



APPRISS[®]
HEALTH



Data Submission Guide for Dispensers

New Hampshire Controlled Drug Prescription Health and Safety Program

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1 Document Overview

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

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

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

2 Data Collection and Tracking

2.1 Data Collection Overview

The purpose of the New Hampshire Prescription Drug Monitoring Program (PDMP) is to collect data on ALL Schedule II, III, or IV controlled substances dispensed in the state of New Hampshire or for patients residing in New Hampshire. This program is made possible by New Hampshire Revised Statutes Annotated (RSA) 318-B:31-38, which authorizes the New Hampshire Board of Pharmacy to establish a controlled drug prescription health and safety program that electronically facilitates the confidential sharing of information relating to the prescribing and dispensing of controlled substances listed in schedules II, III, or IV.

The intent of the Controlled Drug Prescription Health and Safety Program is to reduce patient morbidity and mortality associated with controlled drugs by providing a secure program through which the prescriber and the dispenser may access information on a patient's controlled drug prescription history. The program established by this act is designed to create a greater sense of safety, security, and comfort in the health practitioner-patient relationship when controlled drugs are prescribed.

Note: "Dispenser" means a person who is lawfully authorized to deliver a schedule II, III, or IV controlled substance, but does not include the following:

- A licensed hospital pharmacy that dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department or that dispenses for administration in the hospital;
- A practitioner or other authorized person who administers such a substance;
- A wholesale distributor of a schedule II–IV controlled substance or its analog;
- A prescriber who dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department to a patient; or
- A veterinarian who dispenses less than a 48-hour supply of a schedule II–IV controlled substance to a patient.

2.2 Data Collection Requirements

All dispensers of Schedules II, III, or IV controlled substance prescriptions are required to collect and report their prescribing information.

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

Note: Additions or deletions of other drugs specified by New Hampshire law may happen periodically. These changes must go through the regulatory process in order to be added or deleted. You will be notified of any changes that are made in the future.

For detailed information on each of the fields required by the State of New Hampshire and the fields required by the American Society for Automation in Pharmacy (ASAP), please see [Appendix A: ASAP 4.2A Specifications](#).

All dispensers of controlled substances must meet the reporting requirements set forth by state law in a secure methodology and format. Information about controlled substance dispensing activities must be reported on regular intervals to the New Hampshire PDMP through the authorized data collection vendor, Appriss, Inc.

2.3 Reporting Requirements

As of July 26, 2017, the New Hampshire PDMP requires pharmacies and dispensers to report controlled substance dispensations to the New Hampshire PDMP via PMP Clearinghouse. With the exception of veterinarians, dispensations must be reported by the CLOSE OF THE NEXT BUSINESS DAY following the date the prescription is dispensed.

Note: Veterinarians must report their dispensations within seven (7) days of the date the prescription was dispensed. However, you are encouraged to report more frequently, if you like.

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

All dispensers of Schedule II, III or IV controlled substance prescriptions, including veterinarians, 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). New Hampshire Revised Statutes Annotated (RSA) 318-B:31-38 is the state oversight agency, and Appriss acts as an agent of the New Hampshire Board of Pharmacy in the collection of this information.

Certain elements are required by law to be reported. For details on these elements and others of ASAP 4.2A please see [Appendix A: ASAP 4.2A Specifications](#).

2.3.1 Exemptions

The following entities are exempt from reporting data:

- A licensed hospital pharmacy that dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department or that dispenses for administration in the hospital;
- A practitioner or other authorized person who administers such a substance;
- A wholesale distributor of a schedule II–IV controlled substance or its analog;
- A prescriber who dispenses less than a 48-hour supply of a schedule II–IV controlled substance from a hospital emergency department to a patient; or
- A veterinarian who dispenses less than a 48-hour supply of a schedule II–IV controlled substance to a patient.

2.3.2 Noncompliance

In accordance with RSA 318-B:36:

- I. Any person who fails to submit the information required in RSA 318-B:33 or knowingly submits incorrect information shall be subject to a warning letter and provided with an opportunity to correct the failure. Any person who subsequently fails to correct or fails to resubmit the information may be subject to discipline by the board.
- II. Any person whose failure to report the dispensing of a schedule II, III, or IV controlled substance that conceals a pattern of diversion of controlled substances into illegal use shall be guilty of a violation and subject to the penalties established under RSA 318-B:26 and the board's rules as applicable. In addition, such person may be subject to appropriate criminal charges if the failure to report is determined to have been done knowingly to conceal criminal activity.

3 Data Submission

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

3.1 Timeline and Requirements

- Pharmacies, dispensing veterinarians, and software vendors can begin creating their PMP Clearinghouse accounts upon receipt of this guide. See [Creating Your Account](#) for more information.
- **Beginning July 27, 2017, dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).**
- **If a pharmacy or dispensing veterinarian does not dispense any controlled substances 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 4.2A format, which was released in September 2018, as defined in [Appendix A: ASAP 4.2A Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.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 Appriss PMP Clearinghouse system, you *do not* need to register for a new account—you will be able to add New Hampshire to your existing account for data submissions.** If you have an existing PMP Clearinghouse account, please refer to [Adding States to Your Upload Account](#) to add states to your account.

Notes:

- *Data from multiple pharmacies or veterinary clinics can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all their pharmacies licensed in the State of New Hampshire; OR one veterinary clinic may send in one file for all veterinarians licensed to that clinic. 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:

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

The screenshot shows the 'Account Registration' page for a new data submitter. The page is titled 'PMP Clearinghouse' and 'Account Registration NEW DATA SUBMITTER REGISTRATION'. It features a form with the following sections and fields:

- Profile:**
 - * Email Address:
 - * Password:
 - * Password confirmation:
- Personal:**
 - * First name:
 - Middle name:
 - * Last name:
 - DEA:
 - NPI:
- Employer:** (Section header visible, fields not fully shown)

2. Complete your Profile information.
 - a. Enter your current, valid email address in the **Email Address** field.

Note: The email address you provide here will act as your username when logging into the PMP Clearinghouse system.
 - b. Enter a password for your account in the **Password** field, then re-enter it in the **Password Confirmation** field. The password requirements are provided below.

Passwords must contain:

 - At least eight (8) characters
 - One (1) uppercase letter
 - One (1) lowercase letter
 - One (1) number
 - One (1) special character, such as !, @, #, \$, etc.
3. Complete your Personal and Employer information, noting the following:
 - Required fields are marked with a red 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.
4. If secure file transfer protocol (SFTP) is required, complete the Data Submission section of the page.

Notes:

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

Data Submission
<small>PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access and Real-Time submissions are also available.</small>
Enable SFTP Access <input type="checkbox"/>
Enable Real-Time Access <input type="checkbox"/>

- a. Click to select the **Enable SFTP Access** checkbox.
The SFTP access fields are displayed.

Enable SFTP Access <input checked="" type="checkbox"/>
SFTP Username <input type="text" value="test5555555555@prodmpsfstp"/>
SFTP Password <input type="password"/>
SFTP Password Confirmation <input type="password"/>
<small>Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !,@,#,\$)</small>

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmppsftp. 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@prodpmppsftp*.
- 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.

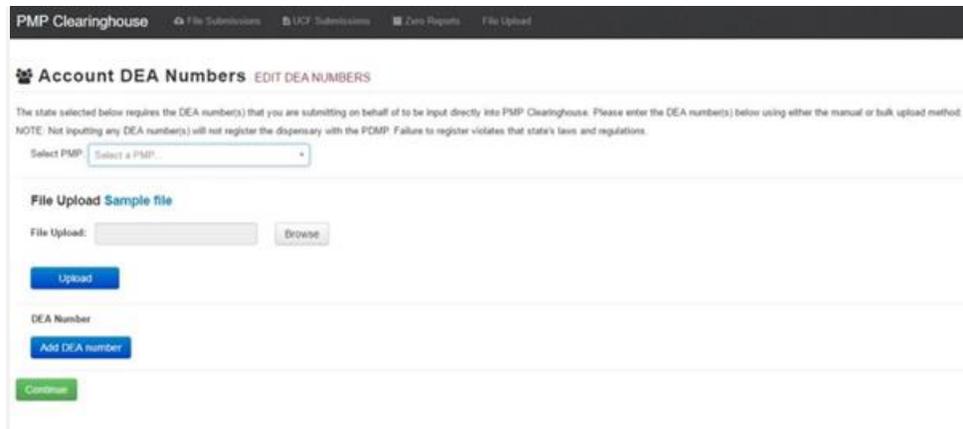
Notes:

- *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 <sftp://sftp.pmpclearinghouse.net>.*
- *Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).*

5. In the Submission Destinations section of the page, select the state(s) for which you will be submitting data.

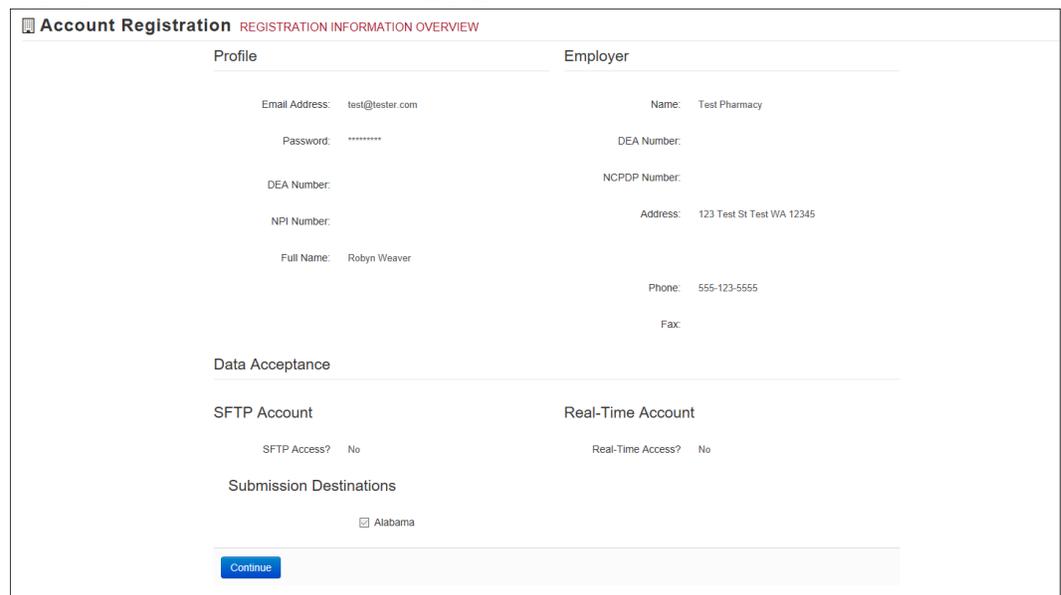
Note: When you select "New Hampshire" as your submission destination, you will be prompted to provide a listing of all DEA numbers for which you will be submitting data. For veterinarian accounts, only the "owner(s)" of the controlled substances must be registered as a dispenser.

- *You can manually enter each DEA number or submit a file (format example provided) with a listing of all DEA numbers. Please ensure the sample file is in .txt format and that there are no spaces between each DEA number.*
- *Additional DEA numbers can be added at any time by navigating to **Account > DEA Numbers**.*



6. Click **Submit**.

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

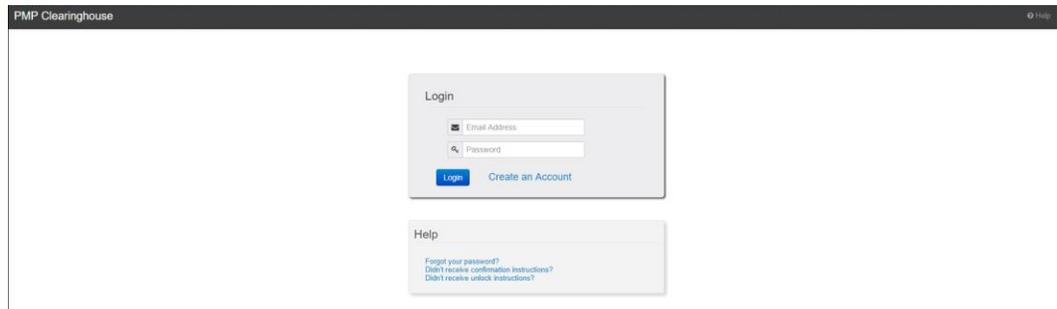


7. Click **Continue**.

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

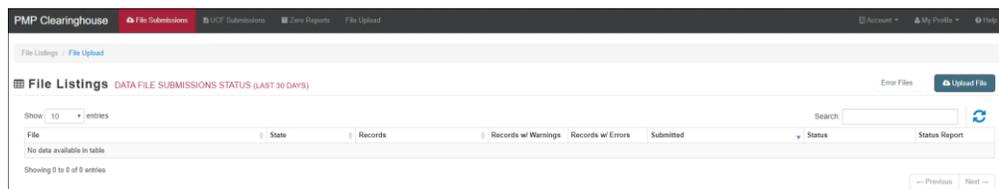


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

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 controlled substance reporting data file(s) to PMP Clearinghouse.

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

Delivery Method	Page
Secure FTP	11
Web Portal Upload	11
Manual Entry (UCF)	13
Zero Reports	15

5.1 Secure FTP

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

1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).
Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2A Specifications](#).
4. SFTP the file to <sftp://sftp.pmpclearinghouse.net>.
5. When prompted, enter the username and password you created when setting up the SFTP account.
6. Place the file in the appropriate state-abbreviated directory.
7. You can view the results of the transfer/upload on the Submissions page in PMP Clearinghouse.

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

5.2 Web Portal Upload

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2A Specifications](#).

3. [Log in to PMP Clearinghouse.](#)
4. Click **File Upload** from the menu bar.

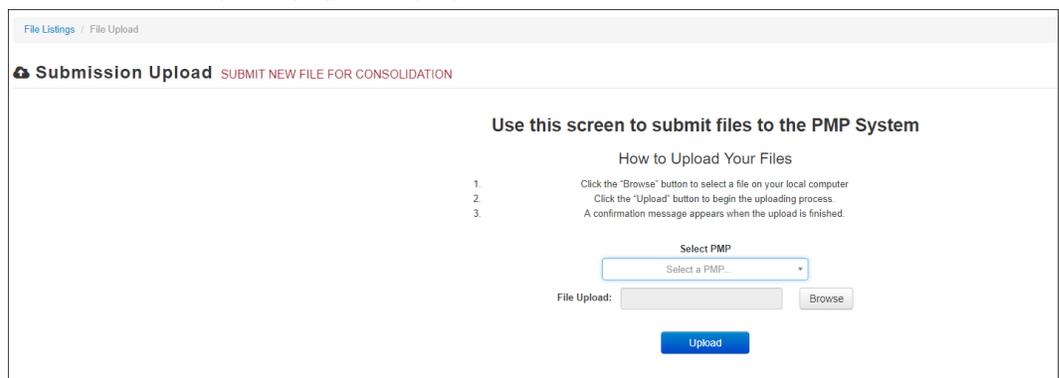


Or

5. Click **Upload File** from the File Listings page.

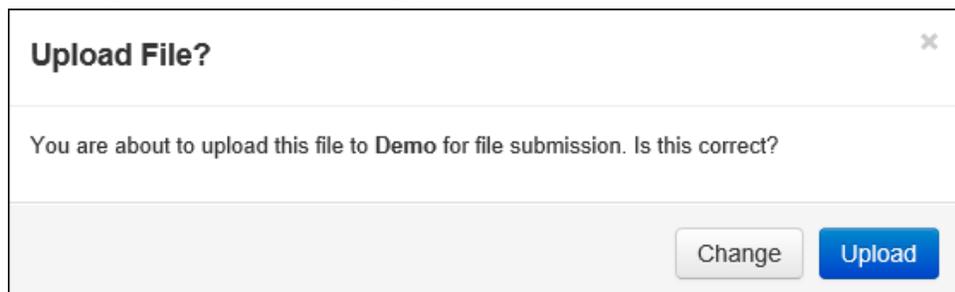


The Submission Upload page is displayed.



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

A message is displayed prompting you to confirm the submission.



9. 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.

5.3 Manual Entry (UCF)

The Universal Claim Form (UCF) allows you to submit your data manually. The UCF may be submitted in one of two ways: online or via paper submission. For more information, see the following topics:

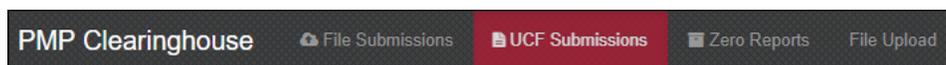
- [Online UCF Submission](#)
- [Paper UCF Submission](#)

5.3.1 Online UCF Submission

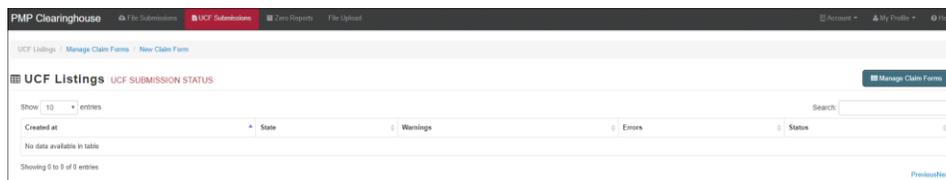
You can manually enter your prescription information into the PMP Clearinghouse system using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. This form allows you to enter patient, prescriber, dispenser, and prescription information.

Please refer to [Appendix A: ASAP 4.2A Specifications](#) for the complete list of reporting requirements.

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



The UCF Listings page is displayed.



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

The Create Universal Claim Form page is displayed.

The image shows the 'Create Universal Claim Form' page. It has a header 'Create Universal Claim Form' and a sub-header 'MANAGE TEST PHARMACY UCF FORMS'. The form is divided into sections: 'PMP' with a dropdown menu, 'Patient' with a dropdown for 'Pmp', and 'Patient Info' with fields for 'Patient Animal', 'First Name', 'Last Name', 'Date of Birth', 'Gender', and 'Phone Number'. There are also fields for 'Patient ID' including 'Identity Type', 'Identity Value', 'Jurisdiction', and 'Relationship'. The 'Patient Address' section includes fields for 'Address', 'Apartment or Suite', 'City', 'State/Province', and 'Postal Code'. There is also a 'Pharmacy' section at the bottom.

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

Notes:

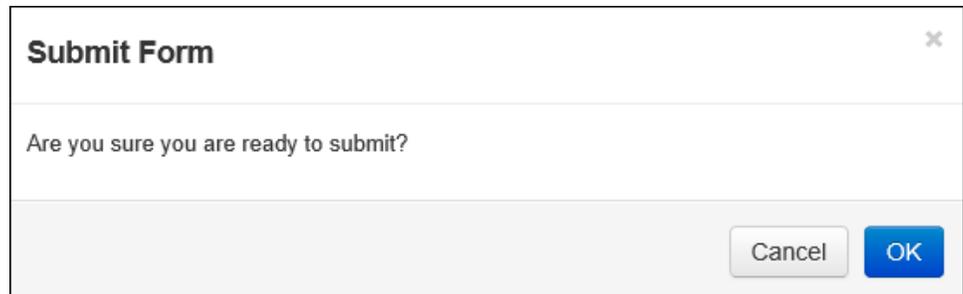
- A red asterisk (*) indicates a required field.

- **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.

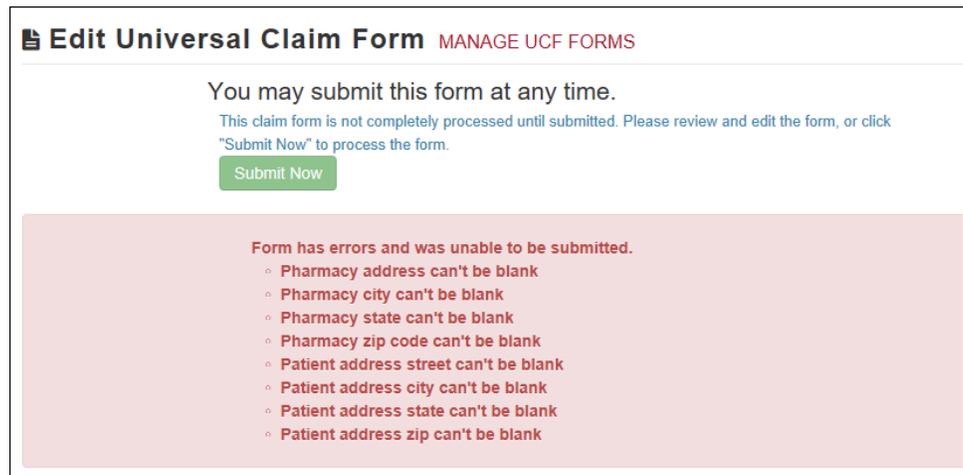
7. Once you have completed all required fields, click **Save**.
The **Submit Now** button is displayed at the top of the page.



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



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



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

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

Once your data has been successfully submitted, your report is listed on the Submitted Claim Forms page.



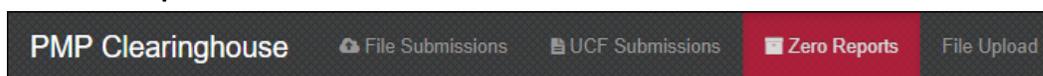
5.3.2 Paper UCF Submission

Please refer to [Appendix D](#) for a copy of the paper UCF and the fax number to which it can be submitted.

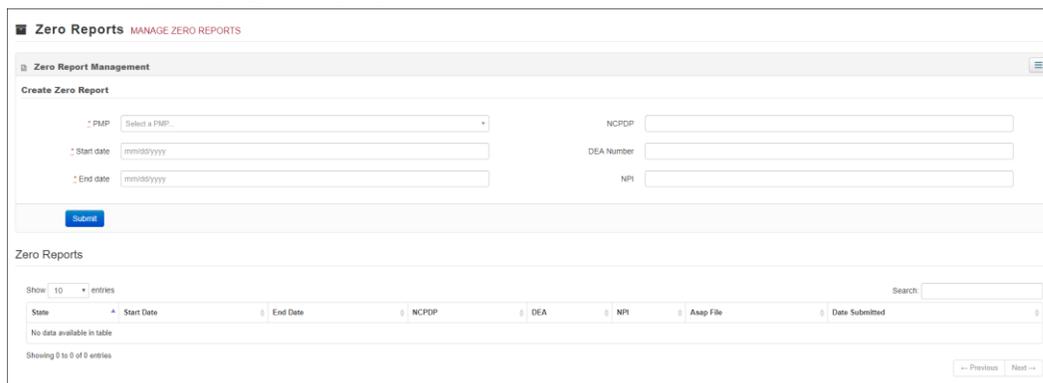
5.4 Zero Reports

If you have no dispensations to report, you must report this information to the NH PDMP. 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](#).

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 Reports page is displayed.



4. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
5. 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.

6. Enter your NCPDP, DEA, and/or NPI numbers as required by your state's PMP.

Note: These fields are not required by the NH PDMP.

7. Click **Submit**.

Your zero report is submitted to PMP Clearinghouse.

Note: All previously submitted zero reports, including those submitted via SFTP, are displayed at the bottom of the page.

State	Start Date	End Date	NCPDP	DEA	NPI	Asap File	Date Submitted
AK	05/31/2016	05/31/2016					06/01/2016 9:02 PM
CT	04/09/2017	04/09/2017					04/13/2017 1:38 PM
CT	06/23/2017	06/23/2017					06/23/2017 5:06 PM
DO	08/18/2017	08/18/2017					08/18/2017 12:42 PM
DO	03/24/2016	03/24/2016					03/28/2016 1:36 PM

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	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
ForFuzzySearches.txt	-	0	-	-	03/09/2018 05:38PM	ASAP error	-
Clinical3.txt	VT	1	0	1	03/09/2018 02:33AM	Pending Dispensation Error	status report
clinical8.txt	DO	5	5	0	03/09/2018 02:33AM	✓	status report
clinical7.txt	DO	5	1	0	03/09/2018 02:27AM	✓	status report
clinical6.txt	DO	5	5	0	03/09/2018 02:25AM	✓	status report
clinical5.txt	DO	5	5	0	03/09/2018 02:23AM	✓	status report
Clinical4.txt	DO	3	3	0	03/09/2018 02:17AM	✓	status report
Clinical3.txt	DO	1	1	0	03/09/2018 02:11AM	✓	status report
Clinical2.txt	DO	1	1	0	03/09/2018 02:08AM	✓	status report
Clinical1.txt	-	0	-	-	03/09/2018 02:05AM	ASAP error	-

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

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

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

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

record listed on the Error Correction page (see [View Records](#) for more information).

The screenshot shows a web interface for managing drug errors. At the top, there are navigation links for 'File Listings', 'File Errors', and 'Drug Errors'. Below this is a header for 'Drug Errors' with the subtext 'MANAGE AND RESOLVE SUBMISSION ISSUES'. A form contains fields for 'Prescription Number', 'DEA Number', 'NCPDP Identifier', and 'Filed At: 2018-03-10'. The main part of the interface is a table with four columns: 'Field', 'Submitted Value', 'Corrected Value', and 'Messages'. The 'Product Identifier' row is highlighted in red, indicating an error. The 'Submitted Value' is 'tramadol', and the 'Corrected Value' is 'tramadol'. The 'Messages' column contains the text: 'Errors: Product Identifier error: NDC number not found in registry. Product Identifier must be a 10 or 11 digit number'. Other rows in the table include 'Sequence', 'Product Identifier type', 'Quantity', 'Units', 'Pmk strength text', and 'Pmk product name text', all of which have checkmarks in the 'Messages' column. At the bottom of the table are 'Submit' and 'Cancel' buttons.

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

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

To correct records:

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

The error is processed through the validation rules.

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

7 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: New Hampshire ASAP file: fake-test3.txt - Parse Failure

BODY:
Error Message
-----
-----
Failed to decode the value '04' for the bean id
'transactionControlType'.

Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2A
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016

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

7.2 File Status Report

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

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

The columns are set to the following lengths:

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

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

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

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

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

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

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

SUBJ: New Hampshire ASAP file: fake-test3.txt - Status Report

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Type	Message
BE1234567	1347347	9034618394	123486379596-0	20130808	Dispensation	refill_number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20130808	Dispensation	days_supply	ERROR	message example

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.2A
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: January 30, 2016
- * Total Record Count: ###
- * Duplicate Records: ###
- * In Process Count: ###
- * Records with Error Count: ###
- * Imported Records Count: ###
- * Records Imported with Warning Count: ###

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 state PMP to which the zero report was submitted, date range for the zero report, date the zero report was submitted to PMP Clearinghouse, and date the report was originally created.

An example *Zero Report Confirmation* is provided below.

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

```
BODY:
```

```
Summary:
```

```
* File Name: zero_reports_20160306KSMCPS.DAT  
* PMP Name: New Hampshire  
* Date Range: 2016-03-06 - 2016-03-06  
* Submission Date: 2016-03-06  
* ASAP Creation Date: 2016-03-06
```

8 Managing Your Upload Account

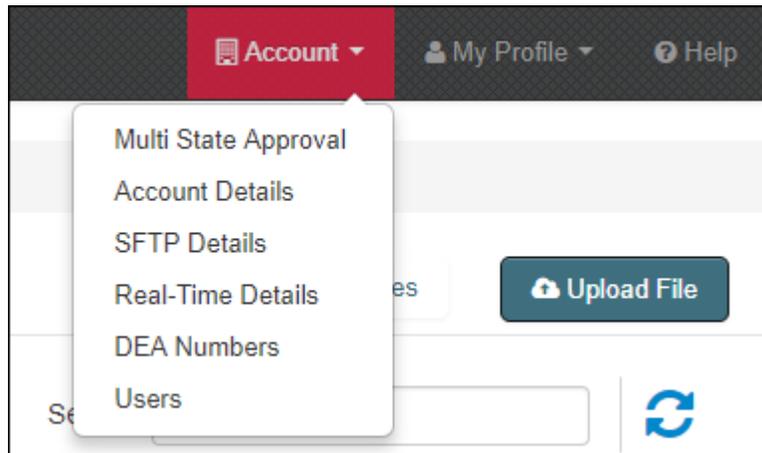
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, states, and SFTP access to your account as well as editing your organization's account information.

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

8.1 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**.

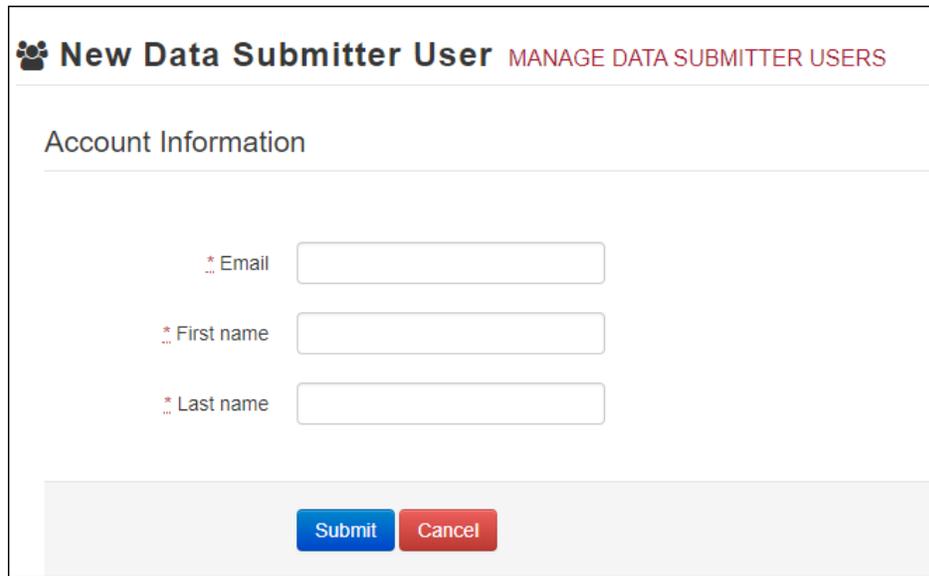


3. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.

A screenshot of the 'Test Pharmacy Account Users' page. The page title is 'Test Pharmacy Account Users' with a sub-header 'MANAGE DATA SUBMITTER USERS'. In the top right corner, there is a 'New User' button. Below the title, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with columns: Email, First Name, Last Name, Organization Name, Phone Number, Admin Name, and Admin Email. There are two rows of user data. The first row has 'Testy' as the first name and 'McTesterton' as the last name. The second row has 'Test' as the first name and 'User' as the last name. Both rows have 'Test Pharmacy' as the organization name and '555-123-5555' as the phone number. The Admin Name for both is 'Test User'. The Admin Email for both is 'test@testpharmacy.com'. There are 'Edit' and 'Deactivate' buttons for the first user and an 'Edit' button for the second user. At the bottom, it says 'Showing 1 to 2 of 2 entries' and has navigation arrows for 'Previous' and 'Next'.

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

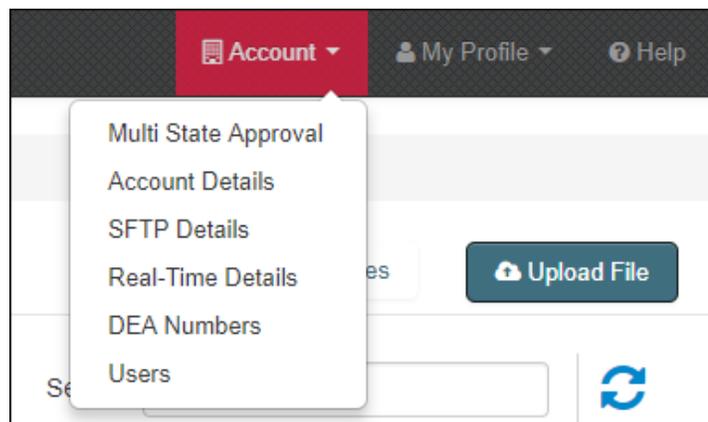
The New Data Submitter User page is displayed.



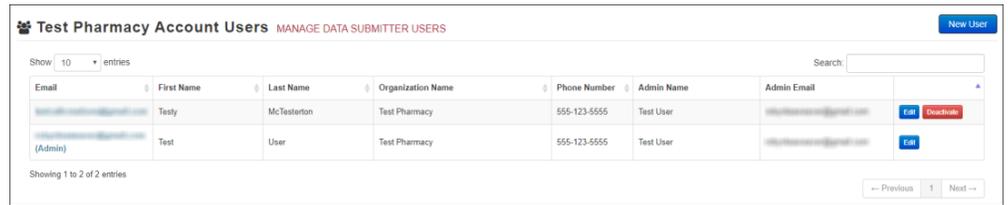
5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
6. Click **Submit**.
The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.
7. Please inform the new user of the account creation.
 - a. The user will receive an email with a link for them to confirm their account.
 - b. Once the account has been confirmed, the user will need to navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to create a password for their account and log in.
 - c. Upon logging in, the user will be able to view all files submitted for your organization's upload account.

8.1.1 Changing Another User's Password

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

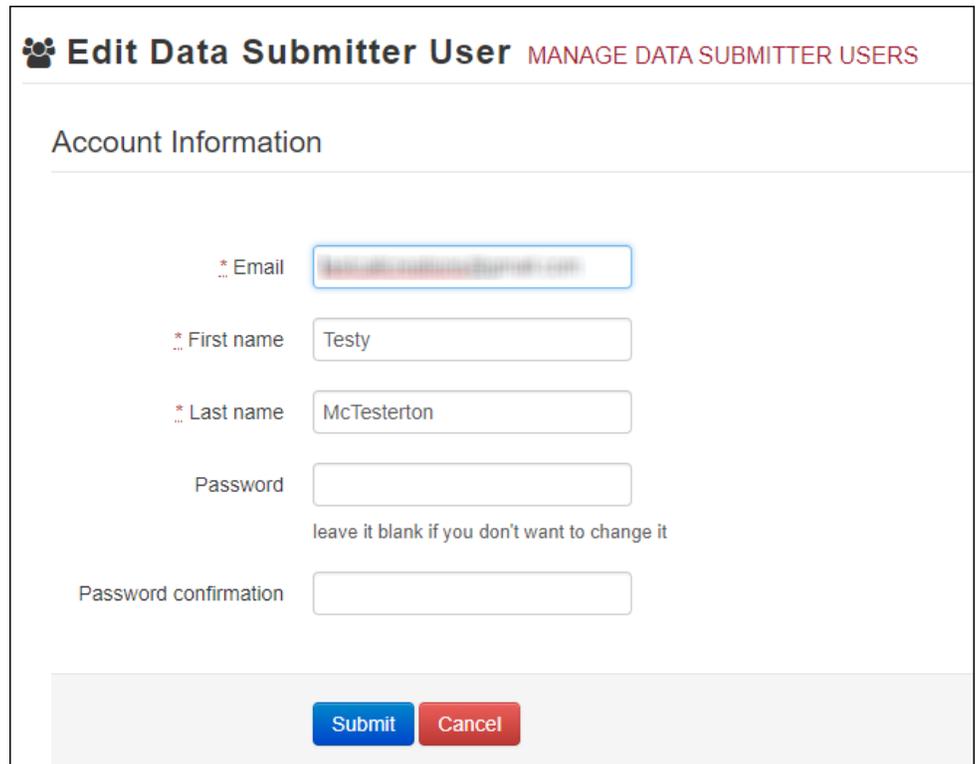


3. Select **Users** from the **Account** drop-down menu.
The Account Users page is displayed.



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

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



Edit Data Submitter User

Account Information

* Email

* First name

* Last name

Password

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

Password confirmation

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

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

Passwords must contain:

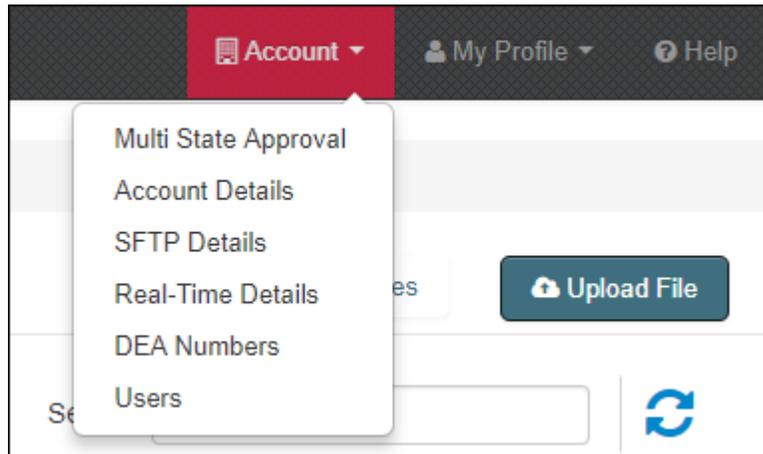
- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character, such as !, @, #, \$, etc.

6. Click **Submit**.
The password is changed.

8.2 Adding States to Your Upload Account

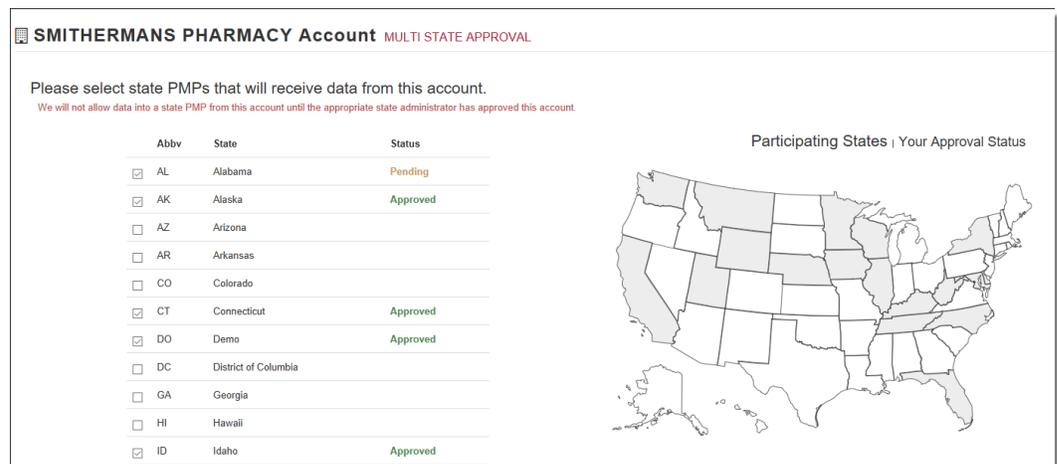
If your organization needs to submit data files to an additional state that uses PMP AWARxE, you can submit the request through PMP Clearinghouse.

1. [Log in to PMP Clearinghouse](#).
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 states currently using the PMP AWARxE system as well as your data sharing status with each state.



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

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

Notes:

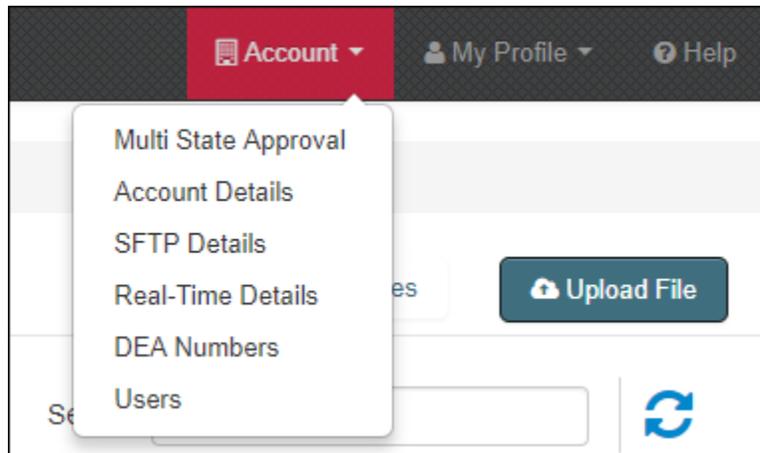
- If you are submitting data via SFTP, the file must be located in the proper sub-folder to ensure delivery to the desired state PMP.

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

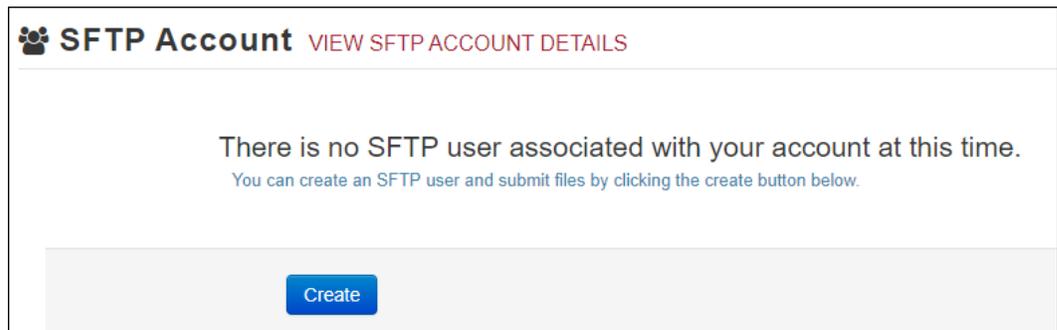
8.3 Adding SFTP Access to an Upload Account

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.

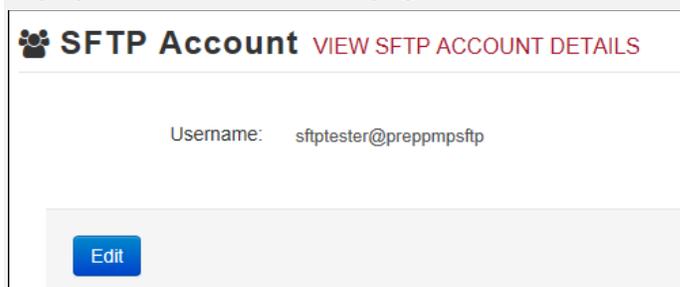
1. [Log in to PMP Clearinghouse](#).
2. Click **Account**.



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



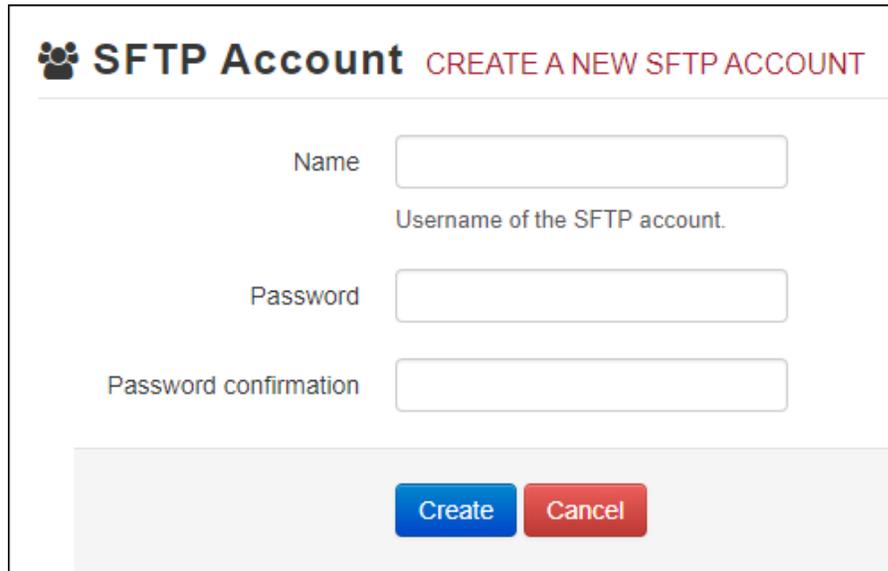
Note: If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page.



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.



The screenshot shows a web form titled "SFTP Account" with the subtitle "CREATE A NEW SFTP ACCOUNT". The form contains three input fields: "Name" (with a sub-label "Username of the SFTP account"), "Password", and "Password confirmation". At the bottom of the form, there are two buttons: "Create" (blue) and "Cancel" (red).

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.

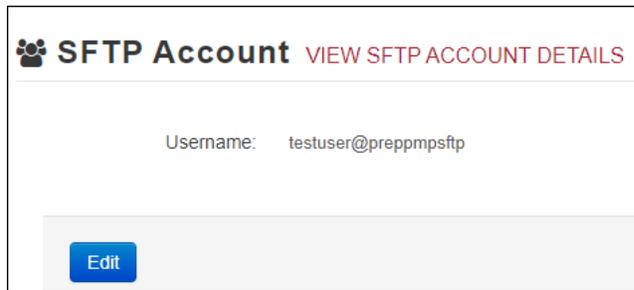
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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 [sftp://sftp.pmpclearinghouse.net](ftp://sftp.pmpclearinghouse.net).
- Additional details on SFTP configuration can be found in [Appendix C: SFTP Configuration](#).

7. Click **Create**.

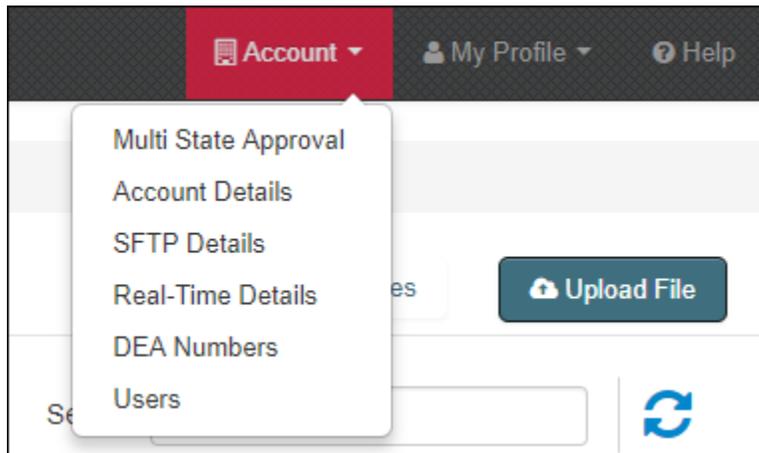
The account is created, and the username is displayed.



8.4 Editing Your Upload Account

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

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



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

The screenshot shows a web interface for managing organization accounts. At the top, there is a header with a grid icon, the text "Test Pharmacy Account", and a link "MANAGE ORGANIZATION ACCOUNTS". Below the header, there are two sections: "Account Details" and "Admin Details".

Account Details:

- Name: Test Pharmacy
- Phone Number: 555-123-5555
- Fax Number: (empty)

Admin Details:

- User Name: Test User
- Email: (redacted)
- Address: 123 Test St, Test KY 12345
- Sftp Account ID: testuser@preppmsftp

At the bottom of the form, there is a blue "Edit" button.

4. Click **Edit**.

The Edit Account page is displayed.

The screenshot shows the "Edit Test Pharmacy Account" page. At the top, there is a header with a grid icon, the text "Edit Test Pharmacy Account", and a link "MANAGE ORGANIZATION ACCOUNTS". Below the header, there are two sections: "Account Details" and "Admin Demographic Details".

Account Details:

- Name: Test Pharmacy
- Phone number: 555-123-5555
- Fax number: (empty)

Admin Demographic Details:

- Address: 123 Test St
- City: Test
- State: Kentucky
- Zip code: 12345

At the bottom of the form, there are two buttons: a blue "Submit" button and a red "Cancel" button.

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

The account information is updated.

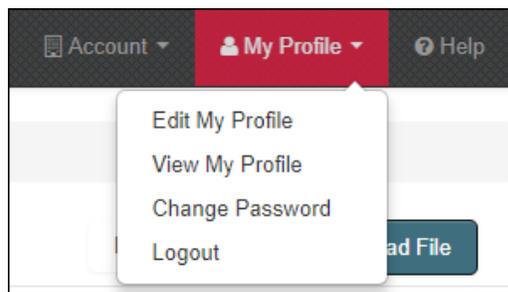
9 Managing Your User Profile

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

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

9.1 Editing Your Profile

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



3. Select **Edit My Profile**.

A screenshot of the 'My Profile' edit form. The title is 'My Profile' with a sub-header 'MANAGE MY PROFILE'. The form contains several input fields: 'First name' (Test), 'Last name' (User), 'Email' (masked), 'Time zone' (dropdown menu set to '(GMT+00:00) UTC'), and a checkbox for 'Disable report emails'. Below these is a section titled 'Organization Information' with fields for 'Name' (Test Pharmacy), 'Admin' (Test User), and 'Admin Email' (masked). At the bottom are 'Submit' and 'Cancel' buttons.

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

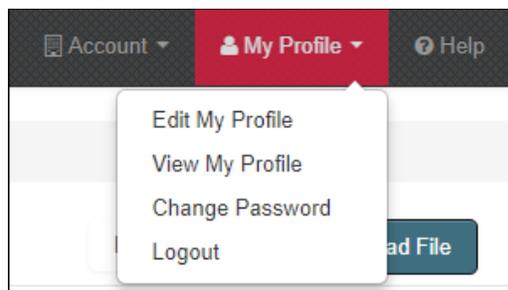
Note: This function only allows you to edit your individual profile information. If you need to edit the Organization Information, please refer to [Editing Your Upload Account](#).

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 the 'Change Password' form. The form has a title 'Change Password' and a sub-header 'MANAGE MY PROFILE'. It contains four input fields: 'Current password', 'Email', 'Password', and 'Password confirmation'. Below the fields are two buttons: 'Update' (blue) and 'Cancel' (red). A note below the 'Current password' field states: 'we need your current password to confirm your changes'.

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.

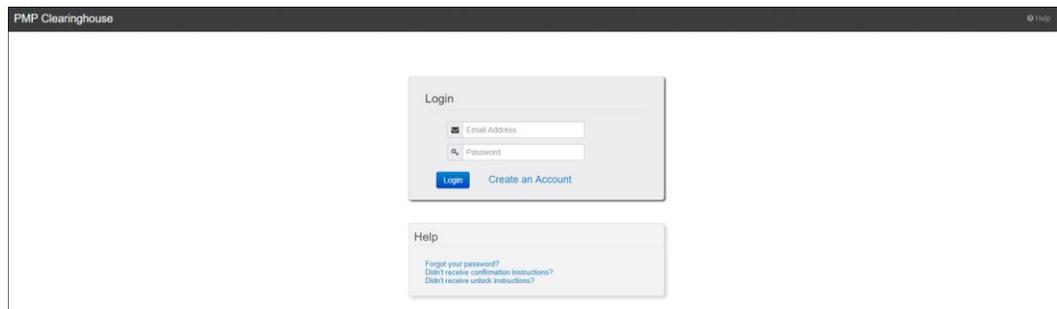
6. Click **Update**.

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

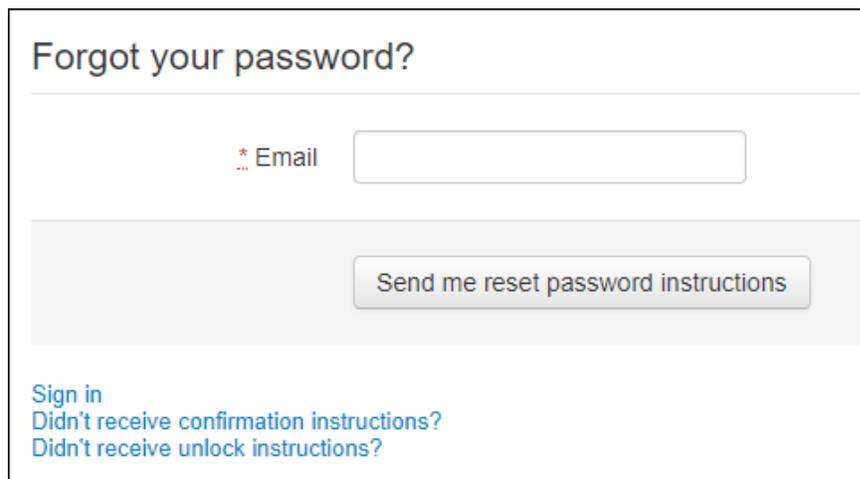
9.3 Resetting Your Password

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.

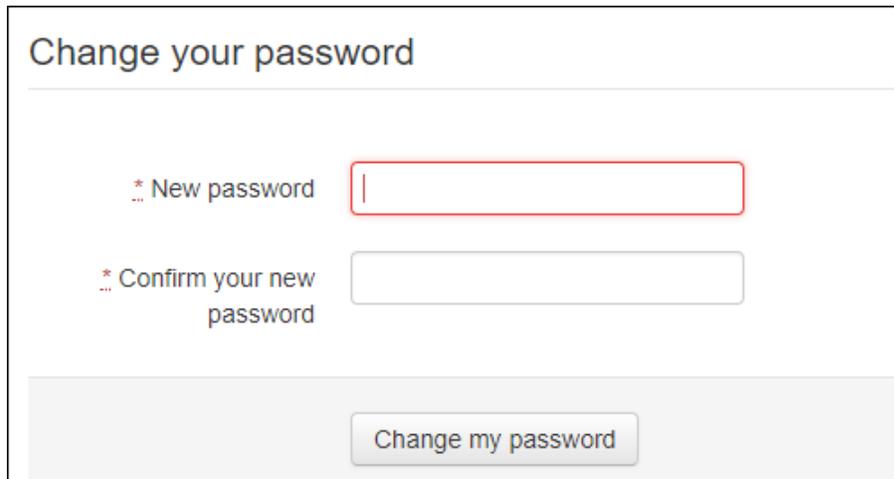


2. Click the **Forgot your password?** link, located in the Help section of the page. The **Forgot your password** page is displayed.



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

The Change your password page is displayed.



The screenshot shows a web form titled "Change your password". It contains two input fields: the first is labeled "* New password" and the second is labeled "* Confirm your new password". Both fields have a red border. Below the fields is a button labeled "Change my password".

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

Passwords must contain:

- *At least 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 Appriss Health by email at nhpdmp-info@apprisshealth.com or by phone at 1-855-353-9903;

OR

- Create a support request at the following URL:
<https://apprisspmclearinghouse.zendesk.com/hc/en-us/requests/new>.

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

10.2 Administrative Assistance

If you have any non-technical questions regarding the New Hampshire Controlled Drug Prescription Health and Safety Program, please contact:

Michelle Ricco Jonas, PDMP Program Director
121 South Fruit Street
Concord, NH 03301-2412

Phone: 603-271-2350

Fax: 603-271-2856

E-mail: nhpdmp@nh.gov

11 Document Information

11.1 Disclaimer

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

11.2 Change Log

Version	Date	Chapter/Section	Change Made
1.0	06/01/2017	N/A	Initial draft
1.1			
1.2			
1.3	2018		
2.0	04/16/2019	Global	Updated to current document template Changed all references to ASAP 4.2 to ASAP 4.2A
		Appendix A	Upgraded to ASAP 4.2A
		Appendix E	Added new appendix with clarification of codes used in DSP01 to coincide with the upgrade to ASAP 4.2A
2.1	06/04/2019	Appendix A	Changed reporting requirement for PRE09 and DSP24 from "R" to "S" and added instructions for field usage
2.2	08/16/2019	Appendix A	Removed "99 Other" as an option for DSP16 (Payment Type) as that option is no longer allowed

Appendix A: ASAP 4.2A Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.2A format to comply with the NH PDMP 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 New Hampshire
 - S = Situational
 - P = Preferred, please submit
 - O = Optional (not required but preferred)

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

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	S
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <ul style="list-style-type: none"> • P = Production • T = Test 	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source (required)			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Element ID	Element Name	Requirement
PHA: Pharmacy Header (required)			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	S
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
	PHA04	Pharmacy Name Free-form name of the pharmacy or dispensing practitioner.	S
	PHA05	Address Information – 1 Free-form text for address information.	S
	PHA06	Address Information – 2 Free-form text for address information, if needed.	S
	PHA07	City Address Free-form text for city name.	S
	PHA08	State Address U.S. Postal Service state code.	S
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	S
	PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	S
	PHA11	Contact Name Free-form name.	S
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
	PHA13	Pharmacy's Permit Number/License Number Helps identify the sending pharmacy.	S
PAT: Patient Information (required)			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Element ID	Element Name	Requirement
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	S
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver’s license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient’s last name. For veterinary prescriptions, enter the owner’s last name.	R
	PAT08	First Name Patient’s first name. For veterinary prescriptions, enter the owner’s first name.	R
	PAT09	Middle Name Patient’s middle name or initial, if available.	S

Segment	Element ID	Element Name	Requirement
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr., if available.	S
	PAT11	Name Suffix Patient's name suffix such as Jr. or the III, if available.	S
	PAT12	Address Information – 1 Free-form text for street address information.	R
	PAT13	Address Information – 2 Free-form text for additional address information, if available.	S
	PAT14	City Address Free-form text for city name.	R
	PAT15	State Address U.S. Postal Service state code <i>Note: Field has been sized to handle international patients not residing in the U.S.</i>	R
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
	PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9s (i.e., 9999999999).	O
	PAT18	Date of Birth Date patient was born. Format: CCYMMDD	R
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	S
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	R

Segment	Element ID	Element Name	Requirement
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	Name of Animal Required when PAT20 is populated with 02, indicating a veterinary prescription.	S
DSP: Dispensing Record (required) Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). <p><i>*Note: For prescriptions voided with code "02", a limited data set is being offered as an option PDMPs can elect to use rather than requiring the entire prescription to be voided. This option is offered in order to streamline the process in the pharmacy when voiding a prescription. See Appendix E.</i></p>	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R

Segment	Element ID	Element Name	Requirement
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
	DSP05	Date Filled Date prescription was prepared. Format: CCYMMDD	R
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> 01 NDC 06 Compound 	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If code "06" (indicating a compound) is indicated in DSP07, use "99999" as the first 5 characters; CDI then becomes required.	R
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 <i>Note: For compounds show the first quantity in CDI04.</i>	R
	DSP10	Days Supply Estimated number of days the medication will last.	R
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> 01 Each 02 Milliliters (ml) 03 Grams (gm) 	R
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 06 Transfer/Forwarded 99 Other 	S

Segment	Element ID	Element Name	Requirement
	DSP13	<p>Partial Fill Indicator</p> <p>Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling.</p> <ul style="list-style-type: none"> • 00 Not a Partial Fill • 01 First Partial Fill <p><i>Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i></p>	S
	DSP14	<p>Pharmacist National Provider Identifier (NPI)</p> <p>Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.</p>	S
	DSP15	<p>Pharmacist State License Number</p> <p>This data element can be used to identify the pharmacist dispensing the medication.</p> <p>Assigned to the pharmacist by the State Licensing Board.</p>	S
	DSP16	<p>Classification Code for Payment Type</p> <p>Code identifying the type of payment (i.e., how it was paid for).</p> <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations 	R
	DSP17	<p>Date Sold</p> <p>Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: CCYMMDD</p>	R
	DSP18	<p>RxNorm Code Qualifier</p> <p>RxNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.</p> <ul style="list-style-type: none"> • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	S
	DSP19	<p>RxNorm Code</p> <p>Used for electronic prescriptions to capture the prescribed drug product identification.</p>	S
	DSP20	<p>Electronic Prescription Reference Number</p> <p>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.</p>	S
	DSP21	<p>Electronic Prescription Order Number</p> <p>This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.</p>	S

Segment	Element ID	Element Name	Requirement
	DSP22	Quantity Prescribed This field adds clarity to the value reported in DSP13, Partial Fill Indicator.	R
	DSP23	Rx SIG This field captures the actual directions printed on the prescription vial label.	S
	DSP24	Treatment Type 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"> 01 Not used for opioid dependency treatment 02 Used for opioid dependency treatment 03 Pain associated with active and aftercare cancer treatment 04 Palliative care in conjunction with a serious illness 05 End-of-life and hospice care 06 A pregnant individual with a pre-existing prescription for opioids 07 Acute pain for an individual with an existing opioid prescription for chronic pain 08 Individuals pursuing an active taper of opioid medications 09 Patient is participating in a pain management contract 99 Other (trading partner agreed upon reason) <p><i>*Note: Codes 03-99 can only be reported if provided by the prescriber with the prescription.</i></p> <p><i>**Instructions regarding usage of this field: When a dispenser is presented with an opioid prescription, if both the provider's DEA and XDEA numbers are on the prescription and there is no indication as to which DEA number should be used for the opioid prescription for which they are prescribing, the dispenser must seek clarification with the provider to correctly document whether the prescription is being filled for treating pain or for treating a substance use disorder.</i></p>	S
	DSP25	Diagnosis Code This field is used to report the ICD-10 code or CDT. If required by a PDMP, this field would be populated only when the ICD-10 or CDT code is included with the prescription.	S
PRE: Prescriber Information (required)			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	S
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R

Segment	Element ID	Element Name	Requirement
	PRE03	DEA Number Suffix Required if an institutional DEA number is supplied in PRE02.	S
	PRE04	Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	S
	PRE06	First Name Prescriber's first name.	S
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	S
	PRE09	XDEA Number This field is in addition to Treatment Type in the DSP segment. Instructions regarding usage of this field: <ul style="list-style-type: none"> When a dispenser is presented with a prescription and the XDEA number is on the prescription (circled or marked in some way by the provider), the dispenser is required to enter the XDEA number in this field. If both the provider's DEA and XDEA numbers are on the prescription and there is no indication as to which DEA number should be used for the opioid prescription for which they are prescribing, the dispenser must seek clarification with the provider to correctly document whether the prescription is being filled for treating pain or for treating a substance use disorder. 	S
CDI: Compound Drug Ingredient Detail (situational)			
Use of this segment is required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> 01 NDC 	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

Segment	Element ID	Element Name	Requirement
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	S
AIR: Additional Information Reporting (situational) Used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other 	S

Segment	Element ID	Element Name	Requirement
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable <i>Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.</i>	S
TP: Pharmacy Trailer (required)			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer (required)			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix B: ASAP Zero Report Specifications

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

Segment	Element ID	Element Name	Requirement
TH: Transaction Header (required)			
	TH01	Version/ Release Number: 4.2A	R
	TH02	Transaction Control Number Format: 123456	R
	TH03	Transaction Type: 01	R
	TH05	Creation Date Format: 20150101	R
	TH06	Creation Time Format: 223000	R
	TH07	File Type: P	R
	TH09	\\	R
IS: Information Source (required)			
	IS01	Unique Information Source ID Format: 7705555555	R
	IS02	PHARMACY NAME	R
	IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA: Pharmacy Header (required)			
	PHA03	DEA NUMBER	R
PAT: Patient Information (required)			
	PAT07	REPORT	R
	PAT08	ZERO	R
DSP: Dispensing Record (required)			
	DSP05	Date Filled Format: 20150101	R
PRE: Prescriber Information (required; can be null as follows: PRE*****\)			
CDI: Compound Drug Ingredient Detail			
AIR: Additional Information Reporting			
TP: Pharmacy Trailer (required)			
	TP01	7	R
TT: Transaction Trailer (required)			
	TT01	123456	R

Segment	Element ID	Element Name	Requirement
	TT02	10	R

Sample Zero Report

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

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

```

Appendix C: SFTP Configuration

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

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

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

SFTP Connection Details

Hostname: *sftp.pmpclearinghouse.net*

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

Port: 22

Note: The port will always be 22.

- **Credentials:** Your SFTP account credentials (username and password) can be found within the PMP Clearinghouse website. To locate your credentials, [log in to PMP Clearinghouse](#), then click **Account > SFTP Details > Edit**.
- Your username cannot be modified; however, you can update your password.

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

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

State Subfolders

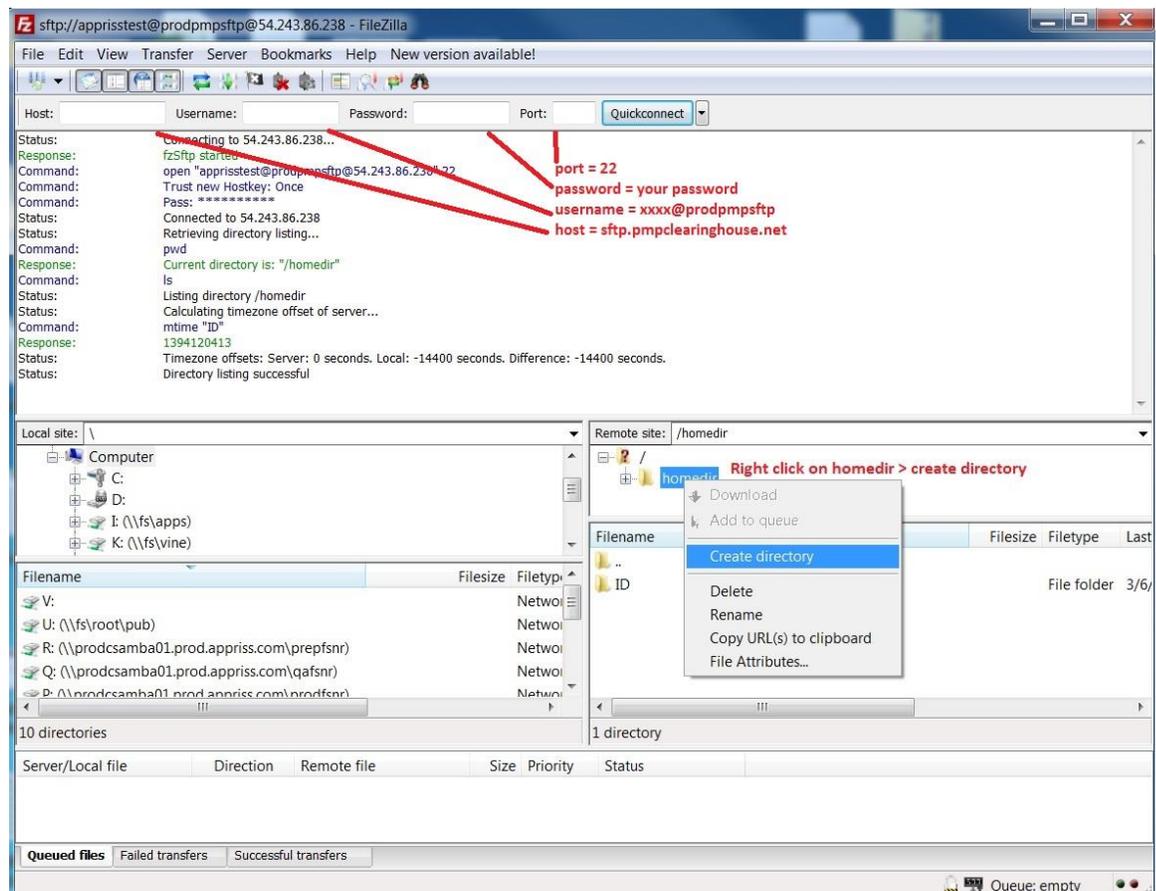
PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed in the appropriate folder for the state for which you are submitting data so that it can be properly imported to that state. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

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

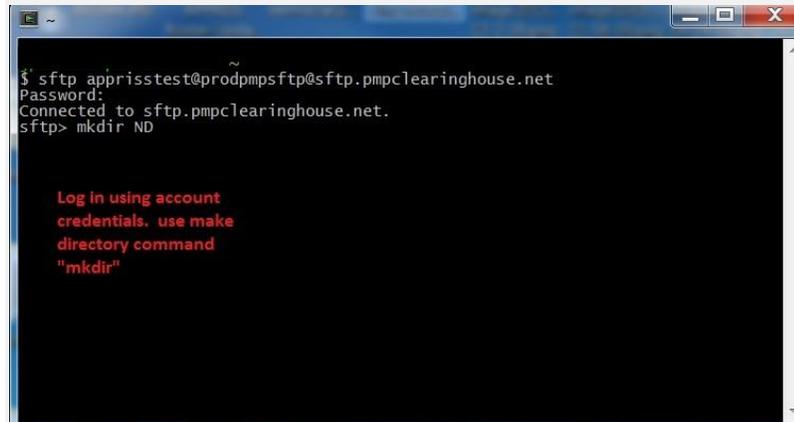
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
 - a. Log in to your SFTP account.
 - b. Create the required directories under **/homedir**.



2. **Via command prompt**
 - a. Log in to your SFTP account using command prompt.

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

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



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

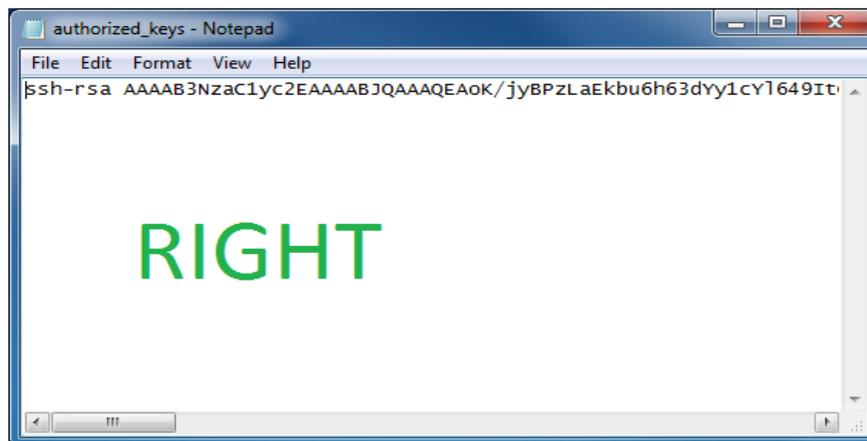
Log in using account credentials. use make directory command "mkdir"

Public (SSH/RSA) Key Authentication

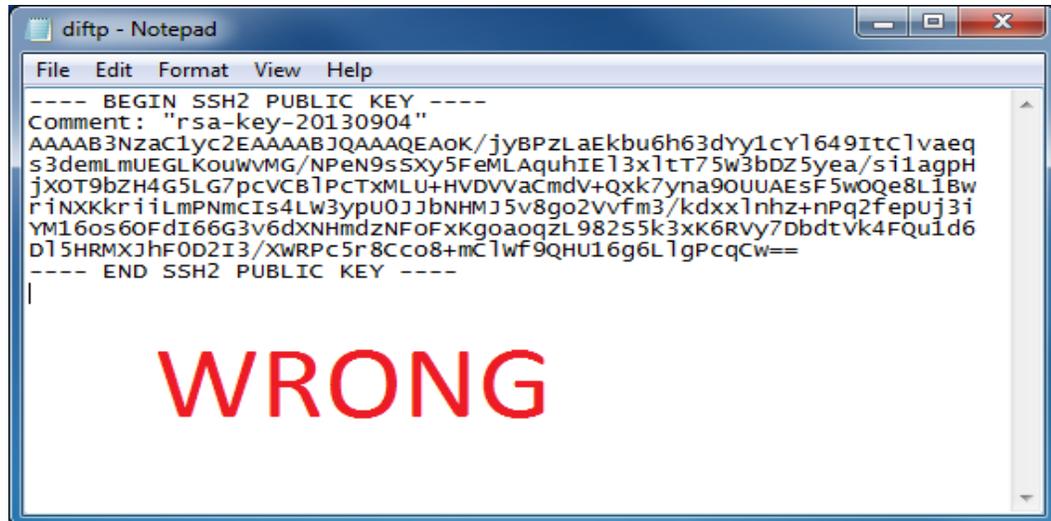
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

Note: *PGP Encryption is not supported.*

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



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



```
diftp - Notepad
File Edit Format View Help
---- BEGIN SSH2 PUBLIC KEY ----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPzLaEkbu6h63dYy1cYl649ItClvaeq
s3demLmUEGLKouwVMG/NPeN9sSxy5FeMLAquhIEl3xltT75w3bDZ5yea/si1agph
jXOT9bZH4G5LG7pcVCB1PCTxMLU+HVDVvaCmdv+Qxk7yna90UUAEsF5wOqe8L1Bw
r iNXkkr i iLmPNmCIs4Lw3ypU0JjbnHMJ5v8go2vVfm3/kdxxlnhz+nPq2fepuj3i
YM16os60fDI66G3v6dXNHmdzNFoFvKgoaoqzL982S5k3xK6RVy7DbdtVv4FQu1d6
D15HRMXJhF0D2I3/XWRPc5r8Cco8+mClwf9QHU16g6LlgPcqCw==
---- END SSH2 PUBLIC KEY ----
|
WRONG
```

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

Notes:

- *There is no file extension.*
- *There is an underscore between the words **authorized** and **keys**.*
- A `.ssh` subfolder needs to be created in the SFTP account’s home directory. The ***“authorized_keys”*** file must be placed in the `.ssh` folder. The creation of this folder follows the same process as creating a state subfolder. Please refer to [State Subfolders](#) for steps on creating subfolders.

Appendix D: Universal Claim Form

The New Hampshire Universal Claim Form is provided on the following page.

New Hampshire Universal Claim Form

Fax: 866-282-7076

Dispenser Information						
Dispenser Name			Dispenser DEA			
Address			City	State	Zip	
Phone #			Fax #			
Patient Details						
Last Name		First Name		MI		DOB
Street Address		City		State	Zip	Telephone Number (_____)_____-_____
Animal Information						
Animal Name			Species Code			
			[] Human [] Veterinary Patient			
Prescription Details						
Reporting Status		Drug Name (Strength)				
[] New Record [] Revise [] Void						
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #		Payment Method
						[] Private Pay [] Worker's Comp [] Medicaid [] Indian Nations [] Medicare [] Other [] Military/VA [] Commercial Ins
NDC Code			Days Supply	Quantity	Dosage Units	
					[] Each [] Grams [] Milliliters	
Prescriber Name		DEA #				

Appendix E: Correct Use of Codes in DSP01

Error Correction

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

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

Submit a New Record

Perform the following steps to submit a new record:

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

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

Revise a Record

Perform the following steps to revise a record:

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

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

Void a Record

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

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

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

Limited Data Set to Void a Prescription

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

Transmission Confirmation

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