



PMP AWA<sup>R</sup>x<sup>E</sup>®

## Data Submission Guide for Medical Marijuana Dispensers

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Mississippi Prescription Monitoring Program

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# 1 Document Overview

This document serves as a training guide and support manual for dispensers of medical marijuana in Mississippi 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 Mississippi
- Data file submission guidelines and methods
- Creating a PMP Clearinghouse account
- Creating a data file
- Uploading or reporting data
- Understanding and correcting errors

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## 2 Data Collection and Tracking

### 2.1 Data Requirements

The Mississippi Prescription Monitoring Program (MS PMP) is Mississippi's solution for the monitoring of medical marijuana by healthcare providers. Senate Bill 2095 set for the legal requirement to report medical marijuana to the MS PMP and to follow Mississippi state statute 73-21-127. The reporting of medical marijuana is required every 24 hours. This includes zero reports. All medical marijuana is to be reported in MECUs

There are 4 categories of medical marijuana and the NDCs that will be reported are as follows.

NDC 67660000001 Marijuana Flower Smoked: 1 each = 1MCEU

NDC 67660000002 Marijuana Concentrate vape/tincture: 1 each = 1MCEU

NDC 67660000003 Marijuana Infused Edibles: 1 each = 1MCEU

NDC 67660000004 Marijuana Infused Non-Edibles 1 each = 1MCEU

The primary beneficiaries of the Mississippi PMP are patients throughout Mississippi. Because of the Mississippi PMP, healthcare providers can make better and more informed treatment decisions that allow them to provide the most appropriate medical care for their patients.

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## 3 Data Submission

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

### 3.1 Timeline and Requirements

- Dispensaries can create their PMP Clearinghouse accounts upon receipt of this guide. See [Creating Your Account](#) for more information.
- You can begin submitting data to PMP Clearinghouse as soon as your account has been approved. Dispensers are required to transmit their data using PMP Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#).
- If a dispensary does not dispense any medical marijuana 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 4.2B format as defined in [Appendix A: ASAP 4.2B 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 "20220415.dat". All of your upload files will be kept separate from the files of others.

Reports for multiple dispensaries 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. s

#### Notes:

- *Data from multiple dispensaries can be uploaded in the same file. For example, dispensaries may send in one file containing medical marijuana information for all their dispensaries licensed in the state. Dispensaries with multiple stores need only to set up one account to upload a file.*
- *PMP Clearinghouse allows users to submit data through the web portal via manual entry (UCF) or upload of ASAP files. For users who prefer an encrypted transfer method, SFTP access is also available. You may set up your SFTP account during the account creation process.*
- *If you need to make changes to an existing PMP Clearinghouse upload account, please refer to [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>.

**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 \*

2. Complete your Profile Details.

The screenshot shows a web form titled "Profile Details" with a legend indicating that an asterisk (\*) denotes a required field. The form contains three input fields: "Email Address \*" (a single-line text box), "Password \*" (a single-line text box), and "Password confirmation \*" (a single-line text box).

- a. Enter your current, valid email address in the **Email Address** field. This email address will need to be accessed daily by the dispensary for reporting purposes.

**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 will list your license number issued to you by the Mississippi Department of Revenue.



**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

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**

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.

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

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number + @prodpmpsftp. For example, if you entered "Test" as your employer's name and "555-555-5555" as your employer's phone number, your SFTP username would be *test5555555555@prodpmpsftp*.
- c. Enter a password for your SFTP account in the **SFTP Password** field, then re-enter it in the **SFTP Password Confirmation** field. The password requirements are provided below.

***Passwords must contain:***

- *At least 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](https://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 Mississippi to submit data to
6. Click **Submit**.

The request is submitted to the PMP administrator and the **Registration Information Overview** page is displayed.

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

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

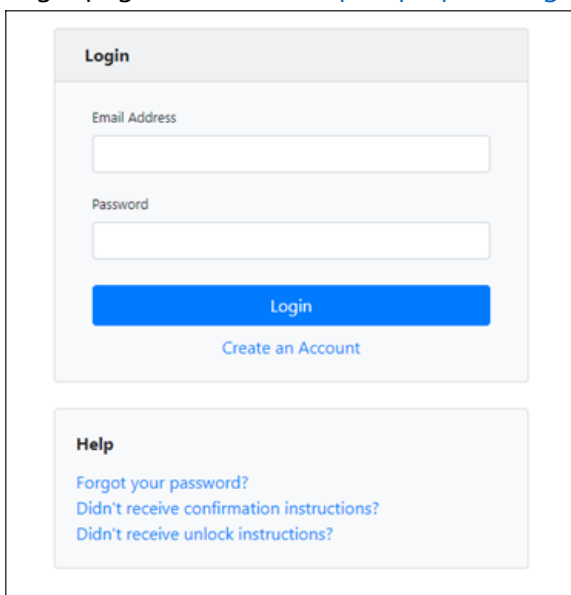
**Continue**

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 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 AWARe.

## 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).

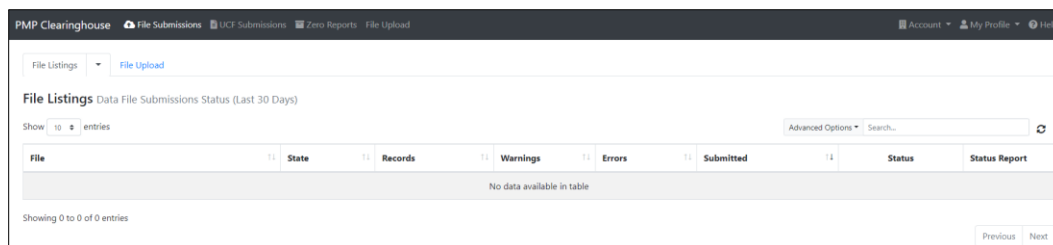


2. Enter the email address you used to create your account in the **Email Address** field.
3. Enter your password in the **Password** field.

**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 medical marijuana 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>         | 10   |
| <a href="#">Web Portal Upload</a>  | 11   |
| <a href="#">Manual Entry (UCF)</a> | 12   |
| <a href="#">Zero Reports</a>       | 15   |

### 5.1 Secure FTP

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

1. If you do not have a PMP Clearinghouse account, perform the steps in [Creating Your Account](#).  
Or
2. If you have a PMP Clearinghouse account but have not enabled SFTP access, perform the steps in [Adding SFTP Access to an Upload Account](#).
3. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2B 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 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.

## 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 4.2B Specifications](#).
3. [Log in to PMP Clearinghouse](#).
4. From the home page, click the **File Upload** tab.

| Account  | File                       | State | Records | Warnings | Errors | Submitted          | Status | Status Report          |
|----------|----------------------------|-------|---------|----------|--------|--------------------|--------|------------------------|
| 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 as shown on the following page.

**File Upload**

**Submit New File For Consolidation**

Use this screen to submit files to the PMP system.

How to Upload Your Files

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

Select PMP

Select a PMP...

File Upload:

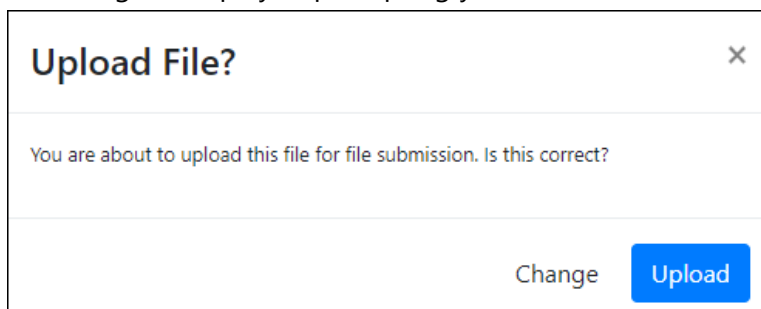
Browse

Upload

5. Select 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.



The image shows a modal dialog box titled "Upload File?". It contains a close button (X) in the top right corner. The main text asks, "You are about to upload this file for file submission. Is this correct?". At the bottom, there are two buttons: "Change" and "Upload". The "Upload" button is highlighted in blue.

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.

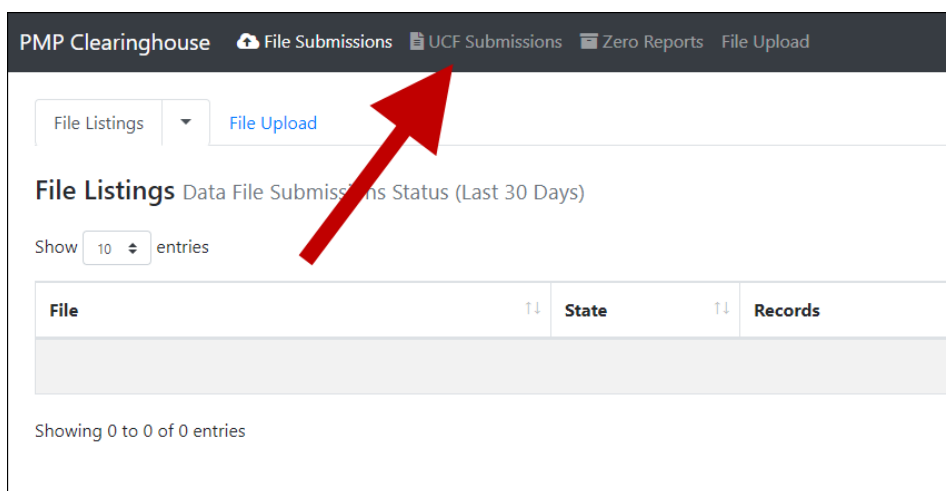
**Note:** When uploading a file, the file name must be unique. If the file name is not unique, a message is displayed indicating that the file name has already been taken.

## 5.3 Manual Entry (UCF)

You can manually enter your dispensing 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.

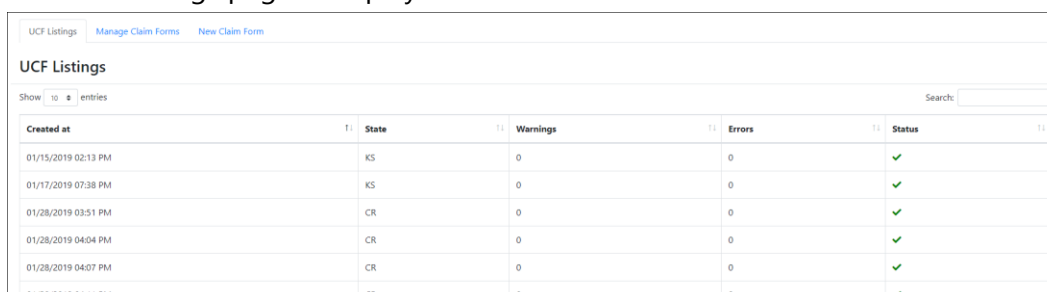
Please refer to [Reporting Requirements](#) for the complete list of reporting requirements.

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 image shows the "PMP Clearinghouse" web portal. The top navigation bar includes links for "File Submissions", "UCF Submissions", "Zero Reports", and "File Upload". Below the navigation bar, there is a "File Listings" dropdown menu and a "File Upload" button. A red arrow points to the "UCF Submissions" link in the navigation bar. The main content area is titled "File Listings Data File Submissions Status (Last 30 Days)". It includes a "Show" dropdown menu set to "10" and the text "entries". Below this is a table with columns for "File", "State", and "Records". The table is currently empty, and the text "Showing 0 to 0 of 0 entries" is displayed at the bottom.

The UCF Listings page is displayed.

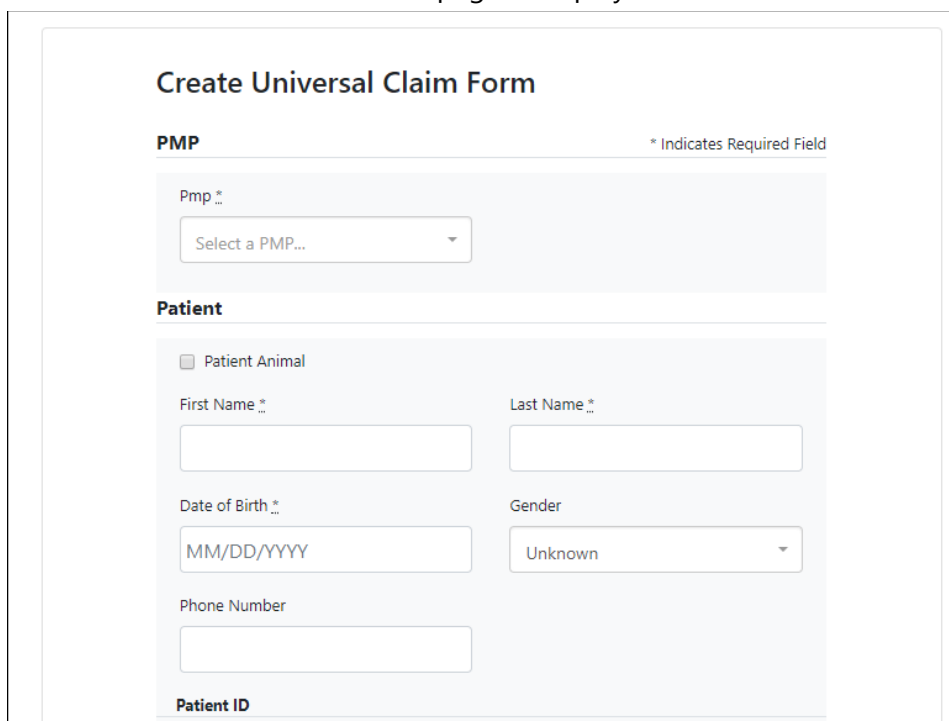


UCF Listings

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**

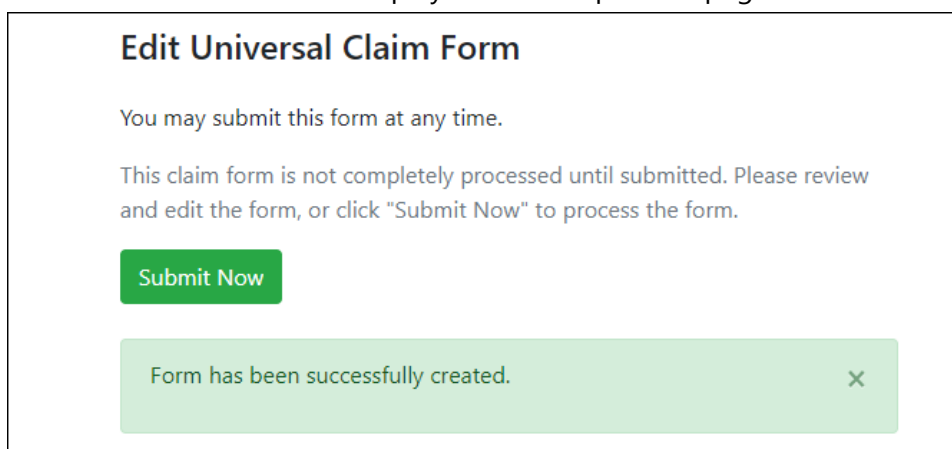
- Select the PMP to which you are submitting data from the drop-down list in the **Select a PMP** field.
- Complete the required fields.

**Notes:**

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

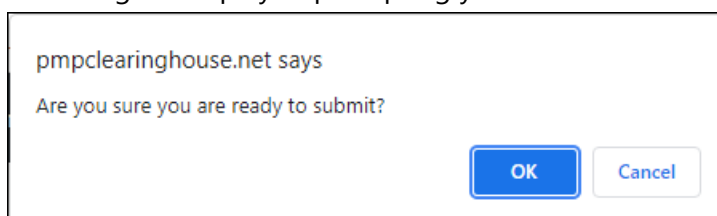
You may submit this form at any time.

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.



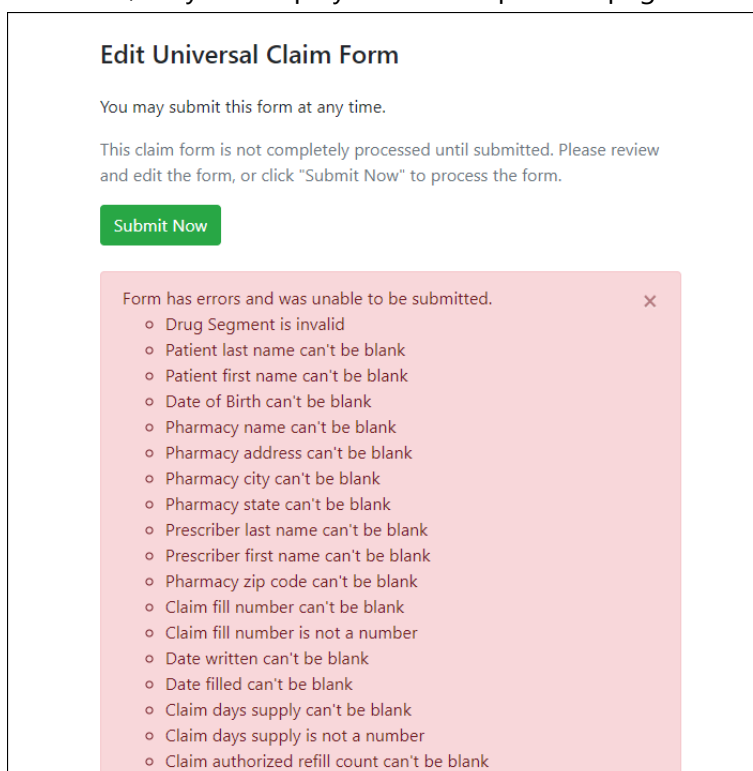
pmpclearinghouse.net says

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**

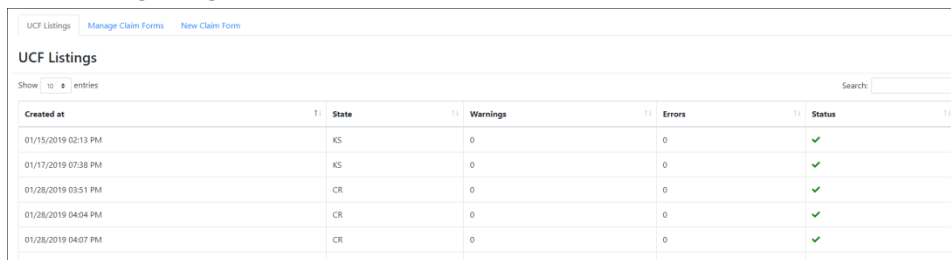
Form has errors and was unable to be submitted. X

- 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      | ✓      |

## 5.4 Zero Reports

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

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:

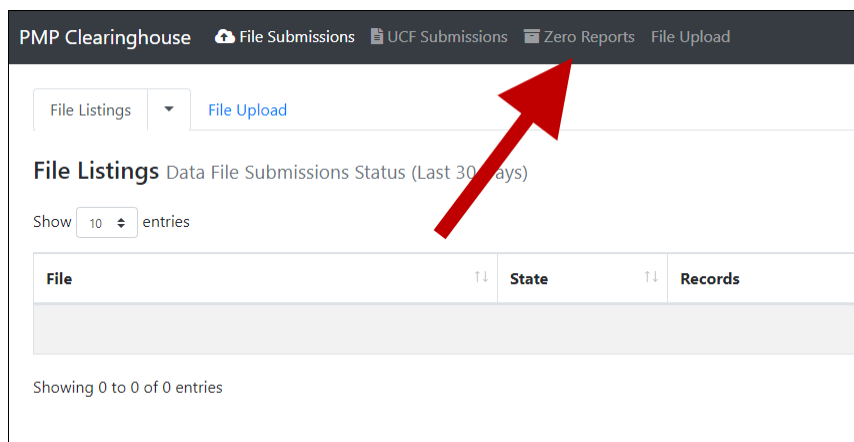
- [Submit a single-click zero report](#)
- [Create a new zero report](#)

### 5.4.1 Submit a Single-Click Zero Report

Single-click zero reporting allows you to create a profile for the dispensary that includes its identifiers (e.g., state license), 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.

Zero Reports Listings

Create Zero Report

Zero Reports Listings

Show 25 entries

Advanced Options Search...

| Account                    | State | Start Date | End Date   | NCPDP      | DEA        | NPI        | ASAP File          | Date Submitted     |
|----------------------------|-------|------------|------------|------------|------------|------------|--------------------|--------------------|
| BRIDGE PHARMACY (PHARMACY) | AL    | 01/16/2020 | 01/16/2020 | 01/16/2020 | 01/16/2020 | 01/16/2020 |                    | 01/16/2020 5:13 PM |
| BRIDGE PHARMACY (PHARMACY) | AL    | 01/16/2020 | 01/16/2020 | 01/16/2020 | 01/16/2020 | 01/16/2020 | 01/16/2020 5:04 PM | 01/16/2020 5:04 PM |

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

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

| Zero Reports Listings   | Create Zero Report |            |       |            |                          |         |                          |      |  |  |  |  |  |
|---|--------------------|------------|-------|------------|--------------------------|---------|--------------------------|------|--|--|--|--|--|
| <p><b>Create Zero Report</b></p> <p> <input checked="" type="radio"/> Submit a Single Click Zero Report<br/> <input type="radio"/> Create new Zero Report         </p> <p><b>Create Single Click Zero Report</b></p> <p>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.</p> <p>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.</p> <p><a href="#">Add New Pharmacy</a></p> <table border="1"> <thead> <tr> <th>Pharmacy</th> <th>NCPDP</th> <th>DEA Number</th> <th>NPI</th> <th>Actions</th> <th>Submit Zero Reports for:</th> </tr> </thead> <tbody> <tr> <td colspan="6">Demo</td> </tr> </tbody> </table> |                    | Pharmacy   | NCPDP | DEA Number | NPI                      | Actions | Submit Zero Reports for: | Demo |  |  |  |  |  |
| Pharmacy  | NCPDP              | DEA Number | NPI   | Actions    | Submit Zero Reports for: |         |                          |      |  |  |  |  |  |
| Demo  |                    |            |       |            |                          |         |                          |      |  |  |  |  |  |

- Any dispensaries 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 dispensary for single-click zero reporting, continue to [Step 5](#).

5. Click **Add New Pharmacy**.

The New Pharmacy page is displayed. This will be your dispensary name.

6. Select the PMP for which you are submitting a zero report from the drop-down list in the **PMP** field.
7. Enter the dispensary's name in the **Pharmacy** field.
8. Populate the **state license number** 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 dispensary is saved and will be listed under the drop-down for the selected PMP, which is located at the bottom of the page.

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

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

| Pharmacy                    | License Number | NCPDP | DEA Number | NPI | Actions     | Submit Zero Reports for: |                         |
|-----------------------------|----------------|-------|------------|-----|-------------|--------------------------|-------------------------|
| <b>Demo</b>                 |                |       |            |     |             |                          |                         |
| Another Test Pharmacy       |                |       |            |     | Edit Delete | Today<br>12/21/2021      | Yesterday<br>12/21/2021 |
| Bamboo Health Test Pharmacy |                |       |            |     | Edit Delete | Today<br>12/21/2021      | Yesterday<br>12/21/2021 |

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

Or

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

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

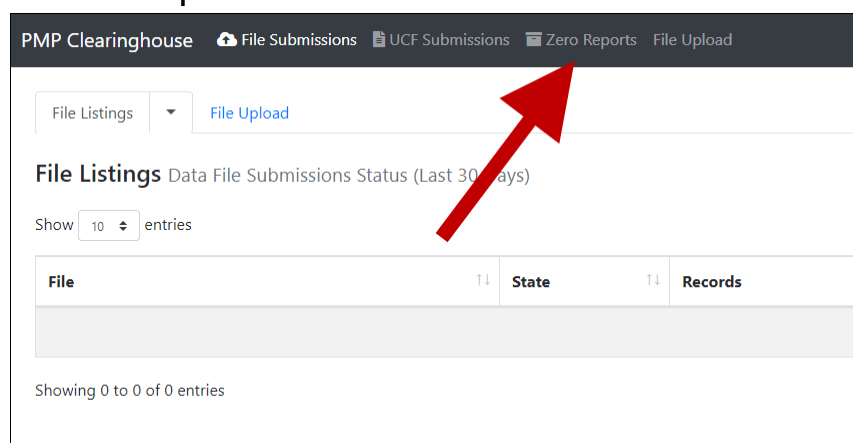
| Pharmacy                    | License Number | NCPDP | DEA Number | NPI | Actions     | Submit Zero Reports for: |                         |
|-----------------------------|----------------|-------|------------|-----|-------------|--------------------------|-------------------------|
| <b>Demo</b>                 |                |       |            |     |             |                          |                         |
| Another Test Pharmacy       |                |       |            |     | Edit Delete | Today<br>12/22/2021      | Yesterday<br>12/21/2021 |
| Bamboo Health Test Pharmacy |                |       |            |     | Edit Delete | ✓ Submitted              | Yesterday<br>12/21/2021 |

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

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

## 5.4.2 Create a New Zero Report

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



The Zero Report Listings page is displayed.

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

- 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 **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.

The screenshot shows a date selection interface. At the top, there is a calendar for February 2019. The calendar has a header with navigation arrows and the month/year. Below the header, the days of the week are listed: Su, Mo, Tu, We, Th, Fr, Sa. The dates are arranged in a grid. To the right of the calendar, there is a dropdown menu. Below the calendar and dropdown, there is a text input field with a placeholder text "mm/dd/yyyy".

8. Enter your state license numbers, if required by your PMP.

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

9. Click **Submit**.

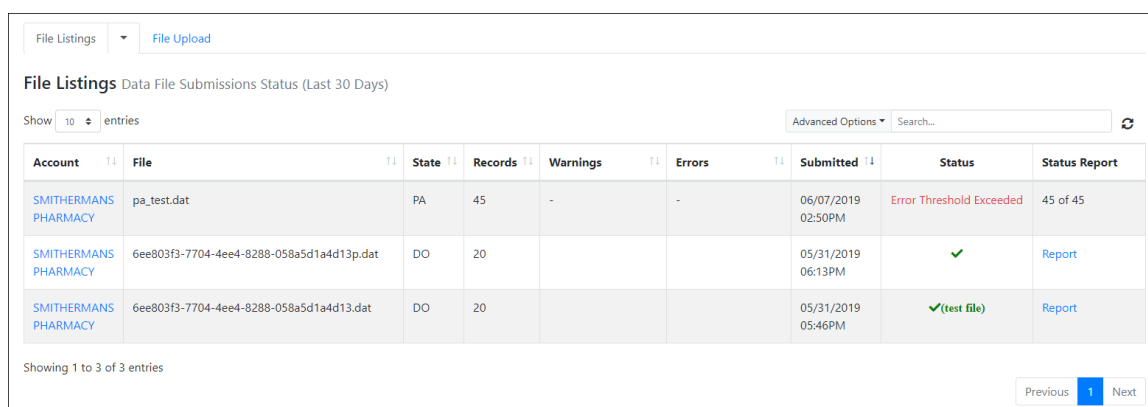
Your zero report is submitted to PMP Clearinghouse and will be displayed on the **Zero Report Listings** tab.

## 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.





The screenshot shows the 'File Listings' page with a table of submitted data files. The table has columns: Account, File, State, Records, Warnings, Errors, Submitted, Status, and Status Report. The first row shows a file named 'pa\_test.dat' from 'SMITHERMANS PHARMACY' with 45 records, no warnings, and no errors. The status is 'Error Threshold Exceeded' and the status report is '45 of 45'. The second row shows a file named '6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat' from 'SMITHERMANS PHARMACY' with 20 records, no warnings, and no errors. The status is '✓' and the status report is 'Report'. The third row shows a file named '6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat' from 'SMITHERMANS PHARMACY' with 20 records, no warnings, and no errors. The status is '✓(test file)' and the status report is 'Report'.

| 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 | 6ee803f3-7704-4ee4-8288-058a5d1a4d13p.dat | DO    | 20      |          |        | 05/31/2019 05:46PM | ✓(test file)             | Report        |

- 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.

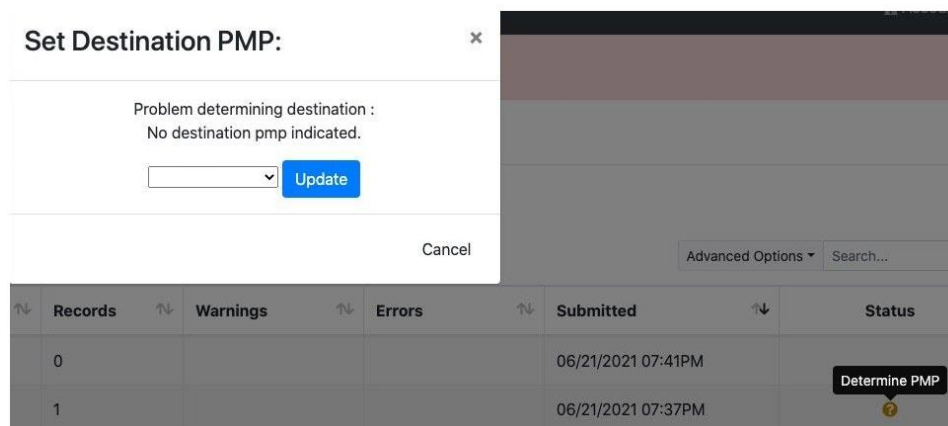
If a file contains errors, it will have a  symbol with a mouse over hint of **"Pending Dispensation Error"** within the status column. You can click the error icon in the **Status** column to display the Error Correction page, which allows you to view the records containing errors (see [View Records](#)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

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

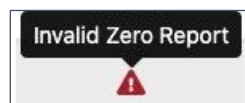
If you submitted a file via SFTP without using a PMP-specific sub-folder, the file will be displayed, and  symbol will be displayed in the status column with a



mouse over hint of “**Determine PMP.**” Clicking the icon will prompt you to select a destination PMP to which the data file will be transferred.



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



## 6.2 UCF Listings

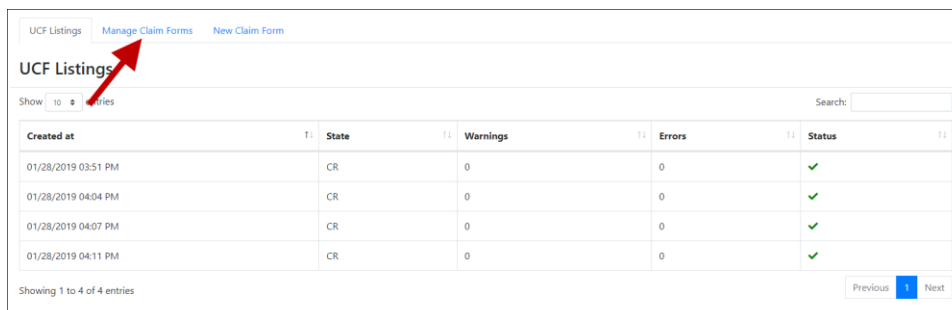
The UCF Listings page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

| <a href="#">UCF Listings</a> <a href="#">Manage Claim Forms</a> <a href="#">New Claim Form</a> |       |          |                              |        |  |
|--|-------|----------|------------------------------|--------|--|
| UCF Listings   |       |          |                              |        |  |
| Show 10 entries  |       |          | Search: <input type="text"/> |        |  |
| 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  |       |          |                              |        |  |
| <a href="#">Previous</a> <a href="#">1</a> <a href="#">Next</a>                                |       |          |                              |        |  |

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

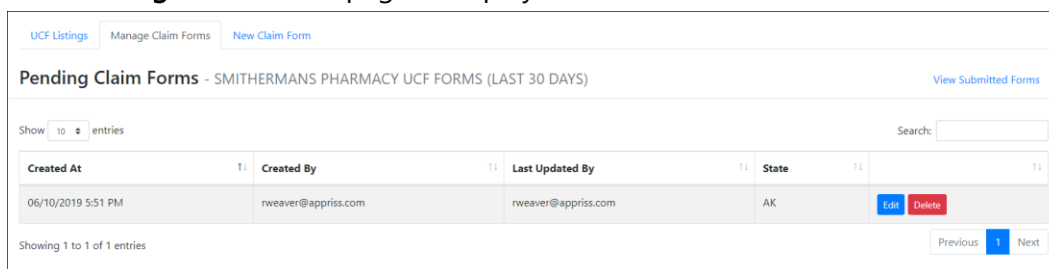
submit the record, you have 30 days to make updates to these records in Clearinghouse.

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



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

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

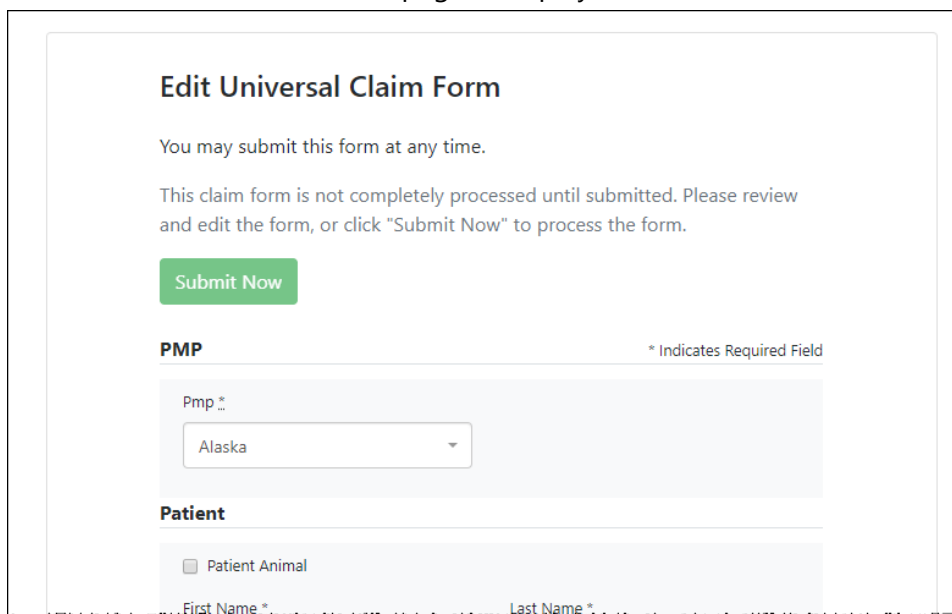


| Created At         | Created By          | Last Updated By     | State |   |
|--------------------|---------------------|---------------------|-------|---|
| 06/10/2019 5:51 PM | nweaver@appriss.com | nweaver@appriss.com | AK    | <a href="#">Edit</a> <a href="#">Delete</a> |

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

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

The Edit Universal Claim Form page is displayed.



### 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

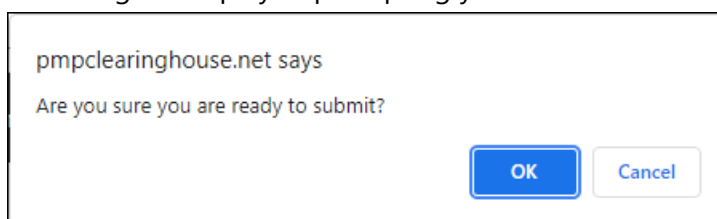
**Patient**

☐ Patient Animal

First Name \* Last Name \*

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

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



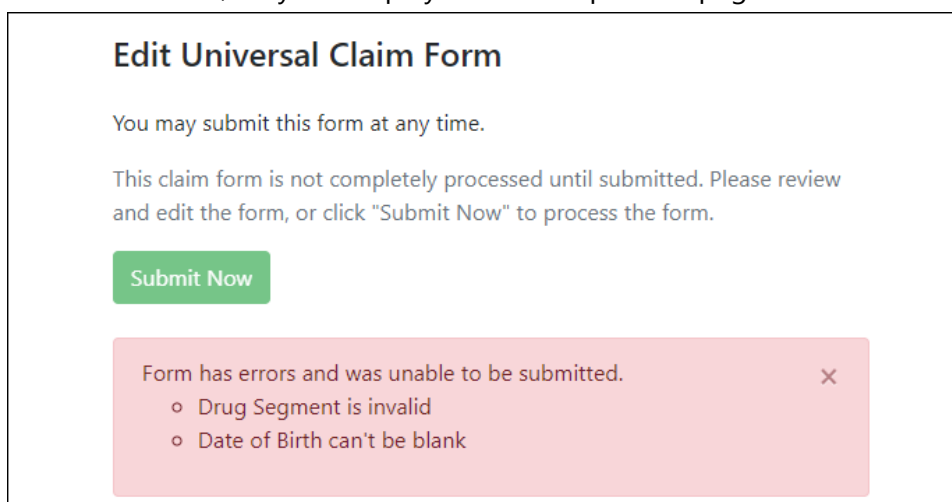
pmpclearinghouse.net says

Are you sure you are ready to submit?

OK Cancel

4. Click **OK**.

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



**Edit Universal Claim Form**

You may submit this form at any time.

This claim form is not completely processed until submitted. 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.

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

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

## 6.3 Error Correction Page

### 6.3.1 View Records with Errors

Errors are required to be corrected within 7 days of the notice of the error. 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.

| 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           | <a href="#">Correct</a> |

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:<br>DEA number warning: DEA number not found in registry. |
| Name                         |                 |                 | Errors:<br>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 4.2B standard requires a pharmacy to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

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

## 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: Mississippi 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: 4.2B
- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: April 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        |
|--------------|---------------|
| 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.*

## 7.3 Zero Report Confirmation

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

An example *Zero Report Confirmation* is provided below.

SUBJ: ASAP Zero Report: zero\_reports\_20220306KSMCPS.DAT

BODY:

Summary:

- \* File Name: zero\_reports\_20220306KSMCPS.DAT
- \* PMP Name: Mississippi
- \* Date Range: 2022-03-06 - 2022-03-06
- \* Submission Date: 2022-03-07
- \* ASAP Creation Date: 2022-03-07



## 8 Managing Your Upload Account

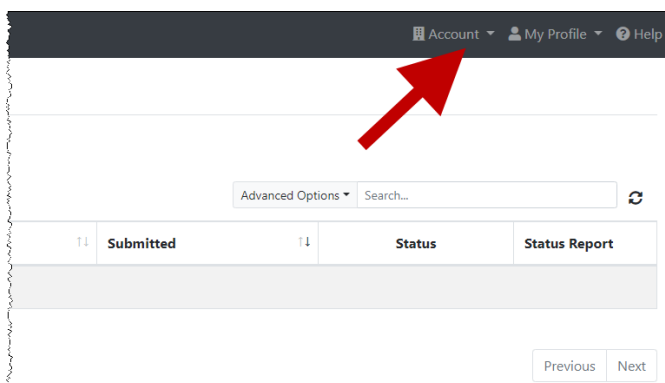
The **Account** menu option allows you to manage the information associated with your organization's upload account, including adding users, PMPs, and SFTP access to your account as well as editing your organization's account information.

**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](#).

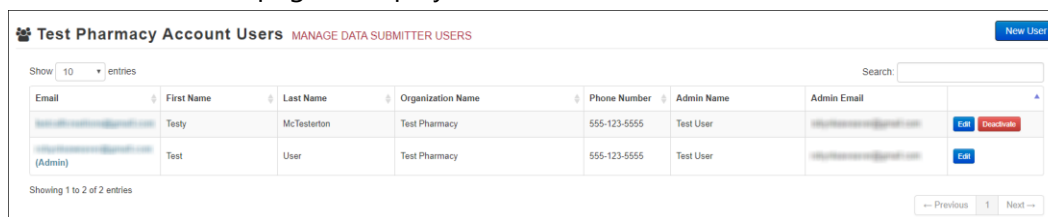
### 8.1 Adding Users to Your Upload Account

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**.

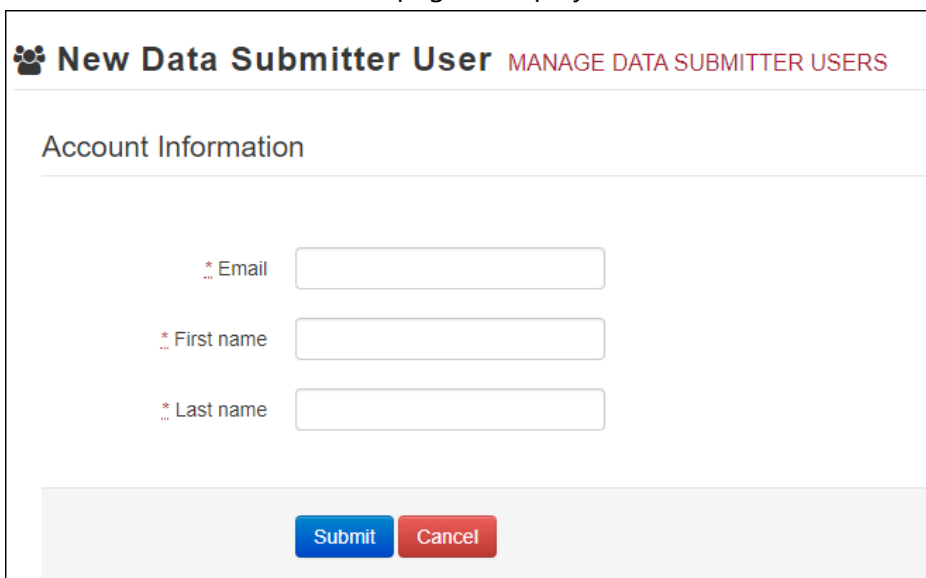


3. Select **Users** from the **Account** drop-down menu.  
The **Account Users** page is displayed.



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

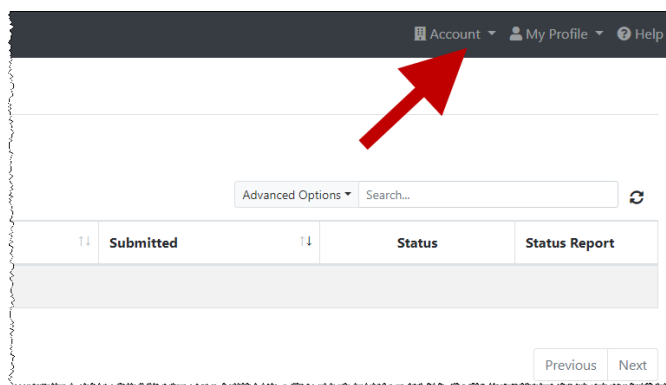
The New Data Submitter User page is displayed.



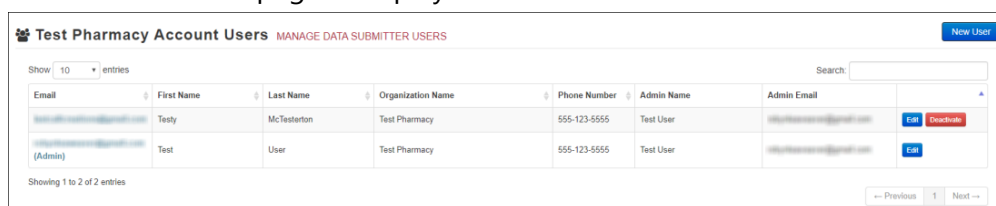
5. Enter the new data submitter's email address, first name, and last name in the appropriate fields. *Note that all fields are required.*
6. Click **Submit**.  
The user is added to the list of data submitters for your organization, and you are returned to the Account Users page.
7. Please inform the 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.



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

A screenshot of the 'Edit Data Submitter User' page. The page title is 'Edit Data Submitter User' with a subtitle 'MANAGE DATA SUBMITTER USERS'. Below the title, there is a section titled 'Account Information'. The form contains the following fields:
 

- Email**: A text field with a red asterisk and a red 'x' icon. The value is 'test@bamboohealth.com'.
- First name**: A text field with a red asterisk. The value is 'Testy'.
- Last name**: A text field with a red asterisk. The value is 'McTesterton'.
- Password**: A text field with a red asterisk. The value is blank.
- Password confirmation**: A text field with a red asterisk. The value is blank.

 Below the password fields, there is a note: 'leave it blank if you don't want to change it'. At the bottom of the form, there are two buttons: 'Submit' (blue) and 'Cancel' (red).

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

*Passwords must contain:*

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

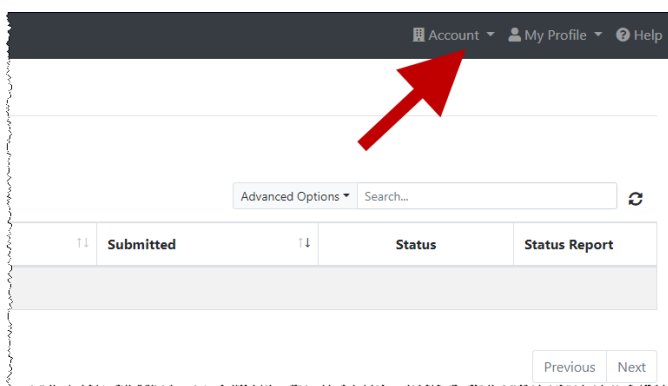
6. Click **Submit**.

The password is changed.

## 8.2 Adding PMPs to Your Upload Account

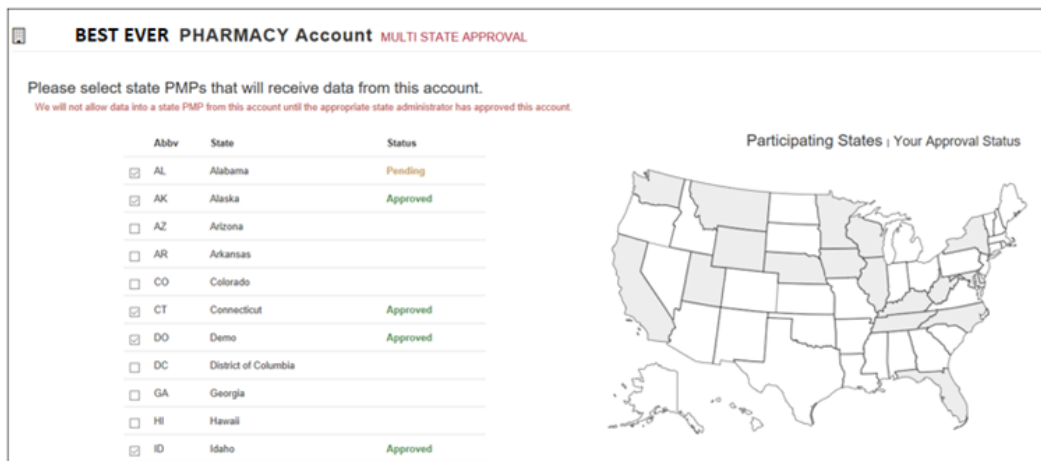
If your organization needs to submit data files to an additional PMP that uses PMP AWARe, you can submit the request through PMP Clearinghouse.

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 states currently using the PMP AWARe system as well as your data sharing status with each state.



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.

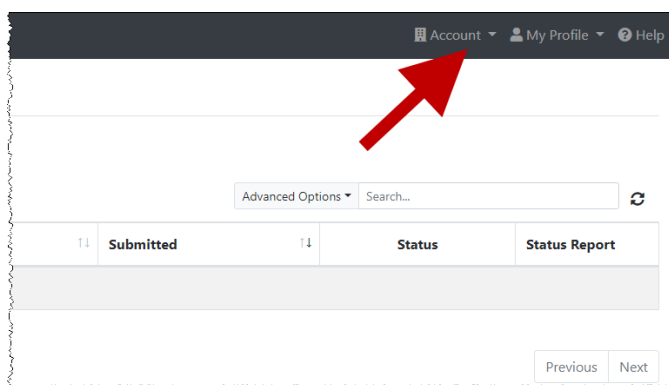
**Notes:**

- 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.

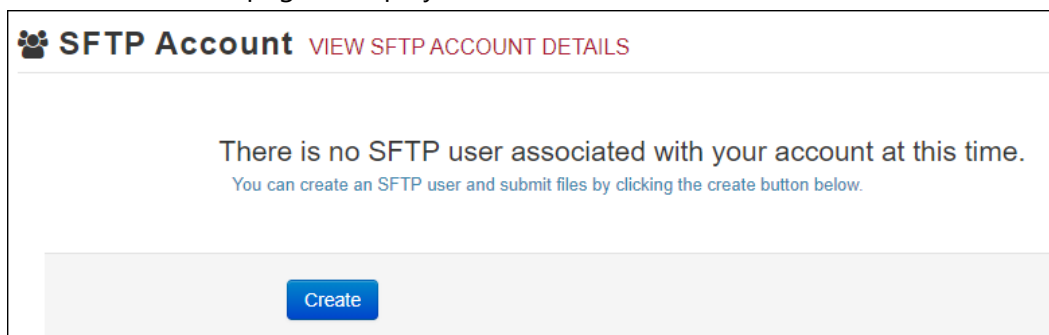
## 8.3 Adding SFTP Access to an Upload Account

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.

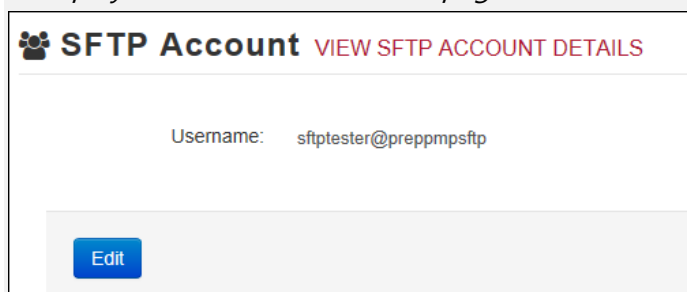
1. [Log in to PMP Clearinghouse.](#)
2. Click **Account**.



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.

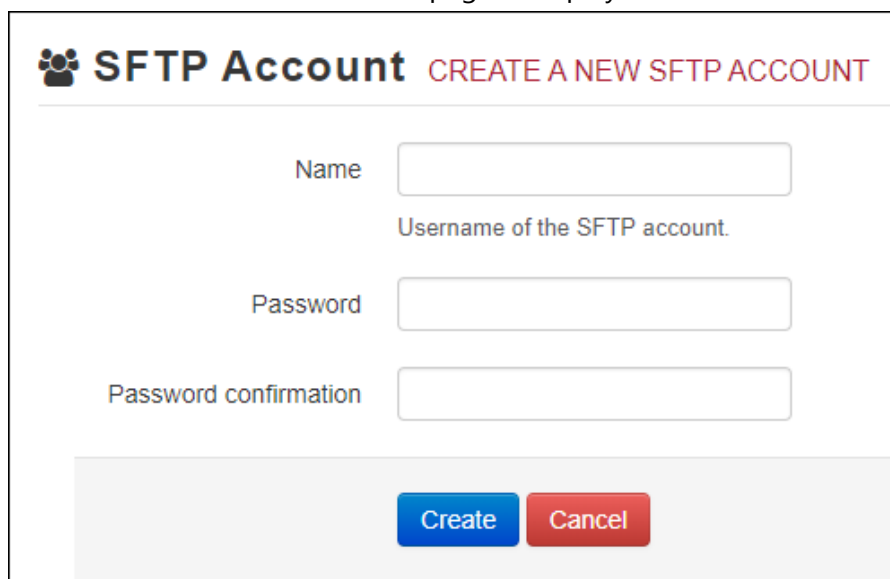


The screenshot shows the 'SFTP Account' page. At the top, there is a header with the SFTP logo and the text 'SFTP Account' followed by a link 'VIEW SFTP ACCOUNT DETAILS'. Below this, the 'Username:' is displayed as 'sftptester@preppmpsftp'. At the bottom of the card, there is a blue 'Edit' button.

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 the 'Create a New SFTP Account' page. The header includes the SFTP logo and the text 'SFTP Account' followed by the link 'CREATE A NEW SFTP ACCOUNT'. The form contains four fields: 'Name' (with a placeholder for the username), 'Username of the SFTP account.' (which is the same as the Name field), 'Password', and 'Password confirmation'. At the bottom, there are two buttons: a blue 'Create' button and a red 'Cancel' button.

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.

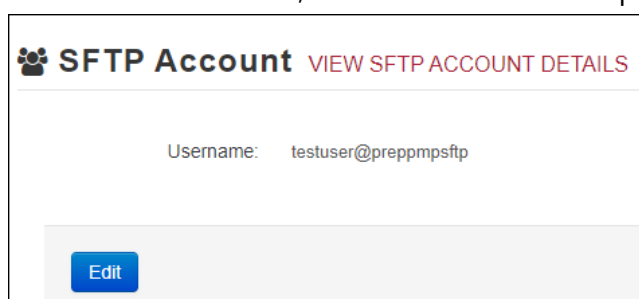
Once the account has been successfully created, this password will be input into the pharmacy software so that submissions can be automated.

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

7. Click **Create**.

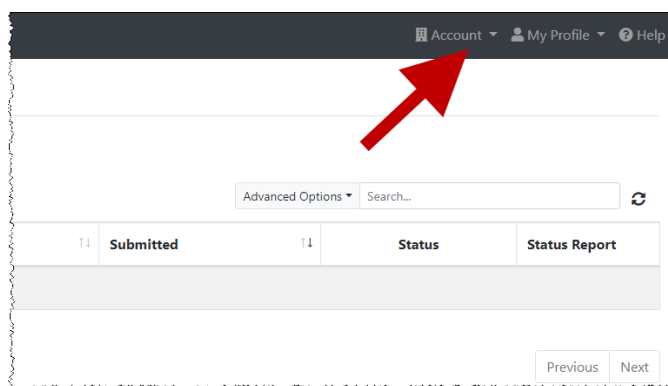
The account is created, and the username is displayed.



## 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 as shown on the following page.

**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 \***  
Bamboo Health

Phone number: 5555555555 Fax number:

☒ Allowed submission  
☐ Suppress Rx details in emailed error reports

**Admin Details**

Address: 10401 Linn Station Road#200

City: Louisville Zip code: 40218

State: Kentucky

[Save Changes](#) [Cancel](#)

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



## 9 Managing Your User Profile

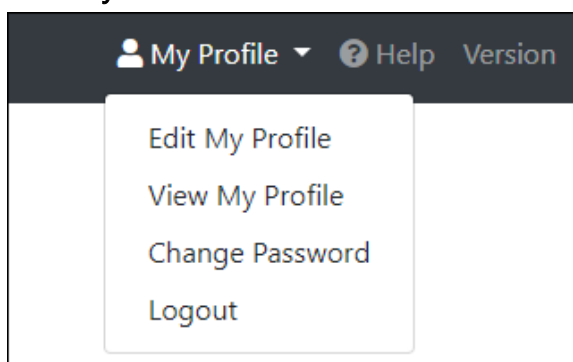
This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password.

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

#### Organization Information

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

Save Changes

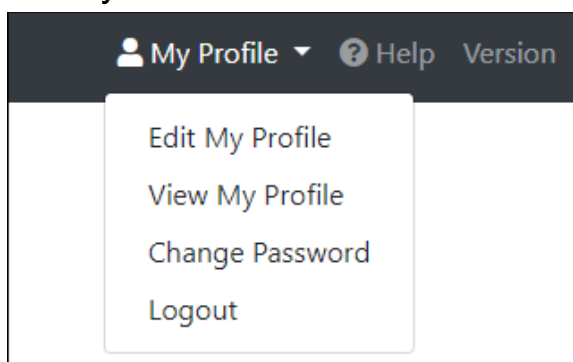
Cancel

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

## 9.2 Changing Your Password

**Note:** Clearinghouse passwords expire every 90 days. You can use this function to proactively change your password before it expires. If your password has already expired, or you have forgotten your password, navigate to the PMP Clearinghouse Login page and click **Forgot your password?** to reset it. Please refer to [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. At the top, the title 'Change Password' is on the left, and '\* Indicates Required Field' is on the right. Below the title is a section labeled 'Profile Details'. Inside this section, the email 'Email: testuser@email.com' is displayed. Below the email is the label 'Current password' followed by a red asterisk. There is a text input field for the current password. Below this field is a note: 'we need your current password to confirm your changes'. Below the note are two more text input fields: 'Password' and 'Password confirmation'. At the bottom of the form are two buttons: 'Update' (in blue) and 'Cancel' (in light gray).

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.

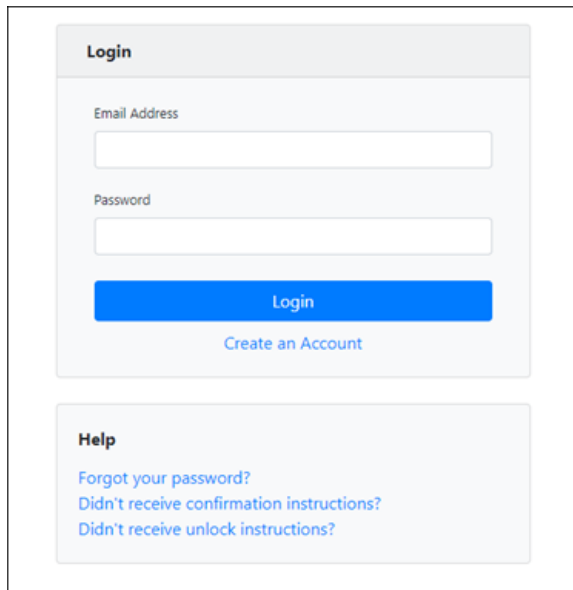
6. Click **Update**.

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

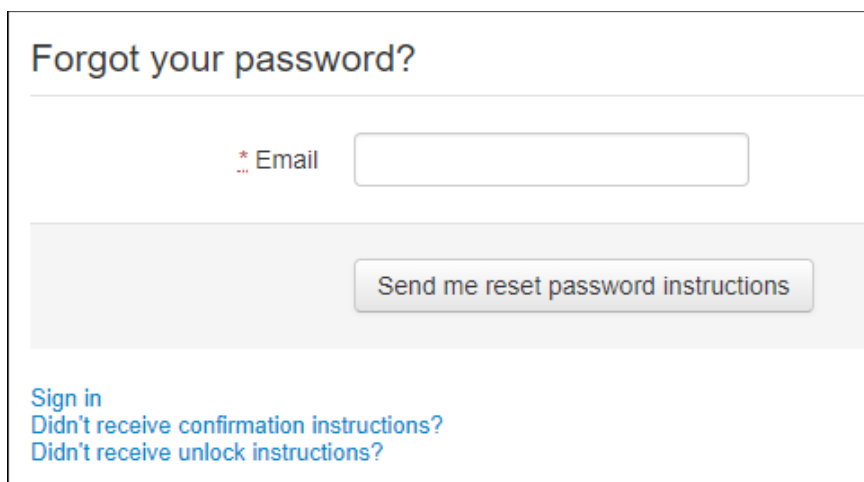
## 9.3 Resetting Your Password

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).



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

A screenshot of a web form titled "Forgot your password?". It features a single text input field labeled "\* Email" with a red asterisk icon. Below the field is a button labeled "Send me reset password instructions". At the bottom, there are three links: "Sign in", "Didn't receive confirmation instructions?", and "Didn't receive unlock instructions?".

Forgot your password?

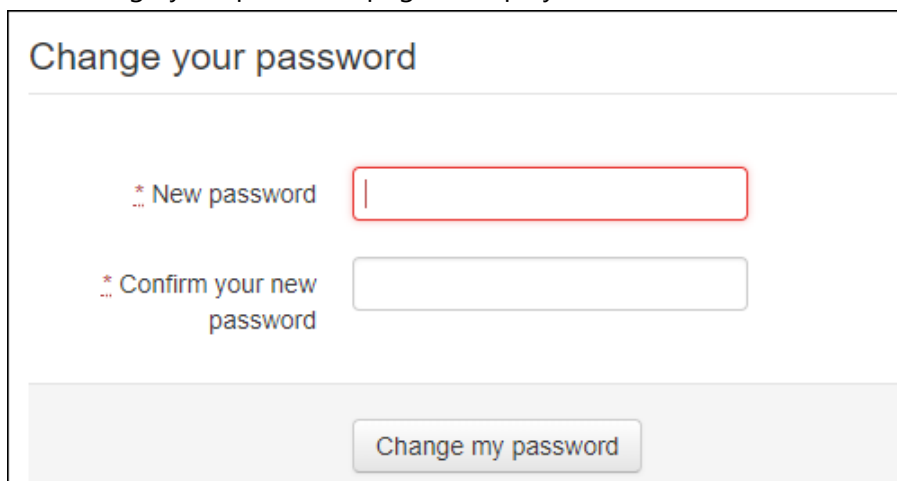
\* Email

Send me reset password instructions

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

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

The Change your password page is displayed.

A screenshot of a web form titled "Change your password". It contains two text input fields. The first is labeled "\* New password" with a red asterisk icon. The second is labeled "\* Confirm your new password" with a red asterisk icon. Below the fields is a button labeled "Change my password".

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.

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# 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 1-855-5MS-4PMP (1-855-567-4767);  
**OR**
- Create a support request at the following URL:  
<https://pmpclearinghouse.zendesk.com/hc/en-us/>

Technical assistance is available 24 hours per day, 7 days per week, 365 days per year.

## 10.2 Administrative Assistance

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

Mississippi Prescription Monitoring Program  
6360 I-55 North  
Suite 400  
Jackson, MS 39211

**PMP:** (601) 899-0138

**Email:** [MSPMPASSIST@mbp.ms.gov](mailto:MSPMPASSIST@mbp.ms.gov)

**Website:** <https://pmp.mbp.ms.gov>

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# 11 Document Information

## 11.1 Disclaimer

Bamboo Health has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information is subject to change.

## 11.2 Change Log

| Version | Date | Chapter/Section | Change Made              |
|---------|------|-----------------|--------------------------|
| 1.0     |      | N/A             | N/A; initial publication |

## Appendix A: ASAP 4.2B Specifications

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

The following elements are used in each upload file:

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

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

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

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

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

- **Requirement**
  - R = Required by Mississippi
  - N = Not required but accepted if submitted
  - S = Situational

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

| Segment  | Element ID | Element Name  | Requirement  | Notes |
|--|------------|---|--------------|-------|
| <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. |            |   |              |       |
|  | TH01       | <b>Version/Release Number</b><br>Code uniquely identifying the transaction.<br>Format = xx.x (4.2b)   | Required     |       |
|  | TH02       | <b>Transaction Control Number</b><br>Sender assigned code uniquely identifying a transaction.   | Required     |       |
|  | TH03       | <b>Transaction Type</b><br>Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>01 Send/Request Transaction</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> | Not Required |       |
|  | TH04       | <b>Response ID</b><br>Contains the Transaction Control Number of a transaction that initiated the transaction.<br>Required in response transaction only.  | Not Required |       |
|  | TH05       | <b>Creation Date</b><br>Date the transaction was created.<br>Format: CCYYMMDD.  | Required     |       |
|  | TH06       | <b>Creation Time</b><br>Time the transaction was created.<br>Format: HHMMSS or HHMM.  | Required     |       |
|  | TH07       | <b>File Type</b> <ul style="list-style-type: none"> <li>P = Production</li> <li>T = Test</li> </ul>   | Required     |       |
|  | TH08       | <b>Routing Number</b><br>Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific PMP the transaction should be routed to.   | Not Required |       |
|  | TH09       | <b>Segment Terminator Character</b><br>This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.  | Required     |       |



| Segment   | Element ID | Element Name   | Requirement  | Notes                        |
|---|------------|--|--------------|------------------------------|
| <b>IS: Information Source (required)</b>  |            |  |              |                              |
| Used to convey the name and identification numbers of the entity supplying the information.                               |            |  |              |                              |
|   | IS01       | <b>Unique Information Source ID</b><br>Reference number or identification number.<br>(Example: phone number)             | Required     |                              |
|   | IS02       | <b>Information Source Entity Name</b><br>Entity name of the Information Source.  | Required     |                              |
|   | IS03       | <b>Message</b><br>Free-form text message.  | Not Required |                              |
| <b>PHA: Pharmacy Header (required)</b>  |            |  |              |                              |
| Used to identify the <b>Dispensary</b> .  |            |  |              |                              |
| <b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03. |            |  |              |                              |
|   | PHA01      | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the dispensary by CMS.                               | Not Required |                              |
|   | PHA02      | <b>NCPDP/NABP Provider ID</b><br>Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. | Not Required |                              |
|   | PHA03      | <b>DEA Number</b><br>Identifier assigned to the dispensary by the Drug Enforcement Administration.                       | Not Required | .                            |
|   | PHA04      | <b>Dispensary Name</b><br>Free-form name of the <b>dispensary</b> .  | Required     | This is the Dispensary name. |
|   | PHA05      | <b>Address Information – 1</b><br>Free-form text for address information.  | Required     |                              |
|   | PHA06      | <b>Address Information – 2</b><br>Free-form text for address information.  | Not Required |                              |
|   | PHA07      | <b>City Address</b><br>Free-form text for city name.   | Required     |                              |
|   | PHA08      | <b>State Address</b><br>U.S. Postal Service state code or other regional jurisdiction code.                              | Required     |                              |
|   | PHA09      | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP Code.   | Required     |                              |

| Segment  | Element ID | Element Name  | Requirement  | Notes   |
|--|------------|---|--------------|---|
|  | PHA10      | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.   | Not Required |   |
|  | PHA11      | <b>Contact Name</b><br>Free-form name.  | Not Required |   |
|  | PHA12      | <b>Chain Site ID</b><br>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.  | Not Required |   |
|  | PHA13      | <b>Dispensary Permit/License Number</b><br>Identification assigned to the dispensary by the Licensing Board to be utilized for medical marijuana in this instance, leave PHA01 and PHA03 blank and insert the dispensary's Mississippi license number in PHA13.   | Required     | This will be the MM License number, example lic format DSPY123456 |
| <b>PAT: Patient Information (required)</b><br>Used to report the patient's name and basic information as contained in the pharmacy record. |            |   |              |   |
|  | PAT01      | <b>ID Qualifier of Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT03.   | Not Required |   |
|  | PAT02      | <b>ID Qualifier</b><br>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> </ul> | Not Required |   |
|  | PAT03      | <b>ID of Patient</b><br>Identification number for the patient as indicated in PAT02.<br>input the medical marijuana certification number<br><i><b>Note:</b> This field can only be populated with code 09 or 10 when provided on the prescription.</i>  | Required     | input the medical marijuana certification number                  |

| Segment | Element ID | Element Name   | Requirement  | Notes |
|---------|------------|--|--------------|-------|
|         | PAT04      | <b>ID Qualifier of Additional Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT06.   | Not Required |       |
|         | PAT05      | <b>Additional Patient ID Qualifier</b><br>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> | Not Required |       |
|         | PAT06      | <b>Additional ID</b><br>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.  | Not Required |       |
|         | PAT07      | <b>Last Name</b><br>Patient's last name.   | Required     |       |
|         | PAT08      | <b>First Name</b><br>Patient's first name.   | Required     |       |
|         | PAT09      | <b>Middle Name</b><br>Patient's middle name or initial if available.   | Not Required |       |
|         | PAT10      | <b>Name Prefix</b><br>Patient's name prefix such as <i>Mr.</i> or <i>Dr.</i> , if available.   | Not Required |       |
|         | PAT11      | <b>Name Suffix</b><br>Patient's name suffix such as <i>Jr.</i> or <i>the III</i> , if available  | Not Required |       |
|         | PAT12      | <b>Address Information – 1</b><br>Free-form text for address information.  | Required     |       |
|         | PAT13      | <b>Address Information – 2</b><br>Free-form text for additional address information.   | Not Required |       |

| Segment | Element ID | Element Name   | Requirement  | Notes |
|---------|------------|--|--------------|-------|
|         | PAT14      | <b>City Address</b><br>Free-form text for city name.   | Required     |       |
|         | PAT15      | <b>State Address</b><br>U.S. Postal Service state code or other regional jurisdiction code.  | Required     |       |
|         | PAT16      | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP code. Do not include hyphens.<br><b>Note:</b> Populate with zeros if patient address is outside the U.S.  | Required     |       |
|         | PAT17      | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.  | Required     |       |
|         | PAT18      | <b>Date of Birth</b><br>Date patient was born.<br>Format: CCYYMMDD   | Required     |       |
|         | PAT19      | <b>Gender Code</b><br>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>  | Required     |       |
|         | PAT20      | <b>Species Code</b><br>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> </ul>   | Required     |       |
|         | PAT21      | <b>Patient Location Code</b><br>Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 11 Hospice</li> <li>• 99 Other</li> </ul> | Not Required | .     |
|         | PAT22      | <b>Country of Non-U.S. Resident</b><br>Used when the patient's address is a foreign country.   | Not Required |       |

| Segment  | Element ID | Element Name   | Requirement  | Notes   |
|--|------------|--|--------------|---|
|  | PAT23      | <b>Name of Animal</b><br>Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.   | Not Required |   |
| <b>DSP: Dispensing Record (required)</b><br>Used to identify the basic components of a dispensing of a given prescription order including the date and quantity. |            |  |              |   |
|  | DSP01      | <b>Reporting Status</b><br>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><b>*Note:</b> 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.</i> | Required     |   |
|  | DSP02      | <b>Prescription Number</b><br>Serial number assigned to the prescription by the pharmacy.  | Required     |   |
|  | DSP03      | <b>Date Written</b><br>Date the patient was certified for medical marijuana.<br>Format: CCYYMMDD   | Required     | Date the patient was certified for medical marijuana. |
|  | DSP04      | <b>Refills Authorized</b>  | Required     | Allows be 0   |
|  | DSP05      | <b>Date Filled</b><br>Date prescription was filled.<br>Format: CCYYMMDD  | Required     | Day it was sold to patient.                           |

| Segment | Element ID | Element Name   | Requirement | Notes        |
|---------|------------|--|-------------|--------------|
|         | DSP06      | <b>Fill Number</b><br>Number of the fill of the prescription.  | Required    | Allows be 00 |
|         | DSP07      | <b>Product ID Qualifier</b><br>Used to identify the type of product ID contained in DSP08.<br><ul style="list-style-type: none"> <li>01 NDC</li> </ul> | Required    |              |

| Segment | Element ID | Element Name   | Requirement | Notes  |
|---------|------------|--|-------------|--|
|         | DSP08      | <b>Product ID</b><br>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. |             | <p>The following are the only acceptable MM NDCs:</p> <p><b>67660000001</b><br/> : Marijuana flower (smoked): 1 each = 1 MCEU</p> <p><b>67660000002</b><br/> : Marijuana concentrate (vape/tincture): 1 each = 1 MCEU</p> <p><b>67660000003</b><br/> : Marijuana infused (edibles): 1 each = 1 MCEU</p> <p><b>67660000004</b><br/> Marijuana infused (non-edibles) 1 each = 1 MCEU</p> |

| Segment | Element ID | Element Name  | Requirement  | Notes   |
|---------|------------|---|--------------|---|
|         | DSP09      | <b>Quantity Dispensed</b><br>Number of metric units dispensed in metric decimal format.<br>Example: 2.5   | Required     |   |
|         | DSP10      | <b>Days' Supply</b><br>Estimated number of days the medication will last.   | Required     | Per Law can not exceed 3 oz within 30 day supply. |
|         | DSP11      | <b>Drug Dosage Units Code</b><br>Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> </ul>  | Required     | Per Law can not exceed 24 units in 30 days        |
|         | DSP12      | <b>Transmission Form of Rx Origin Code</b><br>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>   | Not Required |   |
|         | DSP13      | <b>Partial Fill Indicator</b><br>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> | Not Required |   |
|         | DSP14      | <b>Pharmacist National Provider Identifier (NPI)</b><br>Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.   | Not Required |   |



| Segment | Element ID | Element Name   | Requirement  | Notes  |
|---------|------------|--|--------------|--|
|         | DSP15      | <b>Pharmacist State License Number</b><br>This data element can be used to identify the pharmacist dispensing the medication.<br>Assigned to the pharmacist by the Licensing Board.  | Not Required |  |
|         | DSP16      | <b>Classification Code for Payment Type</b><br>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></li> </ul>  | Required     |  |
|         | DSP17      | <b>Date Sold</b><br>Used to determine the date the prescription left the dispensary, not the date it was filled, if the dates differ.<br>Format: CCYYMMDD  | Situational  | If you have this information submit. Should be equivalent to Day Filled. |
|         | DSP18      | <b>RxNorm Code Qualifier</b><br>RxNorm Code that is populated in the DRU-010-09 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> | Not Required |  |
|         | DSP19      | <b>RxNorm Code</b><br>Used for electronic prescriptions to capture the prescribed drug product identification.   | Not Required |  |
|         | DSP20      | <b>Electronic Prescription Reference Number</b><br>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.   | Not Required |  |
|         | DSP21      | <b>Electronic Prescription Order Number</b><br>This field should be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.   | Not Required |  |
|         | DSP22      | <b>Quantity Prescribed</b><br>This field adds clarity to the value reported in DSP13, Partial Fill Indicator.<br><i><b>Note:</b> ASAP 4.2B increases this field size to a maximum of 100 characters.</i>   | Not Required |  |

| Segment   | Element ID | Element Name   | Requirement  | Notes |
|---|------------|--|--------------|-------|
|   | DSP23      | <b>Rx SIG</b><br>This field captures the actual directions printed on the prescription vial label.   | Not Required |       |
|   | DSP24      | <b>Treatment Type</b><br>This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, this field should not be used. <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>10 Acute Opioid Therapy</li> <li>11 Chronic Opioid Therapy</li> <li>99 Other (trading partner agreed upon reason)</li> </ul> <i>*Note: Codes 03-11 can only be reported if the PMP has mandated that they be provided by the prescriber on the prescription.</i> | Not Required |       |
|   | DSP25      | <b>Diagnosis Code</b><br>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.<br>Exclude the decimal point when reporting this field.   | Not Required |       |
| <b>PRE: Prescriber Information (required)</b><br>Used to identify the prescriber of the prescription. |            |  |              |       |
|   | PRE01      | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the prescriber by CMS.   | Not Required |       |

| Segment  | Element ID | Element Name   | Requirement  | Notes   |
|--|------------|--|--------------|---|
|  | PRE02      | <b>DEA Number</b><br>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).<br><i><b>Note:</b> This field is required when the prescription is for a DEA-defined medical marijuana.</i> | Not Required | .   |
|  | PRE03      | <b>DEA Number Suffix</b><br>Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.   | Not Required |   |
|  | PRE04      | <b>Prescriber License Number</b><br>Identification assigned to the prescriber by the Mississippi Department of Health  | Required     | This should be the Prescribers MM License number. |
|  | PRE05      | <b>Last Name</b><br>Prescriber's last name.  | Not Required |   |
|  | PRE06      | <b>First Name</b><br>Prescriber's first name.  | Not Required |   |
|  | PRE07      | <b>Middle Name</b><br>Prescriber's middle name or initial.   | Not Required |   |
|  | PRE08      | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.  | Not Required |   |
|  | PRE09      | <b>XDEA Number</b><br>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.  | Not Required |   |
|  | PRE10      | <b>Jurisdiction or State Issuing Prescriber License Number</b><br>Use this field to further identify the information provided in PRE04.  | Not Required |   |
| <b>CDI: Compound Drug Ingredient Detail (situational)</b><br>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.<br>If CDI is filled in, the NDC of DSP08 must be 99999999999. |            |  |              |   |

| Segment   | Element ID | Element Name  | Requirement  | Notes |
|---|------------|---|--------------|-------|
|   | CDI01      | <b>Compound Drug Ingredient Sequence Number</b><br>First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.   | Not Required |       |
|   | CDI02      | <b>Product ID Qualifier</b><br>Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"><li>01 NDC</li></ul>   | Not Required |       |
|   | CDI03      | <b>Product ID</b><br>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.  | Not Required |       |
|   | CDI04      | <b>Compound Ingredient Quantity</b><br>Metric decimal quantity of the ingredient identified in CDI03.<br>Example: 2.5   | Not Required |       |
|   | CDI05      | <b>Compound Drug Dosage Units Code</b><br>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> | Not Required |       |
| <b>AIR: Additional Information Reporting (situational)</b><br>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.<br><b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required. |            |   |              |       |
|   | AIR01      | <b>State Issuing Rx Serial Number</b><br>U.S.P.S. state code or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.  | Not Required |       |
|   | AIR02      | <b>State Issued Rx Serial Number</b><br>Number assigned to issued serialized prescription blank.  | Not Required |       |
|   | AIR03      | <b>Issuing Jurisdiction</b><br>Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.   | Not Required |       |

| Segment | Element ID | Element Name  | Requirement  | Notes |
|---------|------------|---|--------------|-------|
|         | AIR04      | <b>ID Qualifier of Person Dropping Off or Picking Up Rx</b><br>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> </ul> | Not Required |       |
|         | AIR05      | <b>ID of Person Dropping Off or Picking Up Rx</b><br>ID number of patient or person picking up or dropping off the prescription.  | Not Required |       |
|         | AIR06      | <b>Relationship of Person Dropping Off or Picking Up Rx</b><br>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>  | Not Required |       |
|         | AIR07      | <b>Last Name of Person Dropping Off or Picking Up Rx</b><br>Last name of person picking up the prescription.  | Not Required |       |
|         | AIR08      | <b>First Name of Person Dropping Off or Picking Up Rx</b><br>First name of person picking up the prescription.  | Not Required |       |
|         | AIR09      | <b>Last Name or Initials of Pharmacist</b><br>Last name or initials of pharmacist dispensing the medication.  | Not Required |       |
|         | AIR10      | <b>First Name of Pharmacist</b><br>First name of pharmacist dispensing the medication.  | Not Required |       |

| Segment   | Element ID | Element Name  | Requirement  | Notes |
|---|------------|---|--------------|-------|
|   | AIR11      | <b>Dropping Off/Picking Up Identifier Qualifier</b><br>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> | Not Required |       |
| <b>TP: Pharmacy Trailer (required)</b><br>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       | <b>Detail Segment Count</b><br>Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.  | Required     |       |
| <b>TT: Transaction Trailer (required)</b><br>Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.   |            |   |              |       |
|   | TT01       | <b>Transaction Control Number</b><br>Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.  | Required     |       |
|   | TT02       | <b>Segment Count</b><br>Total number of segments included in the transaction including the header and trailer segments.   | Required     |       |

## Appendix B: ASAP Zero Report Specifications

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

| Segment  | Element ID | Element Name                                  | Requirement |
|--|------------|---|-------------|
| <b>TH: Transaction Header (required)</b>   |            |   |             |
|  | TH01       | 4.2B  | R           |
|  | TH02       | 123456  | R           |
|  | TH05       | 20220501                                      | R           |
|  | TH06       | 223000  | R           |
|  | TH07       | P   | R           |
|  | TH09       | \\  | R           |
| <b>IS: Information Source (required)</b>   |            |   |             |
|  | IS01       | 7705555555                                    | R           |
|  | IS02       | Dispensary NAME                               | R           |
|  | IS03       | Date Range of Report<br>#YYYYMMDD#-#YYYYMMDD# | R           |
| <b>PHA: Pharmacy Header (required)</b>   |            |   |             |
|  | PHA13      | DSPY123456                                    | R           |
| <b>PAT: Patient Information (required)</b>                                       |            |   |             |
|  | PAT07      | REPORT  | R           |
|  | PAT08      | ZERO  | R           |
| <b>DSP: Dispensing Record (required)</b>   |            |   |             |
|  | DSP05      | 20220501                                      | R           |
| <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>   |            |   |             |
|  | TP01       | 7   | R           |
| <b>TT: Transaction Trailer (required)</b>  |            |   |             |
|  | TT01       | 123456  | R           |

|  |      |    |   |
|--|------|----|---|
|  | TT02 | 10 | R |
|--|------|----|---|

## Sample Zero Report

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

```
TH*4.2B*123456*01**20220108*223000*P**\\
IS*7705555555*DISPENCEARY NAME*#20220101#-#20220107#\\
PHA*** DSPY123456\\
PAT*****REPORT*ZERO*****\\
DSP*****20220108*****\\
PRE*\\
CDI*\\
AIR*\\
TP*7\\
TT*123456*10\\
```



## Appendix C: SFTP Configuration

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

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

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

### SFTP Connection Details

**Hostname:** *sftp.pmpclearinghouse.net*

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

**Port:** 22

**Note:** The port will always be 22.

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

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

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

## PMP Subfolders

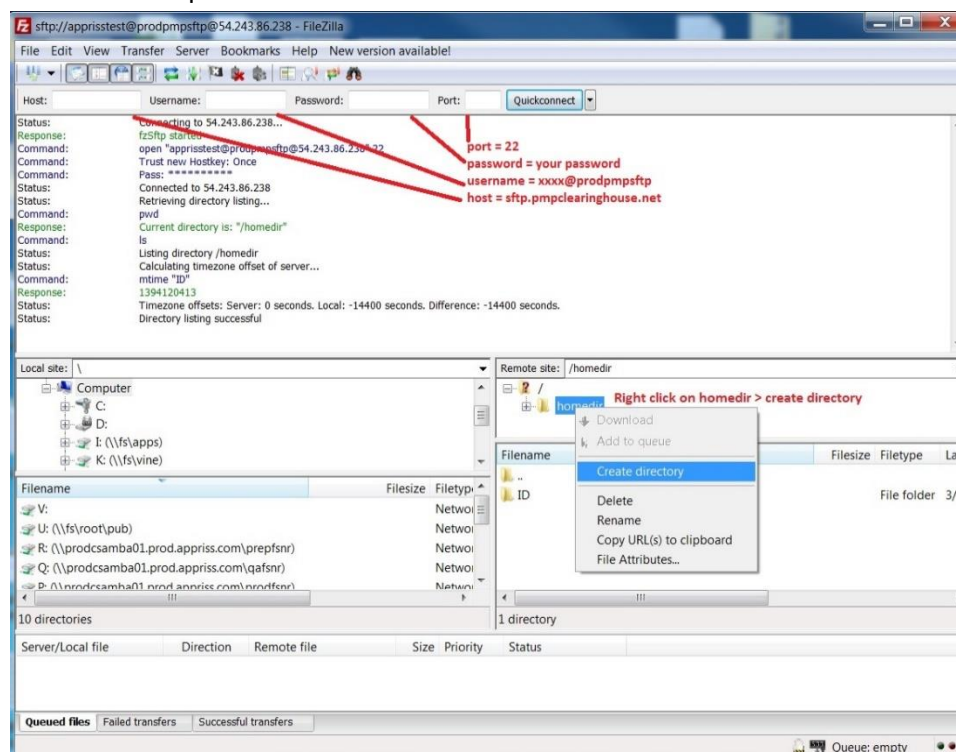
PMP Clearinghouse is the data repository for numerous PMPs. As such, data submitted via SFTP must be placed in the appropriate folder for the PMP for which you are submitting data so that it can be properly imported to that PMP. The creation of subfolders must be done outside of the PMP Clearinghouse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

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

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

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

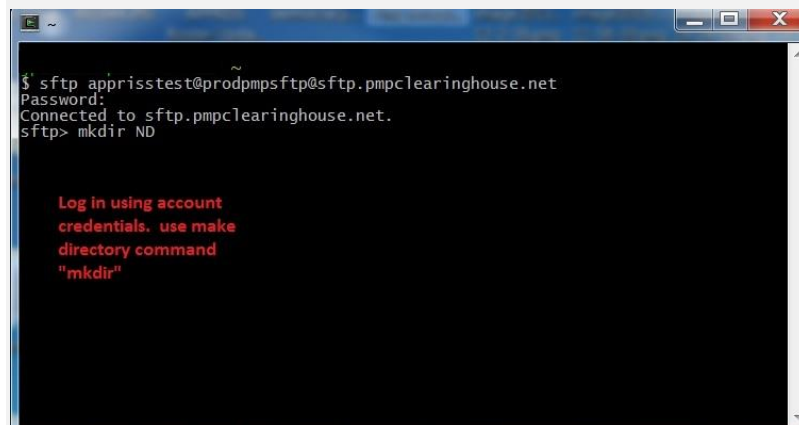
1. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
  - a. Log in to your SFTP account.
  - b. Create the required directories under */homedir*.



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

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

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



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

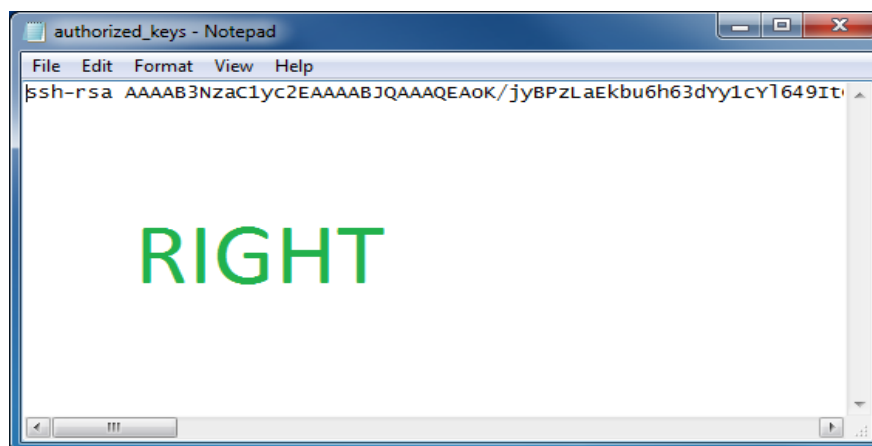
Log in using account credentials. use make directory command "mkdir"

## Public (SSH/RSA) Key Authentication

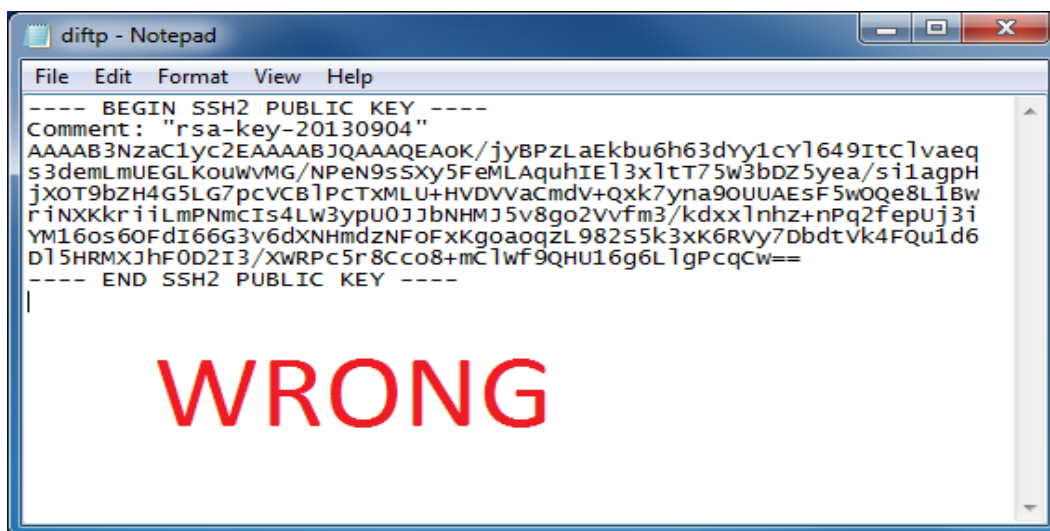
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below.

**Note:** *PGP Encryption is not supported.*

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



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



- Once the key has been generated, it should be named "*authorized\_keys*".

**Notes:**

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