Change your password

* New password

* Confirm your new password

Change my password

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

Passwords must contain:

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

6. Click **Change my password**.

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

10 Assistance and Support

10.1 Technical Assistance

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

- Contact Appriss Health at 844-966-4767;
- OR**
- Create a support request at the following URL:
<https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new>.

Technical assistance is available 8 AM – 5 PM CT Monday to Friday.

10.2 Administrative Assistance

If you have non-technical questions regarding the MN PMP, please contact:

PMP Office
2829 University Ave. SE, Suite 530
Minneapolis, MN 55414

Email: minnesota.pmp@state.mn.us

Phone: 651-201-2836

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
Draft Versions			
DRAFT v1	10/16/2018	N/A	N/A; initial DRAFT publication
DRAFT v2	10/22/2018	Global	Updated with changes from the State
Published Versions			
1.0	11/21/2018	Appendix C: Dispensation Validation Severity Specifications	Added new appendix
		Appendix D: SFTP Configuration	Moved from Appendix C to Appendix D
		Appendix E: List of Jurisdictions	Added new appendix
		Global	Finalized for publication
1.1	01/16/2020	Global	Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
		6.2/UCF Listings	Added clarification on correcting UCF errors
1.2	09/28/2020	2.1/Data Collection Overview	Added clarification on reporting requirements
		2.2/Reporting Requirements	Updated guidance on the reporting of animal prescriptions as well as usage of prescriber state license number (PRE04)
		4.1/Timelines and Requirements	Updated text and removed historic dates

Version	Date	Chapter/Section	Change Made
		Appendix A/ASAP 4.2 Specifications	Updated guidance on the reporting of animal prescriptions, the usage of prescriber state license number (PRE04), and the severity for a missing patient phone number (PAT17)
		Appendix C/Dispensation Validation Severity Specifications	

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 MN PMP requirements.

The following elements are used in each upload file:

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

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

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

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

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

- **Requirement**

- R = Required by MN PMP
- N = Not required but accepted if submitted
- S = Situational (not required; however, supply if available)
- P = Preferred, please submit

Note: Please refer to [Appendix C: Dispensation Validation Severity Specifications](#) for a complete list of ASAP errors and their severity.

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. <ul style="list-style-type: none"> 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) 	N
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	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 <ul style="list-style-type: none"> 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.	N
	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.	N

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. <i>Note: If you only dispense non-controlled substances such as gabapentin and do not have a DEA number, please leave this field blank and enter your NPI in PHA01.</i>	R
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner's name.	R
	PHA05	Address Information – 1 Free-form text for address information.	R
	PHA06	Address Information – 2 Free-form text for address information.	S
	PHA07	City Address Free-form text for city name.	R
	PHA08	State Address U.S. Postal Service state code.	R
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	R
	PHA10	Phone Number Complete phone number including area code.	R
	PHA11	Contact Name Free-form name.	N
	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.	N
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.	N

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. <ul style="list-style-type: none"> • 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) 	N
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.	N
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	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. <ul style="list-style-type: none"> • 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) 	N
	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.	N
	PAT07	Last Name Patient’s last name. If the prescription is for an animal, report the client’s last name (human).	R
	PAT08	First Name Patient’s first name. If the prescription is for an animal, report the client’s first name (human).	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.	N

Segment	Element ID	Element Name	Requirement
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	S
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information.	N
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state code <i>Note: Field has been sized to handle international patients not residing in the U.S. Please refer to Appendix E for a list of jurisdictions.</i>	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. If the prescription is for an animal, report the client's phone number (human). <i>Note: Do not include hyphens in the number. If the patient does not have a phone number, enter 9999999999.</i>	R
	PAT18	Date of Birth Date patient was born. If the prescription is for an animal, report the client's date of birth (human). Format: CCYYMMDD	R
	PAT19	Gender Code Code indicating the sex of the patient. If the prescription is for an animal, report the client's gender (human). <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	R
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	R

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 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.	N
	PAT23	Name of Animal If the prescription is for a veterinary patient, the animal's name must be reported in PAT23.	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: <ul style="list-style-type: none"> • 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: CCYMMDD	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. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 01 Each 02 Milliliters (ml) 03 Grams (gm) 	R
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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.	R

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.	N
	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.	N
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> • 01 Private Pay (cash, charge, credit card) • 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 <ul style="list-style-type: none"> • 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>	N
	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>	N
	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>	N
	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). <i>Note: If the prescription is for a non-controlled substance such as gabapentin, leave PRE02 blank and enter the prescriber's NPI in PRE01.</i>	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.	N
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board. To be utilized for non-controlled substances (e.g., gabapentin) only when the prescriber does not have an NPI number (e.g., veterinarian). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's Minnesota state license number in PRE04.	N
	PRE05	Last Name Prescriber's last name.	R
	PRE06	First Name Prescriber's first name.	R
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number	R
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 999999999999.			
	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. <ul style="list-style-type: none"> • 01 NDC • 02 UPC • 03 HRI • 04 UPN • 05 DIN • 06 Compound (this code is not used in this segment) 	R

Segment	Element ID	Element Name	Requirement
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	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. <ul style="list-style-type: none"> 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) 	R
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.	N
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	N
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	N
	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. <ul style="list-style-type: none"> 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) 	N
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N

Segment	Element ID	Element Name	Requirement
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	N
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	N
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> • 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>	N
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: ASAP Zero Report Specifications

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

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

Sample Zero Report

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

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

```

Appendix C: Dispensation Validation Severity Specifications

The information on the following pages contains the definitions for the specific severity of any errors for all ASAP elements. Where required, null or invalid entries will result in an error, of which types are outlined below.

For more details regarding these Segment or Element IDs, or for details on reporting actual dispensations, please refer to [Appendix A: ASAP 4.2 Specifications](#).

- Requirement
 - R = Required by MN PMP
 - R* = Required by MN PMP; see additional note
 - N = Not required but accepted if submitted
 - S = Situational (not required; however, supply if available)
 - S* = Situational (not required; however, supply if available); see additional note
 - P = Preferred, please submit
- Severity Definition
 - Dispensation Error = Results in an error that is correctable either within PMP Clearinghouse or via submission of a revision file.
 - ASAP Error = Results in an error for the entire file. The file must be submitted with any ASAP formatting issues corrected to be accepted.
 - None: Results in no error.

Segment	Element	Name	Required	Severity	Notes:
TH: Transaction Header (required)					
	TH01	Version/Release Number	R	ASAP Error	
	TH02	Transaction Control Number	R	ASAP Error	
	TH03	Transaction Type	N	None	
	TH04	Response ID	N	None	
	TH05	Creation Date	R	ASAP Error	
	TH06	Creation Time	R	ASAP Error	
	TH07	File Type	R	ASAP Error	
	TH08	Routing Number	N	None	
	TH09	Segment Terminator Character	R	ASAP Error	
IS: Information Source (required)					
	IS01	Unique Information Source ID	R	ASAP Error	

Segment	Element	Name	Required	Severity	Notes:
	IS02	Information Source Entity Name	R	ASAP Error	
	IS03	Message	N	None	
PHA: Pharmacy Header (required)					
	PHA01	Pharmacy NPI Number	S*	Dispensation Error*	If Pharmacy does not have a DEA Number, NPI is required.
	PHA02	NCPDP/NABP Provider ID	S	None	
	PHA03	Pharmacy DEA Number	R*	Dispensation Error*	If Pharmacy does not have a DEA number, NPI is required.
	PHA04	Pharmacy Name	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PHA05	Pharmacy Address 1	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PHA06	Pharmacy Address 2	S	None	
	PHA07	Pharmacy City	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PHA08	Pharmacy State	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PHA09	Pharmacy Zip Code	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PHA10	Pharmacy Phone Number	R	Dispensation Error	
	PHA11	Pharmacy Contact Name	N	None	
	PHA12	Chain Site ID	N	None	
PAT: Patient Information (required)					
	PAT01	Patient Identification Jurisdiction	N	None*	Will error if the value is provided as more than two characters in length.
	PAT02	Patient Identification Type	N	None	
	PAT03	ID of Patient	N	None	

Segment	Element	Name	Required	Severity	Notes:
	PAT04	Additional Patient Identification Jurisdiction	N	None*	Will error if the value is provided as more than two characters in length.
	PAT05	Additional Patient Identification Type	N	None	
	PAT06	Additional ID of Patient	N	None	
	PAT07	Patient Last Name	R	Dispensation Error	
	PAT08	Patient First Name	R	Dispensation Error	
	PAT09	Patient Middle Name	S	None	
	PAT10	Patient Name Prefix	N	None	
	PAT11	Patient Name Suffix	S	None	
	PAT12	Patient Address 1	R	Dispensation Error	
	PAT13	Patient Address 2	N	None	
	PAT14	Patient City	R	Dispensation Error	
	PAT15	Patient State	R	Dispensation Error	
	PAT16	Patient Zip Code	R	Dispensation Error	
	PAT17	Patient Phone Number	R	Dispensation Error	
	PAT18	Patient Birthdate	R	Dispensation Error	
	PAT19	Patient Gender	R	Dispensation Error	
	PAT20	Species Code	R	Dispensation Error	
	PAT21	Patient Location Code	S	None	
	PAT22	Country of Non-U.S. Resident	N	None	
	PAT23	Name of Animal	S*	Dispensation Error*	Dispensation Error if PAT20 indicates veterinary patient.
DSP: Dispensing Record (required)					
	DSP01	Reporting Status	R	Dispensation Error	
	DSP02	Prescription Number	R	Dispensation Error	

Segment	Element	Name	Required	Severity	Notes:
	DSP03	Date Written	R	Dispensation Error	Will also result in an error if this date falls after date filled.
	DSP04	Refills Authorized	R	Dispensation Error	Must fall between 0-99.
	DSP05	Date Filled	R	Dispensation Error	Will also result in an error if this date falls before date written.
	DSP06	Refill Number	R	Dispensation Error	Must fall between 0-99.
	DSP07	Product Identifier Type	R	Dispensation Error	
	DSP08	Product Identifier	R	Dispensation Error	If NDC Number is invalid or not found in the registry, will result in dispensation error.
	DSP09	Quantity Dispensed	R	Dispensation Error	Must fall between 0-9999.
	DSP10	Days Supply	R	Dispensation Error	Must fall between 1-366.
	DSP11	Drug Dosage Units Code	R	Dispensation Error	
	DSP12	Transmission Form of Rx Origin Code	S	None	
	DSP13	Partial Fill Indicator	R	Dispensation Error	
	DSP14	Pharmacist NPI	N	None	
	DSP15	Pharmacist State License Number	N	None	
	DSP16	Classification Code for Payment Type	R	Dispensation Error	
	DSP17	Date Sold	S	None	
	DSP18	RxNorm Product Qualifier	N	None	
	DSP19	RxNorm Code	N	None	
	DSP20	E-Prescription Reference Number	N	None	
	DSP21	E-Prescription Order Number	S	None	

Segment	Element	Name	Required	Severity	Notes:
PRE: Prescriber Information (required)					
	PRE01	Prescriber NPI Number	S*	Dispensation Error*	If controlled substance dispensed, prescriber DEA is required. If non-controlled substance dispensed, prescriber NPI is required. If prescriber does not have an NPI (e.g., veterinarian), see PRE04 (prescriber state license number).
	PRE02	Prescriber DEA Number	R*	Dispensation Error	If controlled substance dispensed, prescriber DEA is required. If non-controlled substance dispensed, prescriber NPI is required. If prescriber does not have an NPI (e.g., veterinarian), see PRE04 (prescriber state license number).
	PRE03	Prescriber DEA Number Suffix	N	None	
	PRE04	Prescriber State License Number	S*	Dispensation Error*	If non-controlled substance is dispensed and prescriber does not have an NPI number, state license number is required.
	PRE05	Prescriber Last Name	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PRE06	Prescriber First Name	R*	Dispensation Error*	Generally fulfilled from Appriss DEA registry. If not in registry and not provided, will error.
	PRE07	Prescriber Middle Name	S	None	
	PRE08	Prescriber Phone Number	R	Dispensation Error	
CDI: Compound Drug Ingredient Detail (situational)					
	CDI01	Compound Drug Ingredient Sequence Number	R*	Dispensation Error	Required if DSP07 is sent with a value of 06 for Compound.
	CDI02	Product ID Qualifier	R*	Dispensation Error	Required if DSP07 is sent with a value of 06 for Compound.

Segment	Element	Name	Required	Severity	Notes:
	CDI03	Product ID	R*	Dispensation Error	Required if DSP07 is sent with a value of 06 for Compound.
	CDI04	Component Ingredient Quantity	R*	Dispensation Error	Required if DSP07 is sent with a value of 06 for Compound.
	CDI05	Compound Drug Dosage Units Code	R*	Dispensation Error	Required if DSP07 is sent with a value of 06 for Compound.
AIR: Additional Information Reporting (situational)					
	AIR01	State Issuing Rx Serial Number	N	None	
	AIR02	State Issued Rx Serial Number	N	None	
	AIR03	ID Issuing Jurisdiction	N	None	
	AIR04	ID Qualifier of Person Dropping Off Rx or Picking Up Rx	N	None	
	AIR05	ID of Person Dropping Off or Picking Up Rx	N	None	
	AIR06	Relationship of Person Dropping Off or Picking Up Rx	N	None	
	AIR07	Last Name of Person Dropping Off or Picking Up Rx	N	None	
	AIR08	First Name of Person Dropping Off or Picking Up Rx	N	None	
	AIR09	Last Name or Initials of Pharmacist	N	None	
	AIR10	First Name of Pharmacist	N	None	
	AIR11	Dropping Off/Picking Up Identifier Qualifier	N	None	
TP: Pharmacy Trailer (required)					
	TP01	Detail Segment Count	R	ASAP Error	
TT: Transaction Trailer (required)					
	TT01	Transaction Control Number	R	ASAP Error	
	TT02	Segment Count	R	ASAP Error	

Appendix D: SFTP Configuration

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

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

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

SFTP Connection Details

Hostname: *sftp.pmpclearinghouse.net*

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

Port: 22

Note: The port will always be 22.

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

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

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

State Subfolders

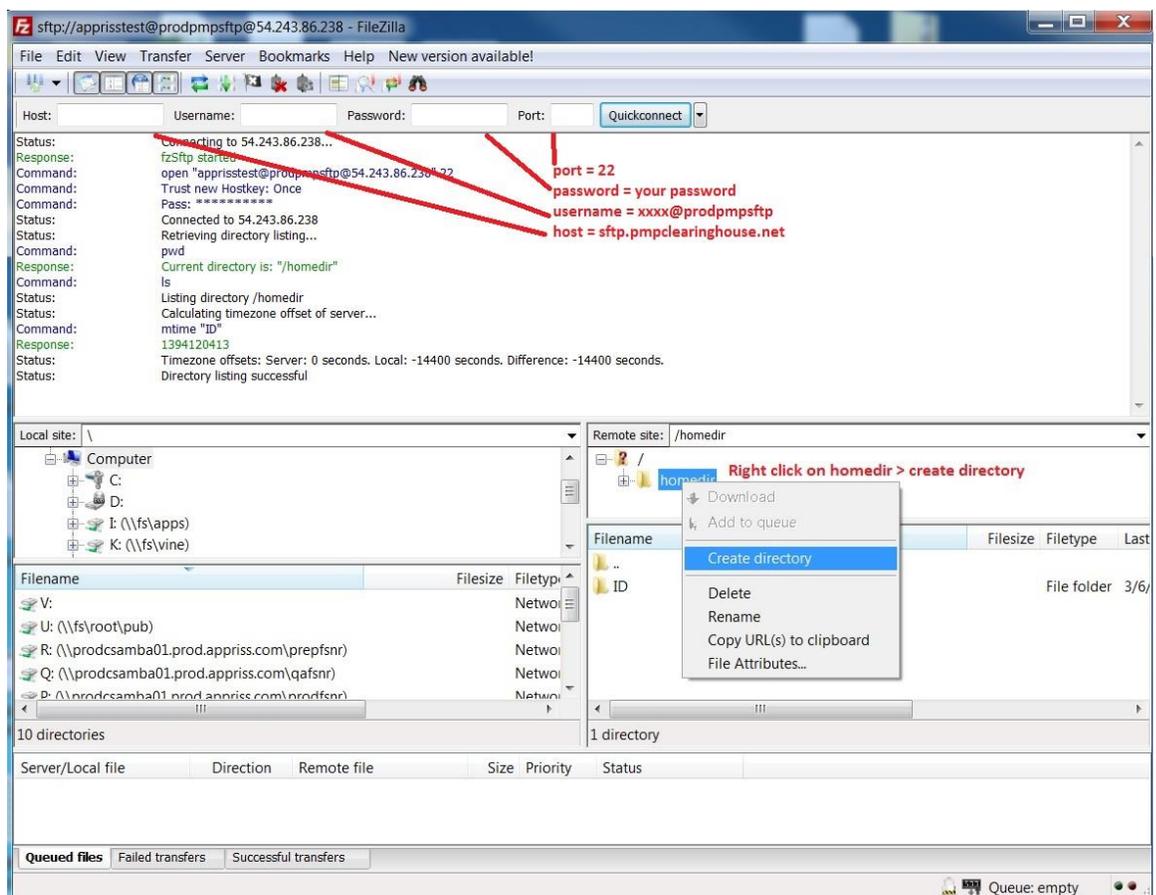
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

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

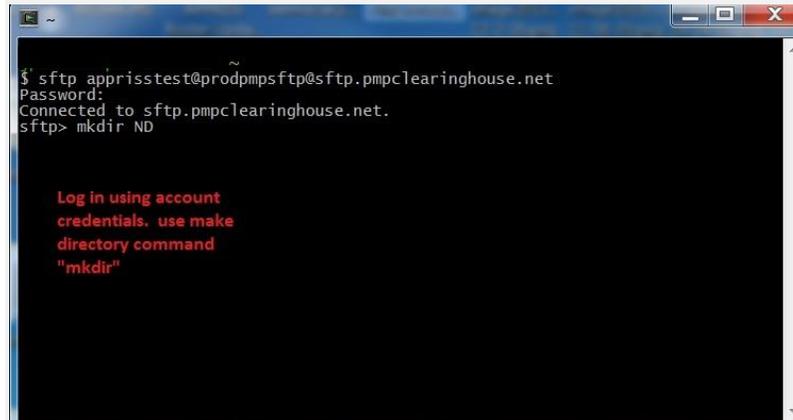
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under **/homedir**.



2. Via command prompt

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

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

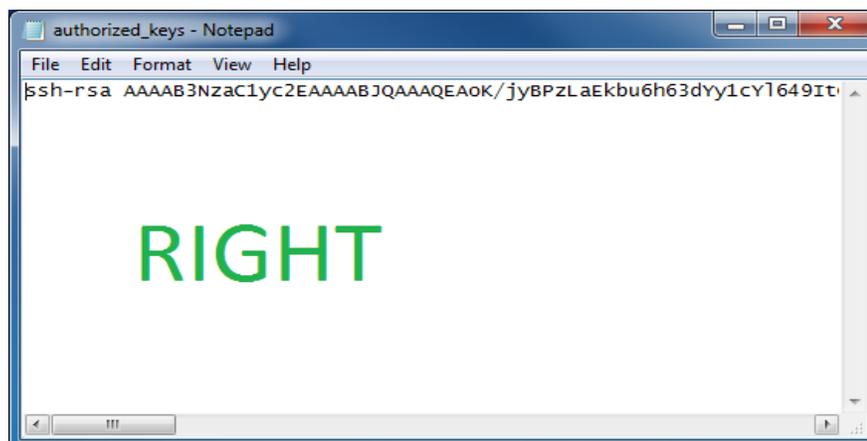


Public (SSH/RSA) Key Authentication

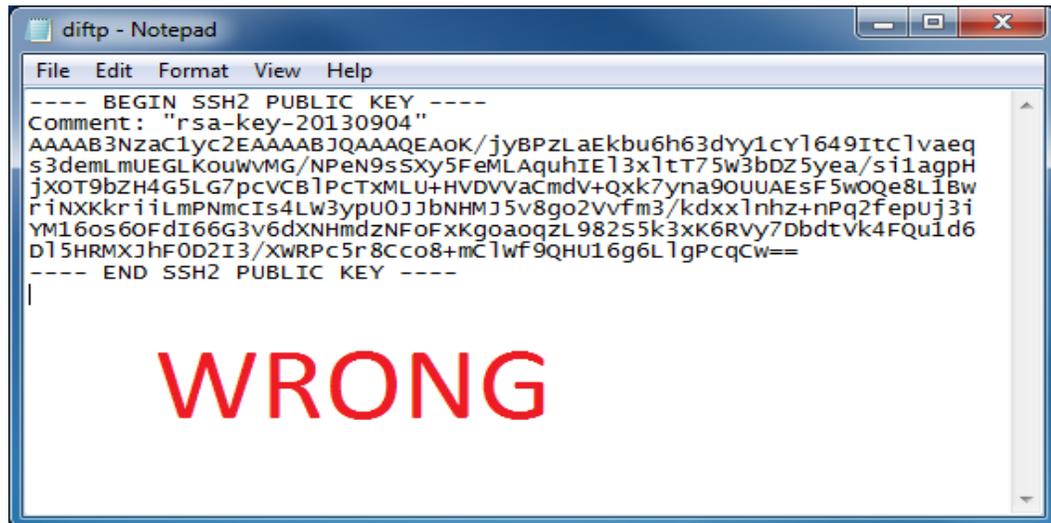
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: *PGP Encryption is not supported.*

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



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



```
---- BEGIN SSH2 PUBLIC KEY ----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAK/jyBPzLaEkbu6h63dYy1cYl649ItClvaeq
s3demLmUEGLKouwvMG/NPeN9sSxy5FeMLAqulIEl3x1tT75w3bDZ5yea/si1agpH
jXOT9bZH4G5LG7pcVCB1PCTxMLU+HVDVvaCmdv+Qxk7yna9OUUAESF5woqe8L1Bw
r iNXKkr i iLmPNmCIs4LW3ypU0JjBNHMJ5v8go2vVfm3/kdxxlnhz+nPq2fepUj3i
YM16os60FdI66G3v6dXNHmdZNFoFkgoaoqzL982S5k3xK6Rvy7DbdtVvk4FQu1d6
D15HRMXJhF0D2I3/xWRPc5r8Cco8+mClwf9QHU16g6L1gPcqCw==
---- END SSH2 PUBLIC KEY ----
```

WRONG

- Once the key has been generated, it should be named “**authorized_keys**”.

Notes:

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

Appendix E: List of Jurisdictions

Note: ASAP has granted permission to PDMPs to include this list of jurisdictions in their reporting specifications and for pharmacy providers to distribute this list to their pharmacy clients.

Code	Jurisdiction
AB	Province of Alberta
BC	British Columbia
MB	Province of Manitoba
NB	New Brunswick
NF	Newfoundland
NL	Newfoundland and Labrador
NS	Nova Scotia
NT	Northwest Territories
ON	Province of Ontario
PE	Prince Edward Island
QC	Province of Quebec
SK	Province of Saskatchewan
YT	Yukon Territories
CN	Canada
MX	Mexico
US	United States
AK	Alaska
AL	Alabama
AR	Arkansas
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas

Code	Jurisdiction
ME	Maine
MI	Michigan
MN	Minnesota
MO	Missouri
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming
AS	American Samoa
FM	Micronesia
GU	Guam

Code	Jurisdiction
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland

Code	Jurisdiction
MP	Marianas Islands
PR	Puerto Rico
PW	Palau
UM	Minor Islands
VI	Virgin Islands
99	Other