

SUBMITTER'S GUIDE TO ELECTRONIC DATA TRANSMISSION

for the



Revised: February 2014



NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

1-866-811-7957
www.health.ny.gov/professionals/narcotic

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1. Document Overview

Purpose and Contents

The *Submitter's Guide to Electronic Data Transmission (Guide)*, as developed by the New York State Department of Health's (NYSDOH) Bureau of Narcotic Enforcement (BNE), is designed to serve as a step-by-step guide for the electronic submission of controlled substance prescription data to the Department for inclusion in the New York State Prescription Monitoring Program (PMP) Registry.

Topics discussed within this *Guide* include:

- Overview of the *Guide*
- Reporting requirements and frequency
- Data file submission methodologies and associated criteria
- Retrieval and correction of errors
- Assistance and support
- File and entry specifications

History

This *Guide* supersedes the July 2008 edition of the *Manual of Instructions*. Much of the content found within the superseded publication has been incorporated into this *Guide* and has been refreshed, as applicable, in an effort to better reflect updates to industry-standard reporting specifications.

Formatting Conventions

The following formatting conventions are used throughout this document:

FORMAT	DESIGNATION
Bold	References to execution buttons, windows, file names, menus, icons or other programmatic options. Also used for emphasis.
Courier New	Text to be entered into a field or window as well as text provided in response.
Blue underlined text	Hyperlinks to external web sites.
<i>Italics</i>	References to this guide or external documents/applications.

Disclaimer

Every effort has been made to ensure the accuracy of the information contained within this *Guide* at the time of publication. Please be advised, however, that information is subject to change without notice.

Change Log

The Change Log records the *Guide’s* publication history as well any substantive modifications to major content areas:

DOCUMENT VERSION	CHAPTER/ SECTION	MODIFICATION	COMMENTS
July 2008	N/A	N/A	Last publication of the <i>Manual of Instructions</i> .
October 2013	All	General changes pertaining to content formatting and presentation include: <ul style="list-style-type: none"> • Added Table of Contents • Added Chapter Headings • Applied formatting conventions 	Initial publication. Supersedes the July 2008 edition of the <i>Manual of Instructions</i> .
	Chapter 2/ Data Format	Data submissions in ASAP 4.2 format as outlined within this <i>Guide</i> are now accepted.	Versions 4.1 and 4.0 continue to be accepted at this time but do not support electronic prescribing.
	Chapter 2/ Frequency of Reporting	Electronic data submissions are required to be reported within 24 hours after delivery (previously was monthly).	Change required by amendment to Article 33 of the Public Health Law and Part 80 of Title 10 of the NYCRR.
	Chapter 3/ Prerequisites	HPN Coordinators now have the ability to assign submission and reviewer roles.	Role assignments allow HPN Coordinators to assign submission and review activities to others within their reporting organization.
	Chapter 4/ Process Overview	<i>PMP Data Collection Tool</i> has replaced <i>Controlled Substance Prescription Reporting – CONTSUBS</i> .	Users that have previous access to <i>CONTSUBS</i> will automatically be pointed to the <i>PMP Data Collection Tool</i> .
	Chapter 4/ Manual Data Entry	Prescription data may be entered manually into a data entry screen into the PMP Registry.	Leverages a subset of required ASAP data elements for direct manual edits.
	Chapter 4/ Unattended File Upload	Electronic submissions may now be made automatically via the <i>Universal Public Health Node (UPHN Lite)</i> client software.	Client supports Microsoft Windows Vista, 7 and 8 and requires administrative privileges.

DOCUMENT VERSION	CHAPTER/ SECTION	MODIFICATION	COMMENTS
October 2013 (con't)	Chapter 4/ Zero Reporting	Dates of operation during which no dispensing of controlled substances occurred must be reported within fourteen (14) days.	Change required by amendment to Article 33 of the Public Health Law and Part 80 of Title 10 of the NYCRR.
	Chapter 5	Rejected submission errors must be corrected and resubmitted within 3 days (previously was 14 calendar days).	A timely correction of errors helps to ensure accurate content within the PMP Registry.
	Chapter 6	Assistance and support information has been clarified.	Now includes electronic data submissions, HCS accounts, AFT accounts, UPHN Lite and general information about the PMP Registry.
	Appendix A	File submission specifications now support ASAP 4.2.	ASAP 4.2 is forward compatible with electronic prescribing.
		Refill Number (DSP06) values are limited beyond the scope of ASAP 4.2.	
	Appendix B	Partial Fill Indicator (DSP13) is required; values are dependent upon ASAP Version.	Change to PAT20 required by amendment to Article 33 of the Public Health Law and Part 80 of Title 10 of the NYCRR.
		Species Code (PAT20) is now a required data element, regardless of ASAP version.	
Appendix C	New Appendix provides general information for direct manual entry.	Submissions may be entered manually into the PMP Registry.	
Appendix C	New Appendix provides submission edits for zero reporting.		
January 2014	Appendix A	Electronic Prescription Reference Number (DSP20) and Electronic Prescription Order Number (DSP21) Required for e-prescriptions	Edits added to ASAP 4.2 standard to accommodate reporting of e-prescriptions

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2. Reporting Requirements

Program Authority

Article 33 of the Public Health Law and Part 80 of Title 10 the New York Codes, Rules and Regulations require all pharmacy providers, dispensing practitioners and manufacturers and distributors of controlled substances registered within New York State to electronically transmit information regarding dispensed controlled substances to the New York State Department of Health (NYSDOH) in a timely and accurate manner. Such electronic filing is a error function and responsibility of every dispenser. Data collected as a result of the submission process securely resides within the Prescription Monitoring Program (PMP) Registry and is closely analyzed by BNE for discrepancies and in support of a number of public health initiatives.

Effective August 27, 2013, New York State Public Health Law requires most practitioners to consult the PMP Registry prior to writing a prescription for a controlled substance in Schedule II, III and IV for a patient. The same law allows pharmacists to consult the PMP Registry before dispensing a controlled substance. Such access allows both practitioners and pharmacists to better evaluate a patient's treatment as it pertains to controlled substance prescribing and dispensing.

If you have questions regarding the electronic submissions of controlled substance data, please contact BNE via email at narcotic@health.state.ny.us or via phone at (866) 811-7957, Option 1.

Program Sanctions

Failure of a pharmacy provider or dispensing practitioner to electronically submit information regarding dispensed controlled substances to NYSDOH is a violation of Public Health Law and regulations and may result in the commencement of an enforcement action and/or the levying of fines.

Pharmacy providers and dispensing practitioners utilizing a data submission service to transmit prescription information on their behalf remain solely responsible for compliance with the law, regulations and this *Guide*.

Data Format

Electronic submissions must adhere to the *American Society for Automation in Pharmacy (ASAP)* Version 4.2, 4.1 or 4.0 character-delimited data formatting standards as described within this *Guide* and will be audited by the NYSDOH for compliance. The acceptance of ASAP Version 4.2 submissions is effective August 27, 2013.

Data files not meeting minimum requirements will be rejected, the submitting entity will be provided with reason(s) for the rejection, and data contained within such files will not be submitted into the PMP Registry.

Electronic prescribing, which is supported in ASAP Version 4.2, will become mandatory in New York State effective March 27, 2015. In order to support an orderly transition to electronic prescribing, please be aware that NYSDOH anticipates requiring all data submissions to be in ASAP 4.2 format sometime during 2014. Please see *Appendix A: File Upload Specifications* and *Appendix C: Zero Reporting Specifications* for additional information regarding applicable ASAP 4.2 field specifications.

Pharmacy providers and dispensing practitioners interested in obtaining a copy of the full ASAP reference documentation should directly contact the American Society for Automation in Pharmacy at 1-610-825-7783 or visit the ASAP web site at www.asapnet.org.

Frequency of Reporting

As required by law and regulations, pharmacy providers and dispensing practitioners must submit information regarding dispensed controlled substances to NYSDOH within **twenty-four (24) hours from the time of delivery**. Pharmacies delivering prescriptions by mail or licensed express delivery services are required to file prescription information no later than **seventy-two (72) hours after the substance was shipped** from the pharmacy.

Pharmacy providers and dispensing practitioners are responsible for checking the status of their data submissions. In the event of a rejection, the submitting pharmacy provider and dispensing practitioner is responsible for correcting the rejected submission and resubmitting the information within **three (3) days**.

Dates of operation during which no dispensing of a controlled substance occurred (e.g., store closed for a holiday, etc.) must nevertheless still be reported to NYSDOH within **fourteen (14) days**. Please refer to Chapter 4 for specific information regarding the Zero Report process.

3. Prerequisites

Establish a Pharmacy Associated HCS Account

In order to transmit data to NYSDOH and retrieve/correct any corresponding error(s), pharmacy providers must establish a NYSDOH Health Commerce System (HCS) account and have the account associated to their respective business entity by BNE. To accomplish this, send an email request to the Bureau of Narcotic Enforcement (BNE) at narcotic@health.state.ny.us containing the following required information:

- ✓ Your pharmacy's name and mailing address
- ✓ Your pharmacy's phone number and FAX number
- ✓ Your pharmacy's NCPDP Number (formerly referred to as NABP Number)
- ✓ Your pharmacy's NYS Board of Pharmacy License Number
- ✓ Your pharmacy's DEA License Number
- ✓ Your pharmacy's NPI Number if available
- ✓ Name of Software Vendor used for data submissions (if applicable)
- ✓ Please be sure to indicate "Pharmacy HCS Account Request" in the subject heading of your email.

Pharmacy providers must designate a 'Director' for the account. This is usually the entity owner or supervising pharmacist. To designate a Director, you will need to provide the following additional information in your email:

- ✓ First Name, Middle Name and Last Name
- ✓ Title
- ✓ Date of Birth
- ✓ E-mail address
- ✓ Telephone Number

If you will be submitting for more than one store, please provide the information above for each pharmacy.

If you are requesting an initial account for a pharmacy chain store headquarters or software vendor, indicate this information in your request.

Once the Department has received your e-mail request, the necessary HCS application forms will be e-mailed to you. Follow the instructions provided and retain a copy for your records. Each pharmacy must complete the "Participation Organization Security and Use Policy" within the packet (Document 1 of the Security and Use Packet).

Once an account has been approved, an individual confidential PIN number will be assigned and sent to you via United States Postal Service by the NYSDOH Commerce Accounts Management Unit (CAMU).

After the initial account has been established for the pharmacy, the *HCS Director* at the pharmacy will have the responsibility and authority to add an additional Health Commerce *Coordinator* or Health Commerce *User Account* for their pharmacy.

To generate an account for an additional Health Commerce *Coordinator* for your Pharmacy:

1. Navigate to <https://commerce.health.state.ny.us>
 2. Enter your HCS user ID and password
 3. Click **Coord Account Tools** – HCS (on left, in My Applications)
 4. Click **Request an Account** (under HCS Coordinator Tools)
 5. Click the **Duties and Responsibilities** and **Instructions** for the type of account you are requesting. Print these documents and provide to the requestor to read and retain
 6. Click **Coordinator** or **Security Coordinator** under Request an Account
 7. Follow the instructions to complete and send in the notarized paperwork.
- NOTE: Health Commerce Coordinators have authority to request additional accounts. It is advised to limit the Number of Health Commerce Coordinator accounts you establish for your pharmacy.

To generate a Health Commerce System account for pharmacy employees that do not require Health Commerce Coordinator responsibilities, use the appropriate link below and follow the steps. This is a web-based paperless process (requires NYS Driver License or non- Driver Photo ID):

Licensed Medical Professional, use this link and follow the directions:
<https://apps.health.ny.gov/pubdoh/comdir/edoc/edocmed/>

Unlicensed Professional, the Health Commerce Coordinator uses this link to initiate a user account on your behalf:
<https://apps.health.ny.gov/pub/usertop.html>

Establish a Dispensing Practitioner HCS Account

The Department of Health has instituted a paperless application process for **Licensed Medical Professionals** (e.g., dispensing practitioners and veterinarians) and **Unlicensed Professionals** to apply for a Health Commerce System (HCS) account.

- The process is entirely electronic and does not require signatures and a notary.
- A NYS DMV Driver's License or a NYS DMV Non-driver Photo ID is necessary to apply.
- Upon completion of the application, applicant is granted immediate access to the HCS.
- A User account request should be completed by a Health Commerce Coordinator for unlicensed professionals.

If you are a Licensed Medical Professional, use this link and follow the directions:
<https://apps.health.ny.gov/pubdoh/comdir/edoc/edocmed/>

If you are an Unlicensed Professional, the Health Commerce Coordinator uses this link to initiate a user account on your behalf:

<https://apps.health.ny.gov/pub/usertop.html>

If the applicant does not have a NYS DMV Driver's License or NYS DMV Non-driver Photo ID, paper applications are accepted. Just choose the option 'I do not have a NYS driver's license or Non-driver Photo ID' and follow the instructions.

For additional guidance in establishing accounts on line, click on the link entitled 'Quick Reference Guide'.

After the Health Commerce Account is established, dispensing practitioners must register their medical or veterinary practice with the Health Commerce System. Please complete the steps outlined below depending on whether you operate as a **Sole Practitioner** or a **Medical Practice**.

Sole Practitioner – Not an owner of a medical or veterinary practice, corporation, proprietorship or partnership (practicing under your own license and registration).

1. Log in to the Health Commerce System with your new User ID and password at the following website <https://commerce.health.state.ny.us> or click on the link provided.
2. Click on "Register Medical Practice" under My Applications on the left side of the screen
3. Enter your Primary ID. This is your 6 digit registered NYS professional license number
4. Enter your Practice Name
5. Enter the address, phone and fax number of your practice
6. Check the box stating that you have read and agree to the terms outlined in the Security and Use Policy (SAUP).
7. Click "Submit"
8. You will receive an email that your practice has been registered with the HCS and your request to be a HCS Director has been submitted to CAMU (Commerce Accounts Management Unit). Within 3-5 business days you should receive an email from 'NYSDOH-Commerce-Help BML' if your request has been accepted. Once accepted, you are now a HCS Director and may request a HCS account for your employees.

Medical Practice – Owner of a medical or veterinary practice, corporation, proprietorship or partnership .

1. Log in to the Health Commerce System with your new User ID and password at the following website <https://commerce.health.state.ny.us> or click on the link provided.
2. Click on "Register Medical Practice" under My Applications on the left side of the screen
3. Enter your Primary ID. This is your 6 digit Professional Service Corporation (PSC) number or Company ID number. Click here to look up your PSC or Company ID number on the NYS Education Department (SED) website <http://www.op.nysed.gov/opsearches.htm#nme>
4. Enter the Practice Name
5. Enter the address, phone and fax number of the medical practice

6. Check the box stating that you have read and agree to the terms outlined in the Security and Use Policy (SAUP).
7. Click "Submit"
8. You will receive an email that your practice has been registered with the HCS and your request to be a HCS Director has been submitted to CAMU (Commerce Accounts Management Unit). Within 3-5 business days you should receive an email from 'NYSDOH-Commerce-Help BML' if your request has been accepted. Once accepted, you are now a HCS Director and may request a HCS account for your employees.

If you need assistance completing any of these steps, please contact CAMU at 1-866-529-1890.

Role Assignments for Pharmacies and Dispensing Practitioners

After the pharmacy or dispensing practitioner Health Commerce Accounts are established, the account holder must have the appropriate roles to allow them to electronically submit dispensed controlled substance data to NYSDOH or review the Submission Status and corresponding Errors for their organization. The Health Commerce Coordinator is responsible for granting the roles of **Controlled Substance Prescription Data Submitter** and/or **Controlled Substance Prescription Data Reviewer** to other HCS account holders of their choosing.

To add a person with an HCS account to the roles for Controlled Substance Prescription Data activities, the HCS Coordinator must take the following steps:

1. Click **Coordinator's Update Tool** (left side panel under My Applications)
2. Select **Pharmacy or Organization**
3. Click **Manage Role Assignments** (blue tab)
4. Click the **Modify** link to the right of the **Controlled Substance Prescription Data Submitter** role
5. Check the box next to the person you want to add to the role (you may also perform a **Search for Person by Name** if you want to assign the role to someone not affiliated with your organization). HCS Coordinators may assign the **Controlled Substance Prescription Data Submitter** role to their own account if they will be handling data submissions.
6. Click the **Add to Role** button.
7. Repeat steps 4 – 6 to assign the **Controlled Substance Prescription Data Reviewer** role.

Browser Requirements

The ability to submit data and retrieve errors is provided via the *PMP Data Collection Tool* (formerly known as *Controlled Substance Prescription Reporting – CONTSUBS*).

Access to the *PMP Data Collection Tool* is provided via the HCS which is an Internet-facing secured portal into which pharmacy providers must utilize to transmit controlled substance prescription information and check on submission status.

The URL to the HCS is:

<https://commerce.health.state.ny.us>

A desktop-based Internet browser providing 128-bit Secure Socket Layer (SSL) encryption (e.g., Internet Explorer 7.0 or newer, Mozilla Firefox 3.6 or newer) must be used to access the HCS and in the transmission of all data and retrieval of errors. The browser must be configured to accept cookies, and JavaScript should be enabled.

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4. Data Submission

About This Chapter

This chapter provides information and instructions regarding the electronic submission of dispensed controlled substance data to the New York State Department of Health (NYSDOH).

Process Overview

Pharmacy providers and dispensing practitioners may utilize three different delivery methodologies for electronically submitting prescription information to NYSDOH:

- File Upload
- Manual Entry
- Unattended File Upload

The ability to submit data via both direct screen entry as well as file upload is provided via the *PMP Data Collection Tool*. Additionally, the ability to submit data in an **unattended** secure fashion is provided via NYSDOH's *Universal Public Health Node (UPHN Lite)* client software. Information regarding UPHN Lite and its associated provisioning process is provided later in this Chapter.

Electronic submissions must adhere to ASAP Version 4.2, 4.1 or 4.0 character-delimited data formatting standards as described within this *Guide* (see *Appendix A: File Upload Specifications* for additional information regarding field definitions). Data files not meeting minimum requirements will be rejected with the following error messages (15-character maximum error message):

- Database Error – Database error occurred when loading the file
- Dup Tran-File – Duplicate Transaction Control Number in file
- Dup Transaction – Transaction Control Number already exists in database
- Empty File – File to upload is empty
- File Too Large – File to upload is larger than the allowable limit [50Mb]
- Format Error – ASAP formatting error in the file
- Invalid Version – Invalid ASAP version in the file
- No File SLCTD – No file selected to upload
- Org Not SLCTD – Organization to upload of behalf of not selected
- Unknown Error – Unknown error occurred when loading the file

Submission of physical media (e.g., tape, diskette, USB drive, optical disk, or paper) cannot be accepted.

File Upload

Pharmacy providers and dispensing practitioners can electronically submit dispensed controlled substance data to NYSDOH via an upload process to the PMP Registry.

The ability to submit data via file upload is provided via the *PMP Data Collection Tool's File Upload* screen. Access to the *PMP Data Collection Tool* is provided via NYSDOH's *Health Commerce System (HCS)*.

To upload a data file, select the *PMP Data Collection Tool* from your list of available HCS applications and then click on the **File Upload** tab. Select your reporting organization from the dropdown list, click on the **Browse** button to select your locally stored data file and click the **Upload** button when finished.

Welcome John X Doe
FAQ | Help

File Upload Manual Entry Zero Reporting Submission Status

File Upload

You are reporting data for 999999 - Z Test Pharmacy 1

We currently accept ASAP versions 4.0, 4.1 and 4.2

File Uploads
 Please select Prescription file to upload C:\segs.txt Browse...
Upload

[Information regarding Electronic Data Transmission](#)

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File Upload

Upon each successful upload of a file submission via the **File Upload** screen, pharmacy providers will be presented with a summary screen verifying that the submission has been accepted for processing. Information successfully accepted will be processed and made available to the PMP Registry 24 hours later.

The screenshot displays the NYS PMP Data Collection Tool interface. At the top left is the logo for NYS PMP (DATA COLLECTION TOOL). The top right corner shows a user greeting: "Welcome John X Doe" and links for "FAQ" and "Help". A navigation bar contains four tabs: "File Upload", "Manual Entry", "Zero Reporting", and "Submission Status". Below the navigation bar, a dropdown menu indicates "You reported data for 999999-Z Test Pharmacy 1". The main content area features a heading "Accepted ASAP version 4.2 file" followed by a list of submission statistics: File Name: segs.txt, File Size(Bytes): 1156, Total Submissions: 1, Total Pharmacies: 2, Total Patients: 3, Total Prescriptions: 4, and Total Processing Time: 1 secs. A message states: "This file has been submitted for processing. Please allow between 2 hours to 24 hours before you can access the status report for this submission." Below this is a button labeled "Upload another file" and a red warning: "Use this button to make another submission. DO NOT use the BACK button on the browser." A "Note:" section explains that status reports can be accessed via the "Submission Status" tab and that users not seeing this tab should contact their HCS coordinator. The footer contains copyright information: "© 2013 NYS Department of Health - Bureau of Narcotic Enforcement" and a timestamp: "10/02/2013 09:46:30".

File Upload – With No Errors

File submission may be rejected, however, if it contains fatal errors that violate data formatting and integrity standards (see Appendix A: File Upload Specifications for additional information regarding required field specifications). In such situations, the pharmacy provider will interactively be presented information describing the error.

The screenshot displays the NYS PMP Data Collection Tool interface. At the top left is the logo for NYS PMP (DATA COLLECTION TOOL). The top right shows a user greeting: "Welcome John X Doe" and links for "FAQ" and "Help". A navigation bar contains "File Upload", "Manual Entry", "Zero Reporting", and "Submission Status". The "File Upload" section is active, showing a dropdown menu for "You are reporting data for" set to "999999 - Z Test Pharmacy 1". Below this, a message states: "We currently accept ASAP versions 4.0, 4.1 and 4.2". A "File Uploads" box contains a text input field with the placeholder "Please select Prescription file to upload", a "Browse..." button, and an "Upload" button. Below the upload box, a red error message reads: "There were fatal errors. This submission is not accepted!". The error details are: "File Name: segs.bt", "File Size(Bytes): 1156", "Submission#: 1", "Line#: 1", and "Segment#: 1". The error code is "TH*4.2*1E2340*01**20080122*1521P**//". The error description is: "Header Segment(TH) Error: Transaction control number (1E2340) already exists in the database". A note explains: "This error is probably due to an incorrectly formatted file. Please forward this message to your vendor/programmer. They should refer to the ASAP version 4.2 Implementation Guide and the Bureau of Narcotic Enforcement 2008 EDT Manual to resolve this problem." An important disclaimer follows: "**Important: If this error message contains any patient confidential information, DO NOT screenshot or copy it in any form. Please contact helpdesk @ 1-866-811-7957". A link for "Information regarding Electronic Data Transmission" is provided. The footer contains the copyright notice "© 2013 NYS Department of Health - Bureau of Narcotic Enforcement" and the timestamp "10/02/2013 09:47:30".

File Upload – With Errors

Manual Entry

Pharmacy providers and dispensing practitioners wishing to do so may interactively submit dispensed controlled substance data to NYSDOH. This delivery methodology is most applicable to submitters with a minimum of reportable transactions.

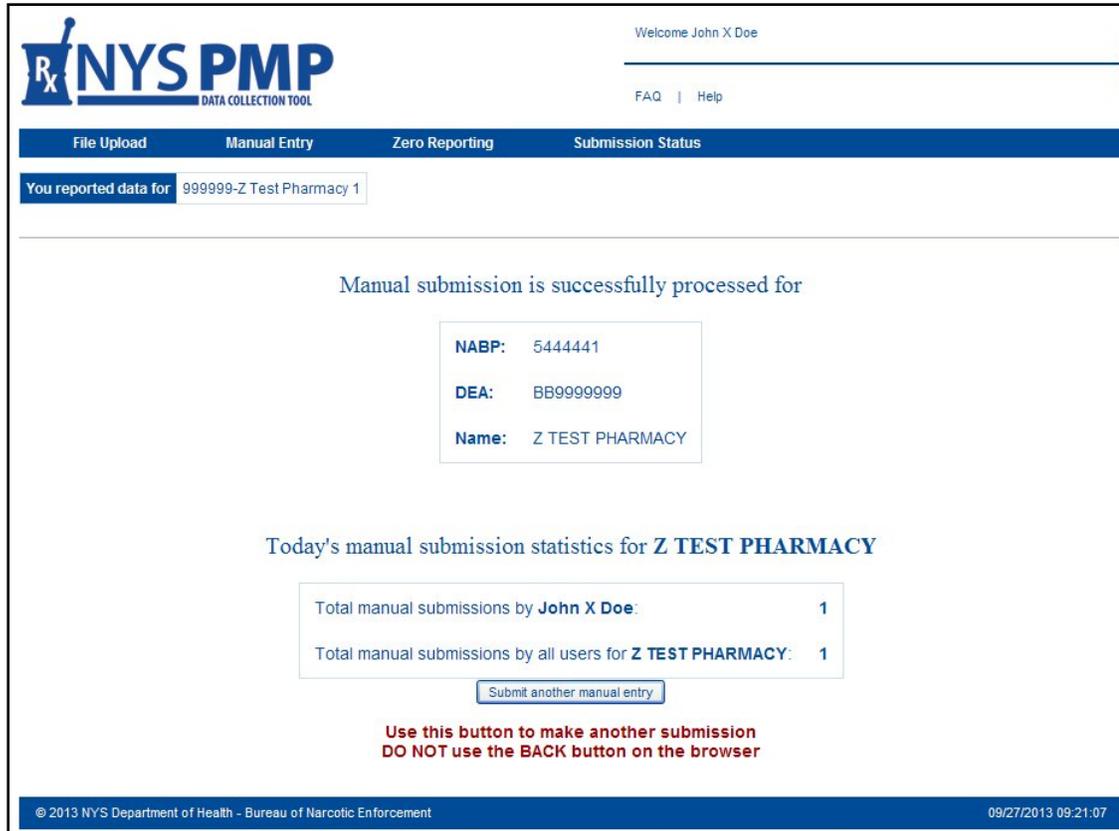
The ability to perform manual entry is provided via the *PMP Data Collection Tool's* **Manual Entry** screen. Access to the *PMP Data Collection Tool* is provided via the HCS.

To manually enter data, select the *PMP Data Collection Tool* from your list of available HCS applications and then click on the **Manual Entry** tab. Select your reporting organization from the dropdown list, begin entering your data and click on the **Submit** button when finished.

Manual Entry

Please note that all information presented on the screen is required unless otherwise noted (see *Appendix B: Manual Entry Specifications* for additional information regarding field definitions).

Upon each successful completion of a manual submission via the **Manual Entry** screen, pharmacy providers and dispensing practitioners will be presented with a summary screen verifying that the submission has been accepted for processing. Statistics for manual submissions will also be presented.



Manual Entry - Acceptance

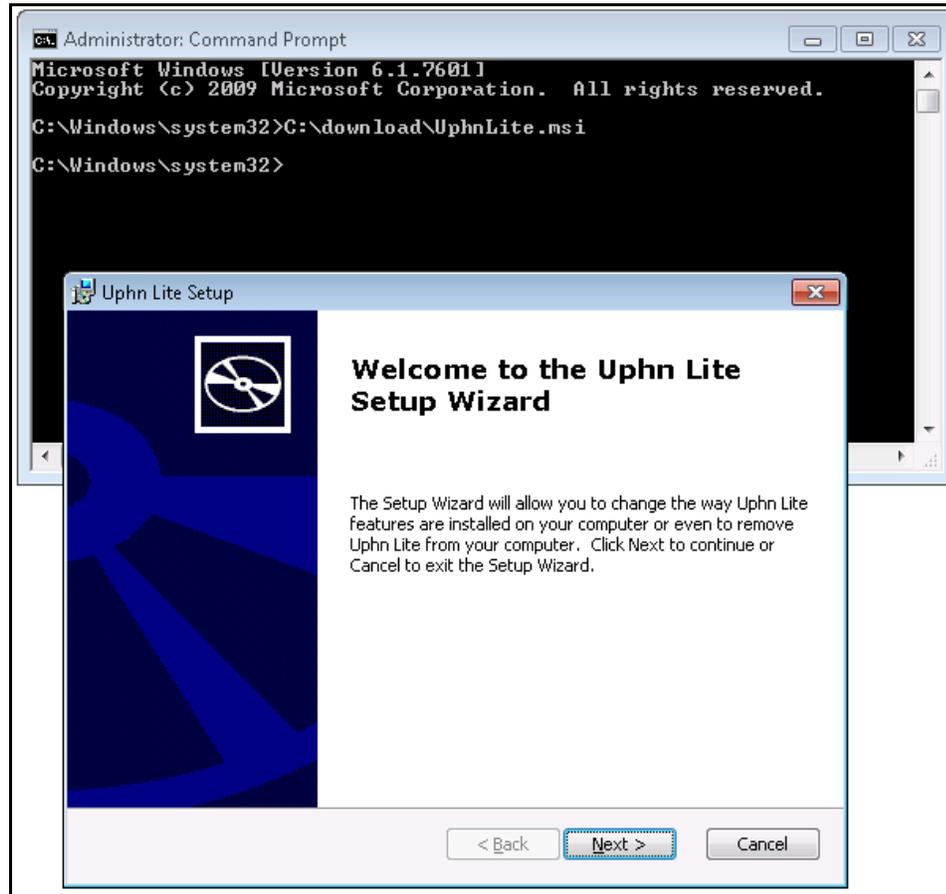
Unattended File Upload

In addition to the two manual submission methodologies, pharmacy providers and dispensing practitioners also have the option of automating their electronic submissions of dispensed controlled substance data to NYSDOH. This unattended capability, which may prove to be beneficial to many submitters in meeting their daily reporting requirements, is made possible via the NYSDOH’s lightweight *Universal Public Health Node (UPHN Lite)* client software.

UPHN Lite is a scalable, standards-based software package used for the secure unattended transmission of data payloads from a wide array of health-related organizations (e.g., providers, hospitals, laboratories, pharmacies, etc.) to the NYSDOH via the Internet. This robust nonetheless simple to use software leverages existing HTTPS/SSL Internet standards and X.509 certificate protocols to provide pharmacy providers with the ability to securely transmit data to NYSDOH in an unattended – yet highly encrypted and fault tolerant – fashion. UPHN Lite supports the Microsoft Windows operating system and requires local administrative privileges for installation.

Authentication between UPHN Lite and NYSDOH is achieved over the Internet via the use of an Automated File Transfer (AFT) User ID and password for each UPHN Lite installation (typically one node per reporting organization). Therefore, any pharmacy provider interested in leveraging UPHN Lite must have an Organizational Security Coordinator (OSC) with an active HCS

account in order to maintain the organization's AFT credentials; in most situations, the organization's administrator ("Director") has already been designated as their OSC.



UPHN Lite Installation Process

To initiate a request for an AFT account, your organization's OSC should take the following steps:

- Log on to <https://commerce.health.state.ny.us>
- Launch the **Coord Account Tools – HCS Coordinator** application found on the left under **My Applications** or likewise found under the **Applications** tab
- Click **Account Requests**
- Click **Automated File Transfer** to obtain an AFT account request form and for additional instructions.
- Print out, sign and mail in the AFT request form.
- Once an AFT User ID and password have been assigned, please send an email to uphn@health.state.ny.us to obtain UPHN Lite download and installation instructions.

Specific questions regarding UPHN Lite may be emailed to uphn@health.state.ny.us. Questions regarding the overall AFT account provisioning process may be directed to the Commerce Accounts Management Unit (CAMU) by calling 1-866-529-1890.

NOTE: Commonly available file transfer protocols such as FTP, SFTP and SSH are not supported by the NYSDOH.

Zero Reporting

Dates of operation during which no dispensing of a controlled substance occurred (e.g., store closed for a holiday, etc.) must be reported by pharmacy providers and dispensing practitioners to NYSDOH within 14 days. Such periods of zero dispensing may be reported by transmitting a zero report data file either via the *PMP Data Collection Tool* or via unattended means using UPHN Lite (see *Appendix C: Zero Reporting Specifications* for additional information regarding field definitions).

Alternatively, pharmacy providers and dispensing practitioners may manually enter zero reporting information directly via the *PMP Data Collection Tool's Zero Reporting* screen.

To manually enter zero reporting data, select the *PMP Data Collection Tool* from your list of available HCS applications and then click on the **Zero Reporting** tab. Select your reporting organization from the dropdown list, choose your submitter type and begin entering the required data which includes the period of dates during which no controlled substances were dispensed. Click on the **Submit** button when finished.

Welcome John X Doe

FAQ | Help

File Upload Manual Entry **Zero Reporting** Submission Status

Zero Reporting

You are reporting data for 999999 - Z Test Pharmacy 1

Zero Reporting Information

Submitter Type Pharmacy (NABP Required) Dispensing Practitioners and Veterinarians (NABP Not Required)

NABP (For Pharmacies Only)

DEA

Period Start Date (mm/dd/yyyy)

Period End Date (mm/dd/yyyy)

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Zero Reporting

Upon each successful completion of a zero reporting submission via the **Zero Reporting** screen, pharmacy providers and dispensing practitioners will be presented with a summary screen verifying that the submission has been accepted. The time period during which no dispensing of controlled substances occurred will also be presented. Additional zero reports may be made following the successful submission of a report.

The screenshot displays the NYS PMP Data Collection Tool interface. At the top left is the logo for NYS PMP (DATA COLLECTION TOOL). The top right shows a user greeting: "Welcome John X Doe" and links for "FAQ" and "Help". A navigation bar contains four tabs: "File Upload", "Manual Entry", "Zero Reporting" (which is active), and "Submission Status". Below the navigation bar, a dropdown menu shows "You reported data for" with the selected option "999999-Z Test Pharmacy 1". The main content area features the heading "Zero activity is successfully recorded for" followed by a box containing the following details:

NABP:	5444441
DEA:	BB9999999
Name:	Z TEST PHARMACY 1
Period Start Date:	09/19/2013
Period Start Date:	10/02/2013

Below this box is a button labeled "Submit another zero report". Underneath the button, a red warning message reads: "Use this button to make another submission DO NOT use the BACK button on the browser". The footer of the page includes the copyright notice "© 2013 NYS Department of Health - Bureau of Narcotic Enforcement" on the left and the timestamp "10/02/2013 09:51:20" on the right.

Zero Reporting - Accepted

5. Error Retrieval and Correction

About This Chapter

This chapter provides information and instructions regarding the retrieval and correction of dispensed controlled substance data previously transmitted electronically to the New York State Department of Health (NYSDOH).

Process Overview

In order to ensure that the PMP Registry contains accurate data, pharmacy providers and dispensing practitioners must regularly check on the status of their data submissions to NYSDOH. The ability to check on submission status is available via the *PMP Data Collection Tool*.

The three types of data submissions that can have their status checked via the *PMP Data Collection Tool* include:

- File Upload Submissions
- Manual Entry Submissions
- Online Zero Reporting Submissions

Each of these submission types is further broken down into one of five categories of process status which include:

- **Accepted** – Indicates that the file is in compliance with ASAP/NYSDOH file reporting specifications but has not yet been processed.
- **Processed Successfully** – Indicates that the file has been processed with no errors or warnings.
- **Processed With Errors** – Indicates that the file has been processed but that one or more records contain errors; correction and resubmission is necessary.
- **Processed With Warnings** – Indicates that the file has been processed but that one or more records contain informational warnings; correction is optional.
- **Rejected** – Indicates that the file is not in compliance with ASAP/NYSDOH file reporting specifications. Data files not meeting minimum requirements will be rejected with the following error messages (15-character maximum error message):
 - **Database Error** – Database error occurred when loading the file
 - **Dup Tran-File** – Duplicate Transaction Control Number in file
 - **Dup Transaction** – Transaction Control Number already exists in database
 - **Empty File** – File to upload is empty
 - **File Too Large** – File to upload is larger than the allowable limit [50Mb]
 - **Format Error** – ASAP formatting error in the file
 - **Invalid Version** – Invalid ASAP version in the file
 - **No File SLCTD** – No file selected to upload
 - **Org Not SLCTD** – Organization to upload of behalf of not selected

- Unknown Error – Unknown error occurred when loading the file

Verifying Submission Status

To check on the status of a previously submitted data file, select the *PMP Data Collection Tool* from your list of available HCS applications and then click on the **Submissions Status** tab. Select your reporting organization from the dropdown list, select your reporting dates, select your view and corresponding status categories, and then click on the **Submit** button when finished.

Any submissions that meet the entered search criteria will then be displayed in columnar format with submission containing errors highlighted in red. Information presented will include submitter and file information as well as links, as applicable, to a submission summary report (in Adobe PDF format) and/or outstanding errors and warnings (in Microsoft Excel compatible .CSV format).

CSV Column headings include:

- Pharmacy ID Qualifier
- Pharmacy ID
- Pharmacy Name
- Prescription Number
- Date Filled
- Field Code
- Field Description
- Processing Status
- Value Provided
- Comment

NOTE: Errors and/or warnings will not be displayed for submissions made via the Manual Entry process; such submissions are checked by the system for errors immediately upon entry.



Welcome John X Doe

[FAQ](#) | [Help](#)

File Upload
Manual Entry
Zero Reporting
Submission Status

Submission Status

Criteria to display submission status

Search By

Organization: ▼

OR

Submitter's HCS UserID:

OR

NABP:

Example: nabp1,nabp2,nabp3

View

File Upload Status

Manual Entry Status

Online Zero Reporting Status

File Upload Status

Processed Successfully

Processed With Errors

Processed With Warnings

Rejected

Accepted

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

File Upload Status

OUTSTANDING ERRORS

Click here to download ALL OUTSTANDING ERRORS for the organization

SUBMISSION LOG

Note: The submission log is provided to you as a historical reference tool. As such, any individual submission reflecting a status of "Processed-Error" or "Processed-Warn" will continue to reflect that status even if corrected in a subsequent submission. Please click on the above link to view all of the selected organization's outstanding errors.

4 submissions found, displaying all submissions.

Submission Date & Time	Organization	File Name	*Status	*Reject Code	Summary Report	Detailed Errors & Warnings
08/01/2013 16:46:16	999999	ASAPV4_test_in_good_CR.txt	Processed-Error		PDF	CSV
08/01/2013 15:48:47	999999	ASAPV4_test_in_good.txt	Processed		PDF	
08/01/2013 15:45:57	999999	ASAPV4_test_in_good.txt	Rejected	Format Error		
08/01/2013 00:07:22	999999	4.2.txt	Processed-Warn		PDF	CSV

[Export to CSV](#)

***Status:**

'Accepted' status indicates that the file is in compliance with ASAP file formatting standards and is yet to be processed
 'Rejected' status indicates that the file is not in compliance with ASAP file formatting standards
 'Processed' status indicates that the file was successfully processed without any errors or warnings
 'Processed-Warn' status indicates that the file was processed but with some warnings
 'Processed-Error' status indicates that the file was processed but with some errors

***Reject Codes:**

Reject Code	Reject Description
Database Error	Database error occurred when loading the file
Dup Tran-File	Duplicate Transaction Control Number in file
Dup Transaction	Transaction Control Number already exists in database
Empty File	File to upload is empty
File Too Large	File to upload is larger than the allowable limit
Format Error	ASAP formatting error in the file
Invalid Version	Invalid ASAP version in the file
No File SLCTD	No file selected to upload
Org Not SLCTD	Organization to upload on behalf of not selected
Unknown Error	Unknown error occurred when loading the file

© 2013 NYS Department of Health - Bureau of Narcotic Enforcement
09/27/2013 10:51:55

File Upload Status

The screenshot shows the NYS PMP Submission Status page. The 'Criteria to display submission status' section has 'Organization' set to '999999 - Z Test Pharmacy 1'. Under 'View', 'Manual Entry Status' is selected. The 'From' and 'To' dates are both set to 09/27/2013. The 'File Upload Status' section has all options unchecked. Below the search criteria, it states 'Manual Entry Status' and 'One submission found.' A table displays the submission details:

Submission Date & Time	Organization	NABP	Pharmacy Name	RX Number	Date Filled	Report
09/27/2013 09:21:05	999999	5444441	Z TEST PHARMACY 1	100000000	08/08/2013	PDF

At the bottom of the search criteria, there is a 'Submit' button and a link to 'Export to CSV'. The footer contains the text '© 2013 NYS Department of Health - Bureau of Narcotic Enforcement' and the timestamp '10/02/2013 09:52:39'.

Manual Entry Status

The screenshot shows the NYS PMP Submission Status page. The 'Criteria to display submission status' section has 'Organization' set to '999999 - Z Test Pharmacy 1'. Under 'View', 'Online Zero Reporting Status' is selected. The 'From' and 'To' dates are both set to 09/27/2013. The 'File Upload Status' section has 'Processed Successfully', 'Processed With Errors', 'Processed With Warnings', 'Rejected', and 'Accepted' all checked. Below the search criteria, it states 'Online Zero Reporting Status' and 'One submission found.' A table displays the submission details:

Submission Date & Time	Organization	NABP	Pharmacy Name	Reported From	Reported To
09/27/2013 09:22:56	999999	5444441	Z TEST PHARMACY 1	09/14/2013	09/27/2013

At the bottom of the search criteria, there is a 'Submit' button and a link to 'Export to CSV'. The footer contains the text '© 2013 NYS Department of Health - Bureau of Narcotic Enforcement' and the timestamp '10/02/2013 09:55:02'.

Online Zero Reporting Submission Status

Retrieving Errors

Pharmacy providers and dispensing practitioners have the option of retrieving all outstanding errors for the organization itself as well as historical errors pertaining to a specific data submission.

J	A	B	C	D	E	F	G	H	I	J	K
1	Pharmacy ID Qualifier	Pharmacy ID	Pharmacy Name	Prescription Number	Date Filled	Field Code	Field Description	Processing Status	Value Provi	Comment	Date Submitted
2	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034F21"	Field value is > Max-Script	08/01/2013 16:46:16
3	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034F22"	Field value is > Max-Script	08/01/2013 16:46:16
4	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSPO3	Date Written	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
5	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO3	Date Written	Error	"20080110"	Date value must be within last five years.	08/01/2013 16:46:16
6	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO5	Date Filled	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
7	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSPO5	Date Filled	Error	"20080111"	Date value must be within last five years.	08/01/2013 16:46:16
8	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO8	Product ID	Error	"223456789"	Field value is invalid length	08/01/2013 16:46:16
9	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP11	Drug Dosage Units Code	Error	"05"	Field value is invalid	08/01/2013 16:46:16
10	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PHAO3	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file	08/01/2013 16:46:16
11	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PHAO3	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file	08/01/2013 16:46:16
12	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PRE03	Prescriber DEA Number	Error	"AA1122334"	Field value is not on file	08/01/2013 16:46:16
13	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA2222334"	Field value is not on file	08/01/2013 16:46:16
14	NCDDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034G23"	Field value is > Max-Script	08/01/2013 16:46:16
15	NCDDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333112"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034G23"	Field value is > Max-Script	08/01/2013 16:46:16

All outstanding errors for an organization presented in .CSV format

J	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		4	"123456"	"01"	"	"20080122"	"1521"	P	"	4	0	4	0	0
2	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034F21"	Field value is > Max-Script				
3	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034F22"	Field value is > Max-Script				
4	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSPO3	Date Written	Error	"20080111"	Date value must be within last five years.				
5	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO3	Date Written	Error	"20080110"	Date value must be within last five years.				
6	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO5	Date Filled	Error	"20080111"	Date value must be within last five years.				
7	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	DSPO5	Date Filled	Error	"20080111"	Date value must be within last five years.				
8	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSPO8	Product ID	Error	"223456789"	Field value is invalid length				
9	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	DSP11	Drug Dosage Units Code	Error	"05"	Field value is invalid				
10	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PHAO3	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file				
11	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PHAO3	Pharmacy DEA Number	Error	"DEA00001"	Field value is not on file				
12	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"111000"	"20080111"	PRE03	Prescriber DEA Number	Error	"AA1122334"	Field value is not on file				
13	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"	"222111"	"20080111"	PRE02	Prescriber DEA Number	Error	"AA2222334"	Field value is not on file				
14	NCDDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333111"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034G23"	Field value is > Max-Script				
15	NCDDP/NABP	"9999999"	"Z TEST PHARMACY 2"	"333112"	"20080111"	AIR02	State Issued Rx Serial Number	Error	"OR034G23"	Field value is > Max-Script				
16	***More Warnings***													
17	Pharmacy ID Qualif	Pharmacy ID	Pharmacy Name			Field Code	Field Description	Processing Status		Comment	Records with this warning			
18	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSPI4	Pharmacist National Provider Ide	Warning		Field value is invalid length	1			
19	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSPI4	Pharmacist National Provider Ide	Warning		Field value is missing	1			
20	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PAT20	Patient Species Code	Warning		Field value is invalid	2			
21	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PHAO1	National Provider Identifier (Rec	Warning		Field value is not a valid number	2			
22	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is missing	2			
23	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			DSPI4	Pharmacist National Provider Ide	Warning		Field value is missing	2			
24	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PAT20	Patient Species Code	Warning		Field value is invalid	2			
25	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PHAO1	National Provider Identifier (Rec	Warning		Field value is not a valid number	2			
26	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is missing	1			
27	NCDDP/NABP	"5444441"	"Z TEST PHARMACY 1"			PRE01	Prescriber National Provider Ide	Warning		Field value is not a valid number	1			

Errors in .CSV format for a specific file submission

(Includes a summary row and warning counts if the number of warnings are above 20% threshold)

Submitting Corrections

Pharmacy providers and dispensing practitioners are responsible for checking the status of their data submissions and should therefore login daily to the HCS and check the *PMP Data Collection Tool* to determine if any errors were found resulting in a rejection of submitted data.

Entities utilizing a data submission service should consult with their respective vendor to determine whether or not the vendor will accommodate the retrieval of errors and submission of corrections on their behalf. Similarly, retail chain pharmacies should consult their corporate headquarters to coordinate retrieval activities.

In the event of either a complete file rejection or error with one or more records, the submitting entity is responsible for correcting and resubmitting the information to NYSDOH within **three (3) days**.

Corrections to data previously submitted via File Upload/Unattended File Upload or Manual Entry are made either as a REVISION or as a VOID:

- **REVISIONS (File Upload/Unattended File Upload):** To change information in a previously submitted record (e.g., typographical errors, incorrect DEA number, etc.), make the necessary data modifications within your respective software system and then resubmit the revised record. To accomplish this, set the Reporting Status (DSP01) to REVISE ("01") and send in a subsequent ASAP data file transmission.

In order for a correction to be successfully processed, the following key fields must be identical to what was submitted as part of the original record:

- NCPDP/NABP Provider ID (PHA02)
- Prescription Number (DSP02)
- Date Written (DSP03)
- Date Filled (DSP05)
- Refill Number (DSP06).

Please note that changes to one or more of any of these five key data elements require the submission of a voided record prior to a subsequent submission of a revised record. If these steps are not taken in sequential order, a second record will be added to the PMP and the initial record will remain unchanged.

Be advised that corrections to any record that appears on the list of 'All Outstanding Errors for the Organization', will remain on the list of errors unless properly corrected using the steps above.

- **VOIDS (File Upload/Unattended File Upload):** To remove a previously submitted record (e.g., prescription never picked up, prescription reported in error, etc.), set Reporting Status (DSP01) to VOID ("02") and resend.

Then make the necessary data modifications within your respective software system and submit the revised record. To accomplish this, set Reporting Status (DSP01) back to New ("00") and submit a replacement record in a subsequent ASAP data file transmission.

In order for a record to be successfully processed as a void, the following fields must be identical to what was submitted as part of the original record:

- NCPDP/NABP Provider ID (PHA02)
- Prescription Number (DSP02)
- Date Written (DSP03)
- Date Filled (DSP05)
- Refill Number (DSP06).

- **REVISIONS (Manual Entry):** To change information in a previously submitted record (e.g., typographical errors, drug dosage units, address, etc.), re-enter the record via the Manual Entry screen of the PMP Data Collection Tool.

In order for a correction to be successfully processed, the following fields must be identical to what was submitted as part of the original manually entered record:

- Pharmacy Rx Number
- Date Written
- Date Filled
- Practitioner DEA
- Official NYS Serial Number
- NDC Code
- First Name
- Last Name

Additional functionality for manually entered corrections is anticipated in a future release of the PMP Data Collection Tool.

- **VOIDS (Manual Entry):** Submissions made via the Manual Entry process are not currently voidable; such functionality is anticipated in a future release of the PMP Data Collection Tool.

Warnings

A “warning” indicates that one or more records for a particular data element contain invalid or missing information. In such situations, the submitter should review their data for overall quality control purposes. Record-level warnings will not be presented if the number of warnings for a particular data element exceeds 20%.

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6. Assistance and Support

General Information

For general information regarding electronic data transmissions and retrievals, please visit BNE's web site at <http://www.health.ny.gov/professionals/narcotic>. Specific questions may be addressed to BNE staff by emailing narcotic@health.state.ny.us or by calling 1-866-811-7957, Option 1 between the hours of 8:30 AM and 4:45 PM Eastern Time, Monday through Friday excluding weekends and holidays.

Entities utilizing a data submission service should consult with their respective software vendor for specific technical guidance regarding the proper submission of prescription information. Retail chain pharmacies should likewise consult their corporate headquarters for similar guidance.

HCS Accounts/AFT Accounts/UPHN Lite

If you require assistance with your HCS account, AFT account and/or with UPHN Lite, please contact the NYSDOH Commerce Accounts Management Unit (CAMU) directly at 1-866-529-1890 between the hours of 8:00 AM and 4:45 PM Eastern Time, Monday through Friday excluding weekends and holidays.

Specific technical questions regarding UPHN Lite installation may also be emailed to uphn@health.state.ny.us.

PMP Registry

For general information regarding the New York State Prescription Monitoring Program (PMP) registry, please visit the New York State Department of Health's (NYSDOH) Bureau of Narcotic Enforcement (BNE) web page at

<http://www.health.ny.gov/professionals/narcotic>.

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Appendix A: Data File Specifications

(After September 30, 2014 must refer to revised Appendix A Effective October 1, 2014)

Background

The information presented on the following pages of *Appendix A: Data File Specifications* represents the field definitions required for file uploads to the NYSDOH for acceptance into the New York State Prescription Monitoring Program (PMP) Registry.

Electronic file submissions must adhere to the *American Society for Automation in Pharmacy (ASAP)* Version 4.2, 4.1 or 4.0 character-delimited data formatting standards as described within this *Guide*. All information presented within this Appendix applies to all three release versions of the ASAP specification unless otherwise noted.

Electronic prescribing is currently accepted but will become mandatory in New York State effective March 27, 2015. NYSDOH requires all data submissions for electronic prescriptions to be in ASAP 4.2.

General Composition

Every upload file utilizes the following core components to electronically communicate data into the PMP Registry:

- *Segment* – The ASAP standard uses a segment to convey information.
- *Segment Identifier* – A segment identifier indicates the beginning of a new segment.
- *Data Element* – Each segment is comprised of various data elements comprised of a reference (field name) and data element name (description). Usage for reporting purposes is identified within this Appendix as follows:
 - **R** = Required by ASAP
 - **S** = Situational by ASAP
 - **RR** = Required by the NYSPMP

IMPORTANT: Data elements identified as either “R” or “RR” must be reported to the NYS PMP Registry. Data elements identified with a “!” following their usage type are additionally required to pass minimum system parsing; data files missing any such elements will be rejected during the file upload process.

- *Data Delimiter* – A character, typically an asterisk (*), used to separate segments and data elements within a segment. Each completed data element should be followed by an asterisk, and each blank data element should contain a single asterisk.

- *Segment Terminator* – A character, typically a tilde (~), used to indicate the end of a segment.

Core Reporting Segments

- **Header**
 - ✓ TH – Transaction Header
 - ✓ IS – Information Source
 - ✓ PHA – Pharmacy Header
- **Detail**
 - ✓ PAT – Patient Information
 - ✓ DSP – Dispensing Record
 - ✓ PRE – Prescriber Information
 - ✓ CDI – Compound Drug Ingredient Detail
 - ✓ AIR – Additional Information Reporting
- **Summary**
 - ✓ TP – Pharmacy Trailer
 - ✓ TT – Transaction Trailer

Error Classification Types

- *Error* – Data submission for a required element has been rejected due to a serious error. **Correction and resubmission is required.**
- *Warning* – Data submission for a situational element has been accepted, but the submitter should review their data for overall quality control purposes.

ASAP Reference Information			NYSMP Field Requirements			
Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
<< HEADER >>						
Segment: TH – Transaction Header						
This is a required header segment which indicates the beginning of a transaction. It also assigns the segment terminator, data element separator and control number.						
TH01	Version/Release Number	ALL	R (!)	Error if empty or null	Field value is missing	Error
				Value must be "4.2", "4.1" or "4.0"	Field value is invalid	Error
TH02	Transaction Control Number *	ALL	R (!)			
TH03	Transaction Type	ALL	S			
TH04	Response ID	ALL	S			
TH05	Creation Date	ALL	R (!)			
TH06	Creation Time	ALL	R (!)			
TH07	File Type	ALL	R (!)	Error if empty or null	Field value is missing	Error
				Value must be "P" or "T"	Field value is invalid	Error
TH08	Routing Number	4.2 4.1	S			
	Composite Element Separator	4.0	R (!)			
TH09	Segment Terminator Character	ALL	R (!)			
Segment: IS – Information Source						
This is a required header segment which is used to report the name and identification numbers of the entity supplying the information.						
IS01	Unique Information Source ID	ALL	R			
IS02	Information Source Entity Name	ALL	R (!)			
IS03	Message	ALL	S			
Segment: PHA – Pharmacy Header						
This is a required header segment which is used to report pharmacy information.						
PHA01	National Provider Identifier	ALL	S	Error if empty or null	Field value is missing	Warning
				Every digit must be a number	Field value is not a valid number	Warning
				Value must begin with a "1" or a "2"	Field value is not correct format	Warning

* Each occurrence of TH02 must represent a unique transaction control number. Duplicate transaction control numbers will result in the data submission being rejected.

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
PHA02	NCPDP/ NABP Provider ID	ALL	RR (!)	Error if empty or null	Field value is missing	Error
				Error if more than 7 characters	Field value is invalid length	Error
				Error if not a valid NCPDP/NABP value	Field value is not on file	Error
PHA03	DEA Number	ALL	RR (!)	Error if empty or null	Field value is missing	Error
				Error if not a valid DEA value	Field value is not on file	Error
PHA04	Pharmacy/ Dispenser Name	ALL	S			
PHA05	Address Information – 1	ALL	S			
PHA06	Address Information – 2	ALL	S			
PHA07	City Address	ALL	S			
PHA08	State Address	ALL	S			
PHA09	ZIP Code Address	ALL	S			
PHA10	Phone Number	ALL	S			
PHA11	Contact Name	ALL	S			
PHA12	Chain Site ID	ALL	S			
<< DETAIL >>						
Segment: PAT – Patient Information						
This is a required detail segment which is used to report the patient's name and basic information as contained in the pharmacy record.						
PAT01	ID Qualifier of Patient Identifier	4.2 4.1	S			
	ID Qualifier of Issuing Jurisdiction	4.0	S			
PAT02	ID Qualifier	ALL	S			
PAT03	ID of Patient	ALL	S			
PAT04	ID Qualifier of Additional Patient Identifier	4.2 4.1	S			
	ID Qualifier of Issuing Jurisdiction	4.0	S			
PAT05	Additional Patient ID Qualifier	ALL	S			
PAT06	Additional ID	ALL	S			
PAT07	Last Name	ALL	R	Error if empty or null	Field value is missing	Error
				Alphanumeric characters and may contain “-”, “'” and “.”	Field value is invalid	Error

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
PAT08	First Name	ALL	R	Error if empty or null	Field value is missing	Error
				Alphanumeric characters and may contain "-", "'", and "."	Field value is invalid	Error
PAT09	Middle Name	ALL	S			
PAT10	Name Prefix	ALL	S			
PAT11	Name Suffix	ALL	S			
PAT12	Address Information – 1	ALL	R	Error if empty or null	Field value is missing	Error
PAT13	Address Information – 2	ALL	S			
PAT14	City Address	ALL	R	Error if empty or null	Field value is missing	Error
PAT15	State Address	ALL	S	Error if empty or null	Field value is missing	Warning
				Value must be from ASAP listing of jurisdictions	Field value is not on file	Warning
PAT16	ZIP Code Address *	ALL	R	Error if empty or null	Field value is missing	Error
				Error if all zeros	Field value is zeros	Error
				Value must be 5-digit or 9-digit number for US states	Field value is invalid	Error
PAT17	Phone Number	ALL	S			
PAT18	Date of Birth	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Format must be "CCYYMMDD"	Field value is not correct format	Error
				Value must be a date prior to today	Date value after today	Error
				Patient age must be less than 115	Age much be < 115	Error
PAT19	Gender Code	ALL	RR	Error if empty or null	Field value is missing	Error
				Value must be "M", "F" or "U"	Field value is invalid	Error

*For PAT16, value may be up to a 9-character alphanumeric for non-US zip codes.

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
PAT20	Species Code	ALL	RR	Error if empty or null	Field value is missing	Warning
				Value must be "01" (Human) or "02" (Veterinary Patient)	Field value is invalid	Warning
PAT21	Patient Location Code	ALL	S			
PAT22	Country of Non-U.S. Resident	4.2 4.1	S			
PAT23	Name of Animal	4.2 4.1	S			
Segment: DSP – Dispensing Record						
This is a required detail segment which is used to report basic components of a dispensing of a given prescription order including the date and quantity.						
DSP01	Reporting Status	4.2	R	Error if empty or null	Field value is missing	Error
		4.1		Value must be "00", "01" or "02"	Field value is invalid	Error
		4.0	RR	Value must be "00", "01", "02" or "03"	Field value is invalid	Error
DSP02	Prescription Number	ALL	R	Error if empty or null	Field value is missing	Error
				Every digit must be a number	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
DSP03	Date Written	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Format must be "CCYYMMDD"	Field value is not correct format	Error
				Value must be > than patient's date of birth	Date of birth cannot be after date written	Error
				Value must be less than or equal to 5 years from today's date	Date value must be within last five years	Error
				If a new prescription (DSP06 ="00"), then value should be <= 30 days from date filled	Date written <= 30 days from date filled	Warning

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
DSP04	Refills Authorized	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be between “00” and “05”	Field value is invalid	Error
DSP05	Date Filled	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Value must be less than or equal to 5 years from today’s date	Date value must be within last five years	Error
				Value must be between today and date written	Date value after today	Error
					Date written cannot be after date filled	Error
Format must be “CCYYMMDD”	Field value is not correct format	Error				
DSP06	Refill Number	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
		4.2		Value must be between “00” and “05”	Field value is invalid	Error
		4.1 4.0		Value must be between “00” and “99”	Field value is invalid	Error
DSP07	Product ID Qualifier	ALL	R (!)	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be either a “01” (NDC) or a “06” (Compound)	Field value is invalid	Error
				If value = “06” (Compound), CDI Segment is required	Compound Drug Information missing	Error

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
DSP08	Product ID	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Value length must be 11 characters (NDC)	Field value is invalid length	Error
				Check if the substance is non-reportable in NY	This is not a NY reportable controlled substance	Warning
DSP09	Quantity Dispensed	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Alert if value is > 10,000	Value is > 10,000	Warning
DSP10	Days Supply	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Value must be between “1” and “186”	Field value is > 186	Warning
DSP11	Drug Dosage Units Code	ALL	RR	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be “01”, “02” or “03”	Field value is invalid	Error
DSP12	Transmission Form of Rx Origin Code	ALL	RR	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be between “01” and “05” or be “99”	Field value is invalid	Error
				Alert if e-prescription (AIR02 = ‘eeeeeeee’) and value not equal ‘05’	ElecSub - field value is invalid	Warning

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
DSP13	Partial Fill Indicator	ALL	RR	Error if empty or null	Field value is missing	Error
		4.2	RR	Value must be between “00” and “99”	Field value is invalid	Error
		4.1 4.0	RR	Value must be “01” or “02”	Field value is invalid	Error
DSP14	Pharmacist National Provider Identifier (NPI)	ALL	S	Error if empty or null	Field value is missing	Warning
				Value must be numeric	Field value is not a valid number	Warning
				Value length must be 10 characters	Field value is invalid length	Warning
				Value must begin with a “1” or “2”	Field value is not correct format	Warning
DSP15	Pharmacist State License Number	ALL	S			
DSP16	Classification Code for Payment Type	ALL	RR	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be between “01” and “07” or be “99”	Field value is invalid	Error
DSP17	Date Sold	4.2 4.1	S			
DSP18	RxNorm Product Qualifier	4.2	S			
	RxNorm Code	4.1	S			
DSP19	RxNorm Code	4.2	S			
	Electronic Prescription Reference Number	4.1	S			

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
DSP20	Electronic Prescription Reference Number	4.2	RR*	Value must be alpha-numeric when populated	Field value is not alpha-numeric	Error
				Value cannot be zero, blank or null if DSP21 is populated	Field must be populated if DSP21 is populated	Error
				Value must be populated if AIR01 = 'NY' and AIR02 = 'eeeeeee'	ElecSub - required field value is missing	Error
DSP21	Electronic Prescription Order Number	4.2	RR*	Value must be alpha-numeric when populated	Field value is not alpha-numeric	Error
				Value cannot be zero, blank or null if DSP20 is populated	Field must be populated if DSP20 is populated	Error
				Value must be populated if AIR01 = 'NY' and AIR02 = 'eeeeeee'	ElecSub - required field value is missing	Error

* This field is required for an electronic prescription only.

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
Segment: PRE – Prescriber Information						
This is a required detail segment which is used to identify the prescriber of the prescription.						
PRE01	National Provider Identifier (NPI)	ALL	S	Error if empty or null	Field value is missing	Warning
				Value must be numeric	Field value is not a valid number	Warning
				Value must begin with a “1”	Field value is invalid	Warning
PRE02	DEA Number	ALL	R	Error if empty or null	Field value is missing	Error
				Error if not a valid DEA number	Field value is not on file	Error
PRE03	DEA Number Suffix	ALL	S			
PRE04	Prescriber State License Number	ALL	S			
PRE05	Last Name	ALL	S			
PRE06	First Name	ALL	S			
PRE07	Middle Name	ALL	S			
PRE08	Phone Number	4.2	S			
Segment: CDI – Compound Drug Ingredient Detail						
This is a situational detail segment which is used to identify medication dispensed as a compound and one of the ingredients is a reportable drug. If more than one ingredient is a reportable drug, then the CDI is incremented by one for each reportable ingredient. [Assumes DSP07 = “06”]						
CDI01	Compound Drug Ingredient Sequence Number	ALL	R			
CDI02	Product ID Qualifier	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be “01” (NDC)	Field value is invalid	Error
CDI03	Product ID	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Value length must be 11 characters (NDC)	Field value is invalid length	Error

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
CDI04	Component Ingredient Quantity	ALL	R	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Error if all zeros	Field value is zeros	Error
				Alert if value is > 10000	Value is > 10000	Warning
CDI05	Compound Drug Dosage Units Code	ALL	RR	Error if empty or null	Field value is missing	Error
				Value must be numeric	Field value is not a valid number	Error
				Value must be "01", "02" or "03"	Field value is invalid	Error

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
Segment: AIR – Additional Information Reporting						
This is a <u>required segment</u> for data submissions into the PMP Registry and is used to capture state-issued serialized Rx pad information.						
AIR01	State Issuing Rx Serial Number (for e-prescriptions, this is the State of prescriber who generated the prescription)	ALL	RR	Error if empty or null	Field value is missing	Error
				Must be a valid U.S.P.S. state code	Field value is not on file	Error
AIR02	State Issued Rx Serial Number	ALL	RR	Error if empty or null	Field value is missing	Error
				Error if all zeros	Field value is zeros	Error
				Value length must be 8 characters	Value is invalid number of characters	Error
				The following are additional requirements when AIR01 = "NY" and not an e-prescription*		
AIR02	State Issued Rx Serial Number	4.0 4.1	RR	Error if value = "eeeeeeee"	ELEC SCRIPT not a valid submit	Error
AIR02	State Issued Rx Serial Number	ALL	RR	Error if value = "zzzzzzzz"	Out of State serial number	Warning
				Value must be < maximum serialized script number	Field value is > Max-Script	Error
				Value must begin with same character as in maximum serialized script number	Invalid format for Script Prefix	Error
				Value must not contain a vowel	No vowels allowed	Error
				Last two digits must be numeric	Last two digits must be 00-99	Error
				If old script number, then characters 2-7 must be numeric	Field value is invalid	Error
				Only 5-day supply for oral scripts ("99999999")	Oral Script(9s) > 5 days supply	Warning

Note: For e-prescriptions, AIR02 must = 'eeeeeeee'; see edits for DSP20 and DSP21.

Reference	Data Element Name	Ver.	Usage	Edit Validations	Error Message	Type
AIR03	ID Issuing Jurisdiction	ALL	S			
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	ALL	S			
AIR05	ID of Person Dropping Off or Picking Up Rx	ALL	S			
AIR06	Relationship of Person Dropping Off or Picking Up Rx	ALL	S			
AIR07	Last Name of Person Dropping Off or Picking Up Rx	ALL	S			
AIR08	First Name of Person Dropping Off or Picking Up Rx	ALL	S			
AIR09	Last Name or Initials of Pharmacist	ALL	S			
AIR10	First Name of Pharmacist	ALL	S			
AIR11	Dropping Off/Picking Up Identifier Qualifier	4.2	S			
<< SUMMARY >>						
Segment: TP – Pharmacy Trailer						
This is a required summary segment 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 segments).						
TP01	Detail Segment Count	ALL	R (!)			
Segment: TT – Transaction Trailer						
This is a required summary segment used to identify the end of the transaction and provide the count of the total number of segments included in the transaction.						
TT01	Transaction Control Number	ALL	R (!)			
TT02	Segment Count	ALL	R (!)			

Appendix B: Manual Entry Requirements

Background

The information presented within *Appendix B: Manual Entry Specifications* represents the field definitions required for the interactive direct manual entry of reporting data to the NYSDOH for acceptance into the New York State Prescription Monitoring Program (PMP) Registry. All data elements required for manual entry will present an error if data is incorrectly formatted. Correction in such situations is required before the data can be successfully submitted.

Submitter Information		
Field Label	Action Required	Description of Field Contents
Submitter Type	Select one	<p>Pharmacy – Hospital or Clinic Pharmacy and Independent Retail Pharmacy that dispenses controlled substances.</p> <p style="text-align: center;">-- OR --</p> <p>Dispensing Practitioner and Veterinarians – A practitioner (Self-Prescriber/Veterinarian) that dispenses controlled substances solely to their patient or clients in lieu of issuing a prescription to be filled in a pharmacy.</p>
NABP	Data entry required or optional depending on the Submitter Type	<p>Enter NCPDP number if you selected Pharmacy as your Submitter Type.</p> <p style="text-align: center;">-- OR --</p> <p>Leave this field blank if you selected Dispensing Practitioner and Veterinarians as your Submitter Type.</p>
DEA	Data entry required	Drug Enforcement Administration registration number.
Patient Information		
Field Label	Action Required	Description of Field Contents
Species	Select one	Select Human or Animal .
Last Name	Data entry required	Patient’s last name. If the patient is an animal species, enter the owner’s last name.
First Name	Data entry required	Patient’s first name. If the patient is an animal species, enter the owner’s first name.
Animal Name	Data entry required	Veterinarians: Enter name of pet if patient is an animal species.
Address	Data entry required	Patient’s street address
State	Data entry required	Patient’s state
Zipcode	Data entry required	Patient’s postal zip code
Date of Birth	Data entry required	Patient’s date of birth (MM/DD/YYYY) format.

Gender	Select one	<p>Male (Veterinarians – include male animal, even if neutered)</p> <p>Female (Veterinarians – include female animal, even if spayed)</p> <p>Unknown</p>
Prescription Information		
Field Label	Action Required	Description of Field Contents
Date Filled	Data entry required	<p>Date the pharmacy fills the prescription (MM/DD/YYYY)</p> <p style="text-align: center;">-- OR --</p> <p>Date the dispensing practitioner dispenses the controlled substances to the patient (MM/DD/YYYY)</p>
Pharmacy RX Number	Data entry required	The unique number assigned to a prescription by the pharmacy or dispenser.
Metric Quantity	Data entry required	The number of tablets, capsules, units or milliliters of liquid dispensed. Must be a numeric entry.
Drug Dosage Units	Select One	<p>EACH – tablet, capsule, patch</p> <p>MILLILITERS – liquid (ml) such as vial, syringe, syrup</p> <p>GRAMS – solid (gm) such as powder, cream, ointment</p>
Days Supply	Data entry required	The number of day’s supply of controlled substance dispensed. Must be a numeric entry.
Practitioner DEA	Data entry required	Drug Enforcement Administration registration number. (Dispensing Practitioners/Veterinarians: Enter same DEA Number under “Patient Information” as entered under “Submitter Information.”)
NDC Code	Data entry required	<p>Drug products are identified and reported using a unique 11-digit, 3-segment number called the National Drug Code (NDC) that is located on the medication label either above the drug name or near the UPC code.</p> <p>Manufacturers often omit a leading zero in the NDC code; when submitting data, a zero must be placed at the BEGINNING of each segment so that it will always contain a 5-4-2 configuration. For Example:</p> <ul style="list-style-type: none"> • If NDC appears as “1234-5678-90” (missing 0 in 1st segment), enter it as “01234-5678-90” • If NDC appears as “54321-123-98” (missing 0 in 2nd segment), enter it as “54321-0123-98” • If NDC appears as “54321-1234-8” (missing 0 in 3rd segment), enter it as “54321-1234-08”
Official NYS Prescription Serial Number	Data entry required	This is the 8-digit number on the bottom of the Official Prescription Form. If you are a Dispensing Practitioner, enter “ZZZZZZZ” in this field.

Date Written	Data entry required	Date the practitioner writes the prescription for the patient (MM/DD/YYYY). If you are Dispensing Practitioner, this is the date that you dispensed the controlled substance to the patient.
Payment Type	Data entry required	The method of payment for the dispensed controlled substance.

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Appendix C: Zero Reporting Specifications

Background

The information presented on the following pages of *Appendix C: Zero Reporting Specifications* represents the field definitions required for submitting zero reporting data files into the New York State Prescription Monitoring Program (PMP) Registry. Zero reporting may also be reported via direct manual entry as described in Chapter 3 of this *Guide*.

Electronic submissions must adhere to the *American Society for Automation in Pharmacy (ASAP)* Version 4.2, 4.1 or 4.0 character-delimited data formatting standards as described within this *Guide*. All information presented within this Appendix applies to all three release versions of the ASAP specification unless otherwise noted.

General Composition

The Zero Report standard is a complete transaction and includes all fields indicated within *Appendix A: Data File Specifications*. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report.

Every upload file utilizes the following core components to electronically communicate zero reporting data into the PMP Registry:

- *Segment* – The ASAP standard uses a segment to convey information.
- *Segment Identifier* – A segment identifier indicates the beginning of a new segment.
- *Data Element* – Each segment is comprised of various data elements comprised of a reference (field name) and data element name (description). Usage for reporting purposes is identified within this Appendix as follows:
 - **R** = Required by ASAP
 - **RR** = Required by the NYSPMP

IMPORTANT: Data elements identified as either “R” or “RR” must be reported to the NYS PMP Registry. Data elements identified with a “!” following their usage type are additionally required to pass minimum system parsing; data files missing any such elements will be rejected during the file upload process.

In order to indicate a zero report, the following three ASAP data elements within the data file's Detail Segment must be populated as follows:

- **PAT07 (First Name) = “Report”**
- **PAT08 (Last Name) = “Zero”**

- **DSP05 (Date Filled)** = Date of zero reporting (ASAP 4.0/4.1) or date of submission (for ASAP 4.2)

Data files submitted without these three data elements being properly populated to indicate a zero report will automatically be assumed to be data file submissions intended to report the dispensing of controlled substances.

- *Data Delimiter* – A character, typically an asterisk (*), used to separate segments and data elements within a segment. Each completed data element should be followed by an asterisk, and each blank data element should contain a single asterisk.
- *Segment Terminator* – A character, typically a tilde (~), used to indicate the end of a segment.

Core Reporting Segments

- **Header**
 - ✓ TH – Transaction Header
 - ✓ IS – Information Source
 - ✓ PHA – Pharmacy Header
- **Detail**
 - ✓ PAT – Patient Information
 - ✓ DSP – Dispensing Record
 - ✓ PRE – Prescriber Information
 - ✓ CDI – Compound Drug Ingredient Information
 - ✓ AIR – Additional Information Reporting
- **Summary**
 - ✓ TP – Pharmacy Trailer
 - ✓ TT – Transaction Trailer

Error Classification Types

All data elements that are required for zero reporting file submissions will present a *Error* error if data is incorrectly formatted. Correction in such situations is required before the data can be successfully submitted.

ASAP Reference Information			NYSPMP Field Requirements	
Reference	Data Element Name	Ver.	Usage	Required Contents
<< HEADER >>				
Segment: TH – Transaction Header				
This is a required header segment which indicates the beginning of a transaction. It also assigns the segment terminator, data element separator and control number.				
TH01	Version/Release Number	ALL	R (!)	Value must be “4 . 2”, “4 . 1” or “4 . 0”
TH02	Transaction Control Number	ALL	R (!)	Value must be unique
TH05	Creation Date	ALL	R (!)	Value must be in format “CCYYMMDD”
TH06	Creation Time	ALL	R (!)	Value must be in format “HHMMSS” or “HHMM”
TH07	File Type	ALL	R (!)	Value must be “P” or “T”
TH08	Routing Number	4.2 4.1	S	
	Composite Element Separator	4.0	R (!)	
TH09	Segment Terminator Character	ALL	R (!)	
Segment: IS – Information Source				
This is a required header segment which is used to convey the name and identification numbers of the entity supplying the information.				
IS02	Information Source Entity Name	ALL	R (!)	Value must be name of pharmacy
IS03	Message	4.2 Only	RR	Value must be in format of “#CCYYMMDD#-#CCYYMMDD#” (Period_Start_Date to Period_End_Date)
Segment: PHA – Pharmacy Header				
This is a required header segment which is used to convey pharmacy information.				
PHA02	NCPDP/ NABP Provider ID	ALL	RR (!)	Value must be a valid NCPDP/NABP identification number (Veterinarians – repeat DEA number in PHA02 and PHA03)
PHA03	DEA Number	ALL	RR (!)	Value must be a valid DEA number
<< DETAIL >>				
Segment: PAT – Patient Information				
This is a required detail segment which is used to report the patient’s name and basic information as contained in the pharmacy record.				
PAT07	Last Name	ALL	R (!)	Value must equal “Report”
PAT08	First Name	ALL	R (!)	Value must equal “Zero”

Segment: DSP – Dispensing Record				
This is a required detail segment which is used to report basic components of a dispensing of a given prescription order including the date and quantity.				
DSP05	Date Filled	4.2	R (!)	Value must be the submission date of the zero report in “CCYYMMDD” format (range of reporting dates is designated using IS03)
		4.1 4.0	R (!)	Value must be the zero reporting date in “CCYYMMDD” format for which no dispensing of a controlled substance occurred; a zero reporting range requires multiple submissions, one for each specific date.
Segment: PRE – Prescriber Information				
This is a required detail segment containing no data elements for the purposes of Zero Reporting.				
Segment: CDI – Compound Drug Ingredient Information				
This is a required detail segment containing no data elements for the purposes of Zero Reporting.				
Segment: AIR – Additional Information Reporting				
This is a required detail segment containing no data elements for the purposes of Zero Reporting.				
<< SUMMARY >>				
Segment: TP – Pharmacy Trailer				
This is a required summary segment 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 segments).				
TP01	Detail Segment Count	ALL	R (!)	Value includes PHA segment, all Detail segments and TP segment.
Segment: TT – Transaction Trailer				
This is a required summary segment used to identify the end of the transaction and provide the count of the total number of segments included in the transaction.				
TT01	Transaction Control Number	ALL	R (!)	Value must match TH02
TT02	Segment Count	ALL	R (!)	Value must be total number of segments (including header and trailer segments)

Samples

ASAP 4.2

TH*4.2*123456*01**20130506*12345*P**~
 IS*9876*Any Pharmacy INC*#20130501#-#20130514#~
 PHA*1234567890*2588462*FA9999991*Any Pharmacy INC.*123 Some
 St**Anyplace*NY*12345*5551234567*1234567~
 PAT*****Report*Zero*****~
 DSP*****20130515*****~
 PRE***~
 CDI*****~
 AIR*~
 TP*7~
 TT*123456*10~

ASAP 4.1

TH*4.1*123456*01**20130506*12345*P**~
 IS*9876*Any Pharmacy INC~
 PHA*1234567890*2588462*FA9999991*Any Pharmacy INC.*123 Some
 St**Anyplace*NY*12345*5551234567*1234567~
 PAT*****Report*Zero*****~
 DSP*****20130502*****~
 PRE***~
 CDI*****~
 AIR*~
 TP*7~
 TT*123456*10~

ASAP 4.0

TH*4.0*123456*01**20130506*12345*P*~~
 IS*9876*Any Pharmacy INC~
 PHA*1234567890*2588462*FA9999991*Any Pharmacy INC.*123 Some
 St**Anyplace*NY*12345*5551234567*1234567~
 PAT*****Report*Zero*****~
 DSP*****20130502*****~
 PRE***~
 CDI*****~
 AIR*~
 TP*7~
 TT*123456*10~

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