



Dispenser Data Submission Guide
Texas Prescription Monitoring Program (TX PMP)
August 2016 Version 1.1

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1 Data Collection and Tracking

Data Collection Requirements

This guide provides information regarding the Texas Prescription Monitoring Program (PMP). In accordance with Chapter 481 of Texas Health and Safety Code, the Texas State Board of Pharmacy (TSBP) has implemented a Prescription Monitoring Program (PMP) to monitor and track the prescribing and dispensing of **Schedule II - V** controlled substances. This program is intended to monitor, prevent, and detect the diversion and abuse of prescription controlled substances. Such programs have been identified as effective regulatory, law enforcement, and treatment tools.

The Program seeks to control misuse by following controlled substances to the point of ultimate use. The Texas Prescription Monitoring Program can be used by practitioners and pharmacists to verify their own records and inquire about patients. In addition, the program can be used to generate and disseminate information regarding prescription trends.

Information about controlled substance dispensing activities is reported at regular intervals to TSBP through the authorized data collection vendor, Appriss Inc. Pharmacies are required by law to report to the data collection vendor in approved formats and frequencies. This requirement includes non-resident pharmacies that mail controlled substance prescription drug orders into Texas. All dispensers of Schedule II - V controlled substance prescriptions are required to collect and report dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d).

Reporting Requirements

Effective September 1, 2016 all reportable dispensed medications must be reported no later than the seventh day after the prescription was completely dispensed.

The laws and rules for reporting to the PMP are continuously subjected to change. It is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.

A “dispenser” is identified as an individual or entity who dispenses a controlled substance to an ultimate user.

Data for chain pharmacies, will most likely be submitted from corporate offices. Chain pharmacies should confirm that the corporate office will be submitting data to the PMP. Independent pharmacies or other entities should forward the reporting requirements to their software vendor. The software vendor will need to create the data file, and may be able to submit the data on behalf of the pharmacy. If the software vendor is not submitting data, follow the instructions provided in the Data Submission chapter to submit the data.

2 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the PMP AWAR_xE repository which is referred to as the PMP Clearinghouse throughout the remainder of this document.

Timeline and Requirements

Pharmacies and software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- **Dispensers (data submitters) may create accounts on or after 07/18/2016. See [Creating Your Account](#) for more information.**
- **Beginning 09/01/2016, dispensers are required to transmit their data using PMP Clearinghouse. In accordance with the guidelines outlined under [Reporting Requirements](#).**
- **If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See [Zero Reports](#) for additional details.**

Upload Specifications

Files should be in ASAP 4.1 (2009) or ASAP 4.2 (2011) format. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.dat”. All uploaded files will be kept separate from the files of others.

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

3 Creating Your Account

Prior to submitting data, you must create an account. **If you are already registered with PMP Clearinghouse, you do not need to create a new account. A single account can submit to multiple states.** If you have an existing PMP Clearinghouse account, see section [8.2 Adding States to Your Account](#).

Note: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

1. Go to <https://pmpclearinghouse.net> and click the Create Account link in the center of the screen or go directly to <https://pmpclearinghouse.net/registrations/new>.
2. **Profile Section.** Enter a current, valid email address and a password. This email address will act as your username when logging into the system.
 - **The password must contain at least 8 characters, including 1 capital letter, 1 lower case letter, and 1 special character (e.g. ! @ # \$)**

Profile

* Email Address

* Password

* Password confirmation

3. **Personal & Employer Section.** Enter your personal and employer information.
 - Required fields are marked with a red asterisk (*)
 - Data fields may be auto populated by entering DEA, NCPDP, or NPI information in the appropriate search box located to the right of each section.

Personal

* First name

Middle name

* Last name

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

DEA

NPI

Employer

* Name

* Address

Address (continued)

* City

* State

* Postal Code

* Phone

Fax

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

DEA

NCPDP

4. **sFTP Section.** If the user would like to submit data via sFTP, sFTP access can be granted during account registration. See [Adding sFTP to a Registered Account](#) to add sFTP access to an existing PMP Clearinghouse account.

- Check the “Enable sFTP Access” box as seen below. The sFTP username is automatically Generated using the first 5 characters of the employer name + the employer phone number + @prodpmssftp. Example username: chain5025555555@prodpmssftp
- Create a sFTP password that meets the following criteria: contain at least 8 characters, including **1 capital letter, 1 lower case letter, 1 number, and 1 special character (e.g. !,@,#,\$)**

NOTE: This will be the password that is input into the pharmacy software so that submissions can be automated. This password can be the same as the one entered previously under Profile. Unlike the Profile password (i.e. user account password) the sFTP password does not expire.

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

Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

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

The URL to connect via sFTP is `sftp://sftp.pmpclearinghouse.net`

Additional details on sFTP configuration can be found in [Appendix D – sFTP Configuration](#).

5. The registering user must select which states they will be submitting data for. A list of available states using PMP AWARxE are selectable.

Please indicate which states should receive your data.

- * States
- Alaska
 - Idaho
 - Kansas
 - Massachusetts
 - Mississippi

6. The registering user clicks submit. The request is submitted to the PMP Administrator for each of the states the user selected for data submission.
 - Once the State PMP Administrator has approved the request, the user will receive a welcome email and can begin submitting data to PMP AWARxE.

4 Data Delivery Methods

This section discusses the different options available to a user to submit controlled substance reporting data file(s) to PMP Clearinghouse.

Acceptable File Submissions Methods:

- Secure File Transfer Protocol (SFTP)
- Web Portal Upload
- UCF (Universal Claims Form) via Web Portal
- UCF (Universal Claims Form) via paper method - see [Appendix E – Universal Claim Form](#)
- Zero Report

4.1 Secure FTP

Data submitters who select to submit data to PMP Clearinghouse by SFTP must configure individual folders for the state PMP systems they will be submitting data to. **The sub-folders should use state abbreviation for naming (ex. AK, KS, TX, etc.).** The subfolder must be located in the homedir/ directory which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the File Listings screen. See [State Subfolders](#) for additional details on this process.

1. If an account has not yet been created, perform the steps in [Creating Your Account](#). If a Clearinghouse account already exists, but needs SFTP access added perform the steps in [Adding SFTP to a Registered Account](#).
2. Prepare the data file(s) for submission. The ASAP 4.1 specifications are described in [Appendix A](#). The ASAP 4.2 specifications are described in [Appendix B](#).
3. SFTP the file to `sftp://sftp.pmpclearinghouse.net`.
4. When prompted, use the username you received in an email when the SFTP account was created and the password you entered when requesting the SFTP account.
5. Place the file in the desired directory.
6. The user can view the results of the transfer/upload on the Submissions screen.

Note: If a data file was placed in the root directory and not a state sub-folder, the user will be prompted at the File Status screen to select a destination PMP for the file as indicated by a “*Determine PMP*” error.

4.2 Web Portal Upload

1. If an account has not yet been created, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to File Upload in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Click on the “Browse” button and select the file to upload.
5. Click the “Upload” button to begin the process of transferring the file to PMP Clearinghouse.
6. The results of the transfer/upload can be viewed on the File Submissions screen.

Submission 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:

4.3 Manual Entry (UCF)

Manual Entry is an option for data submitters to enter their prescription information into the PMP Clearinghouse system using a form derived from the Universal Claims Form (UCF). It allows the entry of patient, prescriber, pharmacy, and prescription information.

Create Universal Claim Form **MANAGE APPRISIS, INC. UCF FORMS**

PMP

* Pmp:

Patient

Patient Info	Patient ID	Patient Address
* First Name <input type="text"/>	Identity Type <input type="text"/>	* Address <input type="text"/>
* Last Name <input type="text"/>	Identity Value <input type="text"/>	Apartment or Suite <input type="text"/>
* Date of Birth <input type="text" value="mm/dd/yyyy"/>	Jurisdiction <input type="text"/>	* City <input type="text"/>
Gender <input type="text"/>	Relationship <input type="text"/>	* State/Province <input type="text"/>
Phone Number <input type="text"/>		* Postal Code <input type="text"/>

Pharmacy

* Name <input type="text"/>	* Address <input type="text"/>
Phone Number <input type="text"/>	* City <input type="text"/>
* Identifier Value <input type="text"/>	* State <input type="text"/>
	* Postal Code <input type="text"/>

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to UCF Submissions in the menu bar.
3. Choose New Claim Form to begin a submission.
4. You must select a destination PMP from the available states listed in the drop-down.
5. Complete all required fields as indicated by a red asterisks (*).
6. Click Save.
7. Then click Submit.
8. The results can be viewed on the UCF Listing screen.

4.4 Zero Reports

If you have no dispensations to report, you must report this information to the TX PMP by performing the following steps:

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to Zero Reports in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Enter the start date and end date for the report and click on the “Submit” button. (NCPDP and DEA number are optional)
5. The request will be submitted to PMP Clearinghouse.

PMP Clearinghouse File Submissions UCF Submissions **Zero Reports** File Upload Account My Profile Help

Appriss, Inc. Zero Reports MANAGE APPRISS, INC. ZERO REPORTS

Zero Report Management

Create Zero Report

* PMP Ncpdp

* Start date Dea number

* End date

Appriss, Inc. Zero Reports

Show entries Search:

State	Start Date	End Date	Ncpdp	Dea number	NPI	Asap File	Date Submitted
No data available in table							

Showing 0 to 0 of 0 entries PreviousNext

Zero Reports can also be submitted via sFTP using the ASAP Standard for Zero Reports. For additional details on this method, see [Appendix B ASAP Zero Report Specifications](#).

5 Data Compliance

Data Compliance allows users of PMP Clearinghouse to view the status of data files they have submitted.

5.1 File Listing

The File Status screen displays information extracted from the data files submitted to PMP Clearinghouse. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings, the number of records that contain errors, and the date and time of submission. A status column is located at the end of each row displaying the status of the file. If there are errors the status column will state *“Pending Dispensation Error”* and the text will be a hyperlink to the view records screen.

If a file is unable to be parsed into the Clearinghouse application, the appropriate message will display. 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 Clearinghouse.

If a file has been submitted by sFTP without using a state specific sub-folder, the file will be displayed and the user will be prompted to select a destination PMP for the data file to be transferred to.

File Listings / File Upload

File Listings DATA FILE SUBMISSIONS STATUS (LAST 30 DAYS) All Accounts Error Files Upload File

Show 10 entries Search:

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
@prodmpsfthomedir/SC/SC_20160211.dat	SC	72	0	1	02/11/2016 08:32AM	Pending Dispensation Error	status report
@prodmpsfthomedir/SC/20160209.dat	SC	251	1	0	02/10/2016 09:16AM	✓	status report
@prodmpsfthomedir/SC/SC_20160210.dat	SC	69	-	-	02/10/2016 08:21AM	✓	status report
@prodmpsfthomedir/SC/SC_20160208.dat	SC	0	-	-	02/09/2016 09:04AM	(duplicate file)	-
@prodmpsfthomedir/SC/SC_20160209.dat	SC	67	1	0	02/09/2016 09:04AM	✓	status report
@prodmpsfthomedir/SC/20160207.dat	SC	253	2	0	02/08/2016 08:59AM	✓	status report
@prodmpsfthomedir/SC/SC_20160208.dat	SC	55	-	-	02/08/2016 08:21AM	✓	status report
@prodmpsfthomedir/SC/SC_20160207.dat	SC	53	0	1	02/07/2016 08:23AM	Pending Dispensation Error	status report
@prodmpsfthomedir/SC/SC_20160206.dat	SC	57	-	-	02/06/2016 09:35AM	✓	status report
@prodmpsfthomedir/SC/20160204.dat	SC	249	-	-	02/05/2016 04:07PM	✓	status report

Showing 1 to 10 of 48 entries Previous 1 2 3 4 5 Next

5.2 Claim Forms Listing

The Claim Forms Listing displays the UCF forms submitted to the PMP Clearinghouse. The screen displays number of warning and the number errors. A status column is located at the end of each row displaying the status of the file. If there are errors then the status column will state *“Pending Dispensation Error”* and the text will be a hyperlink to the view records screen.

5.3 View Records

The view records screen provides a deeper view of the records within a selected data file that need correcting. The screen displays Prescription Number, Segment Type, Warning Count, and Error Count. A “Correct” button is displayed at the end of each row that will allow the user to make corrections to the record.

To view the records that need correcting:

1. Click on the *“Pending Dispensation Error”* hyperlink in the status column.
2. The View Records screen is displayed.
3. Click on the correct button at the end of the row for the record you want to correct.

5.4 Error Correction

The Error Correction screen allows a user to make corrections to data submitted that did not pass the validation rules. The screen displays all the fields contained within the record and the originally submitted value. A “Corrected Value” column displays the values the user enters to correct the error. The Message column displays the relevant error message for the field explaining why it 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. A corrected file should be submitted.

To correct records:

1. Identify the fields displayed that require corrections.
2. Enter the new corrected value into the corrected value column.
3. Click Submit.
4. The error will be processed through the validation rules.
 - a. If the changes pass the validation rules, the record will be identified as valid and the File Status and View Records screen will be updated.
 - b. If the changes fail the validation rules, the record will continue to be identified as needing corrections. The error message will be updated to identify any new error message.

File Listings / File Errors / Drug Errors

Drug Errors MANAGE AND RESOLVE SUBMISSION ISSUES

Prescription Number: 4045617 Dea Number: Ncpdp Identifier: Filled At: 2016-02-10

Field	Submitted Value	Corrected Value	Messages
Sequence	2	2	✓
Product identifier type	01	NDC	✓
Product identifier	00574007216	00574007216	✓
Quantity		<input type="text"/>	Errors: Quantity value must be present.
Units			✓
Pmix strength text			✓
Pmix product name text			✓

6 Email Reports

Email status reports will be automatically sent to the users associated with a data submitter account. The emailed reports are used to both identify errors in files that have been submitted and confirm a zero report submission.

6.1 File Failed Report

The File Failed report identifies if the submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The file 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. Failed files are not parsed into Clearinghouse and do not require a Void ASAP file to remove it from the system. An example of a File Fail report is:

```
SUBJ: Texas 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: 4.2  
* Transaction Control Number: unparseable  
* Transaction Control Type: unparseable  
* Date of Submission: January 30, 2016
```

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

6.2 File Status Report

The File Status report is a report sent to notify the data submitter that a data file is currently being parsed by the state PMP system. The report notifies users 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). **Records remaining to be processed will continue to be processed even after the status report is sent.**
- **Records with Errors:** Shows how many records that contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data.

- Records with Warnings: Shows how many 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: Shows the number of records that were imported if they had warnings. Records with warning and errors must have the errors corrected to be submitted into the system.
- Records imported without warnings: Shows the number of records that were imported that had no warnings.
-

The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours after if errors are continued to be identified within a submitted data file.

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listings. Each column contains a blank 2 digit pad at the end of the data. The columns are set to the following lengths:

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

An example of the report is:

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

BODY:

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

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.2
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: January 30, 2016
- * Total Record Count: ###
- * Duplicate Records: ###
- * Records in Process: ###
- * Records with Errors: ###
- * Records Imported with Warning(s): ###
- * Records Imported without Warning(s): ###

6.3 Zero Report Confirmation

A Zero Report confirmation email is sent to a data submitter who successfully submits a zero report into PMP Clearinghouse. The report displays the PMP states the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to Clearinghouse, and the date the report was originally created by the data submitter. An example of the report is:

SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:

Summary:

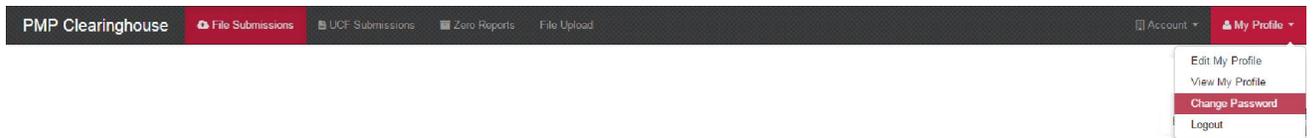
- * File Name: zero_reports_20130301KSMCPS.DAT
- * PMP Name: Texas
- * Date Range: 2016-03-06 - 2016-03-06
- * Submission Date: 2013-08-23
- * Asap Creation Date: 2016-03-06

7 Password Management

Password management can be handled within PMP Clearinghouse by the user. A user is able to proactively change their password before it expires within the application through their user profile. If a password has expired, or if the user has forgotten the password, they can use “Forgot your password” to change their password.

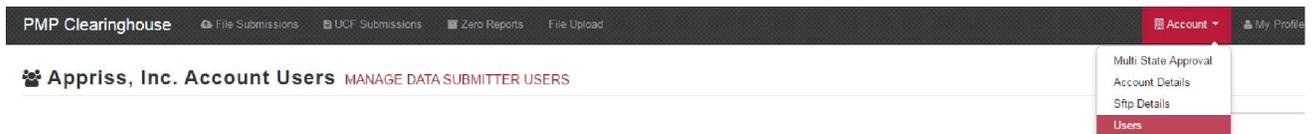
7.1 Changing Your Password

1. When a user wants to change their current password, they navigate to their My Profile section.
2. The user selects the navigation menu item for ‘Change Password’.
3. The user must then enter their current password and enter a new password twice.
4. The new password will take effect once the user has logged out of the application.



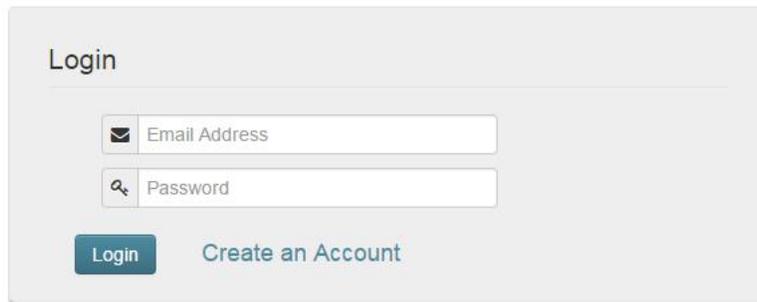
7.2 Changing Passwords for another User

1. Navigate to the Accounts menu option and select Users.
2. Select the Edit button for the desired user.
3. Create a new password for the user and click submit.
4. The user will now use the new password for logging into PMP Clearinghouse.



7.3 Forgot Your Password

1. When a user has forgotten their password or their password has expired, the user should click on the link named “Forgot your password” located on the log in screen.
2. The user must enter the email address they used to register with the application.
3. The user will receive an email containing a link to reset the password for the user’s account.
4. The user must enter the new password twice and then save the password.

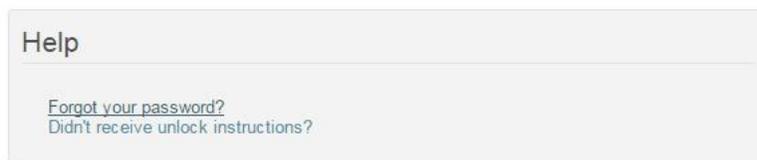


Login

Email Address

Password

Login Create an Account



Help

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

8 User Profile

8.1. Adding Users to Your Account

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

1. In Account in the menu bar, the user can select to add users under the section titled “Users”.
2. Click the “New User” button and enter the first name, last name, and email address for the new user.
3. Once saved, the new user will be able to log into PMP Clearinghouse.
 - a. The new user will use the email address used when creating their account.
 - b. The new user must use the “Forgot your password” link to create a password for their account.
4. The new user can now log in and view all data files that have been submitted under the account.

8.2. Adding States to Your Account

If a registered user of PMP Clearinghouse needs to submit data files to an additional state using PMP AWARE, the user can submit the request through their Account settings page.

1. Navigate to Account in the main menu and select “Multi State Approval” from the dropdown.
2. The page that displays lists the current states the account has requested to submit data to and the current approval from that state.
3. To submit to a new state using PMP AWARE, simply check the state on the list. This will send the data submission request to the desired state’s PMP Administrator for approval.
4. After approval has been granted, the status will change from “Pending” to “Approved”. The account may begin submitting data to the new state.

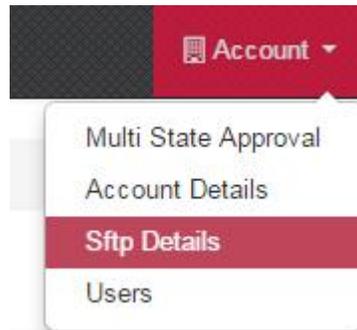
Note: If submitting by sFTP, data must be located in the proper sub-folder to ensure proper delivery to the desired state PMP.

The screenshot shows the 'Multi State Approval' page for 'Appriss, Inc. Account'. The page header includes 'PMP Clearinghouse' and navigation links for 'File Submissions', 'UCF Submissions', 'Zero Reports', and 'File Upload'. The user is logged in as 'Account' and 'My Profile' is visible. The page title is 'Appriss, Inc. Account MULTI STATE APPROVAL'. A dropdown menu is open under 'Account', showing options for 'Multi State Approval', 'Account Details', 'Sftp Details', and 'Users'. The main content area contains the following text: 'Please select state PMPs that will receive data from this account. We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.' Below this is a table with columns 'Abbv', 'State', and 'Status'. The table lists states from AK to SD, with checkboxes and approval statuses. To the right of the table is a map of the United States titled 'Participating States | Your Approval Status', showing the states listed in the table highlighted in grey.

Abbv	State	Status
<input checked="" type="checkbox"/>	AK Alaska	Approved
<input checked="" type="checkbox"/>	ID Idaho	Approved
<input checked="" type="checkbox"/>	KS Kansas	Approved
<input checked="" type="checkbox"/>	MS Mississippi	Approved
<input checked="" type="checkbox"/>	NV Nevada	Approved
<input checked="" type="checkbox"/>	ND North Dakota	Approved
<input checked="" type="checkbox"/>	SC South Carolina	Approved
<input type="checkbox"/>	SD South Dakota	

8.3. Adding sFTP to a Registered Account

If a registered account did not request an sFTP account during the registration process, a user of the account can request one in the Account options.



1. Navigate to the Account drop down menu and select sFTP Details.
2. Select the button to request an sFTP account.

Note: If an sFTP account already exists, the username will be displayed on this screen.

3. Enter the desired password for the sFTP account.
4. The sFTP username will be displayed on the screen after the sFTP account has been created.

9 Assistance and Support

Technical Assistance

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

Contact Appriss at

1-844-4TX-4PMP (1-844-489-4767)

or

Create a support request using the following URL:

<https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new>

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

Administrative Assistance

If you have non-technical questions regarding the Texas Prescription Monitoring Program, please contact:

Texas Prescription Monitoring Program
Texas State Board of Pharmacy
512-305-8050
texaspmp@pharmacy.texas.gov

10 Document Information

Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

Revision History

Version	Date	Changes
1.0	05/16/16	<ul style="list-style-type: none">• Original Document
1.1	08/23/16	<ul style="list-style-type: none">• Correction to DSP13 in Appendix A• Updates to Appendices A and B regarding out-of-state prescribers of C-II prescriptions.

11 Appendix A - ASAP 4.1 Specifications

The following information is the required definitions for submitting ASAP 4.1 records to TX PMP.

The following table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not Required but Accepted if Submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions – Elements marked with **CS2*** are required to be populated in accordance to Texas State Board of Pharmacy specifications. See [Schedule II Control Number Requirements](#) section for additional details.

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

TH07	File Type <ul style="list-style-type: none"> • P = Production • T = Test 	R
TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	N
TH09	Segment Terminator Character Sets the actual value of the data segment terminator for the entire transaction.	R
IS – Information Source – Required		
To convey the name and identification numbers of the entity supplying the information.		
IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
IS02	Information Source Entity Name Entity name of the Information Source.	R
IS03	Message Free-form text message.	N
PHA – Pharmacy Header – Required		
To identify the pharmacy or the dispensing prescriber. It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.		
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PHA04	Pharmacy Name Freeform name of the pharmacy.	R
PHA05	Address Information – 1 Freeform text for address information.	N
PHA06	Address Information – 2 Freeform text for address information.	N
PHA07	City Address Freeform text for city name.	N

PHA08	State Address U.S. Postal Service state code.	N
PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	N
PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	N
PHA11	Contact Name Free-form name.	N
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	N
PAT – Patient Information – Required		
Used to report the patient’s name and basic information as contained in the pharmacy record.		
PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	N
PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.	N
PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N

PAT05	<p>Additional Patient ID Qualifier</p> <p>Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.</p> <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
PAT06	<p>Additional ID</p> <p>Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver’s license is required and in PAT06 Social Security number is also required.</p>	N
PAT07	<p>Last Name</p> <p>Patient’s last name.</p>	R
PAT08	<p>First Name</p> <p>Patient’s first name.</p>	R
PAT09	<p>Middle Name</p> <p>Patient’s middle name or initial if available.</p>	N
PAT10	<p>Name Prefix</p> <p>Patient’s name prefix such as Mr. or Dr.</p>	N
PAT11	<p>Name Suffix</p> <p>Patient’s name suffix such as Jr. or the III.</p>	N
PAT12	<p>Address Information – 1</p> <p>Free-form text for street address information.</p>	R
PAT13	<p>Address Information – 2</p> <p>Free-form text for additional address information.</p>	S
PAT14	<p>City Address</p> <p>Free-form text for city name.</p>	R
PAT15	<p>State Address</p> <p>U.S. Postal Service state code</p> <p>Note: Field has been sized to handle international patients not residing in the U.S.</p>	R

PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R
PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	R
PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	R
PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	N
PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	N

PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N
DSP – Dispensing Record – Required		
To identify the basic components of a dispensing of a given prescription order including the date and quantity.		
DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> • 01 NDC • 06 Compound 	R

DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	R
DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
DSP10	Days Supply Estimated number of days the medication will last.	R
DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> • 01 Each • 02 Milliliters (ml) • 03 Grams (gm) 	N
DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other 	CS2*
DSP13	Partial Fill Indicator To indicate whether it is a partial fill. <ul style="list-style-type: none"> • 00 No (not a partial fill) • 01 Yes (a partial fill) 	S
DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N
DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N

DSP16	<p>Classification Code for Payment Type</p> <p>Code identifying the type of payment, i.e. how it was paid for.</p> <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	R
DSP17	<p>Date Sold</p> <p>Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.</p>	N
DSP18	<p>RxNorm Code</p> <p>Used for electronic prescriptions to capture the prescribed drug product identification.</p>	S
DSP19	<p>Electronic Prescription Reference Number</p> <p>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.</p>	CS2*
PRE – Prescriber Information – Required		
To identify the prescriber of the prescription.		
PRE01	<p>National Provider Identifier (NPI)</p> <p>Identifier assigned to the prescriber by CMS.</p>	N
PRE02	<p>DEA Number</p> <p>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).</p>	R
PRE03	<p>DEA Number Suffix</p> <p>Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.</p>	S
PRE04	<p>Prescriber State License Number</p> <p>Identification assigned to the Prescriber by the State Licensing Board.</p>	N
PRE05	<p>Last Name</p> <p>Prescriber's last name.</p>	N
PRE06	<p>First Name</p> <p>Prescriber's first name.</p>	N

PRE07	Middle Name Prescriber's middle name or initial.	N
PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
CDI – Compound Drug Ingredient Detail – Situational		
To identify the individual ingredients that make up a compound.		
CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	S
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> • 01 NDC 	S
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none"> • Example: 2.5 	S
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	S
AIR – Additional Information Reporting – Situational		
To report other information if required by the state.		
AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
AIR02	State Issued Rx Serial Number <ul style="list-style-type: none"> • Number assigned to state issued serialized prescription blank. 	CS2*
AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N

AIR04	<p>ID Qualifier of Person Dropping Off or Picking Up Rx</p> <p>Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription.</p> <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
AIR05	<p>ID of Person Dropping Off or Picking Up Rx</p> <p>ID number of patient or person picking up or dropping off the prescription.</p>	N
AIR06	<p>Relationship of Person Dropping Off or Picking Up Rx</p> <p>Code indicating the relationship of the person.</p> <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	N
AIR07	<p>Last Name of Person Dropping Off or Picking Up Rx</p> <p>Last name of person picking up the prescription.</p>	N
AIR08	<p>First Name of Person Dropping Off or Picking Up Rx</p> <ul style="list-style-type: none"> • First name of person picking up the prescription. 	N
AIR09	<p>Last Name or Initials of Pharmacist</p> <p>Last name or initials of pharmacist dispensing the medication.</p>	N
AIR10	<p>First Name of Pharmacist</p> <p>First name of pharmacist dispensing the medication.</p>	N
AIR11	<p>Dropping Off/Picking Up Identifier Qualifier</p> <p>Additional qualifier for the ID contained in AIR05</p> <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable 	N

TP – Pharmacy Trailer – Required		
To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy.		
TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer – Required		
To identify the end of the transaction and to provide the count of the total number of segments included in the transaction.		
TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
TT02	Segment Count <ul style="list-style-type: none"> • Total number of segments included in the transaction including the header and trailer segments. 	R

***Schedule II Control Number Requirements**

Texas Prescribers:

All Schedule II prescriptions must include the state issued control number when reported to the TX PMP, unless the prescription was written electronically or the prescribing doctor is not a Texas DEA resident prescriber.

Written Schedule II Prescription Requirements

For written Schedule II prescriptions, control numbers will be validated to insure that they match the DEA number to whom the prescription pad was issued.

1. The control number information should appear in the AIR segment.
 - a. AIR01 (State Issuing Rx Serial Number) must be populated with the state the prescription pad was issued (example: TX)
 - b. AIR02 (State Issued Rx Serial Number) must be populated with the full control number on the pad

Electronic Schedule II Prescription Requirements

For an electronic Schedule II prescriptions either:

- 1- DSP12 (Transmission Form of Rx Origin Code) must be populated with “05” indicating an electronic prescription and DSP19 (Electronic Prescription Reference Number) must be supplied.

****OR****
- 2- DSP12 (Transmission Form of Rx Origin Code) must be populated with “05” indication an electronic prescription and AIR02 (State Issued Rx Serial Number) must contain the following placeholder value “010000000000”

Out-of-State Prescribers:

If a Schedule II prescription was issued by a non-Texas prescriber, do not populate AIR02.

12 Appendix B – ASAP 4.2 Specifications

The following information is the required definitions for submitting ASAP 4.2 records to TX PMP.

The following table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Texas
- N = Not Required but Accepted if Submitted
- S = Situational
- **CS2*** = Required for Schedule II prescriptions – Elements marked with **CS2*** are required to be populated in accordance to Texas State Board of Pharmacy specifications. See [Schedule II Control Number Requirements](#) section for additional details.

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.		
TH01	Version/Release Number Code uniquely identifying the transaction. Format = x.x	R
TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	N
TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R

TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
TH07	File Type <ul style="list-style-type: none"> • P = Production • T = Test 	R
TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	N
TH09	Segment Terminator Character Sets the actual value of the data segment terminator for the entire transaction.	R
IS – Information Source – Required		
To convey the name and identification numbers of the entity supplying the information.		
IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
IS02	Information Source Entity Name Entity name of the Information Source.	R
IS03	Message Free-form text message.	N
PHA – Pharmacy Header – Required		
To identify the pharmacy or the dispensing prescriber. It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.		
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PHA04	Pharmacy Name Freeform name of the pharmacy.	R
PHA05	Address Information – 1 Freeform text for address information.	N

PHA06	Address Information – 2 Freeform text for address information.	N
PHA07	City Address Freeform text for city name.	N
PHA08	State Address U.S. Postal Service state code.	N
PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	N
PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	N
PHA11	Contact Name Free-form name.	N
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	N
PAT – Patient Information – Required		
Used to report the patient’s name and basic information as contained in the pharmacy record.		
PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	N
PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N

PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	N
PAT07	Last Name Patient's last name.	R
PAT08	First Name Patient's first name.	R
PAT09	Middle Name Patient's middle name or initial if available.	N
PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	N
PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	N
PAT12	Address Information – 1 Free-form text for street address information.	R

PAT13	Address Information – 2 Free-form text for additional address information.	S
PAT14	City Address Free-form text for city name.	R
PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	R
PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R
PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	R
PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	R
PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	N

PAT21	<p>Patient Location Code</p> <p>Code indicating where patient is located when receiving pharmacy services.</p> <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	N
PAT22	<p>Country of Non-U.S. Resident</p> <p>Used when the patient’s address is a foreign country and PAT12 through PAT16 are left blank.</p>	N
PAT23	<p>Name of Animal</p> <p>Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.</p>	N
<p style="text-align: center;">DSP – Dispensing Record – Required</p> <p>To identify the basic components of a dispensing of a given prescription order including the date and quantity.</p>		
DSP01	<p>Reporting Status</p> <p>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</p> <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R

DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
DSP05	Date Filled Date prescription was dispensed. Format: CCYYMMDD	R
DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> • 01 NDC • 06 Compound 	R
DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	R
DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
DSP10	Days Supply Estimated number of days the medication will last.	R
DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> • 01 Each • 02 Milliliters (ml) • 03 Grams (gm) 	N

<p>DSP12</p>	<p>Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription.</p> <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other 	<p>CS2*</p>
<p>DSP13</p>	<p>Partial Fill Indicator To indicate whether it is a partial fill.</p> <ul style="list-style-type: none"> • 00 Not a partial fill • 01 First partial fill <p>Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.</p>	<p>S</p>
<p>DSP14</p>	<p>Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.</p>	<p>N</p>
<p>DSP15</p>	<p>Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.</p>	<p>N</p>
<p>DSP16</p>	<p>Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for.</p> <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	<p>R</p>

DSP17	<p>Date Sold</p> <p>Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.</p>	N
DSP18	<p>RxNorm Code Qualifier</p> <p>RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.</p> <ul style="list-style-type: none"> • 01 Sematic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	N
DSP19	<p>RxNorm Code</p> <p>Used for electronic prescriptions to capture the prescribed drug product identification.</p>	S
DSP20	<p>Electronic Prescription Reference Number</p> <p>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.</p>	CS2*
DSP21	<p>Electronic Prescription Order Number</p> <p>This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.</p>	N
PRE – Prescriber Information – Required		
To identify the prescriber of the prescription.		
PRE01	<p>National Provider Identifier (NPI)</p> <p>Identifier assigned to the prescriber by CMS.</p>	N
PRE02	<p>DEA Number</p> <p>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).</p>	R
PRE03	<p>DEA Number Suffix</p> <p>Identifying number assigned to a prescriber by an institution when the institution’s number is used as the DEA number.</p>	N
PRE04	<p>Prescriber State License Number</p> <p>Identification assigned to the Prescriber by the State Licensing Board.</p>	N
PRE05	<p>Last Name</p> <p>Prescriber’s last name.</p>	N

PRE06	First Name Prescriber's first name.	N
PRE07	Middle Name Prescriber's middle name or initial.	N
PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
CDI – Compound Drug Ingredient Detail – Situational		
To identify the individual ingredients that make up a compound.		
CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	S
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> • 01 NDC 	S
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none"> • Example: 2.5 	S
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	S
AIR – Additional Information Reporting – Situational		
To report other information if required by the state.		
AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	CS2*
AIR02	State Issued Rx Serial Number <ul style="list-style-type: none"> • Number assigned to state issued serialized prescription blank. 	CS2*

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

AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable 	N
TP – Pharmacy Trailer – Required		
To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy.		
TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer – Required		
To identify the end of the transaction and to provide the count of the total number of segments included in the transaction.		
TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
TT02	Segment Count <ul style="list-style-type: none"> • Total number of segments included in the transaction including the header and trailer segments. 	R

***Schedule II Control Number Requirements**

Texas Prescribers:

All Schedule II prescriptions must include the state issued control number when reported to the TX PMP, unless the prescription was written electronically or the prescribing doctor is not a Texas DEA resident prescriber.

Written Schedule II Prescription Requirements

For written Schedule II prescriptions, control numbers will be validated to insure that they match the DEA number to whom the prescription pad was issued.

1. The control number information should appear in the AIR segment.
 - a. AIR01 (State Issuing Rx Serial Number) must be populated with the state the prescription pad was issued (example: TX)
 - b. AIR02 (State Issued Rx Serial Number) must be populated with the full control number on the pad

Electronic Schedule II Prescription Requirements

For an electronic Schedule II prescriptions either:

1. DSP12 (Transmission Form of Rx Origin Code) must be populated with “05” indicating an electronic prescription and DSP20 (Electronic Prescription Reference Number) must be supplied.

****OR****

2. DSP12 (Transmission Form of Rx Origin Code) must be populated with “05” indication an electronic prescription and AIR02 (State Issued Rx Serial Number) must contain the following placeholder value “010000000000”

Out-of-State Prescribers:

If a Schedule II prescription was issued by a non-Texas prescriber, do not populate AIR02.

13 Appendix C – ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to TX PMP. The table below lists the Segment and Element ID with prepopulated data to be used as an example for constructing a Zero Report. For more details regarding these Segment or Elements IDs or for the purposes of reporting actual dispensations please refer to the previous sections.

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.2	R
TH02	123456	R
TH05	20150101	R
TH06	223000	R
TH07	P	R
TH09	\\	R
IS – Information Source – Required		
IS01	4015555555	R
IS02	PHARMACY NAME	R
IS03	Date Range of Report #CCYYMMDD#-#CCYYMMDD#	R
PHA – Pharmacy Header – Required		
PHA03	ZZ1234567	R
PAT – Patient Information – Required		
PAT07	REPORT	R
PAT08	ZERO	R
DSP – Dispensing Record – Required		
DSP05	20150101	R
PRE – Prescriber Information – Required		
CDI – Compound Drug Ingredient Detail		
AIR – Additional Information Reporting		
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R
TT02	10	R

The following is an example, using the above values, of how a Zero Report would look.

```
TH*4.2*123456*01**20150108*223000*P**\  
IS*401555555*PHARMACY NAME*#20150101#-#20150107#\  
PHA*** ZZ1234567\  
PAT*****REPORT*ZERO*****\  
DSP*****20150108*****\  
PRE*\  
CDI*\  
AIR*\  
TP*7\  
TT*123456*10\  

```

14 Appendix D – sFTP Configuration

If submitting data via sFTP, a Clearinghouse account with sFTP access needs to already exist.

See [Creating Your Account](#) to register with PMP Clearinghouse.

See [Adding sFTP to a Registered Account](#) to add sFTP access to an existing PMP Clearinghouse account.

sFTP Connection Details:

Hostname: `sftp.pmpclearinghouse.net`

It is recommended to use the hostname when configuring the connection rather than the IP Address as the IP Address is subject to change.

Port: 22

The port will always be 22

Credentials – Account credentials (username and password) can be found within the PMP Clearinghouse website. Login to PMP Clearinghouse > click Account > sFTP Details > Edit

The username cannot be modified, however, the password can be updated. The current sFTP password cannot be seen or recovered. If it is unknown/lost the user will need to create a new one.

SFTP Account UPDATE SFTP PASSWORD

Username: `apprisstest@prodpmpsfpt`

Password

Must be at least 8 characters

Password confirmation

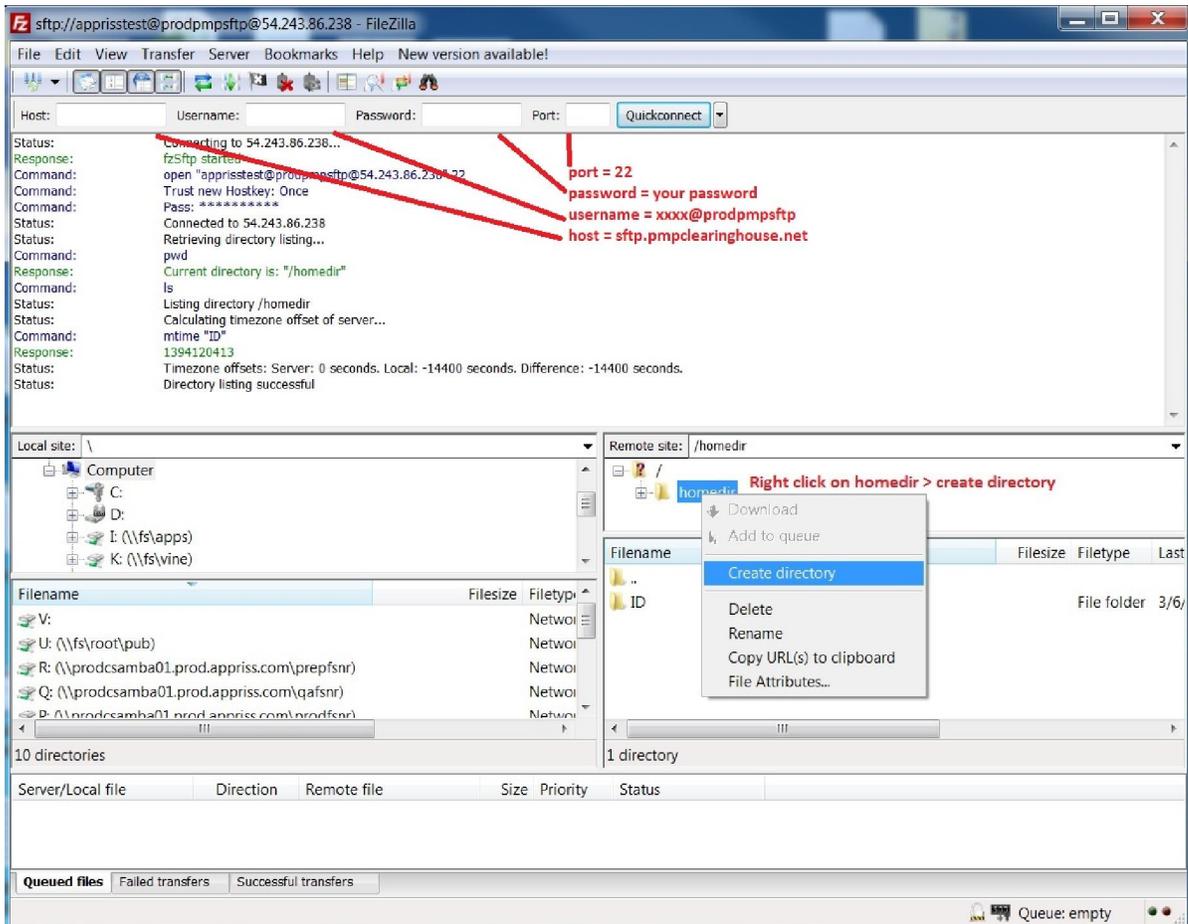
Users can test the sFTP connection but will not be able to submit data to a PMP until their account has been approved by the state administrator.

State Subfolders

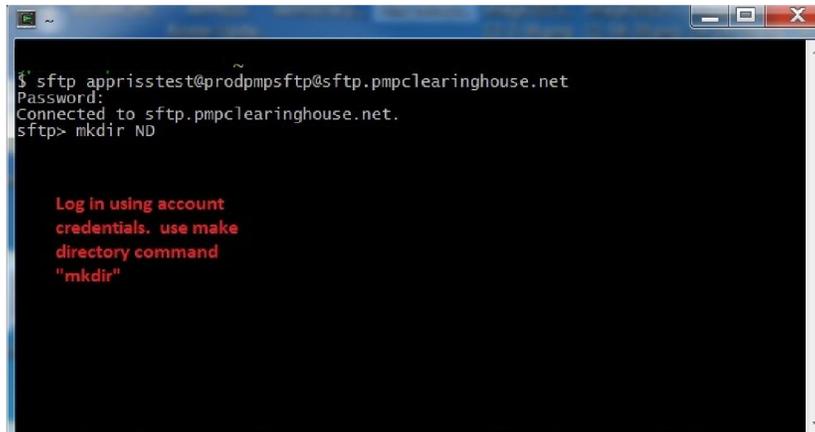
PMP Clearinghouse is the data repository for several states. As such, data submitted via sFTP must be placed in a state abbreviated folder so that it can be properly imported to the correct state. The creation of subfolders must be done outside of the PMP Clearinghouse website using 3rd party software such as a SSH Client or a command line utility. Files placed in the root/home directory of the sFTP server will not be imported. This will cause the dispensing entity to appear as non-compliant/delinquent.

The following are two methods by which to create state subfolders for sFTP submissions.

1. Via SSH client (ex: WinSCP/FileZilla)
 - Log into sFTP Account and create the directories needed under /homedir.



2. Via command prompt
 - a. Log into sFTP Account using command prompt. Once logged in, type: "mkdir" (then the directory name you wish to create)
Example: mkdir KS
NOTE: The state folder must be titled as above, with the two-letter Abbreviation.



Pharmacy software will need to be configured to place files in the appropriate state folder when submitting. The software vendor may need be contacted for additional assistance on this process. **NOTE:** Capitalization of the abbreviated state folders names have no bearing on whether or not Clearinghouse processes the files, however, some pharmacy systems, especially *nix based systems, will require the exact case be used when specifying the target folder.

Public (SSH/RSA) Key Authentication

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

*PGP Encryption is not supported

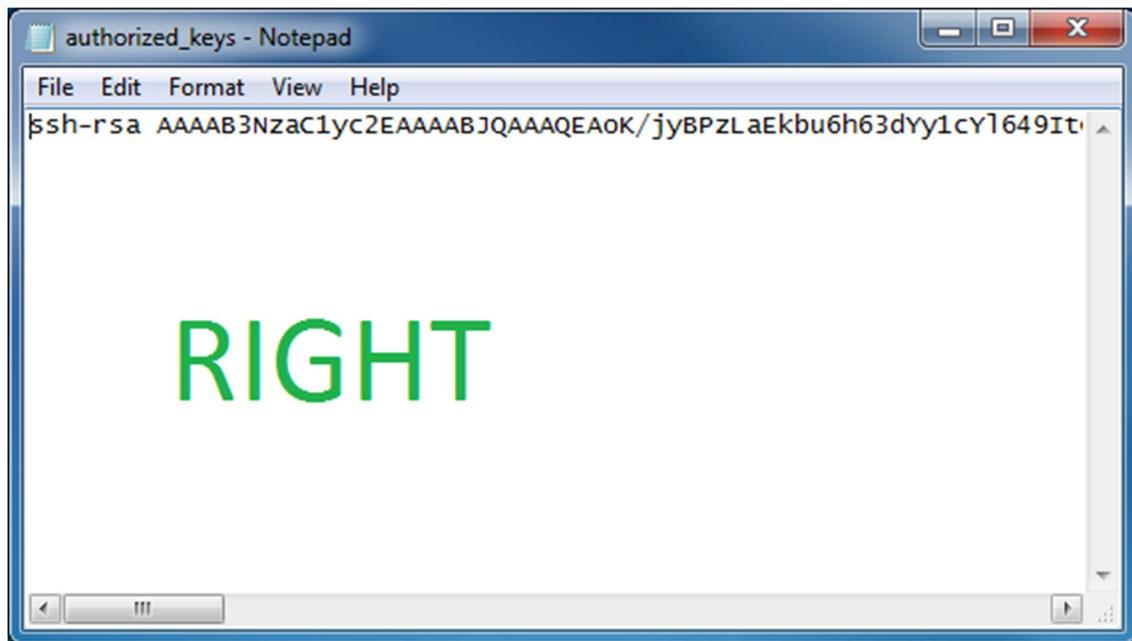
Supported Key Types:

- SSH-2 RSA 2048 bit length

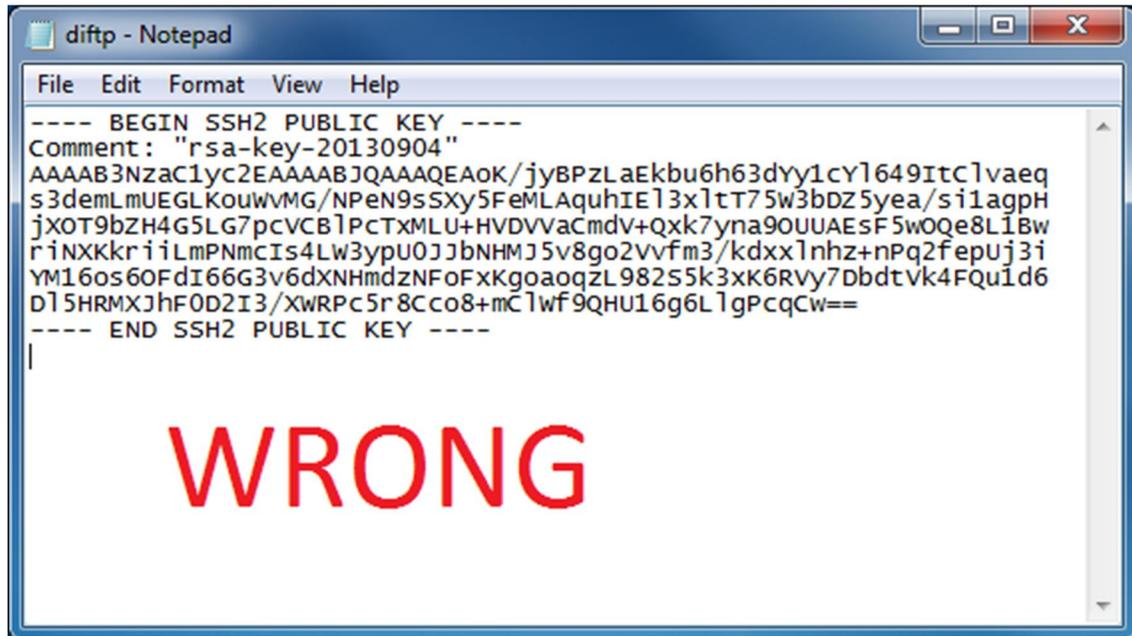
Unsupported Key Types:

- SSH-1 RSA and SSH-2 DSA keys are not supported.

Correct Public Key Format – If opened in a text editor, key should look like the following:



Incorrect Public Key Format – If opened in a text editor, key SHOULD NOT look like the following:



```
diftp - Notepad
File Edit Format View Help
----- BEGIN SSH2 PUBLIC KEY -----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPZLaEkbu6h63dyy1cy1649ItC1vaeq
s3demLMUEGLKouwVMG/NPeN9sSxy5FeMLAquhIE13x1tT75w3bDZ5yea/si1agpH
jXOT9bZH4G5LG7pcVCB1PcTXMLU+HVDVvaCmdV+Qxk7yna90UUAESF5wOqe8L1Bw
riNXKkriiLmPNmcIs4Lw3ypU0JJbNHMJ5v8go2vVfm3/kdxx1nhz+nPq2fepuj3i
YM16os6OFdI66G3v6dXNHmdzNFofXKgoaoqZL982S5k3xK6Rvy7DbdtVk4FQu1d6
D15HRMXJhf0D2I3/XwRPC5r8Cco8+mC1wf9QHU16g6L1gPcqCw==
----- END SSH2 PUBLIC KEY -----
```

WRONG

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

NOTE: There is no file extension and an underscore between the words authorized and keys.

A .ssh subfolder needs to be created in the home directory of the of the sFTP account. The “authorized_keys” file must be placed in the .ssh folder. The creation of this folder follows the same process as creating a state subfolder. Refer to the [State Subfolders](#) section for steps on creating subfolders.

15 Appendix E – Universal Claim Form (Paper Submission)

*****NOTE: Paper UCF submissions should only be used by dispensers lacking internet access. Otherwise submissions should be submitted via the PMP Clearinghouse as outlined in the [Data Delivery Methods](#) section.*****

Fax UCF Submissions:

866-282-7076

Mail UCF Submissions:

Appriss, Inc.

ATTN: TX Data Collection

400 W Wilson Bridge Rd

Suite 305

Columbus, OH 43085-2259

Use the template on the following page for paper UCF submissions.

Texas Universal Claim Form

Dispenser DEA #: _____

Patient Details					
Last Name	First Name	Date Of Birth	Gender	Patient ID Number	
Street Address	City	State	Zip	Patient ID Type	
				<input type="checkbox"/> Military ID <input type="checkbox"/> SSN <input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> System ID <input type="checkbox"/> Other <input type="checkbox"/> Green Card <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License	
Prescriber Details					
Prescriber DEA #					

Prescription Details					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	
NDC Code			Days Supply	Quantity	Dosage Units
_____ - _____ - _____					<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters
				<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other	