



**Board of  
Pharmacy**

Ohio Automated Rx  
Reporting System

# Data Submission Guide for Dispensers

Ohio Prescription Monitoring Program

January 2026  
Version 5.0

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# I Document Overview

This document serves as a training guide and support manual for dispensers of reportable drugs in or into Ohio 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 Ohio
- 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 into the State of Ohio required to report the dispensing of reportable drugs.

## 2 Data Collection and Tracking

### 2.1 Data Collection Overview

Ohio law, enacted January 1, 2006, authorizes the Ohio Board of Pharmacy (OBP) to operate Ohio's Prescription Monitoring Program (PMP) called the Ohio Automated Rx Reporting System (OARRS). The rules (effective 07/01/2026) governing the collection of the PMP data can be found in [Division 4729:8 of the Ohio Administrative Code \(OAC\)](#).

OBP manages the collection of required data for all dispensations for reportable drugs (and other dangerous drugs established by rule) submitted electronically by pharmacies, dispensing prescribers (i.e., personally furnishing), and wholesalers.

This document applies to all outpatient dispensing by pharmacies and prescribers who personally furnish medications (i.e., acting as the "pharmacy") to patients.

### 2.2 Data Collection Requirements

Every in-state pharmacy and dispensing prescriber shall report all outpatient dispensing of any reportable medication regardless of the state in which the patient lives.

Every out-of-state pharmacy that holds an Ohio Terminal Distributor of Dangerous Drugs license shall report all outpatient dispensing of any reportable medication product to an Ohio resident.

Sales of reportable drugs at wholesale to a prescriber or a pharmacy must also be reported but should not be included in the reports of outpatient prescriptions. For information regarding reporting wholesale transactions, please refer to the Ohio Data Submission Wholesaler Guide.

"Outpatient" is defined as any person who receives drugs for use outside of an institutional facility (OAC [4729:5-9-01\(L\)](#)).

All dispensers of reportable drugs must meet the reporting requirements set forth by state law in a secure methodology and format. Information about reportable drug dispensing activities must be reported on regular intervals to the Ohio Board of Pharmacy through the authorized data collection vendor, Bamboo Health, Inc. (Bamboo Health).

### 2.3 Reporting Requirements

As of March 15, 2017, OBP began requiring pharmacies and dispensers to report reportable drug dispensations to OARRS via PMP Clearinghouse. Dispensations must be reported no later than 24 hours after dispensing the prescription, although they may be submitted more frequently.

The laws and regulations for reporting to OARRS are continuously subjected to amendments and revisions. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

All dispensers of reportable drugs 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). OBP is the state oversight agency, and Bamboo Health acts as an agent of OBP in the collection of this information.

Certain elements are required by law to be reported. For details on these elements and others of ASAP 5.0, please refer to [Appendix A: ASAP 5.0 Specifications](#).

## 2.4 Exemptions

Pharmacies that attest to NEVER dispensing reportable drugs (e.g., pharmacies that do not dispense controlled substances, gabapentin, or naltrexone<sup>1</sup>) on their license renewal will be considered exempt from reporting to OARRS. Should a change in business practices cause a reporting pharmacy to be qualified for an exemption outside of a license renewal period, the pharmacy may request an exemption in writing. Should a change in business practices cause an exempt pharmacy to begin dispensing reportable drugs, the pharmacy must begin reporting to OARRS immediately.

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<sup>1</sup> Medications containing naltrexone that are indicated for the treatment of alcohol dependence or the prevention of relapse to opioid dependence

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## 3 Data Submission

This chapter provides information about submitting data to the PMP Clearinghouse repository.

### 3.1 Timeline and Requirements

- Pharmacies and software vendors can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See [Creating Your Account](#) for more information.
- Beginning March 15, 2017, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).
- If a pharmacy does not dispense any reportable drugs for the preceding reporting period, it must file a zero report for that reporting period, or it will be considered noncompliant. See [Zero Reports](#) for additional details.

### 3.2 Upload Specifications

Files should be in the ASAP 5.0 format as defined in [Appendix A: ASAP 5.0 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20220615.dat”. All uploaded files will be stored and processed separately.

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

## 4 Accessing Clearinghouse

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

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

Perform the following steps to create an account:

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

**Account Registration**

**Profile Details** \* Indicates Required Field

Email Address \*

Password \*

Password confirmation \*

**Personal Information**

First name \* Middle name Last name \*

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

DEA NPI

**Employer Information**

Name \*



I. 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.

2. 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 (). If the number you entered is found, your information will automatically be populated.

**Personal Information**

First name \*  Middle name  Last name \*

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

DEA   NPI

**Employer Information**

Name \*

Address \*  Address (continued)

City \*  State \*  Postal Code \*

Phone \*  Fax

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

DEA   NCPDP

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

**Notes:**

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

**Data Submission**

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

☐ Enable SFTP Access

☐ Enable Real-Time Access

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

The SFTP access fields are displayed.

**Data Submission**

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

☒ Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

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

☐ Enable Real-Time Access

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555*.
- 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 <http://submissions.healthcarecoordination.net/>.*
- *Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).*

4. In the Submission **Destinations** section of the page, select the PMP(s) for which you will be submitting data.
5. 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 as shown on the following page.

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

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

**Profile**

---

**Email Address:** testuser@bamboohealth.com

**Password:** \*\*\*\*\*

**DEA Number:**

**NPI Number:**

**Full Name::** Test User

**Employer**

---

**Name:** Bamboo Health

**DEA Number:**

**NCPDP Number::**

**Address:** 123 Main St Anywhere KY 40223

**Phone:** 5555555555

**Fax:**

**Data Acceptance**

---

**SFTP Account:** SFTP Access? No

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

**Submission Destinations**

---

☒ Demo State

**Continue**

6. 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.

## 4.2 Logging In to PMP Clearinghouse

1. Open an internet browser window and navigate to the **PMP Clearinghouse Login** page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).

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

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

4. Click **Login**.

The **PMP Clearinghouse** home page is displayed.

## 5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your reportable drugs 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
<a href="#">Secure FTP</a>	11
<a href="#">Web Portal Upload</a>	11
<a href="#">Manual Entry (UCF)</a>	13
<a href="#">Zero Reports</a>	16

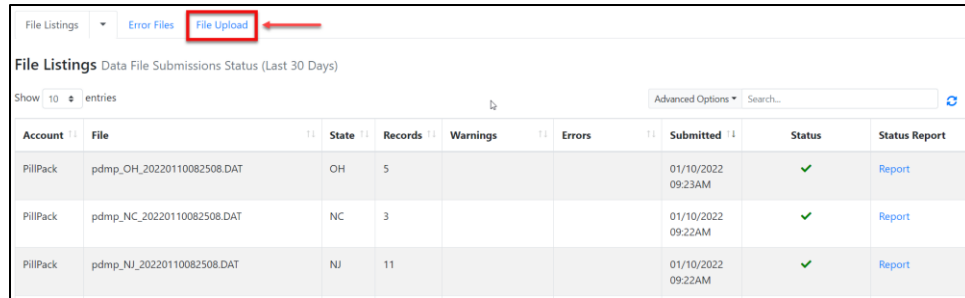
### 5.1 Secure FTP

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., AK, DC, GA, GU, KS, OH, PR, etc.)**. Data files not submitted to a PMP subfolder will be required to have a manual PMP assignment made on the [File Listings](#) page. Please refer to [PMP Subfolders](#) for additional details on this process.

1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
- Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 5.0 Specifications](#).
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 PDMP sub-folder, a  symbol with a mouse over hint of “**Determine PMP**” is displayed on the **File Status** page, and you will be prompted to select a destination PMP to which the data should be sent. Web Portal Upload

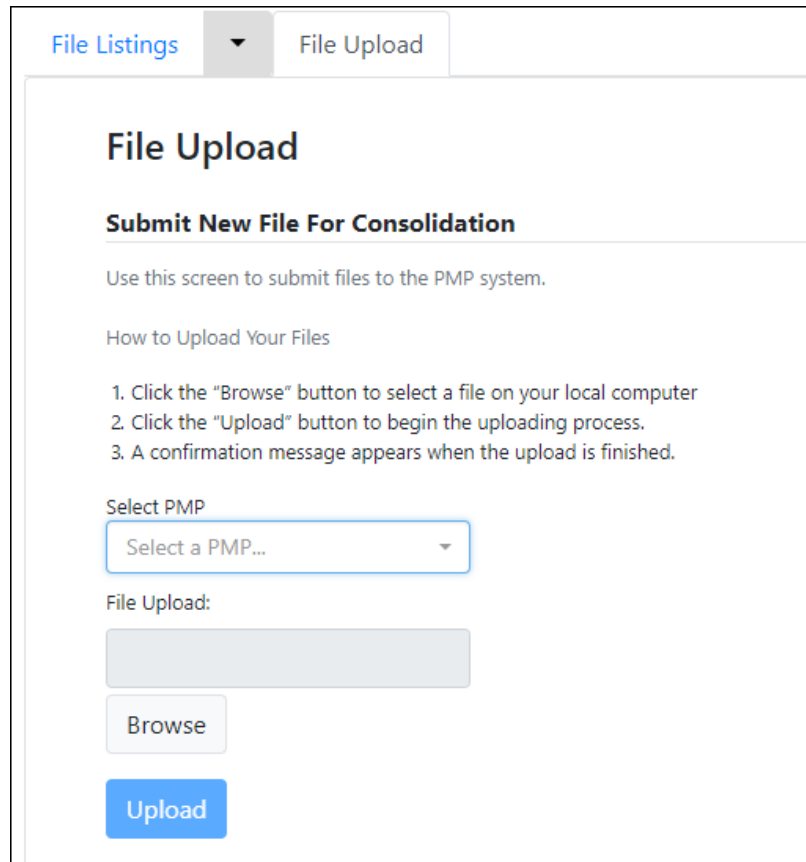
1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 5.0 Specifications](#).
3. [Log in to PMP Clearinghouse](#).
4. From the home page, click the **File Upload** tab.



The screenshot shows the top navigation bar with three tabs: 'File Listings', 'Error Files', and 'File Upload'. The 'File Upload' tab is highlighted with a red box and a red arrow pointing to it. Below the navigation bar, the 'File Listings' section is visible, showing a table of file submissions.

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
PillPack	pdmp_OH_20220110082508.DAT	OH	5			01/10/2022 09:23AM	✓	<a href="#">Report</a>
PillPack	pdmp_NC_20220110082508.DAT	NC	3			01/10/2022 09:22AM	✓	<a href="#">Report</a>
PillPack	pdmp_NJ_20220110082508.DAT	NJ	11			01/10/2022 09:22AM	✓	<a href="#">Report</a>

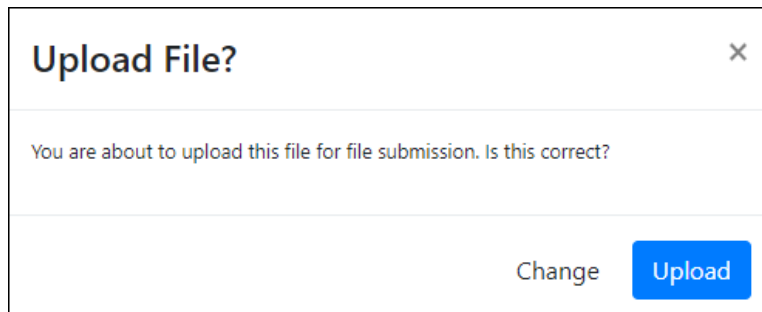
The **File Upload** page is displayed.



The screenshot shows the 'File Upload' page. At the top, there are two tabs: 'File Listings' and 'File Upload', with 'File Upload' being the active tab. The main heading is 'File Upload'. Below it, there is a section titled 'Submit New File For Consolidation' with the instruction 'Use this screen to submit files to the PMP system.' and a sub-section 'How to Upload Your Files' with three steps: 1. Click the "Browse" button to select a file on your local computer. 2. Click the "Upload" button to begin the uploading process. 3. A confirmation message appears when the upload is finished. Below the instructions, there is a 'Select PMP' section with a drop-down menu labeled 'Select a PMP...'. Underneath, there is a 'File Upload:' section with a large text input field, a 'Browse' button, and an 'Upload' button.

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

A message is displayed prompting you to confirm the submission.



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

Your file is uploaded, and you can view the results of the upload on the File Submissions page.

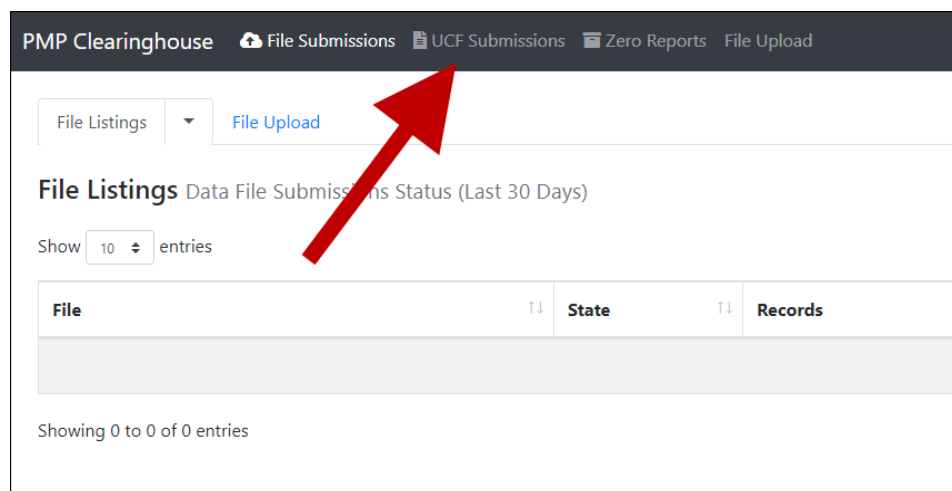
**Note:** When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

## 5.2 Manual Entry (UCF)

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

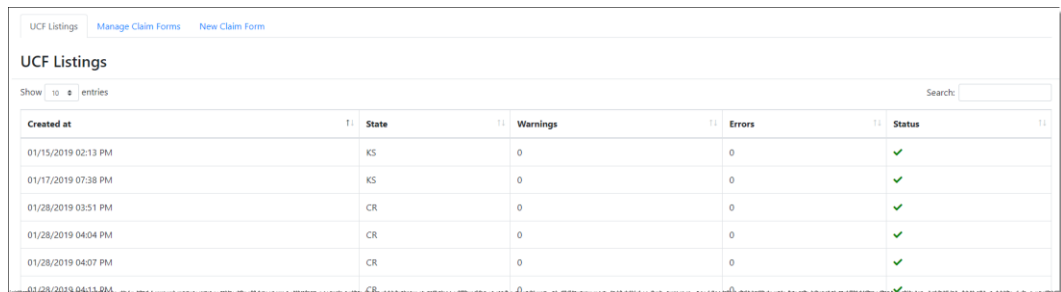
Please refer to [Appendix A: ASAP 5.0 Specifications](#) for the complete list of reporting requirements.

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





The **UCF Listings** page is displayed.



UCF Listings    Manage Claim Forms    New Claim Form

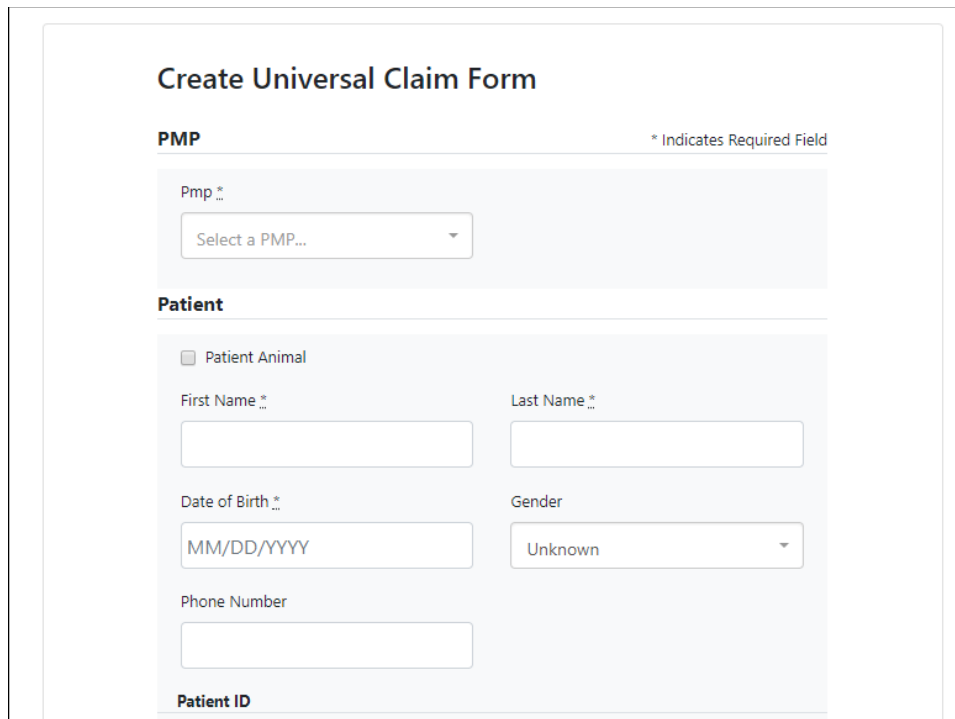
UCF Listings

Show 10 entries

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	✓

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

The **Create Universal Claim Form** page is displayed.



**Create Universal Claim Form**

**PMP** \* Indicates Required Field

Pmp \*

Select a PMP...

**Patient**

☐ Patient Animal

First Name \*

Last Name \*

Date of Birth \*

Gender

Phone Number

Patient ID

- Select the PMP to which you are submitting data from the drop-down list in the **Select a PMP** field.
- 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.

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

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

**Edit Universal Claim Form**

You may submit this form at any time.

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

**Submit Now**

Form has been successfully created. X

8. 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?

**OK** 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.

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

**Submit Now**

Form has errors and was unable to be submitted. X

- o Drug Segment is invalid
- o Patient last name can't be blank
- o Patient first name can't be blank
- o Date of Birth can't be blank
- o Pharmacy name can't be blank
- o Pharmacy address can't be blank
- o Pharmacy city can't be blank
- o Pharmacy state can't be blank
- o Prescriber last name can't be blank
- o Prescriber first name can't be blank
- o Pharmacy zip code can't be blank
- o Claim fill number can't be blank
- o Claim fill number is not a number
- o Date written can't be blank
- o Date filled can't be blank
- o Claim days supply can't be blank
- o Claim days supply is not a number
- o 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.

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

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

## 5.3 Zero Reports

If you have no dispensations to report, you must report this information to OARRS. You may submit your zero report through the PMP Clearinghouse web portal by following the steps below or via SFTP using the ASAP Standard for Zero Reports. For additional details on submitting via SFTP, please refer to [Appendix B: ASAP Zero Report Specifications](#).

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

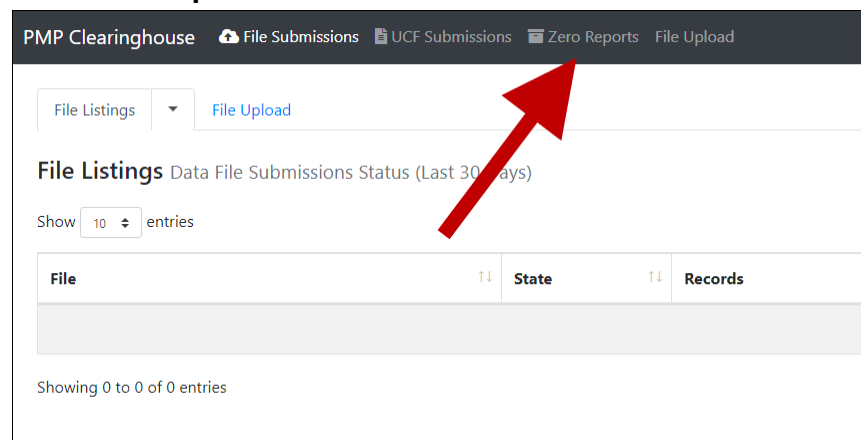
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

### 5.3.1 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 [Creating Your Account](#).
2. [Log in to PMP Clearinghouse](#).
3. Click **Zero Reports**.



The **Zero Report Listings** page is displayed.

[illegible]

- 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 Report

☒ Submit a Single Click Zero Report

☐ Create new Zero Report

**Create Single Click Zero Report**

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

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

Add New Pharmacy

Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
<div><div><div></div></div><div>Demo</div></div>					

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

5. Click **Add New Pharmacy**.  
The **New Pharmacy** page is displayed.

[Zero Reports Listings](#)[Create Zero Report](#)

### New Pharmacy

**PMP** \*

  
**Pharmacy** \*  
**NCPDP**  
**DEA Number**  
**NPI**  

SaveCancel

6. Select the **PMP** for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the pharmacy's name in the **Pharmacy** field.

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

9. Click **Save**.

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

Create Zero Report

☒ Submit a Single Click Zero Report  
☐ Create new Zero Report

**Create Single Click Zero Report**

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

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

[Add New Pharmacy](#)

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

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:** 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:	
<div><div></div><div>Demo</div></div>							
Another Test Pharmacy					<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Today 12/22/2021</a>	<a href="#">Yesterday 12/21/2021</a>
Bamboo Health Test Pharmacy					<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Today 12/22/2021</a>	<a href="#">Yesterday 12/21/2021</a>

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.

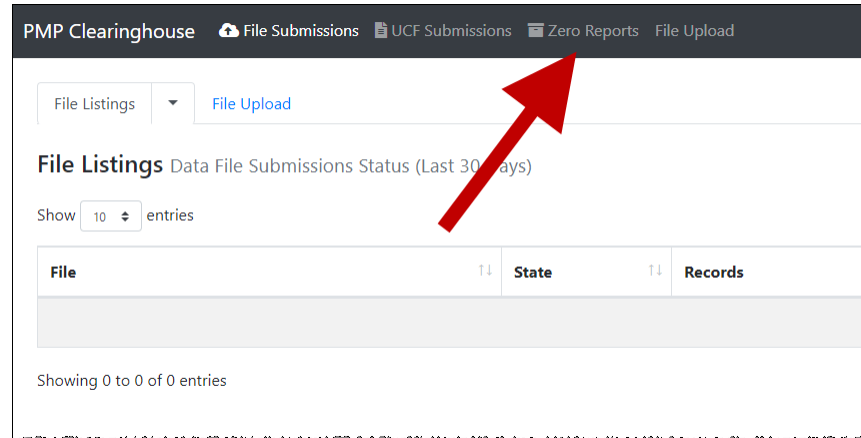
	Pharmacy	License Number	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:	
 Demo								
	Another Test Pharmacy			1111111111		<a href="#">Edit</a>   <a href="#">Delete</a>	<a href="#">Today 12/22/2021</a>	<a href="#">Yesterday 12/21/2021</a>
	Bamboo Health Test Pharmacy			1111111111		<a href="#">Edit</a>   <a href="#">Delete</a>	<a href="#">✔ Submitted</a>	<a href="#">Yesterday 12/21/2021</a>

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

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

### 5.3.2 Create a New Zero Report

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



The **Zero Report Listings** page is displayed.

Zero Reports Listings <a href="#">Create Zero Report</a>										
Zero Reports Listings										
Show 25 entries <span>Advanced Options</span> <input type="text" value="Search..."/>										
Account	State	Start Date	End Date	NCPDP	DEA	NPI	ASAP File	Date Submitted		
ALABAMA (ALABAMA)	AL	01/16/2020	01/16/2020	01/16/2020	01/16/2020	01/16/2020		01/16/2020 5:13 PM		
Alabama (Pharmacy System)	AL	01/16/2020	01/16/2020				https://pmpclearinghouse.com/submit-zero-report/	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 <a href="#">Create Zero Report</a>						
<b>Create Zero Report</b>						
<input checked="" type="radio"/> Submit a Single Click Zero Report <input type="radio"/> Create new Zero Report						
<b>Create Single Click Zero Report</b> Below are the pharmacies you have configured for single-click reporting. Setting up pharmacies here will allow you to create a profile for the pharmacy that includes its identifiers (e.g. DEA, NPI, NCPDP) so you don't have to enter it each time you submit a zero report. <small>NOTE: The time frame for "Today" or "Yesterday" is 00:00-23:59:59 and based upon the time zone set for your account profile at the time of submission.</small>						
<a href="#">Add New Pharmacy</a>						
	Pharmacy	NCPDP	DEA Number	NPI	Actions	Submit Zero Reports for:
	Demo					

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

The **Create Zero Report** page is displayed.

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

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

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

## 6 Data Compliance

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

### 6.1 File Listings

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

File Listings File Upload

File Listings Data File Submissions Status (Last 30 Days)


Show 10 entries Advanced Options Search...


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


Showing 1 to 3 of 3 entries

Previous 1 Next

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

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

If a file is unable to be parsed into the PMP Clearinghouse application, it will have an  symbol with a mouse over hint of “**ASAP Errors**.” Clicking the icon will display the detailed error, which indicates what element was missing or malformed. To correct these errors, a new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and  symbol will be displayed in the status column with a mouse over hint of “**Determine PMP**.” Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.



**Set Destination PMP:**

Problem determining destination :  
No destination pmp indicated.

[Update](#)

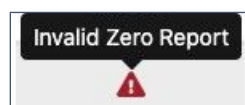
[Cancel](#)

Advanced Options ▾ Search...

Records	Warnings	Errors	Submitted	Status
0			06/21/2021 07:41PM	
1			06/21/2021 07:37PM	<a href="#">Determine PMP</a>

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.

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

UCF Listings

Show 10 entries

Search:

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

Showing 1 to 4 of 4 entries

Previous [1](#) Next

The **Status** column, located at the end of each row, displays the UCF’s status. Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those errors and submit the record, you have up to one (1) year to make updates to these records in Clearinghouse.

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

UCF Listings   Manage Claim Forms   New Claim Form

### UCF Listings

Show 10 entries

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

Showing 1 to 4 of 4 entries

Previous 1 Next

The **Pending Claim Forms** page is displayed.

UCF Listings   Manage Claim Forms   New Claim Form

### Pending Claim Forms - SMITHERMANS PHARMACY UCF FORMS (LAST 30 DAYS)

[View Submitted Forms](#)

Show 10 entries

Created At	Created By	Last Updated By	State	
06/10/2019 5:51 PM	nweaver@appriss.com	nweaver@appriss.com	AK	<a href="#">Edit</a> <a href="#">Delete</a>

Showing 1 to 1 of 1 entries

Previous 1 Next

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

**Note:** If it has been longer than one (1) year, the **Edit** option will no longer be available. You must click **Delete** to delete the record and start over.

The **Edit Universal Claim Form** page is displayed.

### Edit Universal Claim Form

You may submit this form at any time.

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

[Submit Now](#)

**PMP** \* Indicates Required Field

Pmp \*

Alaska

**Patient**

☐ Patient Animal

First Name \*   Last Name \*

- 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?

OK Cancel

- Click **OK**.

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

### Edit Universal Claim Form

You may submit this form at any time.

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

Submit Now

Form has errors and was unable to be submitted. ✕

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

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

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

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

## 6.3 Error Correction

### 6.3.1 View Records

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

File Listings File Upload

**Error Correction** Manage And Resolve Submission Issues

Show 10 entries Search

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

Showing 1 to 1 of 1 entries Previous 1 Next

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

### 6.3.2 Error Correction via PMP Clearinghouse

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

Field	Submitted Value	Corrected Value	Messages
National provider identifier	1104923507	1104923507	✓
NCPDP Identifier	0068568	0068568	✓
DEA number	BE9432042	BE9432042	Warnings: DEA number warning: DEA number not found in registry.
Name			Errors: Name value must be present.
Phone number	4017704455	4017704455	✓

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

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

#### To correct records:

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

The error is processed through the validation rules.

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

### 6.3.3 Error Correction via File Submission

The ASAP 5.0 standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

- **00 New Record** – indicates a new record

- **01 Revise** – indicates that one or more data elements in a previously submitted record have been revised

**To revise a record:**

- Create a record with the value “**01**” in the **DSP01** field.
- Populate the following fields with the same information originally submitted in the record that is being revised:
  - **PHA03** (DEA Number)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
  - **DSP06** (Fill Number)
  - **DSP09** (Quantity Filled)
- Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- Submit the record.

**Important Note:** When submitting revisions for the Prescription Number (DSP02), Pharmacy DEA (PHA03), Date Filled (DSP05), Quantity Filled (DSP09), and/or Refill Number (DSP06) fields, a Void submission (02) on the original record should be processed before re-submitting a New Record (00). Submitting Revise (01) for one of these five fields will process as a new prescription and both submissions will appear. All other field revisions may be processed as 01.

- **02 Void** – indicates that the original record should be removed

**To void a record:**

- Create a record with the value “**02**” in the **DSP01** field.
- Fill in all other data identical to the original record.
- Submit the record. This will void the original record.

## 7 Email Reports

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

### 7.1 File Failed Report

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

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

An example *File Failed Report* is provided below.

SUBJ: Ohio ASAP file: fake-test3.txt - Parse Failure

BODY:

Error Message

-----  
Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 5.0
- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: June 30, 2022

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

### 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.

The columns are set to the following lengths:

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

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

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

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

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

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

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

SUBJ: Ohio ASAP file: fake-test3.txt - Status Report

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Type	Message
BE1234567	1347347	9034618394	123486379596-0	20220808	Dispensation	refill_number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20220808	Dispensation	days_supply	ERROR	message example

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 5.0
- \* Transaction Control Number: 23489504823
- \* Transaction Control Type: send
- \* Date of Submission: August 09, 2022
- \* Total Record Count: ###
- \* Duplicate Records: ###
- \* In Process Count: ###
- \* Records with Error Count: ###
- \* Imported Records Count: ###
- \* Records Imported with Warning Count: ###



## 7.3 Zero Report Confirmation

You will receive a *Zero Report Confirmation* after successfully submitting a zero report to PMP Clearinghouse. This report displays the 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\_20220606KSMCPS.DAT

BODY:

Summary:

- \* File Name: zero\_reports\_20220606KSMCPS.DAT
- \* PMP Name: Ohio
- \* Date Range: 2022-06-06 - 2022-06-06
- \* Submission Date: 2022-06-07
- \* ASAP Creation Date: 2022-06-07

## 8 Managing Your Upload Account

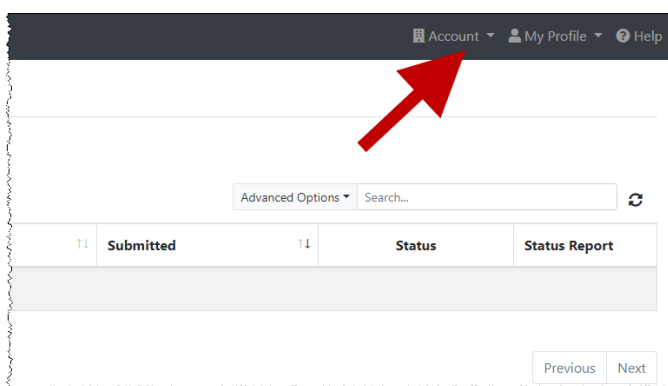
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

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

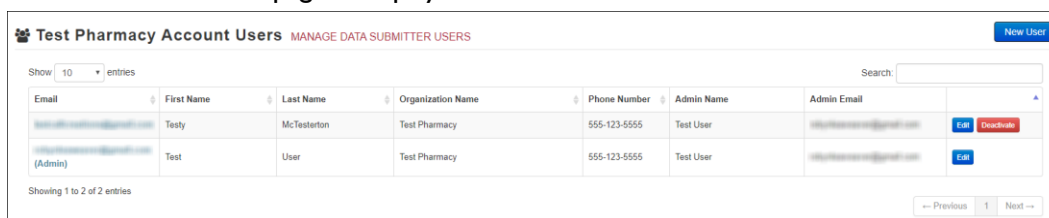
### 8.1 Adding Users to Your Upload Account

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

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

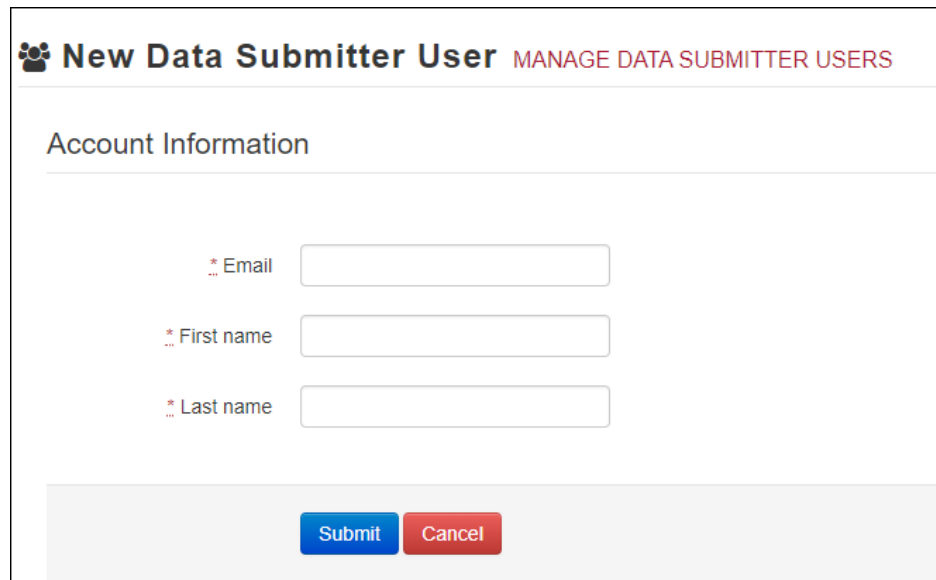


3. Select **Users** from the **Account** drop-down menu.  
The **Account Users** page is displayed.



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

The **New Data Submitter User** page is displayed.



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

**Note:** All fields are required.

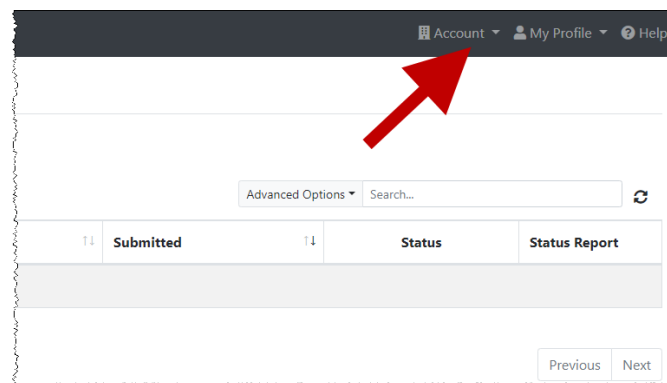
6. Click **Submit**.

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.
  - d. The user will receive an email with a link for them to confirm their account.
  - e. 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.
  - f. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

### 8.1.1 Changing Another User's Password

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



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

The **Account Users** page is displayed.

Email	First Name	Last Name	Organization Name	Phone Number	Admin Name	Admin Email	
testy@bamboohealth.com	Testy	McTesterton	Test Pharmacy	555-123-5555	Test User	testy@bamboohealth.com	Edit Delete
test@bamboohealth.com (Admin)	Test	User	Test Pharmacy	555-123-5555	Test User	test@bamboohealth.com	Edit

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

**Edit Data Submitter User** MANAGE DATA SUBMITTER USERS

Account Information

\* Email

\* First name

\* Last name

Password

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

Password confirmation

- 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:

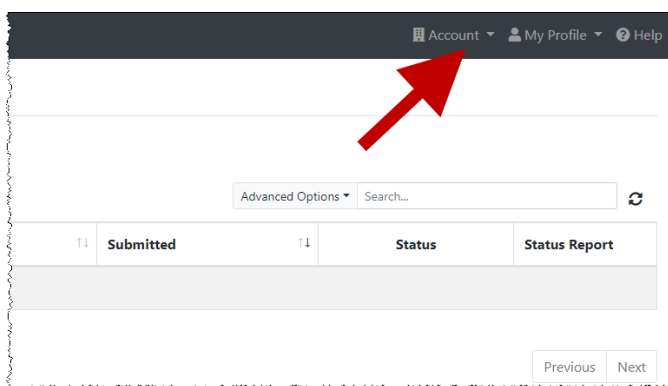
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

- 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 AWARe, 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 AWARe system as well as your data sharing status with each PMP.

 A screenshot of the 'BEST EVER PHARMACY Account' 'MULTI STATE APPROVAL' page. The page has a header with the account name and title. Below the header, there is a message: 'Please select state PMPs that will receive data from this account. We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.' Below this message is a table with columns 'Abb', 'State', and 'Status'. The table lists various states with checkboxes and their current status. To the right of the table is a map of the United States titled 'Participating States | Your Approval Status' showing which states are shaded.
 

Abb	State	Status
<input checked="" type="checkbox"/> AL	Alabama	Pending
<input checked="" type="checkbox"/> AK	Alaska	Approved
<input type="checkbox"/> AZ	Arizona	
<input type="checkbox"/> AR	Arkansas	
<input type="checkbox"/> CO	Colorado	
<input checked="" type="checkbox"/> CT	Connecticut	Approved
<input checked="" type="checkbox"/> DO	Demo	Approved
<input type="checkbox"/> DC	District of Columbia	
<input type="checkbox"/> GA	Georgia	
<input type="checkbox"/> HI	Hawaii	
<input checked="" type="checkbox"/> ID	Idaho	Approved

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.

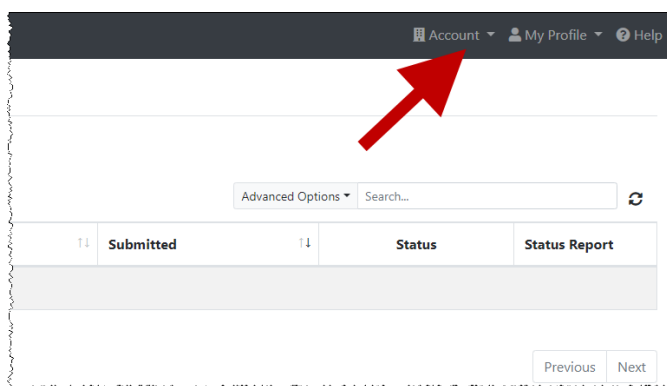
### Notes:

- 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.

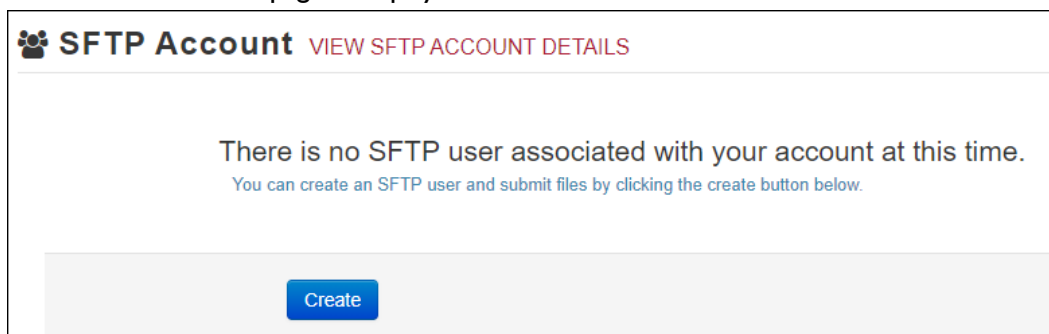
## 8.3 Adding SFTP Access to an Upload Account

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.

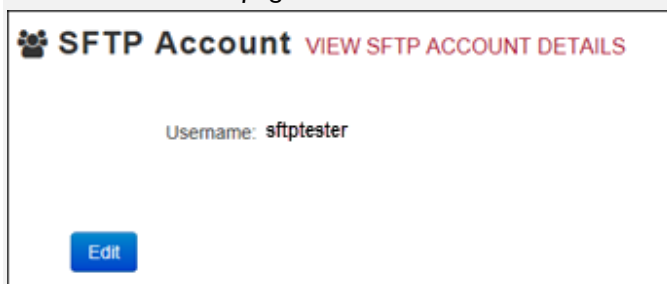
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



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



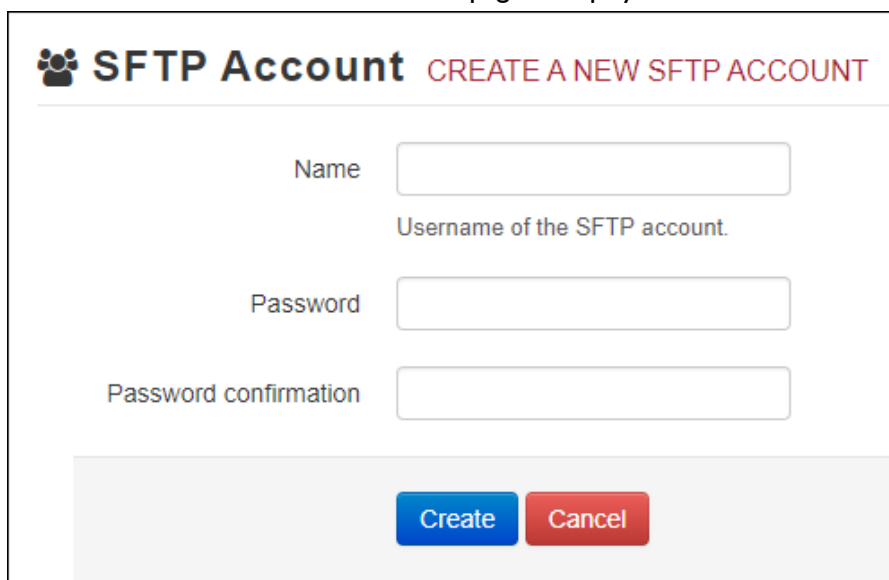
**Note:** If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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

4. Click **Create**.

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



**SFTP Account** CREATE A NEW SFTP ACCOUNT

Name   
Username of the SFTP account.

Password

Password confirmation

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

**Notes:**

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

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

Passwords must contain:

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

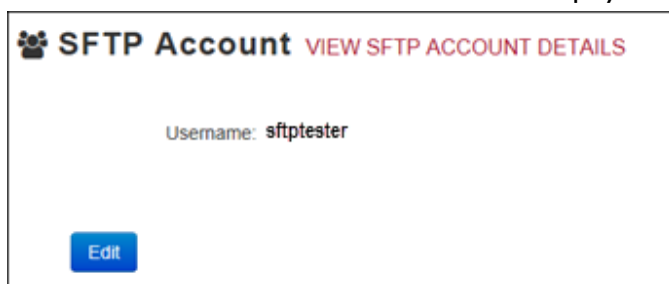
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

**Notes:**

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

7. Click **Create**.

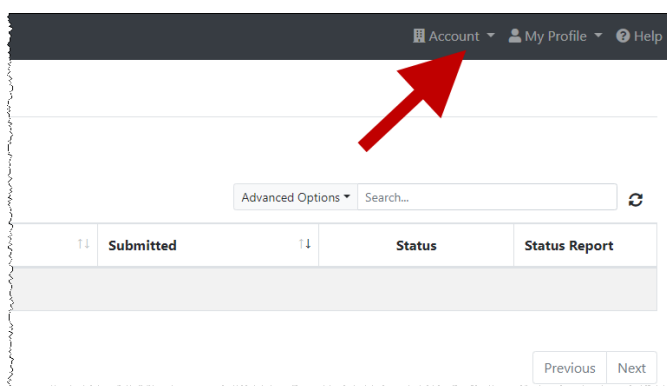
The account is created, and the username is displayed.



## 8.4 Editing Your Upload Account

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

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



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

### Bamboo Health Accounts

#### Account Details

**Name:** Bamboo Health

**Phone Number:** 5555555555

**Fax Number:**

**Allowed submission:** True

**Suppress Rx details in emailed error reports:** False

#### Admin Details

**User Name:** QA TESTER

**Email:** qa2@gmail.com

**Address:** 10401 Linn Station Road#200  
Louisville KY 40218

**SFTP Account ID:** qa255501@qapmpsftp

Edit



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

### Edit Bamboo Health Account

**Account Details**\* Indicates Required Field

**Name \***

Phone number

Fax number

☒ Allowed submission  
☐ Suppress Rx details in emailed error reports

**Admin Details**

Address

City

Zip code

State

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

## 9 Managing Your User Profile

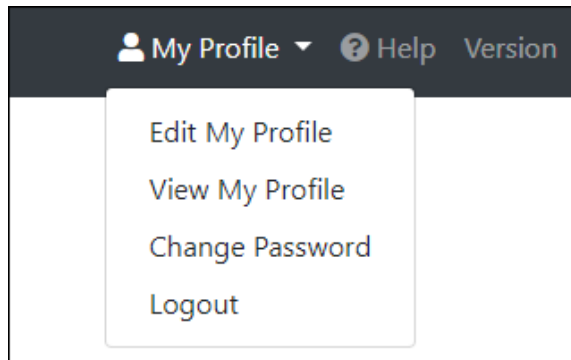
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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

### 9.1 Editing Your Profile

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

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



3. Select **Edit My Profile**.

#### Edit Profile

##### Profile Details

\* Indicates Required Field

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

##### Organization Information

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

**Save Changes**

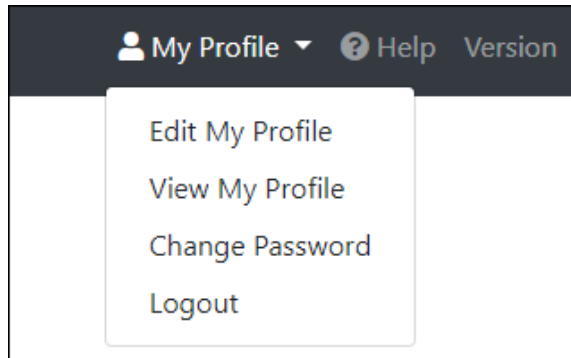
Cancel

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 [Resetting Your Password](#) for more information.

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



3. Select **Change Password**.

A screenshot of a 'Change Password' form. The title 'Change Password' is at the top. Below it is a section titled 'Profile Details' with a note '\* Indicates Required Field'. The form contains the following fields: 'Email: testuser@email.com', 'Current password \*' (with a red asterisk), 'Password', and 'Password confirmation'. Below the 'Current password' field is a note: 'we need your current password to confirm your changes'. At the bottom of the form are two buttons: 'Update' (in blue) and 'Cancel' (in grey).

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

Passwords must contain:

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

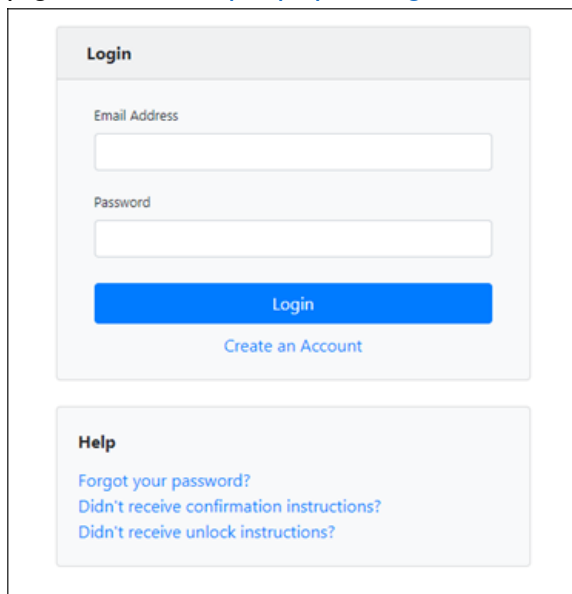
6. Click **Update**.

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

## 9.3 Resetting Your Password

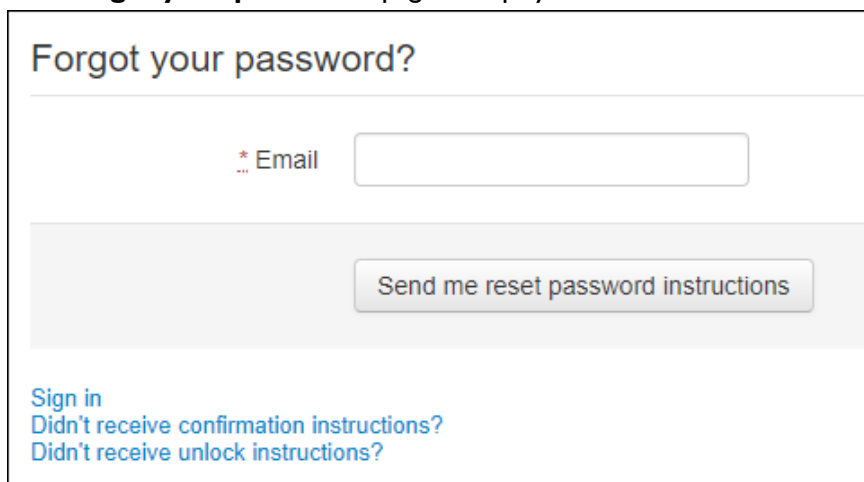
If you have forgotten your password or your password has expired, perform the following steps to reset it.

1. Open an internet browser window and navigate to the PMP Clearinghouse Login page located at [https://pmpclearinghouse.net/users/sign\\_in](https://pmpclearinghouse.net/users/sign_in).



The screenshot shows the PMP Clearinghouse Login page. It features a 'Login' section with two input fields: 'Email Address' and 'Password'. Below these fields is a blue 'Login' button and a link that says 'Create an Account'. Below the login section is a 'Help' section with three links: 'Forgot your password?', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

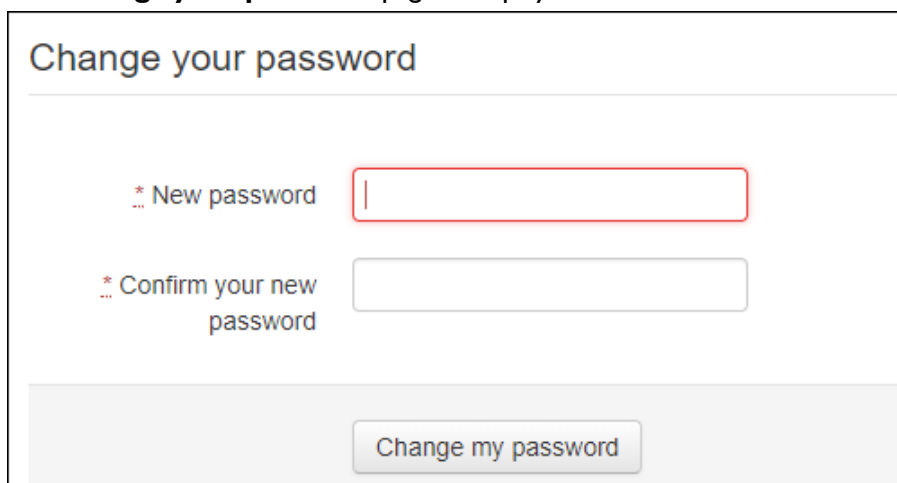
2. Click the **Forgot your password?** link, located in the Help section of the page. The **Forgot your password?** page is displayed.



The screenshot shows the 'Forgot your password?' page. It has a title 'Forgot your password?' at the top. Below the title is a form with a label '\* Email' and an input field. Below the input field is a button that says 'Send me reset password instructions'. At the bottom of the page, there are three links: 'Sign in', 'Didn't receive confirmation instructions?', and 'Didn't receive unlock instructions?'.

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

The **Change your password** page is displayed.



Change your password

\* New password

\* Confirm your new password

Change my password

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

*Passwords must contain:*

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

6. Click **Change my password**.

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

---

# 10 Assistance and Support

## 10.1 Technical Assistance

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

- Contact Bamboo Health at 1-844-464-4767;  
**OR**
- Create a support request at the following URL:  
<https://pmpclearinghouse.zendesk.com/hc/en-us/>

Technical assistance is available 24 hours per day, 365 days per year.

## 10.2 Contact Us

**For General Support Issues:**

**Email:** [support@pharmacy.ohio.gov](mailto:support@pharmacy.ohio.gov)

**For Pharmacy Data Submission Support:**

\*Please include DEA number in your email\*

**Email:** [pharmacy@pharmacy.ohio.gov](mailto:pharmacy@pharmacy.ohio.gov)

**For Wholesale Distributor Submission Support:**

**Email:** [data@pharmacy.ohio.gov](mailto:data@pharmacy.ohio.gov)



77 South High Street, 17th Floor  
Columbus, OH 43215

**Telephone:** (614) 466.4143

**Fax:** (614) 644.8556

**Media Relations:** (614) 705.1190

# II Document Information

## II.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.

## II.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	01/03/2017	N/A	Initial draft
1.1	01/18/2017	Cover page	Added state logo
		Exemptions	Added new section
		Global	Updated verbiage
1.2	02/07/2017	Appendix A	Updated appendix
1.3	03/16/2017	Appendix A	Updated PHA and PRE fields
1.4	09/20/2017	Global	Updated to reflect ASAP 4.2A requirements
2.0	06/20/2019	Global	Updated to current document template
			Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included)
		6.2/UCF Listings	Added clarification on correcting UCF errors
		Appendix D	Added appendix
2.1	09/09/2019	Appendix A	Removed “99 Other” as an accepted payment type for DSP16
2.2	03/31/2020	5.4/Zero Reports	Separated into two sections (Submit a Single-Click Zero Report and Create a New Zero Report) to reflect the addition of the single-click zero report submission functionality
		5.4.1/Submit a Single-Click Zero Report	Added new section with instructions for submitting a single-click zero report
3.0	05/25/2022	Global	Updated guide to reflect Bamboo Health branding.
4.0	08/22/2022	Global	Updated guide to reflect new Bamboo branding
5.0	01/13/2026	Global	Updated guide to reflect new branding guidelines
		6.3.3/Error Correction via File Submission	Added guidance for error corrections and voiding records

		Global	Updated sFTP hostname information
		Global	Updated guide from ASAP 4.2A reporting requirements to ASAP 5.0



# Appendix A: ASAP 5.0 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) 5.0 format to comply with the Ohio Board of Pharmacy 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 Ohio
  - N = Not required but accepted if submitted
  - S = Situational – must be submitted if linked to a different required or situational field. See explanations in each description.

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

Segment	Element ID	Element Name	Requirement
<b>TH: Transaction Header (required)</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	<b>TH01</b>	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = x.xx	<b>R</b>
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	<b>R</b>
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>01 Send/Request Transaction</li> <li>02 Acknowledgement (used in Response only)</li> <li>03 Error Receiving (used in Response only)</li> <li>04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	<b>R</b>
	<b>TH04</b>	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	<b>N</b>
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	<b>R</b>
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	<b>R</b>
	<b>TH07</b>	<b>File Type</b> <ul style="list-style-type: none"> <li>P = Production</li> <li>T = Test</li> </ul>	<b>R</b>
	<b>TH08</b>	<b>Routing Number</b> Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.	<b>N</b>
	<b>TH09</b>	<b>Segment Terminator Character</b> This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	<b>R</b>
<b>IS: Information Source (required)</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	<b>R</b>
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	<b>R</b>

Segment	Element ID	Element Name	Requirement
	<b>IS03</b>	<b>Message</b> Free-form text message.	<b>N</b>
	<b>IS04</b>	<b>Pharmacy Dispensing Software Vendor</b> Name of software vendor the pharmacy is using.	<b>R</b>
	<b>IS05</b>	<b>Phone Number of Software Vendor</b>	<b>N</b>
<b>PHA: Pharmacy Header (required)</b> Used to identify the pharmacy. <b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS. <i>If pharmacy does not have an NPI, enter 1234567893.</i>	<b>R</b>
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	<b>N</b>
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration. <i>If pharmacy does not have a DEA Number, enter OH1111119.</i>	<b>R</b>
	<b>PHA04</b>	<b>Pharmacy Name</b> Free-form name of the pharmacy or dispensing practitioner.	<b>R</b>
	<b>PHA05</b>	<b>Address Information – 1</b> Free-form text for address information.	<b>R</b>
	<b>PHA06</b>	<b>Address Information – 2</b> Free-form text for address information, if needed.	<b>N</b>
	<b>PHA07</b>	<b>City Address</b> Free-form text for city name.	<b>R</b>
	<b>PHA08</b>	<b>State Address</b> U.S. Postal Service state code or other regional jurisdiction code.	<b>R</b>
	<b>PHA09</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code.	<b>R</b>
	<b>PHA10</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	<b>R</b>
	<b>PHA11</b>	<b>Contact Name</b> Free-form name.	<b>N</b>
	<b>PHA12</b>	<b>Chain Site ID</b> 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.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>PHA13</b>	<b>Pharmacy's Permit Number/License Number</b> Enter Ohio TDDD License number.	<b>R</b>
	<b>PHA14</b>	<b>Pharmacy/Dispenser Type</b> <ul style="list-style-type: none"> <li>01 Independent Pharmacy</li> <li>02 Chain Pharmacy</li> <li>03 Long-term Care Pharmacy</li> <li>04 Hospital Pharmacy</li> <li>05 Opioid Treatment Program</li> <li>06 Cannabis Dispensary</li> <li>07 Veterinary/Vet Patient Only Dispenser</li> <li>08 Dispensing Prescriber</li> <li>09 Specialty Pharmacy</li> <li>10 Federal</li> <li>11 Tribal</li> <li>99 Other</li> </ul>	<b>R</b>
	<b>PHA15</b>	<b>Mail Order Pharmacy</b> <ul style="list-style-type: none"> <li>01 Yes</li> <li>02 No</li> </ul>	<b>R</b>
<b>PAT: Patient Information (required)</b> Used to report the patient's name and basic information as contained in the pharmacy record.			
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT03.	<b>N</b>
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	<b>N</b>
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	<b>N</b>
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	<b>N</b>
	<b>PAT06</b>	<b>Additional ID</b> 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.	<b>N</b>
	<b>PAT07</b>	<b>Last Name</b> Patient's last name. For veterinarian patients, use owner's last name.	<b>R</b>
	<b>PAT08</b>	<b>First Name</b> Patient's first name. For veterinarian patients, use owner's first name.	<b>R</b>
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial, if available.	<b>N</b>
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr., if available.	<b>N</b>
	<b>PAT11</b>	<b>Name Suffix</b> Patient's name suffix such as Jr. or the III, if available.	<b>N</b>
	<b>PAT12</b>	<b>Address Information – 1</b> Free-form text for street address information.	<b>R</b>
	<b>PAT13</b>	<b>Address Information – 2</b> Free-form text for additional address information, if available.	<b>N</b>
	<b>PAT14</b>	<b>City Address</b> Free-form text for city name.	<b>R</b>
	<b>PAT15</b>	<b>State Address</b> U.S. Postal Service state code or other regional jurisdiction code.	<b>R</b>
	<b>PAT16</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	<b>R</b>

Segment	Element ID	Element Name	Requirement
	<b>PAT17</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9s (i.e., 9999999999).	<b>R</b>
	<b>PAT18</b>	<b>Date of Birth</b> Date patient was born. Format: CCYYMMDD	<b>R</b>
	<b>PAT19</b>	<b>Gender Code</b> Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>F Female</li> <li>M Male</li> <li>U Unknown</li> </ul>	<b>R</b>
	<b>PAT20</b>	<b>Species Code</b> Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> <li>01 Human</li> <li>02 Veterinary Patient</li> </ul>	<b>R</b>
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>01 Home</li> <li>02 Intermediary Care</li> <li>03 Nursing Home</li> <li>04 Long-Term/Extended Care</li> <li>05 Rest Home</li> <li>06 Boarding Home</li> <li>07 Skilled-Care Facility</li> <li>08 Sub-Acute Care Facility</li> <li>09 Acute Care Facility</li> <li>10 Outpatient</li> <li>11 Hospice</li> <li>98 Unknown</li> <li>99 Other</li> </ul>	<b>N</b>
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country.	<b>R</b>
	<b>PAT23</b>	<b>Name of Animal</b> Required for prescriptions written by a veterinarian if the pharmacist has access to this information at the time of dispensing the prescription. <b>Required if PAT20 species code = 02 Veterinarian patient</b>	<b>S</b>

Segment	Element ID	Element Name	Requirement
	<b>PAT24</b>	<b>Patient Preferred or Alias Last Name</b> May be used for patient's preferred name, previous name, nickname, alias, or name used on insurance if different than legal last name.	<b>N</b>
	<b>PAT25</b>	<b>Patient Preferred or Alias First Name</b> May be used for patient's preferred name, previous name, nickname, alias, or name used on insurance if different than legal first name.	<b>N</b>
	<b>PAT26</b>	<b>Patient Race Category</b> Code used for general race category. <ul style="list-style-type: none"> <li>01 American Indian or Alaskan Native</li> <li>02 Asian</li> <li>03 Black or African American</li> <li>04 Native Hawaiian or Other Pacific Islander</li> <li>05 White</li> <li>06 Multiracial</li> <li>99 Other/Unknown</li> </ul>	<b>N</b>
	<b>PAT27</b>	<b>Patient Ethnicity</b> Code used to describe the general ethnicity group of the patient. <ul style="list-style-type: none"> <li>01 Hispanic or Latino</li> <li>02 Not Hispanic or Latino</li> <li>99 Undisclosed/Unknown</li> </ul>	<b>N</b>
	<b>PAT28</b>	<b>Veterinary Species Code</b> Code used to describe the animal species. <ul style="list-style-type: none"> <li>01 Cat/Feline</li> <li>02 Dog/Canine</li> <li>03 Small Animal (Hamster, Rabbit, Other Rodent)</li> <li>04 Reptile</li> <li>05 Bird</li> <li>06 Livestock, Large Animal</li> <li>99 Other</li> </ul>	<b>N</b>
	<b>PAT29</b>	<b>Animal Location Code</b> <ul style="list-style-type: none"> <li>01 Home</li> <li>02 Animal Shelter</li> <li>03 Foster</li> <li>04 Farm</li> <li>05 Zoo</li> <li>06 Circus/Traveling Show</li> <li>99 Other</li> </ul>	<b>N</b>
<b>DSP: Dispensing Record (required)</b> Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			

Segment	Element ID	Element Name	Requirement
	<b>DSP01</b>	<b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>00 New Record (indicates a new prescription dispensing transaction)</li> <li>01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>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).</li> </ul> <i>*Note: For prescriptions voided with code “02”, a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See <a href="#">Appendix D</a>.</i>	<b>R</b>
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	<b>R</b>
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	<b>R</b>
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	<b>R</b>
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was prepared. Format: CCYYMMDD	<b>R</b>
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 00 indicates New Rx; subsequent fills should be designated sequentially from 01-99.	<b>R</b>
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>01 NDC</li> <li>06 Compound</li> </ul>	<b>R</b>
	<b>DSP08</b>	<b>Product ID</b> Full 11-digit NDC number, created by adding a leading zero to the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation. If code “06” (indicating a compound) is indicated in DSP07, use “99999” as the first 5 characters and the submitter’s choice for the remaining 6-digit of the NDC number; the CDI segment then becomes required.	<b>R</b>
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i>	<b>R</b>



Segment	Element ID	Element Name	Requirement
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	<b>R</b>
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	<b>R</b>
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>05 Electronic Prescription</li> <li>06 Transfer/Forwarded</li> <li>99 Other</li> </ul>	<b>R</b>
	<b>DSP13</b>	<b>Partial Fill Indicator</b> Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> <li>00 Not a Partial Fill</li> <li>01 First Partial Fill</li> </ul> <i><b>Note:</b> For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i>	<b>R</b>
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	<b>N</b>
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the Licensing Board.	<b>N</b>
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> <li>01 Private Pay</li> <li>02 Medicaid</li> <li>03 Medicare</li> <li>04 Commercial Insurance</li> <li>05 Military Installations and VA</li> <li>06 Workers' Compensation</li> <li>07 Indian Nations</li> </ul>	<b>R</b>

Segment	Element ID	Element Name	Requirement
	<b>DSP17</b>	<b>Date Sold</b> Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYYMMDD	<b>R</b>
	<b>DSP18</b>	<b>RxNorm Code Qualifier</b> RxNorm Code that is populated from the DrugDBCodeQualifier field in the SCRIPT transaction. <ul style="list-style-type: none"> <li>01 Semantic Clinical Drug (SCD)</li> <li>02 Semantic Branded Drug (SBD)</li> <li>03 Generic Package (GPCK)</li> <li>04 Branded Package (BPCK)</li> </ul>	<b>N</b>
	<b>DSP19</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	<b>N</b>
	<b>DSP20</b>	<b>Electronic Prescription Reference Number</b> This field should be populated with the MessageID from the SCRIPT transaction.	<b>N</b>
	<b>DSP21</b>	<b>Electronic Prescription Order Number</b> This field should be populated with the PrescriberOrderNumber from the SCRIPT standard.	<b>N</b>
	<b>DSP22</b>	<b>Quantity Prescribed</b> This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	<b>R</b>
	<b>DSP23</b>	<b>Rx SIG</b> This field captures the actual directions printed on the prescription vial label.	<b>N</b>
	<b>DSP24</b>	<b>Treatment Type</b> While this field can be used to indicate that the prescription was for opioid dependency treatment when code "02" is used, it can also be used to provide other reasons for the opioid prescription through use of the additional codes. <ul style="list-style-type: none"> <li>01 Not used for opioid dependency treatment</li> <li>02 Used for opioid dependency treatment</li> <li>03 Pain associated with active and aftercare cancer treatment</li> <li>04 Palliative care in conjunction with a serious illness</li> <li>05 End-of-life and hospice care</li> <li>06 A pregnant individual with a pre-existing prescription for opioids</li> <li>07 Acute pain for an individual with an existing opioid prescription for chronic pain</li> <li>08 Individuals pursuing an active taper of opioid medications</li> <li>09 Patient is participating in a pain management contract</li> <li>99 Other (trading partner agreed upon reason)</li> </ul>	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>DSP25</b>	<b>Diagnosis Code</b> This field is used to report the ICD-10 code or CDT. Enter the ICD-10 Diagnosis code or Dental Procedure Code provided by the prescriber. Enter only one value. Exclude the decimal point. If no code was provided, enter NC.	<b>R</b>
	<b>DSP26</b>	<b>Time Written</b> Time expressed in 24-hour clock time (HMMSS or HHMM).  Time range: 00000 or 235959.  The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.	<b>N</b>
	<b>DSP27</b>	<b>Time Filled</b> The time the prescription record was prepared.  Time expressed in 24-hour clock time (HMMSS or HHMM).  Time range: 00000 or 235959.  The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.	<b>N</b>
	<b>DSP28</b>	<b>Time Sold</b> The time the prescription was sold to, picked up by, or otherwise left the pharmacy for the patient.  Time expressed in 24-hour clock time (HMMSS or HHMM).  Time range: 00000 or 235959.  The time zone should be reported in Coordinated Universal Time (UTC) as HHMMSSZ (e.g., 235959Z). Do not include colons or non-numeric characters other than Z for Zulu time.	<b>N</b>
	<b>DSP29</b>	<b>Time Quantity Remaining on Prescription</b> Identifies the unit of measure for the total quantity remaining for the prescription after the current dispense in metric decimal format.  Example: 2.5  <b>Note:</b> For compounding, show the first quantity in CDI04.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>DSP30</b>	<b>Total Quantity Remaining Drug Dosage Units Code</b> Identifies the unit of measure for the quantity remaining in DSP29. <ul style="list-style-type: none"> <li>01 Each (Used to report solid dosage units to the decimal milliliter)</li> <li>02 Milliliters (ml) (For liters, adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (For milligrams, adjust to the decimal gram equivalent)</li> </ul>	<b>N</b>
	<b>DSP31</b>	<b>Discount Card</b> Identifies whether the type of payment occurred using a local or national discount card, if the PDMP requires payment DSP16.  Required if classification payment code is 01 (Private Pay) or 04 (Commercial Insurance) used in DSP16. <ul style="list-style-type: none"> <li>01 Yes</li> <li>02 No</li> </ul>	<b>S</b>
	<b>DSP32</b>	<b>Classification Code for Additional Payment Type</b> Code identifying the type of payment, i.e., how it was paid for, if required by the PDMP. <ul style="list-style-type: none"> <li>01 Private Pay (Cash, Charge, Credit Card)</li> <li>02 Medicaid</li> <li>03 Medicare</li> <li>04 Commercial Insurance</li> <li>05 Military Installations and VA</li> <li>06 Workers' Compensation</li> <li>07 Indian Nations</li> <li>99 Other</li> </ul>	<b>S</b>
	<b>DSP33</b>	<b>Discount Card for Additional Payment Type</b> Required if classification payment code is 01 (Private Pay) or 04 (Commercial Insurance) used in DSP32.	<b>S</b>

Segment	Element ID	Element Name	Requirement
	<b>DSP34</b>	<b>DEA Schedule/State Designation</b> State or federal control level or other reporting designation. <ul style="list-style-type: none"> <li>01 Cannabis and Cannabis Extract</li> <li>02 State or DEA Schedule 2</li> <li>03 State or DEA Schedule 3</li> <li>04 State or DEA Schedule 4</li> <li>05 State or DEA Schedule 5</li> <li>06 State Designated Other Controlled Substance or Drug of Concern</li> <li>07 CBD</li> <li>99 Legend or Non-Controlled Substances</li> </ul>	<b>N</b>
	<b>DSP35</b>	<b>Last Name or Initials of Pharmacist Filling the Prescription</b> Last name or initials of the pharmacist dispensing the medication.	<b>N</b>
	<b>DSP36</b>	<b>First Name of Pharmacist Filling the Prescription</b> First name of the pharmacist dispensing the medication.	<b>N</b>
<b>PRE: Prescriber Information (required)</b> Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS. <b>If unavailable, enter 1234567893.</b>	<b>R</b>
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).  <b>Required for all controlled substances. For non-controlled drugs, if unavailable, enter OH1111119.</b>	<b>R</b>
	<b>PRE03</b>	<b>DEA Number Suffix</b> Required if an institutional DEA number is supplied in PRE02. <b>Provide if applicable.</b>	<b>S</b>
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the prescriber by the Licensing Board. <b>Required if PRE01 &amp; PRE02 are unavailable (non-controlled drugs only).</b>	<b>S</b>
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	<b>R</b>
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	<b>R</b>
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>PRE08</b>	<b>Phone Number</b> Complete phone number including area code. Do not include hyphens.	<b>N</b>
	<b>PRE09</b>	<b>XDEA Number</b> This field is in addition to Treatment Type in the DSP segment. This gives PDMPs the option to require the XDEA Number (NADEAN) in the PRE segment.	<b>N</b>
	<b>PRE10</b>	<b>Jurisdiction or State Issuing Prescriber License Number</b> This field can be used to further identify the information in PRE04, depending on the PDMP's need for this information. <b>Required when PRE04 is populated.</b>	<b>S</b>
	<b>PRE11</b>	<b>Prescriber Address Information – 1</b> Free text for address information.  Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>PRE12</b>	<b>Prescriber Address Information – 2</b> Free text for additional address information.  Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>PRE13</b>	<b>Prescriber City Address</b> Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>PRE14</b>	<b>Prescriber State Address</b> Two-letter jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>PRE15</b>	<b>ZIP Code Address</b> United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.  Do not include white spaces or special characters.  Include hyphens in ZIP+4.	<b>N</b>

Segment	Element ID	Element Name	Requirement
<b>CDI: Compound Drug Ingredient Detail (situational)</b> Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 99999nnnnnn.			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	<b>R</b>
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> <li>01 NDC</li> </ul>	<b>R</b>
	<b>CDI03</b>	<b>Product ID</b> Full 11-digit NDC number, created by adding a leading zero to the appropriate segment to result in a 5-4-2 formatted NDC number, without punctuation.	<b>R</b>
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	<b>R</b>
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent)</li> </ul>	<b>R</b>
	<b>CDI06</b>	<b>DEA Schedule/State Designation of Each Ingredient</b> <ul style="list-style-type: none"> <li>01 Cannabis and Cannabis Extract</li> <li>02 State or DEA Schedule 2</li> <li>03 State or DEA Schedule 3</li> <li>04 State or DEA Schedule 4</li> <li>05 State or DEA Schedule 5</li> <li>06 State Designated Other Controlled Substance or Drug of Concern</li> <li>07 CBD</li> <li>99 Legend or Non-Controlled Substance</li> </ul>	<b>N</b>
<b>AIR: Additional Information Reporting (situational)</b> Used when issued serialized Rx pads are used, the PMP requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. <b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to issued serialized prescription blank.	<b>N</b>
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	<b>N</b>
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>	<b>N</b>
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	<b>N</b>
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>01 Patient</li> <li>02 Parent/Legal Guardian</li> <li>03 Spouse</li> <li>04 Caregiver</li> <li>99 Other</li> </ul>	<b>N</b>
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	<b>N</b>
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	<b>N</b>
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	<b>N</b>
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	<b>N</b>



Segment	Element ID	Element Name	Requirement
	<b>AIR11</b>	<b>Dropping Off/Picking Up Identifier Qualifier</b> Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> <li>01 Person Dropping Off</li> <li>02 Person Picking Up</li> <li>03 Unknown/Not Applicable</li> </ul> <i>Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.</i>	<b>N</b>
	<b>AIR12</b>	<b>Date of Birth of Person Picking Up Rx</b> Date person picking up was born.  Format: CCYYMMDD	<b>N</b>
	<b>AIR13</b>	<b>Address Information – 1 of Person Picking Up Rx</b> Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR14</b>	<b>Address Information – 2 of Person Picking Up Rx</b> Recommendation: Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR15</b>	<b>Person Picking Up City Address</b> Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR16</b>	<b>Person Picking Up State Address</b> Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR17</b>	<b>Person Picking Up ZIP Code Address</b> United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.  Do not include hyphens in ZIP+4.	<b>N</b>
	<b>AIR18</b>	<b>Phone Number of Person Picking Up Rx</b> Complete 10-digit phone number.  Do not include hyphens or other special characters.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>AIR19</b>	<b>Picking Up Method of Delivery</b> <ul style="list-style-type: none"> <li>01 Person Picked Up</li> <li>02 Mailed/Shipped</li> </ul> <p><b>Note:</b> Same filed descriptions in AIR03 to AIR18 apply to AIR20 to AIR32, respectively.</p>	<b>N</b>
	<b>AIR20</b>	<b>Jurisdiction Issuing ID of Person Dropping Off Rx</b> Code identifying the jurisdiction that issues the ID contained in AIR22.  Used if required by the PDMP.	<b>N</b>
	<b>AIR21</b>	<b>ID Qualifier of Person Dropping Off Rx</b> Code to identify the type of ID in AIR 22.  If AIR20 is used, AIR21 is required. <ul style="list-style-type: none"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>04 Permanent Resident Card (Green Card)</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>08 Tribal ID</li> <li>09 Vendor Specific (such as Bamboo Health, Experian, or LexisNexis)</li> <li>10 Veterinary Patient Microchip Number</li> <li>11 Medicaid Recipient ID Number</li> <li>99 Other (Trading partner agreed upon ID, such as cardholder ID).</li> </ul>	<b>N</b>
	<b>AIR22</b>	<b>ID of Person Dropping off Rx</b> Identification number for the person dropping off the prescription as indicated in AIR21.  An example would be the driver's license number.  <p><b>Note:</b> This field can only be populated with code 10 when provided on the prescription.</p>	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>AIR23</b>	<b>Relationship of Person Dropping Off Rx</b> Code indicating the relationship of the person dropping off Rx to the patient, if required by the PDMP.  <i><b>Note:</b> Code 01 is now Parent/Legal Guardian, not Patient.</i> <ul style="list-style-type: none"> <li>01 Parent/Legal Guardian</li> <li>02 Spouse</li> <li>03 Caregiver</li> <li>04 Other</li> </ul>	<b>N</b>
	<b>AIR24</b>	<b>Last Name of Person Dropping Off Rx</b> Last name of person dropping off Rx, if required by the PDMP.	<b>N</b>
	<b>AIR25</b>	<b>First Name of Person Dropping Off Rx</b> First name of person dropping off Rx, if required by the PDMP.	<b>N</b>
	<b>AIR26</b>	<b>Date of Birth of Person Dropping off Rx</b> Date of birth of the person dropping off Rx as listed on a government issued identification.	<b>N</b>
	<b>AIR27</b>	<b>Address Information – 1 of Person Dropping Off Rx</b> Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR28</b>	<b>Address Information – 2 of Person Dropping Off Rx</b> Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR29</b>	<b>Person Dropping Off City Address</b> Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR30</b>	<b>Person Dropping Off State Address</b> Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.	<b>N</b>
	<b>AIR31</b>	<b>Person Dropping Off ZIP Code Address</b> United States Postal Service ZIP Code or ZIP+4 as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specifications for Patient Addresses.  Do not include hyphens in ZIP+4.	<b>N</b>

Segment	Element ID	Element Name	Requirement
	<b>AIR32</b>	<b>Phone Number of Person Dropping Off Rx</b> Complete 10-digit phone number.  Do not include hyphens or other special characters.	<b>N</b>
<b>TP: Pharmacy Trailer (required)</b> Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	<b>R</b>
<b>TT: Transaction Trailer (required)</b> Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	<b>R</b>
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	<b>R</b>

## Appendix B: ASAP Zero Report Specifications

The following table contains the required definitions for submitting zero reports via SFTP or manual upload to OARRS. It lists the **Segment** and **Element ID** with pre-populated data to be used as an example for constructing a zero report. For more details regarding these Segment or Elements IDs, or for details on reporting actual dispensations, please refer to [Appendix A: ASAP 5.0 Specifications](#).

Segment	Element ID	Element Name	Requirement
<b>TH: Transaction Header (required)</b>			
	<b>TH01</b>	5.0	<b>R</b>
	<b>TH02</b>	123456	<b>R</b>
	<b>TH05</b>	20220601	<b>R</b>
	<b>TH06</b>	223000	<b>R</b>
	<b>TH07</b>	P	<b>R</b>
	<b>TH09</b>	\\	<b>R</b>
<b>IS: Information Source (required)</b>			
	<b>IS01</b>	7705555555	<b>R</b>
	<b>IS02</b>	PHARMACY NAME	<b>R</b>
	<b>IS03</b>	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	<b>R</b>
<b>PHA: Pharmacy Header (required)</b>			
	<b>PHA03</b>	ZZ1234567	<b>R</b>
<b>PAT: Patient Information (required)</b>			
	<b>PAT07</b>	REPORT	<b>R</b>
	<b>PAT08</b>	ZERO	<b>R</b>
<b>DSP: Dispensing Record (required)</b>			
	<b>DSP05</b>	20220601	<b>R</b>
<b>PRE: Prescriber Information (required; can be null as follows: PRE*****\)</b>			
<b>CDI: Compound Drug Ingredient Detail</b>			
<b>AIR: Additional Information Reporting</b>			
<b>TP: Pharmacy Trailer (required)</b>			
	<b>TP01</b>	7	<b>R</b>
<b>TT: Transaction Trailer (required)</b>			
	<b>TT01</b>	123456	<b>R</b>
	<b>TT02</b>	10	<b>R</b>

## Sample Zero Report

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

```
TH*5.0*I23456*0I**20250608*223000*P**\
IS*7705555555*PHARMACY NAME*#2025060I#-#20250607#\
PHA*** ZZI234567\
PAT*****REPORT*ZERO*****\
DSP*****20250608*****\
PRE*\
CDI*\
AIR*\
TP*7\
TT*I23456*I0\
```

## Appendix C: SFTP Configuration

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

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

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

### SFTP Connection Details

**Hostname:** <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, [log in to PMP Clearinghouse](#), then click **Account > SFTP Details > Edit**.

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

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

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

### PMP Subfolders

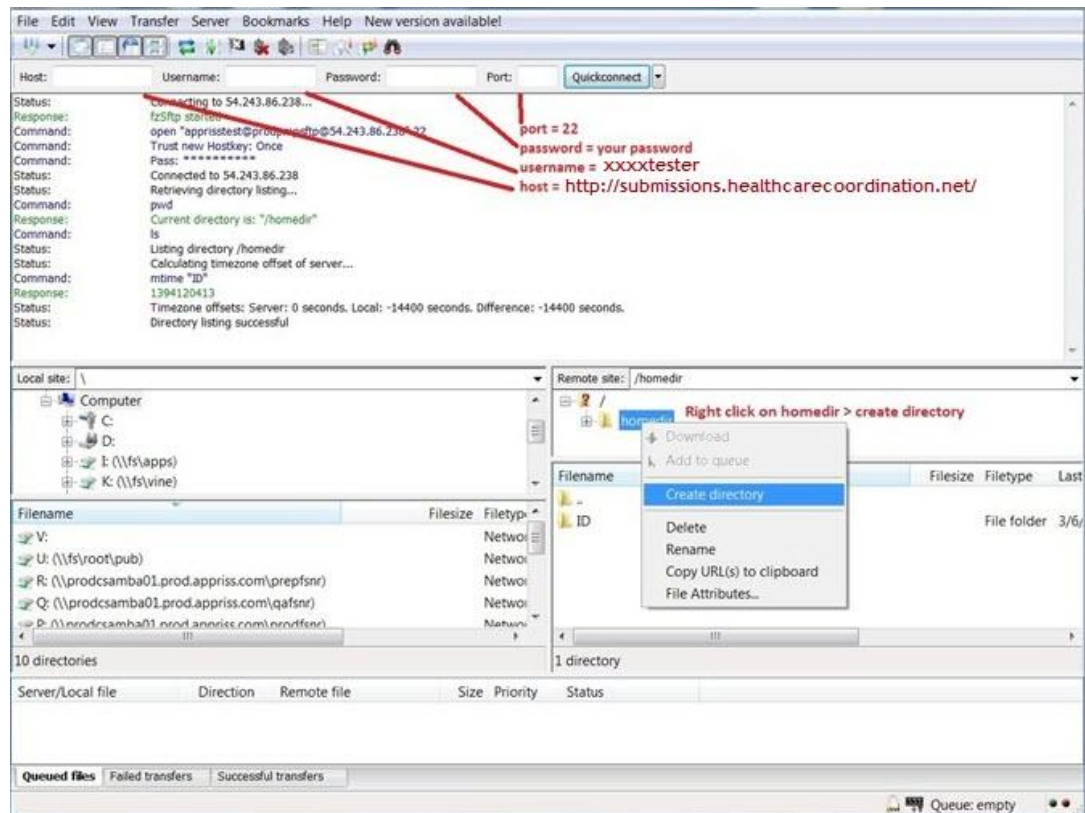
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

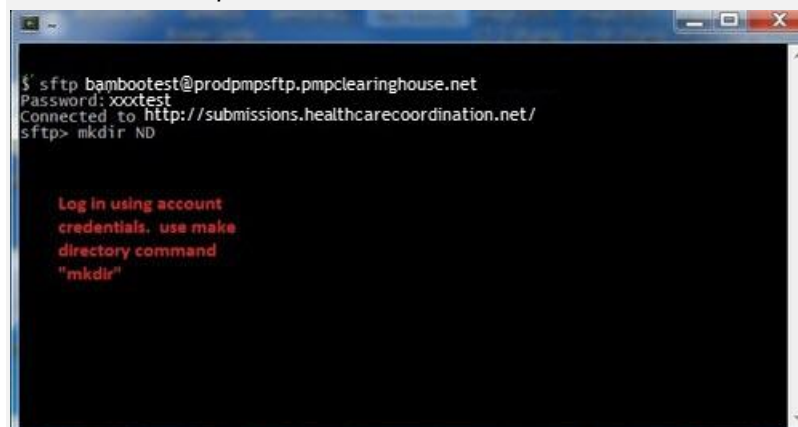
There are two methods by which to create PMP subfolders for SFTP submissions:

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



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

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



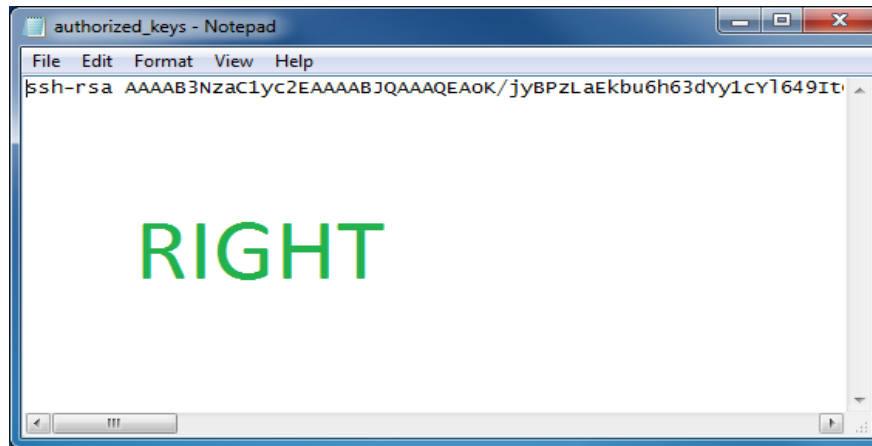


## Public (SSH/RSA) Key Authentication

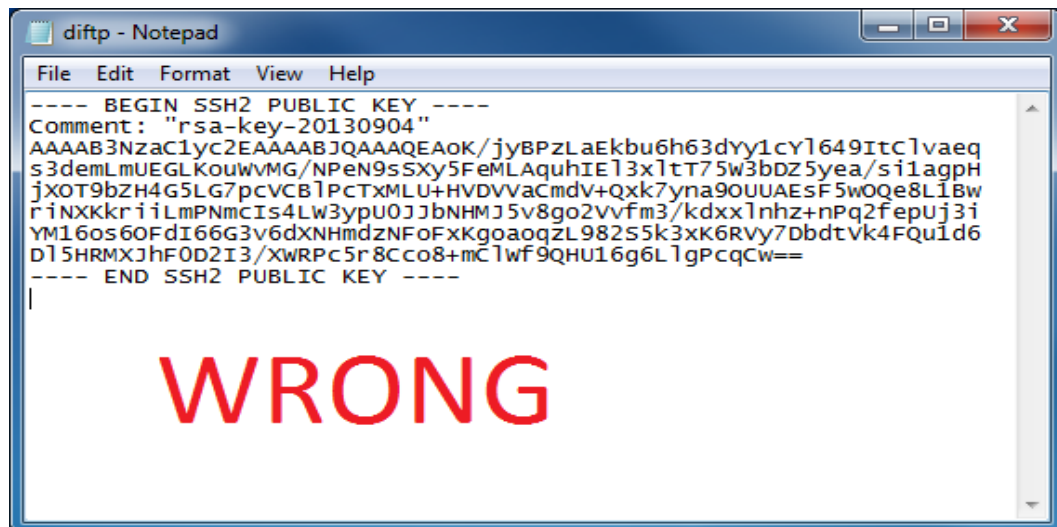
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

**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 [PMP Subfolders](#) for steps on creating subfolders.

# Appendix D: Correct Use of Codes in DSP01

## Error Correction

The ASAP 5.0 standard requires a dispenser to select a code in the **DSP01** field. Dispensers may submit new records, revise and resubmit records, and void (delete) records. This is communicated by supplying one of the following values in the **DSP01** field:

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

## Submit a New Record

Perform the following steps to submit a new record:

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

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

## Revise a Record

Perform the following steps to revise a record:

1. Create a record with the value “**01**” in the **DSP01** field.
2. Populate the following fields with the same information originally submitted in the record that is being revised:
  - **PHA02** (NCPDP/NABP Provider ID)
  - **DSP02** (Prescription Number)
  - **DSP05** (Date Filled)
  - **DSP06** (Fill Number)
  - **DSP09** (Quantity Filled)
3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
4. Submit the record.

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

## Void a Record

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

1. Send a record with the value “**02**” in the **DSP01** field.

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

### Limited Data Set to Void a Prescription

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

### Transmission Confirmation

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

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