

**Data Submission Dispenser Guide
Florida Department of Health
Prescription Drug Monitoring Program**



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1 E-FORCSE® Overview

1.1 Florida's PDMP Program Overview

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE®) is Florida's Prescription Drug Monitoring Program (PDMP). The purpose of E-FORCSE® is to collect and store dispensing information for controlled substances listed in schedules II, III, IV, as defined in section 893.03, Florida Statutes (F.S.), and provide the information maintained in the system to health care practitioners to guide their clinical decision making.

Section 893.055, F.S., requires dispensers to report specific information to E-FORCSE® each time a controlled substance is dispensed to an individual. For the purposes of this guide, the term “dispenser” means a pharmacy, dispensing pharmacist, or dispensing health care practitioner who is subject to licensure or regulation by the Florida Department of Health (DOH) under chapters 458, 459, 461, 462, 463, 464, 465 or 466, F.S., and is authorized to dispense controlled substances. This includes mail order and Internet pharmacies; and dispensing health care practitioners registered with their regulatory board.

Effective April 18, 2018, dispensers are required to report controlled substance dispensing to E-FORCSE® via the PMP Clearinghouse. This information is to be reported through the electronic system as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed. All dispensers of controlled substances must meet the reporting requirements set forth by section 893.055, F.S., in a secure methodology and format. This reporting timeframe ensures that health care practitioners have the most up-to-date information available.

In addition, a dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day.

A dispenser that never dispenses controlled substances in or into Florida is not required to report to E-FORCSE®. However, the dispenser must notify E-FORCSE® in writing by submitting a *Notification of Exemption from Reporting*. The *Notification of Exemption from Reporting* must be renewed biennially on or before February 28 in odd years.

Any dispenser who willfully and knowingly fails to report the dispensing of a controlled substance, as required by section 893.055, F.S., commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, F.S.

This guide has been customized to target the specific training needs for Florida dispensers. It is intended for use by all dispensers in the State of Florida (or dispensers dispensing into the State of Florida) required to report dispensing of controlled substances.

1.2 Data Submission

This section provides an overview of data submission requirements for E-FORCSE® via the PMP Clearinghouse. **Effective April 18, 2018**, dispensers are required to report controlled substance dispensing to E-FORCSE® via the PMP Clearinghouse. This information is to be reported through the electronic system as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed.

In addition, a dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day.

A dispenser that never dispenses controlled substances in or into Florida is not required to report to E-FORCSE®. However, the dispenser must notify E-FORCSE® in writing by submitting a Notification of Exemption from Reporting. The Notification of Exemption from Reporting must be renewed biennially on or before February 28 in odd years.

1.2.1 Requirements and Specifications

Dispensers and software vendors may establish PMP Clearinghouse accounts for data submission upon receipt of this guide. Instructions for setting up an account are outlined in the next section.

- Accounts may be created on or after 03/22/2018. See [Creating Your Account](#) for more information.
- Beginning 4/18/2018, dispensers are required to transmit their data to E-FORCSE® via PMP Clearinghouse.
- If a dispenser does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or the dispenser will be considered noncompliant. See [Zero Reports](#) for additional details.
- If a dispenser never dispenses any controlled substances, a *Notification of Exemption from Reporting* must be filed. This request must be renewed biennially upon license/permit renewal. See [Appendix D](#) for additional details.
- Files must be submitted in the ASAP 4.2 OR ASAP 4.2A format, as defined in [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2A Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name is “20180315.dat”.

1.2.2. Dispensing Information Submitted

For each controlled substance dispensed, the dispenser shall report the following information to E-FORCSE®, as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed, using upload specifications outlined in [2.3 Upload Specifications](#).

- a. The name of the prescribing practitioner, the practitioner's federal Drug Enforcement Administration (DEA) registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.
- b. The date the prescription was filled and the method of payment.
- c. The full name, address, telephone number and date of birth of the person for whom the prescription was written.
- d. The name, national drug code, quantity, and strength of the controlled substance dispensed.
- e. The full name, federal Drug Enforcement Administration registration number, and the address of the pharmacy or other location from which the controlled substance was dispensed.
- f. The name of the pharmacy, or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's National Provider Identification number.
- g. Other appropriate identifying information as determined by department rule.

For additional details on these elements and others of ASAP 4.2, please see [Appendix A – ASAP 4.2](#) or [Appendix F - ASAP 4.2ASpecifications](#)

1.2.3. Zero Reporting

A dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day. This includes a dispenser that is closed on Saturday or Sunday. For additional information, please see [Zero Reports](#).

1.2.4. Reporting Exemptions

Not all controlled substance prescriptions dispensed are required to be reported to E-FORCSE®. Acts of dispensing or administration are exempt from reporting to E-FORCSE® when:

- A controlled substance is **administered** directly to a patient if the amount is adequate to treat the patient during that treatment session;
- A controlled substance is **administered** to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled;
- A controlled substance is **administered or dispensed** in the health care system of the Florida Department of Corrections;
- A controlled substance is **administered** in the Emergency Room of a licensed hospital;
- A controlled substance is **administered or dispensed** to a patient under the age of 16;
- A one-time 72-hour re-supply of controlled substances is **dispensed**; or

- A certain dosage of a controlled substance is **dispensed**, as needed, to a patient while the patient is present and receiving care as ordered by the patient's treating physician in a rehabilitative hospital, assisted living facility, or nursing home.

1.2.5. Notification of Exemption from Reporting

A dispenser that is permitted or licensed in the State of Florida but does not dispense any controlled substances in or into the state, or who meets one of the exemptions outlined in section 1.2.4. Reporting Exemptions is not required to report to E-FORCSE®. However, the dispenser must submit a "Notification of Exemption from Reporting Form" as described in [Appendix D- Notification of Exemption from Reporting](#).

1.2.6. Renewal of Notification of Exemption from Reporting

Notifications of Exemption from Reporting must be renewed on or before February 28 in odd years by completing the "Renewal of Notification of Exemption from Reporting Form" as described in [Appendix E- Renewal of Notification of Exemption from Reporting](#).

Pharmacies seeking to begin dispensing controlled substances must notify E-FORCSE® electronically and be removed from the exemption list prior to registering to report to the system.

1.2.7. Emergency Suspension from Reporting

If a state of emergency is declared in the State of Florida, and a dispenser is not allowed or is unable to report to E-FORCSE® because of the declared state of emergency, a reporting suspension waiver will be granted for the reporting period. Once the state of emergency has been lifted, the dispenser must report the backlog of data as soon as possible to bring reporting current.

1.2.8. Reporting Noncompliance

Any dispenser who willfully and knowingly fails to report the dispensing of a controlled substance, as required by [section 893.055, F.S.](#), commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, F.S.

2 Creating Your Account

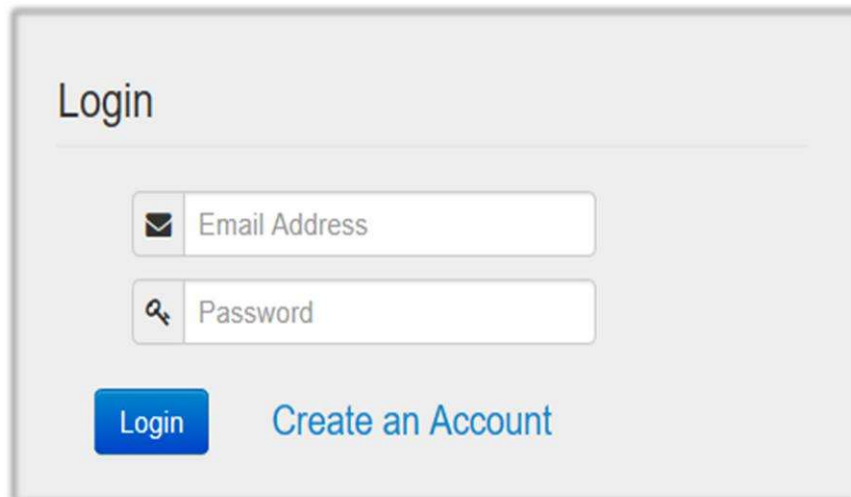
Prior to submitting data, dispensers must create a PMP Clearinghouse account. Dispensers already registered with PMP Clearinghouse do not need to create a new account. A single account may submit to multiple states. For additional information please see [Multi State Approval](#).

Important Note: Dispensing information for multiple pharmacies that are within the same state may be uploaded in the same file. For example, chains or vendors with multiple stores may set up one account to upload a file for all locations within the state.

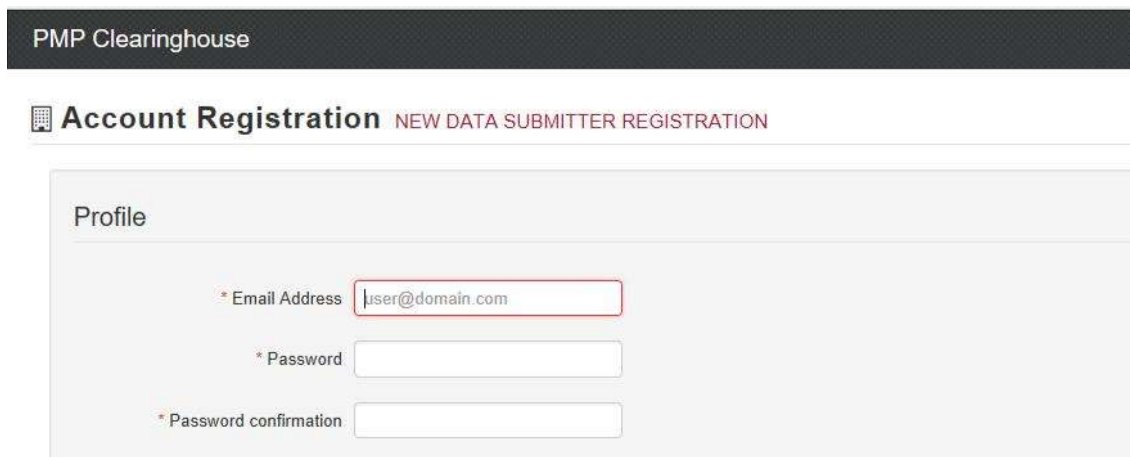
Perform the following steps to create an account for PMP Clearinghouse:

1. Open an Internet browser window and type the following URL in the address bar: <https://pmpclearinghouse.net>

A window similar to the following is displayed:



2. Click the **Create an Account** link in the center of the screen.
3. A window similar to the following is displayed. Enter profile, personal, employer, data submission method and select which state(s) should receive data.




Personal


* First name

Middle name

* Last name

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

DEA 

NPI 

Employer

* Name

* Address

Address (continued)

* City


* State


* Postal Code

* Phone



Fax



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

DEA 

NCPDP 

4. Complete all required fields (marked with a red asterisk *****) on the New Data Submitter Registration window, using the information in the following table as a guideline:

Field	Description Usage
Profile	
Contact e-mail	(Required) Enter the contact's e-mail address. The email address will act as your user name when logging into the system, therefore, it must be a unique email address, not used by another individual.
Contact password	(Required) The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, \$.
Personal	Note: Information in this section is used for contact purposes in the event a problem occurs with the data submitted.
Contact Name	(Required) Enter the first and last name of the contact person.
DEA	The DEA field on the right side of the form may be used to auto-populate the personal information by entering the applicable number and clicking the  button.
NPI	The NPI field on the right side of the form may be used to auto-populate the personal information by entering the applicable number and clicking the  button.

Employer	
Employer Name	(Required) Enter practice/pharmacy name.
Employer Address	(Required) Enter practice/pharmacy mailing address, city, state, zip code, telephone number. If the account is to be used for multiple locations, please enter your primary address.
DEA	The DEA field on the right side of the form may be used to auto-populate the employer information by entering the applicable number and clicking the  button.
NCPDP	The NCPDP field on the right side of the form may be used to auto-populate the employer information by entering the applicable number and clicking the  button.

5. Dispensers may submit data through secure FTP (SFTP), web portal upload, or online manual Universal Claim Form (UCF). Please see [Data Delivery Methods](#) for more information.

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 and Real-Time submissions are also available.

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 ☐

Data Submission	 Secure FTP (SFTP) access is available for dispensers who prefer an encrypted transfer method. The Host to submit dispensing via SFTP is SFTP://SFTP.pmpclearinghouse.net
Enable SFTP Access	Check "Enable SFTP Access" box.
SFTP Username	The SFTP username is automatically generated using the first 5 characters of the employer name + the employer phone number + @prodpmpSFTP. Example username: chain502555555@prodpmpSFTP

SFTP Password	Create an SFTP password that meets the following criteria: contains at least 10 characters, including 1 capital letter, 1 lower case letter, 1 number, and 1 special character (such as !, @, #, \$). This is the password that is input into the pharmacy software so that SFTP submissions can be automated. This password can be the same as the one entered previously under Profile. Unlike the Profile password (i.e. user account password), the SFTP password does not expire.
Enable Real-Time Access	Do not check this box. Real-time submissions are not available for Florida.

Important Notes:

- ❓ The Host to submit dispensing data via SFTP is [SFTP://SFTP.pmpclearinghouse.net](https://SFTP.pmpclearinghouse.net)
- Additional details on SFTP configuration may be found in [Appendix C – SFTP Configuration](#).

6. Click on the state(s) which should receive dispensing data.

A window similar to the following is displayed:

Submission Destinations


Please indicate which states should receive your data.

* States

- ☐ Alabama
- ☒ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☒ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia

7. Click **Submit**.
8. The dispenser will then be taken to the Account DEA Numbers screen. Dispensers must add any DEA numbers that they will be submitting data for to this listing. DEA Numbers can be added via file upload or manual entry. Please see the [DEA Numbers](#) section of this document for more details.

PMP Clearinghouse

 **Account DEA Numbers** [EDIT DEA NUMBERS](#)

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.

NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

File Upload [Sample file](#)

File Upload:

DEA Number

9. Once you have followed the process to add the DEA numbers, click **Continue**.
10. The dispenser will receive a welcome email similar to the message below indicating the account is active and the request has been sent for processing.

Thank you for registering with PMP Clearinghouse, a service of PMP AwarxE.

— Your account is now active and you may log into PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing. Upon approval of the state(s), you may begin submitting prescription data to the state(s).

Clicking continue will navigate back to the main login screen. The dispenser will be notified when their account is approved to begin submitting data to E-FORCSE® through PMP Clearinghouse.

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3 Data Delivery Methods

This section provides information about the data delivery methods you may use to upload your controlled substance reporting data file(s). For quick reference, click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method.

Delivery Method	Page
Secure FTP	12
Web Portal Upload	13
Online manual entry Universal Claims Form (UCF)	14
Zero Report	15

3.1 Secure FTP Data Submission

There are many free software products that support secure FTP (SFTP). Neither DOH nor Appriss Health is in a position to direct or support your installation of operating system software for SFTP.

Dispensers who choose to submit data to PMP Clearinghouse by SFTP must configure individual folders for each state they will be submitting data to. **The sub-folders must use state abbreviation for naming (ex. FL, AL, AK, KS, GA, etc.).** The subfolder must be located in the *homedir/directory*, which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the *File Listings* screen, which is the page users land in once authenticated at <https://pmpclearinghouse.net>, and can be accessed at any time by clicking the “File Submissions” tab at the top left of the screen. See [State Subfolders](#) for additional details on this process.

1. If a Clearinghouse account has not been created, perform the steps in [Creating Your Account](#). If a Clearinghouse account already exists, but needs SFTP access added, perform the steps in [Adding SFTP to a Registered Account](#).
2. Prepare the data file(s) for submission, using the ASAP 4.2 OR ASAP 4.2Aspecifications described in [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2Aspecifications](#).

Important Note:

Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20180418.dat”. Do not include spaces in the file name.

If more than one file is submitted on the same day, each file must be uniquely named so that existing file uploads are not overwritten. For example, if uploading three files on the same day, the following names could be used: 20180418a.dat, 20180418b.dat, 20180418c.dat.

3. Submit the file to [SFTP://SFTP.pmpclearinghouse.net](https://SFTP.pmpclearinghouse.net).
4. When prompted, enter the SFTP username and SFTP password that were established when setting up the SFTP account.
5. Place the file in the appropriate state-abbreviated sub-folder.
6. The dispenser may view the results of the transfer/upload on the *Submissions* screen, which is the page users land in once authenticated at <https://pmpclearinghouse.net>, and can be accessed at any time by clicking the “File Submissions” tab at the top left of the screen.

Important Note: If a data file is placed in the root directory and not a state-abbreviated sub-folder, the Dispenser will be prompted in the form of a “*Determine PMP*” error at the *File Status* screen to select a destination PMP (state) to send the data to.

3.2 File Upload through Web Portal

Web portal upload is an option for dispensers who use software to create their files but are unable to send via SFTP. Upload data by completing the following steps:

1. If an account has not been created, perform the steps in [Creating Your Account](#).
2. Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2ASpecifications](#).

Important Note:

Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20180418.dat”. If more than one file is submitted on the same day, each file must be uniquely named so that existing file uploads are not overwritten. For example, if uploading three files on the same day, the following names could be used: 20180418a.dat, 20180418b.dat, 20180418c.dat.

3. After logging into PMP Clearinghouse, click the “File Upload” tab at the top of the application, or simply click the “Upload File”. A window similar to the following is displayed:

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

File Listings File Upload

Submission 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

4. Select Florida from the drop-down menu.
5. Click on the “Browse” button and select the file to upload.
6. Click the “Upload” button to begin the process of transferring the file to PMP Clearinghouse.
7. The results of the transfer/upload may be viewed by clicking the *File Submissions* button at the top of the screen. A window similar to the following is displayed.

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

File Listings / File Upload

File Listings DATA FILE SUBMISSIONS STATUS (LAST 30 DAYS) Error Files Upload File

Show 100 entries Search:

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
------	-------	---------	---------------------	-------------------	-----------	--------	---------------

3.3 Online Universal Claim Form (UCF) Data Submission

The *Online Universal Claim Form (UCF)* is an option for data dispensers to enter their controlled substances dispensing information into the PMP Clearinghouse system using an online data entry form.

1. If an account has not been created, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, click *UCF Submissions* in the menu bar.

Click **Manage Claim Forms** and click **New Claim Form** to begin a submission. A window similar to the following is displayed:

UCF Listings / Manage Claim Forms / New Claim Form

Create Universal Claim Form MANAGE SMITHERMANS PHARMACY UCF FORMS

PMP

Pmp Select a PMP

Patient

Patient Info Patient ID Patient Address

Patient Animal ☐ Identity Type Address

First Name Identity Value Apartment or Suite

Last Name Jurisdiction City

Date of Birth mm/dd/yyyy Relationship State/Province

Gender Unknown Postal Code

Phone Number

Pharmacy

Name Address

Phone Number City

DEA Number State

Permit Number/License Number Postal Code

Contact Name

3. Select Florida from the drop-down menu.
4. Complete all required fields, as indicated by a red asterisks (*).
5. Click **“Save.”**

Important Note:

If you are unable to complete the form at the time of entry, you may save your progress and return at a later time to complete the form. Please see step 8 regarding the **Pending Claim Forms** screen for more information.

6. Then click **“Submit.”**
7. The submission results may be viewed by clicking on *UCF Submissions* in the menu bar. A window similar to the following is displayed. For more details, please see the [Universal Claim Forms Listing](#).

UCF Listings / Manage Claim Forms / New Claim Form

UCF Listings UCF SUBMISSION STATUS Manage Claim Forms

Show 10 entries Search:

Created at	State	Warnings	Errors	Status
02/05/2018 03:40 PM	FL	0	0	✓
02/05/2018 03:42 PM	FL	0	0	✓
02/05/2018 03:44 PM	FL	0	0	✓

8. The results of pending submissions may be viewed on the **Pending Claim Forms** button. A window similar to the following is displayed. To continue modifying a previously saved submission, click the **Edit** button. Once your edits are complete, click the **Submit Now** button.

UCF Listings / Manage Claim Forms / New Claim Form

Pending Claim Forms MANAGE APPRISS UCF FORMS (LAST 30 DAYS) View Submitted Forms New Claim Form

Show 10 entries Search:

Created At	Created By	Last Updated By	State	
02/13/2018 9:12 AM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete
02/13/2018 9:27 AM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete
02/13/2018 1:30 PM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete

Edit Universal Claim Form MANAGE UCF FORMS

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

* Pmp

Patient

Patient Info

Patient Animal ☐

* First Name

* Last Name

* Date of Birth

Patient ID

Identity Type

Identity Value

Jurisdiction

Relationship

Patient Address

* Address

Apartment or Suite

* City

* State/Province

- The results of the submission may be viewed by clicking the **View Submitted Forms** button. A window similar to the following is displayed. Click the patient's name to see more information on the prescription. To void a prescription, click the **Delete Submission** button. If you need to revise a record, the record must be deleted and resubmitted.

Important Note:

- The Submitted Claim Forms section displays prescriptions reported within the last 30 days. If you do not see the prescription listed, you may submit a revision or deletion alternatively using the instructions and form in [Appendix E](#).

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

Submitted Claim Forms MANAGE APPRIS UCF FORMS (LAST 30 DAYS)

[View Pending Forms](#)

[New Claim Form](#)

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

Show entries

Search:

Created At	State	Patient Name	
02/12/2018 4:59 PM	FL	Testpatient, John	Delete Submission
02/12/2018 5:03 PM	FL	Testpatient, Sally	Delete Submission
02/13/2018 9:22 AM	FL	Testpatient, Adam	Delete Submission

Important Notes:

Use the following information when entering NDC numbers on the UCF.

- NDC's are 11 digits and use the format 99999-9999-99
- When adding an NDC, do not include the dashes, for example, 99999999999.
- NDC's are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline.

If the NDC Appears this way...	Enter it this way...
1234-5678-90 (missing 0 in first segment)	01234567890
54321-123-98 (missing 0 in 2 nd segment)	54321012398

3.4 Zero Reports

If a dispenser usually dispenses controlled substances in Florida but has no dispensing transactions to report for the current period, the dispenser must report this information to E-FORCSE® by performing the following steps:

1. If a Clearinghouse account has not been created, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, click **Zero Reports** on the menu bar. Complete all required fields (marked with a red asterisk *****) on the **Create Zero Report** screen.

A window similar to the following is displayed:

Zero Reports MANAGE ZERO REPORTS

Zero Report Management

Create Zero Report

* PMP

* Start date

* End date

NCPDP

* DEA Number

NPI

Zero Reports

Show entries

Search:

State	Start Date	End Date	NCPDP	DEA	NPI	Asap File	Date Submitted
DO	12/28/2017	12/28/2017		AB8189068			12/28/2017 12:48 PM
DO	12/28/2017	12/28/2017		BW8013586			12/28/2017 12:50 PM
DO	11/13/2017	11/13/2017			1689805137		11/13/2017 4:01 PM
DO	09/20/2017	09/20/2017		AB8189068			09/20/2017 12:53 PM

3. Select Florida from the drop-down menu.
4. Enter the start date and end date for the report.

5. Enter the dispenser DEA number and click on the ***Submit*** button.
6. The request will be submitted to PMP Clearinghouse.
7. Previously submitted Zero Reports can be viewed at any time In the *Zero Reports* table below the *Create Zero Report* form.

Important Note: *Zero Reports* may also be submitted via SFTP using the ASAP Standard for Zero Reports. For additional details on this method, see [Appendix B - ASAP Zero Report Specifications](#).

4 Status Reports

Status reports will be automatically emailed to the address associated with a dispenser account. The status reports are used to 1) identify errors in files that have been submitted and 2) confirm zero-report submission.

4.1 File Failed Report

A *File Failed Report* indicates that 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 must be submitted as soon as possible but no later than the close of the next business day after the day the failed file report is received. The dispenser will receive daily emails regarding the failed file until the file is resubmitted and successfully processed.

Failed files are not parsed into Clearinghouse and do not require a *Void ASAP* file to remove it from the system. An example of a *File Failed Report* is displayed below.

SUBJ: Florida 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: January 30, 2016

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.

4.2 File Status Report

The *File Status Report* is a report sent to notify the dispenser that a data file is currently being or has been validated by the PMP Clearinghouse. The report notifies the dispenser of the following information:

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 system. Duplicate records are not imported to prevent inaccurate patient information.

Records in process: The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is

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

Records with errors: Shows how many records contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. **NOTE:** Errors must be corrected within one business day.

Records with warnings: Shows how many 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: Shows the number of records that were imported if they had warnings. Records with warnings and errors must have the errors corrected to be submitted into the system.

Records imported without warnings: Shows the number of records that were imported that had no warnings.

Important Note: The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be sent every 24 hours if errors continue to be identified within a submitted data file.

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listing. Each column contains a blank 2-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

Below is an example of the File Status Report.

SUBJ: Florida 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: January 30, 2016
- * Total Record Count: ###
- * Duplicate Records: ###
- * In Process Count: ###
- * Records with Error Count: ###
- * Imported Records Count: ###
- * Records Imported with Warning Count: ###

4.3 Zero Report Confirmation

A *Zero Report Confirmation* email is sent to a dispenser who successfully submits a zero report into PMP Clearinghouse. The report displays the state the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to PMP Clearinghouse, and the date the report was originally created by the dispenser. An example of the report is provided below.

SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:

Summary:

- * File Name: zero_reports_20130301KSMCPS.DAT
- * PMP Name: Florida
- * Date Range: 2013-03-06 - 2013-03-06
- * Submission Date: 2013-08-23
- * ASAP Creation Date: 2013-03-06

5 Data File Submissions and Error Corrections

Data file submission reports are automatically emailed to the address associated with a dispenser account. The reports are used to identify errors in files that have been submitted and confirm zero-report submission. The initial report is sent out 2 hours after the file has been submitted to the system. Reports are sent every 24 hours if errors continue to be identified within a submitted data file.

Dispensers are required to correct fatal errors and resubmit the records within 1 business day of the initial record submission.

5.1 File Listing

Perform the following steps to view upload reports:

1. After logging into PMP Clearinghouse, a window similar to the following is displayed.

PMP Clearinghouse

File Submissions UCF Submissions Zero Reports File Upload

File Listings / File Upload

File Listings DATA FILE SUBMISSIONS STATUS (LAST 30 DAYS)

Show 100 entries

File	State	Records	Record
------	-------	---------	--------

2. Click **File Submissions** in the menu bar. This screen displays information extracted from the data files submitted to PMP Clearinghouse.

A window similar to the following is displayed

File Listings / File Upload

File Listings DATA FILE SUBMISSIONS STATUS (LAST 30 DAYS)

Show 10 entries

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
@prodmpsfphomedir/SC/SC_20160211.dat	SC	72	0	1	02/11/2016 08:32AM	Pending Dispensation Error	status report
@prodmpsfphomedir/SC/SC_20160209.dat	SC	251	1	0	02/10/2016 09:16AM	✓	status report
@prodmpsfphomedir/SC/SC_20160210.dat	SC	69	-	-	02/10/2016 08:21AM	✓	status report
@prodmpsfphomedir/SC/SC_20160208.dat	SC	0	-	-	02/09/2016 09:04AM	(duplicate file)	-
@prodmpsfphomedir/SC/SC_20160209.dat	SC	67	1	0	02/09/2016 09:04AM	✓	status report
@prodmpsfphomedir/SC/SC_20160207.dat	SC	253	2	0	02/08/2016 08:59AM	✓	status report
@prodmpsfphomedir/SC/SC_20160208.dat	SC	55	-	-	02/08/2016 08:21AM	✓	status report
@prodmpsfphomedir/SC/SC_20160207.dat	SC	53	0	1	02/07/2016 08:23AM	Pending Dispensation Error	status report
@prodmpsfphomedir/SC/SC_20160206.dat	SC	57	-	-	02/06/2016 09:35AM	✓	status report
@prodmpsfphomedir/SC/SC_20160204.dat	SC	249	-	-	02/05/2016 04:07PM	✓	status report

Showing 1 to 10 of 48 entries

Previous 1 2 3 4 5 Next

3. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings (notices that require no action), the number of

records that contain errors (records that require action), and the date and time of submission for each uploaded file.

4. A status column is located at the end of each row displaying the status of the file.
5. If there are errors in the data file, the status column will state the error and the text will be a hyperlink to the **View Records** screen.
6. A green checkmark indicates the data file was received with no errors.

5.2 Data Submission Errors

Below is a summary of data submission errors that may be encountered when reporting controlled substance dispensing information to E-FORCSE® through PMP Clearinghouse.

1. ASAP Parsing Errors

If a file is “unable to be parsed” (meaning it was found to be unreadable by ASAP standards) into the PMP Clearinghouse application, the appropriate message will display. 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.

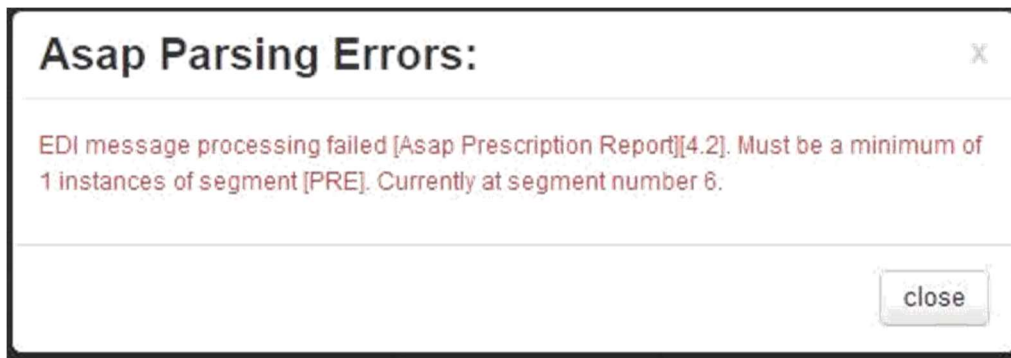
Further examples of ASAP Errors:



The “IS” segment is empty, missing, or malformed, following the 2nd segment of the file, or the segment preceding was not properly terminated. Refer to [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2ASpecification](#) for further information.



The “DSP” segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 5th segment of the file. Refer to [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2ASpecification](#) for further information.



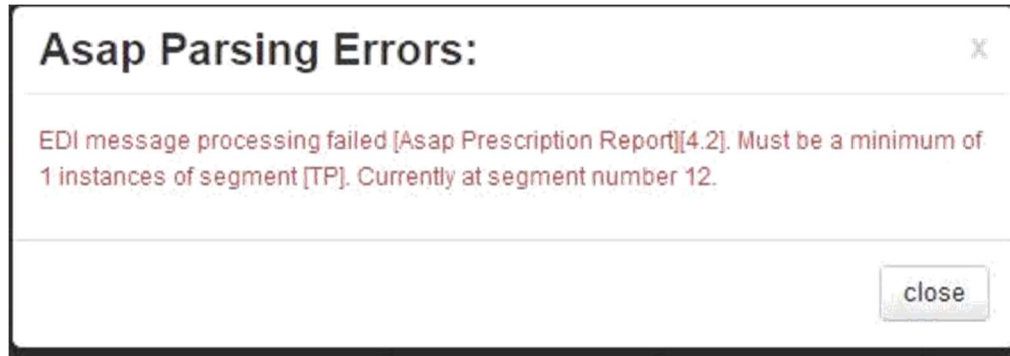
The "PRE" segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 5th segment of the file. Refer to [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2ASpecification](#) for further information.



The "PAT" segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 4th segment of the file. Refer to [Appendix A: ASAP 4.2](#) or [Appendix F: ASAP 4.2ASpecification](#) for further information.



Further data exists in the file after the TT (Transaction Trailer) segment. In this example, the error message states there is an additional TP Segment with a TP01 value of 28.



The “TP” or Pharmacy Trailer segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 12th segment of the file. Refer to [Appendix A: ASAP 4.2](#) or [Appendix F ASAP 4.2ASpecification](#) for further information.



The system was unable to read the value of ‘P|’ for the file type element. Acceptable values are P or T.

Submitted segment: TH*4.2*56765667*01**20180107*194834*P| |**~~

Appropriate segment: TH*4.2*56765667*01**20180107*194834*P**~~

2. Missing State

If a file has been submitted by SFTP without using a state-abbreviated sub-folder, a “Determine PMP” error will display, and the Dispenser must click the “Determine PMP” hyperlink to select a destination state so that the data file may be transferred.

File Listings

DATA FILE SUBMISSIONS WITH ERRORS

Recent Files

Upload File

Show10entries

Search:

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
jordan8675309@preppmpstftp/subfolderstest3.dat	-	1	-	-	04/27/2017 01:13PM	<div><div></div><div>Determine PMP</div></div>	status report

Set Destination PMP:

Problem determining destination :

Could not find pmp of TM

Texas

Update

Cancel

5.3 View Records

The *View Records* screen provides a detailed view of the records within a selected data file that require corrections. It is accessed by clicking the *Pending Error(s)* link on the file status screen. The screen displays *Prescription Number*, *Segment Type*, *Warning Count*, and *Error Count*. A *Correct* button is displayed at the end of each row that will allow the dispenser to make corrections to the record.

To view the records that require corrections:

1. Click on the *Pending Error* hyperlink in the status column.
2. The *View Records* screen is displayed.

Click on the “*Correct*” button at the end of the row for the record you want to correct. A window similar to the following is displayed:

File Listings / File Errors / Drug Errors

Drug Errors

MANAGE AND RESOLVE SUBMISSION ISSUES

Prescription Number: 4045617

Dea Number:

Ncpdp Identifier: Filled At: 2016-02-10

Field	Submitted Value	Corrected Value	Messages
Sequence	2	2	✓
Product identifier type	01	NDC	✓
Product identifier	00574007216	00574007216	✓
Quantity			<div>Errors:</div> <div>Quantity value must be present.</div>
Units			✓
Pmix strength text			✓
Pmix product name text			✓

Submit

Cancel

5.4 Error Correction

The *Error* screen allows a user to manage and resolve submission issues. The screen displays all the fields contained within the record and the submitted value. A “Corrected Value” column displays the values the dispenser enters to correct the error. The “Message” column displays the relevant error message for the field explaining why it did not pass the validation rules.

Important Note: 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. A corrected file must be submitted.

To correct records:

1. Identify the fields that require corrections.
2. Enter the new corrected value into the *Corrected Value* column for each field requiring a correction.
3. Click “*Submit.*”
4. The corrections will be processed through the validation rules.
 - a. If the corrections pass the validation rules, the record will be identified as valid and the *File Status* and *View Records* screen will be updated.
 - b. If the corrections fail the validation rules, the record will continue to be identified as requiring corrections. The error message will be updated to identify any new error message(s).

6 Editing Records and File Error Definitions

Important Note: The instructions outlined in Section 6 are for data submitted by file upload or SFTP only. For information regarding errors, revisions, and voids for submissions via Universal Claim Form, please see [Online Universal Claim Form \(UCF\) Data Submission](#).

If you are unsure of how to complete any of the below steps, please contact your software vendor.

6.1 Error Correction

If a record with a serious or minor error is loaded and a correction is required, or if an error is identified at a later date, records may be corrected using the DSP01 values as explained below. The ASAP 4.2 OR ASAP 4.2A standard requires a dispenser to select an indicator in the DSP01 (Reporting Status) field. Dispensers may 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 has been revised
- 02 Void – indicates that the original record should be voided

Use the information in the following topics to create, revise/resubmit, or void an erroneous record.

6.2 Submit a New Record

Perform the following steps to submit a new record:

1. Create a record with the value 00 in the DSP01 field.
2. Populate all other required fields and submit the record.

6.3 Revise a Record

Perform the following steps to revise a record:

1. Create a record with the value 01 in the DSP01 field.
2. Populate the following fields with the same information originally submitted in the erroneous record:
 - PHA03 (DEA Provider ID)
 - DSP02 (Prescription Number)
 - DSP05 (Date Filled)
3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
4. **Submit** the record.

6.4 Void a Record

Perform the following steps to void (delete) a record:

1. Send a record with the value 02 in the DSP01 field.
2. Fill in all other data identical to the original record. This will void the original record submission.

6.5 File Error Definitions

Error Types	
ASAP Errors	Fatal errors. The file was not processed and must be resubmitted. Example: <ul style="list-style-type: none">- Missing an ASAP segment- Missing an ASAP element- An ASAP segment is improperly terminated
Dispensation Errors	Errors in the actual dispensation data. The file processed but any error will prevent the dispensation from being imported. Dispensation errors can be corrected via the PMP Clearinghouse portal, or via submission of a revision dispensation record in a subsequent ASAP file. Example: <ul style="list-style-type: none">- Missing a required element- Invalid element- Malformed data in element
(Dispensation) Warnings	Warnings are potential errors that were accepted. Dispensations with warnings are still imported. Warnings are simply advisements and require no action or correction. Example: <ul style="list-style-type: none">- Valid DEA number not found in registry- Compound NDC number not found in registry

7 Account Settings

7.1 Multi State Approval

An existing registered dispenser of PMP Clearinghouse must add Florida to the list of states they are reporting to under **Account Settings**.

1. Navigate to **Account** in the main menu and select “**Multi State Approval**” from the drop-down menu. A window similar to the following is displayed and lists the current states the dispenser has requested to submit data to and the approval status for each state.

The screenshot shows the 'Multi State Approval' page for 'Appriss, Inc. Account'. The page has a dark header with navigation links: 'PMP Clearinghouse', 'File Submissions', 'UCF Submissions', 'Zero Reports', and 'File Upload'. On the right, there are links for 'Account' and 'My Profile'. Below the header, the page title is 'Appriss, Inc. Account MULTI STATE APPROVAL'. A message states: 'Please select state PMPs that will receive data from this account. We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.' Below this is a table with columns 'Abbrev', 'State', and 'Status'. The table lists states from AK to SD, with checkboxes in the 'Abbrev' column and 'Approved' status in the 'Status' column. To the right of the table is a map of the United States with the title 'Participating States | Your Approval Status'.

Abbrev	State	Status
<input checked="" type="checkbox"/> AK	Alaska	Approved
<input checked="" type="checkbox"/> ID	Idaho	Approved
<input checked="" type="checkbox"/> KS	Kansas	Approved
<input checked="" type="checkbox"/> MS	Mississippi	Approved
<input checked="" type="checkbox"/> NV	Nevada	Approved
<input checked="" type="checkbox"/> ND	North Dakota	Approved
<input checked="" type="checkbox"/> SC	South Carolina	Approved
<input type="checkbox"/> SD	South Dakota	

2. Check the box next to Florida.
3. Click “Edit DEA Numbers” next to Florida. The dispenser will then be taken to the Account DEA Numbers screen. Dispensers must add any DEA numbers that they will be submitting data for to this listing. DEA Numbers can be added via file upload or manual entry. Please see the [DEA Numbers](#) section of this document for more details.

The screenshot shows the 'Account DEA Numbers' page for 'PMP Clearinghouse'. The page has a dark header with the text 'PMP Clearinghouse'. Below the header, the page title is 'Account DEA Numbers EDIT DEA NUMBERS'. A message states: 'The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method. NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.' Below this is a dropdown menu labeled 'Select PMP:' with 'Florida' selected. Below the dropdown is a section titled 'File Upload Sample file' with a 'File Upload:' label, a text input field, and a 'Browse' button. Below this is a blue 'Upload' button. Below the 'Upload' button is a section titled 'DEA Number' with a blue 'Add DEA number' button. Below the 'Add DEA number' button is a green 'Continue' button.

4. Clicking **Continue** will navigate to the File Listings screen.

5. Once approved, the dispenser may begin submitting data to Florida.

Important Note: If submitting by SFTP, data must be located in the proper sub-folder to ensure delivery to the desired state.

7.2 Account Details

An existing registered dispenser of PMP Clearinghouse may update account information by navigating to *Account* on the menu bar and clicking on *Account Details* on the drop-down menu. A window similar to the following will be displayed.

The screenshot shows the 'Edit Appriss Test Pharmacy Account' form in the PMP Clearinghouse interface. The top navigation bar includes 'PMP Clearinghouse', 'File Submissions', 'UCF Submissions', 'Zero Reports', 'File Upload', 'Account', 'My Profile', and 'Help'. The form title is 'Edit Appriss Test Pharmacy Account' with a link to 'MANAGE ORGANIZATION ACCOUNTS'. The form contains several input fields: 'Name' (pre-filled with 'Appriss Test Pharmacy'), 'Phone number' (pre-filled with '5025673456'), 'Fax number' (pre-filled with '5025676567'), 'Address' (pre-filled with '123 Main St'), 'City' (pre-filled with 'Louisville'), 'State' (a dropdown menu currently showing 'Kentucky'), and 'Zip code' (pre-filled with '40223'). At the bottom of the form are 'Submit' and 'Cancel' buttons.

1. Select the field you wish to update and enter the correct information.
2. If all the information is correct, click **Submit**.

7.3 Adding SFTP to a Registered Account

If a registered dispenser did not setup an SFTP account during the registration process, a dispenser may setup an SFTP account at a later date. Navigate to the **Account** drop-down menu and select *SFTP Details*. A window similar to the following is displayed:

SFTP Account [VIEW SFTP ACCOUNT DETAILS](#)

There is no sFTP account associated with your account at this time.
You can create an sFTP account and submit files by clicking the create button below.

Create

1. Click the “Create” button to setup an SFTP account.

SFTP Account CREATE A NEW SFTP ACCOUNT

Name	<input type="text"/>
	Username of the sftp account.
Password	<input type="password"/>
	Must be at least 8 characters
Password confirmation	<input type="password"/>

2. Enter the desired username and password for the SFTP account.
3. The SFTP username will be displayed on the screen after the SFTP account has been created.

Important Note: If an SFTP account already exists; the username will be displayed on this screen.

7.4 Real-Time Details

Real-time submissions are not available for Florida.

7.5 DEA Numbers

Florida requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Enter the DEA number(s) below using either the bulk upload or manual method. Perform the following steps to add your DEA number(s).

1. Navigate to **Account** in the main menu and select **DEA Numbers** using the drop-down menu. A window similar to the following is displayed.

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

Account DEA Numbers [EDIT DEA NUMBERS](#)

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.

NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

File Upload [Sample file](#)

File Upload:

DEA Number

2. Select Florida as the state.
 - a. To bulk upload account DEA numbers, click the “Browse” button and select sample file to be uploaded, then click **Upload**.
 - b. The DEA numbers will be added in the DEA numbers section and a successful file processing notification will be displayed on screen. Click **Continue** to be routed to the file submissions screen.

PMP Clearinghouse Appriss Admin **Data Submitter**

File was successfully processed

Account DEA Numbers [EDIT DEA NUMBERS](#)

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.

NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

File Upload [Sample file](#)

File Upload:

DEA Number

AD1111119	<input type="button" value="Remove"/>
AP1111119	<input type="button" value="Remove"/>

3. To manually add the DEA number, click **Add DEA number**. A window similar to the following is displayed.

New Dea Number

Dea number

Create

Cancel

Back

- a. Enter the DEA number and click **Create**. You will return to the *Account DEA numbers screen*.
- b. The DEA number will be added in the DEA numbers section and a successful file processing notification will be displayed on screen. Click **Continue** to be routed to the file submissions screen.

PMP Clearinghouse

File Submissions

UCF Submissions

Zero Reports

File Upload

Account DEA Numbers

EDIT DEA NUMBERS

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.
NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP: Florida

File Upload

Sample file

File Upload:

Browse

Upload

DEA Number

AP1111119

Remove

Add DEA number

Continue

7.6 Users

PMP Clearinghouse allows dispensers to add backup submitters to the system that will have the same rights and access to submit and view file status. Follow the steps below to add a backup user to your account.

1. Navigate to **Account** in the menu bar and click the **User** button using the drop-down menu. A window similar to the following will be displayed.

Best Pharmacy Inc Account Users MANAGE DATA SUBMITTER USERS [New User](#)

Show entries Search:

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
user@pharmacy.com	John	Doe	Best Pharmacy Inc	5021111111	Sally Smith	bestpharmacyinc@gmail.com	Edit Deactivate
tech@pharmacy.com	John	Hancock	Best Pharmacy Inc	5021111111	Sally Smith	bestpharmacyinc@gmail.com	Edit Deactivate
bestpharmacyinc@gmail.com (Admin)	Sally	Smith	Best Pharmacy Inc	5021111111	Sally Smith	bestpharmacyinc@gmail.com	Edit

- Click on **New User**. A window similar to the following will be displayed.

PMP Clearinghouse [File Submissions](#) [UCF Submissions](#) [Zero Reports](#) [File Upload](#) [Account](#) [My Profile](#) [Help](#)

New Data Submitter User MANAGE DATA SUBMITTER USERS

Account Information

* Email

* First name

* Last name

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

- Enter the email address, first name, and last name for the backup submitter and click **Submit**.
- The backup submitter will be able to log into PMP Clearinghouse to view all data files that have been submitted under the account.
- The new backup submitter will use the email address supplied in the previous step to login.
- The new backup submitter must use the **"Forgot your password"** link to create a password for their account upon logging in for the first time.

8 My Profile

A dispenser may proactively edit and view their profile and change their password before it expires. If a password has expired, or if the dispenser has forgotten the password, they may use the “*Forgot your password*” feature to change their password on the Login page.

8.1 View and Edit My Profile

The dispenser may view and edit their profile information by performing the following steps.

1. Navigate to **My Profile** in the main menu and select **View My Profile** from the drop-down menu.

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

My Profile MANAGE MY PROFILE

First Name Sally

Last Name Smith

Email bestpharmacyinc@gmail.com

Time Zone

Disable report emails ☐

Organization Information

Name Best Pharmacy Inc.

Admin Sally Smith

Admin Email bestpharmacyinc@gmail.com

Edit My Profile Cancel

2. To edit, click **Edit My Profile**, enter the updated information and click **Submit**.

8.2 Changing Password

A dispenser may proactively change their password before it expires within the application through their user profile by completing the following steps.

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

- Edit My Profile
- View My Profile
- Change Password
- Logout

1. Navigate to **My Profile** in the menu bar and click **Change Password** in the drop-down menu.
2. A window similar to the following will be displayed.

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

Change Password [MANAGE MY PROFILE](#)

* Current password

we need your current password to confirm your changes

Email

Password

Password confirmation

[Update](#) [Cancel](#)

3. Enter the current password and enter a new password twice. **The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, \$. Click *Update*.**
4. The new password will take effect once the dispenser has logged out of the application.

8.3 Changing Passwords for Backup Submitters

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

Appriss, Inc. Account Users [MANAGE DATA SUBMITTER USERS](#)

Multi State Approval
Account Details
Sftp Details
Users

1. Navigate to the **Accounts** in the menu option.
2. Select **Users**.
3. Select the **Edit** button for the desired submitter. A window similar to the following is displayed.

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

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

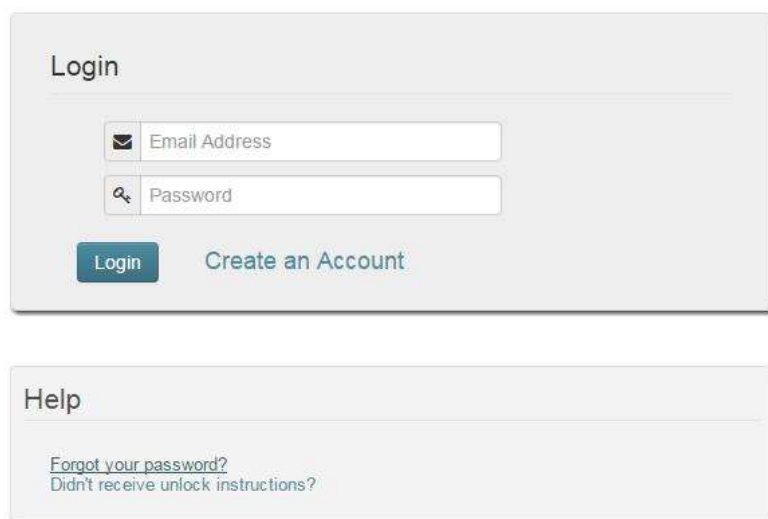
Password confirmation

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

4. Create a new password for the backup submitter. **The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, \$.**
5. Click **Submit**.
6. The backup submitter will now use the new password for logging into PMP Clearinghouse.

8.4 Forgot Your Password

If a password has expired, or if the dispenser has forgotten the password, they may use the “*Forgot your password*” feature to change their password on the Login page.



The image shows two sections of a web interface. The top section is titled "Login" and contains two input fields: "Email Address" with an envelope icon and "Password" with a key icon. Below these fields are two buttons: a dark blue "Login" button and a light blue "Create an Account" link. The bottom section is titled "Help" and contains two links: "Forgot your password?" and "Didn't receive unlock instructions?".

1. Click on the ***Forgot your password*** link located on the Login screen.
2. Enter the email address used for PMP Clearinghouse registration.
3. The dispenser will receive an email containing a link to reset the password.
4. Enter the new password twice and then save the password.

9 Document Information

9.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information may change without notice.

9.2 Revision History

Version	Date	Changes
1.0	3/14/18	Initial Version

9.3 Change Log

Version	Date	Changes
1.0	N/A	N/A

10 Assistance and Support

10.1 Technical Assistance

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

Appriss Health
877-719-3120; or
Create a support request using the following URL

<https://apprisspmclearinghouse.zendesk.com/hc/en-us/requests/new>

Technical assistance is available Monday through Friday 8 AM to 5 PM Eastern Time.

10.2 Administrative Assistance

If you have non-technical questions regarding programmatic activity, please contact:

E-FORCSE®, Florida's Prescription Drug Monitoring
Program 4052 Bald Cypress Way, Bin C-16 Tallahassee,
Florida 32399

Phone: 850-245-4797

E-mail: e-forcse@flhealth.gov

Website: www.e-forcse.com

11 Appendix A – ASAP 4.2 OR ASAP 4.2ASpecifications

The following information are the required definitions for submitting ASAP 4.2 OR ASAP 4.2A records to E-FORCSE®.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by ASAP
- RR = Required by E-FORCSE®
- S = Situational (Not required; however, supply, if available)

Both “R” and “RR” fields must be reported.

Element ID	Element Name	Requirement
TH – Transaction Header		
To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.		
TH01	Version/Release Number Code uniquely identifying the transaction. Format = x.x	R
TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	R
TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
TH05	Creation Date Date the transaction was created. Format: YYYYMMDD.	R
TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R

TH07	File Type P = Production T = Test	R
TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
TH09	Segment Terminator Character Sets the actual value of the data segment terminator for the entire transaction.	R
IS – Information Source To convey the name and identification numbers of the entity supplying the information.		
IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
IS02	Information Source Entity Name Entity name of the Information Source.	R
IS03	Message Free-form text message.	S
PHA – Pharmacy Header To identify the pharmacy or the dispensing prescriber. 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.	RR
PHA04	Pharmacy Name Freeform name of the pharmacy.	S
PHA05	Address Information – 1 Freeform text for address information.	S
PHA06	Address Information – 2 Freeform text for address information.	S

PHA07	City Address Freeform text for city name.	S
PHA08	State Address U.S. Postal Service state code.	S
PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	S
PHA11	Contact Name Free-form name.	S
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	S
PAT – Patient Information Used to report the patient’s name and basic information as contained in the pharmacy record.		
PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S
PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver’s License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	S
PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.	S

PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	S
PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
PAT07	Last Name Patient's last name.	RR
PAT08	First Name Patient's first name.	RR
PAT09	Middle Name Patient's middle name or initial if available.	S
PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S
PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	S
PAT12	Address Information – 1 Free-form text for street address information.	RR
PAT13	Address Information – 2 Free-form text for additional address information.	S
PAT14	City Address Free-form text for city name.	RR

PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	RR
PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	RR
PAT18	Date of Birth Date patient was born. Format: YYYYMMDD.	RR
PAT19	Gender Code Code indicating the sex of the patient. F Female M Male U Unknown	RR
PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	S

PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	S
PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are blank.	S
PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP – Dispensing Record To identify the basic components of a dispensing of a given prescription order including the date and quantity.		
DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R

DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
DSP03	Date Written Date the prescription was written (authorized). Format: YYYYMMDD	RR
DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
DSP05	Date Filled Date prescription was dispensed. Format: YYYYMMDD	RR
DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound	R
DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	RR
DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
DSP10	Days Supply Estimated number of days the medication will last.	R
DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. 01 Each 02 Milliliters (ml) 03 Grams (gm)	S

DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other	S
DSP13	Partial Fill Indicator To indicate whether it is a partial fill. 00 Not a partial fill 01 First partial fill Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	S
DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
DSP16	Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for. 01 Private Pay (cash, check, debit, credit) 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations	RR

DSP17	Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: YYYYMMDD	S
DSP18	RxNorm Code Qualifier RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. 01 Sematic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK)	S
DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	S
DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	S
DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	S
PRE – Prescriber Information 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).	RR
PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	S
PRE05	Last Name Prescriber's last name.	RR

PRE06	First Name Prescriber's first name.	RR
PRE07	Middle Name Prescriber's middle name or initial.	S
PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	S
CDI – Compound Drug Ingredient Detail To identify the individual ingredients that make up a compound. This segment and it's following elements are only required if submitting a compound.		
CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable Ingredient is increment by 1. Required only when Rx is a compound.	R
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC Required only when Rx is a compound.	R
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation. Required only when Rx is a compound.	R
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5 Required only when Rx is a compound.	R
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	S
AIR – Additional Information Reporting To report other information if required by the state.		

AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	S
AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	S
AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S
AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S

AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 01 Person Dropping Off 02 Person Picking Up 03 Unknown/Not Applicable	S
TP – Pharmacy Trailer To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy.		
TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer To identify the end of the transaction and to 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

12 Appendix B – ASAP Zero Report Specifications

The following table contains the required definitions for submitting Zero Reports via SFTP or manual upload to E-FORCSE®. The table below 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 Segments or Elements IDs please refer to the previous section, [Appendix A – ASAP 4.2 or Appendix F - ASAP 4.2ASpecifications](#).

The Requirement column uses the following codes:

- R = Required by ASAP
- N = Not Required

Element ID	Element Name	Requirement
TH – Transaction Header		
TH01	Version/Release Number	R
TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	R
TH04	Response ID	N
TH05	Creation Date Time the transaction was created. Format: HHMMSS or HHMM.	R
TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
TH07	File Type P = Production	R
TH08	Routing Number	N
TH09	Segment Terminator Character TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
IS – Information Source		
IS01	7705555555	R
IS02	PHARMACY NAME	R
IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA – Pharmacy Header		

PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PAT – Patient Information		
PAT01	ID Qualifier of Patient Identifier	N
PAT02	ID Qualifier	N
PAT03	ID of Patient	N
PAT04	ID Qualifier of Additional Patient Identifier	N
PAT05	Additional Patient ID Qualifier	N
PAT06	Additional ID	N
PAT07	Last Name Required value = Report	R
PAT08	First Name Required value = Zero	R
PAT09	Middle Name	N
PAT10	Name Prefix	N
PAT11	Name Suffix	N
PAT12	Address Information – 1	N
PAT13	Address Information – 2	N
PAT14	City Address	N
PAT15	State Address	N
PAT16	ZIP Code Address	N
PAT17	Phone Number	N
PAT18	Date of Birth	N
PAT19	Gender Code	N
DSP – Dispensing Record		
DSP01	Reporting Status	N
DSP02	Prescription Number	N
DSP02	Date Written	N
DSP04	Refills Authorized	N
DSP05	Date Filled Date prescription was filled. Enter as the date the report is sent. Format: CCYYMMDD	R
DSP06	Refill Number	N

DSP09	Quantity Dispensed	N
DSP10	Days Supply	N
PRE – Prescriber Information		R
PRE01	National Provider Identifier (NPI)	N
PRE02	DEA Number	N
CDI – Compound Drug Ingredient Detail		
AIR – Additional Information Reporting		
TP – Pharmacy Trailer		
TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer		
TT01	123456	R
TT02	10	R

The following is an example, using the above values, of how a *Zero Report* would look.

```

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\

```

13 Appendix C – SFTP Configuration

If submitting data via SFTP, a PMP Clearinghouse account with SFTP access must already exist. See [Creating Your Account](#) to register with PMP Clearinghouse.

See [Adding SFTP to a Registered Account](#) to add SFTP access to an existing PMP Clearinghouse account.

13.1 SFTP Connection Details

Hostname: *SFTP.pmpclearinghouse.net*

It is recommended to 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 – Account credentials (user name and password) can be found within the PMP Clearinghouse website.

Login to PMP Clearinghouse > click **Account** > **SFTP Details** > **Edit**

The username cannot be modified; however, the password can be updated. The current SFTP password cannot be seen or recovered. If it is unknown/lost, the user will need to create a new one.



The screenshot shows a web form titled "SFTP Account" with a sub-header "UPDATE SFTP PASSWORD". The form contains three input fields: "Username" (pre-filled with "apprisstest@prodpmpsftp"), "Password" (empty), and "Password confirmation" (empty). Below the "Password" field is a note: "Must be at least 8 characters". At the bottom of the form are two buttons: "Update" (blue) and "Cancel" (red).

13.2 State Subfolders

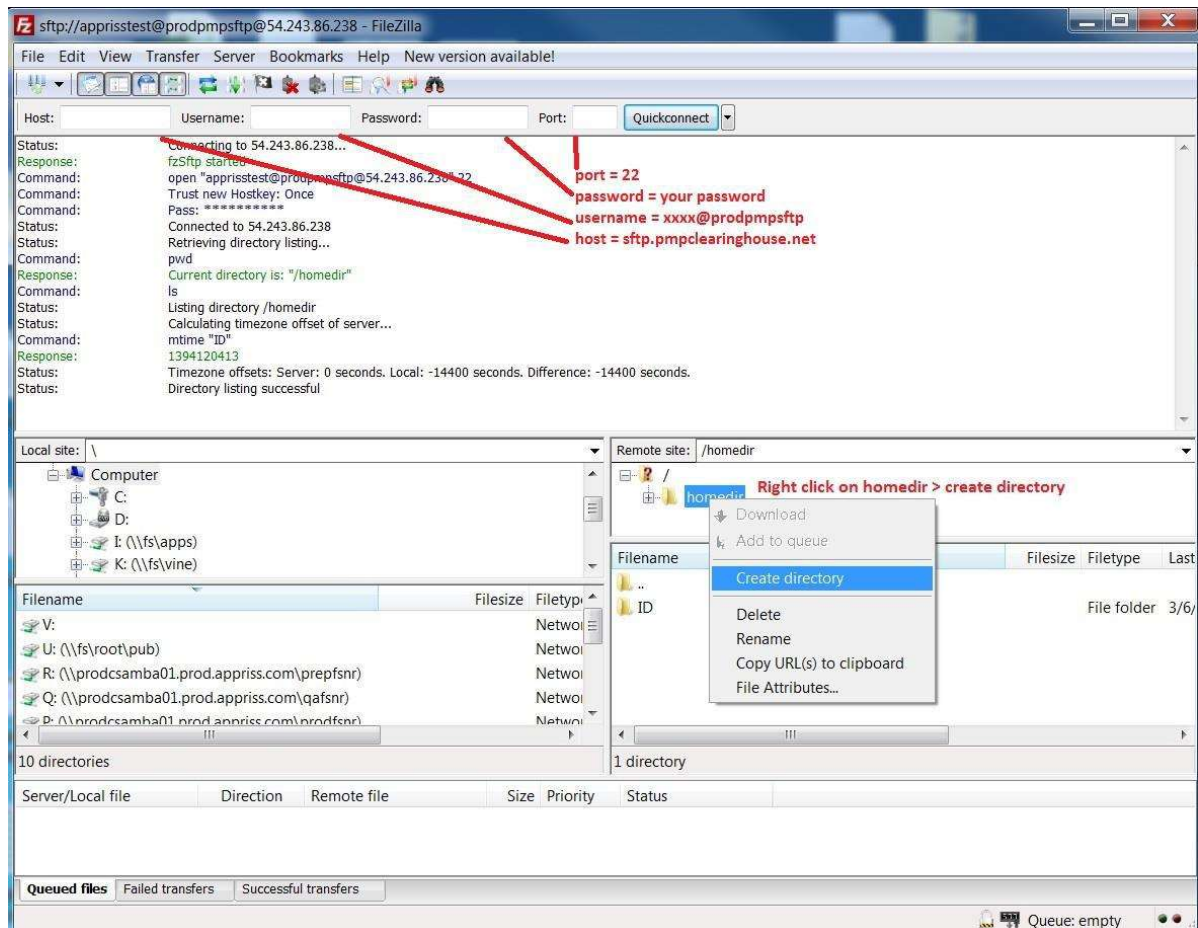
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed into a state-abbreviated subfolder so that it may be properly imported to the correct state PMP. The creation of subfolders must be done outside of the PMP Clearinghouse website using 3rd party 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. This will cause the dispenser to appear as non-compliant/delinquent.

The following are two examples of how a state subfolder for SFTP submissions may be created:

1. Via SSH client (ex: WinSCP/FileZilla)

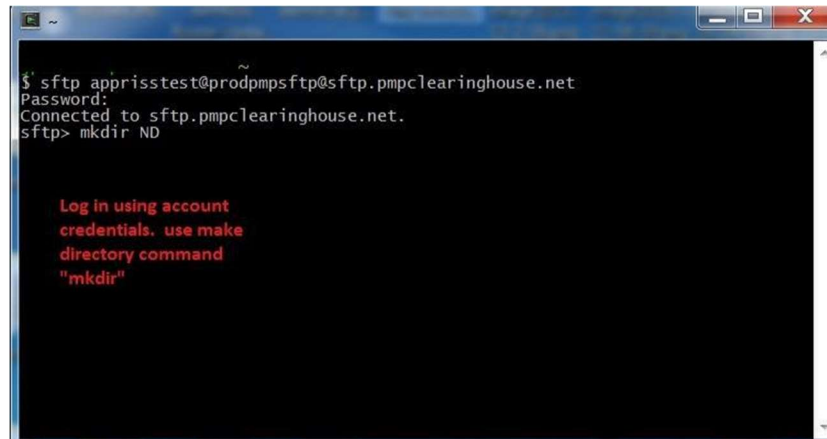
- Log into SFTP Account and create the directories needed under */homedir*.



2. Via command prompt

- Log into SFTP account using command prompt.
- Once logged in, type: "**mkdir.**" Then, add a space, and the state abbreviation you are using.
 - Example: **mkdir FL**

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



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

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

Pharmacy software will need to be configured to place files in the appropriate state folder when submitting.

The software vendor may need to be contacted for additional assistance on this process.

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

13.3 Public (SSH/RSA) Key Authentication

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

***PGP Encryption** is not supported.

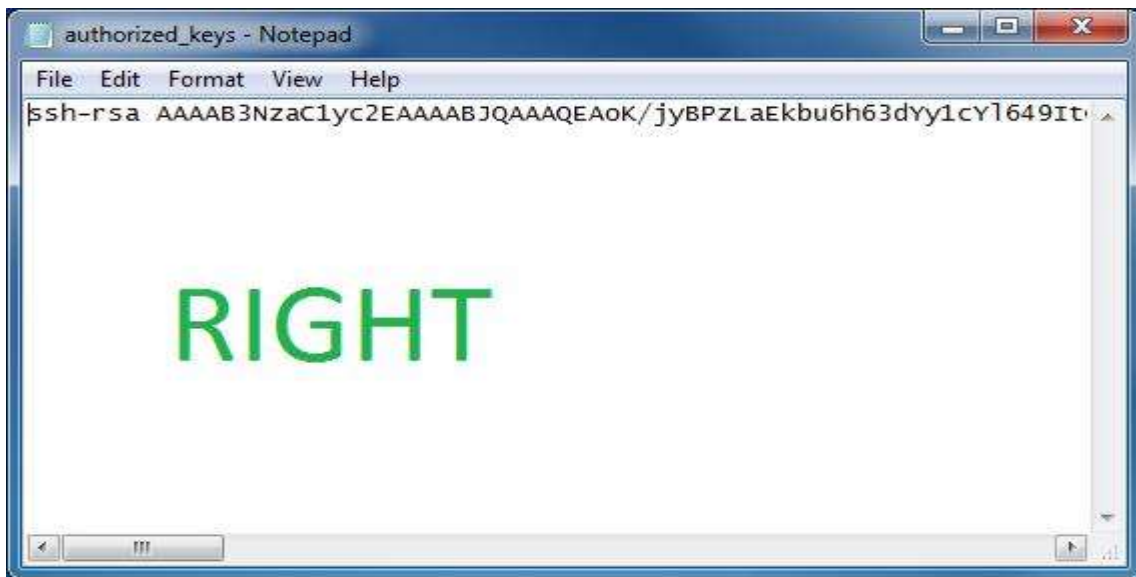
Supported Key Types:

- SSH-2 RSA 2048 bit length

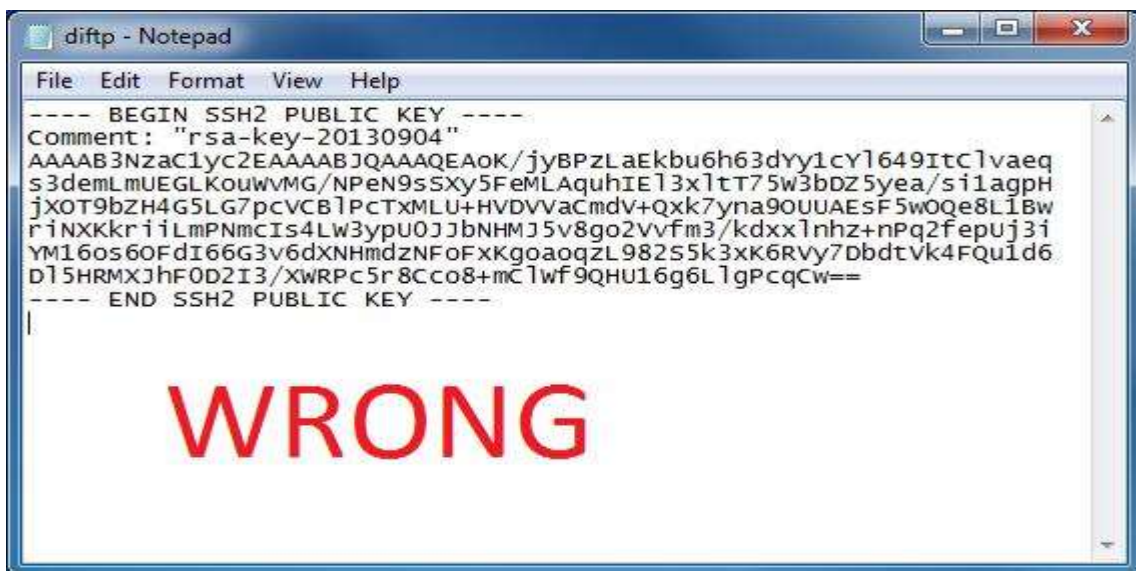
Unsupported Key Types:

- SSH-1 RSA and SSH-2 DSA keys are not supported.

Correct Public Key Format – If opened in a text editor, the key should look like the following:



Incorrect Public Key Format – If opened in a text editor, the key SHOULD NOT look like the following:



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

Important Note: There is no file extension and there is an underscore between the words ***authorized*** and ***keys***.

A .ssh subfolder must be created in the home directory of the SFTP account. The “***authorized_keys***” file must be placed into the .ssh folder. The creation of this folder follows the same process as creating a state subfolder. Refer to the [State Subfolders](#) section for steps on creating subfolders.

14 Appendix D – Notification of Exemption from Reporting

The Notification of Exemption from Reporting is provided on the following page.



**Florida's Prescription Drug Monitoring
Program**

4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
Email: e-forcse@flhealth.gov

NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, F.S., awaiting issuance of a Drug Enforcement Administration registration number.			
<input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption): <div style="margin-left: 20px;"> <input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session. <input type="checkbox"/> A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state. <input type="checkbox"/> A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections. <input type="checkbox"/> A practitioner when administering a controlled substance in the emergency room of a licensed hospital. <input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16. <input type="checkbox"/> A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient. </div>			
Reason for request of waiver from electronic reporting: (Check all that apply below)			
(NOTE: A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action

15 Appendix E – Renewal of Notification of Exemption from Reporting

The Renewal of Notification of Exemption from Reporting is provided on the following page.



**Florida's Prescription Drug Monitoring
Program**

4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
Email: e-forcse@flhealth.gov

RENEWAL OF NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, F.S., and awaiting issuance of a Drug Enforcement Administration registration number.			
<input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):			
<input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.			
<input type="checkbox"/> A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.			
<input type="checkbox"/> A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.			
<input type="checkbox"/> A practitioner when administering a controlled substance in the emergency room of a licensed hospital.			
<input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.			
<input type="checkbox"/> A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.			
Reason for request of waiver from electronic reporting: (Check all that apply below)			
(NOTE: A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action

Appendix F: ASAP 4.2a 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 E-FORCSE® 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 (~~).

- **Field Usage**
 - R = Required by ASAP
 - RR = Required by E-FORCSE
 - S = Situational (not required; however, supply if available)

Both “R” and “RR” fields must be reported.

Note: For more information regarding ASAP 4.2 specifications, please contact the American Society for Automation in Pharmacy at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. Example: TH*4.2A*857463*01**20091015*1045*P***~			
	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) 	R
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <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.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source Required segment; used to convey the name and identification numbers of the entity supplying the information. Example: IS*7564*ACME PHARMACY~			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header Required segment; 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.	RR
	PHA04	Pharmacy Name Free-form name of the pharmacy.	S
	PHA05	Address Information – 1 Free-form text for address information.	S
	PHA06	Address Information – 2 Free-form text for address information.	S
	PHA07	City Address Free-form text for city name.	S
	PHA08	State Address U.S. Postal Service state code.	S
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
	PHA10	Phone Number Complete phone number including area code.	S
	PHA11	Contact Name Free-form name.	S
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
	PHA13	Pharmacy's Permit Number/License Number Used to help identify the sending pharmacy.	RR
PAT: Patient Information Required segment; used to report the patient's name and basic information as contained in the pharmacy record. Example: PAT*MA*06*987544****SMITH*JOHN****1234 MAIN ST** SOMEWHERE*MA*54356**19500101*M~			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Field ID	Field Name	Field Usage
	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 ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <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 ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient's last name.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	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.	RR
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	RR
	PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	Phone Number Complete phone number including area code.	RR
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> ▪ F Female ▪ M Male ▪ U Unknown 	RR
	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 	S

Segment	Field ID	Field Name	Field Usage
	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.	S
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record Required Segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity. Example: DSP*00*6542984*20091015*0*20091015*0*01*57866707401*30*15~			
	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.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	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 	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If the product is a compound, use 99999 as the first five characters of the product code. The remaining six characters are assigned by the pharmacy. The CDI then becomes a required segment.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	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 DSP09 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.	S

	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
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	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 	RR
	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) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. 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.	S
	DSP21	Electronic Prescription Order Number 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.	S
	DSP22	Quantity Prescribed This field has been added in order to add clarity to the value reported in DSP13 Partial Fill Indicator.	S

	DSP23	Rx SIG This field would capture the actual directions printed on the prescription vial label. If the directions exceed 200 characters, truncation would be allowed.	S
	DSP24	Treatment Type This field indicates that the prescription was for opioid dependency treatment when Code 02 is used. 01 = Not Used for Opioid Dependency Treatment 02 = Used for Opioid Dependency Treatment	S
	DSP25	Diagnosis Code This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription.	S

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information Required segment; used to identify the prescriber of the prescription. Example: PRE**AW8765432~			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	RR
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	RR
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	RR
	PRE06	First Name Prescriber's first name.	RR
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number	S
	PRE09	XDEA Number This field gives a PDMP the option of requiring the XDEA Number (NADEAN) in the PRE Segment when the prescription is for opioid dependency.	S
CDI: Compound Drug Ingredient Detail 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. Used to identify the individual ingredients that make up a compounded drug. If CDI is filled in, the NDC of DSP08 must be 9999999999. Example: CDI*1*01*04532657401*2.5*03~			
	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

	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
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Segment	Field ID	Field Name	Field Usage
	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) 	S

AIR: Additional Information Reporting

Use of this segment is 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. **Example:**
AIR*MA*787456493993~

	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	S
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <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 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID) 	RR
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	RR

Segment	Field ID	Field Name	Field Usage
	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 	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	RR
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	RR
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.	RR
TP: Pharmacy Trailer Required segment; 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. Example: TP*6~			
	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 segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. Example: TT*857463*9~			
	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