Data Submission Guide for Dispensers
Florida Prescription Drug Monitoring Program

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Version 2.4

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1   Document Overview

This document serves as a training guide and support manual for dispensers of Schedule II through Schedule V controlled substances in Florida who use Appriss Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

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

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

2 E-FORCSE Overview

2.1 Florida's PDMP 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, and V, as defined in section 893.03, Florida Statutes (F.S.), and provide the information maintained in the system to healthcare 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 healthcare 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 definition includes mail order and internet pharmacies as well as dispensing healthcare practitioners registered with their regulatory board.

Effective April 18, 2018, dispensers are required to report controlled substance dispensing to E- FORCSE via 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 healthcare 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 of 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.

2.2 Data Submission

This section provides an overview of data submission requirements for E-FORCSE® via PMP Clearinghouse. **Effective April 18, 2018**, dispensers are required to report controlled substance dispensing to E-FORCSE via 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.

2.2.1 Requirements and Specifications

Dispensers and software vendors may establish PMP Clearinghouse accounts for data submission upon receipt of this guide. See Creating Your Account for instructions on setting up an account.

- As of April 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 4.2A format, as defined in Appendix A: 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".

2.2.2 Submitting Dispensing Information

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 the upload specifications outlined in the Upload Specifications section of this document.

    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 (NDC), quantity, and strength of the controlled substance dispensed.

e.   The full name, federal DEA registration number, State of Florida Department of Health-issued pharmacy permit number, and the address of the pharmacy or other location from which the controlled substance was dispensed.

f.   Whether the drug was dispensed as an initial prescription or a refill and the number of refills ordered.

g.   The name of the pharmacy, or practitioner other than a pharmacist, dispensing the controlled substance and the practitioner's State of Florida Department of Health-issued license number and NPI number.

h.   The name of the individual picking up the controlled substance prescription and type and issuer of identification provided.

i.   Other appropriate identifying information as determined by department rule.

For additional details on these elements and others of ASAP 4.2A, please refer to Appendix A: ASAP 4.2A Specifications.

2.2.3 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 refer to the Zero Reports section of this document.

2.2.4 Reporting Exemptions

Not all controlled substance prescriptions dispensed are required to be reported to E-FORCSE®. The following acts are exempt from reporting to E-FORCSE:

- All acts of administration of a controlled substance;

- A controlled substance dispensed in the healthcare system of the Florida Department of Corrections; and

- A controlled substance administered or dispensed to a patient under the age of 16.

2.2.5 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 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.

2.2.6 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.

2.2.7 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-FORSCE® 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.

2.2.8 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.

3   Accessing Clearinghouse

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

3.1   Creating Your Account

Prior to submitting data, you must create an account. **If you are currently registered with the Appriss PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add Florida to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to Multi-State Approval to add states to your account.

> ***Notes***:
>
> - *Dispensing information from multiple pharmacies that are within the same state can be uploaded in the same file. For example, chain pharmacies or vendors with multiple stores may set up one account to upload a file for all locations within the state.*
>
> - *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*
>
> - *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to Managing Your Upload Account.*

Perform the following steps to create an account:

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

2. Complete your Profile Details.

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

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

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

Passwords must contain:

- *At least ten (10) characters*
- *One (1) uppercase letter*
- *One (1) lowercase letter*
- *One (1) number*
- *One (1) special character, such as !, @, #, $, etc.*

3. Complete your Personal and Employer information, using the following table as a guideline. Note that required fields are marked with an asterisk (*****).

Field	Description/Usage
Personal Information **Note:** Information in this section is used for contact purposes in the event a problem occurs with the data submitted.	
First Name Last Name	(Required) Enter the first and last name of the contact person.
DEA	This field may be used to auto- populate the personal information by entering the DEA number and clicking the search icon (🔍).
NPI	This field may be used to auto- populate the personal information by entering the NPI number and clicking the search icon (🔍).
Employer Information	
Name	(Required) Enter practice/pharmacy name.
Address	(Required) Enter practice/pharmacy mailing address, city, state, zip code, and telephone number. If the account is to be used for multiple locations, please enter your primary address.

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Field	Description/Usage
DEA	This field may be used to auto- populate the employer information by entering the DEA number and clicking the search icon ($\mathcal{Q}$).
NCPDP	This field may be used to auto- populate the employer information by entering the NPI number and clicking the search icon ($\mathcal{Q}$).

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

   Notes:

   - *If SFTP access is not required, you do not need to complete the Data Submission section and you may continue to step 5.*

   - *You may add SFTP access to an existing account. Please refer to Adding SFTP Access to an Upload Account for complete instructions.*

   - *Do not select the **Enable Real-Time Access** checkbox. Real-time submissions are not available for Florida.*

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

    The SFTP access fields are displayed.

b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555@prodpmpsftp*.

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

Passwords must contain:

- *At least ten (10) characters*
- *One (1) uppercase letter*
- *One (1) lowercase letter*
- *One (1) number*
- *One (1) special character, such as !, @, #, $, etc.*

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

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

5. In the Submission Destinations section of the page, select **Florida**.

Submission Destinations

Only select states for which you are required to submit data. In most cases, a state requires submissions when there is a physical location dispensing controlled substances within the given state and/or when a dispenser is shipping (i.e. mail orders) controlled substances into the state. Please consult the state's governing PDMP body for clarification on if you are required to submit data to the respective state.

Please Note: Selecting additional states **DOES NOT** enable interstate data sharing.

States *
- [ ] Alabama
- [ ] Alaska
- [ ] Arizona
- [ ] Arkansas
- [ ] Colorado
- [ ] Connecticut
- [ ] Delaware
- [ ] District of Columbia
- [ ] Florida
- [ ] Georgia

6. Click **Submit**.

The Account DEA Numbers page is displayed as shown on the following page.

7. Enter or upload any DEA numbers that will be submitting data to Florida.

    Note: Please refer to the DEA Numbers section of this document for more information.

8. Once you have finished entering or uploading DEA numbers, click **Continue**.

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

9. Click **Continue**.

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

3.2 Logging In to PMP Clearinghouse

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

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

3. Enter your password in the **Password** field.

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

4. Click **Login**.

    The PMP Clearinghouse home page is displayed.
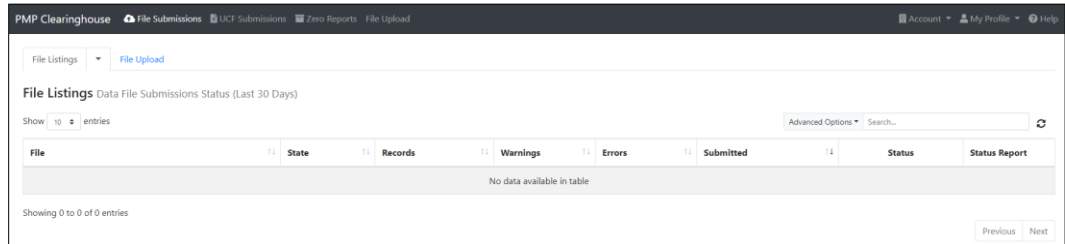
4   Data Delivery Methods

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

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

Delivery Method	Page
Secure FTP	14
Web Portal Upload	15
Online Manual Entry (UCF)	17
Zero Reports	22

4.1   Secure FTP

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.

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

1. If you do not have a PMP Clearinghouse account, perform the steps in Creating Your Account.

   Or

2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in Adding SFTP Access to an Upload Account.

3. Prepare the data file(s) for submission, using the ASAP specifications described in Appendix A: ASAP 4.2A Specifications.

   Important Notes:
   - *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.*

4. SFTP the file to sftp://sftp.pmpclearinghouse.net.

5. When prompted, enter the username and password you created when setting up the SFTP account.

6. Place the file in the appropriate state-abbreviated directory.

7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse. Refer to the File Listings section of this document for more information.

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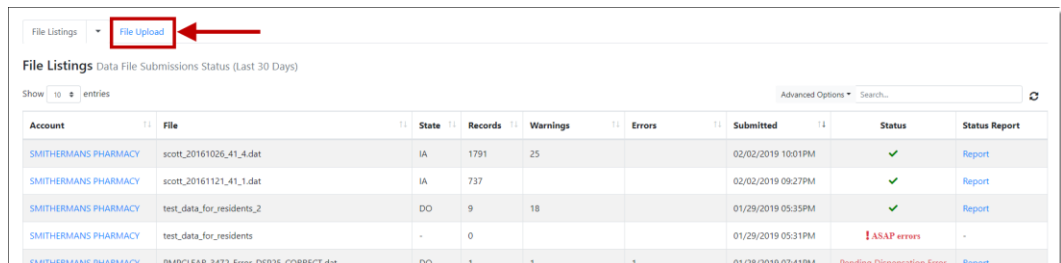
4.2   Web Portal Upload

Web portal upload is an option for dispensers who use software to create their files but are unable to send via SFTP.

1. If you do not have an account, perform the steps in Creating Your Account.

2. Prepare the data file(s) for submission, using the ASAP specifications described in Appendix A: ASAP 4.2A Specifications.

> ***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. Log in to PMP Clearinghouse.

4. From the home page, click the **File Upload** tab.

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

5. Select **Florida** from the drop-down list in the **Select a PMP** field.

6. Click the **Browse** button, located next to the **File Upload** field, and select the file you created in step 2.

7. Click **Upload**.

   A message is displayed prompting you to confirm the submission.

8. Click **Upload** to continue with the file submission.

   Your file is uploaded, and you can view the results of the upload on the File Submissions page. Refer to the File Listings section of this document for more information.

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

4.3   Online Manual Entry (UCF)

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

Please refer to Appendix A: ASAP 4.2ASpecifications for the complete list of reporting requirements.

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

The UCF Listings page is displayed.

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

The Create Universal Claim Form page is displayed.

5. Select **Florida** from the drop-down list in the **Select a PMP** field.

6. Complete the required fields.

   Notes:

   - *An asterisk (*) indicates a required field.*

   - ***If you are entering a compound**, click the **Compound** checkbox in the Drug Information section of the page, complete the required fields for the first drug ingredient, then click **Add New** to add additional drug ingredients.*

   - *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 refer to Completing a Saved UCF for more information.*
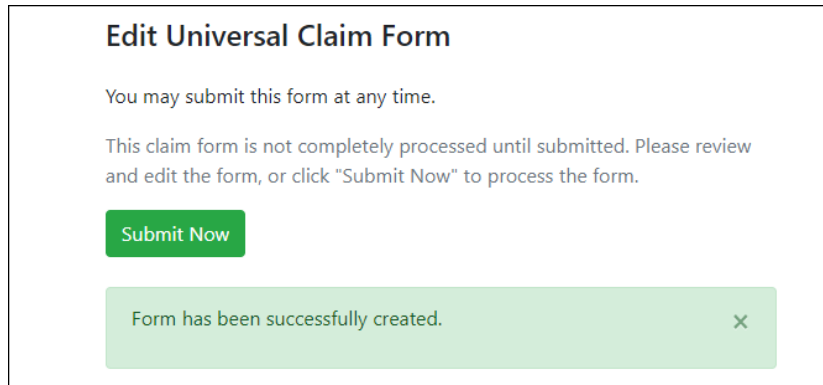
   Notes Regarding NDC Numbers:

   - *NDC's are 11 digits and use the format 99999-9999-99.*

   - *When adding an NDC, do not include the dashes, for example, 99999999999.*

   - *NDCs 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 second segment)	*54321012398*

7. Once you have completed all required fields, click **Save**.

    The **Submit Now** button is displayed at the top of the page.
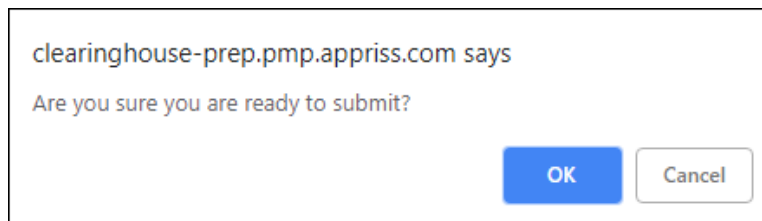
8. Click **Submit Now** to continue with the data submission process.

    A message is displayed prompting you to confirm the data submission.
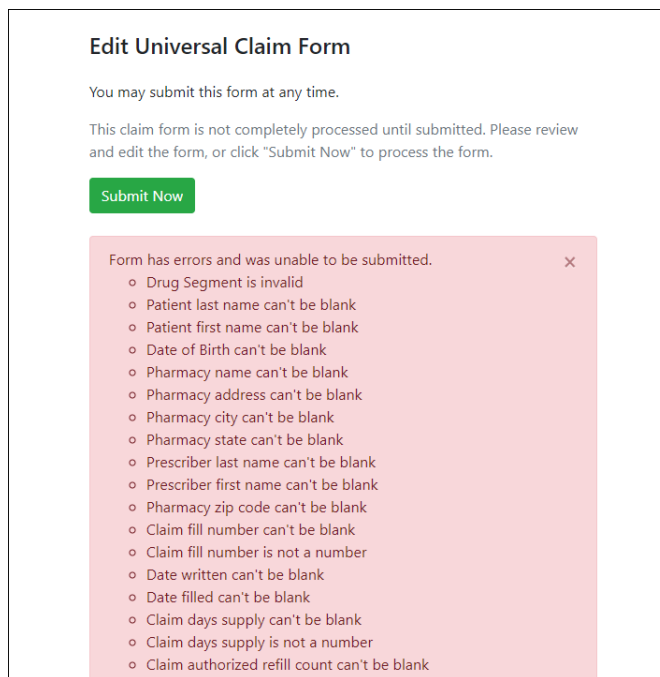
9. Click **OK**.

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

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

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

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

11. To view the details of your submission:

    a. Click the **Manage Claim Forms** tab, located at the top of the page.

        The Pending Claim Forms page is displayed.

    b. Click **View Submitted Forms**, located in the top right corner of the page.

        The Submitted Claim Forms page is displayed.

    c. Click the patient's name to view the submission; OR

    d. If you need to void a prescription, click **Delete Submission**. *Note that if you need to revise a record, you must delete it and submit a new form.*

4.3.1 Completing a Saved UCF

If you were unable to complete the UCF at the time of entry and saved your progress to complete later, your saved UCF is available on the Pending Claims Form page. To access this page and complete your form:

1. Click **UCF Submissions**.

The UCF Listings page is displayed.

2. Click the **Manage Claim Forms** tab, located at the top of the page.

   The Pending Claim Forms page is displayed.

3. Click **Edit** next to the report you wish to complete.

The Edit Universal Claim Form page is displayed.

4. Complete and submit the form using the instructions provided in Manual Entry (UCF), beginning with step 5.

4.4 Zero Reports

If you have no dispensations to report for a reporting period, you must submit a zero report to E-FORCSE®. You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to Appendix B: ASAP Zero Report Specifications.

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

- Submit a single-click zero report
- Create a new zero report

4.4.1 Submit a Single-Click Zero Report

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

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

1. If you do not have an account, perform the steps in Creating Your Account.
2. Log in to PMP Clearinghouse.
3. Click **Zero Reports**.
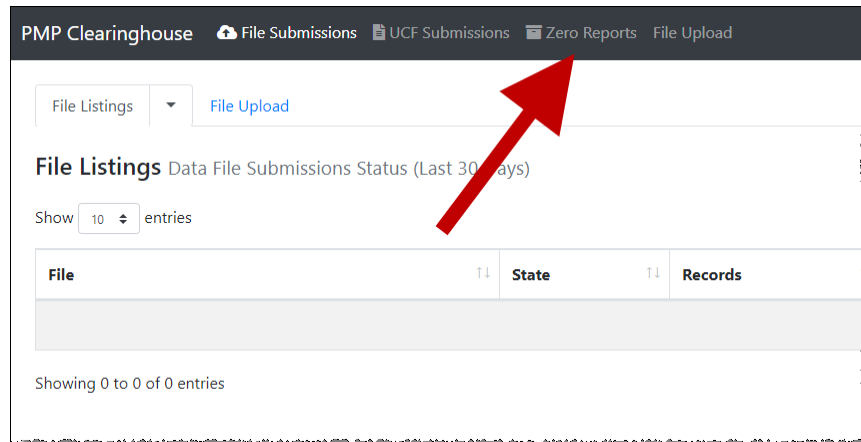
The Zero Report Listings page is displayed.

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

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

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to step 10 to submit a zero report for those pharmacies.

- If you have not configured your pharmacy for single-click zero reporting, continue to step 5.

5. Click **Add New Pharmacy**.

The New Pharmacy page is displayed.

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.

7. Enter the pharmacy's name in the **Pharmacy** field.

8. Populate the **NCPDP**, **DEA Number**, and/or **NPI** fields as required by the PMP you selected in step 6. If any of these fields are required, a red asterisk (*****) will be displayed next to that field once you have selected a PMP.

9. Click **Save**.

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

10. Click the plus sign ("+") next to the PMP for which you wish to submit a zero report.

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

11. Click **Today** to submit a zero report for the current date;

    Or

12. Click **Yesterday** to submit a zero report for the previous date.

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

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

- *To edit a pharmacy, click **Edit** to display the Edit Pharmacy page and make any necessary changes. Refer to steps 6–9 for guidance on entering pharmacy information.*

- *To delete a pharmacy, click **Delete**. You will be prompted to confirm the deletion. Once you confirm the deletion, the pharmacy configuration will be removed.*

4.4.2 Create a New Zero Report

1. If you do not have an account, perform the steps in Creating Your Account.

2. Log in to PMP Clearinghouse.

3. Click **Zero Reports**.

The Zero Report Listings page is displayed.

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

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

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

    The Create Zero Report page is displayed.

6. Select **Florida** from the drop-down list in the **PMP** field.

7. Enter the start date and end date for the zero report in the **Start date** and **End date** fields using the *MM/DD/YYYY* format. You may also select the dates from the calendar that is displayed when you click in these fields.

8. Enter the dispenser's DEA number in the **DEA Number** field.

9. Click **Submit**.

   Your zero report is submitted to PMP Clearinghouse and will be listed on the **Zero Reports Listings** tab.

   *Note: All previously submitted zero reports, including those submitted via SFTP, are displayed on the **Zero Reports Listings** tab.*

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5 Status Reports

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

5.1 File Failed Report

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

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

An example *File Failed Report* is provided below.

```
SUBJ: 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: 4.2A
* 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.
```

5.2 File Status Report

The *File Status Report* serves as notification that a data file is currently being parsed by the state PMP system.

This report identifies specific records in the submitted data file and returns identifying information about the record, including specific errors identified during the validation process. It uses fixed-width columns and contains a summary section after the error listings. Each column contains a blank two-digit pad at the end of the data.

The columns are set to the following lengths:

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

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

- **Total records**: The total number of records contained in the submitted data file.

- **Duplicate records**: The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information.

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

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

- **Records with errors**: The number of records that contain errors. These errors must be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. Please refer to Error Correction for instructions on correcting errors.

- **Records with warnings**: The number of records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.

- **Records imported with warnings**: The number of records with warnings that were imported. If a record contains both warnings and errors, the errors must be corrected to be submitted to the system. Please refer to Error Correction for instructions on correcting errors.

- **Records imported without warnings**: The number of records without warnings that were imported.

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

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

```
SUBJ: 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: 4.2A
* 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: ###
```

5.3 Zero Report Confirmation

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

An example *Zero Report Confirmation* is provided below.

```
SUBJ: ASAP Zero Report: zero_reports_20160306KSMCPS.DAT

BODY:
Summary:
* File Name: zero_reports_20160306KSMCPS.DAT
* PMP Name: Florida
* Date Range: 2016-03-06 – 2016-03-06
* Submission Date: 2016-03-06
* ASAP Creation Date: 2016-03-06
```

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6 Data File Submissions and Error Corrections

This chapter describes how to view the status of your submitted data files and how to correct errors. 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 two (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 one (1) business day of the initial record submission.

6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings (notices that require no action), number of records that contain errors (records that require action), and the date and time of submission. Click **File Submissions** to access this page.

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

Showing 1 to 3 of 3 entries

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

A green checkmark indicates that the data file was received with no errors.

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

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

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

6.1.1 Data Submission Errors

- **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, and 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:

    – In the example below, the "IS" segment was empty, missing, or malformed, following the second segment of the file, or the segment preceding was not properly terminated. Refer to Appendix A: ASAP 4.2A Specifications for more information.

    – In the following example, the "DSP" segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fifth segment of the file. Refer to Appendix A: ASAP 4.2A Specifications for more information.

− In the following example, the "PRE" segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fifth segment of the file. Refer to Appendix A: ASAP 4.2A Specifications for more information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [PRE]. Currently at segment number 6.

close
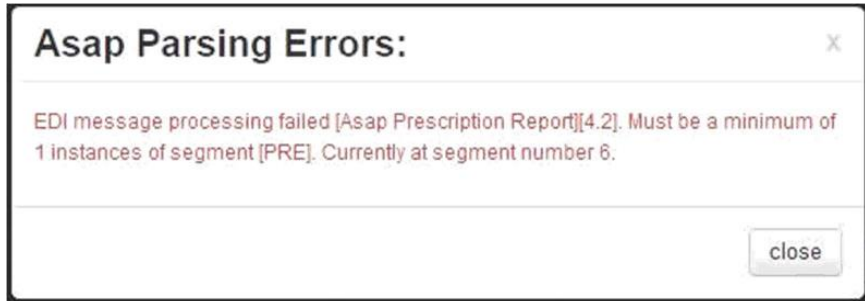
− In the following example, the "PAT" segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fourth segment of the file. Refer to Appendix A: ASAP 4.2A Specifications for more information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [PAT]. Currently at segment number 4.

close

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

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Reached end of mapping model but there are more EDI segments in the incoming message. Read 9 segment(s). Current EDI segment is [TP28]

close

  − In the following example, the "TP" or Pharmacy Trailer segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the twelfth segment of the file. Refer to Appendix A: ASAP 4.2A Specifications for more information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [TP]. Currently at segment number 12.

close

  − In the following example, the system was unable to read the value of "PII" for the file type element. Acceptable values are "P" or "T".

Asap Parsing Errors: X

Failed to decode the value 'P||' for the bean id 'dataSourceType'.

close

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

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

- **Missing State**

  If a file has been submitted via SFTP without using a state-abbreviated sub-folder, a **Determine PMP** error will display on the File Listings page.

File Listings	DATA FILE SUBMISSIONS WITH ERRORS						Recent Files	Upload File
Show 10 entries							Search:	
File		State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
jordan8675309@preppmpsftp/subfolderstest3.dat		-	1	-	-	04/27/2017 01:13PM	Determine PMP	status report

  Click **Determine PMP** to select a destination state so that the data file may be transferred.

Set Destination PMP: X

Problem determining destination :
Could not find pmp of ""

Texas   ∨   Update

Cancel

6.2 UCF Listings

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

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

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

The Pending Claim Forms page is displayed.

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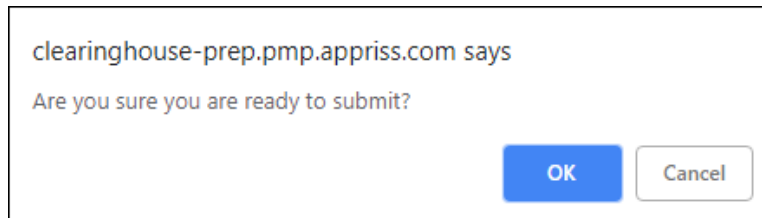
   Note: *If it has been longer than 30 days, the **Edit** option will not be available. You must click **Delete** to delete the record and start over.*

The Edit Universal Claim Form page is displayed.
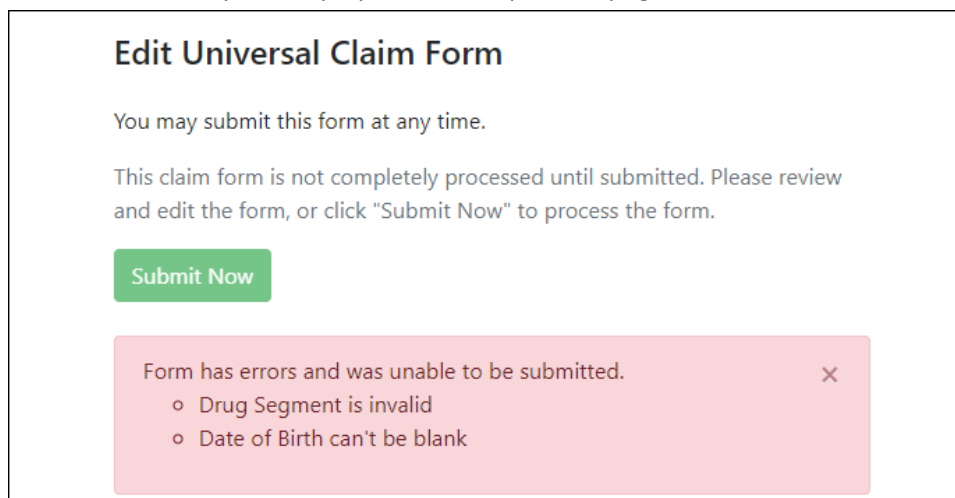
3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

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

4. Click **OK**.

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

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

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

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

6.3 Error Correction

6.3.1 View Records

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

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

6.3.2 Error Correction via PMP Clearinghouse

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

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

- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. In this case, you must submit a corrected file.

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To correct records:

1. Identify the fields that require corrections. Fields containing errors are highlighted in red, as shown in the screenshot above.

2. Enter the corrected value in the **Corrected Value** column.

3. Click **Submit**.

    The error is processed through the validation rules.

    a. If the changes pass the validation rules, the record is valid, and a message is displayed indicating that the errors have been corrected. The File Listings and Error Correction pages are also updated.

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

7 Editing Records and File Error Definitions

> ***Important Notes:***
>
> - *The instructions provided in this chapter are only applicable to data submitted via file upload or SFTP. For information regarding errors, revisions, and voids for submissions via Universal Claim Form, please refer to the [Online Manual Entry (UCF)](#) or [UCF Listings](#) section of this document.*
>
> - *If you are unsure of how to complete any of the steps in this chapter, please contact your software vendor.*

7.1 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 4.2A standards require that dispensers 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.

7.1.1 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.

7.1.2 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.

7.1.3 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.

7.2 File Error Definitions

Error Type	Definition
ASAP Errors	Fatal errors. The file was not processed and must be resubmitted. Example: • 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: • 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: • Valid DEA number not found in registry • Compound NDC number not found in registry

8   Managing Your Upload Account

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

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

8.1   Multi-State Approval

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

1. Log in to PMP Clearinghouse.
1. Click **Account**.
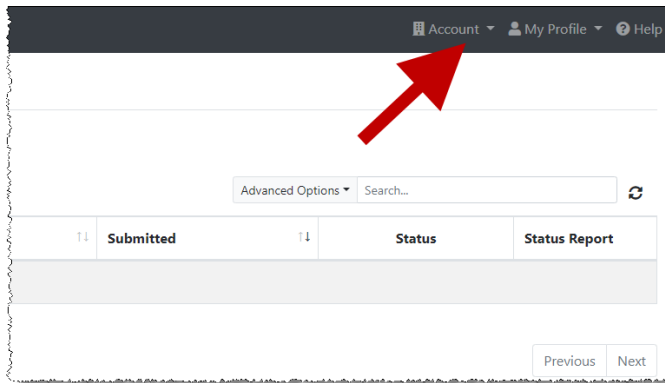
2. Select **Multi State Approval** from the **Account** drop-down menu.

   The Multi State Approval page is displayed. This page displays all states currently using the PMP AWARxE system as well as your data sharing status with each state.

3. Click the checkbox next to **Florida**.
4. Click **Edit DEA Numbers** next to **Florida**.

The Account DEA Numbers page is displayed.

5. Enter or upload any DEA numbers that will be submitting data for this account.

   Note: Please refer to the DEA Numbers section of this document for more information.

6. Click **Continue**.

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

   Notes:

   - *If you are submitting data via SFTP, the file must be located in the proper sub-folder to ensure delivery to the desired state PMP.*

   - *To cancel data submission to a state's PMP, uncheck the box for that state. Note that if you need to submit data to that state again in the future, you will have to go through the approval process again.*

8.2 Editing Your Upload Account

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

1. Log in to PMP Clearinghouse.
2. Click **Account**.
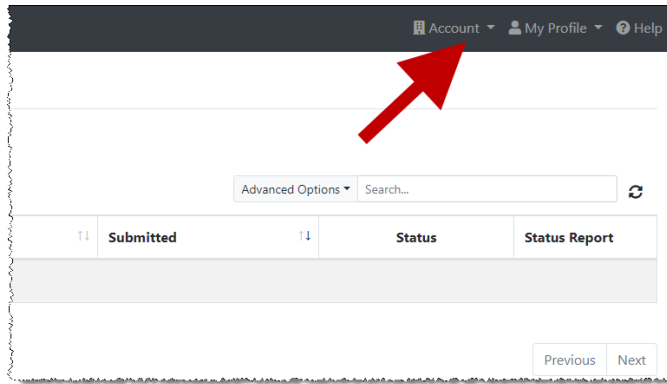
3. Select **Account Details**.

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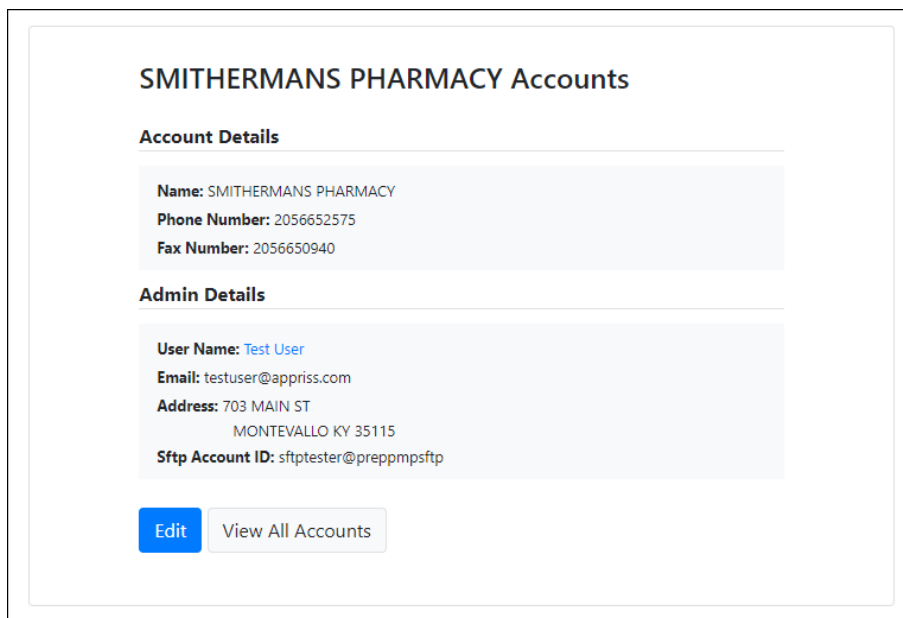
4. Click **Edit**.

    The Edit Account page is displayed as shown on the following page.

5.   Update the information as necessary, then click **Submit**.

     The account information is updated.

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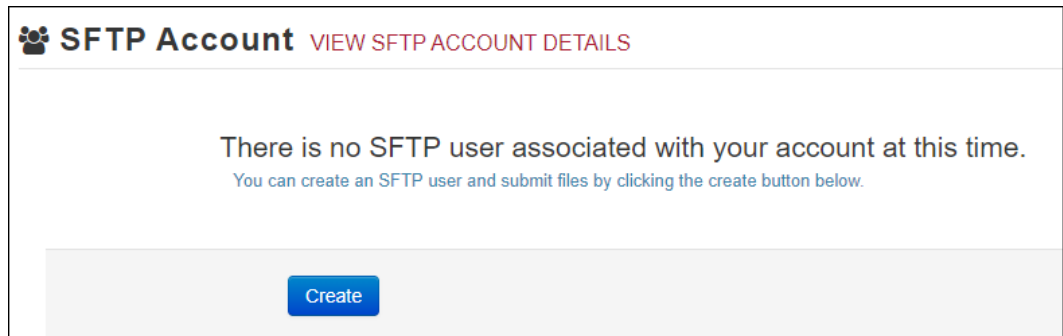
If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

1.   Log in to PMP Clearinghouse.
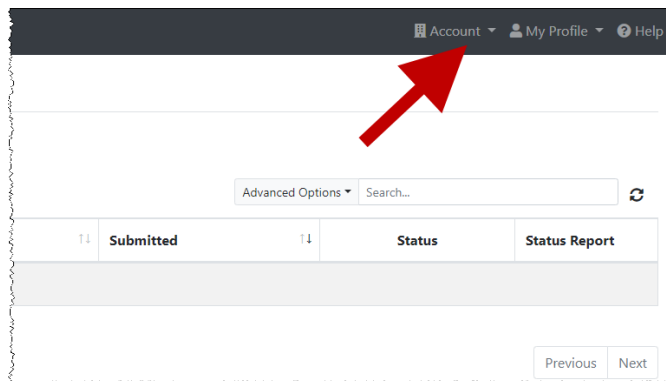
2.   Click **Account**.

3.   Select **SFTP Details**.

The SFTP Account page is displayed.
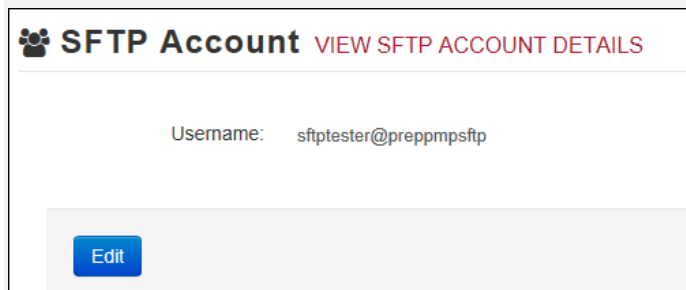
SFTP Account VIEW SFTP ACCOUNT DETAILS

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

Create

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

SFTP Account VIEW SFTP ACCOUNT DETAILS
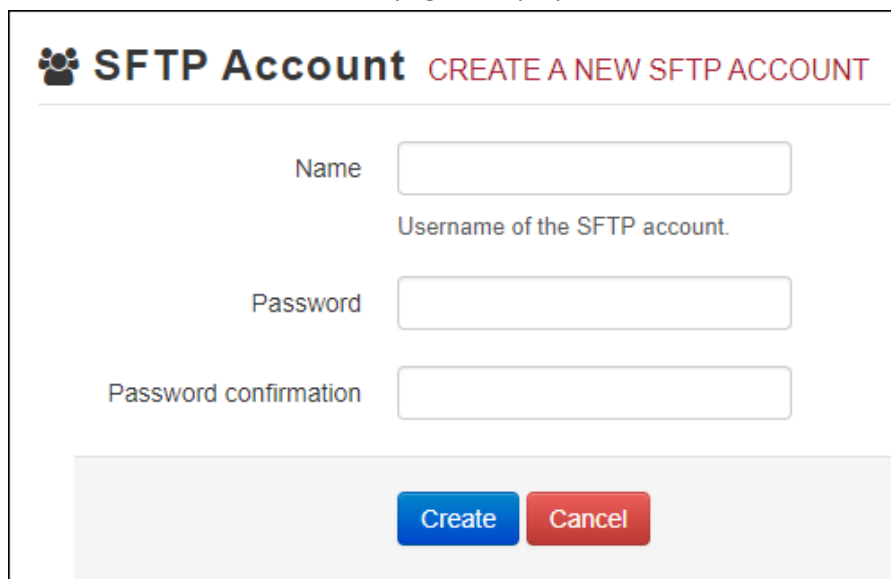
Username: sftptester@preppmpsftp

Edit

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

4. Click **Create**.

The Create a New SFTP Account page is displayed.

SFTP Account CREATE A NEW SFTP ACCOUNT

Name [   ]
Username of the SFTP account.

Password [   ]

Password confirmation [   ]

Create   Cancel

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

Notes:

- *The username must contain a minimum of ten (10) characters.*
- *Once the SFTP account has been created, you cannot change the username.*

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

Passwords must contain:

- *At least ten (10) characters*

- *One (1) uppercase letter*

- *One (1) lowercase letter*

- *One (1) number*

- *One (1) special character, such as !, @, #, $, etc.*

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

Notes:

- *This password can be the same as the one used when the upload account was created.*

- *Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.*

- *The URL to connect via SFTP is sftp://sftp.pmpclearinghouse.net.*

- *Additional details on SFTP configuration can be found in Appendix C: SFTP Configuration.*

7. Click **Create**.

The account is created, and the username is displayed.
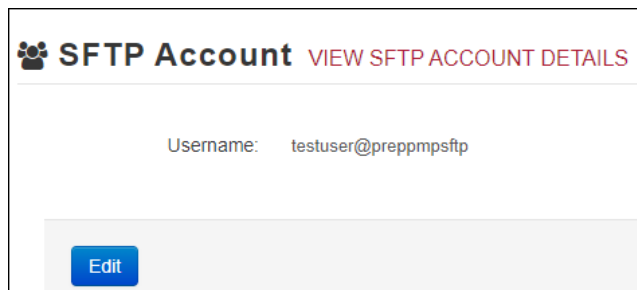
8.4 Real-Time Details

Real-time submissions are not available for Florida.

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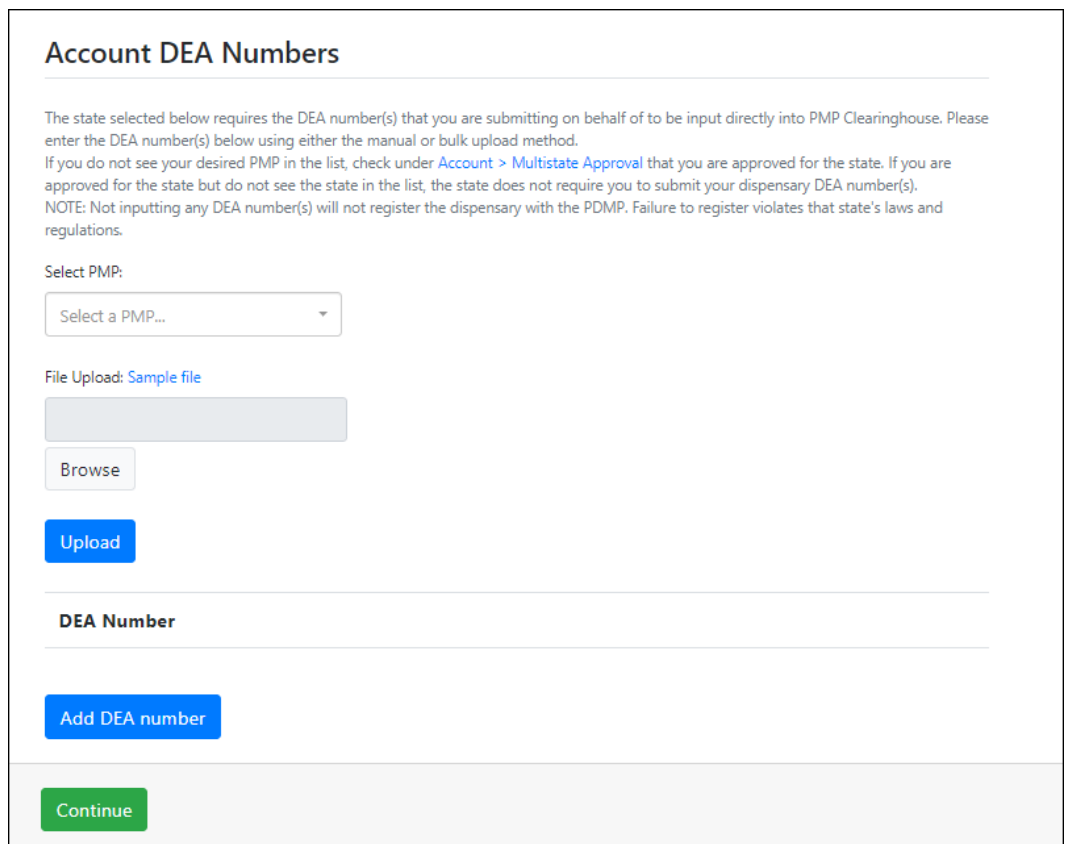
Florida requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. You can enter DEA number(s) using either the bulk upload or manual method. Perform the following steps to add your DEA number(s):

1. Log in to PMP Clearinghouse.
2. Click **Account**.
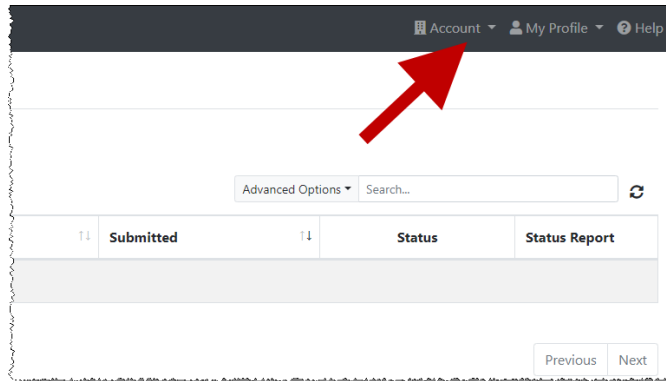
3. Select **DEA Numbers**.

   The Account DEA Numbers page is displayed.

4. Select **Florida** from the **Select a PMP** drop-down.

   a. To bulk upload account DEA numbers, continue to step 5; OR

---

   b. To manually add DEA numbers, continue to step 8.

5. To bulk upload DEA numbers, click **Sample file** in the File Upload section of the page to download the DEA number template.

6. Open the sample file, enter your DEA numbers, and save the file to your computer.

7. Click **Browse**, then select the file you created in step 6 and click **Upload**.

  Once the file has uploaded, a successful file processing notification is displayed, and the DEA numbers are displayed in the DEA Number section of the page.

  Continue to step 10.

8. To manually add the DEA number, click **Add DEA number**.
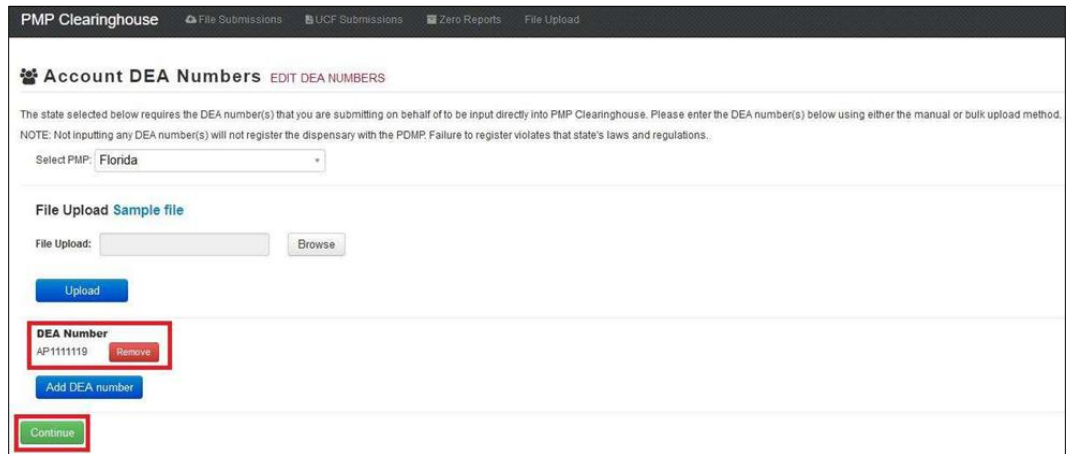
  The New DEA Number window is displayed.

9. Enter the DEA number in the **Dea Number** field, then click **Save Changes**.

You are returned to the Account DEA numbers page, and the DEA number is displayed in the DEA Number section of the page.

10. Once you have finished adding DEA numbers, click **Continue** to be routed to the File Listings page.
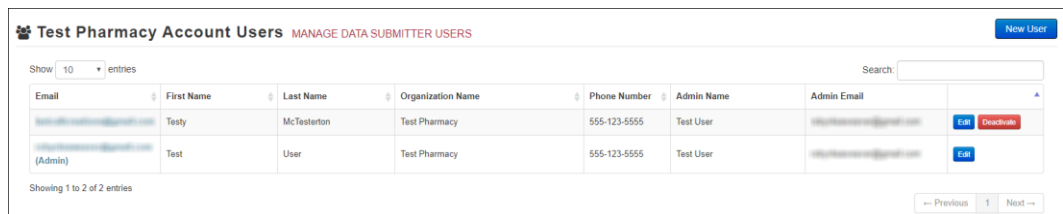
8.6　Adding Users to Your Upload Account

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

1. Log in to PMP Clearinghouse.
2. Click **Account**.
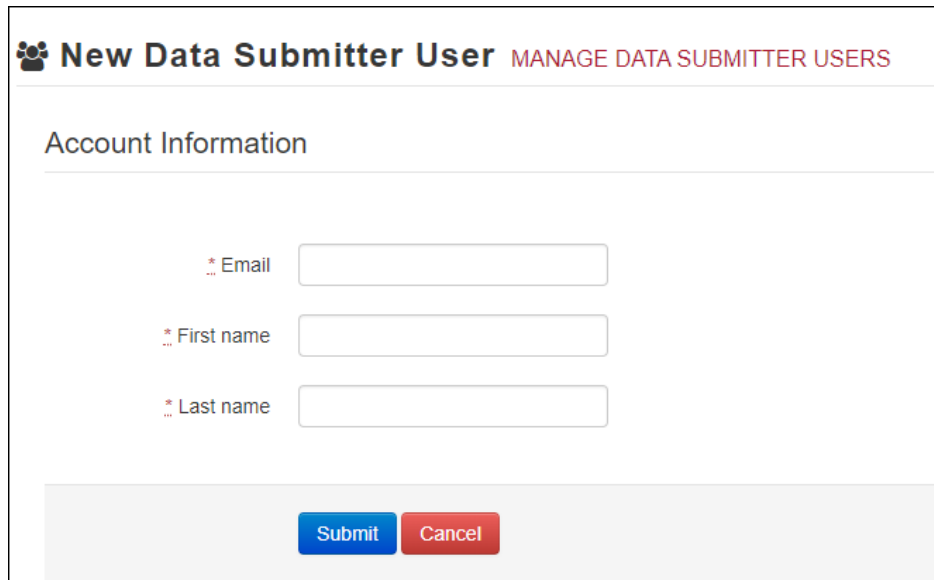
3. Select **Users** from the **Account** drop-down menu.

   The Account Users page is displayed.

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

The New Data Submitter User page is displayed.

5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*

6. Click **Submit**.

   The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.

7. Please inform the new user of the account creation.

   a. The user will receive an email with a link for them to confirm their account.

   b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.

   c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

8.6.1 Changing Another User's Password

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

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

The Account Users page is displayed.

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

The Edit Data Submitter User page is displayed.

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

   Passwords must contain:

   - *At least ten (10) characters*
   - *One (1) uppercase letter*
   - *One (1) lowercase letter*
   - *One (1) number*
   - *One (1) special character, such as !, @, #, $, etc.*

6. Click **Submit**.

   The password is changed.

9   Managing Your User Profile

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

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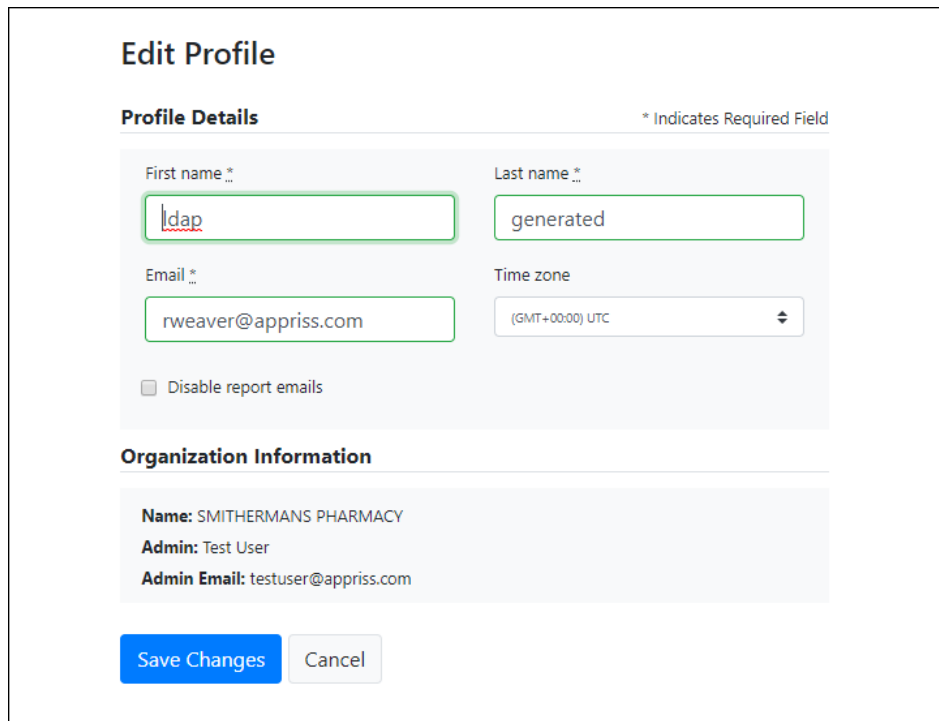
9.1   Editing Your Profile

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

1. Log in to PMP Clearinghouse.
2. Click **My Profile**.

3. Select **Edit My Profile**.

4. Update your information as necessary, then click **Submit**.

    Your changes are saved, and your updated profile is displayed.

9.2   Changing Your Password

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

1. Log in to PMP Clearinghouse.
2. Click **My Profile**.
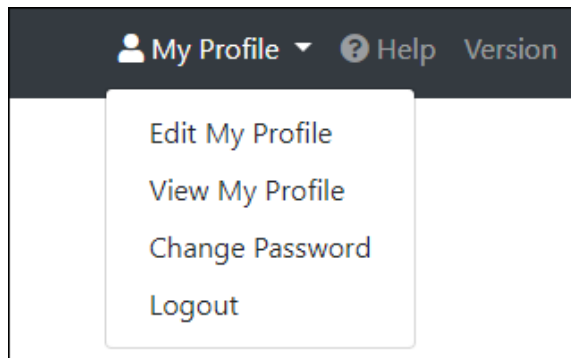
3. Select **Change Password**.

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

    Passwords must contain:

    - *At least ten (10) characters*
    - *One (1) uppercase letter*

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

6. Click **Update**.

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

9.3   Resetting Your Password

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

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at https://pmpclearinghouse.net/users/sign_in.
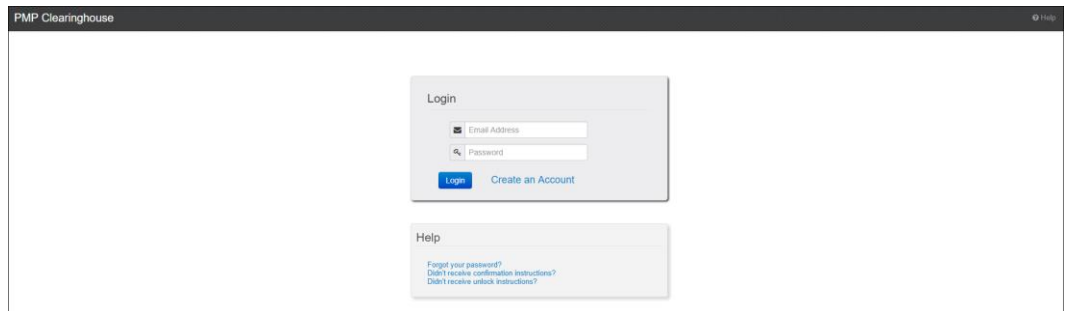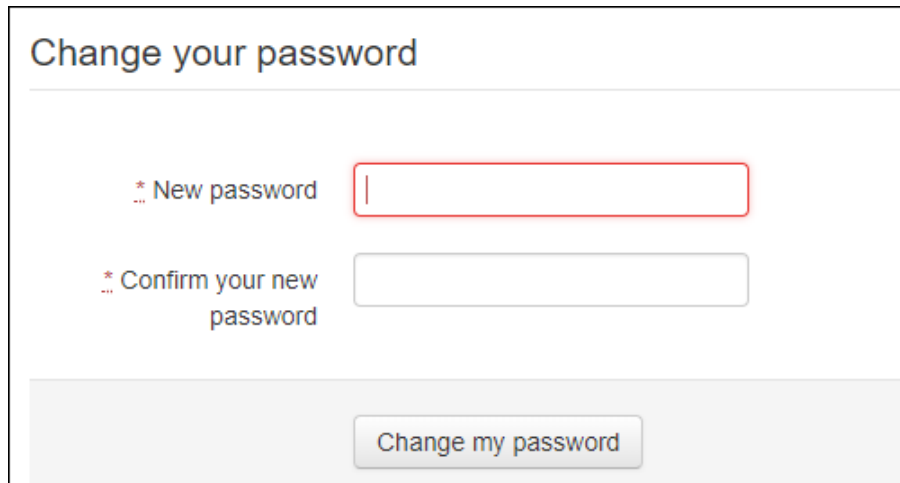
2. Click the **Forgot your password?** link, located in the Help section of the page.

    The Forgot your password page is displayed.
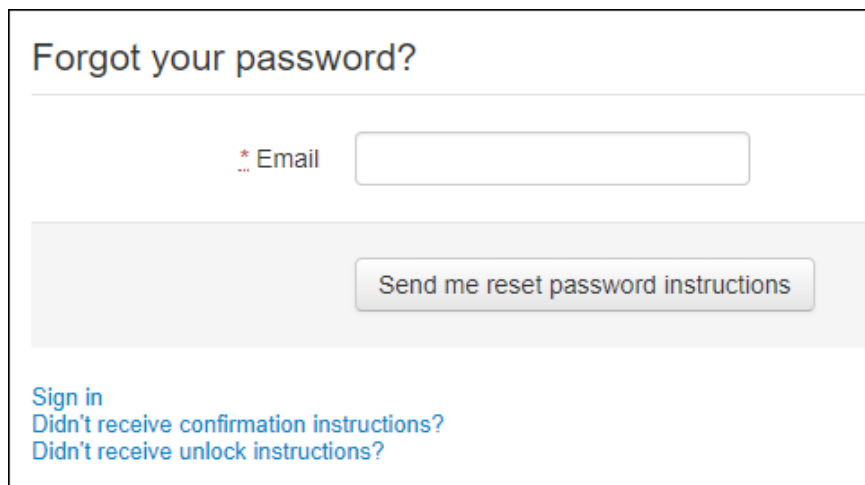
3. Enter the email address associated with your user account, then click **Send me reset password instructions**.

4. Once you receive the reset password email, click the **Change my password** link within the email.

The Change your password page is displayed.

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

    Passwords must contain:

    - *At least ten (10) characters*

    - *One (1) uppercase letter*

    - *One (1) lowercase letter*

    - *One (1) number*

    - *One (1) special character, such as !, @, #, $, etc.*

6. Click **Change my password**.

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

10 Assistance and Support

10.1 Technical Assistance

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

- Contact Appriss Health at 1-877-719-3120;
  OR
- Create a support request at the following URL:
  https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new.

Technical assistance is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time.

10.2 Administrative Assistance

If you have non-technical questions regarding E-FORCSE®, 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 Document Information

11.1 Disclaimer

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

11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	03/14/2018	N/A	Initial version
1.1			
1.2			
1.3			
2.0	07/26/2019	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
2.1	12/09/2019	Appendix A/ASAP 4.2 Specifications	Removed appendix, as dispensers are no longer able to submit using ASAP 4.2
		Appendix F/ASAP 4.2A Specifications	Moved to Appendix A
		Global	Removed all references to ASAP 4.2
2.2	01/29/2020	4.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		4.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
2.3	03/20/2020	Appendix A/ASAP 4.2A Specifications	Changed PRE01 from "RR" to "S"
2.4	03/30/2020	Appendix A/ASAP Specifications	Changed the code for "Unknown/Not Applicable" in AIR11 from "03" to "98"

Appendix A: 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) 4.2A format to comply with the 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 (~~).
- **Requirement**
  - R = Required by ASAP
  - RR = Required by E-FORCSE
  - S = Situational (not required; however, supply if available)

  Both "R" and "RR" field must be reported.

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

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

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Segment	Element ID	Element Name	Requirement
PHA: Pharmacy Header (required)			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	S
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	**Pharmacy Name** Free-form name of the pharmacy or dispensing practitioner.	S
	PHA05	**Address Information – 1** Free-form text for address information.	S
	PHA06	**Address Information – 2** Free-form text for address information, if needed.	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. 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 the PMP needs to identify the specific pharmacy from which information is required.	S
	PHA13	**Pharmacy's Permit Number/License Number** Helps identify the sending pharmacy.	RR
PAT: Patient Information (required)			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Element ID	Element Name	Requirement
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 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 • 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., if available.	S

Segment	Element ID	Element Name	Requirement
	PAT11	**Name Suffix** Patient's name suffix such as *Jr.* or *the III*, if available.	S
	PAT12	**Address Information – 1** Free-form text for street address information.	RR
	PAT13	**Address Information – 2** Free-form text for additional address information, if available.	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.	RR
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	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

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Segment	Element ID	Element Name	Requirement
	PAT21	**Patient Location Code**	S
		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	
	PAT22	**Country of Non-U.S. Resident**	S
		Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	
	PAT23	**Name of Animal**	S
		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.	
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status**	R
		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).	
		Note: *For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See Appendix F.*	
	DSP02	**Prescription Number**	RR
		Serial number assigned to the prescription by the pharmacy.	

Segment	Element ID	Element Name	Requirement
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	**RR**
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	**R**
	DSP05	**Date Filled** Date prescription was prepared. 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. • 01 NDC • 06 Compound	**R**
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, 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)	**R**
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	**S**

Segment	Element ID	Element Name	Requirement
	DSP13	**Partial Fill Indicator**	S
		Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling.	
		• 00 Not a Partial Fill	
		• 01 First Partial Fill	
		***Note:** For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.*	
	DSP14	**Pharmacist National Provider Identifier (NPI)**	S
		Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	
	DSP15	**Pharmacist State License Number**	S
		This data element can be used to identify the pharmacist dispensing the medication.	
		Assigned to the pharmacist by the State Licensing Board.	
	DSP16	**Classification Code for Payment Type**	RR
		Code identifying the type of payment (i.e., how it was paid for).	
		• 01 Private Pay	
		• 02 Medicaid	
		• 03 Medicare	
		• 04 Commercial Insurance	
		• 05 Military Installations and VA	
		• 06 Workers' Compensation	
		• 07 Indian Nations	
	DSP17	**Date Sold**	S
		Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	
	DSP18	**RxNorm Code Qualifier**	S
		RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.	
		• 01 Semantic Clinical Drug (SCD)	
		• 02 Semantic Branded Drug (SBD)	
		• 03 Generic Package (GPCK)	
		• 04 Branded Package (BPCK)	
	DSP19	**RxNorm Code**	S
		Used for electronic prescriptions to capture the prescribed drug product identification.	
	DSP20	**Electronic Prescription Reference Number**	S
		This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	
	DSP21	**Electronic Prescription Order Number**	S
		This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	

Segment	Element ID	Element Name	Requirement
	DSP22	**Quantity Prescribed** This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	S
	DSP23	**Rx SIG** This field captures 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
PRE: Prescriber Information (required) Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	S
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	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
	PRE09	**XDEA Number** This field is in addition to Treatment Type in the DSP segment. This gives PDMPs the option to require the XDEA Number (NADEAN) in the PRE segment.	S

Segment	Element ID	Element Name	Requirement
CDI: Compound Drug Ingredient Detail (situational)			
Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 99999999999.			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	**R**
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	**R**
	CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation.	**R**
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	**R**
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)	**S**
AIR: Additional Information Reporting (situational)			
Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. **Note:** If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	**S**
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	**S**
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	**S**

Segment	Element ID	Element Name	Requirement
	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)	RR
	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	R
	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 • 01 Person Dropping Off • 02 Person Picking Up • 98 Unknown/Not Applicable	RR
TP: Pharmacy Trailer (required) Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R

Segment	Element ID	Element Name	Requirement
TT: Transaction Trailer (required)			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	**R**
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	**R**

Appendix B: ASAP Zero Report Specifications

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

The Requirement column uses the following values:

- R = Required by ASAP
- N = Not required

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	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 (required)			
	IS01	**7705555555**	R
	IS02	**PHARMACY NAME**	R
	IS03	**Date Range of Report** #YYYYMMDD#-#YYYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N

Segment	Element ID	Element Name	Requirement
	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 (required)			
	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	**REPORT**	**R**
	PAT08	**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 (required)			
	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

Segment	Element ID	Element Name	Requirement
PRE: Prescriber Information (required; can be null as follows: PRE*****\)**			
	PRE01	National Provider Identifier (NPI)	N
	PRE02	DEA Number	N
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	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 (required)			
	TT01	123456	**R**
	TT02	10	**R**

Sample Zero Report

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

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

Appendix C: SFTP Configuration

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

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

- *If you need to create a PMP Clearinghouse account, please refer to Creating Your Account. You will be able to set up your SFTP account during the account creation process.*

- *If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to Adding SFTP Access to an Upload Account.*

SFTP Connection Details

Hostname: sftp.pmpclearinghouse.net

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

Port: 22

Note: The port will always be 22.

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

- Your username cannot be modified; however, you can update your password.

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

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

State Subfolders

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

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

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

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

1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)

   a. Log in to your SFTP account.

   b. Create the required directories under */homedir*.
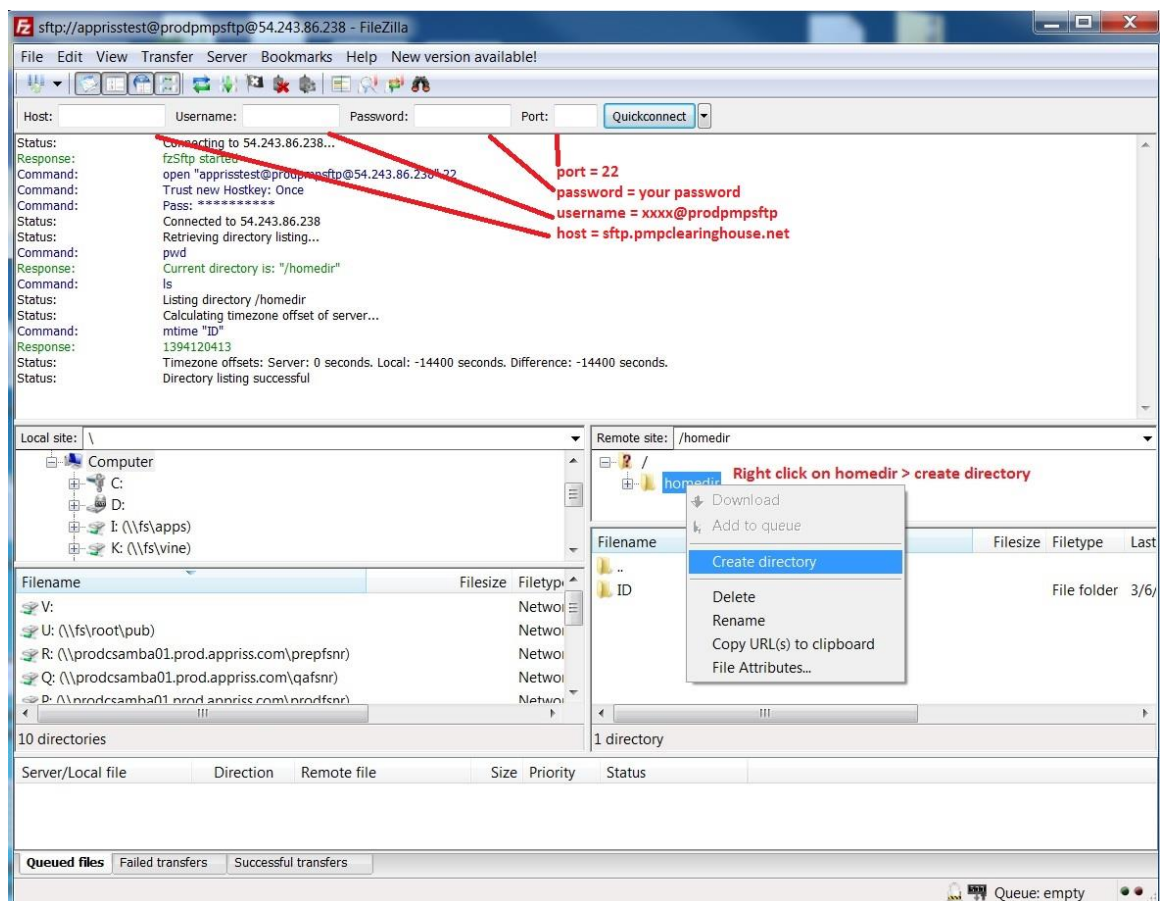
2. **Via command prompt**

   a. Log in to your SFTP account using command prompt.

   b. Type "**mkdir**" followed by a space and then the state abbreviation you are using (e.g., ***mkdir PR***).

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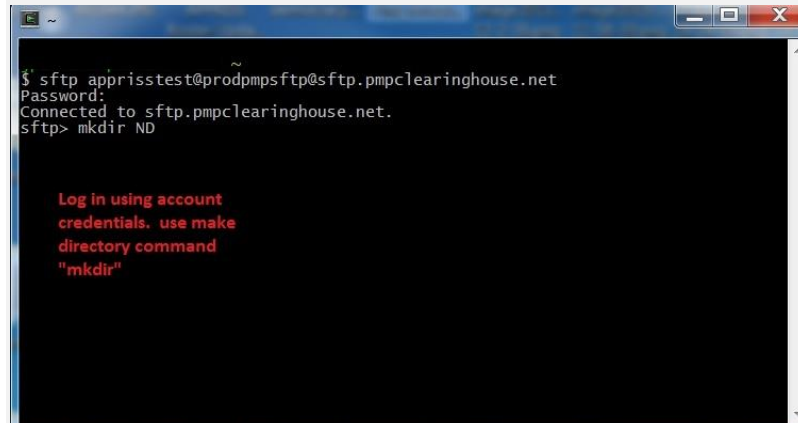

Public (SSH/RSA) Key Authentication
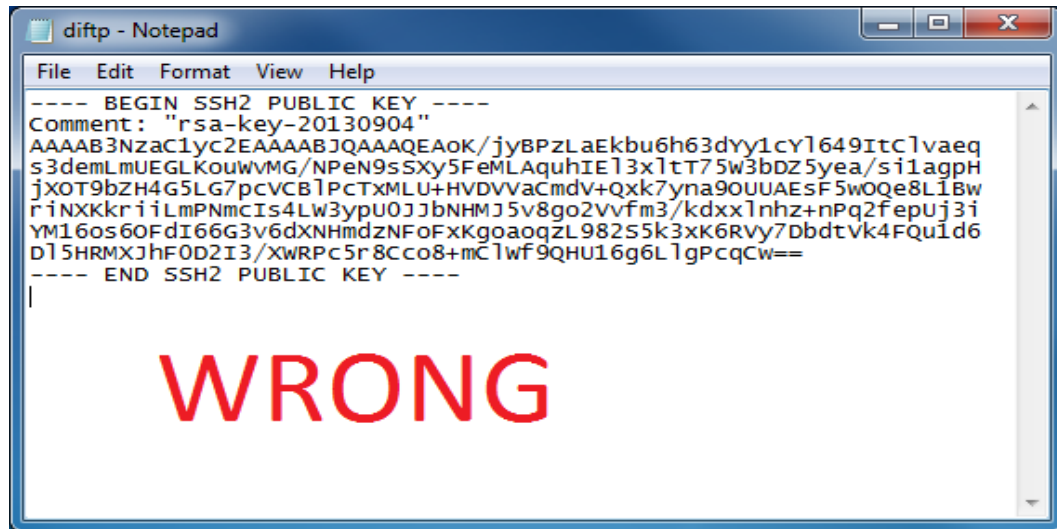
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: PGP Encryption *is not supported.*

- **Supported Key Types:**
  - SSH-2 RSA 2048 bit length
- **Unsupported Key Types:**
  - SSH-1 RSA
  - SSH-2 DSA
- **Correct Public Key Format:** If opened in a text editor, the key should look like the screenshot below.
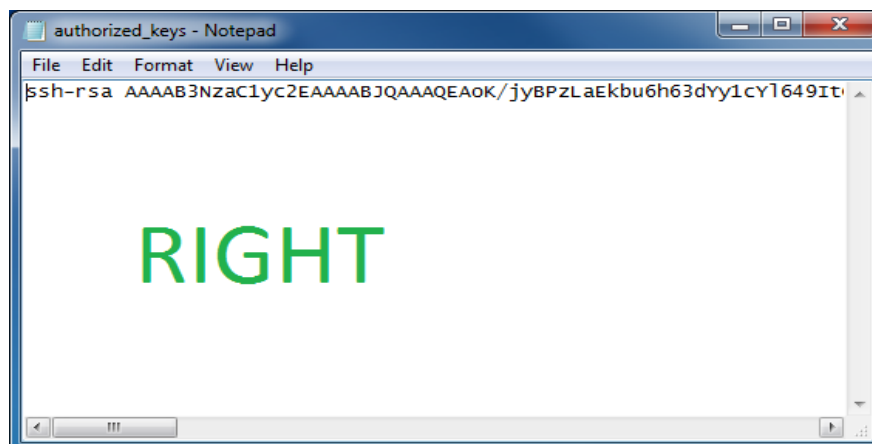
- **Incorrect Public Key Format:** If opened in a text editor, the key SHOULD NOT look like the screenshot below.

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

  Notes:

  - *There is no file extension.*

  - *There is an underscore between the words **authorized** and **keys**.*

- A *.ssh* subfolder needs to be created in the SFTP account's home directory. The "***authorized_keys***" file must be placed in the *.ssh* folder. The creation of this folder follows the same process as creating a state subfolder. Please refer to State Subfolders for steps on creating subfolders.

Appendix D: Notification of Exemption from Reporting

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

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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)

☐ Dispenser is a newly permitted pharmacy under Chapter 465, F.S., awaiting issuance of a Drug Enforcement Administration registration number.

☐ Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.

☐ Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.

☐ Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):

    ☐ 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.

    ☐ 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.

    ☐ A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.

    ☐ A practitioner when administering a controlled substance in the emergency room of a licensed hospital.

    ☐ A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.

    ☐ 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)

☐ Dispenser does not have an automated recordkeeping system (must report on UCF)

☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

☐ Other: Please provide description below or provide information as a separate attachment.

For Department Use Only

Date Received	☐ Approved ☐ Denied	PDMP Staff Signature	Date of Action

Appendix E: Renewal of Notification of Exemption from Reporting

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

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)

☐ Dispenser is a newly permitted pharmacy under Chapter 465, F.S., and awaiting issuance of a Drug Enforcement Administration registration number.

☐ Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.

☐ Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.

☐ Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):
- ☐ 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.
- ☐ 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.
- ☐ A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.
- ☐ A practitioner when administering a controlled substance in the emergency room of a licensed hospital.
- ☐ A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.
- ☐ 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)

☐ Dispenser does not have an automated recordkeeping system (must report on UCF)

☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

☐ Other: Please provide description below or provide information as a separate attachment.

For Department Use Only

Date Received	☐ Approved ☐ Denied	PDMP Staff Signature	Date of Action

Appendix F: Correct Use of Codes in DSP01

Error Correction

The ASAP 4.2A standard requires a dispenser to select a code in the **DSP01** field. Dispensers may submit new records, revise and resubmit records, and void (delete) records. This is communicated by supplying one of the following values in the **DSP01** field:

- **New Record** – indicates a new record.
- **Revise** – indicates that one or more data elements in a previously submitted record have been revised.
- **Void** – indicates that the original record should be deleted.

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.

Note: These steps are used to submit new records or to submit records that were previously submitted but received a fatal status on the dispenser's error report. ***Records with fatal errors are not loaded into the PDMP system****. The errors in these records must be corrected in the dispenser's system and resubmitted using the "00" status in the* ***DSP01*** *field.*

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 record that is being revised:
   - **PHA02** (NCPDP/NABP 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.

Important Note: If any of the fields referenced in Step 2 are part of the correction, the record should first be voided and then resubmitted using the value "00" in the ***DSP01*** *field.*

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.

3. An option to sending all the identical data in the prescription is to send a limited data set. The reason for a limited data set to void a prescription is to simplify the process in the pharmacy. This data set would be an option that a PDMP could require, rather than the identical data of the entire original prescription. The entire limited data set would be sent and if a PDMP does not require a data element, it would be ignored by the PDMP.

Limited Data Set to Void a Prescription

- **PHA02** (NCPDP/NABP Provider ID)
- **PHA03** (DEA Number)
- **DSP02** (Prescription Number)
- **DSP03** (Date Written)
- **DSP05** (Date Filled)
- **DSP06** (Refill Number)
- **DSP13** (Partial Fill Indicator)

Transmission Confirmation

For each successful submission, those not resulting in a Fatal Error, you will receive a status report via email. Status reports are described in the Status Reports section of this guide.

For submissions that contain dispensation errors, the status report email will list the errors. Errors can be corrected by submitting revision or void records in a new transmission or by manually updating the error records via the PMP Clearinghouse website. The error correction process is described in full in the Data File Submissions and Error Corrections section of this guide.