



PMP AWARxE®

Data Submission Guide for Dispensers

Florida Prescription Drug Monitoring Program



February 2022
Version 3.0



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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 or who dispense into Florida who use Bamboo 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(s) 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 "20220315.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-FORCSE® because of the declared state of emergency, a reporting suspension waiver will be granted for the reporting period. Once the state of emergency has been lifted, the dispenser must report the backlog of data as soon as possible to bring reporting current.

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 Bamboo Health 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 PMPs to your account.

Notes:

- *Dispensing information from multiple pharmacies that are within the same PMP 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 PMP.*
- *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>.

The screenshot shows the 'Account Registration' form. The 'Profile Details' section includes fields for 'Email Address **', 'Password **', and 'Password confirmation **'. The 'Personal Information' section includes fields for 'First name **', 'Middle name', and 'Last name **'. Below these are search fields for 'DEA' and 'NPI'. The 'Employer Information' section is partially visible at the bottom.

2. Complete your Profile Details.

This close-up shows the 'Profile Details' section with the following fields: 'Email Address **', 'Password **', and 'Password confirmation **'. A note at the top right states '* Indicates Required Field'.

- 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	(Required) Enter the first and last name of the contact person.
Last Name	
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.
DEA	This field may be used to auto-populate the employer information by entering the DEA number and clicking the search icon ().
NCPDP	This field may be used to auto-populate the employer information by entering the NPI number and clicking the search icon ().

Personal Information

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

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

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

Employer Information

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

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

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

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

Notes:

- If SFTP access is not required, you do not need to complete the Data Submission section and you may continue to step 5.
- You may add SFTP access to an existing account. Please refer to [Adding SFTP Access to an Upload Account](#) for complete instructions.
- Do not select the **Enable Real-Time Access** checkbox. Real-time submissions are not available for Florida.

Data Submission

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

<input type="checkbox"/> Enable SFTP Access
<input type="checkbox"/> Enable Real-Time Access

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

The SFTP access fields are displayed.

The screenshot shows a web form titled "Data Submission". At the top, a grey box contains the text: "PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states." Below this, there is a checkbox labeled "Enable SFTP Access" which is checked. Underneath are three text input fields: "SFTP Username", "SFTP Password", and "SFTP Password Confirmation". Below the password fields, a small text box states: "Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)". At the bottom of the form, there is an unchecked checkbox labeled "Enable Real-Time Access".

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodmpsfpt. 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@prodmpsfpt*.
- 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](ftp://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 PMPs for which you are required to submit data. In most cases, a PMP requires submissions when there is a physical location dispensing controlled substances within the given jurisdiction or when a dispenser is shipping (i.e. mail orders) controlled substances into it. Please consult the PDMP's governing body for clarification on whether you are required to submit data to the respective PMP.

Please Note: Selecting additional PMPs **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.

Account DEA Numbers

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method. If you do not see your desired PMP in the list, check under [Account > Multistate Approval](#) that you are approved for the state. If you are approved for the state but do not see the state in the list, the state does not require you to submit your dispensary DEA number(s).
NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

Florida ⌵

File Upload: [Sample file](#)

DEA Number

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 PMPs you selected for data submission, and the Registration Information Overview page is displayed as shown on the following page.

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

Profile

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

Employer

Name: Bamboo Health
DEA Number:
NCPDP Number:
Address: 123 Main St Anywhere KY 40223
Phone: 5555555555
Fax:

Data Acceptance

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

Submission Destinations

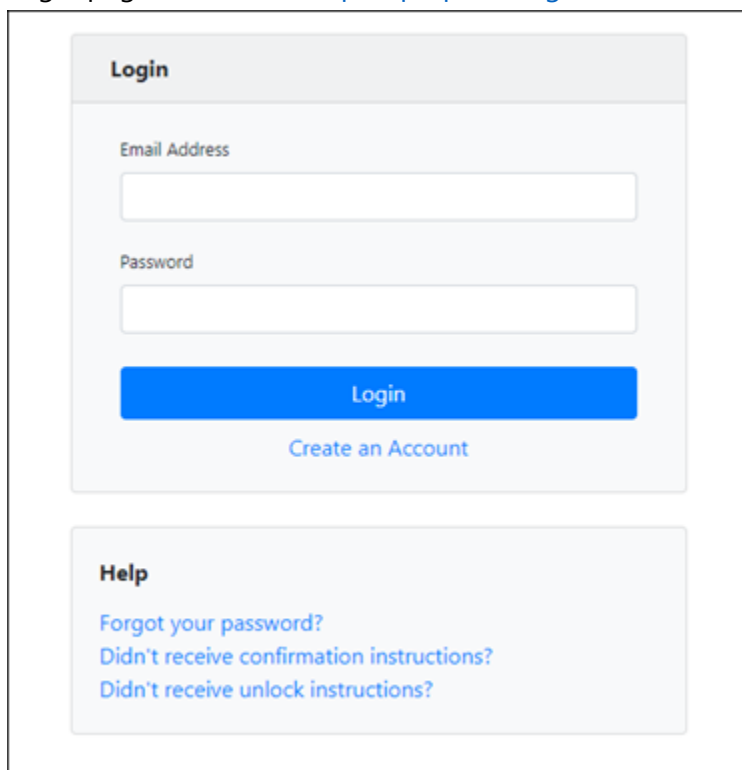
Demo State

[Continue](#)

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 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.



Login

Email Address

Password

Login

Create an Account

Help

[Forgot your password?](#)

[Didn't receive confirmation instructions?](#)

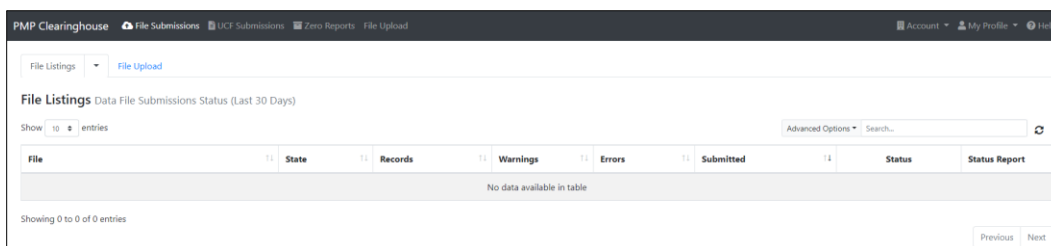
[Didn't receive unlock instructions?](#)

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.



PMP Clearinghouse

File Submissions UCF Submissions Zero Reports File Upload

Account My Profile Help

File Listings File Upload

File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries

Advanced Options Search

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

Showing 0 to 0 of 0 entries

Previous Next

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 Bamboo 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 subfolders for the PMP systems to which you are submitting data. These subfolders must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation (e.g., FL, AK, DC, KS, GU, PR, etc.)**. Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the [File Listings](#) page. Please refer to [PMP 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 "20220418.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: 20220418a.dat, 20220418b.dat, 20220418c.dat.

4. SFTP the file to [sftp://sftp.pmpclearinghouse.net](https://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 PMP-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 PDMP sub-folder, a  symbol with a mouse over hint of **"Determine PMP"** is displayed on the **File Status** page, and you will be prompted to select a destination PMP to which the data should be sent.

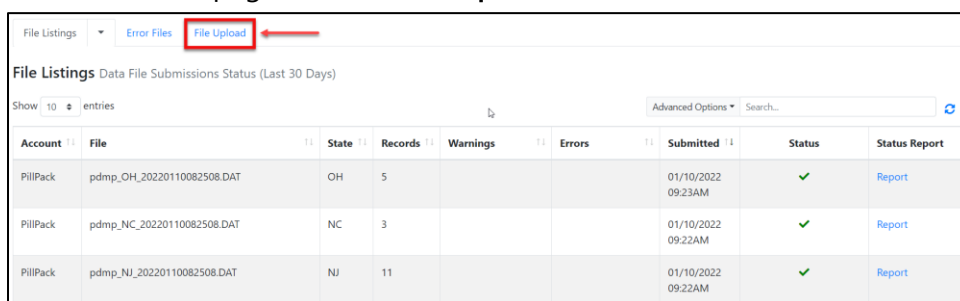
4.2 Web Portal Upload

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 "20220418.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: 20220418a.dat, 20220418b.dat, 20220418c.dat.

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



Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
PilIPack	pdmp_OH_20220110082508.DAT	OH	5			01/10/2022 09:23AM	✓	Report
PilIPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	✓	Report
PilIPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	✓	Report

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

File Listings File Upload

File Upload

Submit New File For Consolidation

Use this screen to submit files to the PMP system.

How to Upload Your Files

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

Select PMP

Select a PMP...

File Upload:

Browse

Upload

5. Select **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.

Upload File?

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

Change Upload

8. Click **Upload** to continue with the file submission.
Your file is uploaded, and you can view the results of the upload on the File Submissions page. Refer to the [File Listings](#) section of this document for more information.

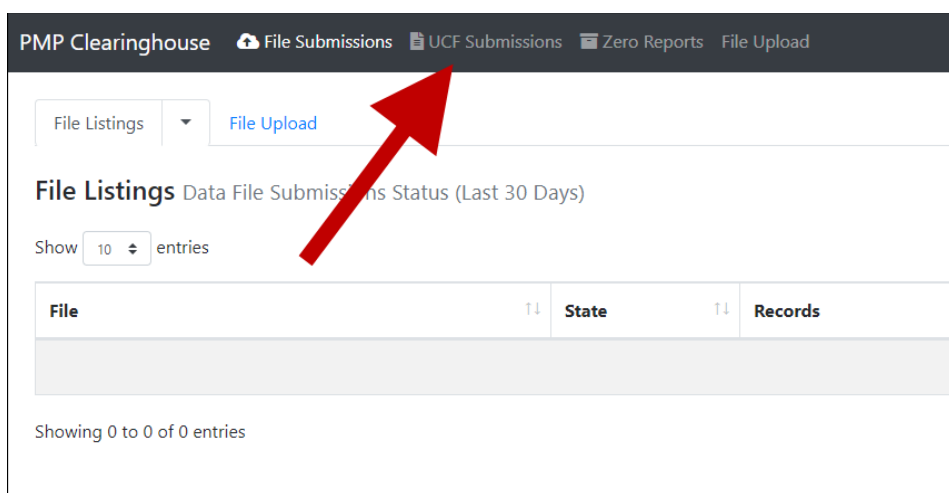
Note: When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

4.3 Online Manual Entry (UCF)

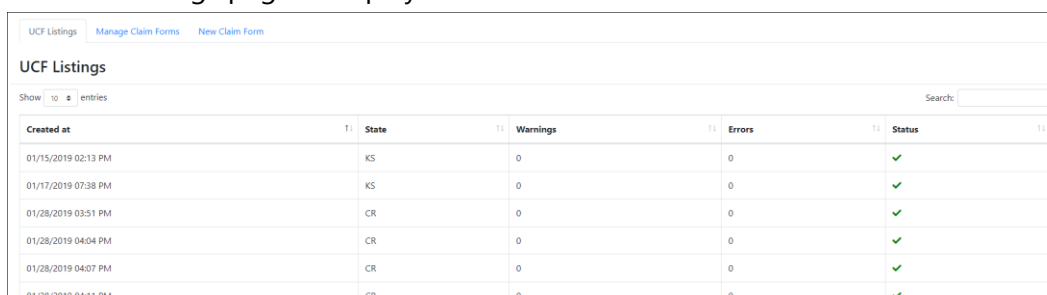
You can manually enter your prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to [Appendix A: ASAP 4.2A Specifications](#) 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.



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

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

The Create Universal Claim Form page is displayed.

Create Universal Claim Form

PMP * Indicates Required Field

Pmp **

Select a PMP...

Patient

Patient Animal

First Name **

Last Name **

Date of Birth **

MM/DD/YYYY

Gender

Unknown

Phone Number

Patient ID

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:

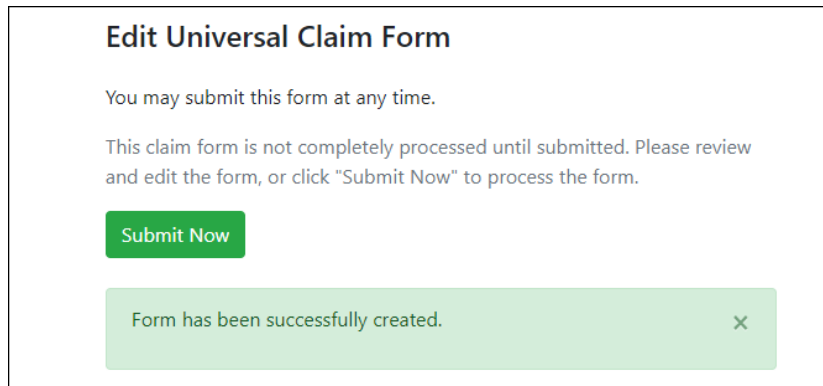
- NDC's are 11 digits and use the format 99999-9999-99.
- When adding an NDC, do not include the dashes, for example, 99999999999.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC" and followed by the number.
- Manufacturers label the product with the FDA-approved NDC. Since reporting requires a standard 11-digit format, 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
54321-0123-1 ((missing 0 in third segment)	54321012301

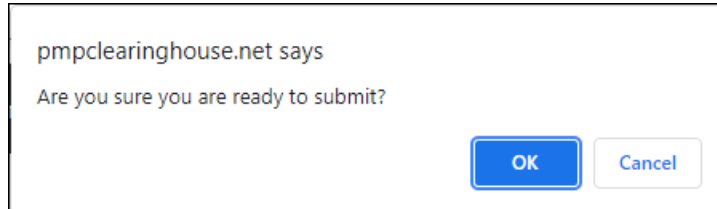
7. Once you have completed all required fields, click **Save**.

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



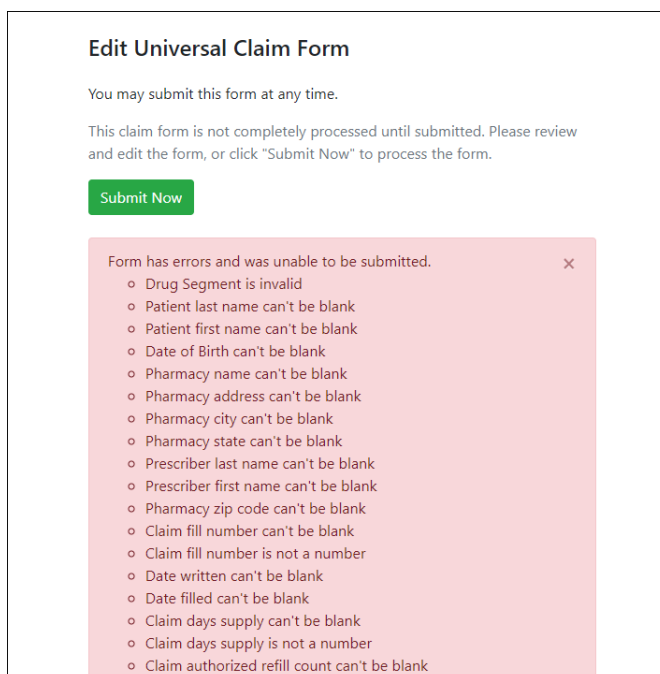
8. Click **Submit Now** to continue with the data submission process.

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.

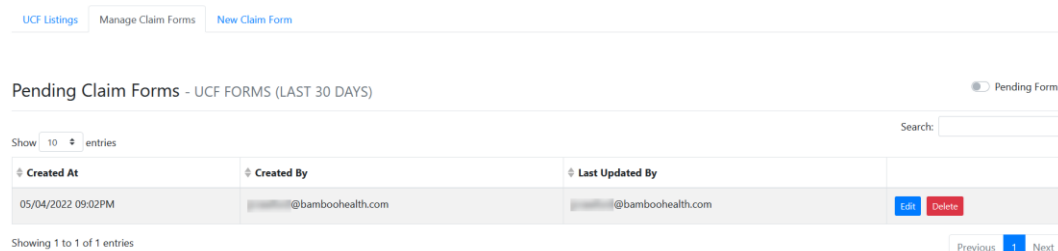
Once your data has been successfully submitted, your report is listed on the UCF Listings page.

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

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.

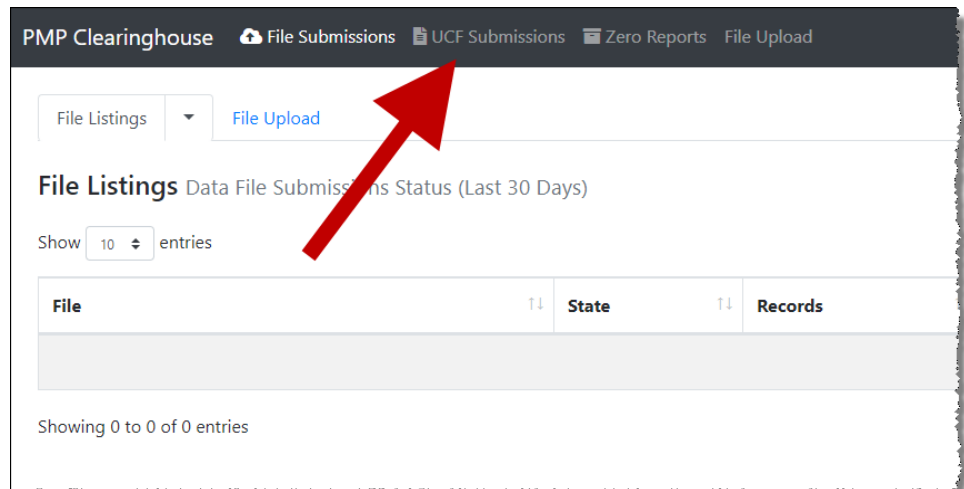
Created At	State	Patient Name	Delete Submission
02/12/2019 4:59 PM	FL	Testpatient, John	Delete Submission
02/12/2019 5:03 PM	FL	Testpatient, Sally	Delete Submission
02/12/2019 9:22 AM	FL	Testpatient, Adam	Delete Submission

- 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:

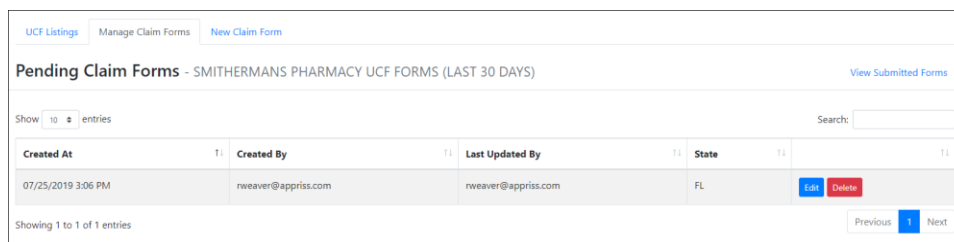
1. Click **UCF Submissions**.



The UCF Listings page is displayed.

Created at	State	Warnings	Errors	Status
01/15/2019 02:13 PM	KS	0	0	✓
01/17/2019 07:38 PM	KS	0	0	✓
01/28/2019 03:51 PM	CR	0	0	✓
01/28/2019 04:04 PM	CR	0	0	✓
01/28/2019 04:07 PM	CR	0	0	✓
01/28/2019 04:11 PM	CR	0	0	✓

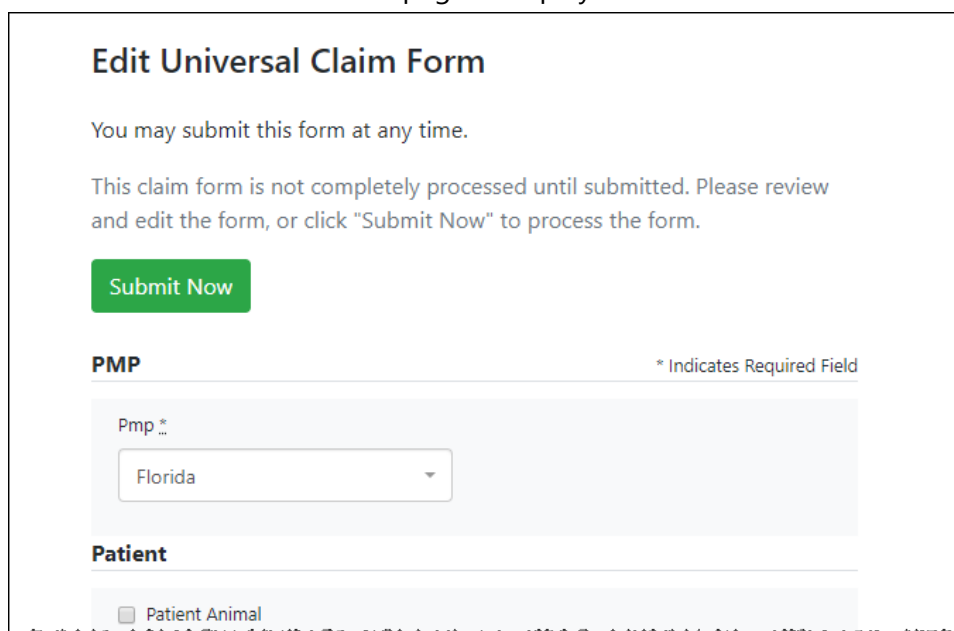
2. Click the **Manage Claim Forms** tab, located at the top of the page. The Pending Claim Forms page is displayed.



The screenshot shows a web interface with a navigation bar containing 'UCF Listings', 'Manage Claim Forms', and 'New Claim Form'. Below the navigation bar is a header for 'Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS)' with a 'View Submitted Forms' link. A search bar is present on the right. Below the search bar is a table with columns: 'Created At', 'Created By', 'Last Updated By', and 'State'. The table contains one entry with the following data: 'Created At' is '07/25/2019 3:06 PM', 'Created By' is 'rweaver@appriss.com', 'Last Updated By' is 'rweaver@appriss.com', and 'State' is 'FL'. To the right of the table entry are 'Edit' and 'Delete' buttons. At the bottom of the table, it says 'Showing 1 to 1 of 1 entries' and there are 'Previous', '1', and 'Next' navigation buttons.

Created At	Created By	Last Updated By	State
07/25/2019 3:06 PM	rweaver@appriss.com	rweaver@appriss.com	FL

3. Click **Edit** next to the report you wish to complete.
The Edit Universal Claim Form page is displayed.



The screenshot shows the 'Edit Universal Claim Form' page. It has a title 'Edit Universal Claim Form' and a sub-header 'You may submit this form at any time.' Below this is a paragraph: 'This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.' There is a green 'Submit Now' button. Below the button is a section titled 'PMP' with a note '* Indicates Required Field'. Under 'PMP', there is a dropdown menu labeled 'Pmp *' with 'Florida' selected. Below the 'PMP' section is a section titled 'Patient' with a checkbox labeled 'Patient Animal'.

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:

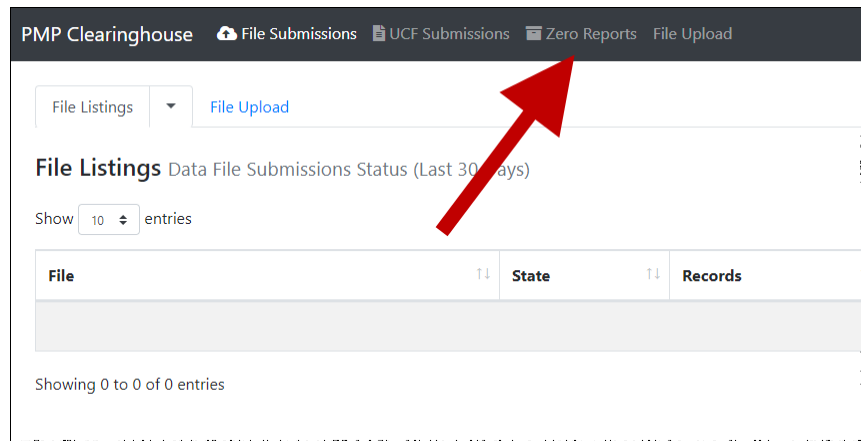
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

4.4.1 Submit a Single-Click Zero Report

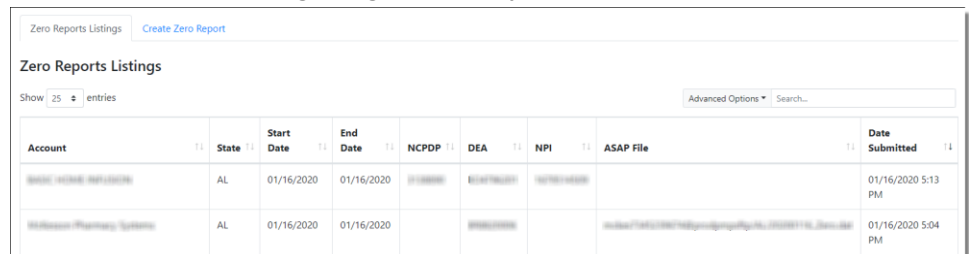
Single-click zero reporting allows you to create a profile for the pharmacy that includes its identifiers (e.g., DEA, NPI, NCPDP), so you do not have to enter it each time you submit a zero report.

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**.

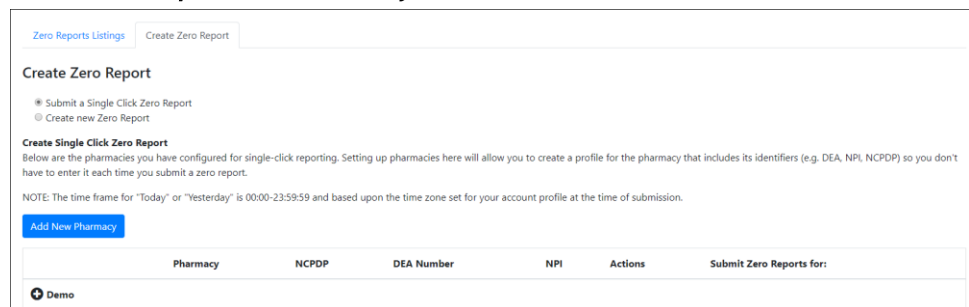


The Zero Report Listings page is displayed.



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.

The screenshot shows a web interface with two tabs: 'Zero Reports Listings' and 'Create Zero Report'. The 'Create Zero Report' tab is active. A modal window titled 'New Pharmacy' is open, containing the following fields: 'PMP' (a drop-down menu with a red asterisk), 'Pharmacy' (a text input field with a red asterisk), 'NCPDP' (a text input field), 'DEA Number' (a text input field), and 'NPI' (a text input field). At the bottom of the modal are two buttons: 'Save' (green) and 'Cancel' (red).

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.

The screenshot shows the 'Create Zero Report' page. At the top, there are two radio buttons: 'Submit a Single Click Zero Report' (selected) and 'Create new Zero Report'. Below this is a section titled 'Create Single Click Zero Report' with explanatory text. A note specifies the time frame for 'Today' or 'Yesterday'. A blue 'Add New Pharmacy' button is visible. Below the button is a table with columns: 'Pharmacy', 'NCPDP', 'DEA Number', 'NPI', 'Actions', and 'Submit Zero Reports for:'. The table contains two rows: 'Demo' and 'Vermont'. A red box highlights the table, and a red message 'Pharmacies configured for single-click zero reporting are listed here' is displayed in the center of the table.

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**).*

Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
Demo							
Another Test Pharmacy					Edit Delete	Today 12/22/2021	Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Today 12/22/2021	Yesterday 12/21/2021

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.

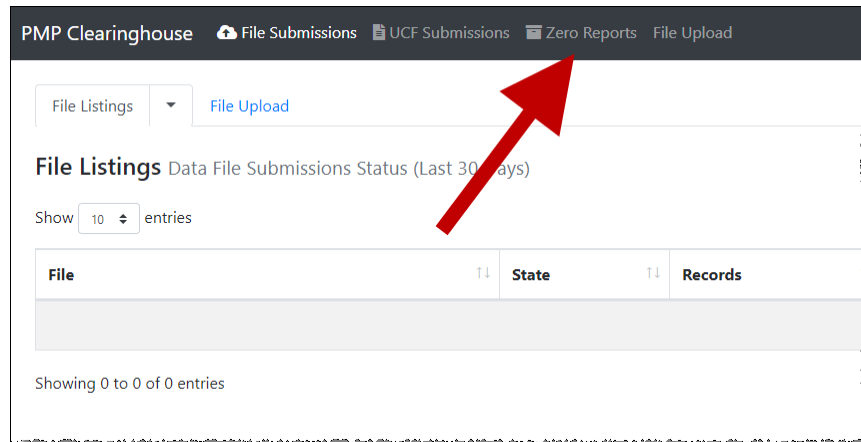
Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
Demo							
Another Test Pharmacy					Edit Delete	Today 12/22/2021	Yesterday 12/21/2021
Bamboo Health Test Pharmacy					Edit Delete	Submitted	Yesterday 12/21/2021

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.

Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:13 PM
...	AL	01/16/2020	01/16/2020	...	...	...	...	01/16/2020 5:04 PM

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.

Zero Reports Listings | Create Zero Report

Create Zero Report

Submit a Single Click Zero Report
 Create new Zero Report

PMP * NCPDP
Select a PMP...

Start date * DEA Number
mm/dd/yyyy

End date * NPI
mm/dd/yyyy

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.

<< February 2019 >>

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

mm/dd/yyyy

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.

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, 2022

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 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	20220129	Dispensation	refill_number	WARNING message example
DE9841394	3491849	4851947597	357199504833-345	20220129	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, 2022
- * 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 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_20220305KSMCPS.DAT

BODY:

Summary:

- * File Name: zero_reports_20220305KSMCPS.DAT
- * PMP Name: Florida
- * Date Range: 2022-03-05 - 2022-03-05
- * Submission Date: 2022-03-06
- * ASAP Creation Date: 2022-03-06

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
DEMO ACCT	AA555555_20211130.dat	DO	2		1	11/30/2021 02:21PM		Report
DEMO ACCT	ZZ555555_20211130.DAT	DO	2			11/30/2021 02:01PM		Report
DEMO ACCT	ZZ555555_20211123.DAT	DO	2			11/23/2021 03:13PM		Report
DEMO ACCT	AA555555_20211123.dat	DO	2			11/23/2021 02:29PM		Report
DEMO ACCT	Bad_File_2.dat	DO	0			11/23/2021 02:27PM		-
DEMO ACCT	Bad_File.dat	DO	0			11/23/2021 02:26PM		-


- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- 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.

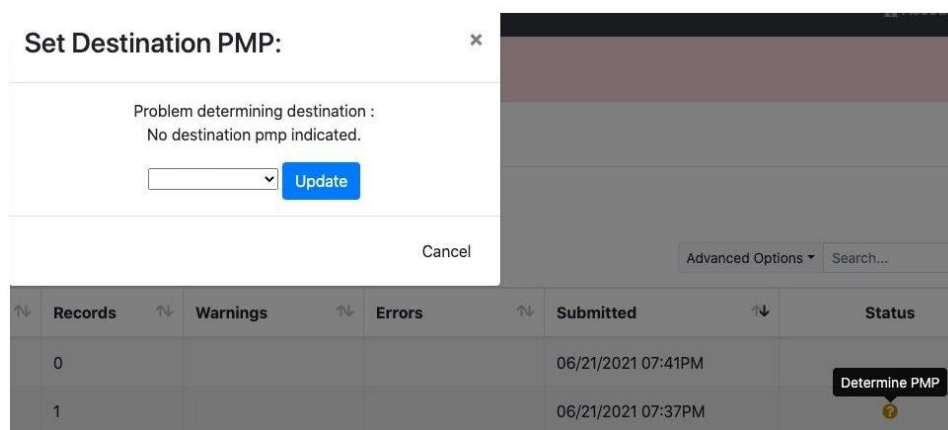
A green checkmark indicates that the data file was received with no errors.

If a file contains errors, it will have a symbol with a mouse over hint of **"Pending Dispensation Error"** within the status column. You can click the error

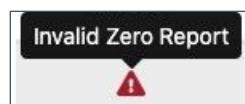
icon in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see [View Records](#) for more information). Please refer to [Error Correction](#) for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an  symbol with a mouse over hint of **“ASAP Errors.”** Clicking the icon will display the detailed error, which indicates what element was missing or malformed. 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 PMP-specific sub-folder, the file will be displayed, and  symbol will be displayed in the status column with a mouse over hint of **“Determine PMP.”** Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.



If you submitted a zero report via file upload or SFTP that is malformed or missing information, the file will be displayed, and an exclamation mark icon inside a red triangle will be displayed in the status column. Hovering over the icon will display the “Invalid Zero Report” error. Clicking on the icon will display the detailed error message. To correct these errors, a new zero report must be submitted. Error example:



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 error means the file was not in an ASAP format. It could also mean the ASAP version wasn't provided in the Version element of the Transaction Header segment (TH01) or was malformed. It could also mean the file's encoding isn't acceptable. Files should be encoded in UTF-8.

Submitted segment:

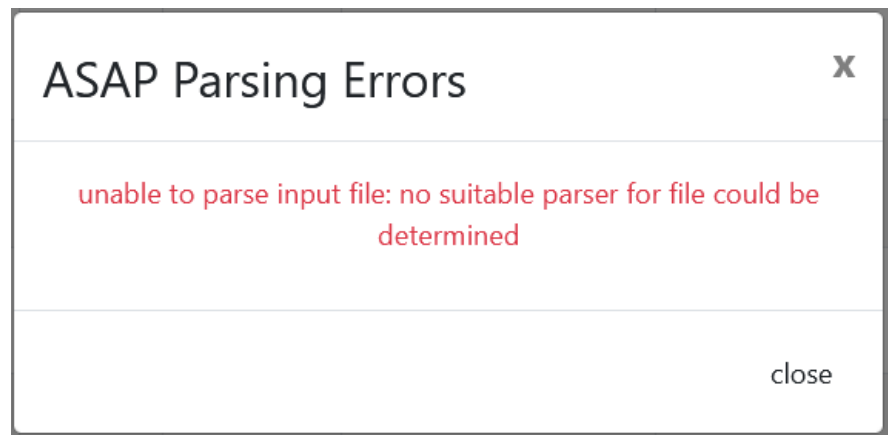
```
TH**20220428*01**20220428*1123*P**~~
```

OR

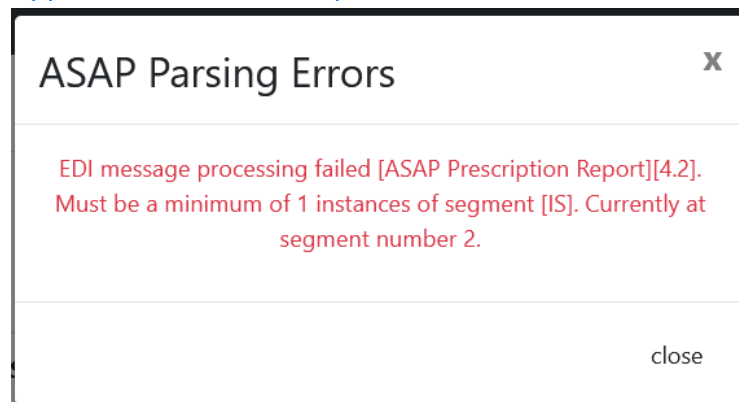
```
TH*X*20220428*01**20220428*1123*P**~~
```

Appropriate segment:

```
TH*4.2A*20220428*01**20220428*1123*P**~~
```

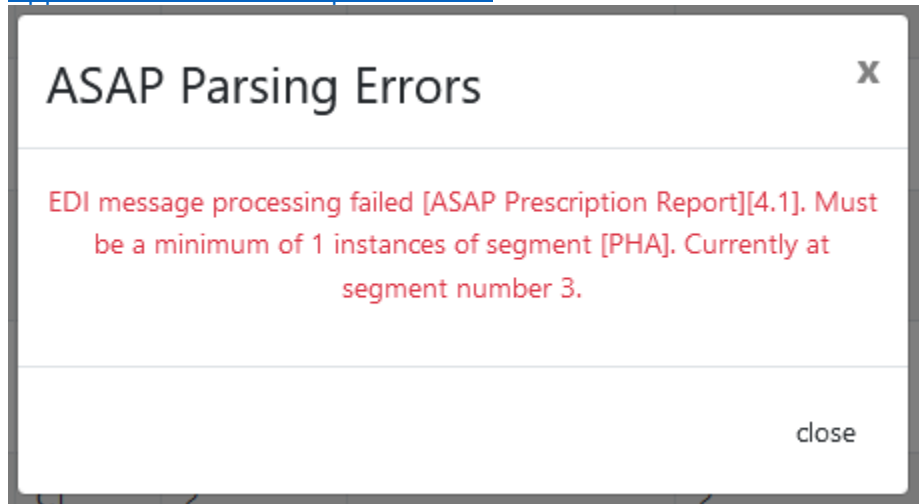


- In the example below, the "IS" segment was empty, missing, or malformed, following the second segment of the file, or the segment preceding was not properly terminated. Refer to [Appendix A: ASAP 4.2A Specifications](#) for more information.

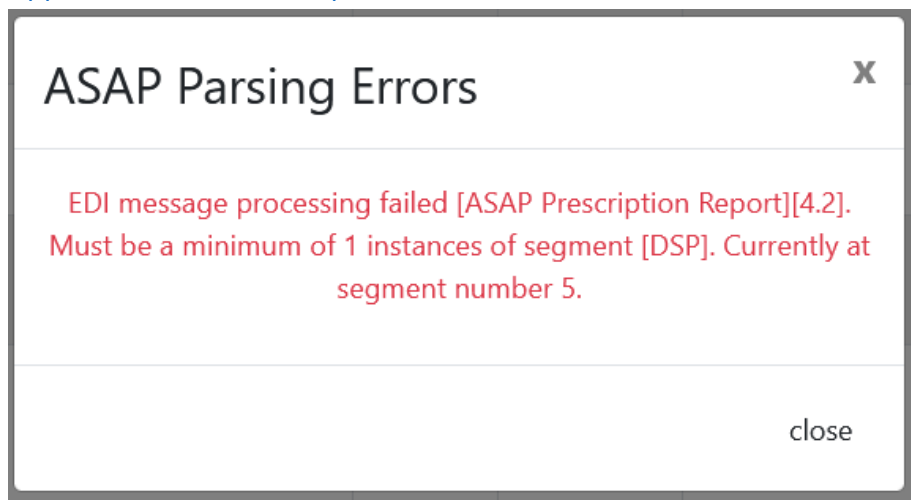


- In the following example, the "PHA" segment was empty, missing, or malformed, or the segment preceding was not properly

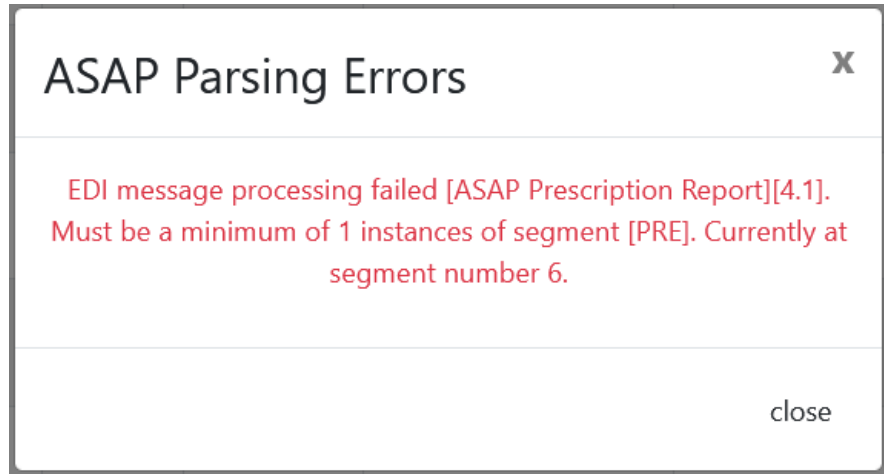
terminated following the fifth segment of the file. Refer to [Appendix A: ASAP 4.2A Specifications](#) for more information.



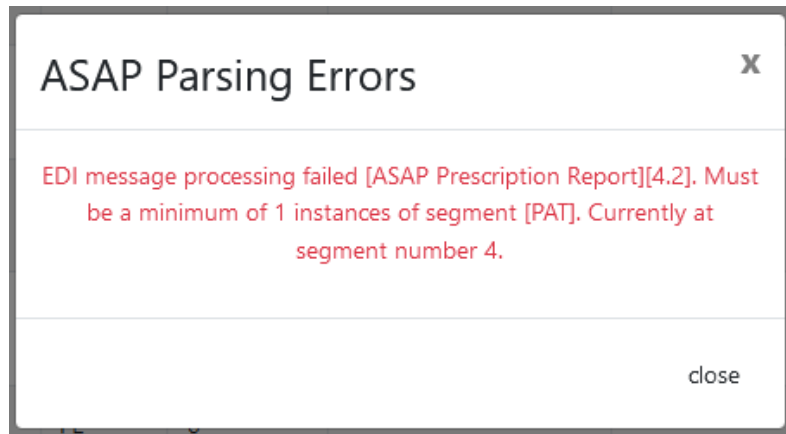
- In the following example, the "DSP" segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fifth segment of the file. Refer to [Appendix A: ASAP 4.2A Specifications](#) for more information.



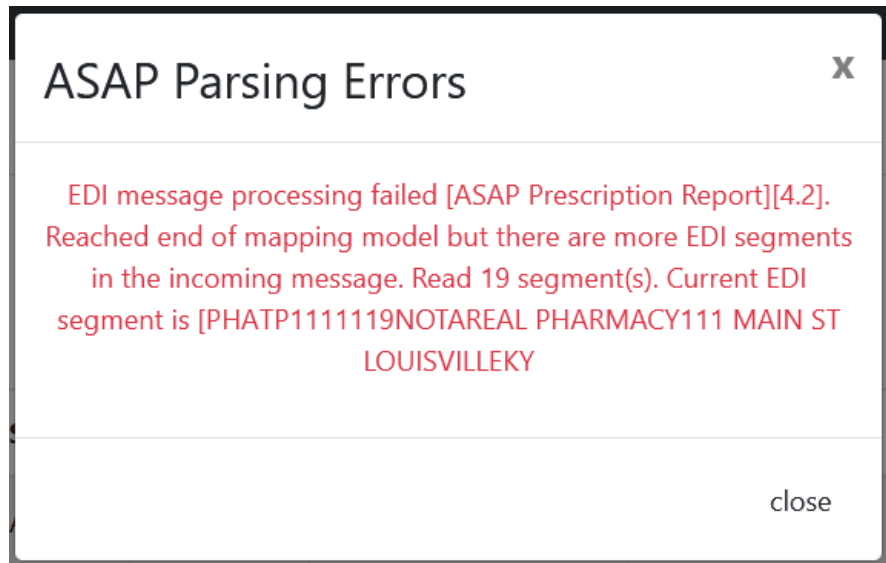
- In the following example, the “PRE” segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fifth segment of the file. Refer to [Appendix A: ASAP 4.2A Specifications](#) for more information.



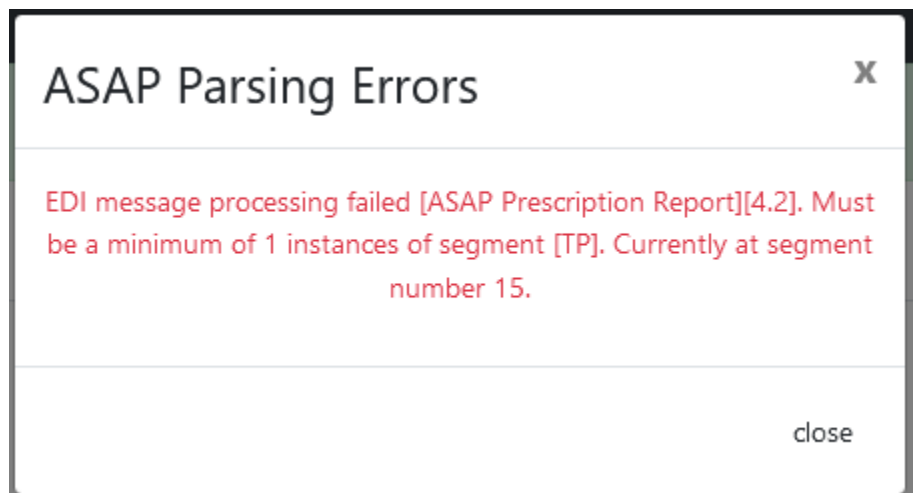
- In the following example, the “PAT” segment was empty, missing, or malformed, or the segment preceding was not properly terminated following the fourth segment of the file. Refer to [Appendix A: ASAP 4.2A Specifications](#) for more information.



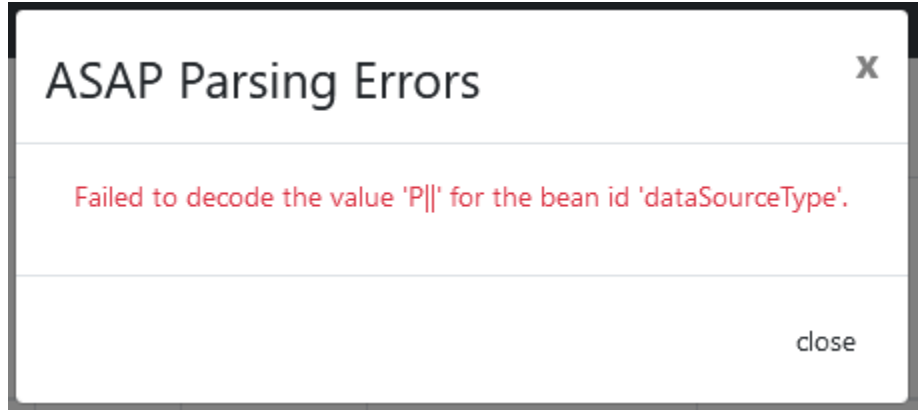
- In the following example, further data exists in the file after the “TT” (Transaction Trailer) segment. In this example, the error message PMPs that there is an additional TP segment with a TP01 value of 28.



- 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.



- 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".



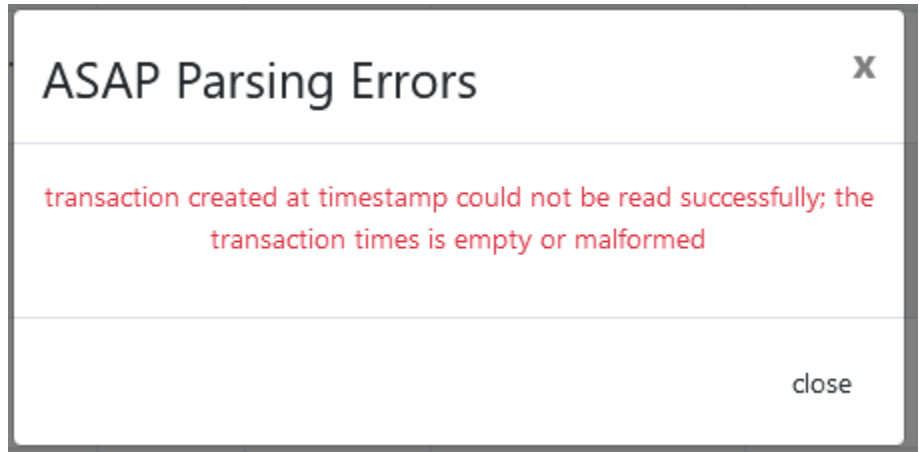
Submitted segment:

TH*4.2A*56765667*01**20220107*194834*P||**~::~

Appropriate segment:

TH*4.2A*56765667*01**20220107*194834*P**~::~

- In the following example, the creation time element in the transaction header segment was malformed. Acceptable formats are HHMMSS or HHMM.



Submitted segment:

TH*4.2*20220428*01**20220428*1123188*P**~::~

Appropriate segment:

TH*4.2*20220428*01**20220428*112318*P**~::~

OR

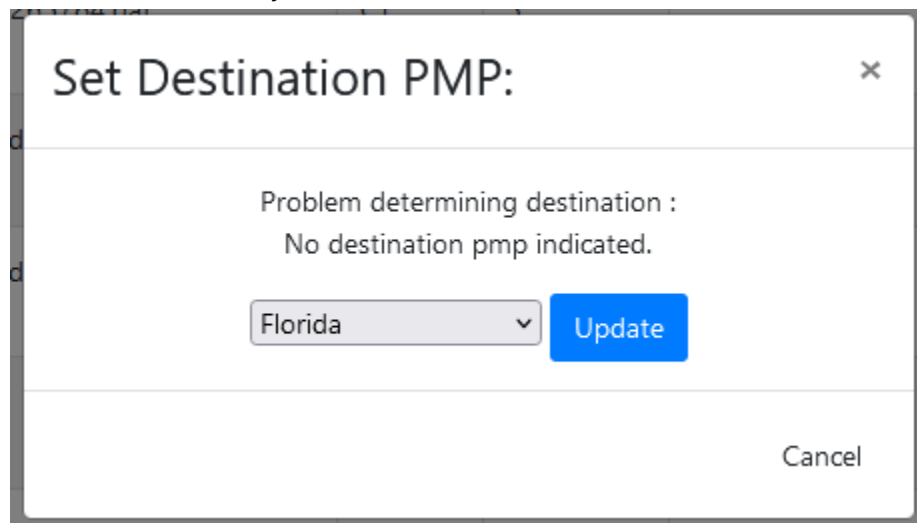
TH*4.2*20220428*01**20220428*1123*P**~::~

- **Missing PMP**

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

Pharmacy	20220505_20220508.dat	-	1	05/09/2022 12:07PM	Determine PMP	Report
----------	-----------------------	---	---	-----------------------	---------------	--------

Click **the yellow question mark icon** to select a destination PMP so that the data file may be transferred.



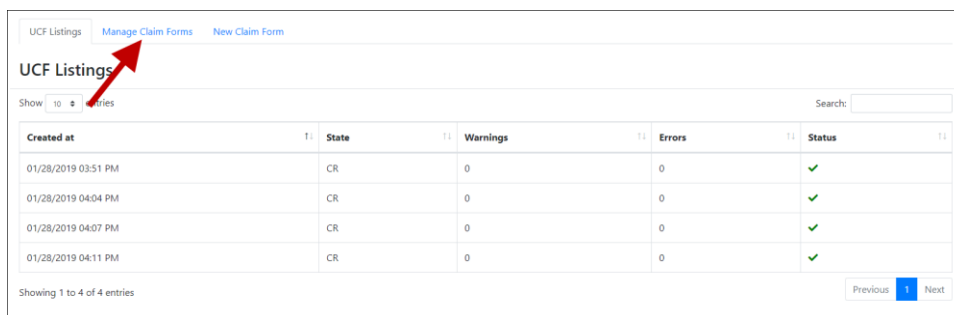
6.2 UCF Listings

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

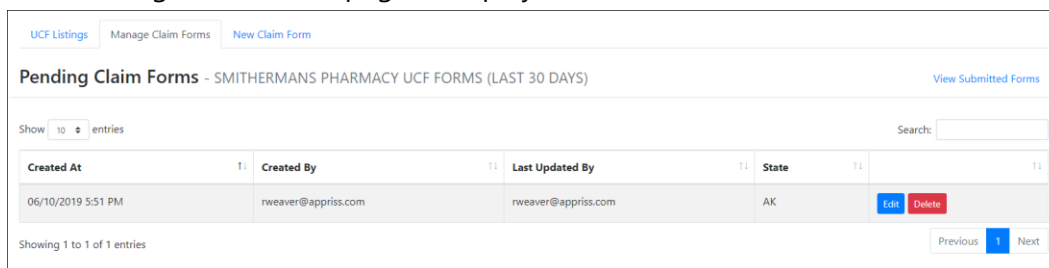
UCF Listings							
Created at	State	Warnings	Errors	Status			
01/28/2019 03:51 PM	CR	0	0	✓			
01/28/2019 04:04 PM	CR	0	0	✓			
01/28/2019 04:07 PM	CR	0	0	✓			
01/28/2019 04:11 PM	CR	0	0	✓			

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.



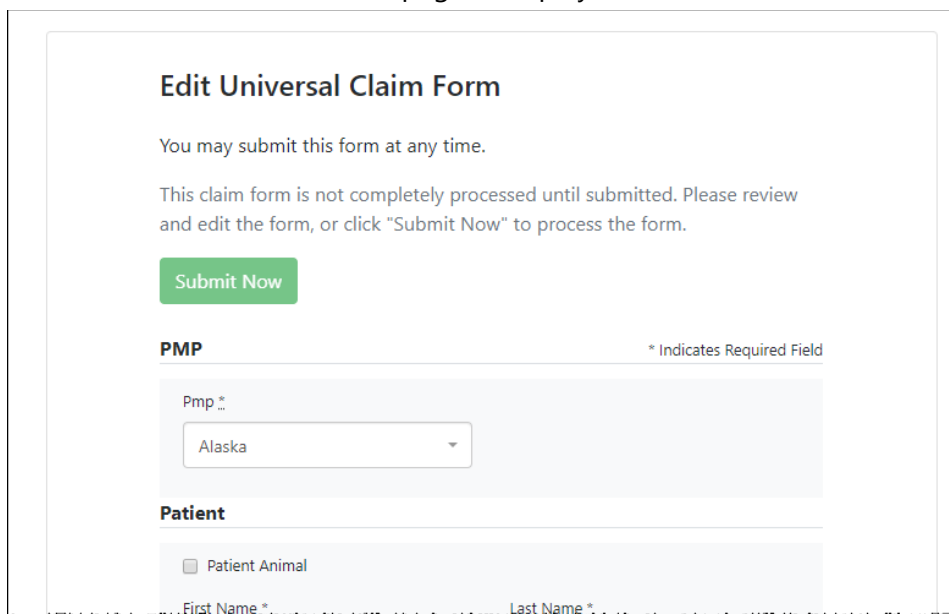
The Pending Claim Forms page is displayed.



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

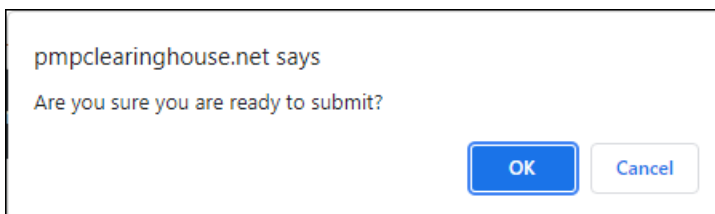
Note: If it has been longer than 30 days, the **Edit** option will not be available. You must click **Delete** to delete the record and start over.

The Edit Universal Claim Form page is displayed.



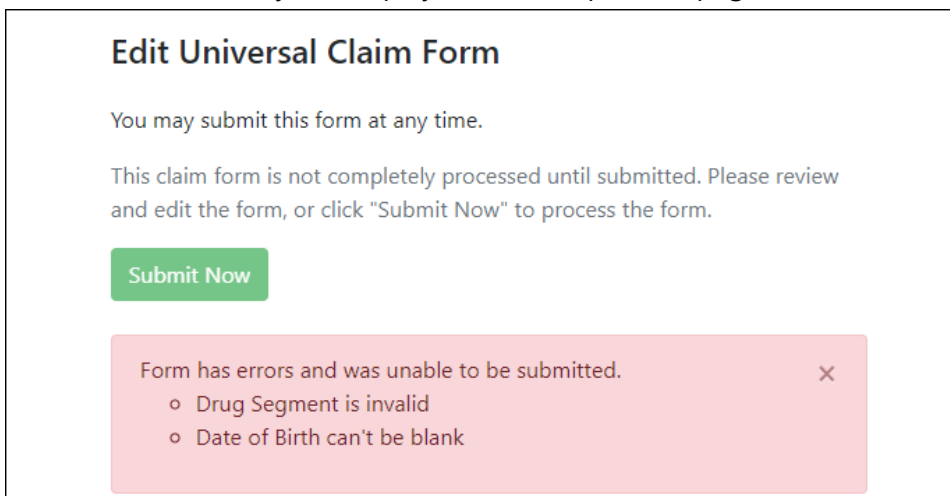
3. Make the necessary corrections or changes, and then click **Submit Now**, located at the top of the page.

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.

DEA Number	NCPDP Identifier	Prescription Number	Name	Filled At	Segment Type	Warning Count	Error Count	Action
		2104AB	RED CROSS	2021-01-10	Dispensation	0	2	Correct Void
		2104AB	RED CROSS	2021-01-10	Patient	0	1	Correct Void

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.

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

- The **Corrected Value** column allows you to enter a new value to correct the error.
- The **Message** column displays the relevant error message explaining why the value entered in that field did not pass the validation rules.

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

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

8 Managing Your Upload Account

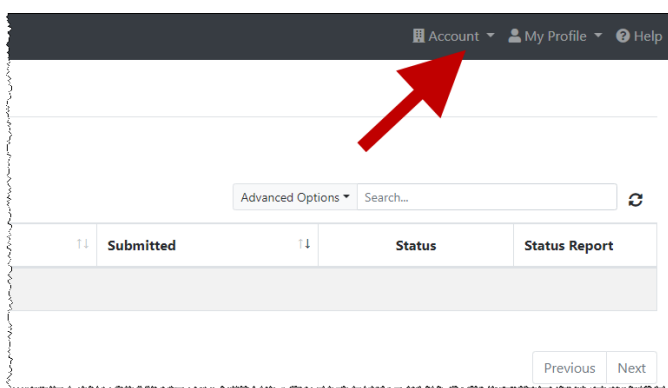
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

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](#).

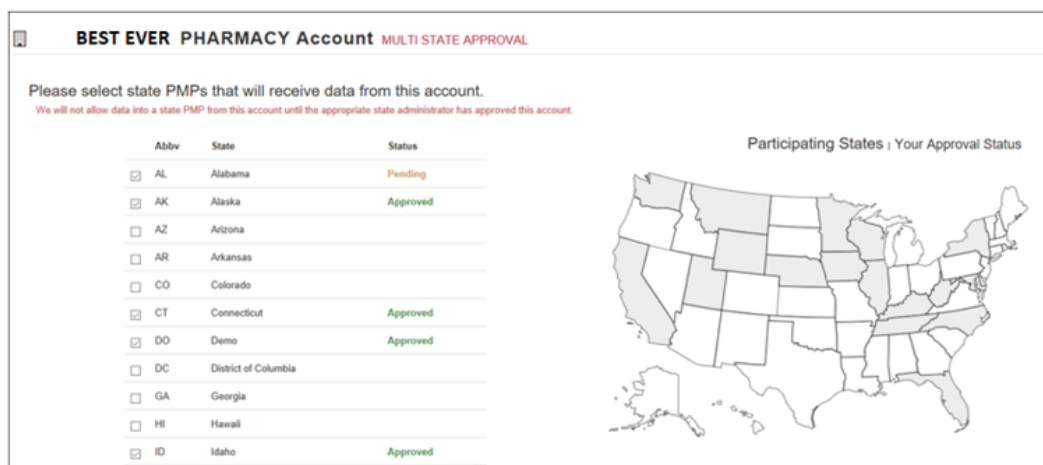
8.1 Multi-State Approval

If your organization needs to submit data files to an additional PMP 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 PMPs currently using the PMP AWARxE system as well as your data sharing status with each PMP.



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

The Account DEA Numbers page is displayed.

Account DEA Numbers

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method. If you do not see your desired PMP in the list, check under [Account > Multistate Approval](#) that you are approved for the state. If you are approved for the state but do not see the state in the list, the state does not require you to submit your dispensary DEA number(s).
NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

Florida

File Upload: [Sample file](#)

Browse

Upload

DEA Number

Add DEA number

Continue

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 PMP administrator for review and approval. Once the request has been approved, the status for that PMP will change from "Pending" to "Approved," and you may begin submitting data to that PMP.

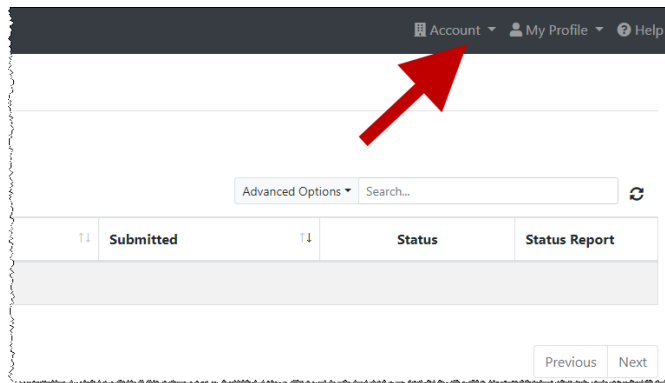
Notes:

- If you are submitting data via SFTP, the file must be located in the proper subfolder to ensure delivery to the desired PMP.
- To cancel data submission to a PMP, uncheck the box for that PMP. Note that if you need to submit data to that PMP 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.

Bamboo Health Accounts

Account Details

Name: Bamboo Health
Phone Number: 5555555555
Fax Number:
Allowed submission: True
Suppress Rx details in emailed error reports: False

Admin Details

User Name: QA TESTER
Email: qa2@gmail.com
Address: 10401 Linn Station Road#200
Louisville KY 40218
SFTP Account ID: qa255501@qapmpsfpt

[Edit](#)

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

Edit Bamboo Health Account

Account Details * Indicates Required Field

Name *

Bamboo Health

Phone number: 5555555555 Fax number:

Allowed submission
 Suppress Rx details in emailed error reports

Admin Details

Address: 10401 Linn Station Road#200

City: Louisville Zip code: 40218

State: Kentucky

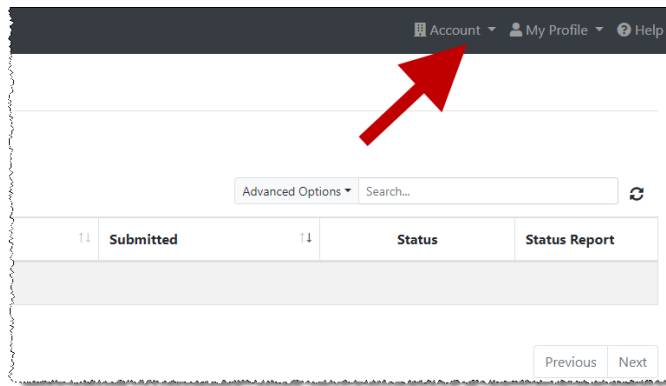
Save Changes Cancel

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

8.3 Adding SFTP Access to an Upload Account

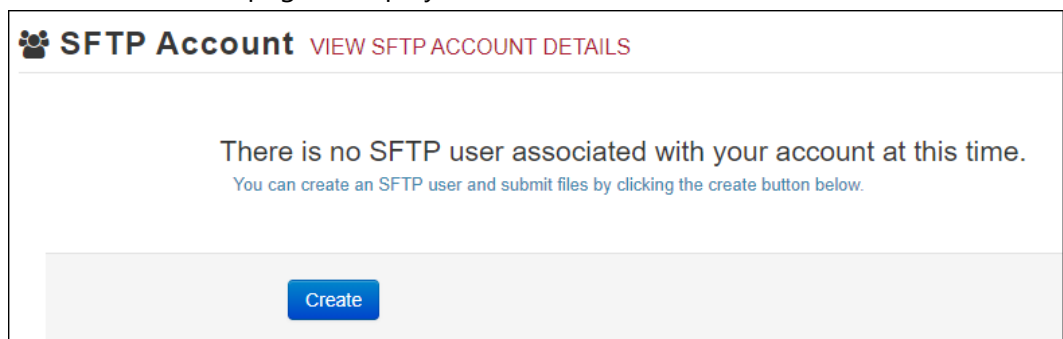
If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

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

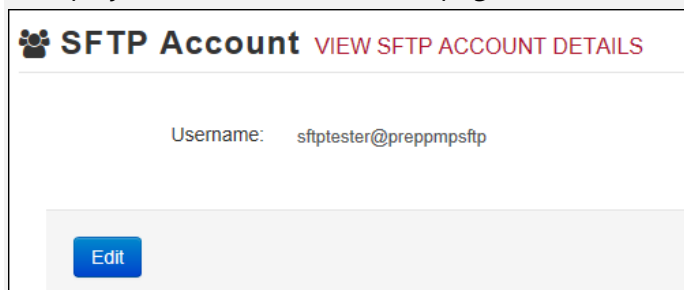


3. Select **SFTP Details**.

The SFTP Account page is displayed.



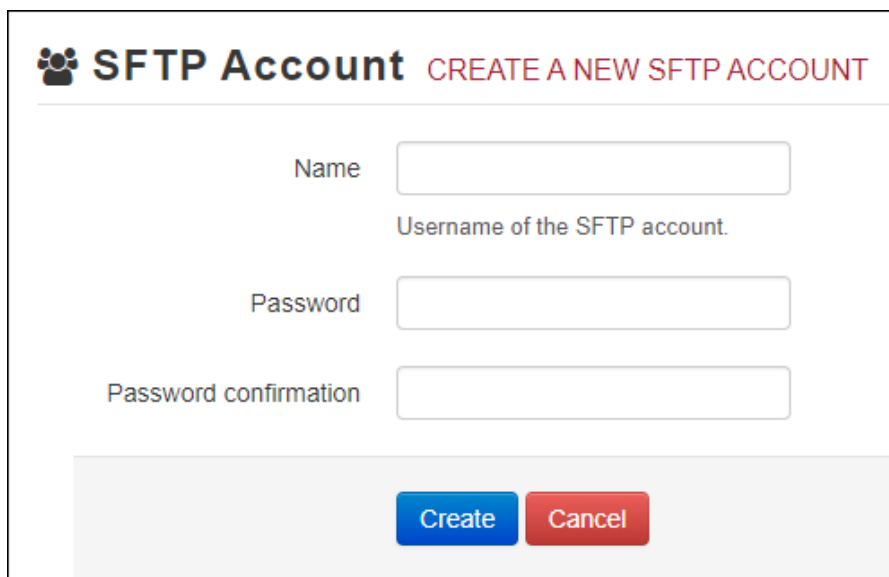
Note: If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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

4. Click **Create**.

The Create a New SFTP Account page is displayed.



SFTP Account CREATE A NEW SFTP ACCOUNT

Name
Username of the SFTP account.

Password

Password confirmation

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

Notes:

- The username must contain a minimum of 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.

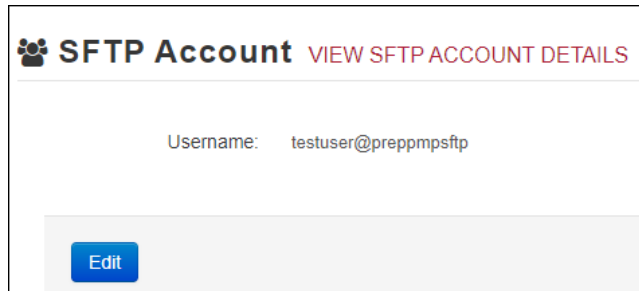
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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.



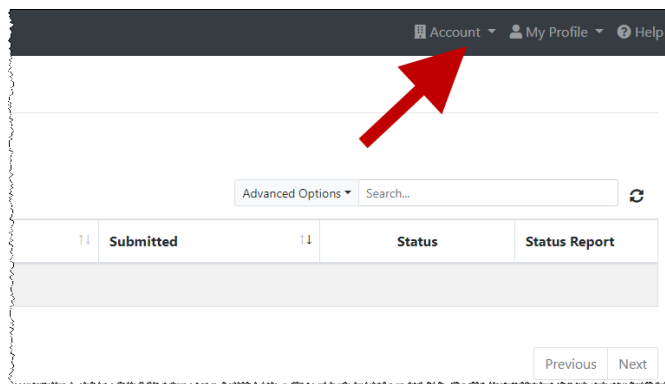
8.4 Real-Time Details

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.

Account DEA Numbers

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.
If you do not see your desired PMP in the list, check under [Account > Multistate Approval](#) that you are approved for the state. If you are approved for the state but do not see the state in the list, the state does not require you to submit your dispensary DEA number(s).
NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

Select a PMP...

File Upload: [Sample file](#)

Browse

Upload

DEA Number

Add DEA number

Continue

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.

File was successfully processed

Account DEA Numbers

File was successfully processed

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method. If you do not see your desired PMP in the list, check under [Account > Multistate Approval](#) that you are approved for the state. If you are approved for the state but do not see the state in the list, the state does not require you to submit your dispensary DEA number(s). NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

Florida

File Upload: [Sample file](#)

Browse

Upload

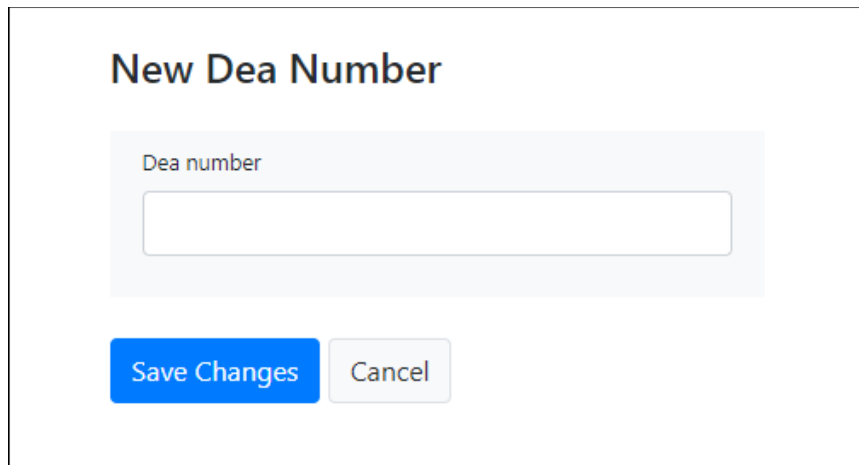
DEA Number

AD1111119	Remove
AP1111119	Remove

Add DEA number

Continue

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



New Dea Number

Dea number

Save Changes Cancel

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.

Account DEA Numbers

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method. If you do not see your desired PMP in the list, check under [Account > Multistate Approval](#) that you are approved for the state. If you are approved for the state but do not see the state in the list, the state does not require you to submit your dispensary DEA number(s). NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP:

Florida

File Upload: [Sample file](#)

Browse

Upload

DEA Number
AP1111119 Remove

Add DEA number

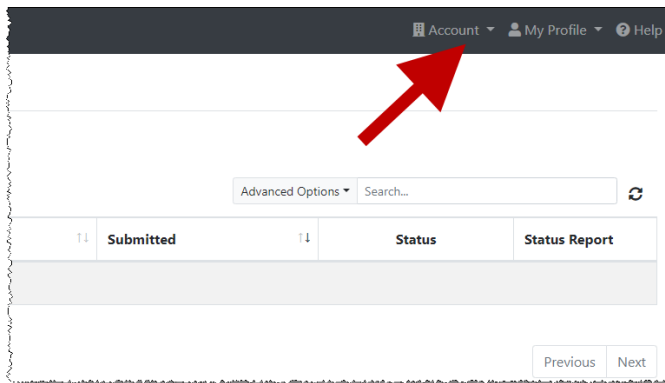
Continue

10. Once you have finished adding DEA numbers, click **Continue** to be routed to the File Listings page.

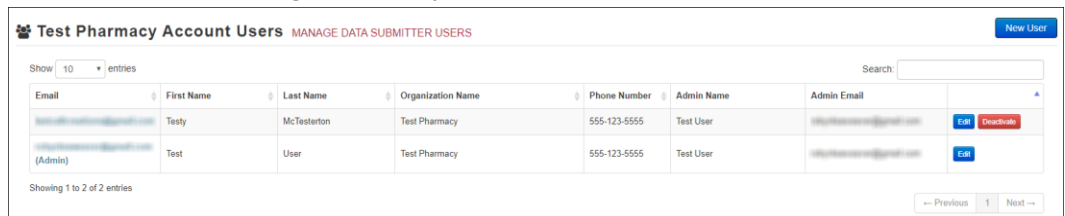
8.6 Adding Users to Your Upload Account

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.

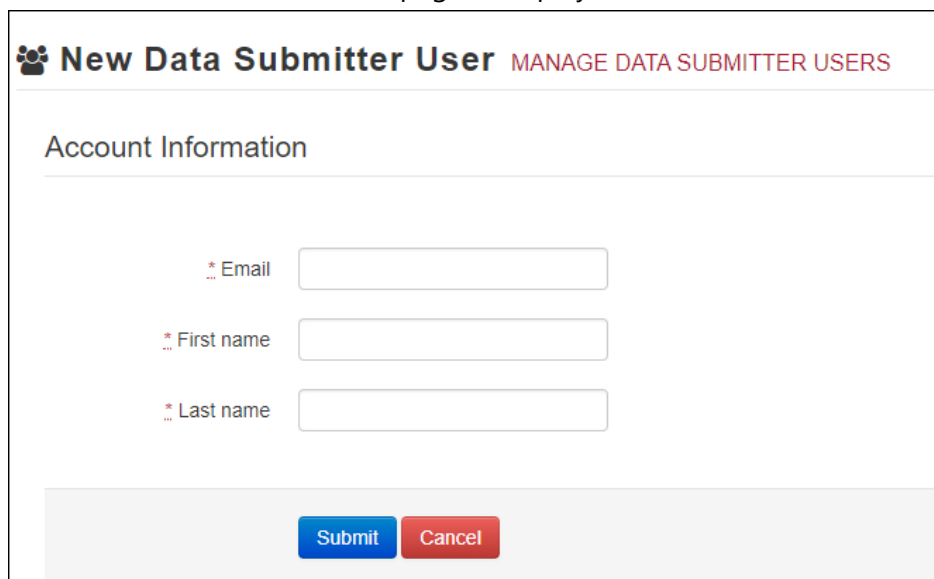
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



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



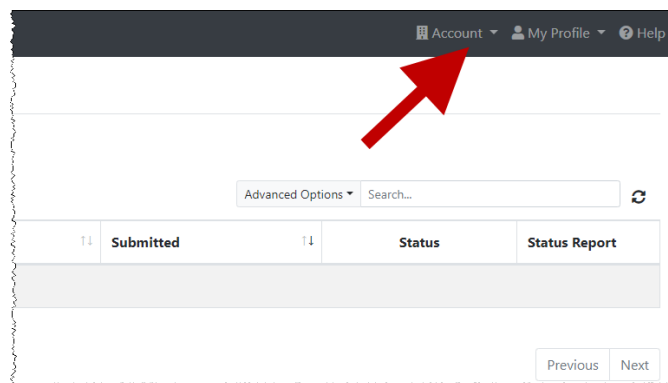
4. Click **New User**, located in the top right corner of the page.
The New Data Submitter User page is displayed.

A screenshot of the 'New Data Submitter User' form. The page title is 'New Data Submitter User' with a sub-header 'MANAGE DATA SUBMITTER USERS'. Below the title is the section 'Account Information'. There are three required text input fields: '* Email', '* First name', and '* Last name'. At the bottom of the form, there are two buttons: a blue 'Submit' button and a red 'Cancel' button.

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.

A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a sub-header 'MANAGE DATA SUBMITTER USERS' and a 'New User' button. Below the title, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: 'Email', 'First Name', 'Last Name', 'Organization Name', 'Phone Number', 'Admin Name', and 'Admin Email'. There are two rows of data. The first row has 'Testy' as the first name and 'McTesterton' as the last name. The second row has 'Test' as the first name and 'User' as the last name. To the right of each row, there is an 'Edit' button. The 'Edit' button for the second row is highlighted with a red box. At the bottom left, it says 'Showing 1 to 2 of 2 entries'. At the bottom right, there are 'Previous' and 'Next' navigation buttons.

4. Click the **Edit** button, located to the right of the user's information.
The Edit Data Submitter User page is displayed.

Edit Data Submitter User MANAGE DATA SUBMITTER USERS

Account Information

* Email

* First name

* Last name

Password

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

Password confirmation

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

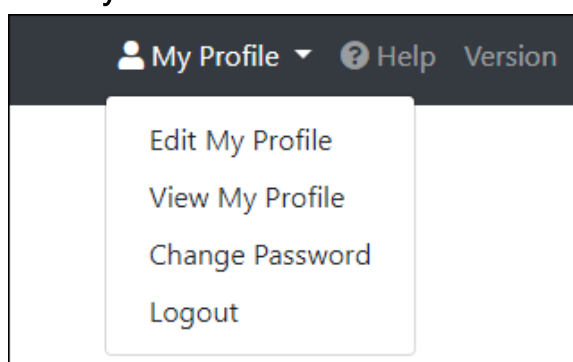
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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**.

Edit Profile

Profile Details * Indicates Required Field

First name * <input type="text" value="Test"/>	Last name * <input type="text" value="User"/>
Email * <input type="text" value="testuser@email.com"/>	Time zone <input type="text" value="(GMT-05:00) Eastern Time (US & Canada)"/>

Disable report emails

Organization Information

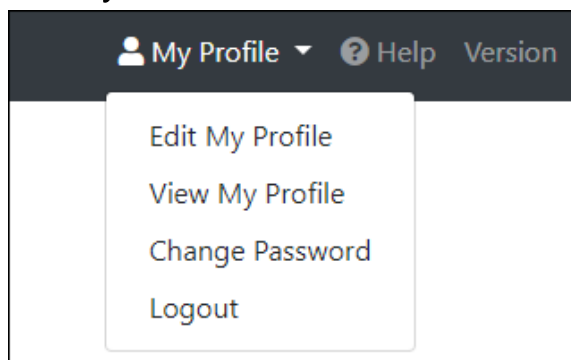
Name: Bamboo Health Test Pharmacy
Admin: Test Admin
Admin Email: testadmin@email.com

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**.

Change Password

Profile Details * Indicates Required Field

Email: testuser@email.com

Current password *

we need your current password to confirm your changes

Password **Password confirmation**

Update **Cancel**

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.

Login

Email Address

Password

Login

Create an Account

Help

[Forgot your password?](#)

[Didn't receive confirmation instructions?](#)

[Didn't receive unlock instructions?](#)

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

Forgot your password?

* Email

Send me reset password instructions

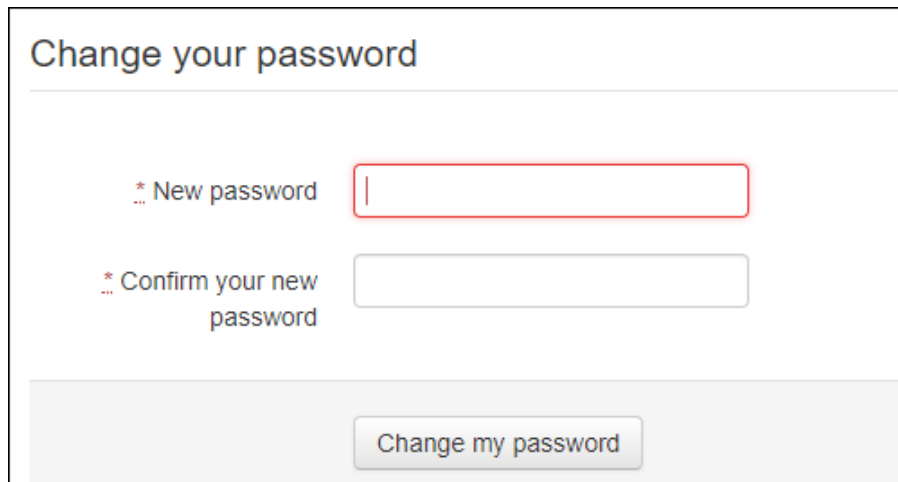
[Sign in](#)

[Didn't receive confirmation instructions?](#)

[Didn't receive unlock instructions?](#)

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

The Change your password page is displayed.



The screenshot shows a web form titled "Change your password". It contains two text input fields. The first field is labeled with a red asterisk and the text "New password". The second field is labeled with a red asterisk and the text "Confirm your new password". Below the input fields is a button labeled "Change my password".

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

Passwords must contain:

- *At least 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 Bamboo Health at 1-877-719-3120;
OR
- Create a support request at the following URL:
<https://pmpclearinghouse.zendesk.com/hc/en-us/>

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

Bamboo Health 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"
2.5	7/3/2021	ASAP Element Update	Changed DSP04 from 'R' to 'RR'

3.0	5/20/2022	Global	Updated guide to reflect Bamboo Health branding
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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. That guide includes field lengths, acceptable attributes, and examples.

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	R
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <ul style="list-style-type: none"> • P = Production • T = Test 	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific 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

Segment	Element ID	Element Name	Requirement
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S
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 code or other regional jurisdiction 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

Segment	Element ID	Element Name	Requirement
	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
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	S

Segment	Element ID	Element Name	Requirement
	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
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III</i> , 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 code or other regional jurisdiction code.	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: CCYMMDD	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	RR

Segment	Element ID	Element Name	Requirement
	PAT20	<p>Species Code</p> <p>Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.</p> <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	S
	PAT21	<p>Patient Location Code</p> <p>Code indicating where patient is located when receiving pharmacy services.</p> <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	S
	PAT22	<p>Country of Non-U.S. Resident</p> <p>Used when the patient's address is a foreign country.</p>	S
	PAT23	<p>Name of Animal</p> <p>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.</p>	S

Segment	Element ID	Element Name	Requirement
DSP: Dispensing Record (required)			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	<p>Reporting Status</p> <p>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</p> <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). <p><i>*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.</i></p>	R
	DSP02	<p>Prescription Number</p> <p>Serial number assigned to the prescription by the pharmacy.</p>	RR
	DSP03	<p>Date Written</p> <p>Date the prescription was written (authorized). Format: CCYYMMDD</p>	RR
	DSP04	<p>Refills Authorized</p> <p>The number of refills authorized by the prescriber.</p>	RR
	DSP05	<p>Date Filled</p> <p>Date prescription was prepared. Format: CCYYMMDD</p>	RR
	DSP06	<p>Refill Number</p> <p>Number of the fill of the prescription. 00 indicates New Rx; 01-99 is the fill number.</p>	RR
	DSP07	<p>Product ID Qualifier</p> <p>Used to identify the type of product ID contained in DSP08.</p> <ul style="list-style-type: none"> • 01 NDC • 06 Compound 	R
	DSP08	<p>Product ID</p> <p>Full 11-digit 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.</p>	RR

Segment	Element ID	Element Name	Requirement
	DSP09	<p>Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i></p>	RR
	DSP10	<p>Days' Supply Estimated number of days the medication will last.</p>	R
	DSP11	<p>Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09.</p> <ul style="list-style-type: none"> • 01 Each • 02 Milliliters (ml) • 03 Grams (gm) 	R
	DSP12	<p>Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription.</p> <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other 	S
	DSP13	<p>Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling.</p> <ul style="list-style-type: none"> • 00 Not a Partial Fill • 01 First Partial Fill <p><i>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.</i></p>	S
	DSP14	<p>Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.</p>	S
	DSP15	<p>Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.</p>	S

Segment	Element ID	Element Name	Requirement
	DSP16	Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations 	RR
	DSP17	Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	RR
	DSP18	RxNorm Code Qualifier RxNorm Code that is populated in the DrugDBCodeQualifier field in XML in the SCRIPT transaction. <ul style="list-style-type: none"> • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field MessageID in XML in the SCRIPT transaction.	S
	DSP21	Electronic Prescription Order Number This field should be populated with the Initiator Control Reference from field PrescriberOrderNumber in XML in the SCRIPT standard.	S
	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

Segment	Element ID	Element Name	Requirement
	DSP24	Treatment Type This field indicates that the prescription was for opioid dependency treatment when Code 02 is used. <ul style="list-style-type: none"> 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 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
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 99999nnnnnn.			

Segment	Element ID	Element Name	Requirement
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> 01 NDC 	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. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	S
<p>AIR: Additional Information Reporting (situational) Used when issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.</p> <p>Note: If this segment is used, at least one of the data elements (fields) will be required.</p>			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code or other regional jurisdiction code 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. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	RR
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	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 <ul style="list-style-type: none"> • 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.			

Segment	Element ID	Element Name	Requirement
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required) Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to 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

Segment	Element ID	Element Name	Requirement
PHA: Pharmacy Header (required)			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PAT: Patient Information (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

Segment	Element ID	Element Name	Requirement
	DSP05	Date Filled Enter as the date the report is sent. Format: CCYYMMDD	R
	DSP06	Refill Number	N
	DSP09	Quantity Dispensed	N
	DSP10	Days' Supply	N
PRE: Prescriber Information (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**20220108*223000*P**\
IS*7705555555*PHARMACY NAME*#20220107#-#20220107#\
PHA*** ZZ1234567\
PAT*****REPORT*ZERO*****\
DSP*****20220108*****\
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*

Bamboo Health 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 PMP administrator.

PMP Subfolders

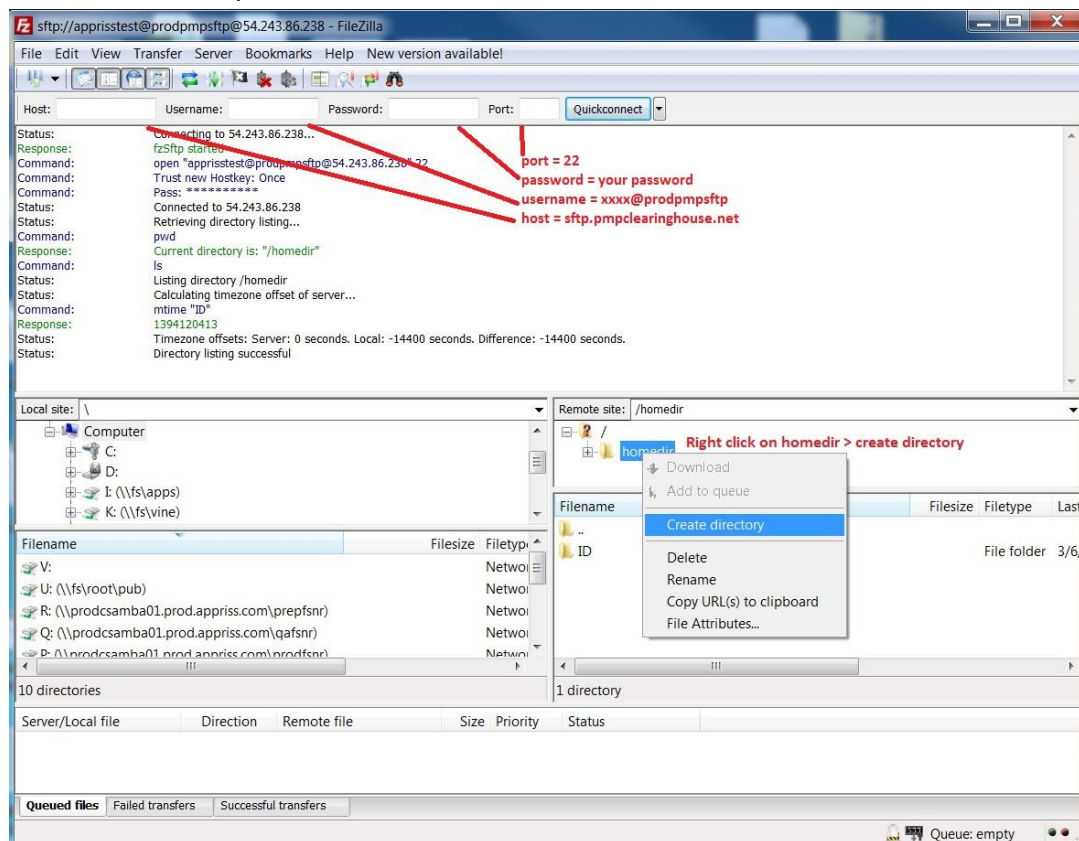
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse 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 PMP folder when submitting. You may need to contact your software vendor for additional assistance with this process.

NOTE: Capitalization of the abbreviated PMP 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 PMP subfolders for SFTP submissions:

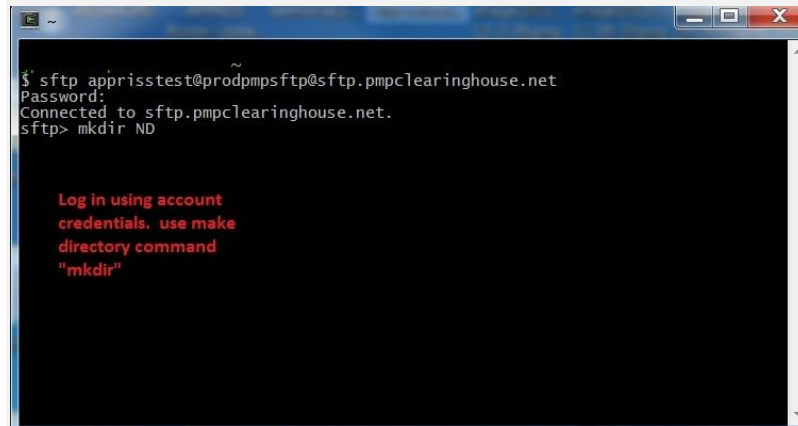
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under */homedir*.



2. Via command prompt

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

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



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

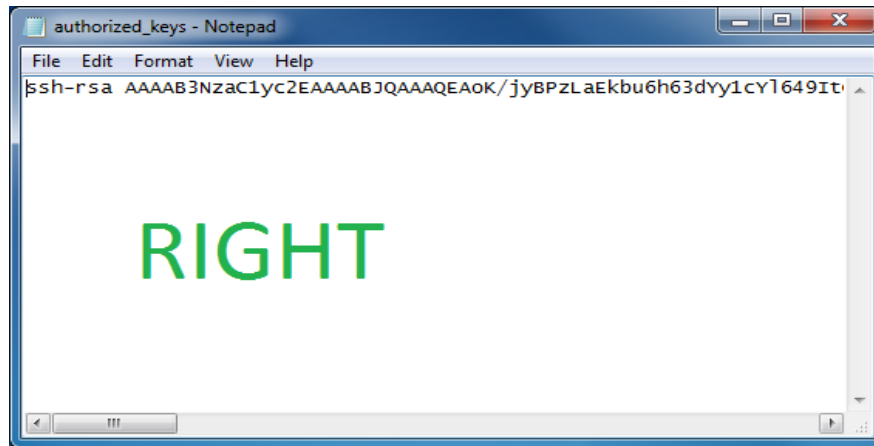
Log in using account
credentials. use make
directory command
"mkdir"
```

Public (SSH/RSA) Key Authentication

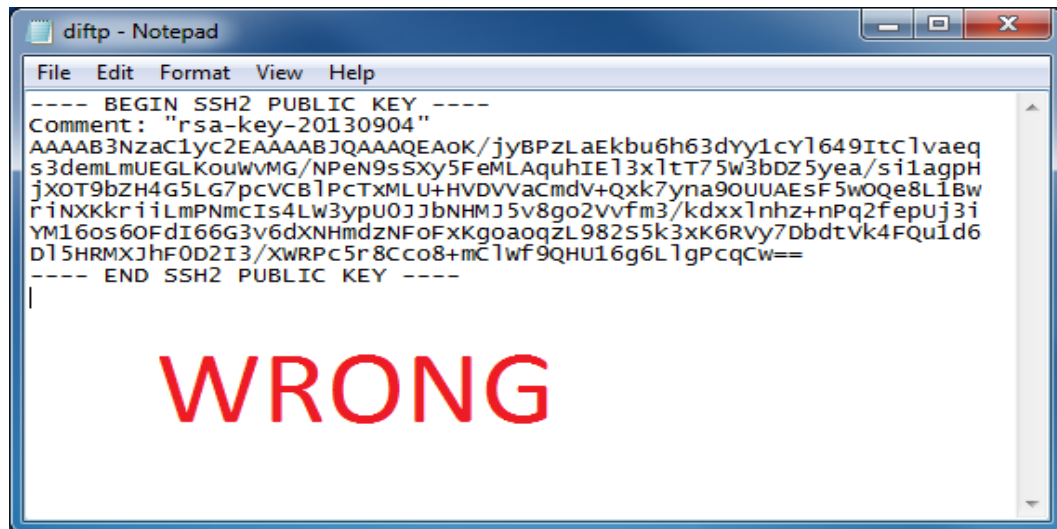
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

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 PMP subfolder. Please refer to [PMP 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.



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

NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, F.S., awaiting issuance of a Drug Enforcement Administration registration number.			
<input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the State of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption): <ul style="list-style-type: none"> <input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session. <input type="checkbox"/> A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state. <input type="checkbox"/> A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections. <input type="checkbox"/> A practitioner when administering a controlled substance in the emergency room of a licensed hospital. <input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16. <input type="checkbox"/> A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient. 			
Reason for request of waiver from electronic reporting: (Check all that apply below)			
(NOTE: A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action

Appendix E: Renewal of Notification of Exemption from Reporting

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



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

RENEWAL OF NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, F.S., and awaiting issuance of a Drug Enforcement Administration registration number. <input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration and is not currently dispensing controlled substances. <input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the State of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption): <ul style="list-style-type: none"> <input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session. <input type="checkbox"/> A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state. <input type="checkbox"/> A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections. <input type="checkbox"/> A practitioner when administering a controlled substance in the emergency room of a licensed hospital. <input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16. <input type="checkbox"/> A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient. 			
Reason for request of waiver from electronic reporting: (Check all that apply below)			
(NOTE: A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF) <input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action

Appendix F: Controlled Substance Reporting Waiver

Admin Settings and Configurations Overview

The Controlled Substance Reporting Waiver feature is highly customizable within PMP AWARxE. State and regional jurisdiction admins can configure when waivers automatically expire, when renewals can be submitted, when automated emails are sent, and the email content. Admins can also configure the online waiver portal where waivers are submitted.

Waiver Form Field Configuration

This configuration determines what pharmacy identifiers display on the online waiver portal where waivers are submitted.

1. To configure the **Waiver Form Fields**, navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Form Setup > Waiver Form Field Configuration**.
2. Select the key input fields the user should provide when submitting a waiver. These fields will display on the online waiver portal.
3. Decide which fields you would like to be visible. For visible fields, decide if you want those fields to be required.
4. Add *Help Text* to display as a question mark icon next to the field. If help text is not configured the question mark icon will not display.
5. Select **SAVE** at the bottom of the page to save the configurations.

Form Field Name	Visible	Required	Help Text
Pharmacy License Number	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State issued Pharmacy License Number (XXXX.XX.00000000)
Pharmacy DEA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	US Drug Enforcement Administration issued pharmacy ID
Pharmacy NCPDP	<input type="checkbox"/>	<input type="checkbox"/>	7-digit ID assigned to every licensed pharmacy and qualified Non-Pharmacy Dispensing Sites (NPDS) in the United States
Pharmacy NPI	<input type="checkbox"/>	<input type="checkbox"/>	10-digit National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.

Pharmacy License Number: The Pharmacy License Number is required for a waiver to be submitted. It is also used as an eligibility check on [Step 1](#). The only configuration option for this identifier is the *Help Text*, so the admin can provide information on how the number should be formatted and/or what the number is used for.

Pharmacy DEA: The Pharmacy DEA input field displays on [Step 2](#), if configured to be visible. This field can also be set to required. This identifier is informational only and will not update the Pharmacy DEA on the pharmacy table.

Pharmacy NCPDP: The Pharmacy DEA input field displays on [Step 2](#), if configured to be visible. This field can also be set to be required. This identifier is informational only and will not update the Pharmacy NCPDP on the pharmacy table.

Pharmacy NPI: The Pharmacy NPI input field displays on [Step 2](#), if configured to be visible. This field can be set to be required. This identifier is for informational purposes only.

The screenshot shows the 'Controlled Substance Reporting Waiver' form at Step 1, 'Waiver Eligibility Check'. A progress bar at the top indicates five steps: 1. Waiver Eligibility Check (active), 2. Pharmacy Info, 3. Reasons For Request, 4. Review, and 5. Complete. The main content area prompts the user to 'Please enter the Pharmacy License Number'. Below this is a text input field for the 'Pharmacy License Number' with a red asterisk indicating it is required. A tooltip above the field shows the format: 'State issued Pharmacy License Number (XXXX.XX.00000000)'. At the bottom, there are 'Continue' and 'Cancel' buttons.

The screenshot shows the 'Controlled Substance Reporting Waiver' form at Step 2, 'Pharmacy Info'. The progress bar shows Step 2 is active. The form displays pre-filled information for 'Rachel Test Pharmacy' at '123 Test Ave, Seattle, WA 12345, 1234567891' with 'Pharmacy License Number: RACHTEST-23'. Below this are several required input fields: 'Pharmacy DEA', 'Pharmacy NCPDP', 'Pharmacy NPI', 'Contact First Name', 'Contact Last Name', 'Phone Number', and 'Email Address'. A legend indicates that a red asterisk denotes a required field. 'Continue' and 'Cancel' buttons are at the bottom.

Reason for Request Configuration

This configuration determines the reason(s) for the waiver request that will display on [Step 3](#) of the online waiver portal.

1. Navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Form Setup > Reason for Waiver Configuration**.
2. Define and format the description that displays above the reason(s) for the request.
3. Select either **Checkboxes** or **Radio Buttons**. Checkboxes can be used for multiple reason selections, and radio buttons can be used for a single reason selection.
4. Select the **Allow Attachments** checkbox if you want to allow attachments to be uploaded to provide supporting documentation for review by the admin.

5. Select **Add Reason** to enable the text box. Then enter the text that describes the reason. Finally, select the **Add to List** link next to the reason text box to add it as "Reason 1."
6. Repeat Step 5 above to add multiple reasons. There is no limit.
7. Select the **Save** button at the bottom of the page to save your changes.
8. All reasons can be edited or removed.

Reason For Request Configuration
Define the description that appears about the reasons

Reason for Waiver Request (select one):

Reason 1: This pharmacy does not have a DEA or dispense controlled substances to WA residents. [Remove]

Reason 2: This pharmacy does not dispense controlled substances to outpatients for more than a one day supply. [Remove]

Reason 3: This facility is a call center or other facility type that does not handle controlled substances. [Remove]

Buttons: Checkboxes, Radio Buttons, Add Attachments, Clear All, Add Reason

Radio Buttons for Single Selection with No Attachments:

Controlled Substance Reporting Waiver

Progress: Waiver Eligibility Check | Pharmacy Info | **Reasons For Request** | Review | Complete

Rachel Test Pharmacy
123 Test Ave
Seattle, WA 12345
1234567891
Pharmacy License Number: RACHTEST-23

Reason for Waiver Request (select one): *

- This pharmacy does not have a DEA or dispense controlled substances to WA residents.
- This pharmacy does not dispense controlled substances to outpatients for more than a one day supply.
- This facility is a call center or other facility type that does not handle controlled substances.

Buttons: Continue, Cancel

Checkboxes for Multiple Selection with Attachments Allowed and Updated Reason Description:

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete

Rachel Test Pharmacy
 123 Test Ave
 Seattle, WA 12345
 1234567891
 Pharmacy License Number: RACHTEST-23

Reason for Waiver Request (select all that apply): *

The pharmacy does not have a DEA or dispense controlled substances to WA residents.

This pharmacy does not dispense controlled substances to outpatients for more than a one day supply.

This facility is a call center or other facility type that does not handle controlled substances.

[Attach Documents](#)

File Types: pdf, png, and jpeg, Maximum File Size: 5mb, Maximum Uploads: 5

[Continue](#) [Cancel](#)

Disclaimer and Certification Configuration

This configuration defines the *Disclaimer* and/or *Certification* text that is displayed for review prior to submitting the waiver.

1. Navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Form Setup > Disclaimer and Certification Configuration**.
2. Enter the text and format as desired.
3. Select **Save** at the bottom of the page.

Disclaimer and Certification Configuration

Define the disclaimer and/or certification text that is displayed for review prior to submitting the waiver.

B / U / Bullet / List / Undo / Redo / P / h1 / h2 / h3 / h4 / h5 / h6 / Link

By submitting this form I certify that:

- My pharmacy does not currently deliver any drugs covered by the program (schedule II, III, IV, or V controlled substances or any other drugs added by the Pharmacy Commission) to ultimate users who have a Washington State address.
- If our business practices changes regarding dispensing drugs covered by the program to ultimate users with a Washington State address, we will notify the Washington State Department of Health and begin data submission as required in RCW 70.225.

512/3000 characters max

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete

Please review information before submitting

Pharmacy Information

Pharmacy
 Rachel Test Pharmacy
 123 Test Ave
 Seattle, WA 12345
 1234567891

Pharmacy License Number: RACHTEST-23
 Pharmacy DEA Number:

Contact First Name: Rachel
 Contact Last Name: Hopkins
 Phone Number: 810-123-4567
 Email Address: r.hopkins@bamboohealth.com

Reason for Request

Reason: The pharmacy does not have a DEA or dispense controlled substances to WA residents.

By submitting this form I certify that:

- My pharmacy does not currently deliver any drugs covered by the program (schedule II, III, IV, or V controlled substances or any other drugs added by the Pharmacy Commission) to ultimate users who have a Washington State address.
- If our business practices changes regarding dispensing drugs covered by the program to ultimate users with a Washington State address, we will notify the Washington State Department of Health and begin data submission as required in RCW 70.225.

Submit Cancel

Submission Configuration

This configuration defines the submission text that is displayed for review after a waiver has been submitted.

1. Navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Form Setup > Submission Configuration**.
2. Enter the text and format as desired.
3. Select **Save** at the bottom of the page.

Submission Configuration

Define the submission text that is displayed for review after a waiver has been submitted


B / U Bullet List Undo Redo P h1 h2 h3 h4 h5 h6 Link

Your CSRW waiver has been submitted. The WA PMP will review this request and make a decision within 3-5 business days. Once the decision is made you will receive an email with the results. For additional questions please contact us at 360-236-4869 or prescriptionmonitoring@doh.wa.gov.

285/3000 characters max

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete



You Have Successfully Submitted a Controlled Substance Reporting Waiver

Your CSRW waiver has been submitted. The WA PMP will review this request and make a decision within 3-5 business days. Once the decision is made you will receive an email with the results. For additional questions please contact us at 360-236-4869 or prescriptionmonitoring@doh.wa.gov.

Download Waiver Request

Back to Login Page

Expiration and Renewal Settings

The expiration and renewal settings control when waivers automatically expire, when they can be renewed, and when renewal email reminders are sent to pharmacies with active waivers.

1. Navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Settings > Expiration and Renewal**.
2. Decide how often waivers should expire. Options are:

One Year from Approval: Waivers expire 1 year from the date the admin approves the waiver.

Expiration and Renewal

How often do waivers expire?

Expiration Frequency*

One year from approval

How many days before the expiration date can renewals be submitted?

Renewal Days*

90

Once a Year on Set Date: Waivers expire every year on a set date of your choice.

Note: You will need to decide what Month and Day waivers will expire. Furthermore, you will need to decide if you want to include the **current year**. For example, a waiver was approved on 02/01/2022. If "Do Not Include Current Year" is selected, the expiration date would be set for 05/31/2023. If "Do Not Include Current Year" is not selected, the expiration date would be set for 05/31/2022.

Expiration and Renewal

How often do waivers expire?

Expiration Frequency*

Once a year on set date

What Month and Day do waivers expire?

Expiration Month*

May

Expiration Day*

31

Do not include current year

How many days before the expiration date can renewals be submitted?

Renewal Days*

90

Every Odd Year on Set Date: Waivers expire every odd year on a set date of your choice.

Note: You will need to decide what Month and Day waivers will expire.

Expiration and Renewal

How often do waivers expire?

Expiration Frequency*

Every odd year on set date

What Month and Day do waivers expire?

Expiration Month*

May

Expiration Day*

31

How many days before the expiration date can renewals be submitted?

Renewal Days*

90

- For all settings listed above, you will need to decide how many days before the expiration date renewals can be submitted. This would indicate the beginning of the renewal period when pharmacies with active waivers can submit a renewal waiver request.
- You will also need to decide when and how often renewal email reminders are automatically sent to pharmacies with active waivers. The automatic email reminders will notify pharmacies that waivers can be renewed at that time. Multiple days can be configured for automatic reminders.

Renewal Email Reminder Frequency

Number of days prior to the expiration date that renewal reminder emails are sent. [Add Reminder](#)

90 Day Reminder | [Remove](#)

60 Day Reminder | [Remove](#)

30 Day Reminder | [Remove](#)

Email Template Configuration

Automated emails will notify the pharmacy and the waiver contact of any status changes. If the admin does not want an automated email sent for a particular status, they can exclude it.

Email Template Configuration
Configure automated email content.

Do not send this automated email

Subject

Message

B *I* U Bullet List Undo Redo P h1 h2 h3 h4 h5 h6 Link

Presets: Pharmacy Name

0/3000 characters max

Signature Block

For each waiver status, the following can be configured:

Do not send this automated email: If selected, automated emails will not be sent.

Subject: Text will display in the subject line of the email.

Message: The body of the email. The admin can format the text, as desired. Include the signature if multiple lines.

Presets: Custom content that identifies the individual pharmacy and waiver details.

- Pharmacy Name
- Pharmacy Address
- Pharmacy City
- Pharmacy State
- Pharmacy Zip Code
- Waiver Effective Date

- Waiver Expiration Date
- Waiver Submission Date

Signature Block: The signature displayed after the body of the email. The signature block is a single line. If the signature includes multiple lines, it can be added to the bottom of the message and formatted as desired.

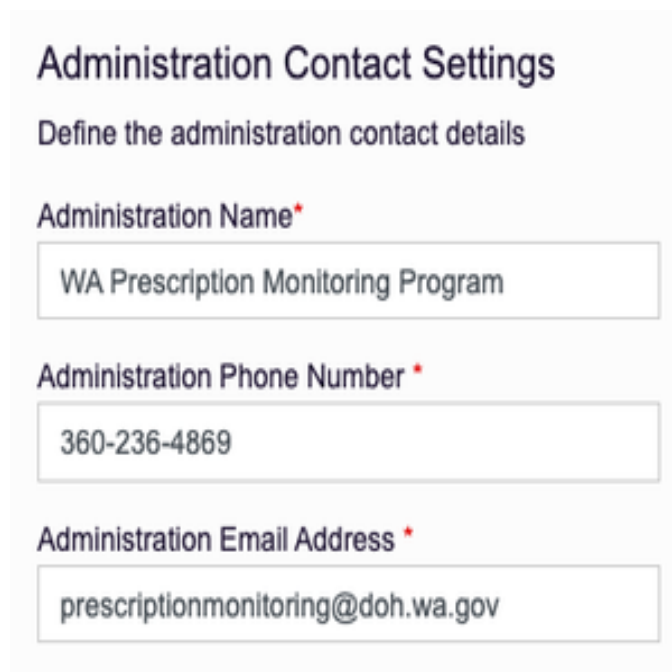
Supported Formatting:

- Bold
- Italic
- Underline
- Bullet
- Numbered List
- Hyperlink
- Font Sizing: H1 (largest) to H6 (smallest)

Administration Contact Settings

The *Administration Contact* settings are used in error messages to notify users who to contact if they need assistance.

1. Navigate to **Admin > Settings > Waivers > Controlled Substance Reporting Waiver > Settings > Administration Contact Settings.**
2. Enter Administration Name.
3. Enter Administration Phone Number.
4. Enter Administration Email Address.

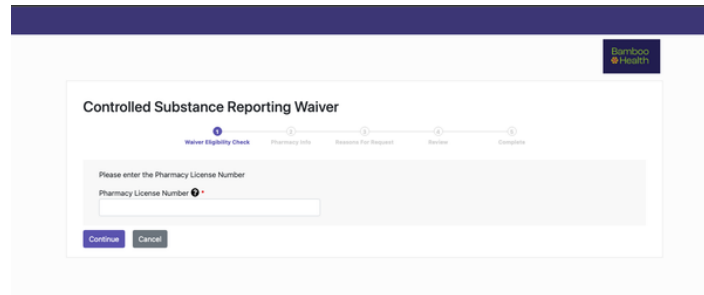


The screenshot shows a web form titled "Administration Contact Settings" with the subtitle "Define the administration contact details". It contains three input fields, each with a red asterisk indicating a required field:

- Administration Name***: The input field contains the text "WA Prescription Monitoring Program".
- Administration Phone Number ***: The input field contains the text "360-236-4869".
- Administration Email Address ***: The input field contains the text "prescriptionmonitoring@doh.wa.gov".

Submitting Waiver Requests Overview

Controlled Substance Reporting Waivers are submitted through an external online waiver portal. This is an external process to allow submitters that are not PMP AWARe users to submit waiver requests on behalf of the pharmacy. The online waiver portal is integrated with PMP AWARe.



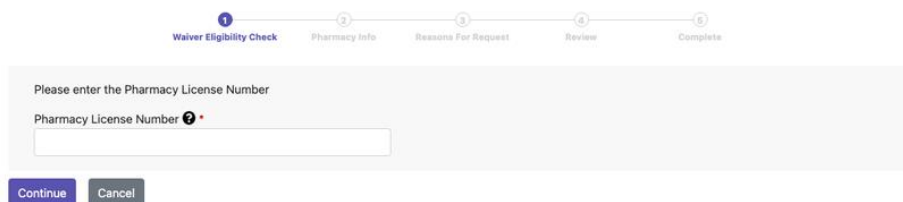
The URL will be provided to the state admins to include on their state site but it has also been added to the PMP AWARe login page as seen in the following image:



Step 1: Waiver Eligibility Check

The user must enter the Pharmacy License Number so the system can check if the pharmacy is eligible to submit a waiver.

Controlled Substance Reporting Waiver



Pharmacy License Number: This field is always required on Step 1. The only configuration on this page is the help text. When a Pharmacy License Number is entered, and the user selects *Continue*, the following eligibility checks are performed:

- **Does the Pharmacy License Number exist in PMP AWARe Compliance Pharmacy list?** The Pharmacy License Number must be an exact match.

- If **no match is found**, the user will see the message below. The administration name, phone number, and email are pulled from the configurations.
- If there **is a match**, the next eligibility check is performed.

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete

Please enter the Pharmacy License Number

Pharmacy License Number

PharmacyDoesn'tExist

Pharmacy License Number not found. Please contact the Bamboo Health PMP Administration at 123-456-7891 or pmpdemo@bamboohealth.com for assistance.

- **Is there a Pending or In Review waiver?** To prevent duplicates, the system does not allow waivers to be submitted if there is a *Pending* or *In Review* waiver.
 - If **yes**, the user will see one of the messages below.
 - If **no**, the next eligibility check is performed.

Pending Waiver Exists:

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete

Please enter the Pharmacy License Number

Pharmacy License Number

This pharmacy has a pending waiver.

In Review Waiver Exists:

Controlled Substance Reporting Waiver

1 Waiver Eligibility Check 2 Pharmacy Info 3 Reasons For Request 4 Review 5 Complete

Please enter the Pharmacy License Number

Pharmacy License Number

This pharmacy has a waiver that is being reviewed.

- **Is there an active waiver?** A waiver is active if it has an approved waiver status that has not expired.
 - If **no**, the user can continue to Step 2.
 - If **yes**, the next eligibility check is performed.

- **Can the active waiver be renewed?** The renewal period is configured by the state but is typically 90 days before the expiration date.
 - If *no*, the user will see the message below.
 - If *yes*, the user will continue to Step 2.

Step 2: Pharmacy Info

The user should verify the pharmacy information on this step, enter pharmacy identifiers (if configured), and their contact information.

Pharmacy DEA: This is a configurable field. If configured to display, this field is informational for waiver purposes. It will not update the Pharmacy DEA on the pharmacy table.

Pharmacy NCPDP: This is a configurable field. If configured to display, this field is informational for waiver purposes. It will not update the Pharmacy NCPDP on the pharmacy table.

Pharmacy NPI: This is a configurable field. If configured to display, this field is informational for waiver purposes.

Contact First Name: This is a required field. Enter the first name of the person that should be contacted for waiver follow-ups.

Contact Last Name: This is a required field. Enter the last name of the person that should be contacted for waiver follow-ups.

Phone Number: This is a required field. Enter the phone number of the person that should be contacted for waiver follow-ups.

Email Address: This is a required field. Enter the email address that should be used for automated waiver emails and follow-ups.

Step 3: Reason for Request

On Step 3, the user should identify the reason they are requesting the waiver. The entire bottom half of this page is configurable.

Controlled Substance Reporting Waiver



Bamboo Health Demo Pharmacy
9901 Linn Station Rd
Louisville, KY 40223
19999999999
Pharmacy License Number: SHCP-1234
Pharmacy DEA: SHCP1234
Pharmacy NCPDP: SHCP-NCPDP
Pharmacy NPI: SHCP-NPI

Reason for Waiver Request (select one): *

- The pharmacy does not have a DEA or dispense controlled substances.
- This pharmacy does not dispense controlled substances to outpatients for more than a one day supply.
- This facility is a call center or other facility type that does not handle controlled substances.

[Attach Documents](#)
File Types: pdf, png, and jpeg. Maximum File Size: 5mb, Maximum Uploads: 5

[Continue](#) [Cancel](#)

Controlled Substance Reporting Waiver



Bamboo Health Demo Pharmacy
9901 Linn Station Rd
Louisville, KY 40223
19999999999
Pharmacy License Number: SHCP-1234
Pharmacy DEA: SHCP1234
Pharmacy NCPDP: SHCP-NCPDP
Pharmacy NPI: SHCP-NPI

Reason for Waiver Request (select one): *

- The pharmacy does not have a DEA or dispense controlled substances.
- This pharmacy does not dispense controlled substances to outpatients for more than a one day supply.
- This facility is a call center or other facility type that does not handle controlled substances.

[Attach Documents](#)
File Types: pdf, png, and jpeg. Maximum File Size: 5mb, Maximum Uploads: 5

Added Files
PMP ADMIN Administrator User Guide.pdf [Remove](#)

[Continue](#) [Cancel](#)

Pharmacy Information: The pharmacy name, address, phone number, and Pharmacy License Number is displayed at the top of this page. This information should match the information displayed on [Step 2](#).

Additional Pharmacy Identifiers: Pharmacy DEA, Pharmacy NCPDP, and Pharmacy NPI will display, if entered on [Step 2](#).

Reason for Waiver Request: Select the reason the pharmacy needs a waiver. If radio buttons are configured, the user can select only 1 reason. If checkboxes are configured, the user can select multiple reasons.

Attach Documents: Supporting documentation can be attached for the State Admins to review. Up to 5 attachments are allowed. PDF, PNG, and JPG are the allowed file types. The max size allowed per file is 5MB. The file name will display after the document is attached. The document can be removed, if needed.

Step 4: Review

The user should review the information that is being submitted on the CSRW Request. They should also read the *Certification Statements* or *Disclaimers* before submitting the waiver.

The screenshot shows the 'Controlled Substance Reporting Waiver' form at the 'Review' step. A progress bar at the top indicates the current step. Below the title, a message says 'Please review information before submitting'. The form is divided into two main sections: 'Pharmacy Information' and 'Reason for Request'. The 'Pharmacy Information' section displays details for 'Santitas Health Demo Pharmacy' at '9901 Line Station Rd, Louisville, KY 40223'. It lists various identifiers: Pharmacy License Number (SI-CP-1234), Pharmacy DEA Number (SI-CP1234), Pharmacy NCPDP (SI-CP-NCPDP), Pharmacy NPI (SI-CP-NPI), Contact First Name (Santitas), Contact Last Name (Demo), Phone Number (502-555-0000), and Email Address (santitasdemo@santitashealth.com). The 'Reason for Request' section shows a selected reason: 'This pharmacy does not dispense controlled substances to outpatients for more than a one-day supply'. An attachment named 'PMP 800002 Administrator User Guide.pdf' is listed. At the bottom, there is a certification statement with two bullet points and 'Submit' and 'Cancel' buttons.

Pharmacy Information: This section displays information from [Step 2](#). If the user needs to edit any information, they can select the *Edit* hyperlink next to the header.

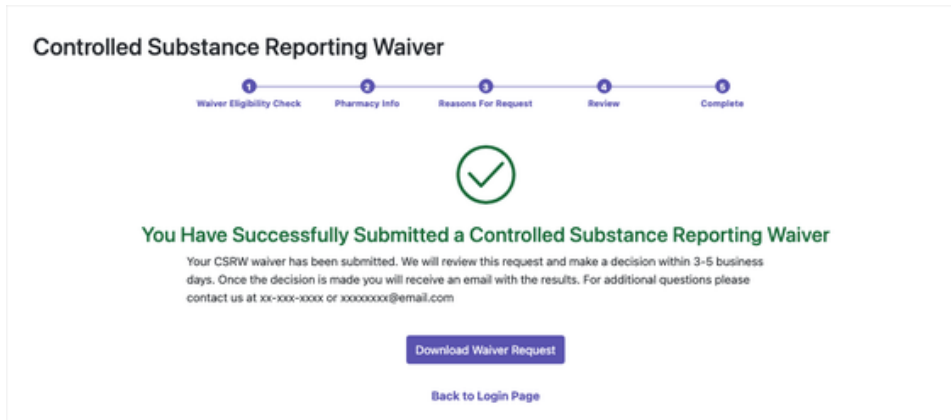
Reason for Request: This section displays information and attachments from [Step 3](#). The attachment file name will only be on display. The file cannot be viewed from this page.

Certification Statement and/or Disclaimers: This section is configured by the State Admins or regional jurisdiction Admins to inform the user of important information about the program, any legal statements, or next steps.

Submit: Clicking the *Submit* button will submit the waiver and move on to [Step 5](#).

Step 5: Complete

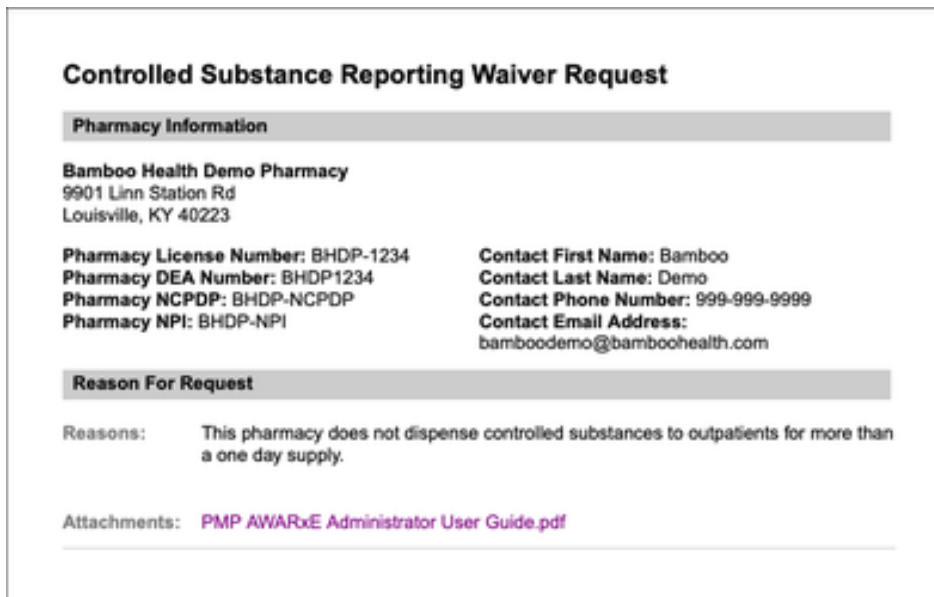
The user should see confirmation of waiver submission. The user will also be given the option to download a PDF of the CSRW Request information.



The text displayed below the “*You Have Successfully Submitted a Controlled Substance Reporting Waiver*” is configurable.

Download Waiver Request: This button downloads a PDF that includes the details from the submission for the waiver request.

Back to Login Page: This link takes the user to the state or regional jurisdiction’s PMP AWA^Rx^E login page.



Manage Waivers Overview

Controlled Substance Reporting Waivers are managed by the state admin through the Compliance module. The Controlled Substance Reporting Waiver section appears on the right side of the address card. It consists of a title, Manage Waivers button, and basic information about the Current and Renewal Waivers. Most of the examples below are for managing current waivers, however the same applies to renewal waivers. See the Renewal Waivers section for specific renewal waiver functionality.

Pharmacies
Select a pharmacy to review details about the pharmacy.

DEA	NCPDP	License	Pharmacy Name	Address	City	State	Zip	Phone Number	Waiver Status
BHDP-1234			Bamboo Health Demo Pharmacy	9901 Linn Station Rd	Louisville	KY	40225	1999999999	Pending

Bamboo Health Demo Pharmacy

Reporting Requirements

Exempt
 Default Frequency
 Every ___ days
 Daily, except
 Sun Mon Tue Wed Thu Fri Sat

Pharmacy License #
BHDP-1234

Pharmacist in Charge
 First Name: Bamboo Last Name: Pharmacist
 Email: bambodemo@bamboohealth.com

Controlled Substance Reporting Waiver
 Manage Waivers

Current Waiver
 Waiver Status: Pending
 Waiver Effective: _____
 Waiver Expires: _____

Approve A Waiver Request

Pending waivers can be found on the admin dashboard under **Pending Tasks**.

PMP Dashboard

Pending Tasks

	Total Pending	Critically Overdue
CSR Waiver Requests	6	2
Patient Request Approvals	20	20
Registration Approvals	28	28
Data Submission Approvals	117	117
Delinquent Submitters	1	1

Pharmacy	Request Date	Days Pending
John's Pharmacy	02/13/2022	9 ■
CHERRYVALE PHARMACY	02/14/2022	8 ■
CAREMARK FLORIDA MAIL PHARMACY, LLC	02/15/2022	5
QAA, Pharmacist	02/16/2022	6
WALGREEN CO.	02/17/2022	5

■ = Critically Overdue

You can also access pending waivers by navigating to **Admin > Compliance > Manage Pharmacies**.

1. Perform an **Advanced Search** for a Pending Waiver status as seen below:

Advanced Search (status: pending)

DEA Number: _____
 NCPDP: _____
 Pharmacy License #: _____
 Name: _____
 Address: _____
 City: _____
 State: Select State
 Zip Code: _____
 Phone Number: _____

Waiver Status:
 Pending Withdrawn Denied
 Expired Approved-Exempt
 Approved-Quarterly In Review

Address	City	State	Zip	Phone Number	Waiver Status
15970 S MUIR LEN RD	OLATHE	KS	66062		Approved-Exempt
1900 Abc St.	Louisville	KY	40223	18771238399	Expired
10515 W CENTRAL	WICHITA	KS	67212		Expired
Address test...	Fayne city	FL	59834	1564678	Approved-Exempt
118 N MAPLE ST...	CHERRYVALE	KS	67335		Expired

7. Select the **Manage Waivers** button.

Bamboo Health Demo Pharmacy Save Changes Delete Pharmacy Edit Pharmacy

Reporting Requirements

Exempt
 Default Frequency
 Every days
 Daily, except
 Sun Mon Tue Wed Thu Fri Sat

Notes

Pharmacy License #
BHDP-1234

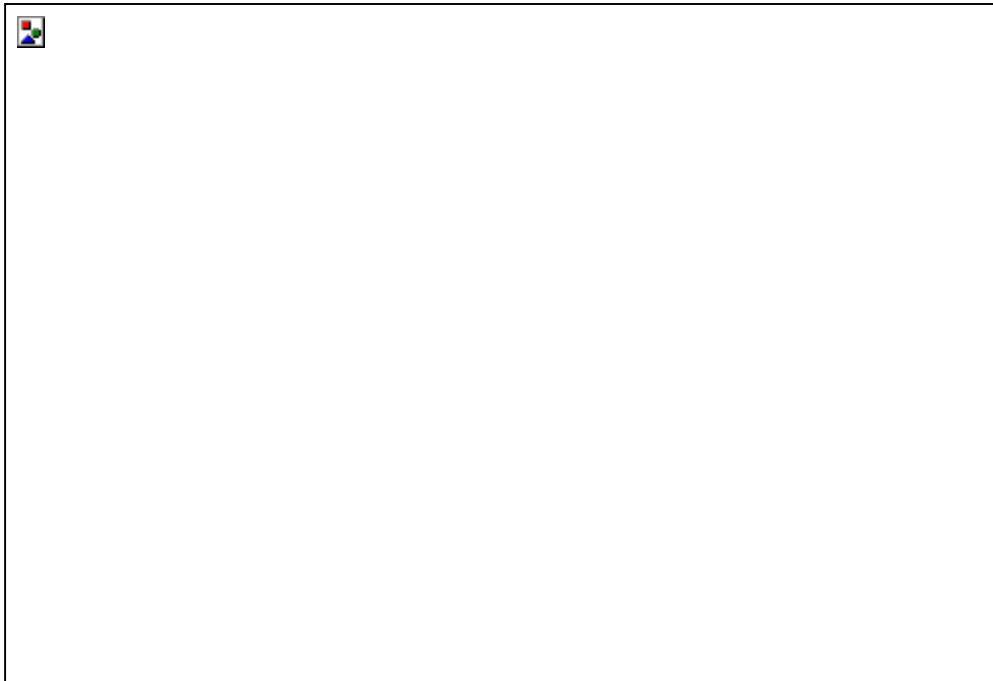
Pharmacist in Charge

First Name: Last Name:
Email:

Controlled Substance Reporting Waiver

Manage Waivers

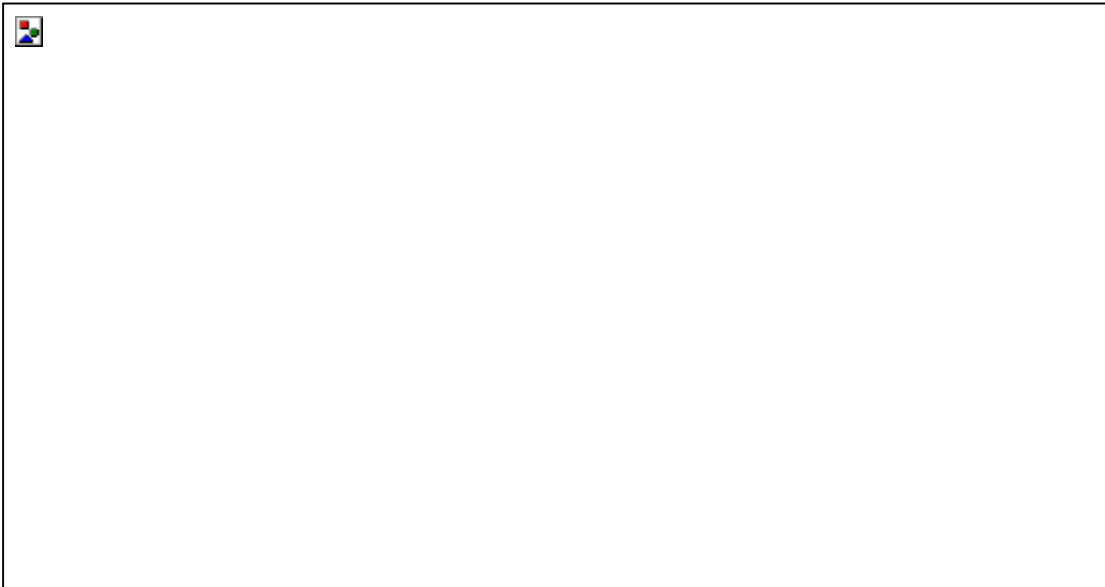
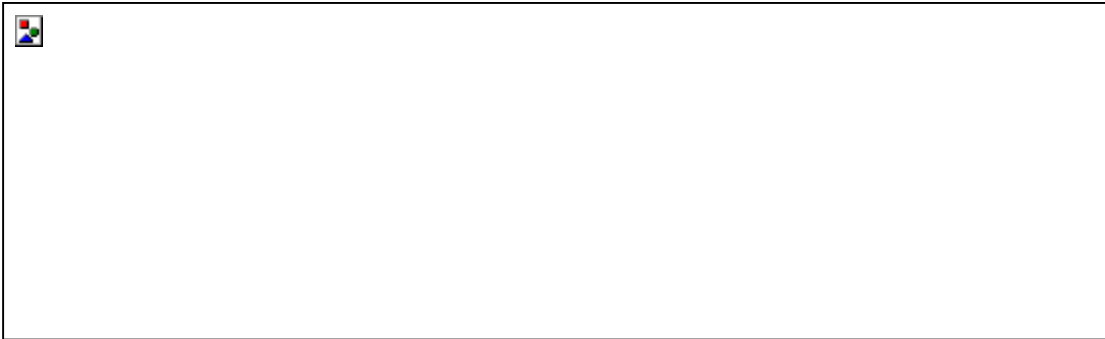
Current Waiver
Waiver Status: Pending
Waiver Effective:
Waiver Expires:



8. Review the information submitted on the waiver. Any attachments can be viewed by selecting the *Attachment* link.

Note: Attachment file names have been changed to a generic name to prevent issues if users submitted files with the same name.

9. If the waiver request requires some investigating, the admin can update the Waiver status to **In Review** to indicate the review is in process. If an automated email is configured to be sent for **In Review** status, it will be sent out upon clicking **Save Changes**.
10. Update the **Waiver Status** to either **Approved-Exempt** or **Approved-Quarterly**.
11. **Approved-Exempt:** The Pharmacy does not have to report for the entire life of the waiver.
12. **Approved-Quarterly:** The Pharmacy has to report every 90 days for the entire life of the waiver.
13. Select **Save Changes**.
14. The system automatically sets the **Reporting Requirements** to either *Exempt* or *Every 90 Days*, depending on which status was selected, to prevent delinquent reports.
15. The **Waiver Approval** and **Effective Date** is set to today's date.
16. The **Waiver Expiration Date** is calculated based on the *Expiration* settings.
17. The **Contact Person** on the waiver and the Pharmacist in Charge receives an **Approval Automated Email** (if configured).



Deny a Waiver Request

Waiver requests can be denied by the state admin if they deem the Pharmacy does not meet the waiver requirements.

18. **Search** for the pharmacy and select the **Manage Waivers** button.
19. Update the **Waiver Status** to **Denied**.
20. Select **Save Changes**.
 - a. The **Contact Person** on the waiver and the Pharmacist in Charge receives a **Denied Automated Email** (if configured).

Withdraw a Waiver Request

A waiver can be withdrawn by either the pharmacy or the state admin. This status should be used if the waiver was previously approved.

1. **Search** for the pharmacy and select the **Manage Waivers** button.
2. Update the *Waiver Status* to Withdrawn.
3. Select **Save Changes**.
 - a. The system automatically sets the **Reporting Requirements** to *Default Frequency*.
 - b. The **Contact Person** on the waiver and the Pharmacist in Charge receives a **Withdrawn Automated Email** (if configured).

Re-Approve a Waiver

If an approved waiver was set to *Denied* or *Withdrawn* by mistake, or if the state admin desires to re-approve a waiver, that can be accomplished by following these steps:

1. **Search** for the pharmacy and select the **Manage Waivers** button.
2. Set the **Waiver Status** to one of the **Approved** statuses.
3. Select **Save Changes**.
4. A **Previously Approved** popup displays asking if you want to reset the approved, effective, and expired dates?
 - a. **Reset Dates:** If selected, the current and renewal (if it exists) waiver dates are reset based on today's date and current expiration settings. The approval status is also set.
 - b. **Keep Dates:** If selected, the status is the only change made. The approved, effective, and expired dates do not change.
 - c. **Cancel:** If selected, this will close the popups and no changes will be made.



Renewal Waivers

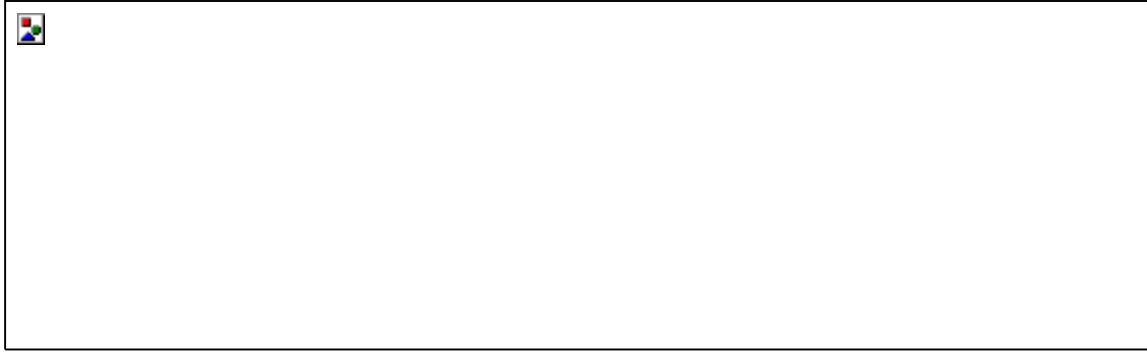
Renewal Waivers are managed the same as Current Waivers. Therefore, all the steps above are applicable to both Current and Renewal waivers. The system treats Renewal Waivers a little differently as the effective and expiration dates are calculated based off the Current Waiver's expiration date. When a Renewal Waiver has been submitted, the Renewal Waiver section will display below the Current Waiver on the **Compliance > Pharmacy Address Card** and the **Renewal Waiver** tab will display under **Manage Waivers**.

Below is the **Pharmacy Address Card** for a **Current Waiver** before a Renewal is submitted:

Bamboo Health Demo Pharmacy Save Changes Delete Pharmacy Edit Pharmacy

Reporting Requirements Updated at: 03/22/2022 Updated by: System <input checked="" type="radio"/> Exempt <input type="radio"/> Default Frequency <input type="radio"/> Every <input type="text"/> days <input type="radio"/> Daily, except <input checked="" type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Notes <input type="text"/>	Pharmacy License # <input type="text" value="BHDP-1234"/> Pharmacist in Charge First Name <input type="text" value="Bamboo"/> Last Name <input type="text" value="Pharmacist"/> Email <input type="text" value="bamboodemo@bamboohealth.com"/>	Controlled Substance Reporting Waiver Manage Waivers Current Waiver Waiver Status: Approved-Exempt Waiver Effective: 2022-03-22 Waiver Expires: 2022-03-31
--	--	--

Below is the **Pharmacy Address Card** when a **Renewal Waiver** has been submitted:

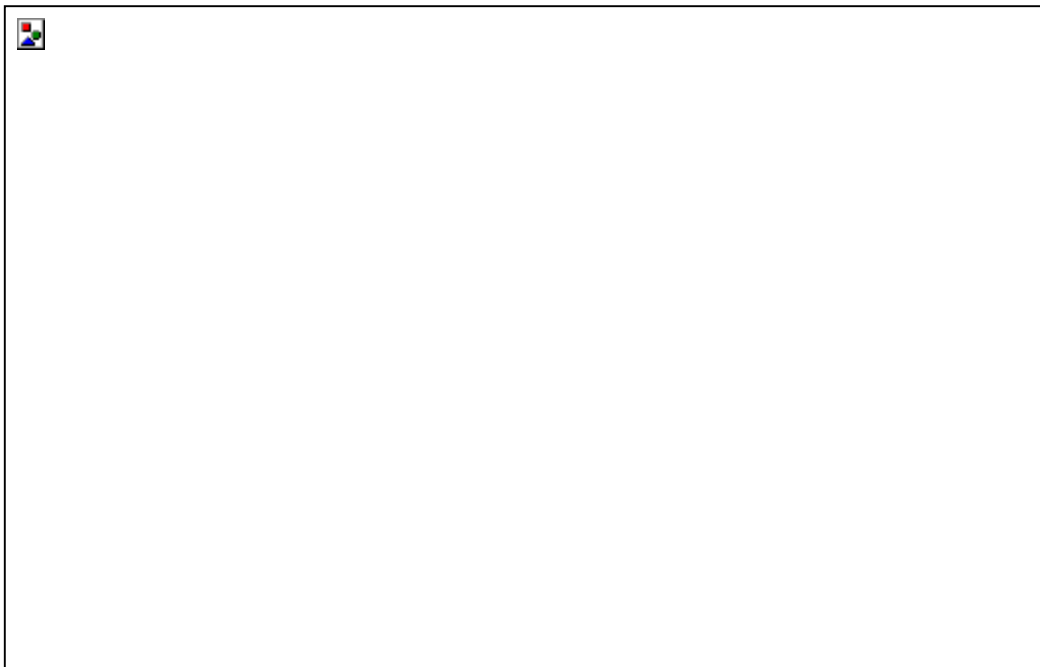


Below is the **Pharmacy Address Card** when a **Renewal Waiver** has been approved:

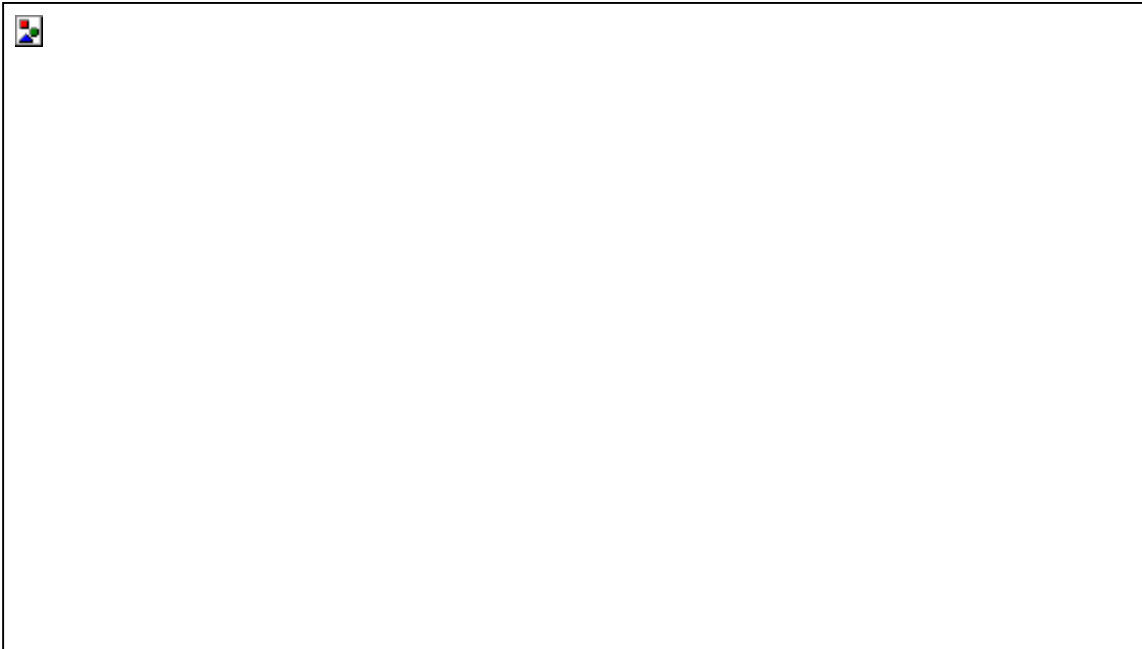
Bamboo Health Demo Pharmacy Save Changes Delete Pharmacy Edit Pharmacy

Reporting Requirements Updated at: 03/22/2022 Updated by: System <input checked="" type="radio"/> Exempt <input type="radio"/> Default Frequency <input type="radio"/> Every <input type="text"/> days <input type="radio"/> Daily, except <input checked="" type="checkbox"/> Sun <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat Notes <input type="text"/>	Pharmacy License # <input type="text" value="BHDP-1234"/> Pharmacist in Charge First Name <input type="text" value="Bamboo"/> Last Name <input type="text" value="Pharmacist"/> Email <input type="text" value="bamboodemo@bambohealth.com"/>	Controlled Substance Reporting Waiver Manage Waivers Current Waiver Waiver Status: Approved-Exempt Waiver Effective: 2022-03-22 Waiver Expires: 2022-03-31 Renewal Waiver Renewal Waiver Status: Approved-Exempt Renewal Waiver Effective: 2022-04-01 Renewal Waiver Expires: 2023-03-31
--	---	---

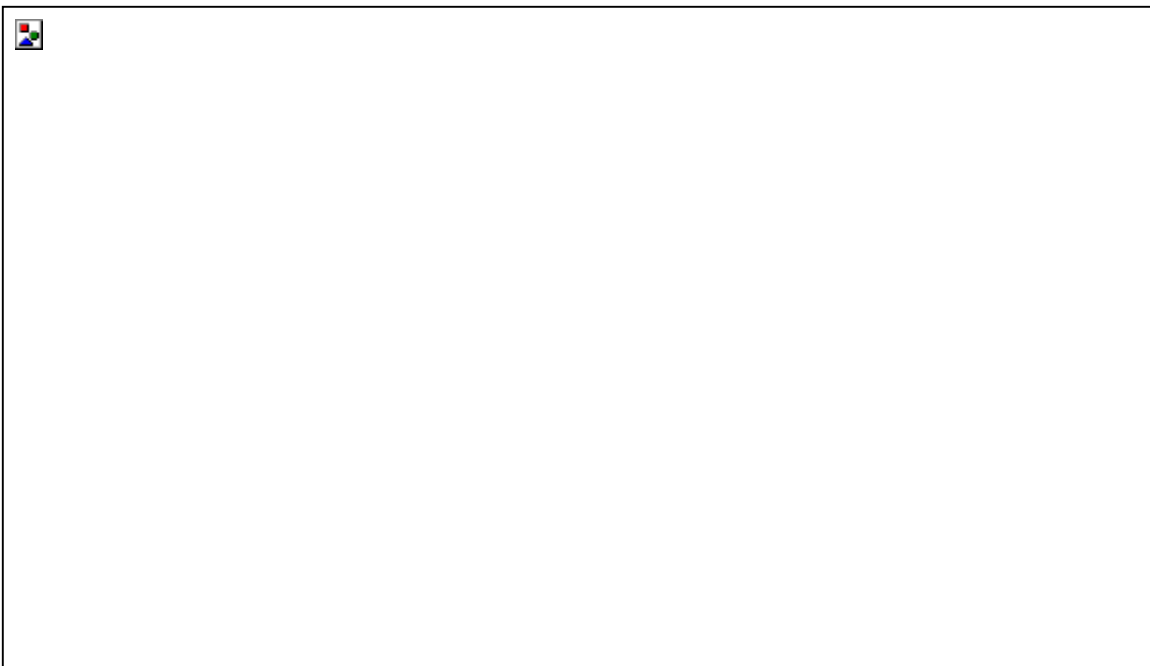
Below is the **Manager Waivers** page for the **Current Waiver** before a Renewal is submitted.



Below is the **Manager Waivers** page for the **Renewal Waiver** when one has been submitted:



Below is the **Manage Waivers** page for the **Renewal Waiver** when one has been approved:



*Note: The **Renewal Effective Date** is calculated 1 day after the **Current Waiver's Expiration date**. The **Renewal Waiver Expiration date** is calculated based on the configured expiration settings.*

Automated Expiration and Renewal Process

The Controlled Substance Reporting Waiver feature includes automated processes to transition **Expired Waivers** and **Renewal Waivers** to the proper status when they become expired/effective. This reduces the manual labor involved and thus the potential for error. Furthermore, it ensures the **Pharmacies Reporting Requirements** are always set appropriately for compliance.

What happens when a Current Waiver expires, and a Renewal Waiver has not been approved?

1. Every night (after midnight) an automated process runs to identify any waivers that have expired.

2. Then the process identifies if an approved Renewal Waiver exists.
3. If an Approved Waiver does not exist, the following actions occur for the expired waiver:
 - **Current Waiver Status** = Expired
 - **Reporting Requirements** = Default Frequency
 - **Expired Automated Email** is sent (if configured)

What happens when a Current Waiver expires, and a Renewal Waiver has been approved?

1. Every night (after midnight) an automated process runs to identify if any waivers are expired.
2. Then the process identifies if an approved Renewal Waiver exists.
3. If there is an approved Renewal Waiver, the following actions occur:
 - Renewal Waiver replaces Current Waiver

Note: *There are no changes to **Reporting Requirements** since the CSRW is still effective and there are no automated emails sent for this process.*

Appendix G: 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.