



Massachusetts Department of Public Health

Prescription Monitoring Program

Pharmacy Discussion Document; April 2016

MA DPH has selected Appriss as the vendor for the new PMP solution. The Appriss solution provides both a new data collection tool (PMP Clearinghouse) and a new online PMP tool (Massachusetts Prescription Awareness Tool (MassPAT)). This document highlights what pharmacies need to know for the implementation of the new system. For more information, please visit: www.mass.gov/dph/dcp/pmp

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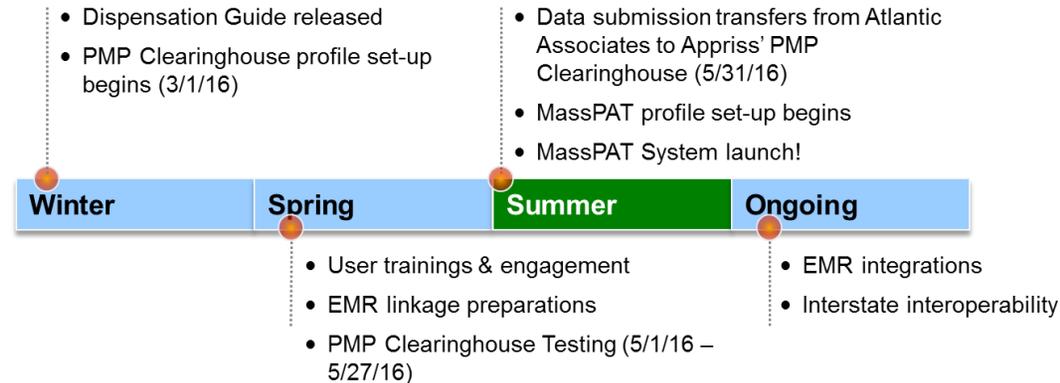


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Implementation Timeline



Winter

- Dispensation Guide released
- PMP Clearinghouse profile set-up began 3/1/16

Spring

- User trainings & engagement
- EMR linkage preparations
- PMP Clearinghouse Testing (5/1/16 – 5/27/16)

Summer

- Data submission transfers from Atlantic Associates to Appriss' PMP Clearinghouse (5/31/16)
- MassPAT profile set-up begins
- MassPAT system launch!

Ongoing

- EMR integrations
- Interstate interoperability



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PMP Clearinghouse Testing

Testing is optional and will occur between May 1 and May 27, 2016

Testing Steps

1. Create an account with PMP Clearinghouse
 - a. https://pmpclearinghouse.net/users/sign_in
2. Submit a Test Request Form to DPH
 - a. Forms are available on the PMP website: www.mass.gov/dph/dcp/pmp
3. Receive email communication from DPH with next steps
 - a. System administrator will activate your PMP Clearinghouse account
4. **Submit a test file with 'T' in TH07**
 - a. If this indicator is not present, or the indicator 'P' is used, the data will be treated as production data and the data submitter will be responsible for voiding their own records
 - b. Please see page 29 of the Dispensation Guide for more information
5. Look at the PMP Clearinghouse dashboard to determine if your test was successful



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Testing Instructions

- There is no way for users to test for Universal Claim Form (UCF)
- Testing sFTP and File Upload
 - Follow the directions in sections 5 & 6 of the Dispensation Guide to perform the test
 - **Again, please ensure that TH07 has the 'T' indicator!**
 - The file will appear on the file listings screen where you will be able to see the status report, you will receive a confirmation/status report email.
 - If errors are present, those will be flagged and can be corrected like a normal production file.

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
Test1_FV0518603_NV_20160315.dat	NV	1	-	-	03/15/2016 02:38PM	✓(test file)	status report
Test1_FV0518603_MS_20160315.dat	MS	29	0	2	03/15/2016 02:05PM	Pending Dispensation Errors (test file)	status report

Screenshot of the PMP Clearinghouse dashboard.

- Testing sFTP Connection
 - Data submitters using sFTP method can test the connection here: <sftp://sftp.pmpclearinghouse.net>
 - This is outlined on page 8 of the Dispensation Guide

Questions? Concerns? Contact the PMP Clearinghouse Helpdesk: 1-855-562-4767



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PMP Clearinghouse Data Submission

Pharmacies are required to...

- Submit Sch. II-V prescription data daily or next business day
- Submit data per the Massachusetts Dispensation Guide specifications (effective 5/31/16): www.mass.gov/dph/dcp/pmp
- Please see 105cmr700.012 for more information: <http://www.mass.gov/courts/docs/lawlib/104-105cmr/105cmr700.pdf>

Pharmacies will...

- Stop submitting data to Atlantic Associates on May 31 and instead submit data to Appriss' PMP Clearinghouse
- Need to submit all outstanding data corrections to Atlantic Associates by May 31
- Need to create an account with PMP Clearinghouse (began Mar 1): <https://pmpclearinghouse.net/registrations/new>
 - **Accounts will be approved by the System Administrator in May**
- Need to determine submission method. Options:
 - **Automatic Upload**
 - Secure File Transfer Protocol (sFTP)
 - **Manual File Upload**
 - Universal Claim Form (UCF)
 - File Upload

Data Submission Option 1: sFTP

- User creates sFTP account from within their Clearinghouse account
- User's pharmacy software is configured with the sFTP credentials and setup on a schedule to send the controlled substance reports
- Username = store978555555@prodpmftp



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- Password = xxxxxxxxxxxx
- Hostname = sftp.pmpclearinghouse.net
- Upload path = homedir/MA

Data Submission Options 2 & 3: UCF & File Upload

Option 2: Universal Claim Form

The screenshot shows the 'Create Universal Claim Form' interface. At the top, there is a navigation bar with 'PMP Clearinghouse' and several menu items: 'File Submissions', 'UCF Submissions', 'Zero Reports', and 'File Upload'. Below the navigation bar, there are links for 'UCF Listings', 'Manage Claim Forms', and 'New Claim Form'. The main heading is 'Create Universal Claim Form' with a sub-heading 'MANAGE APPRIS, INC. UCF FORMS'. The form itself is organized into three main sections: 'PMP', 'Patient', and 'Pharmacy'. The 'PMP' section has a dropdown menu for 'Pmp'. The 'Patient' section is further divided into 'Patient Info', 'Patient ID', and 'Patient Address'. 'Patient Info' includes fields for First Name, Last Name, Date of Birth, Gender, and Phone Number. 'Patient ID' includes fields for Identity Type, Identity Value, Jurisdiction, and Relationship. 'Patient Address' includes fields for Address, Apartment or Suite, City, State/Province, and Postal Code. The 'Pharmacy' section includes fields for Name, Address, Phone Number, City, State, and Postal Code. All fields are marked with an asterisk to indicate they are required.

User manually enters required data elements

Screen shot of the UCF. Users first selects the state, enters patient information, and then enters pharmacy information.



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Option 3: File Upload

- User uploads controlled substance report
- Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.dat”.

The screenshot shows the 'File Upload' page in the PMP Clearinghouse. The navigation bar includes 'PMP Clearinghouse', 'File Submissions', 'UCF Submissions', 'Zero Reports', and 'File Upload'. The main heading is 'Submission Upload' with a link to 'SUBMIT NEW FILE FOR CONSOLIDATION'. Below this, instructions state: 'Use this screen to submit files to the PMP System'. A section titled 'How to Upload Your Files' lists three steps: 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. The form includes a 'Select PMP' dropdown menu, a 'File Upload:' text input field, a 'Browse' button, and an 'Upload' button.

Screen shot of file upload. User selects the state, attaches the file, and hits “upload”.



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Zero Reporting

If on any given day you have no dispensations to report, you must submit a zero report. To submit a report:

1. Navigate to Zero Reports in the PMP Clearinghouse menu bar.
2. Select Mass from the available states listed in the drop-down.
3. Enter the start date and end date for the report and click on the “Submit” button. (NCPDP and DEA number are optional)
4. The request will be submitted to PMP Clearinghouse.

The screenshot displays the 'Zero Report Management' interface in the PMP Clearinghouse. At the top, there is a navigation bar with 'Zero Reports' highlighted. Below this, the user is logged in as 'Appriss, Inc.' and is viewing the 'Zero Reports' section. The main area is titled 'Zero Report Management' and contains a 'Create Zero Report' form. The form has the following fields: 'PMP' (a dropdown menu with 'Select a PMP...' as the placeholder), 'Start date' (text input with 'mm/dd/yyyy' placeholder), 'End date' (text input with 'mm/dd/yyyy' placeholder), 'Ncpdp' (text input), and 'Dea number' (text input). A 'Submit' button is located below the form. Below the form is a table titled 'Appriss, Inc. Zero Reports'. The table has columns for 'State', 'Start Date', 'End Date', 'Ncpdp', 'Dea number', 'NPI', 'Asap File', and 'Date Submitted'. The table is currently empty, with the message 'No data available in table' and 'Showing 0 to 0 of 0 entries' displayed below it. A search bar is located to the right of the table, and a 'PreviousNext' link is at the bottom right.

For more information, including how to submit a zero report via sFTP, please see page 40 of the Data Submitters’ Guide.

Screenshot of the Zero Report screen in PMP Clearinghouse.



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Zero Report Specification

For more information, including how to submit a zero report via sFTP, please see page 40 of the Data Submitters' Guide.

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.2	R
TH02	123456	R
TH05	20150101	R
TH06	223000	R
TH07	P	R
TH09	\\	R
IS – Information Source – Required		
IS01	6175555555	R
IS02	PHARMACY NAME	R
IS03	#20160101#-#20160107#	O
PHA – Pharmacy Header – Required		
PHA03	ZZ1234567	R
PAT – Patient Information – Required		
PAT07	REPORT	R
PAT08	ZERO	R
DSP – Dispensing Record – Required		
DSP05	20150101	R
PRE – Prescriber Information		
CDI – Compound Drug Ingredient Detail		
AIR – Additional Information Reporting		
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R
TT02	10	R



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Data Submission Waivers in lieu of submitting daily zero reports

1. Annual Data Submission Waiver Request Form
 - a. Pharmacies that do not dispense Controlled Substances in Schedules II-V or any additional drugs that the Department has determined must be reported to the PMP may complete this form to request a waiver of the requirements that pharmacies must report to the PMP. Please submit to the Department by July 1st of each year via email to: mapmp.dph@State.MA.US
2. Annual Days of Operation Data Submission Waiver Request Form
 - a. Pharmacies that are not open 7 days a week to dispense Controlled Substances in Schedules II-V or any additional drugs that the Department has determined must be reported to the PMP may complete this form to request a waiver of the requirements that pharmacies must report to the PMP every day. Pharmacies must indicate which days of the week they are open and will report to the PMP. Please submit to the Department by July 1st of each year via email to: mapmp.dph@State.MA.US
3. Temporary Data Submission Waiver Request Form
 - a. Pharmacies that are not able to submit dispensing data to the Department due to unforeseen or emergency/disaster situations, must submit the completed form via email to: mapmp.dph@State.MA.US in order to remain in compliance reporting obligations to the PMP. (M.G.L. c. 94C, §24A).

Waiver request forms are now available online on the PMP website: www.mass.gov/dph/dcp/pmp



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Key changes to the Dispensation Guide (v1.2)

Version 1.2 of the Guide was published in April in response to stakeholder feedback. The changes from v1.1 to v1.2 are:

- DSP18-DSP21 are listed as optional not conditional
- Modified condition of AIR07/AIR08
- Added additional compliance language to section 6.2
 - “The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours after if errors are continued to be identified within a submitted data file. If a pharmacy does not correct the identified error(s) within the submitted data file after 7 consecutive days of receiving daily file status reports from the PMP Clearinghouse, the pharmacy will be formally reported to the Massachusetts Prescription Monitoring Program. Failure to submit the appropriate corrections may result in immediate escalation to the Board of Pharmacy.”

Legend for new requirements:

- R = Required submission by Massachusetts
- O = Optional submission, please submit if available.
- C = Conditional submission, please refer to notes.



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Element ID	Element Name	New (Appriss)	Notes	Current (Atlantic)
IS03	Message Free-form text message.	O		R
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	O		R
PHA05	Address Information – 1 Freeform text for address information.	C	PHA05 – 07 Required if the DEA in PHA02 cannot be verified in DEA database.	NR
PHA06	Address Information – 2 Freeform text for address information.	C		NR
PHA07	City Address Freeform text for city name.	C		NR
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	C	If the pharmacy has multiple locations, please submit the chain site ID (location ID).	NR
PAT09	Middle Name Patient's middle name or initial if available.	O		R



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PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	O		R
PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	O		R
PAT13	Address Information – 2 Free-form text for additional address information.	O		R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	R		NR
PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	C	If the patient is not a U.S. Resident, please submit.	R
PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	C	If the patient, is an animal, please submit.	NR



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DSP18	RxNorm Code Qualifier RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> • 01 Sematic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	O	If DSP12 = 05 (electronic), then DSP18 -21 are Required.	R
DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	O		R
DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	O		R
DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	O		R



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<p>PRE01</p>	<p>National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.</p>	<p>O</p>		<p>R</p>
<p>PRE03</p>	<p>DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.</p>	<p>C</p>	<p>If the DEA a prescriber uses (e.g. resident or intern) is a hospital facility ID, submit the DEA suffix.</p>	<p>R</p>



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CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	C	If DSP07 = 06 (compound), then all elements of CDI segment are Required.	
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC	C		
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	C		
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none"> Example: 2.5 	C		
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	C		



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AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	C	This is required if AIR02 is used.	NR
AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	C	For exceptions to AIR03, AIR04, & AIR05 please see Appendix A in the Dispensation Guide	R
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 04 Permanent Resident Card (Green Card) • 06 Driver's License ID • 08 Tribal ID • 99 Other (agreed upon ID) 	C		R
AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	C		R
AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	C	If the patient is NOT the customer, please submit AIR 07-AIR08.	NR
AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	C		NR



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Follow-up

If we can be of any other assistance, please don't hesitate to get in touch:

PMP general inbox: mapmp.dph@state.ma.us

Alison: arogers@ripplesgroup.com

PMP Clearinghouse helpdesk: 1-855-562-4767

DPH PMP helpdesk: 617-753-7310

Next Pharmacy Meeting & Webinar

May 25 at 1pm

<https://attendee.gotowebinar.com/register/466320847713902337>