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# **Veterinarian Dispenser Guide**

North Carolina Controlled Substance Reporting System

December 2024  
Version 3.0

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# I Document Overview

The PMP AWARe NC Veterinarian Dispenser Guide provides step-by-step instructions for veterinarians who are dispensers of Schedule II through Schedule V controlled substances in or into North Carolina who use (or intend to use) Bamboo Health's PMP Clearinghouse repository to report their dispensations. It includes such topics as:

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

## 2 Data Collection and Tracking

This chapter provides an overview of the PMP AWARe registration process as well as detailed instructions for registering for an account and registering for a delegate account.

### 2.1 Data Collection Overview

[General Statute 90-113.73](#) (Article 5E “North Carolina Controlled Substances Reporting System Act”) section (a) requires that the North Carolina Department of Health and Human Services (NC DHHS) establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. This statute requires that all dispensers of licit controlled substances submit information in accordance with the transmission methods and frequency communicated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the ability to identify controlled substance misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost-effective manner that will not impede the appropriate medical utilization of licit controlled substances.

North Carolina General Statute 90-113.73 (a) also states that Dispensers are required to report to the North Carolina Controlled Substance Reporting System (NC CSRS) no later than the close of the next business day after the prescription is delivered. The data shall be reported using one of the electronic formats described in this document.

Per North Carolina General Statute 90-113.73 (f) veterinarians that dispense any Schedule II through V controlled substances are included in the definition “Dispenser” and subject to reporting the dispensation of those controlled substances by the close of the next business day after the transaction takes place.

North Carolina General Statute 90-113.73 (g) allows veterinarians to submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. This section expires October 1, 2019, and veterinarians will then be required to submit data to the clearinghouse either through electronic upload or entering the data into the Universal Claim Form in the clearinghouse.

A paper copy of the Universal Claim Form will be provided by NC CSRS upon approval. To request approval, contact the NC CSRS Administrator ([Administrative Assistance](#)).

See section [5.3 Manual Data Entry](#) for detailed directions on entering data in the Universal Claim form.

Effective March 1, 2025, Section 11.3 of HB 190 SL2023-65, which will include a person licensed to practice veterinary medicine as a dispenser required to submit both controlled substances and gabapentin. If a veterinary provider does not have a DEA or NPI number but is prescribing and/or dispensing gabapentin they may utilize the state license failover. To complete this the submitter will leave the PRE01 and PRE02 fields blank and enter the prescriber’s North Carolina registered veterinary license number in PRE04.

**Note:** See [Reporting Gabapentin Prescriptions](#) for guidance on veterinarians

For a timeline of important dates, see [4.1 Timeline and Requirements](#).

**Note:** *If a veterinarian writes a prescription to be filled at a pharmacy, that pharmacy is the dispenser and is responsible for reporting data to the NC CSRS.*

## 2.2 Reporting Requirements

Veterinarian dispensers of controlled substances are required to collect and report the following information to the data repository.

**Note:** *The fields listed below are required by the NC CSRS; however, additional fields are required by ASAP. For the complete list of all required fields, please refer to [Appendix A: ASAP 4.2 Specifications](#).*

- Dispenser's DEA number
- Prescriber's DEA number
- Prescriber's State License and NPI (if available)
- Owner's name
- Owner's full address, including city, state, and ZIP code
- Owner's telephone number
- Owner's Date of Birth (this is required to aid in identification of drug diversion)
- Animal's Name
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication of whether the prescription was new or refill
- Metric quantity dispensed
- Estimated days' supply, if provided
- National Drug Code (NDC) number of the drug dispensed.
- Method of payment

A National Drug Code (NDC) number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor. NDCs will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be "normalized." To normalize an NDC number, add a leading zero to the section that is missing a digit (e.g., 1234-123-1 becomes 01234-0123-01). The NDC number must be entered without dashes or spaces for it to be accepted. For more information on National Drug Codes, see <https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory>.

In the event the dispenser is unable to report the information within the timeframe required by this section because the system is not operational or there is some other temporary electrical or technological failure, this inability shall be documented in the dispenser's records. Once the electrical or technological failure has been resolved, the dispenser shall promptly report the information.

The [Data Submission](#) chapter provides all the instructions necessary to submit the required information.

## 2.2.1 Reporting Noncompliance

The laws and regulations for reporting to the NC CSRS are continuously subjected to amendments, and it is the dispenser's responsibility to be aware of such updates as they are enacted and made public.

As per North Carolina General Statute 90-113.73., any pharmacy that employs dispensers found to have failed to report information in the manner required within a reasonable period of time after being informed that the required information is missing or incomplete may be assessed civil penalties.

## 2.2.2 Excluded from Reporting

"Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does **not** include any of the following:

- An animal hospital or long-term care pharmacy that dispenses such substances **for inpatient administration**
- A wholesale distributor of a Schedule II through V controlled substance
- A physician dispensing a controlled substance medication is provided directly to the end user and does not exceed a 48-hour supply
- A dispenser is not required to report Schedule V non-narcotic, non-anorectic Schedule V controlled substances provided directly to the ultimate user for the purpose of assessing a therapeutic response when prescribed according to indications approved by the US FDA

## 3 Accessing Clearinghouse

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

### 3.1 Creating Your Account

Prior to submitting data, you must create an account. **It is only necessary to have one veterinarian in the practice to be an account holder.** Most practices will only need one or two added users who will be entering the data for the entire practice. An example would be the practice owner as the main account holder. This person would then add the person(s) who will be entering the dispensation data as a user. This can be office staff or a vet tech and does not require a DEA number. For details on adding a user, see [Adding Users to Your Upload 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.

**Profile Details** \* Indicates Required Field

Email Address \*

Password \*

Password confirmation \*

- a. Enter your current, valid email address in the **Email Address** field.  
*This email address will act as your username when logging into the PMP Clearinghouse system.*

- b. Enter a password for your account in the **Password** field.
- c. Enter the password again in the **Password Confirmation** field.

**Passwords must contain:**

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

3. Complete your Personal and Employer information, noting the following:
  - Required fields are marked with a red asterisk (\*).
  - You may be able to auto-populate your Personal and/or Employer information by entering your (or your employer's) **DEA** number, then clicking the search icon. If the number is found, the information will automatically populate.

**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 as follows.

**Note: If sFTP is not needed, continue to step 5.**

**Data Submission**

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

☐ Enable SFTP Access

☐ Enable Real-Time Access

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

**Data Submission**

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

☒ Enable SFTP Access

SFTP Username

SFTP Password

SFTP Password Confirmation

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

☐ Enable Real-Time Access

- b. Your **SFTP Username** is automatically generated using the first five characters of your employer's name + your employer's phone number. Example: "Test" is the employer's name and "555-555-5555" is the employer's phone number, SFTP username is *test5555555555*.
- c. Enter a password for your SFTP account in the **SFTP Password** field.
- d. Enter the password again in the **SFTP Password Confirmation** field. This password will be input into the dispensary software so that submissions can be automated.

**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 can be the same as the one previously entered under Profile.*

*Unlike the Profile (user account) password, the SFTP password does not expire.*

*The URL to connect via SFTP is <http://submissions.healthcarecoordination.net/>.*

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

5. In the Submission Destinations section of the page, select **North Carolina** as the PMP for which you will submit data.
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 AWARxE.

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

### Profile

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

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

**DEA Number:**

**NPI Number:**

**Full Name::** Test User

### Employer

**Name:** Bamboo Health

**DEA Number:**

**NCPDP Number::**

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

**Phone:** 5555555555

**Fax:**

### Data Acceptance

**SFTP Account:** SFTP Access? No

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

### Submission Destinations

☒ Demo State

**Continue**

7. Click **Continue**.  
The **PMP Clearinghouse Login** page is displayed; however, you will not be able to log in until your account has been approved. Once the PMP administrator has approved your request, you will receive a welcome email instructing you to confirm your account. Follow the instructions in the email to confirm your account and begin submitting data to PMP AWARxE.
8. Continue to [3.2 Logging In to PMP Clearinghouse](#) for instructions on logging in.

## 3.2 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 forgot your password; or completed registration but did not get the account confirmation email; or your account has been locked and you did not get 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.

---

## 4 Data Submission

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

### 4.1 Timeline and Requirements

You can begin submitting data to PMP Clearinghouse as soon as your account has been created.

- **January 1, 2019** – Veterinarians who dispense controlled substances were included in the definition “Dispenser” and subject to reporting the dispensation of those controlled substances by the close of the next business day after the transaction takes place.
- **June 3, 2019** – Dispensing veterinarians to begin submitting data to Clearinghouse in accordance with the guidelines outlined under [Reporting Requirements](#). It is not necessary to submit data for dispensations prior to this date, only going forward. Until October 1, 2019, a paper Universal Claim Form may be accepted, as long as the dispenser has approval from the NC DHHS. A paper copy of the Universal Claim Form will be provided by NC CSRS upon approval. To request approval, contact the NC CSRS Administrator ([Administrative Assistance](#)).
- **October 1, 2019** – all data must be submitted directly to Clearinghouse either through electronic upload or entering the data into the Universal Claim Form in Clearinghouse. See section [5.3 Manual Data Entry](#) for detailed directions on entering data in the Universal Claim Form.

If you have any questions about the reporting timeline, please contact the NC CSRS administrator using the information provided in [Administrative Assistance](#).

### 4.2 Upload Specifications

Files should be in the ASAP 4.2 format as defined in [Appendix A: ASAP 4.2 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 “20220919.dat”. All of your upload files will be kept separate from the files of other dispensers.

Dispensers are required to report prescription information by the end of the next business day but are encouraged to submit no later than 24 hours after the prescription was delivered.

## 5 Data Delivery Methods

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s) to PMP Clearinghouse. For quick reference, click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

| Delivery Method                   | Page |
|-----------------------------------|------|
| <a href="#">Secure FTP</a>        | 11   |
| <a href="#">Web Portal Upload</a> | 11   |
| <a href="#">Manual Data Entry</a> | 13   |

### 5.1 Secure FTP

If you are submitting data to PMP Clearinghouse using SFTP, you must configure an individual subfolder for the North Carolina PMP system. This subfolder must be created in the *homedir/directory* folder, which is where you are directed once authenticated, and **should be named using the PMP abbreviation NC**. 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.

1. Prepare the data file(s) for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).
  - Files for upload should have unique names, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20220919.dat”.
  - All of your upload files will be kept separate from the files of others.
  - Reports for multiple veterinarians in the same practice can be in the same upload file in any order.
  - If you submit more than one file within the same day, you must uniquely name each file, so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: 20220919a.dat, 20220919b.dat, and 20220919c.dat.
2. SFTP the file to <sftp://sftp.pmpclearinghouse.net>.
3. When prompted, enter the username and password you created when setting up the SFTP account.
4. Place the file in the appropriate PMP-abbreviated directory. The results of the transfer/upload can be seen on the Submissions page in PMP Clearinghouse.

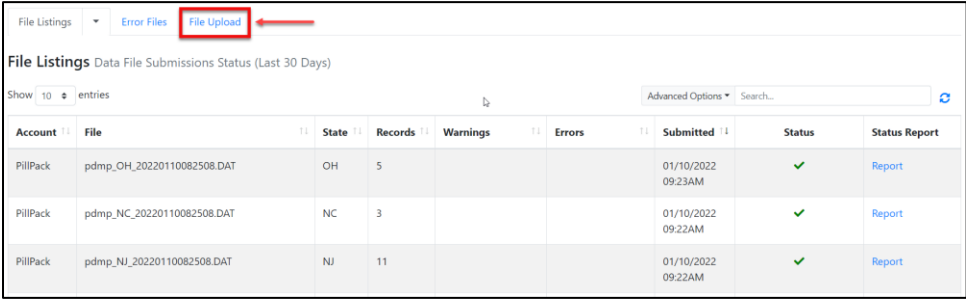
**Note:** If you place the data file in the root directory and not a PDMP sub-folder, a  symbol with a mouse over hint of “**Determine PMP**” is displayed on the **File Status** page, and you will be prompted to select a destination PMP to which the data should be sent.

### 5.2 Web Portal Upload

1. Prepare the data file(s) for submission, using the ASAP specifications in [Appendix A: ASAP 4.2 Specifications](#).

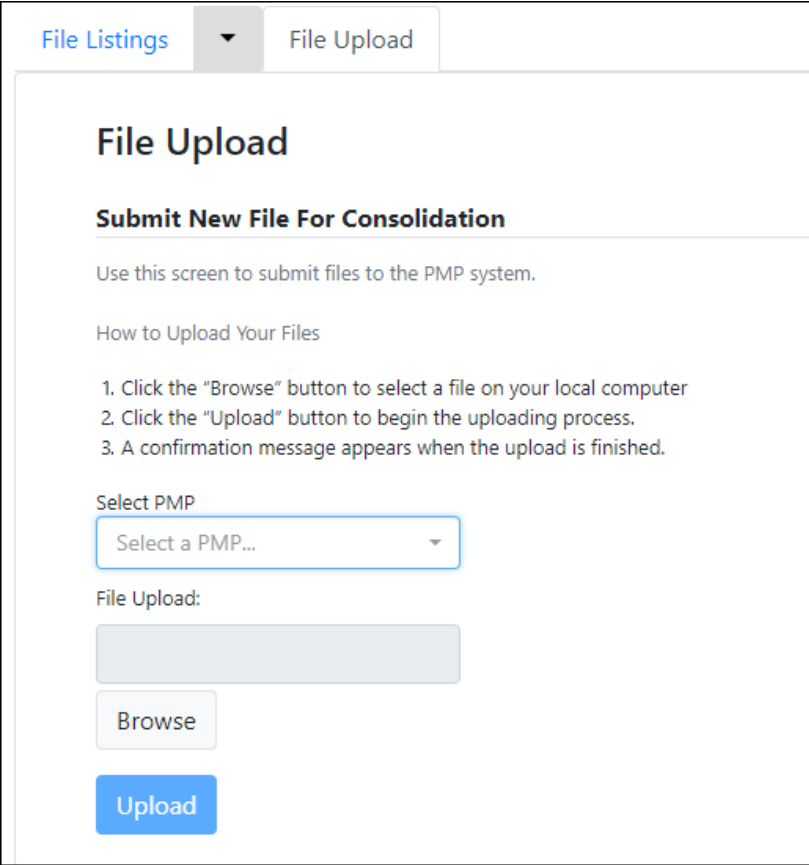
- Files for upload should have unique names, with a prefix constructed from the date of submission to PMP Clearinghouse (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20220919.dat”.
- All of your upload files will be kept separate from the files of others.
- Reports for multiple veterinarians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

2. Log in to PMP Clearinghouse.
3. 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:

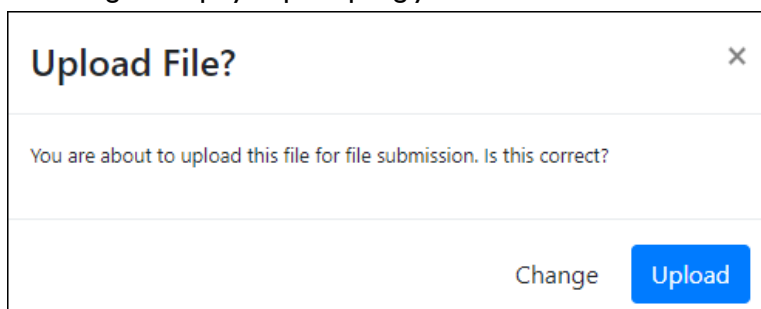
Browse

Upload

4. Select **North Carolina** from the drop-down list in the **Select a PMP** field.

5. Click the **Browse** button, next to the **File Upload** field, and select the file created in step 2.
6. Click **Upload**.

A message is displayed prompting you to confirm the submission.



7. 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.

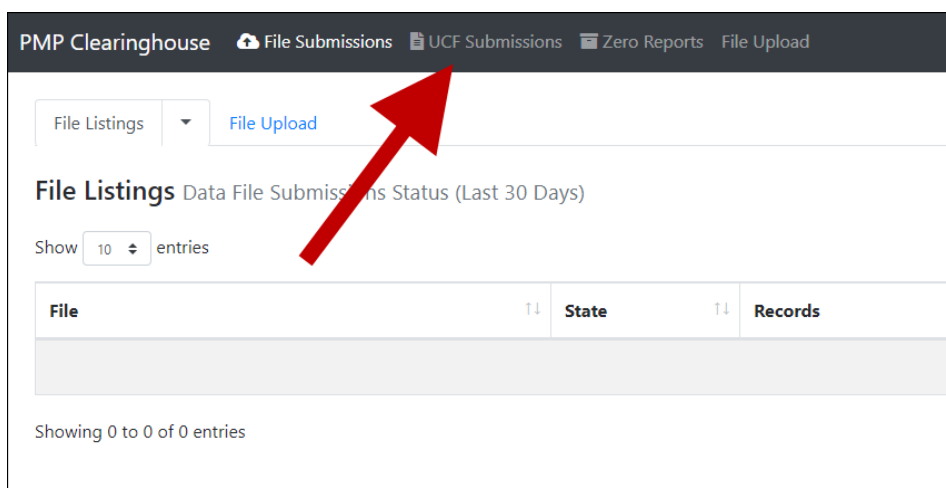
## 5.3 Manual Data Entry

If you do not have internet access, please contact the NC CSRS administrator using the information provided in [Administrative Assistance](#).

If you have internet access, but do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, you can manually enter the required information using the Universal Claim Form (UCF) within the PMP Clearinghouse web portal. [Reporting Requirements](#) lists all required data elements.

If you do not have an account, perform the steps in [Creating Your Account](#).

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



The **UCF Listings** page is displayed.

UCF Listings   Manage Claim Forms   New Claim Form

### UCF Listings

Show 10 entries

| Created at          | State | Warnings | Errors | Status |
|---------------------|-------|----------|--------|--------|
| 01/15/2019 02:13 PM | KS    | 0        | 0      | ✓      |
| 01/17/2019 07:38 PM | KS    | 0        | 0      | ✓      |
| 01/28/2019 03:51 PM | CR    | 0        | 0      | ✓      |
| 01/28/2019 04:04 PM | CR    | 0        | 0      | ✓      |
| 01/28/2019 04:07 PM | CR    | 0        | 0      | ✓      |
| 01/28/2019 04:11 PM | CR    | 0        | 0      | ✓      |

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

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

pmpclearinghouse.net says

Are you sure you are ready to submit?

OK Cancel

- Select **North Carolina** in the drop-down list in the **Select a PMP** field.
- Complete all required fields, noting that required fields are marked with an asterisk (\*).

**Note:** To enter a compound, click the **Compound** checkbox in the **Drug Information** section, complete the required fields for the first drug ingredient, and click **Add New** to add additional drug ingredients.

- After entering data, 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

- Click **Submit Now**.

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

clearinghouse-prep.pmp.appriss.com says

Are you sure you are ready to submit?

OK Cancel

- Click **OK**.

Your data will be validated upon submission.

- If there are no errors, you are returned to the **Submitted Claim Forms** page and your report is listed there.
- If there are any errors on the UCF form, they are displayed at the top of the page.

**Note:** If the error is a National Drug Code (NDC) that is not in the system and you are sure it is correct, email [NCCSRS@dhhs.nc.gov](mailto:NCCSRS@dhhs.nc.gov) to have the NDC added to the database. You will not be held responsible for the delay in reporting that dispensation.

**Edit Universal Claim Form** MANAGE UCF FORMS

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.

- Pharmacy address can't be blank
- Pharmacy city can't be blank
- Pharmacy state can't be blank
- Pharmacy zip code can't be blank
- Patient address street can't be blank
- Patient address city can't be blank
- Patient address state can't be blank
- Patient address zip can't be blank

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

| <a href="#">UCF Listings</a> <a href="#">Manage Claim Forms</a> <a href="#">New Claim Form</a> |       |          |         |        |  |
|------------------------------------------------------------------------------------------------|-------|----------|---------|--------|--|
| UCF Listings                                                                                   |       |          |         |        |  |
| Show                                                                                           | to    | entries  | Search: |        |  |
| Created at                                                                                     | State | Warnings | Errors  | Status |  |
| 01/15/2019 02:13 PM                                                                            | KS    | 0        | 0       | ✓      |  |
| 01/17/2019 07:38 PM                                                                            | KS    | 0        | 0       | ✓      |  |
| 01/26/2019 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 04:13 PM                                                                            | CR    | 0        | 0       | ✓      |  |

A National Drug Code (NDC) number is a universal product identifier and is present on all nonprescription and prescription medication packages. The NDC number can be found on the medication/tablet package, if not please contact your distributor. NDCs will always be 11 numbers and will be formatted in a 5-4-2 grouping (12345-1234-12). However, some labelers will sometimes drop a leading zero in one of the groupings creating a 10-digit number. These occurrences must be “normalized.” To normalize an NDC number, add a leading zero to whichever section is missing a digit (e.g., 1234-123-1 becomes 01234-0123-01). The NDC number must be entered without dashes or spaces for it to be accepted.

## 6 Data Compliance

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

### 6.1 Electronic Uploaded File Listings

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

| File Listings Data File Submissions Status (Last 30 Days)                            |                       |       |         |          |        |                    |        |                        |  |
|--------------------------------------------------------------------------------------|-----------------------|-------|---------|----------|--------|--------------------|--------|------------------------|--|
| Show 10 entries <span>Advanced Options</span> <input type="text" value="Search..."/> |                       |       |         |          |        |                    |        |                        |  |
| Account                                                                              | File                  | State | Records | Warnings | Errors | Submitted          | Status | Status Report          |  |
| DEMO ACCT                                                                            | AA555555_20211130.dat | DO    | 2       |          | 1      | 11/30/2021 02:21PM |        | <a href="#">Report</a> |  |
| DEMO ACCT                                                                            | ZZ555555_20211130.DAT | DO    | 2       |          |        | 11/30/2021 02:01PM |        | <a href="#">Report</a> |  |
| DEMO ACCT                                                                            | ZZ555555_20211123.DAT | DO    | 2       |          |        | 11/23/2021 03:13PM |        | <a href="#">Report</a> |  |
| DEMO ACCT                                                                            | AA555555_20211123.dat | DO    | 2       |          |        | 11/23/2021 02:29PM |        | <a href="#">Report</a> |  |
| DEMO ACCT                                                                            | Bad_File_2.dat        | DO    | 0       |          |        | 11/23/2021 02:27PM |        | -                      |  |
| DEMO ACCT                                                                            | Bad_File.dat          | DO    | 0       |          |        | 11/23/2021 02:26PM |        | -                      |  |

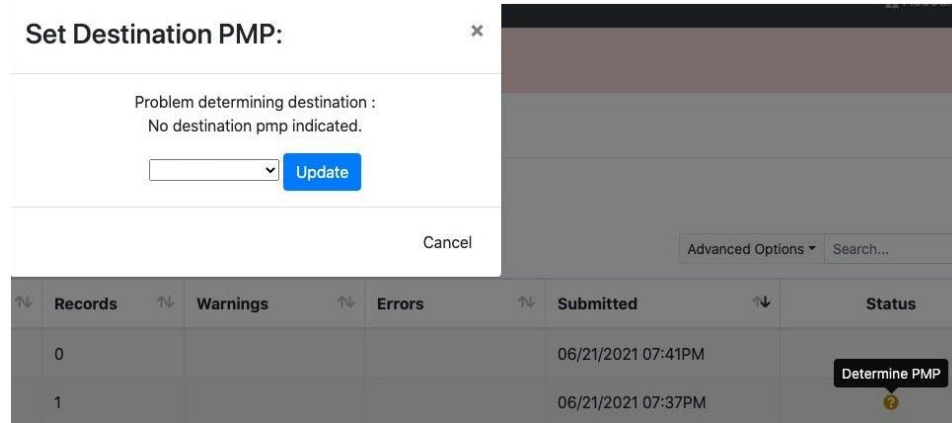
- The **Status** column, located at the end of each row, displays the file status via color-coded icon. Hovering over the icon will display the status message.
- The **Status Report** column, located next to the **Status** column, contains a link to the status report for that file. Please refer to [File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

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

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.

*In this instance, **Parsing** is simply separating a record into distinct sections and filing each section into the correct place in the database. For example, parsing the name “Mary Ashley Smith” would mean putting the first name (Mary) into the first name field, the middle name (Ashley) into the middle name field, and the last name (Smith) into the last name field.*

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 Universal Claim Form (UCF) Listings

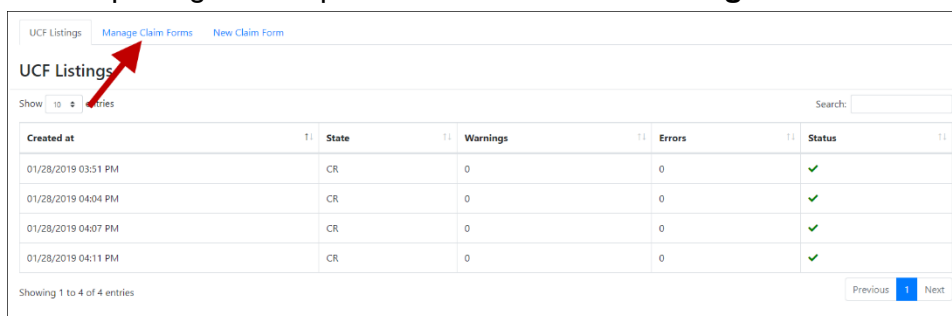
The **UCF Listings** page displays information about the UCFs submitted to PMP Clearinghouse, including the number of warnings and errors. Click **UCF Submissions** to access this page.

| UCF Listings                                                                                                                                                                                                   |       |          |        |        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|--------|--------|--|
| <a href="#">UCF Listings</a> <a href="#">Manage Claim Forms</a> <a href="#">New Claim Form</a>                                                                                                                 |       |          |        |        |  |
| UCF Listings                                                                                                                                                                                                   |       |          |        |        |  |
| Show <span>10</span> entries <span style="float: right;">Search: <input type="text"/></span>                                                                                                                   |       |          |        |        |  |
| 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 <span style="float: right;">             Previous             <span style="background-color: #007bff; color: white; padding: 2px 5px;">1</span>             Next           </span> |       |          |        |        |  |

The **Status** column, located at the end of each row, displays the UCF’s status.

Data entered into the UCF is validated upon submission; therefore, successfully submitted UCFs should not contain errors. However, if you have attempted to submit a UCF with errors and did not immediately correct those errors and submit the record, you have up to one (1) year to make updates to these records in Clearinghouse.

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



UCF Listings **Manage Claim Forms** New Claim Form

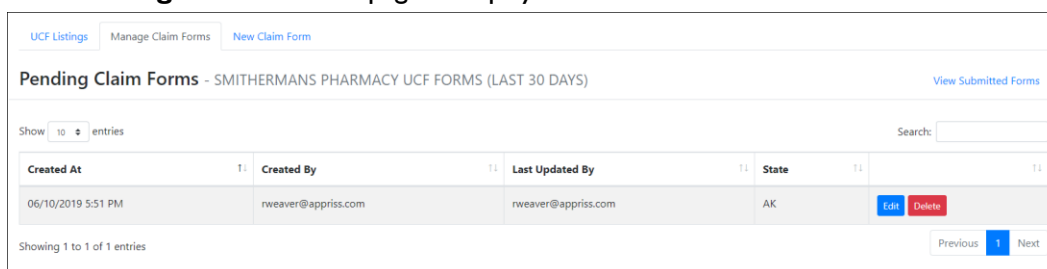
UCF Listings

Show 10 entries Search:

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

Showing 1 to 4 of 4 entries Previous 1 Next

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



UCF Listings **Manage Claim Forms** New Claim Form

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

Show 10 entries Search:

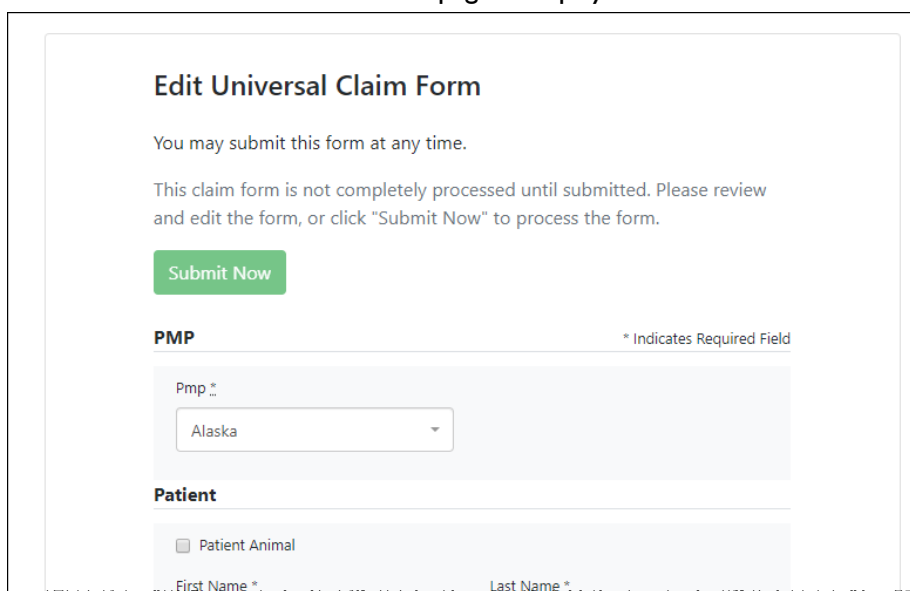
| Created At         | Created By          | Last Updated By     | State |                                             |
|--------------------|---------------------|---------------------|-------|---------------------------------------------|
| 06/10/2019 5:51 PM | nweaver@appriss.com | nweaver@appriss.com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

Showing 1 to 1 of 1 entries Previous 1 Next

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

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

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



### Edit Universal Claim Form

You may submit this form at any time.

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

[Submit Now](#)

**PMP** \* Indicates Required Field

Pmp \*

Alaska

**Patient**

☐ Patient Animal

First Name \* Last Name \*

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

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

pmpclearinghouse.net says

Are you sure you are ready to submit?

OK Cancel

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

### 6.3.1 View Records

The **Error Correction** page displays more information about the records within a selected data file that need correcting, including **Prescription Number**, **Segment Type**, **Warning Count**, and **Error Count**.

To access this page, click the "**Pending Dispensation Error**" message in the **Status** column of the [File Listings](#) page or [UCF Listings](#) page.

File Listings

File Upload

Error Correction

Manage And Resolve Submission Issues

Show

10

entries

Search:

| DEA Number | NCPDP Identifier | Prescription Number | Name      | Filled At  | Segment Type | Warning Count | Error Count | Action                             |
|------------|------------------|---------------------|-----------|------------|--------------|---------------|-------------|------------------------------------|
|            |                  | 2104AB              | RED CROSS | 2021-01-10 | Dispensation | 0             | 2           | <div>Correct</div> <div>Void</div> |
|            |                  | 2104AB              | RED CROSS | 2021-01-10 | Patient      | 0             | 1           | <div>Correct</div> <div>Void</div> |

Showing 1 to 2 of 2 entries

Previous

1

Next

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

### 6.3.2 Error Correction via PMP Clearinghouse

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

| <a href="#">File Listings</a> <a href="#">File Errors</a> <a href="#">Dispensary Errors</a>                                                                                        |                      |                 |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|--------------------------------------------------------------------------------|
| <b>Dispensary Errors</b> Manage And Resolve Submission Issues<br><small>Prescription Number: 0100755 DEA Number: BE9432042 NCPDP Identifier: 0068568 Filled At: 2019-02-13</small> |                      |                 |                                                                                |
| Field                                                                                                                                                                              | Submitted Value      | Corrected Value | Messages                                                                       |
| National provider identifier                                                                                                                                                       | 1104923507           | 1104923507      | ✓                                                                              |
| NCPDP Identifier                                                                                                                                                                   | 0068568              | 0068568         | ✓                                                                              |
| DEA number                                                                                                                                                                         | BE9432042            | BE9432042       | <b>Warnings:</b><br>DEA number warning: DEA number not found in registry.<br>✓ |
| Name                                                                                                                                                                               | <input type="text"/> |                 | <b>Errors:</b><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 a 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 4.2 standard requires dispensers to select an indicator in the **DSP01** (Reporting Status) field. These indicators allow you to submit new records, revise and resubmit records, and void (delete) erroneous records. These

actions are indicated by supplying one of the following values in the **DSP01** field:

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

**To revise a record:**

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

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

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

**To void a record:**

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

## 7 Data Status Report for Electronic Uploads

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 uploaded electronically and are not applicable to manual entry in the Universal Claim Form (UCF). This chapter describes the status reports you may receive via email and how to interpret them.

### 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: North Carolina 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: 4.1
- \* Transaction Control Number: unparseable
- \* Transaction Control Type: unparseable
- \* Date of Submission: January 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:

| Delivery Method              | Page          |
|------------------------------|---------------|
| DEA                          | 11 (9 + pad)  |
| NCPDP *Not required for Vets | 9 (7 + pad)   |
| NPI *Not required for Vets   | 12 (10 + pad) |
| Prescription                 | 27 (25 + pad) |
| Filled                       | 10 (8 + pad)  |
| Segment                      | 18 (16 + pad) |
| Field                        | 18 (16 + pad) |
| Type                         | 9 (7 + pad)   |
| Message                      | Arbitrary     |

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

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

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.

The initial File Status Report is sent out two (2) hours after the file has been submitted to the system. Additional reports will be sent out every 24 hours if errors continue to be identified within a submitted data file. An example of the File Status Report is provided on the following page.

Example File Status Report

SUBJ: North Carolina 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: September 19, 2018
- \* Total Record Count: ###
- \* Duplicate Records: ###
- \* In Process Count: ###
- \* Records with Error Count: ###
- \* Imported Records Count: ###
- \* Records Imported with Warning Count: ###

## 8 Managing Your Upload Account

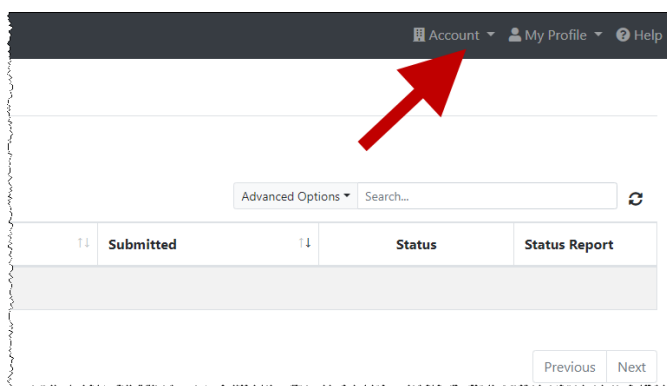
This chapter contains information for managing the upload account with which your user account is associated. For information about editing and managing your individual user account, including how to change your password, please refer to Managing Your User Profile.

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.

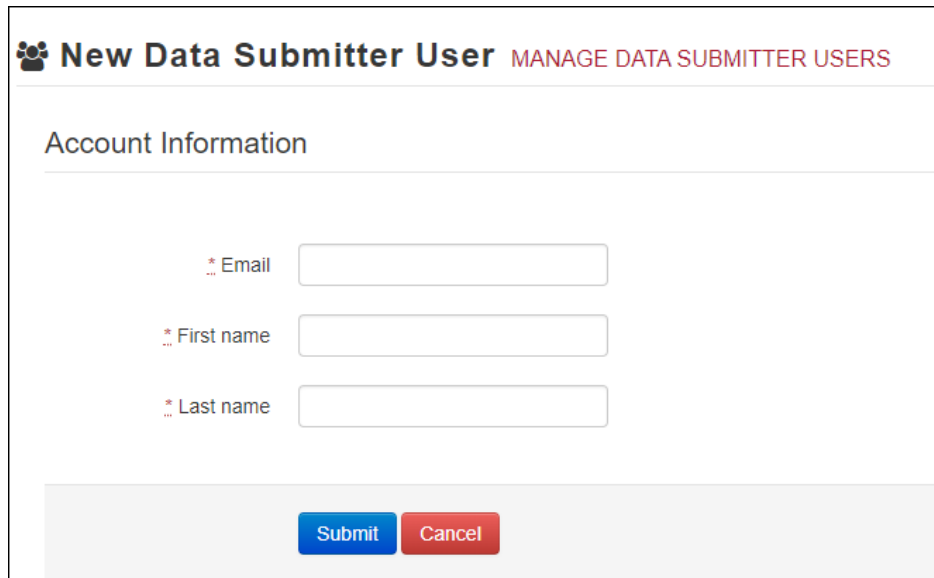
### 8.1 Adding Users to Your Upload Account

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. This additional user does not need a DEA number.

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** in the top right corner of the page.  
The **New Data Submitter User** page is displayed.



**New Data Submitter User** [MANAGE DATA SUBMITTER USERS](#)

Account Information

\* Email

\* First name

\* Last name

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

  - 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.

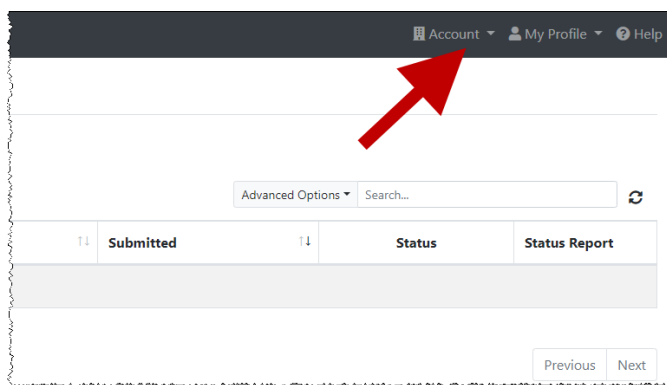
## 8.2 Adding PMPs to Your Upload Account

If your practice needs to submit data files to an additional PMP that uses PMP AWAARxE, please email [NCCSRS@dhhs.nc.gov](mailto:NCCSRS@dhhs.nc.gov) for instructions.

## 8.3 Adding SFTP Access to an Upload Account

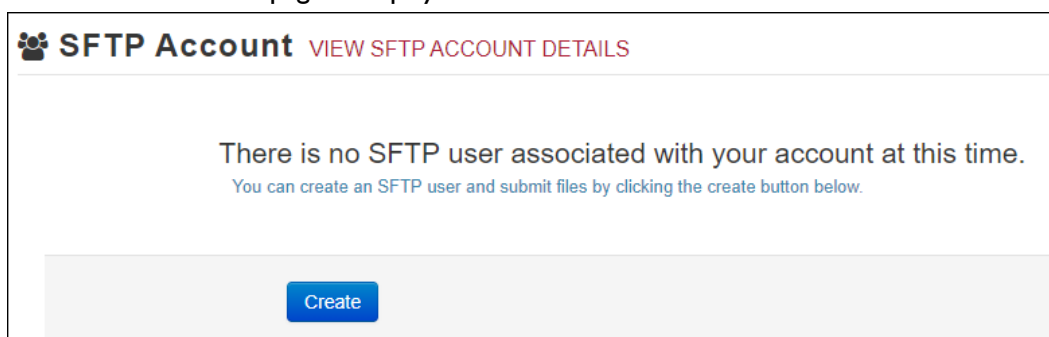
If a registered upload account did not request an SFTP account during the account creation process, you can request one at any time using the **Account** menu option.

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

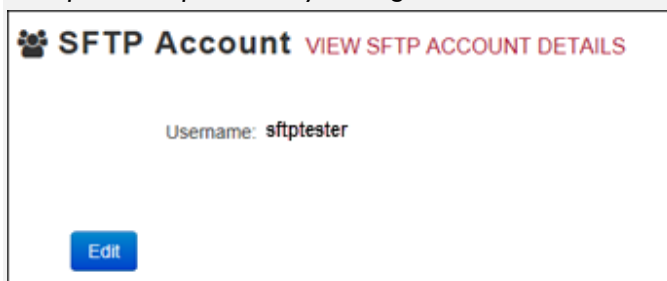


3. Select **SFTP Details**.

The **SFTP Account** page is displayed.

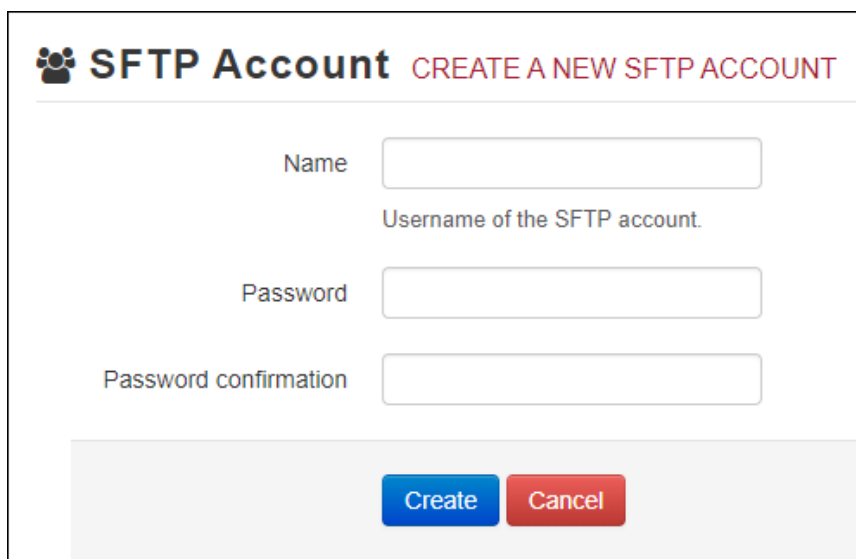


**Note:** If an SFTP account already exists for the upload account, the username is displayed on the SFTP Account page. You cannot change the SFTP account username; however, you can update the password by clicking **Edit**.



4. Click **Create**.

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



**SFTP Account** [CREATE A NEW SFTP ACCOUNT](#)

Name   
Username of the SFTP account.

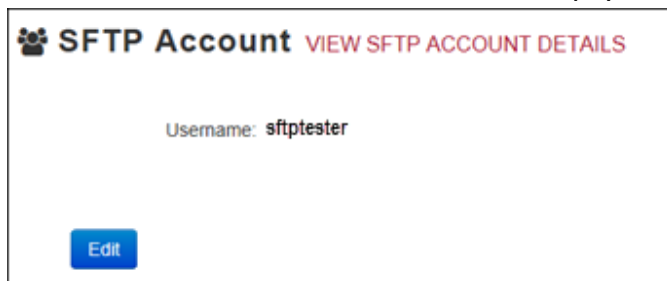
Password

Password confirmation

[Create](#) [Cancel](#)

5. Enter a username for the account in the **Name** field. *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. *Once the account has been successfully created, this password will be input into the dispensary software so that submissions can be automated.*
7. Click **Create**.

The account is created, and the username is displayed.



**SFTP Account** [VIEW SFTP ACCOUNT DETAILS](#)

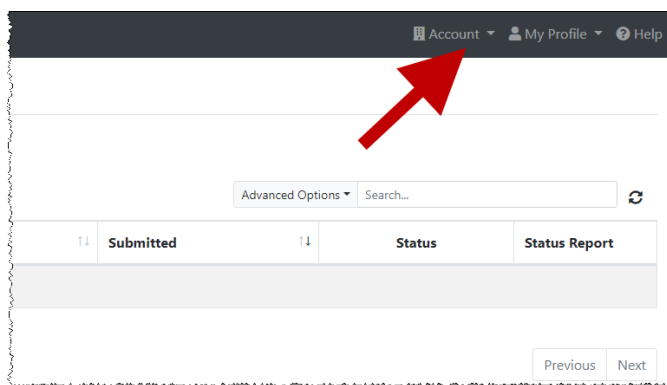
Username: sftp tester

[Edit](#)

## 8.4 Editing Your Upload Account

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

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



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

### Bamboo Health Accounts

#### Account Details

**Name:** Bamboo Health

**Phone Number:** 5555555555

**Fax Number:**

**Allowed submission:** True

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

#### Admin Details

**User Name:** QA TESTER

**Email:** qa2@gmail.com

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

**SFTP Account ID:** qa255501@qapmpsftp

Edit

4. 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

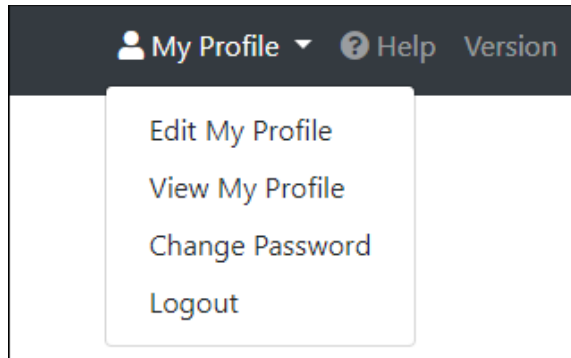
5. Update the information as necessary, then click **Submit**. The account information is updated.

## 9 Managing Your User Profile

This chapter describes how to manage your individual user profile, including how to edit your profile and manage your password. For information about managing your organization's upload account, including how to add users, please refer to [Managing Your Upload Account](#).

### 9.1 Editing Your Profile

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



3. Select **Edit My Profile**.

#### Edit Profile

##### Profile Details

\* Indicates Required Field

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

##### Organization Information

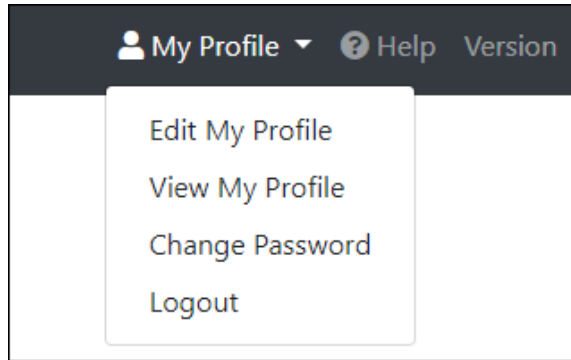
**Name:** Bamboo Health Test Pharmacy  
**Admin:** Test Admin  
**Admin Email:** testadmin@email.com

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

## 9.2 Changing Your Password

**Note:** Clearinghouse passwords expire every 90 days. Use this function to proactively change your password before it expires. If your password is expired, or you have forgotten your password, refer to [9.3 Resetting Your Password](#).

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



3. Select **Change Password**.

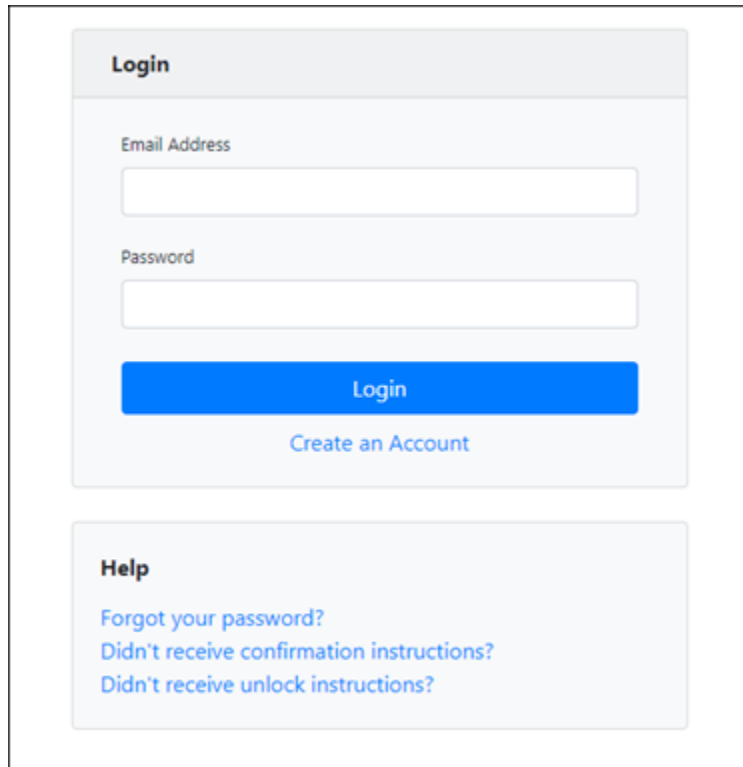
A screenshot of a 'Change Password' form. The title 'Change Password' is at the top. Below it is a section titled 'Profile Details' with a note '\* Indicates Required Field'. The form shows 'Email: testuser@email.com' and a 'Current password' field with a red asterisk. Below this is a text prompt: 'we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

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

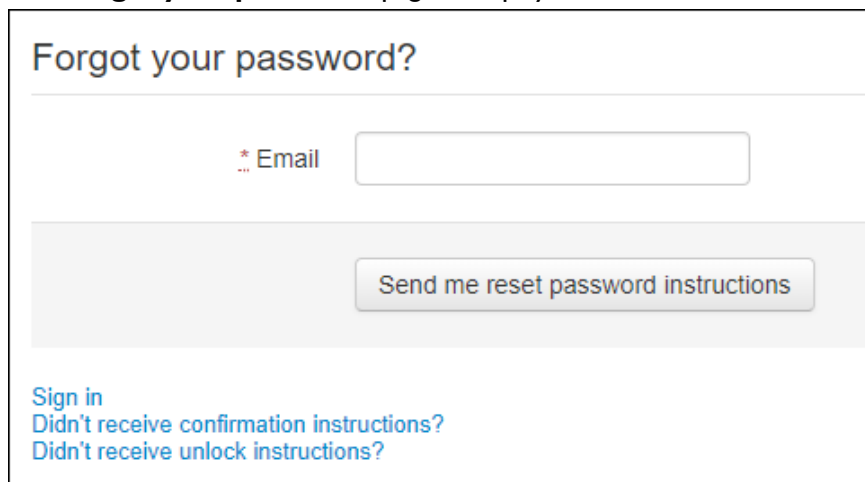
If you have forgotten your password or your password has expired, do the following to reset it:

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



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

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

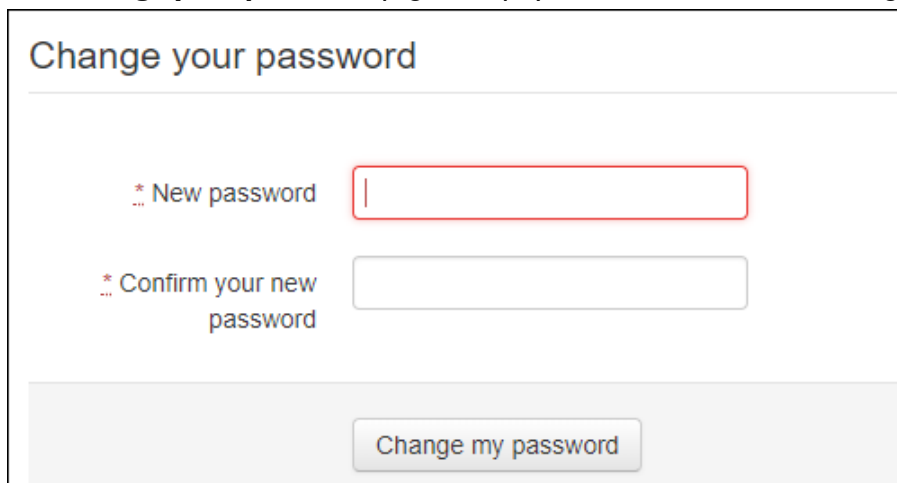


The screenshot shows the 'Forgot your password?' page. It has a title 'Forgot your password?' at the top. Below the title is a form with a label '\* Email' and an input field. Below the input field is a button that says 'Send me reset password instructions'. At the bottom of the page, there are three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

3. Enter the email address associated with your user account, then click **Send me reset password instructions**.

4. Once you receive the reset password email, click the **Change my password** link within the email.

The **Change your password** page is displayed as shown on the following page.

A screenshot of a web form titled "Change your password". The form has a light gray background. At the top, the title "Change your password" is displayed in a dark blue font. Below the title, there are two input fields. The first field is labeled "\* New password" with a red asterisk and a red outline. The second field is labeled "\* Confirm your new password" with a red asterisk and a red outline. Below these fields, there is a button labeled "Change my password" in a light gray box.

5. Enter your new password in the **New password** field, then re-enter it in the **Confirm your new password** field.
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 help with any of the procedures in this guide:

- Contact Bamboo Health at: 1-855-962-4767

**OR**

- Create a support request at: <https://pmpclearinghouse.zendesk.com/hc/en-us/>

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

## 10.2 Administrative Assistance

If you have non-technical questions about NC CSRS, please contact:

*North Carolina Controlled Substances Reporting System*  
*Division of Mental Health, Developmental Disabilities, and Substance Abuse Services*  
3008 Mail Service Center  
Raleigh, North Carolina 27699-3008

**Phone:** 919-733-1765

**E-mail:** [nccsrs@dhhs.nc.gov](mailto:nccsrs@dhhs.nc.gov)

# II Document Information

## II.1 Disclaimer

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

## II.2 Change Log

| Version | Date       | Chapter/Section                               | Change Made                                                                                                                             |
|---------|------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1.0     | 05/24/2019 | N/A                                           | Initial publication                                                                                                                     |
| 2.0     |            |                                               |                                                                                                                                         |
| 2.1     |            |                                               |                                                                                                                                         |
| 2.2     |            |                                               |                                                                                                                                         |
| 2.3     |            |                                               |                                                                                                                                         |
| 2.4     | 09/30/2019 | Global                                        | Updated screenshots to reflect updated user interface (note that this is only a cosmetic change; no functionality changes are included) |
|         |            | 6.2/UCF Listings                              | Added clarification on correcting UCF errors                                                                                            |
|         |            | 10.1/Technical Assistance                     | Corrected phone number for support                                                                                                      |
| 2.5     | 3/18/2022  | Global                                        | Updated guide to reflect Bamboo Health branding                                                                                         |
| 3.0     | 12/03/2024 | 2.1 Data Collection Overview                  | Updated language to reflect HB 190 SL2023-65 veterinarian effective date per state's request.                                           |
|         |            | Appendix A/ASAP 4.2 Specifications            | Added notes to PRE01 and PRE02 fields on Gabapentin reporting per state's request.                                                      |
|         |            | Appendix D/Reporting Gabapentin Prescriptions | Added new appendix per state's request.                                                                                                 |
|         |            | 6.3.3/Error Correction via File Submission    | Added additional guidance on error corrections and voiding records                                                                      |
|         |            | General                                       | Updated sFTP hostname information                                                                                                       |
|         |            | General                                       | Updated guide to reflect new branding guidelines                                                                                        |

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# Appendix A: ASAP 4.2 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 NC CSRS 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 NC CSRS
  - N = Not required but accepted if submitted
  - S = Situational (not required; however, supply if available)
  - P = Preferred, please submit

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

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

| Segment                                                                                                                                                                                               | Element ID   | Element Name                                                                                                                                                                       | Requirement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PHA: Pharmacy Header (required)</b><br>Used to identify the pharmacy.<br><b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03. |              |                                                                                                                                                                                    |             |
|                                                                                                                                                                                                       | <b>PHA01</b> | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the pharmacy by CMS.                                                                                           | S           |
|                                                                                                                                                                                                       | <b>PHA02</b> | <b>NCPDP/NABP Provider ID</b><br>Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.                                                           | S           |
|                                                                                                                                                                                                       | <b>PHA03</b> | <b>DEA Number</b><br>Identifier assigned to the pharmacy by the Drug Enforcement Administration.                                                                                   | R           |
|                                                                                                                                                                                                       | <b>PHA04</b> | <b>Pharmacy Name</b><br>Free-form name of the pharmacy or dispensing practitioner's name.                                                                                          | S           |
|                                                                                                                                                                                                       | <b>PHA05</b> | <b>Address Information – 1</b><br>Free-form text for address information.                                                                                                          | S           |
|                                                                                                                                                                                                       | <b>PHA06</b> | <b>Address Information – 2</b><br>Free-form text for address information.                                                                                                          | S           |
|                                                                                                                                                                                                       | <b>PHA07</b> | <b>City Address</b><br>Free-form text for city name.                                                                                                                               | S           |
|                                                                                                                                                                                                       | <b>PHA08</b> | <b>State Address</b><br>U.S. Postal Service state or other regional jurisdiction code.                                                                                             | S           |
|                                                                                                                                                                                                       | <b>PHA09</b> | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP Code.                                                                                                                           | S           |
|                                                                                                                                                                                                       | <b>PHA10</b> | <b>Phone Number</b><br>Complete phone number including area code.                                                                                                                  | S           |
|                                                                                                                                                                                                       | <b>PHA11</b> | <b>Contact Name</b><br>Free-form name.                                                                                                                                             | S           |
|                                                                                                                                                                                                       | <b>PHA12</b> | <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. | S           |
| <b>PAT: Patient Information (required)</b><br>Used to report the patient's name and basic information as contained in the pharmacy record.                                                            |              |                                                                                                                                                                                    |             |
|                                                                                                                                                                                                       | <b>PAT01</b> | <b>ID Qualifier of Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT03.                                                                        | S           |

| Segment | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                                                                                    | Requirement |
|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|         | <b>PAT02</b> | <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>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul>                                               | S           |
|         | <b>PAT03</b> | <b>ID of Patient</b><br>Identification number for the patient as indicated in PAT02.<br>An example would be the driver's license number.                                                                                                                                                                                                                                                                                                        | S           |
|         | <b>PAT04</b> | <b>ID Qualifier of Additional Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT06.<br>Used if the PMP requires such identification.                                                                                                                                                                                                                                                                         | S           |
|         | <b>PAT05</b> | <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>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul> | S           |
|         | <b>PAT06</b> | <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.                                                                                                                                                                                                               | S           |
|         | <b>PAT07</b> | <b>Last Name</b><br>Patient's last name.                                                                                                                                                                                                                                                                                                                                                                                                        | R           |
|         | <b>PAT08</b> | <b>First Name</b><br>Patient's first name.                                                                                                                                                                                                                                                                                                                                                                                                      | R           |
|         | <b>PAT09</b> | <b>Middle Name</b><br>Patient's middle name or initial if available.                                                                                                                                                                                                                                                                                                                                                                            | S           |
|         | <b>PAT10</b> | <b>Name Prefix</b><br>Patient's name prefix such as Mr. or Dr.                                                                                                                                                                                                                                                                                                                                                                                  | S           |
|         | <b>PAT11</b> | <b>Name Suffix</b><br>Patient's name suffix such as Jr. or the III.                                                                                                                                                                                                                                                                                                                                                                             | S           |

| Segment | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Requirement |
|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|         | <b>PAT12</b> | <b>Address Information – 1</b><br>Free-form text for street address information.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R           |
|         | <b>PAT13</b> | <b>Address Information – 2</b><br>Free-form text for additional address information.                                                                                                                                                                                                                                                                                                                                                                                                                                                | S           |
|         | <b>PAT14</b> | <b>City Address</b><br>Free-form text for city name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R           |
|         | <b>PAT15</b> | <b>State Address</b><br>U.S. Postal Service state or other regional jurisdiction code.                                                                                                                                                                                                                                                                                                                                                                                                                                              | R           |
|         | <b>PAT16</b> | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP code.<br>Populate with zeros if patient address is outside the U.S.                                                                                                                                                                                                                                                                                                                                                                                                              | R           |
|         | <b>PAT17</b> | <b>Phone Number</b><br>Complete phone number including area code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R           |
|         | <b>PAT18</b> | <b>Date of Birth</b><br>Date patient was born.<br>Format: CCYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R           |
|         | <b>PAT19</b> | <b>Gender Code</b><br>Code indicating the sex of the patient.<br><ul style="list-style-type: none"> <li>• F Female</li> <li>• M Male</li> <li>• U Unknown</li> </ul>                                                                                                                                                                                                                                                                                                                                                                | S           |
|         | <b>PAT20</b> | <b>Species Code</b><br>Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal.<br><ul style="list-style-type: none"> <li>• 01 Human</li> <li>• 02 Veterinary Patient</li> </ul>                                                                                                                                                                                                                                                                                            | S           |
|         | <b>PAT21</b> | <b>Patient Location Code</b><br>Code indicating where patient is located when receiving pharmacy services.<br><ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 98 Unknown</li> <li>• 99 Other</li> </ul> | S           |

| Segment                                                                                                                                                          | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Requirement |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                  | <b>PAT22</b> | <b>Country of Non-U.S. Resident</b><br>Used when the patient's address is a foreign country.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S           |
|                                                                                                                                                                  | <b>PAT23</b> | <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.                                                                                                                                                                                                                                                                                                                                                                  | S           |
| <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. |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
|                                                                                                                                                                  | <b>DSP01</b> | <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> | R           |
|                                                                                                                                                                  | <b>DSP02</b> | <b>Prescription Number</b><br>Serial number assigned to the prescription by the pharmacy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R           |
|                                                                                                                                                                  | <b>DSP03</b> | <b>Date Written</b><br>Date the prescription was written (authorized).<br>Format: CCYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R           |
|                                                                                                                                                                  | <b>DSP04</b> | <b>Refills Authorized</b><br>The number of refills authorized by the prescriber.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R           |
|                                                                                                                                                                  | <b>DSP05</b> | <b>Date Filled</b><br>Date prescription was filled.<br>Format: CCYYMMDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R           |
|                                                                                                                                                                  | <b>DSP06</b> | <b>Refill Number</b><br>Number of the fill of the prescription. <ul style="list-style-type: none"> <li>00 indicates New Rx</li> <li>01-99 is the fill number.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                        | R           |
|                                                                                                                                                                  | <b>DSP07</b> | <b>Product ID Qualifier</b><br>Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>01 NDC</li> <li>06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)</li> </ul>                                                                                                                                                                                                                                                                                                            | R           |
|                                                                                                                                                                  | <b>DSP08</b> | <b>Product ID</b><br>Full product identification as indicated in DSP07, including leading zeros without punctuation.                                                                                                                                                                                                                                                                                                                                                                                                                                            | R           |

| Segment | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Requirement |
|---------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|         | <b>DSP09</b> | <b>Quantity Dispensed</b><br>Number of metric units dispensed in metric decimal format.<br>Example: 2.5<br><i>Note: For compounds show the first quantity in CDI04.</i>                                                                                                                                                                                                                                                                                                  | R           |
|         | <b>DSP10</b> | <b>Days' Supply</b><br>Estimated number of days the medication will last.                                                                                                                                                                                                                                                                                                                                                                                                | R           |
|         | <b>DSP11</b> | <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> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>                                                                                                                                                                                                                                                       | R           |
|         | <b>DSP12</b> | <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>99 Other</li> </ul>                                                                                                                   | S           |
|         | <b>DSP13</b> | <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>Note: For additional fills per prescription, increment by 1. So, the second partial fill would be reported as 02, up to a maximum of 99.</i> | S           |
|         | <b>DSP14</b> | <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.                                                                                                                                                                                                                                                                                      | S           |
|         | <b>DSP15</b> | <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.                                                                                                                                                                                                                                                                                      | S           |

| Segment                                              | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                          | Requirement |
|------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                      | <b>DSP16</b> | <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>02 Medicaid</li> <li>03 Medicare</li> <li>04 Commercial Insurance</li> <li>05 Military Installations and VA</li> <li>06 Workers' Compensation</li> <li>07 Indian Nations</li> <li>99 Other</li> </ul> | R           |
|                                                      | <b>DSP17</b> | <b>Date Sold</b><br>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.                                                                                                                                                                                    | S           |
|                                                      | <b>DSP18</b> | <b>RxNorm Product Qualifier</b> <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> <i>Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.</i>          | S           |
|                                                      | <b>DSP19</b> | <b>RxNorm Code</b><br>Used for electronic prescriptions to capture the prescribed drug product identification.<br><i>Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.</i>                                                                                                                        | S           |
|                                                      | <b>DSP20</b> | <b>Electronic Prescription Reference Number</b><br>Used to provide an audit trail for electronic prescriptions.<br><i>Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.</i>                                                                                     | S           |
|                                                      | <b>DSP21</b> | <b>Electronic Prescription Order Number</b><br><i>Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.</i>                                                                                                                                                         | S           |
| <b>PRE: Prescriber Information (required)</b>        |              |                                                                                                                                                                                                                                                                                                                                                                                       |             |
| Used to identify the prescriber of the prescription. |              |                                                                                                                                                                                                                                                                                                                                                                                       |             |
|                                                      | <b>PRE01</b> | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the prescriber by CMS.<br><i>Note: See <a href="#">Reporting Gabapentin Prescriptions</a> for guidance on veterinarians</i>                                                                                                                                                                                       | S           |

| Segment                                                                                                                                                                                                                                                                                                                                                                                                                       | Element ID   | Element Name                                                                                                                                                                                                                                                                        | Requirement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE02</b> | <b>DEA Number</b><br>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).<br><b>Note:</b> See <a href="#">Reporting Gabapentin Prescriptions</a> for guidance on veterinarians                                               | R           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE03</b> | <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.                                                                                                                                  | S           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE04</b> | <b>Prescriber State License Number</b><br>Identification assigned to the prescriber by the Licensing Board.<br><b>Note:</b> See <a href="#">Reporting Gabapentin Prescriptions</a> for guidance on veterinarians                                                                    | S           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE05</b> | <b>Last Name</b><br>Prescriber's last name.                                                                                                                                                                                                                                         | S           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE06</b> | <b>First Name</b><br>Prescriber's first name.                                                                                                                                                                                                                                       | S           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE07</b> | <b>Middle Name</b><br>Prescriber's middle name or initial.                                                                                                                                                                                                                          | S           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRE08</b> | <b>Phone Number</b>                                                                                                                                                                                                                                                                 | S           |
| <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 9999999999. |              |                                                                                                                                                                                                                                                                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CDI01</b> | <b>Compound Drug Ingredient Sequence Number</b><br>First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.                                                                                                                                     | R           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CDI02</b> | <b>Product ID Qualifier</b><br>Code to identify the type of product ID contained in CDI03.<br><ul style="list-style-type: none"> <li>01 NDC</li> <li>02 UPC</li> <li>03 HRI</li> <li>04 UPN</li> <li>05 DIN</li> <li>06 Compound (this code is not used in this segment)</li> </ul> | R           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CDI03</b> | <b>Product ID</b><br>Full product identification as indicated in CDI02, including leading zeros without punctuation.                                                                                                                                                                | R           |
|                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CDI04</b> | <b>Compound Ingredient Quantity</b><br>Metric decimal quantity of the ingredient identified in CDI03.<br>Example: 2.5                                                                                                                                                               | R           |

| Segment                                                                                                                                                                                                                                                                                                                                                        | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Requirement |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                | <b>CDI05</b> | <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>                                                                                              | S           |
| <b>AIR: Additional Information Reporting (situational)</b><br>Used when 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. |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR01</b> | <b>State Issuing Rx Serial Number</b><br>U.S.P.S. state or other regional jurisdiction code that issued serialized prescription blank. This is required if AIR02 is used.                                                                                                                                                                                                                                                                                             | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR02</b> | <b>State Issued Rx Serial Number</b><br>Number assigned to issued serialized prescription blank.                                                                                                                                                                                                                                                                                                                                                                      | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR03</b> | <b>Issuing Jurisdiction</b><br>Code identifying the jurisdiction that issues the ID in AIR05.                                                                                                                                                                                                                                                                                                                                                                         | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR04</b> | <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>08 Tribal ID</li> <li>99 Other (agreed upon ID)</li> </ul> | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR05</b> | <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.                                                                                                                                                                                                                                                                                                                                      | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR06</b> | <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>                                                                                                                                                                                              | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR07</b> | <b>Last Name of Person Dropping Off or Picking Up Rx</b><br>Last name of person picking up the prescription.                                                                                                                                                                                                                                                                                                                                                          | S           |
|                                                                                                                                                                                                                                                                                                                                                                | <b>AIR08</b> | <b>First Name of Person Dropping Off or Picking Up Rx</b><br>First name of person picking up the prescription.                                                                                                                                                                                                                                                                                                                                                        | S           |

| Segment                                                                                                                                                                                                                   | Element ID   | Element Name                                                                                                                                                                                                                                                                                                                                  | Requirement |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                           | <b>AIR09</b> | <b>Last Name or Initials of Pharmacist</b><br>Last name or initials of pharmacist dispensing the medication.                                                                                                                                                                                                                                  | S           |
|                                                                                                                                                                                                                           | <b>AIR10</b> | <b>First Name of Pharmacist</b><br>First name of pharmacist dispensing the medication.                                                                                                                                                                                                                                                        | S           |
|                                                                                                                                                                                                                           | <b>AIR11</b> | <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>98 Unknown/Not Applicable</li> </ul> <b>Note:</b> Both 01 and 02 cannot be required by a prescription drug monitoring program. | S           |
| <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. |              |                                                                                                                                                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                                           | <b>TP01</b>  | <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.                                                                                                                                                                                | R           |
| <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.                                               |              |                                                                                                                                                                                                                                                                                                                                               |             |
|                                                                                                                                                                                                                           | <b>TT01</b>  | <b>Transaction Control Number</b><br>Identifying control number that must be unique.<br>Assigned by the originator of the transaction.<br>Must match the number in TH02.                                                                                                                                                                      | R           |
|                                                                                                                                                                                                                           | <b>TT02</b>  | <b>Segment Count</b><br>Total number of segments included in the transaction including the header and trailer segments.                                                                                                                                                                                                                       | R           |

## Appendix B: 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 [3.1.1 Creating Your Account](#). You will be able to set up your SFTP account during the account creation process.

If you have an existing PMP Clearinghouse account but do not have SFTP access, please refer to [Adding SFTP Access to an Upload Account](#).

### SFTP Connection Details

Hostname: <http://submissions.healthcarecoordination.net/>

Port: 22

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.

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

**Credentials:** Your SFTP account credentials (username and password) can be found in the PMP Clearinghouse website. To locate your credentials, [log in to PMP Clearinghouse](#), then click **Account > SFTP Details > Edit**.

*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.*

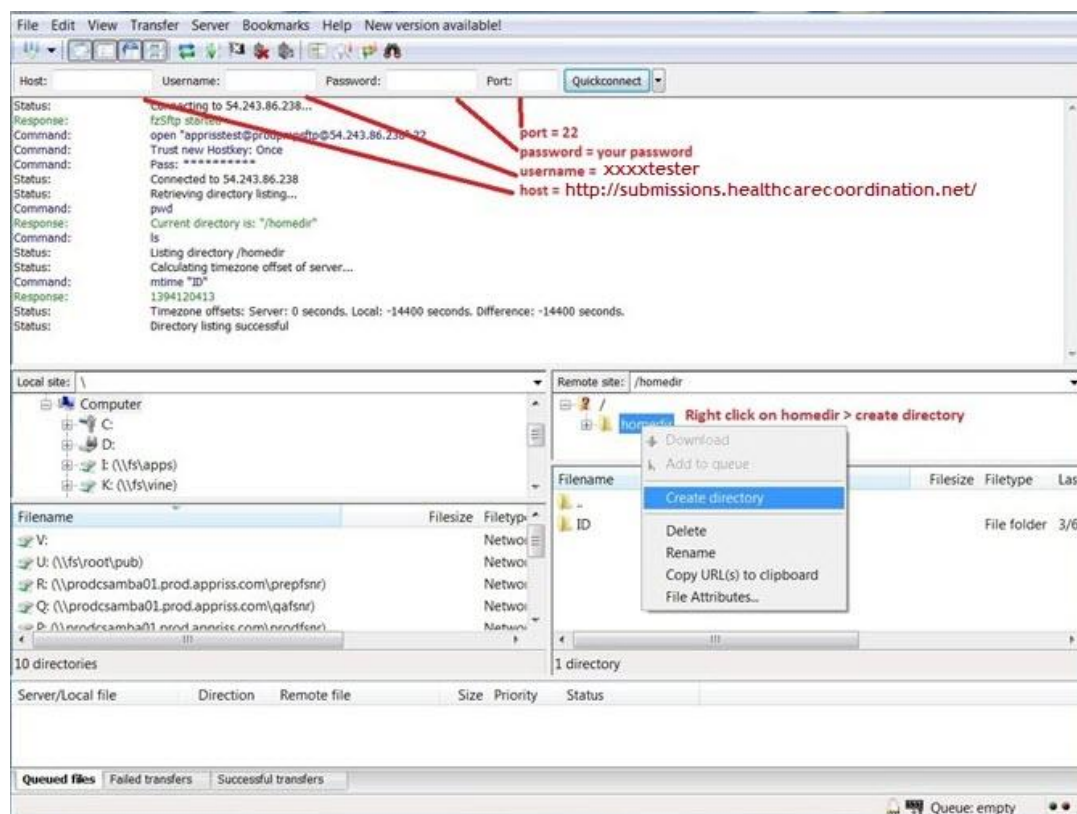
### PMP Subfolders

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 dispensary 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.

*Capitalization of the abbreviated PMP folders' names has no bearing on whether or not Clearinghouse processes the files; however, some dispensary 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 the PMP subfolder for SFTP submissions:

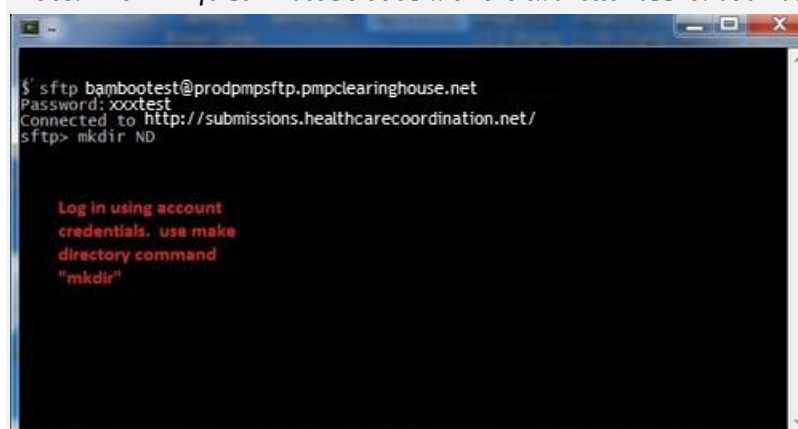
- I. **Via SSH client** (e.g., WinSCP, FileZilla, etc.)
  - a. Log in to your SFTP account.
  - b. Create the NC directory under **/homedir**.



## 2. Via command prompt

- Log in to your SFTP account using command prompt.
- Type “**mkdir**” followed by a space and then the PMP abbreviation for North Carolina (**mkdir NC**).

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

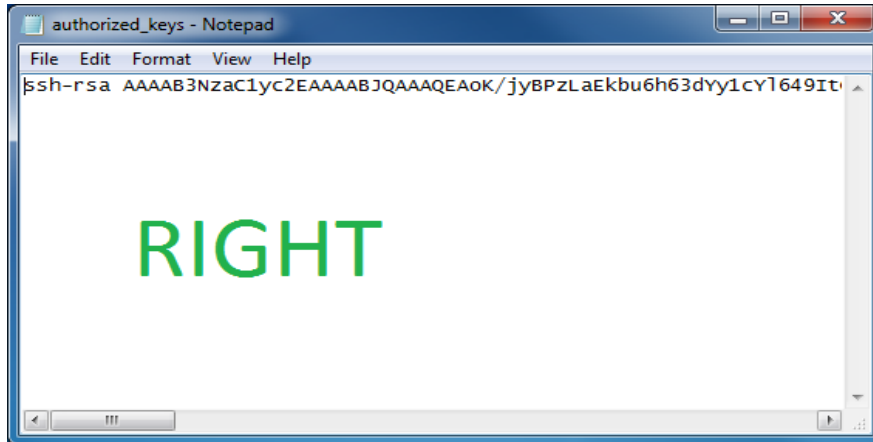


## Public (SSH/RSA) Key Authentication

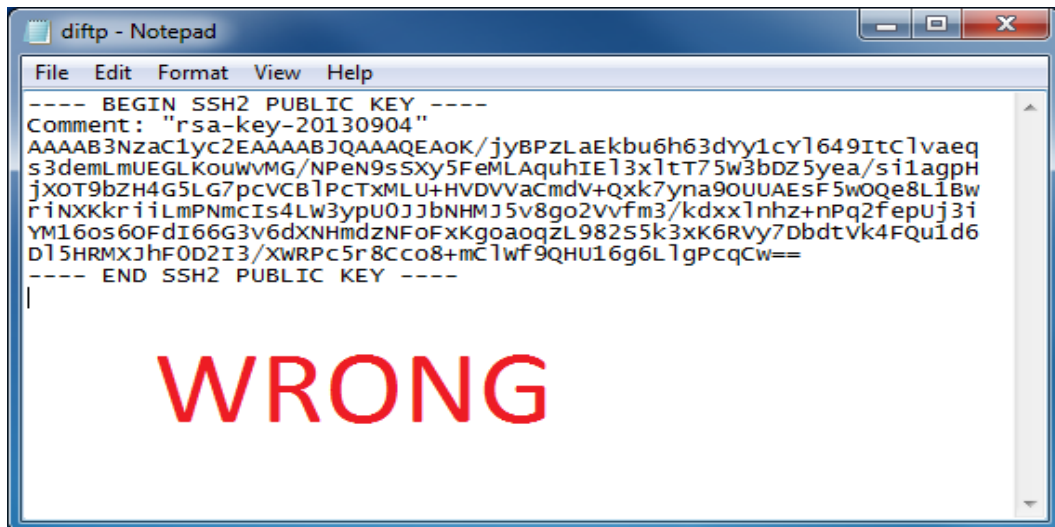
PMP Clearinghouse supports SSH key authentication. The generation of the key is outside the scope of this document; however, general guidelines about the key, along with how to import/load it, are provided below. **PGP Encryption is not supported.**

- **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**”.

- 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.**

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## Appendix C: Reporting Gabapentin Prescriptions

Typically, records submitted to the NC PDMP require a prescriber's DEA or NPI. Gabapentin is a substance of concern, required to be reported by G.S. 90-113.73, and as such may be obtained from prescribers who do not have a DEA registration and from veterinarians who have neither a DEA registration nor NPI.

Refer to the scenarios below for guidance.

### **Scenario 1:**

Prescriber does not prescribe Schedule II–V controlled substances but does prescribe gabapentin. Prescriber does not have a DEA number.

**Guideline:** Leave the prescriber DEA number field blank and input the prescriber NPI number in the appropriate data submission field.

### **Scenario 2:**

Prescriber is a veterinarian who does not prescribe controlled substances in Schedules II–V but does prescribe gabapentin. Veterinarians are not eligible to have NPI numbers.

**Guideline:** Leave the prescriber DEA number and prescriber NPI number fields blank. Enter the prescriber's professional license number in the PRE04 field.

If there are any other circumstances for which reporting of gabapentin presents issues for your pharmacy, please contact the NC PDMP at [nccsrs@dhhs.nc.gov](mailto:nccsrs@dhhs.nc.gov).