

Data Submission Guide for Dispensers

Louisiana Prescription Monitoring Program

March 2024 Version 3.2



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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, therapeutic marijuana, and drugs of concern in Louisiana 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 Louisiana
- 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 or who dispense to an address within the State of Louisiana required to report the dispensing of controlled substances and drugs of concern (reportable drugs).

2 Data Collection and Tracking

2.1 Data Collection Overview

Act 676 of the 2006 Louisiana Legislature authorized the Louisiana Board of Pharmacy to develop, implement, and operate an electronic system for the monitoring of controlled substances and drugs of concern that are dispensed in the state or dispensed to an address within the state. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

Information about reportable drug dispensing activities is reported at regular intervals to the state of Louisiana through the authorized data collection vendor, Bamboo Health, Inc. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

2.2 Reporting Requirements

All controlled substance prescriptions (Schedules II, III, IV, and V), therapeutic marijuana requests, and prescriptions for drugs of concern must be submitted no later than the next business day after the date of dispensing. Louisiana drugs of concern are any material, compound, mixture, or preparation containing any quantity of the following substances: naloxone, gabapentin, butalbital, and promethazine in oral liquid formulations.

The laws and regulations for reporting to the LA Prescription Monitoring Program (PMP) are continuously subjected to amendments. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

All dispensers of Schedule II–V controlled substance prescriptions, therapeutic marijuana requests, and/or drugs of concern prescriptions are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

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

Exemptions to the reporting requirements outlined above may be granted in some circumstances. Refer to <u>Appendix C – Exemptions to Reporting</u> for details about gaining exemption status.

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 Louisiana to your existing account for data submissions. If you have an existing PMP Clearinghouse account, please refer to Adding PMPs to Your Upload Account to add PMPs to your account.

Notes:

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

Perform the following steps to create an account:

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

| rofile Details | | | * Indicates Required Field |
|---------------------|-------------|--------------------|----------------------------|
| Email Address | | | |
| Password * | | Password confirmat | ion <u>*</u> |
| | | | |
| | Middle pame | | Last name * |
| First name <u>*</u> | Middle name | | Last name <u>*</u> |
| | Middle name | on if found. | Last name * |
| First name <u>*</u> | | on if found. | Last name .* |

2. Complete your Profile Details.

| Profile Details | * Indicates Required Field |
|-----------------|----------------------------|
| Email Address " | |
| Password " | Password confirmation |
| | |
| | |

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

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

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

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 3. Complete your Personal and Employer information, noting the following:
 - Required fields are marked with an asterisk (*).

• You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA**, **NPI**, and/or

NCPDP number, then clicking the search icon (^Q). If the number you entered is found, your information will automatically be populated.

| Searching for DEA or NPI wil | l autopopulate your information if fo | ound. | |
|------------------------------|---------------------------------------|-------------------|---|
| DEA | NP | 1 | |
| | Q | | Q |
| nployer Information | | | |
| Name * | | | |
| Name | | | |
| | | | |
| Address | Ado | dress (continued) | |
| | | | |
| City | State "* | Postal Code | |
| | | · | |
| | | | |
| Phone | Fax | | |
| | | | |
| Searching for DEA or NPI wil | l autopopulate your information if fo | ound. | |
| | | | |

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 <u>Adding</u> <u>SFTP Access to an Upload Account</u> for complete instructions.

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

a. Click to select the Enable SFTP Access checkbox.

The SFTP access fields are displayed.

| | PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access is available, and Real-Time submissions are also available in select states. |
|---|---|
| ¥ | Enable SFTP Access |
| s | FTP Username |
| | |
| s | FTP Password |
| | |
| s | FTP Password Confirmation |
| | |
| | assword must include at least 8 characters, including 1 capital letter, 1 wercase letter, and 1 special character (such as !.@.#,\$) |

- b. Your SFTP Username is automatically generated using the first five characters of your employer's name + your employer's phone number. 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 *test555555555555555*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

Notes:

- This password can be the same as the one previously entered under *Profile.*
- Unlike the Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <u>http://submissions.healthcarecoordination.net/.</u>

- Additional details on SFTP configuration can be found in <u>Appendix D:</u> <u>SFTP Configuration</u>.
- 5. In the Submission Destinations section of the page, select the PMP(s) for which you will be submitting data.
- 6. Click Submit.

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.

| Thamle fo | |
|---------------------|--|
| I nank you it | or registering with PMP Clearinghouse, a service of PMP AWARxE. |
| A link to verify yo | our email address has been sent. You must confirm your email address before you can login to |
| PMP Clearinghou | ise. Your data submission request has been sent to your requested state(s) for processing. |
| Upon approval, y | ou may begin submitting prescription data. |
| Profile | |
| Email Addres | s: testuser@bamboohealth.com |
| Password: *** | ***** |
| DEA Number | : |
| NPI Number: | |
| Full Name:: Te | est User |
| Employer | |
| Name: Bambo | po Health |
| DEA Number | : |
| NCPDP Numb | er:: |
| Address: 123 | Main St Anywhere KY 40223 |
| Phone: 55555 | 55555 |
| Fax: | |
| Data Accept | ance |
| | :: SFTP Access? No |
| SFTP Account | |
| | count: Real-Time Access? No |

7. Click Continue.

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

3.2 Logging In to PMP Clearinghouse

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

| Login | |
|------------|-----------------------------------|
| Email / | Address |
| | |
| Passwo | ord |
| | |
| | |
| | Login |
| | Create an Account |
| | |
| Help | |
| Forgot | your password? |
| Didn't r | eceive confirmation instructions? |
| Distance - | eceive 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 <u>Resetting Your Password</u>.

4. Click Login.

The PMP Clearinghouse home page is displayed.

| PMP Clearinghouse 		 File Submissions | ons 🧧 Zero Reports 🛛 Fi | ile Upload | | | | | 🛄 Account 👻 🛔 | 🖺 My Profile 🔻 🛛 | 🛛 Help |
|---|-------------------------|------------|----------------------------|-----------|-----------|--------------------|---------------|------------------|--------|
| File Listings 👻 File Upload | | | | | | | | | |
| File Listings Data File Submissions Status (Last 30 | Days) | | | | | | | | |
| Show 10 + entries | | | | | | Advanced Options * | Search | | C |
| File | State 11 | Records 11 | Warnings 11 | Errors 11 | Submitted | 14 | Status | Status Report | |
| | | ħ | No data available in table | | | | | | |
| Showing 0 to 0 of 0 entries | | | | | | | | | |
| | | | | | | | | Previous | Next |

4 Data Submission

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

4.1 Timeline and Requirements

- Pharmacies and software vendors can establish submission accounts upon receipt of this guide. See <u>Creating Your Account</u> for more information.
- You can begin submitting data to PMP Clearinghouse as soon as your account has been created.
- As of June 6, 2016, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under <u>Reporting</u> <u>Requirements</u>.
- If a pharmacy does not dispense any eligible reporting transactions for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See <u>Zero Reports</u> for additional details.

4.2 Upload Specifications

Files should be in the ASAP 4.2B format as defined in <u>Appendix A: ASAP 4.2B</u> <u>Specifications</u>. 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 "20220906.dat". All of your upload files will be kept separate from the files of others.

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

Prescription information must be reported no later than the next business day after the day of dispensing.

4.3 Zero Reports

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

Note: Zero Reports are based on "date filled".

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 <u>Appendix B: ASAP</u> <u>Zero Report Specifications</u>.

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

- Submit a single-click zero report
- <u>Create a new zero report</u>

4.3.1 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 <u>Creating Your</u> <u>Account</u>.
- 2. Log in to PMP Clearinghouse.
- 3. Click Zero Reports.

| PMP Clearinghouse | • 🚹 File Submissions | UCF Submissions | 🖬 Zero Rep | oorts Fil | |
|------------------------|-----------------------|---------------------|------------|-----------|---------|
| File Listings | File Upload | | | | |
| _ | ta File Submissions S | Status (Last 30) ay | (S) | | |
| Show 10 ¢ entries | : | t1 ; | State | †↓ | Records |
| | | | | | |
| Showing 0 to 0 of 0 er | ntries | | | | |

The Zero Report Listings page is displayed.

| ero Reports Listings | | | | | | | | | | |
|----------------------|-------|---------|---------------|-------------|--------|-------------|---------------|-----------|------------------------------|-----------------------|
| ow 25 ¢ entries | | | | | | | | | Advanced Options Search | |
| Account | ti si | itate 💷 | Start Date | End Date | NCPDP | DEA 11 | NPI 11 | ASAP File | | Date Submitted |
| NGC HOME INFLUEDIN | A | 4L | 01/16/2020 | 01/16/2020 | 110000 | BOAT THEORY | 1027001+45800 | | | 01/16/2020 5:13 PM |
| | | | | | | | | | | 01/16/2020 5:04 |

4. Click the Create Zero Report tab.

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

| Zero Reports Listings | Create Zero Report | | | | | |
|--|------------------------------|--------------------------|------------------------------------|------------------------|----------------------|---|
| Create Zero Repo | rt | | | | | |
| Submit a Single Click Create new Zero Report | | | | | | |
| Create Single Click Zero R Below are the pharmacies y have to enter it each time y | ou have configured for sin | gle-click reporting. Set | ting up pharmacies here will allow | you to create a prof | ile for the pharmacy | y that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don |
| | Today" or "Yesterday" is 00: | 00-23:59:59 and based | upon the time zone set for your a | account profile at the | time of submission | ì. |
| Add New Pharmacy | | | | | | |
| | Pharmacy | NCPDP | DEA Number | NPI | Actions | Submit Zero Reports for: |
| O Demo | | | | | | |

- Any pharmacies you have already configured for single-click zero reporting are displayed at the bottom of the page. Continue to <u>step 10</u> to submit a zero report for those pharmacies.
- If you have not configured your pharmacy for single-click zero reporting, continue to <u>step 5</u>.
- 5. Click Add New Pharmacy.

The New Pharmacy page is displayed.

| Zero Reports Listings | Create Zero Report | |
|-----------------------|--------------------|-------------------------|
| | | |
| | | New Pharmacy |
| | | PMP |
| | | Pharmacy <mark>.</mark> |
| | | NCPDP |
| | | DEA Number |
| | | NPI |
| | | Save |

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

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

| Create Zero Repo | rt | | | | | | |
|--|-----------------------------|----------------------------|----------------------------------|------------------------|-----------------------|---|-------------------|
| Submit a Single Click Create new Zero Repo | | | | | | | |
| Create Single Click Zero R Below are the pharmacies y have to enter it each time y | ou have configured for sin | gle-click reporting. Setti | ing up pharmacies here will allo | w you to create a pr | rofile for the pharma | cy that includes its identifiers (e.g. DEA, NPI, NC | PDP) so you don't |
| NOTE: The time frame for " | Today" or "Yesterday" is 00 | :00-23:59:59 and based | upon the time zone set for your | r account profile at t | the time of submissic | on. | |
| Add New Pharmacy | | | | | | | _ |
| | Pharmacy | NCPDP | DEA Number | NPI | Actions | Submit Zero Reports for: | |
| DemoVermont | Pharmaci | ies configure | ed for single-clic | k zero rep | orting are | listed here | |

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 | | | 200000000 | | Edit Delete | Today Yesterday 12/22/2021 12/21/2021 |
| | Bamboo Health Test Pharmacy | | | Burganasia | | Edit Delete | Today Yesterday 12/22/2021 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 | | | INTERNET | | Edit Delete | Today Yesterday 12/22/2021 12/21/2021 |
| | Bamboo Health Test Pharmacy | | | IIIIIIIIII | | Edit Delete | ✓ Submitted Vesterday 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.

4.3.2 Create a New Zero Report

- 1. If you do not have an account, perform the steps in <u>Creating Your</u> <u>Account</u>.
- 2. Log in to PMP Clearinghouse.
- 3. Click Zero Reports.

| PMP Clearinghouse 🛛 File Submissions 🖺 | UCF Submissions | 🖬 Zero Reports 🛛 File | e Upload |
|---|------------------|-----------------------|----------|
| File Listings 💌 File Upload | | | |
| File Listings Data File Submissions State | us (Last 30 ays) |) | |
| Show 10 🗢 entries | | | |
| File | ↑↓ St | tate î↓ | Records |
| | | | |
| Showing 0 to 0 of 0 entries | | | |
| - martine, a settine, mart, so is in the set of a settine method with a set of a set of a set of setting settin | | | |

The Zero Report Listings page is displayed.

| Zero Reports Listings Create Zero | Report | | | | | | | |
|-----------------------------------|----------|---------------|-------------|---------|-------------|--------------|--|-----------------------|
| Zero Reports Listings | | | | | | | | |
| 5how 25 🜩 entries | | | | | | | Advanced Options Search | |
| Account | 11 State | Start Date | End Date | NCPDP | DEA 11 | NPI 1 | ASAP File | Date Submitted |
| BASIC HOME INFLUEDIN | AL | 01/16/2020 | 01/16/2020 | 1110000 | BEATTREES. | 107103146800 | | 01/16/2020 5:13 PM |
| Holisson Plannary Spilens | AL | 01/16/2020 | 01/16/2020 | | anter const | | aulas/1451007482444844484448244,70000116,344 | 01/16/2020 5:04 PM |

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

The Create Zero Report page is displayed.

Note: Submit a Single Click Zero Report is selected by default.

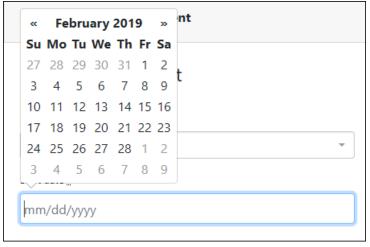
| Zero Reports Listings C | Freate Zero Report | | | | | |
|--|-------------------------------|---------------------------|--------------------------------|---------------------------|---------------------|---|
| Create Zero Report | | | | | | |
| Submit a Single Click Zer Create new Zero Report | | | | | | |
| Create Single Click Zero Rep Below are the pharmacies you have to enter it each time you | u have configured for single- | -click reporting. Setting | g up pharmacies here will allo | ow you to create a profil | le for the pharmacy | that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't |
| NOTE: The time frame for "Too Add New Pharmacy | day" or "Yesterday" is 00:00- | -23:59:59 and based up | oon the time zone set for you | ar account profile at the | time of submission. | |
| | Pharmacy | NCPDP | DEA Number | NPI | Actions | Submit Zero Reports for: |
| O Demo | | | | | | |

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



| Zero Reports Listings | Create Zero Report | | |
|--|--------------------|------------|--|
| Create Zero Repo | ort | | |
| ○ Submit a Single Click ◉ Create new Zero Rep | | | |
| PMP * | | NCPDP | |
| Select a PMP | | - | |
| Start date <u>*</u> | | DEA Number | |
| mm/dd/yyyy | | | |
| End date <u>*</u> | | NPI | |
| mm/dd/yyyy | | | |
| | | | |
| Submit | | | |

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



8. Enter your NCPDP, DEA, and/or NPI numbers, if required by your PMP.

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

9. Click Submit.

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

5 Data Delivery Methods

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

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

| Delivery Method | Page |
|--------------------|------|
| Secure FTP | 16 |
| Web Portal Upload | 17 |
| Manual Entry (UCF) | 19 |

5.1 Secure FTP

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., DC, GU, LA, AK, KS, 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 <u>PMP Subfolders</u> for additional details on this process.

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

Or

- 2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in <u>Adding SFTP Access to an Upload Account</u>.
- 3. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.2B Specifications</u>.

Notes:

- Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of ".dat". An example file name would be "20220919.dat".
- All of your upload files will be kept separate from the files of others.
- *Reports for multiple pharmacies can be in the same upload file in any order.*
- If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use

the following file names: 20220919a.dat, 20220919b.dat, and 20220919c.dat.

- 4. SFTP the file to http://submissions.healthcarecoordination.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.

Note: If you place the data file in the root directory and not a PMP 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.

5.2 Web Portal Upload

- 1. If you do not have an account, perform the steps in Creating Your Account.
- 2. Prepare the data file(s) for submission, using the ASAP specifications described in <u>Appendix A: ASAP 4.2B Specifications</u>.

Notes:

- Files for upload should be named in a unique fashion, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of ".dat". An example file name would be "20220919.dat".
- All of your upload files will be kept separate from the files of others.
- *Reports for multiple pharmacies can be in the same upload file in any order.*
- If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: 20220919a.dat, 20220919b.dat, and 20220919c.dat.
- 3. Log in to PMP Clearinghouse.
- 4. From the home page, click the File Upload tab.

| | gs Data File Submissions Status (Last : | <i>j</i> - <i>i</i> | | | | | | | |
|------------|--|---------------------|---------|----------|--------|---|-----------------------|--------|---------------|
| show 10 ¢ | entries | | | ß | | A | dvanced Options 🕶 | Search | |
| Account 11 | File | State 11 | Records | Warnings | Errors | | Submitted 斗 | Status | Status Report |
| PillPack | pdmp_OH_20220110082508.DAT | ОН | 5 | | | | 01/10/2022 09:23AM | ~ | Report |
| PillPack | pdmp_NC_20220110082508.DAT | NC | 3 | | | | 01/10/2022 09:22AM | ~ | Report |
| PillPack | pdmp_NJ_20220110082508.DAT | NJ | 11 | | | | 01/10/2022 09:22AM | ~ | Report |

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

| e Listings | • | File Upload | |
|--------------|-----------------------|----------------------|--|
| File U | ploa | d | |
| Submit I | New Fi | le For Consolic | lation |
| Use this sci | reen to s | ubmit files to the P | MP system. |
| How to Up | load You | r Files | |
| 2. Click the | e "Upload mation n | d" button to begin t | a file on your local computer the uploading process. ten the upload is finished. |
| Select a | PMP | | , |
| File Upload | : | | |
| | | | |
| Browse | • | | |
| Upload | | | |

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

A message is displayed prompting you to confirm the submission.



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 Listings page.

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

5.3 Manual Entry (UCF)

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 <u>Reporting Requirements</u> 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.

| PMP Clearinghouse 6 File Submissions | S 🖹 UCF Submission | ıs 🔳 Zero Rep | oorts File | e Upload | |
|--------------------------------------|--------------------|---------------|------------|----------|--|
| File Listings 👻 File Upload | | | | | |
| File Listings Data File Submissions | Status (Last 30 Da | ays) | | | |
| Show 10 ¢ entries | | | | | |
| File | ţţ | State | †↓ | Records | |
| | | | | | |
| Showing 0 to 0 of 0 entries | | | | | |
| | | | | | |

The UCF Listings page is displayed.

| UCF Listings Manage Claim Forms New Claim Form | | | | | | | | |
|--|----|-----------|-------------|--------|-----------|--|--|--|
| UCF Listings | | | | | | | | |
| Show to a entries Search: | | | | | | | | |
| Created at | 11 | State 11 | Warnings 11 | Errors | Status 11 | | | |
| 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 | | <u>CR</u> | | | | | | |

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

| The Create Universal Cl | aim Form page is displayed. |
|-------------------------|-----------------------------|
| | |

| PMP | * Indicates Required Fi |
|------------------------|-------------------------|
| Pmp <u>*</u> | |
| Select a PMP | * |
| D (1) (1) | |
| Patient | |
| Patient Animal | |
| First Name | Last Name* |
| | |
| Date of Birth <u>*</u> | Gender |
| MM/DD/YYYY | Unknown |
| Phone Number | |

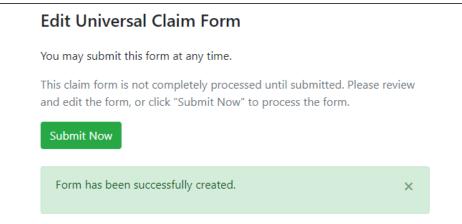
- 5. Select the PMP to which you are submitting data from the drop-down list in the **Select PMP** field.
- 6. Complete the required fields.

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

| Drug Information | | | |
|---------------------|---|--|--|
| Compound | | | |
| NDC Number <u>*</u> | | | |
| | | | |
| Quantity <u>*</u> | | | |
| | | | |
| Units | | | |
| | • | | |

- 7. Once you have completed all required fields, click **Save**.
 - The **Submit Now** button is displayed at the top of the page.



Click Submit Now to continue with the data submission process.
 A message is displayed prompting you to confirm the data submission.

| pmpclearinghouse.net says | | |
|---------------------------------------|----|--------|
| Are you sure you are ready to submit? | | |
| | ОК | Cancel |

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.

| Edit Universal Claim Form | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| You may submit this form at any time. | | | | | | |
| | m form is not completely processed until submitted. Please review t the form, or click "Submit Now" to process the form. | | | | | |
| Subm | it Now | | | | | |
| Form | has errors and was unable to be submitted. | | | | | |
| 0 | Drug Segment is invalid | | | | | |
| 0 | Patient last name can't be blank | | | | | |
| 0 | Patient first name can't be blank | | | | | |
| 0 | Date of Birth can't be blank | | | | | |
| 0 | Pharmacy name can't be blank | | | | | |
| 0 | Pharmacy address can't be blank | | | | | |
| 0 | Pharmacy city can't be blank | | | | | |
| | Pharmacy state can't be blank | | | | | |
| - | Prescriber last name can't be blank | | | | | |
| | Prescriber first name can't be blank | | | | | |
| | Pharmacy zip code can't be blank | | | | | |
| | Claim fill number can't be blank | | | | | |
| | Claim fill number is not a number | | | | | |
| | Date written can't be blank | | | | | |
| | Date filled can't be blank | | | | | |
| | Claim days supply can't be blank | | | | | |
| | Claim days supply is not a number | | | | | |
| 0 | Claim authorized refill count can't be blank | | | | | |

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

6 Data Compliance

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

6.1 File Listings

The File Listings page displays information extracted from the data files submitted to PMP Clearinghouse, including the file name, number of records identified within the data file, number of records that contain warnings, number of records that contain errors, and the date and time of submission. The File Listings page is displayed upon logging in to Clearinghouse; you may also click **File Submissions** from the menu at any time to access this page.

You may sort the File Listings page by account name, file name, PMP, number of records, warning count, error count, and date submitted. You may also click the account name to display the account details.

| File Listings Data File Submissions Status (Last 30 Days) Show 10 • entries Advanced Options • Search | | | | | | | | | |
|---|------------------------|----------|-----------|----------|----------|-----------------------|--------------|---------------|--|
| Account 11 | File T1 | State 11 | Records 1 | Warnings | Errors 1 | Submitted 1 | Status | Status Report | |
| DEMO ACCT | AA5555555_20211130.dat | DO | 2 | | 1 | 11/30/2021 02:21PM | 0 | Report | |
| DEMO ACCT | ZZ5555555_20211130.DAT | DO | 2 | | | 11/30/2021 02:01PM | ~ | Report | |
| DEMO ACCT | ZZ5555555_20211123.DAT | DO | 2 | | | 11/23/2021 03:13PM | ~ | Report | |
| DEMO ACCT | AA5555555_20211123.dat | DO | 2 | | | 11/23/2021 02:29PM | ✓(test file) | Report | |
| DEMO ACCT | Bad_File_2.dat | DO | 0 | | | 11/23/2021 02:27PM | ۸ | - | |
| DEMO ACCT | Bad_File.dat | DO | 0 | | | 11/23/2021 02:26PM | ۵ | - | |

- 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 <u>File Status Report</u> for more information on how to read and interpret this report.

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 <u>View Records</u> for more information). Please refer to <u>Error Correction</u> for instructions on how to correct errors.

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an ^A 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 ² 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.

| Set Destination PMP: | | | | ; | × | | | | |
|----------------------|---------|----|-------------------------------------|----|--------|-----|---------------|------------------|---------------|
| | | | m determining d estination pmp i | | | | | | |
| | | | | | Cancel | | | Advanced Options | Search |
| TV- | Records | TV | Warnings | 74 | Errors | ħ₽. | Submitted | 14 | Status |
| | 0 | | | | | | 06/21/2021 07 | 41PM | Determine PMP |
| | 1 | | | | | | 06/21/2021 07 | 37PM | 0 |

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:



6.2 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.

You may sort the UCF Listings page date created, PMP, warning count, error count, and status.

| UCF Listings Manage Claim Forms New Claim Form | | | | | | | | | |
|--|-------|----------|--------|----------|--|--|--|--|--|
| UCF Listings | | | | | | | | | |
| Show 10 e entries Search: | | | | | | | | | |
| 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 | | | | | | |

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 up to one (1) year to make updates to these records in Clearinghouse.

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

| UCF Listings Mariage Claim Forms eew Claim Form | | | | | | | | | |
|---|-------|----------|--------|--------|--|--|--|--|--|
| UCF Listings | | | | | | | | | |
| Show 10 entries Search: | | | | | | | | | |
| 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 | | | | | | | | | |

The Pending Claim Forms page is displayed.

| UCF Listings Manage Claim Forms New Claim Form | | | | | | | |
|---|----|---------------------|---------------------|--|-------|--|-----------------|
| Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS) | | | | | | | |
| Show 10 • entries Search: | | | | | | | |
| Created At | ţ1 | Created By | Last Updated By | | State | | |
| 06/10/2019 5:51 PM | | rweaver@appriss.com | rweaver@appriss.com | | AK | | Edit Delete |
| Showing 1 to 1 of 1 entries | | | | | | | Previous 1 Next |

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

Note: If it has been longer than 1 year, 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.

| You may submit this form at any time. | |
|---|----------------------------|
| This claim form is not completely proc and edit the form, or click "Submit Nov | |
| | |
| Submit Now | |
| Submit Now | * Indicates Required Field |
| | * Indicates Required Field |

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.

| pmpclearinghouse.net says | | |
|---------------------------------------|----|--------|
| Are you sure you are ready to submit? | | |
| | ок | Cancel |

4. Click OK.

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

| Edit Universal Claim Form | |
|---|------------|
| You may submit this form at any time. | |
| This claim form is not completely processed until submitted. Ple and edit the form, or click "Submit Now" to process the form. Submit Now | ase review |
| Form has errors and was unable to be submitted. Drug Segment is invalid Date of Birth can't be blank | × |

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

- 5. Correct the indicated errors, then repeat steps 3-4.
- 6. Once your data has been successfully submitted, your report is listed on the UCF Listings page.

6.3 Error Correction Page

6.3.1 View Records with Errors

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

| rror Correcti | ion Manage And Re | solve Submission Issues | | | | | | |
|----------------|--------------------------|-------------------------|-----------|-------------|----------------|-----------------|-------------|--------------|
| how 10 🕈 entri | es | | | | | | Search: | |
| DEA Number 1 | NCPDP Identifier | Prescription Number | Name 斗 | Filled At 斗 | Segment Type 斗 | Warning Count 斗 | 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.

| File Listings File Errors Dispensary Errors Dispensary Errors Manage And Resolve Prescription Number: 0100755 DEA Number: BE943 | | ed At: 2019-02-13 | |
|---|-----------------|-------------------|--|
| 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 | | | 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 <u>File Listings</u> and <u>Error Correction</u> pages are also updated.
- b. If the changes fail the validation rules, a message is displayed indicating that there was a problem correcting the errors, and the **Message** column is updated with any new error message. Repeat steps 2–3 until the errors have been corrected and the file can be successfully submitted.

6.3.3 Error Correction via File Submission

The ASAP 4.2B standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- 00 New Record indicates a new record
- **01 Revise** indicates that one or more data elements in a previouslysubmitted record have been revised
- 02 Void indicates that the original record should be removed

To revise a record:

- 1. Create a record with the value *O1* in the **DSP01** field.
- 2. Populate the following fields with the same information originally submitted in the erroneous record:
 - Dispensary identifier (e.g., DEA number)
 - Prescription number (DSP02)
 - Date filled (DSP05)
 - Refill number (DSP06)
 - Quantity (DSP09)
 - Partial Fill (DSP13)

Note: If you need to revise any of the fields listed above, you must delete the original record and submit a new one with the correct information. Otherwise, a duplicate record will be created.

7 Email Reports

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

7.1 File Failed Report

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

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

An example File Failed Report is provided below.

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

7.2 File Status Report

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

| 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) |
| Туре | 9 (7 + pad) |
| Message | Arbitrary |

The columns are set to the following lengths:

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 <u>Error Correction</u> 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. Though the warnings do not need to be corrected for the record to be imported into the PMP, the warnings are in place to notify the pharmacy of inconsistencies that need to be addressed such as a DEA did not pass check sum or missing/invalid DEA. 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 <u>Error Correction</u> 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: Louisi | ana ASAP | file: fake-test | 3.txt - Status Report | | | | |
|---|--------------------------|----------------------------|------------------------------------|--------|------------------------------|------------------------------|--|
| BODY: DEA | NCPDP | NPI | Prescription | Filled | Segment | Field Type | Message |
| | | | 123486379596-0 357199504833-345 | | Dispensation Dispensation | refill_number days_supply | WARNING message example ERROR message example |
| Summary: * File Name: | | 3.txt | | | | | |
| * ASAP Vers * Transactio * Transactio | n Control | Number: 2348 Type: send | 89504823 | | | | |
| * Date of Su * Total Reco | Ibmission: ord Count: | September 19 ### | 9, 2022 | | | | |
| * Duplicate * In Process * Records w | Count: ## | # | | | | | |
| * Imported * Records In | | ount: ### ith Warning C | Count: ### | | | | |

7.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the 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_20220306KSMCPS.DAT

BODY:

Summary:

* File Name: zero_reports_20220301KSMCPS.DAT

* PMP Name: Louisiana

* Date Range: 2022-03-06 - 2022-03-06

* Submission Date: 2022-03-07

* ASAP Creation Date: 2022-03-06

8 Managing Your Upload Account

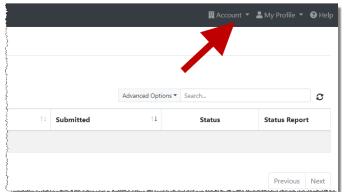
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

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 <u>Managing Your User Profile</u>.

8.1 Adding Users to Your Upload Account

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

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



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

The Account Users page is displayed.

| Show 10 • entries | | | | | | Search: | |
|-------------------------------|------------|-------------|-------------------|-----------------|------------|-----------------------|-----------------|
| Email ϕ | First Name | Last Name 💠 | Organization Name | Phone Number 🗄 | Admin Name | Admin Email | |
| hait afferention gage affects | Testy | McTesterton | Test Pharmacy | 555-123-5555 | Test User | thy have a right of a | Edit Deactivate |
| (Admin) | Test | User | Test Pharmacy | 555-123-5555 | Test User | Number of Street, on | Edit |

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

The New Data Submitter User page is displayed.

| Account Information | | | | |
|---------------------|--|--|--|--|
| | | | | |
| <u>*</u> Email | | | | |
| <u>*</u> First name | | | | |
| * Last name | | | | |
| | | | | |

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

Note: All fields are required.

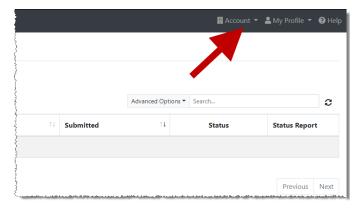
6. Click Submit.

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

- 7. Please inform the new user of the account creation.
 - a. The user will receive an email with a link for them to confirm their account.
 - b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.
 - c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

8.1.1 Changing Another User's Password

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



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

The Account Users page is displayed.

| ow 10 • entries | | | | | | Search: | |
|-----------------------|------------|---------------------|-------------------|-----------------|------------|---------------------------|-----------------|
| mail | First Name | Last Name φ | Organization Name | Phone Number 🔶 | Admin Name | Admin Email | |
| al direction dance on | Testy | McTesterton | Test Pharmacy | 555-123-5555 | Test User | signation configurations. | Edit Deactivate |
| Admin) | Test | User | Test Pharmacy | 555-123-5555 | Test User | NUMBER OF STREET | Edit |

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

The Edit Data Submitter User page is displayed.

| 📽 Edit Data Su | Edit Data Submitter User MANAGE DATA SUBMITTER USERS | | | | | |
|-----------------------|--|--|--|--|--|--|
| Account Information | on | | | | | |
| | | | | | | |
| <u>"*</u> Email | | | | | | |
| <u>*</u> First name | Testy | | | | | |
| <u>*</u> Last name | McTesterton | | | | | |
| Password | | | | | | |
| | leave it blank if you don't want to change it | | | | | |
| Password confirmation | | | | | | |
| | | | | | | |
| | Submit Cancel | | | | | |

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

Passwords must contain:

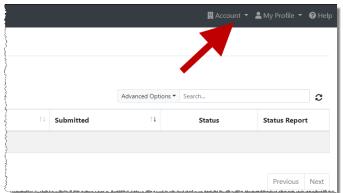
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click Submit.

The password is changed.

8.2 Adding PMPs to Your Upload Account

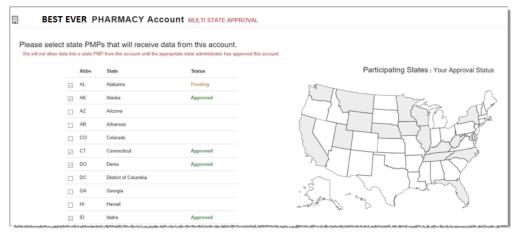
If your organization needs to submit data files to an additional PMP that uses PMP AWARxE, you can submit the request through PMP Clearinghouse.

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



3. Select **Multi State Approval** from the **Account** drop-down menu.

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



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

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.

8.3 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.

| | | Advanced Options | Search | |
|----|-----------|------------------|--------|---------------|
| ţţ | Submitted | †1 | Status | Status Report |

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 | | | | |
| | Create Cancel | | | |

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

Notes:

- The username must contain a minimum of eight (8) characters.
- Once the SFTP account has been created, you cannot change the username.
- 6. Enter a password for the account in the **Password** field, then re-enter it in the **Password confirmation** field. The password requirements are provided below.

Passwords must contain:

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

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

Notes:

- This password can be the same as the one used when the upload account was created.
- Unlike your Profile password (i.e., your user account password), the SFTP password does not expire.
- The URL to connect via SFTP is <u>http://submissions.healthcarecoordination.net/</u>.
- Additional details on SFTP configuration can be found in <u>Appendix D:</u> <u>SFTP Configuration</u>.
- 7. Click Create.

The account is created, and the username is displayed.

| 📽 SFTP . | Account VIEW SFTP ACCOUNT DETAILS |
|----------|-----------------------------------|
| | Username: sftptester |
| Edit | |

8.4 Editing Your Upload Account

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

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

| | | | | Account | • | 💄 My Profile 🔻 | 🕄 Help |
|----|-----------|---------------|-------|---------|---|----------------|--------|
| | | Advanced Opti | ons 🔻 | Search | | | C |
| 11 | Submitted | †1 | | Status | | Status Repo | rt |
| | | | | | | | |
| | | | | | | Previous | Next |

3. Select Account Details.

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

| Account Details | |
|---|----------|
| Name: Bamboo Health | |
| Phone Number: 5555555555 | |
| Fax Number: | |
| Allowed submission: True | |
| Suppress Rx details in emailed error report | s: False |
| Admin Details | |
| User Name: QA TESTER | |
| Email: qa2@gmail.com | |
| Address: 10401 Linn Station Road#200 Louisville KY 40218 | |
| SFTP Account ID: qa255501@qapmpsftp | |
| | |

4. Click Edit.

The **Edit Account** page is displayed.

| Name <u>*</u> | |
|--|------------|
| Bamboo Health | |
| Phone number | Fax number |
| 555555555 | |
| ✓ Allowed submission | |
| □ Suppress Rx details in emailed error rep | orts |
| dmin Details | |
| Address | |
| 10401 Linn Station Road#200 | |
| City | Zip code |
| Louisville | 40218 |
| State | |
| State | |
| Kentucky | ~ |

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

9 Managing Your User Profile

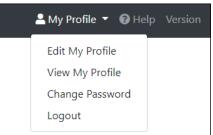
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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

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 <u>Editing Your</u> <u>Upload Account</u>.

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



3. Select Edit My Profile.

Edit Profile

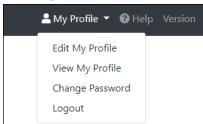
| Profile Details | * Indicates Required Field |
|--|----------------------------------|
| First name * | Last name 🇯 |
| Test | User |
| Email * | Time zone |
| testuser@email.com | (GMT-05:00) Eastern Time (US 8 🗢 |
| Disable report emails Organization Information | |
| Name: Bamboo Health Test Pharmacy Admin: Test Admin Admin Email: testadmin@email.com | |
| | |
| Save Changes Cancel | |

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

9.2 Changing Your Password

Note: Clearinghouse passwords expire every 90 days. You can use this function to proactively change your password before it expires. If your password has already expired, or you have forgotten your password, navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to reset it. Please refer to <u>Resetting Your Password</u> 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 ** | |
| Password | Password confirmation |
| Update Cancel | |

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

Passwords must contain:

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

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

9.3 Resetting Your Password

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

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

| Login | | |
|----------|-----------------------------------|--|
| Email / | Adress | |
| | | |
| Passwo | ord | |
| | | |
| | | |
| | Login | |
| | Create an Account | |
| | | |
| Help | | |
| Forgot | your password? | |
| Didn't r | eceive confirmation instructions? | |
| Didn't r | eceive unlock instructions? | |

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

| Profile Details | * Indicates Required Field |
|------------------|----------------------------|
| Email " | |
| | |
| | |
| Send me reset pa | ssword 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.

| Change Password | |
|--|----------------------------|
| Profile Details | * Indicates Required Field |
| Email: testuser@email.com Current password * | |
| Password | Password confirmation |
| Update Cancel | |

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

Passwords must contain:

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.
- 6. Click 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 1-844-9LA-4PMP (844-952-4767).
 OR
- Create a support request at the following URL: <u>https://pmpclearinghouse.zendesk.com/hc/en-us/</u>.

Technical assistance is available Monday–Friday from 8:00 a.m. to 8:00 p.m., EST.

10.2 Administrative Assistance

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

Prescription Monitoring Program Louisiana Board of Pharmacy 3388 Brentwood Drive Baton Rouge, LA 70809-1700 **Phone:** 225-925-6496, Opt. 4

Email: pmp@pharmacy.la.gov

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 | 05/03/2016 | N/A | Updated draft |
| 1.1 | 09/28/2016 | 10.2/Administrative Assistance | Updated administrative contact information |
| 2.0 | 09/06/2018 | Global | Updated document template and language |
| 2.1 | 01/17/2019 | 2.2/Reporting Requirements | Added naloxone to the definition for "drugs of concern" |
| 2.2 | 02/13/2020 | Global | Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included) |
| | | 4.3/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 |
| | | 4.3.1/Submit a Single-Click Zero Report | Added new section with instructions for submitting a single-click zero report |
| 2.3 | 02/19/2020 | Appendix C/ Exemptions to Reporting | Added state-provided language regarding the PMP Exemption Request Form |
| | | | Updated mailing address, email, and phone number |
| 2.4 | 06/10/2020 | Appendix C/ Exemptions to Reporting | Changed all references to "dispensers" to "pharmacies" |
| 2.5 | 03/23/2021 | Global | Updated to add information regarding drugs of concern |

| | | Appendix A/ASAP 4.2 Specifications | Changed the reporting requirement for PRE04 from "N" to "S" and added guidance on its use |
|-----|------------|--|--|
| 2.6 | 05/21/2021 | Appendix A/ASAP 4.2B Specifications | Updated 4.2 to 4.2B |
| 2.7 | 08/16/2021 | Appendix A / ASAP 4.2B Specifications | Updated reporting requirements in numerous sections throughout the appendix |
| 2.8 | 11/30/2021 | 10/Assistance and Support | Updated Zendesk URL |
| 2.9 | 3/28/2022 | Global | Updated guide to reflect Bamboo Health branding |
| 3.0 | 07/21/2022 | 6.3.3/Error Correction via File Submission | Added instructions on how to revise a record |
| 3.1 | 11/09/2022 | 10.2/Administrative Assistance | Updated phone number option per state request |
| 3.2 | 03/04/2024 | Global | Updated SFTP host information throughout the document |
| | | 6.2/UCF Listings | Updated timeframe to be able to revise a UCF record from 30 days to 1 year |
| | | 6.3.3/Error Correction via File Submission | Added Partial Fill Indicator as a required field to revise a record |

Appendix A: ASAP 4.2B Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with the LA PMP requirements.

The following elements are used in each upload file:

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

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

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

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

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

- Requirement
 - R = Required by the LA PMP
 - N = Not required but accepted if submitted
 - S = Situational

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

| Segment | Element ID | Element Name | Requirement | Notes |
|-------------|----------------------------------|---|-------------------|-------|
| TH: Transac | tion Header (| required) | | |
| | icate the start and control n | t of a transaction. It also assigns the data element number. | nt separator, seg | ment |
| | TH01 | Version/Release Number Code uniquely identifying the transaction. Format = xx.x | R | |
| | TH02 | Transaction Control Number Sender assigned code uniquely identifying a transaction. | R | |
| | TH03 | Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) | N | |
| | TH04 | Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only. | N | |
| | TH05 | Creation Date Date the transaction was created. Format: CCYYMMDD. | R | |
| | TH06 | Creation Time Time the transaction was created. Format: HHMMSS or HHMM. | R | |
| | TH07 | File Type 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. | N | |

| Segment | Element I | D Element Name | Requirement | Notes |
|----------------------------------|---|---|---------------------|-----------------|
| | TH09 | Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction. | R | |
| | ation Source (I | • | | |
| Used to co | - | ne and identification numbers of the entity suppl | | ntion. |
| | IS01 | Unique Information Source ID Reference number or identification number. (Example: phone number) | R | |
| | IS02 | Information Source Entity Name Entity name of the Information Source. | R | |
| | IS03 | Message Free-form text message. | N | |
| Used to id | macy Header dentify the pha required that | (required) | bllowing fields: Pl | HA01, PHA03, or |
| Used to id Note: It is | lentify the pha | (required) armacy. | bllowing fields: Pl | HA01, PHA03, or |
| Used to id Note: It is | lentify the pha | (required) armacy. | bllowing fields: Pl | HA01, PHA03, or |
| Used to id Note: It is | lentify the pha required that | (required) armacy. t information be provided in at least one of the fo | S | HA01, PHA03, or |
| Used to id Note: It is | lentify the pha required that | (required) armacy. t information be provided in at least one of the fo National Provider Identifier (NPI) | - | HA01, PHA03, or |
| Used to id Note: It is | lentify the pha required that PHA01 | (required) armacy. t information be provided in at least one of the for National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS. NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug | S | HA01, PHA03, or |
| Used to id Note: It is | PHA01 PHA02 | (required) armacy. : information be provided in at least one of the formation be provided in at least one of the formation be provider Identifier (NPI) Identifier assigned to the pharmacy by CMS. NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. DEA Number Identifier assigned to the pharmacy by the | S S | HA01, PHA03, or |
| Used to id Note: It is | PHA01 PHA02 PHA03 | (required) armacy. information be provided in at least one of the formation be provided in at least one of the formation National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS. NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration. Pharmacy Name Free-form name of the pharmacy or | S S R | HA01, PHA03, or |
| Used to id Note: It is | PHA01 PHA02 PHA03 PHA04 | (required) <pre>armacy.</pre> <pre>information be provided in at least one of the for</pre> <pre>National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.</pre> NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration. Pharmacy Name Free-form name of the pharmacy or dispensing practitioner. Address Information – 1 | S S R R | HA01, PHA03, or |

| Segment | Element ID | Element Name | Requirement | Notes |
|---------|---------------------------------|--|-----------------|---|
| | PHA08 | State Address U.S. Postal Service state code. | R | |
| | PHA09 | ZIP Code Address U.S. Postal Service ZIP Code. Do not include hyphens. | R | |
| | PHA10 | Phone Number Complete phone number including area code. Do not include hyphens. | N | Submission requested |
| | PHA11 | Contact Name Free-form name. | Ν | Submission requested |
| | 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. | Ν | If the pharmacy has multiple locations, please submit the chain site ID (location ID). |
| | PHA13 | Pharmacy's Permit Number/License Number Identification assigned to the Pharmacy by the Louisiana Board of Pharmacy. To be utilized only when the pharmacy does not have an NPI number or DEA number. In this instance, leave PHA01 and PHA03 blank and insert the Pharmacy's Louisiana permit number in PHA13 (e.g., if the license number is PHY.00####-XX, PHA13 would be "####"). LA PMP authorization required. | S | |
| | : Information ort the patier | (required) It's name and basic information as contained in | the pharmacy re | ecord. |
| | PAT01 | ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03. | S | Submission requested |

| Segment | Element ID | Element Name | Requirement | Notes |
|---------|------------|--|-------------|-------|
| | PAT02 | ID Qualifier | R | |
| | | Code to identify the type of ID in PAT03. If | | |
| | | PAT02 is used, PAT03 is required. | | |
| | | 01 Military ID | | |
| | | 02 State Issued ID | | |
| | | O3 Unique System ID | | |
| | | • 04 Permanent Resident Card (Green Card) | | |
| | | • 05 Passport ID | | |
| | | 06 Driver's License ID | | |
| | | O7 Social Security Number | | |
| | | • 08 Tribal ID | | |
| | | 09 Vendor Specific (such as Bamboo Health, Experian, LexisNexis) | | |
| | | 10 Veterinary Patient Microchip Number | | |
| | | 99 Other (agreed upon ID) | | |
| | PAT03 | ID of Patient | R | |
| | | Identification number for the patient as | | |
| | | indicated in PAT02. | | |
| | | An example would be the driver's license | | |
| | | number. | | |
| | PAT04 | ID Qualifier of Additional Patient Identifier | Ν | |
| | | Code identifying the jurisdiction that issues | | |
| | | the ID in PAT06. | | |
| | | Used if the PMP requires such identification. | | |
| | PAT05 | Additional Patient ID Qualifier | N | |
| | | Code to identify the type of ID in PAT06 if the | | |
| | | PMP requires a second identifier. If PAT05 is used, PAT06 is required. | | |
| | | | | |
| | | 01 Military ID 02 State Issued ID | | |
| | | 03 Unique System ID | | |
| | | 04 Permanent Resident Card (Green Card) | | |
| | | 05 Passport ID | | |
| | | 06 Driver's License ID | | |
| | | 07 Social Security Number | | |
| | | 08 Tribal ID | | |
| | | 09 Vendor Specific (such as Bamboo | | |
| | | Health, Experian, LexisNexis) | | |
| | | • 10 Veterinary Patient Microchip Number | | |
| | | • 99 Other (agreed upon ID) | | |

| Segment | Element ID | Element Name | Requirement | Notes |
|---------|------------|--|-------------|-------------------------|
| | 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. | Ν | |
| | PAT07 | Last Name Patient's last name. | R | |
| | PAT08 | First Name Patient's first name. | R | |
| | PAT09 | Middle Name Patient's middle name or initial if available. | N | Submission requested |
| | PAT10 | Name Prefix Patient's name prefix such as <i>Mr.</i> or <i>Dr.</i> | N | |
| | PAT11 | Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i> | S | |
| | PAT12 | Address Information – 1 Free-form text for street address information. | R | |
| | PAT13 | Address Information – 2 Free-form text for additional address information. | S | |
| | PAT14 | City Address Free-form text for city name. | R | |
| | PAT15 | State Address U.S. Postal Service state or other regional jurisdictional code | R | |
| | PAT16 | ZIP Code Address U.S. Postal Service ZIP code. Do not include hyphens. <i>Note: Populate with zeros if patient address is</i> <i>outside the U.S.</i> | R | |
| | PAT17 | Phone Number Complete phone number including area code. Do not include hyphens. | N | Submission requested |
| | PAT18 | Date of Birth Date patient was born. Format: CCYYMMDD | R | |

| Segment | Element ID | Element Name | Requirement | Notes |
|---------|------------|--|-------------|---|
| | PAT19 | Gender Code Code indicating the sex of the patient. F Female M Male U Unknown | R | |
| | PAT20 | Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient | R | |
| | PAT21 | Patient Location Code Code indicating where patient is located when receiving pharmacy services. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other | N | If known, choose the code corresponding to the patient location when receiving pharmacy services. |
| | PAT22 | Country of Non-U.S. Resident Used when the patient's address is a foreign country. | N | |
| | PAT23 | Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription. | S | If the prescription is for an animal, this is required. |

DSP: Dispensing Record (required)

Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.

| DSP01 | Reporting Status | R | |
|-------|--|---|--|
| | DSP01 requires one of the following codes, and an empty or blank field no longer | | |
| | indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data | | |
| | element values in a previously submitted transaction are being revised) | | |
| | 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). | | |
| | *Note: For prescriptions voided with code "02", a limited data set is being offered as an option PMPs 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. | | |
| DSP02 | Prescription Number Serial number assigned to the prescription by the pharmacy. | R | |
| DSP03 | Date Written Date the prescription was written (authorized). Format: CCYYMMDD | R | |
| DSP04 | Refills Authorized The number of refills authorized by the prescriber. | R | |
| DSP05 | Date Filled Date prescription was prepared. Format: CCYYMMDD | R | |
| DSP06 | Fill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the fill number. | R | |
| DSP07 | Product ID Qualifier Used to identify the type of product ID contained in DSP08. 01 NDC 06 Compound | R | |

| DSP08 | Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required | R | |
|-------|---|---|--|
| DSP09 | Quantity DispensedNumber of metric units dispensed in metricdecimal format.Example: 2.5Note: For compounds show the first quantityin CDI04. | R | |
| DSP10 | Days' Supply Estimated number of days the medication will last. | R | |
| DSP11 | Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. 01 Each 02 Milliliters (ml) 03 Grams (gm) | R | |
| DSP12 | Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transfer/Forwarded 99 Other | R | |
| DSP13 | Partial Fill Indicator Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99. | 5 | |

| DSP14 | Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication. | Ν | Submission requested |
|-------|---|---|-------------------------|
| DSP15 | 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. | Ν | Submission requested |
| DSP16 | Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 99 Other | R | |
| DSP17 | Date Sold Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD | Ν | Submission requested |
| DSP18 | RxNorm Code Qualifier RxNorm Code is the DrugDBCodeQualifier in the XML format of the SCRIPT transaction. 01 Semantic Clinical Drug (SCD) 02 Semantic Branded Drug (SBD) 03 Generic Package (GPCK) 04 Branded Package (BPCK) | Ν | |
| DSP19 | RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. | Ν | |
| DSP20 | Electronic Prescription Reference Number This field should be populated with the MessageID in the XML format of the SCRIPT transaction. | N | Submission requested |

| DSP21 | Electronic Prescription Order Number This field should be populated with the PrescriberOrderNumber in the XML format of the SCRIPT standard. | Ν | Submission requested |
|-------|---|---|---|
| DSP22 | Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator. | Ν | Submission requested |
| DSP23 | Rx SIG This field captures the actual directions printed on the prescription vial label. | Ν | |
| | Treatment Type This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, this field should not be used. | S | ONLY looking for 01 or 02. If the |
| DSP24 | 01 Not used for opioid dependency treatment 02 Used for opioid dependency treatment | | prescription is not for an opioid drug, leave the data field blank. |
| DSP25 | Diagnosis Code This field is used to report the ICD-10 code or CDT. If required by a PMP, this field would be populated only when the ICD-10 or CDT code is available. Exclude the decimal point when reporting this | Ν | |
| | field. | | |
| | i on (required) scriber 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). For prescribers or reportable drugs that have no DEA number, another identifier, such as their NPI or Prescriber License Number must be submitted. <i>Note: This field is required when the</i> <i>prescription is a controlled substance, based</i> <i>on either federal or local regulation.</i> | R | |

| | PRE03 | DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. | S | If the DEA a prescriber uses (e.g., resident or intern) is a hospital facility ID, submit the DEA suffix. |
|---|--|--|------------------|---|
| | PREO4 | Prescriber License Number Identification assigned to the prescriber by the Licensing Board. To be utilized for non- controlled substances (e.g., gabapentin) only when the prescriber does not have an NPI number or DEA number (e.g., veterinarian). In this instance, leave PRE01 and PRE02 blank and insert the prescriber's Louisiana state license number in PRE04. <i>Note: This field is primarily used for veterinary</i> <i>prescriptions.</i> | S | |
| | PRE05 | Last Name Prescriber's last name. | Ν | |
| | PRE06 | First Name Prescriber's first name. | Ν | |
| | PRE07 | Middle Name Prescriber's middle name or initial. | Ν | |
| | PRE08 | Phone Number Complete phone number including area code. Do not include hyphens. | Ν | |
| | PRE09 | XDEA Number DATA-Waiver Program eliminated by the Consolidated Appropriations Act of 2023 | Ν | |
| | PRE10 | Jurisdiction or State Issuing Prescriber License Number Use this field to further identify the information provided in PRE04. | N | |
| Use of this se a PMP report drug, then th | egment is rec ting drug. If iis would be | gredient Detail (situational) quired when medication dispensed is a compou more than one ingredient is for a prescription m incremented by one for each compound ingred C of DSP08 must be 99999999999. | onitoring progra | am reporting |
| | CDI01 | Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional <u>reportable</u> ingredient is incremented by 1. | S | If DSP07 = 06 (compound), then all elements of |

| | | Draduct ID Qualifier | C | the CDI |
|---------------|---------------|---|-----------------|-------------|
| | CDI02 | Product ID Qualifier | S | segment are |
| | | Code to identify the type of product ID contained in CDI03. | | required. |
| | | | | |
| | | • 01 NDC | | |
| | CDI03 | Product ID | S | |
| | | Full product identification as indicated in CDI02, including leading zeros without punctuation. | | |
| | CDI04 | Compound Ingredient Quantity | S | |
| | | Metric decimal quantity of the ingredient identified in CDI03. | | |
| | | Example: 2.5 | | |
| | CDI05 | Compound Drug Dosage Units Code | S | |
| | | Identifies the unit of measure for the quantity dispensed in CDI04. | | |
| | | 01 Each (used to report as package) | | |
| | | 02 Milliliters (ml) (for liters, adjust to the | | |
| | | decimal milliliter equivalent) | | |
| | | • 03 Grams (gm) (for milligrams, adjust to | | |
| | | the decimal gram equivalent) | | |
| AIR: Additior | nal Informati | on Reporting (situational) | | |
| Used when s | tate-issued s | serialized Rx pads are used, the PMP requires inf p the prescription, or for data elements not inclu | | • |
| Note: If this | segment is u | sed, at least one of the data elements (fields) wi | ll be required. | |
| | AIR01 | State Issuing Rx Serial Number | Ν | |
| | | U.S.P.S. code of state that issued serialized | | |
| | | prescription blank. This is required if AIR02 is | | |
| | | used. | | |
| | AIR02 | State Issued Rx Serial Number | Ν | |
| | | Number assigned to state issued serialized prescription blank. | | |
| | AIR03 | Issuing Jurisdiction | N | |
| | | Code identifying the jurisdiction that issues | | |
| | | the ID in AIR04. Used if required by the PMP | | |
| | | and AIR04 is equal to 02 or 06. | | |

| AIR04 | ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID | Ν | If AIR06 is anything but 01, AIR04 is required. |
|-------|---|---|---|
| AIR05 | ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription. | Ν | If AIR06 is anything but 01, AIR05 is required. |
| AIR06 | Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other | Ν | If AIR06 is anything but 01, AIR07 and AIR08 are required |
| AIR07 | Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription. | Ν | |
| AIR08 | First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription. | N | |
| AIR09 | Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication. | Ν | |
| AIR10 | First Name of Pharmacist First name of pharmacist dispensing the medication. | Ν | |

| | AIR11 | Dropping Off/Picking Up Identifier Qualifier | N | |
|--------------|-----------------|---|-----------------|-----------|
| | | Additional qualifier for the ID contained in AIR05 | | |
| | | 01 Person Dropping Off | | |
| | | • 02 Person Picking Up | | |
| | | 03 Unknown/Not Applicable | | |
| TP: Pharmac | y Trailer (req | uired) | | |
| | - | of data for a given pharmacy and provide the co I for the pharmacy, including the PHA and TP se | | number of |
| | TP01 | Detail Segment Count | R | |
| | | Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. | | |
| TT: Transact | ion Trailer (re | quired) | | |
| Used to ind | - | of the transaction and provide the count of the | total number of | segments |
| | TT01 | Transaction Control Number | R | |
| | | Identifying control number that must be unique. | | |
| | | Assigned by the originator of the transaction. | | |
| | | Must match the number in TH02. | | |
| | TT02 | Segment Count | R | |
| | | Total number of segments included in the transaction including the header and trailer segments. | | |

Appendix B: ASAP Zero Report Specifications

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

| Segment | Element ID | Element Name | Requirement |
|-------------|----------------------|--|-------------|
| TH: Transa | ction Header (req | uired) | |
| | TH01 | 4.2B | R |
| | TH02 | 123456 | R |
| | ТН05 | 20220101 | R |
| | ТН06 | 223000 | R |
| | ТН07 | Р | R |
| | ТН09 | H | R |
| IS: Informa | tion Source (requ | ired) | |
| | IS01 | 7705555555 | R |
| | IS02 | PHARMACY NAME | R |
| | IS03 | Date Range of Report (based on "Date Filled") #YYYYMMDD#-#YYYYMMDD# | R |
| PHA: Pharr | nacy Header (req | uired) | |
| | PHA03 | ZZ1234567 | R |
| PAT: Patier | nt Information (re | quired) | |
| | PAT07 | REPORT | R |
| | PAT08 | ZERO | R |
| DSP: Dispe | nsing Record (rec | juired) | |
| | DSP05 | 20220101 | R |
| PRE: Prescr | iber Information | (required; can be null as follows: PRE******\) | |
| CDI: Comp | ound Drug Ingred | dient Detail | |
| AIR: Additi | onal Information | Reporting | |
| TP: Pharma | acy Trailer (require | ed) | |
| | TP01 | 7 | R |
| TT: Transac | tion Trailer (requ | ired) | |
| | TT01 | 123456 | R |
| | TT02 | 10 | R |

Sample Zero Report

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

```
TH*4.2B*123456*01**20220108*223000*P**\\
IS*7705555555*PHARMACY NAME*#20220101#-#20220107#\
PHA*** ZZ1234567\
PAT*****REPORT*ZERO*******\
DSP****20220108*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*123456*10\
```

Appendix C: Exemptions to Reporting

The Louisiana Board of Pharmacy may issue an exemption from the reporting requirement to a pharmacy whose practice activities are inconsistent with the intent of the program. The Board will only consider requests from pharmacies who do not dispense controlled substances or drugs of concern. Pharmacies who wish to request an exemption must submit a detailed request to the Board office that must include, but is not limited, to the following:

- Louisiana pharmacy permit number, name, and address
- DEA registration number (if applicable)
- Scope of practice
- Detailed explanation as to the reasons for requesting an exemption
- Statement confirming that the pharmacy does not nor plan on dispensing any federal and PMP-specific controlled substances or drugs of concern to Louisiana residents
- For a Hospital Pharmacy permit statement confirming that the pharmacy is strictly in- patient and does not dispense any out-patient prescriptions

A pharmacy requesting a PMP reporting exemption can download the PMP Exemption Request Form from the Board's website at <u>http://pharmacy.la.gov/</u> or request a copy of the form by email to <u>pmp@pharmacy.la.gov</u>. The completed PMP Exemption Request Form can be submitted to the Board office by mail or email.

Send all requests for exemption to:

Louisiana Board of Pharmacy Prescription Monitoring Program 3388 Brentwood Drive Baton Rouge, LA 70809-1700

Email: pmp@pharmacy.la.gov

Phone: 225-925-6496, Opt. 4

Appendix D: SFTP Configuration

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

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

- If you need to create a PMP Clearinghouse account, please refer to <u>Creating Your</u> <u>Account</u>. 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 <u>Adding SFTP Access to an Upload Account</u>.

SFTP Connection Details

Hostname: http://submissions.healthcarecoordination.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, <u>log in to PMP</u> <u>Clearinghouse</u>, 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 <u>Adding SFTP Access to an Upload</u> <u>Account</u>.

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

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:

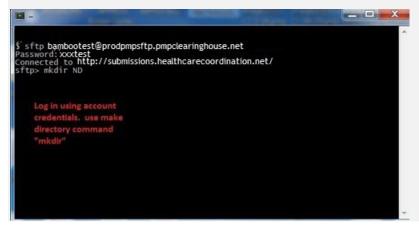
- 1. Via SSH client (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under /homedir.

| Host: | Username: | Password: | Port: | Quickconne | et 🔹 | | |
|--|--|--|--|--------------|--|-------------------|------|
| Status: Response: Command: Command: Command: Status: Status: Command: Response: Command: Response: Status: Status: Status: Status: Status: Status: Status: Status: | Consecting to 54-243.86 r25fts sister open "appressent sprot Pass: Pass: Connected to 54-243.86 Retrieving directory later pwd Current directory is: "//b Is Listing directory /homed Calculating timecone off mtime "D" 1394120413 Timecone offsets: Serve Directory listing success | penedtp@54.243.86.230 - 22 2 -238 -9g omedir [®] Set of server er: 0 seconds. Local: -14400 | pas use hot | | | dination.net/ | |
| Local site: \ | | | | Remote site: | /homedir | | * |
| | | | | Filename | Right click on homedir > c Download Add to queue Create directory | Filesize Filetype | Last |
| ₽ Q: (\\prodcs | (pub) amba01.prod.appriss.com/p amba01.prod.appriss.com/p amba01.orod.appriss.com/p int | prepfsnr) gafsnr) | Filesize Filetyp Networ Networ Networ Networ Networ | ID | Delete Rename Copy URL(s) to clipboard File Attributes | File folder | 3/6/ |
| 10 directories | | | | 1 directory | | | |
| Server/Local file | e Direction | Remote file | Size Priority | Status | | | |

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 LA*).

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

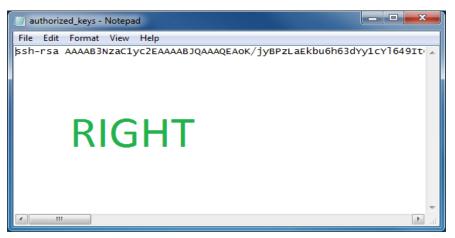


Public (SSH/RSA) Key Authentication

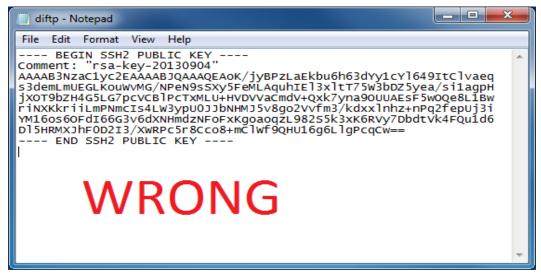
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: PGP Encryption is not supported.

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



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



- Once the key has been generated, it should be named "*authorized_keys*".
 Notes:
 - There is no file extension.
 - There is an underscore between the words authorized and keys.
- A .ssh subfolder needs to be created in the SFTP account's home directory. The "authorized_keys" file must be placed in the .ssh folder. The creation of this folder follows the same process as creating a PMP subfolder. Please refer to <u>PMP</u> <u>Subfolders</u> for steps on creating subfolders.