NEBRASKA

PDMP Submitter User Guide

DRUG OVERDOSE PREVENTION

PRESCRIPTION DRUG MONITORING PROGRAM

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Cync Health

Contents

Purpose

The "Nebraska PDMP Data Submitter Registration and Implementation Guide" serves as a comprehensive and systematic resource facilitating the implementation and training process for data submitters. It offers detailed instructions and essential information to aid dispensers in fulfilling their reporting obligations for the Nebraska Prescription Drug Monitoring Program (PDMP).

This document is primarily intended for various entities, including licensed pharmacies, dispensers, pharmacy technical support groups, and dispensing software vendors. It applies to those engaged in the dispensation of prescription drugs within the state of Nebraska or to addresses within the state's jurisdiction.

Program Overview

The Nebraska Prescription Drug Monitoring Program operates under the authority of Nebraska Revised Statutes §§ 71-2454 through 71-2455, with the primary objectives of preventing the misuse of prescribed controlled substances, monitoring patient medication care and treatment, providing information to improve patient health and safety, and ensuring that the State of Nebraska remains on the cutting edge of medical information technology.

Through the Population Health Information Act (Nebraska Revised Statutes §§ 81-6,123 through 81-6,128, the Health Information Technology (HIT) Board has been granted authority to establish criteria for data collection of the PDMP. The HIT Board has approved the PDMP to collect data according to the ASAP 5.0 release and as published in this Submitter User Guide.

Jointly administered by the Nebraska Department of Health and Human Services (DHHS) and CyncHealth, the Nebraska PDMP offers a medication query functionality accessible to all prescribers and dispensers in the state, without cost to providers.

Notably, patients do not have the option to opt out of the Nebraska PDMP data reporting, ensuring the maintenance of a comprehensive medication data set specific to Nebraska. The information can be accessed via a dedicated application tile on the CyncHealth Okta Landing Page using multi-factor authentication, through integration within a healthcare entity's electronic health record or pharmacy software system, or through the Health Information Exchange Clinical Viewer.

In compliance with the Health Information Portability and Accountability Act (HIPAA), all parties involved in submitting or receiving information from the Nebraska PDMP are required to implement appropriate privacy protections to safeguard sensitive health information.

About RxGov

RxGov is an advanced software solution developed by Leap Orbit aimed at recording and monitoring prescription dispenses, encompassing both controlled and non-controlled prescriptions. The use of controlled substances (CS) carries the potential for misuse or abuse, posing a public safety concern. To address this issue, every state has implemented a Prescription Drug Monitoring Program (PDMP) with the primary objective of curbing the improper use of controlled substance prescriptions. RxGov serves as a pivotal tool for PDMPs in overseeing the prescribing and dispensing activities of controlled substances within their respective states.

With a focus on providing a comprehensive system, RxGov facilitates seamless communication between various user groups, ensuring strict adherence to patient confidentiality, data security, and the dissemination of precise information. Its web-based application design eliminates the need for

specialized hardware or software, affording users the convenience of accessing their accounts from any location with internet connectivity. This user-friendly approach enhances accessibility and promotes efficient utilization of the software's functionalities.

How Does RxGov Work?

RxGov operates as a universal point of contact throughout the entire prescription dispensing process, streamlining critical interactions between various stakeholders.

When a patient seeks medical attention, and a healthcare provider contemplates prescribing a controlled substance, the provider can access the PDMP directly through the website or integrate it into their Electronic Health Records (EHR) system, which may be available to the healthcare clinic or organization or pharmacy. This access empowers the provider to better assess the benefits and risks associated with controlled substance medications while identifying potential harmful drug interactions. This proactive measure enhances patient safety and informed decision-making.

Before dispensing a prescribed controlled substance, the dispenser also has the option to review the PDMP. This step helps to ensure that the patient does not exhibit any indications of potential misuse or abuse of the prescribed medication, promoting responsible prescription management.

By actively submitting data for a dispenser or group of dispensers, a data submitter plays a vital role in maintaining the currency and accuracy of the RxGov database. This upkeep ensures that the data made available to healthcare providers and dispensers is reliable and up to date, fostering a more efficient, trusted, and reliable prescription monitoring process.

Data Collection and Reporting Requirements

Reporting Expectations

- Submission of ALL prescription drugs dispensed (both controlled and non-controlled substances), except for prescription drugs dispensed for non-human patients in which the dispenser must submit Controlled Substances CII-CV only.
- To fulfill the PDMP data collection requirement, dispensers are required to electronically report data on prescription drugs dispensed to a patient (human or non-human) in the state or to an address in the state.
    - *Dispenser* includes the following license types:
        - Community Pharmacy License
        - Mail Service Pharmacy Permit
        - Dispensing Practitioner Pharmacy License
        - Delegated Dispensing Permit
        - Remote Dispensing Pharmacy
        - Ophthalmic Mail-Order Provider
        - Long-Term Care Automated Pharmacy
    - Certain specified entities and types of drug delivery/dispensing are exempt from reporting. For more information see *Reporting Exemptions* below.
- Dispensers are required to provide data at least daily in the nationally accepted standardized format or to provide zero reports if no medications were dispensed that met the required criteria for that day.
    - Data is encouraged to be provided as close to real-time as possible.
    - Data fields listed as Optional are encouraged to be reported whenever possible.
- In the event the records provided by a dispenser are not in the correct format, unreadable or damaged, RxGov will not load the record and shall report the error to the applicable submitter for correction.

As part of the medication history hosting service, RxGov provides appropriate infrastructure to accept data supplied by dispensers as required by Nebraska Revised Statutes §§ 71-2454 through 71-2455.

- If you are a *chain pharmacy*, your data may be submitted from your central office. Please verify this with your corporate or central office.
- *If you are an independent pharmacy or dispensing practitioner who works with a pharmacy or practice management system vendor*, please forward the reporting requirements to your software vendor.
- System changes may be necessary to create the data file in the correct format, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the *Data Submission* chapter to submit the data.
- *If you are a dispenser that submits its own data*, follow the instructions provided in the *Data Submission* chapter to submit the data.

Reporting Exemptions

The following events are exempt from being reported to the Nebraska PDMP:

- The delivery of a prescription drug for immediate use for purposes of inpatient hospital care or emergency department care.
- The administration of a prescription drug by an authorized person upon the lawful order of a prescriber.

- A wholesale distributor of a prescription drug monitored by the prescription drug monitoring system.
- The dispensing to a nonhuman patient of a prescription drug that is not a controlled substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V of Neb. Rev. Stat. § 28-405.
- Licensed dispensers that do not dispense any prescription drugs.
- Licensed dispensers do not currently dispense any prescription drugs to a resident of Nebraska.

If a pharmacy or other dispenser meets one of the exemptions as identified according to Neb. Rev. Stat. § 71-2454 (14)(d) above, you may complete the *Exemption Information Form* located at http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-PDMP-Reporting.aspx or https://cynchealth.force.com/s/pdmp/pdmp-exemption-request.

Registration Requirement

All individuals or entities that are not exempt from the PDMP reporting requirement must comply by submitting data to the Nebraska PDMP. To initiate the data submission process, the concerned individual or entity is required to complete the registration procedure via the RxGov web portal. For further details and instructions on how to create an account, please refer to the section titled "Creating Your Account" below.

This requirement is separate from any duty for a pharmacist or prescriber to register for clinical user access to PDMP data.

In general, the registration requirement applies to holders of a:

- Community Pharmacy License
- Mail Order Pharmacy Permit
- Dispensing Practitioner Pharmacy License
- Delegated Dispensing Pharmacy Permit
- Remote Dispensing Pharmacy
- Ophthalmic Mail-Order Provider
- Long-Term Care Automated Pharmacy

Reporting Methods and Data Standard

The Nebraska PDMP requires that all reports be submitted according to the American Society for Automation in Pharmacy (ASAP) Standard for Prescription Monitoring Programs v5.0. Detailed specifications for ASAP v5.0 are listed in *Appendix A: ASAP 5.0 Specifications.*

Guidelines for Zero Reporting

- If a dispenser has no dispensing transactions to report for the day, the dispenser is required to submit a zero report, as described in the *Zero Reports* topic in this guide.
- If a dispenser reporting by manual prescription entry has no dispensing transactions to report for the day, a zero report can be submitted under the **Submit Data** tab.

Submitter Account Management

Creating Your Account

To submit data, you will first need to create a *Submitter* account. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to submit your data.

Steps to Create a New Account

1. Go to RxGov at: https://nepdmp.rxgov.com.
2. On the RxGov home page, click *Register*.
3. Enter the following required information:
   a. E-mail
      i. This e-mail will become your username.
      ii. Use the e-mail that will be best for receiving error reports and correspondence.
   b. Password
   c. First name of the primary contact
   d. Last name of the primary contact
   e. State
   f. Phone number of the primary contact or pharmacy
   g. Pharmacy Name (as Submitter Name)
4. You are not required to enter any additional information, but you are encouraged to enter as much of the following information as possible:
   a. Street address
   b. City
   c. Zip code
5. In the *Account Type* menu, select **Submitter**.
6. Enter your *Submitter Name*—should be the pharmacy name or facility name.
7. Click *Register*.
8. You will receive an email sent to the account email with a link to activate the account.

     a. If you do not receive an email within eight hours, please reach out to CyncHealth support at Support@CyncHealth.org OR 402-506-9900 opt. 1.

9. After review by a CyncHealth Nebraska PDMP administrator, you will receive an email at your submitted email address notifying you that your account is now activated.

Modifying Your Account

Forgot Your Password
1. Go to RxGov at: https://nepdmp.rxgov.com.
2. Select *Forgot password?*
3. An email will be sent to the email on file with a link to reset the password.

Change Your Password
1. Log on to RxGov at: https://nepdmp.rxgov.com.
2. On the top menu bar, select your username.
3. On the *User Profile Details* window, click *Change Password*.
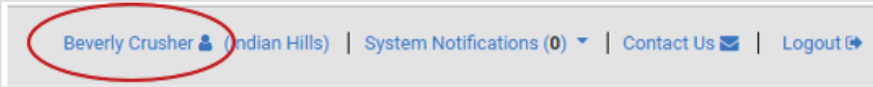
4. Type your current password in the *Current Password* box.
5. Type your new password in the *New Password* box.
6. Type your new password in the *Confirm New Password* box.
7. Select *Change Password*.
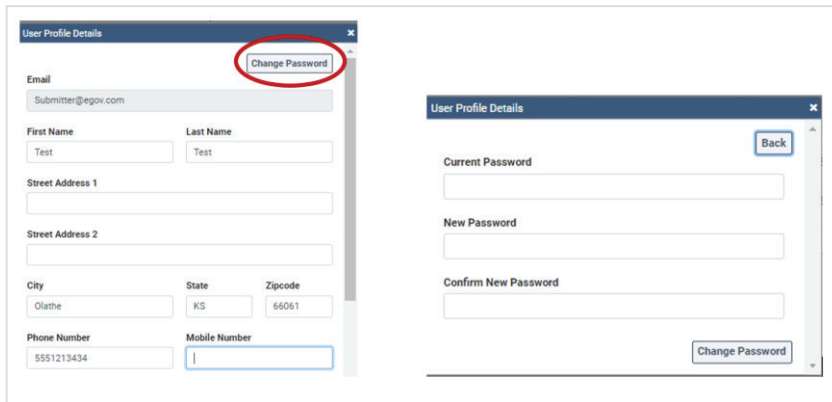
Account Lockout

User accounts will be locked out after five failed login attempts. The account will remain locked out for 30 minutes, at which time you can try again. If needed, contact Support@CyncHealth.org or 402-506-9900 opt. 1 for PDMP support from CyncHealth.

Update Profile Details

To change any user information:
1. Log on to RxGov at: https://nepdmp.rxgov.com.
2. On the top menu bar, select your username.
3. On the *User Profile Details* window, update information in the proper fields as needed.
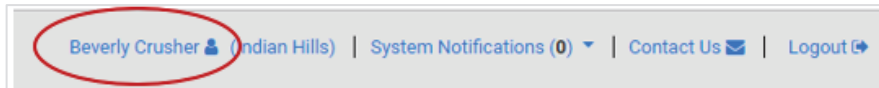
4. Select *Change Identifier Fields* to change any fields locked out.
   a. Make the appropriate changes in the *Create User Identifier Change Request Ticket window*
   b. Any changes here require a reason to be submitted with the change.
   c. Select the *Submit* button.
6. Select the *Save* button.

OR contact Support@CyncHealth.org or 402-506-9900 opt. 1 for PDMP support from CyncHealth.

Viewing System Notifications

System notifications which are set by the PDMP administrator are visible to all selected users and usually contain information about updates, system outages or planned downtime. They can also contain information relevant to using the system.

System notifications can be viewed by selecting *Notifications* on the top menu bar. A drop-down of system notifications will appear. Click on the *View Notifications* button to read the specific notification.
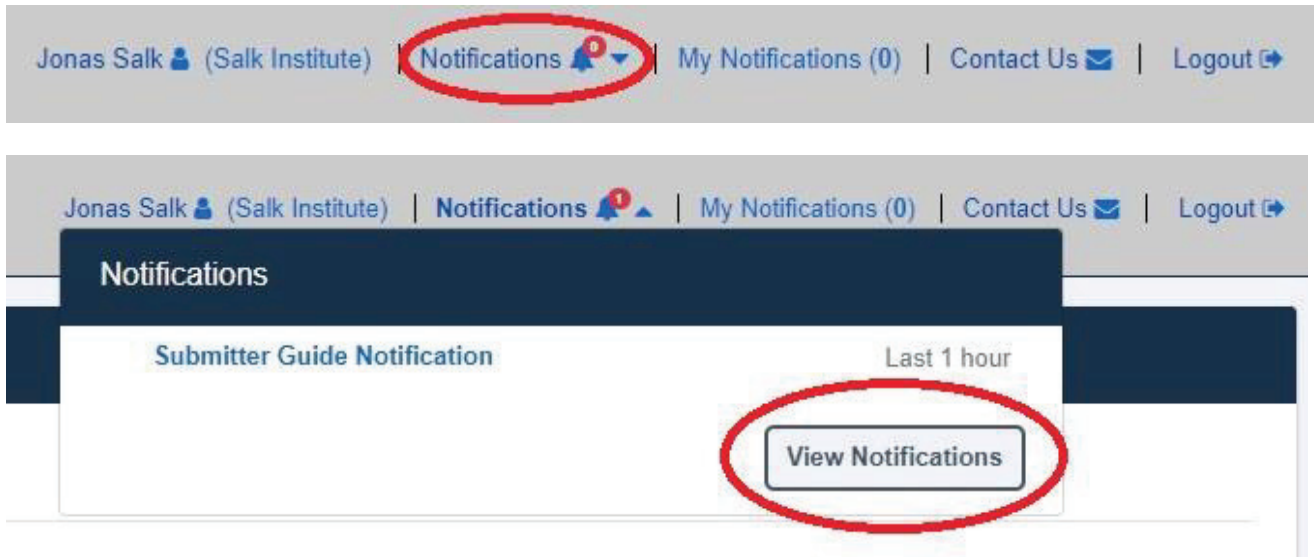
Data Delivery Methods

Notes About NDC Numbers

Many prescription medication packages have the NDC code displayed on the package in a 10-digit format which may include hyphens (-). To submit successfully to the Nebraska PDMP, this 10-digit NDC format will need to be converted to an 11-digit format without the hyphen(s).

The following table shows common formats on packaging and the appropriate way to convert to the 11-digit format needed for reporting. The correctly formatted entry is listed below, an additional "0" is added, bolded, and underlined in the following example to provide clarity on the proper submission value. Hyphens are provided to demonstrate the various formatting examples for the NDC **but should not be transmitted in ASAP format**.

Do not use hyphens when entering the actual data in the Nebraska PDMP. If there are any hyphens (-) or less/more than 11digits in the field, the file will notify the submitter of an error for that record.

10-Digit Format on Package	10-Digit Format Example	11-Digit Format	11-Digit Format Example	Actual 10-Digit NDC Example	11-Digit Conversion of Example to Report
4-4-2	9999-9999-99	5-4-2	**0**9999-9999-99	0228-2027-10	**0**0228202710
5-3-2	99999-999-99	5-4-2	99999-**0**999-99	58284-100-14	58284**0**10014
5-4-1	99999-9999-9	5-4-2	99999-9999-**0**9	60575-4112-1	605754112**0**1

Submission Method #1: Secure FTP Over SSH with Stat Command enabled

There are many free software products that support Secure FTP (sFTP). Neither Nebraska DHHS, CyncHealth nor the PDMP Vendor (Leap Orbit/RxGov) can direct or support your installation of operating system software for Secure FTP.
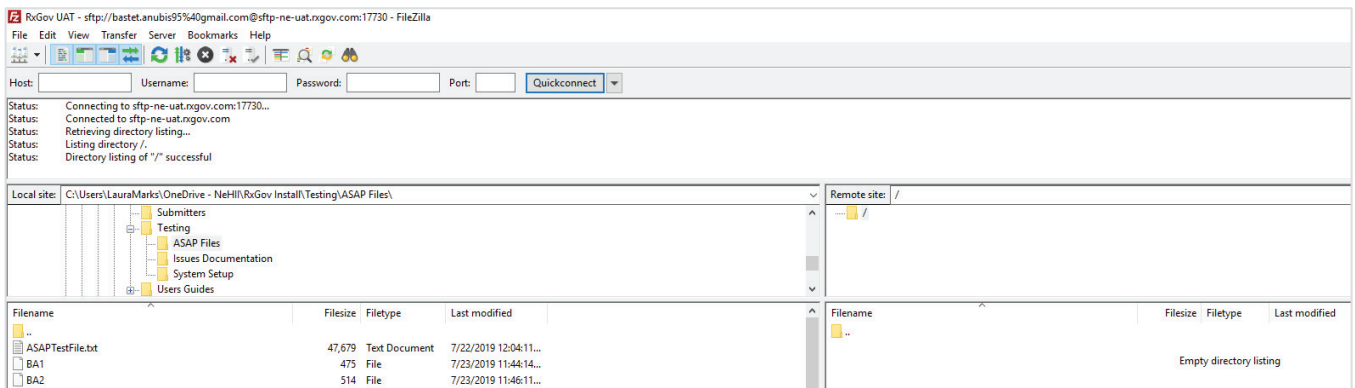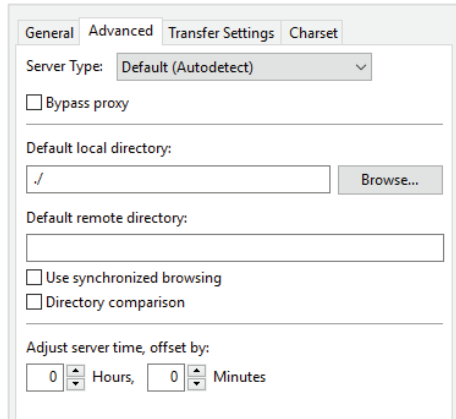
After creating your RxGov submitter account, a PDMP administrator will have your account activated. You will receive your credentials through email 24-48 hours after your account has been activated in RxGov.

Some pharmacy vendors require a specific set of commands enabled for copying files over FTP. Please check with your pharmacy software vendor or IT support contact, to determine if your system requires **Stat Command**. The easiest indication that you might need to utilize Stat Command would be the identification of errors after you upload the files about viewing / setting / altering the attributes of the file.

Once the software is set up, follow the steps below to submit files to RxGov:

1. Prepare the data file for submission using the ASAP specifications described in *Appendix A: ASAP 5.0 Specifications*.
2. SFTP the file to: sftp://sftp-stat-nepdmp.rxgov.com
   a. Port: 17730
3. When prompted, type your data submitter credentials (i.e., username and password).
4. Place the file in the "/Upload" directory.
   a. Depending on your software, you may or may not need to enter a slash. Once you upload data, if a slash appears before the file name, then it is not required.
5. If desired, you may view the results of the submission in the *My Submissions* section of RxGov.
6. Log off when the file submission is complete.

FileZilla Example Entry (Stat Command)

FileZilla - Example
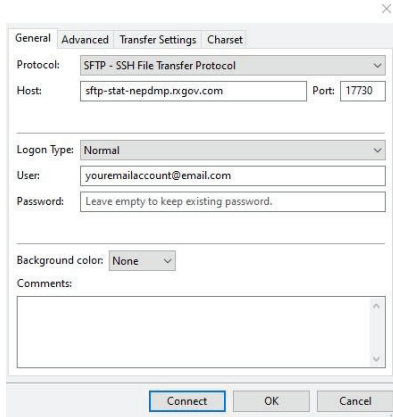
WinSCP Example Entry Stat Command

Submission Method #2: SSL Website (RxGov Portal)

1. Prepare the data file for submission using the ASAP specifications described in *Appendix A: ASAP 5.0 Specifications*.
2. Log on to RxGov at: https://nepdmp.rxgov.com.
3. On the left menu, click *Submit Data*.
4. In the *Submit By File* section, click *Select Files*.
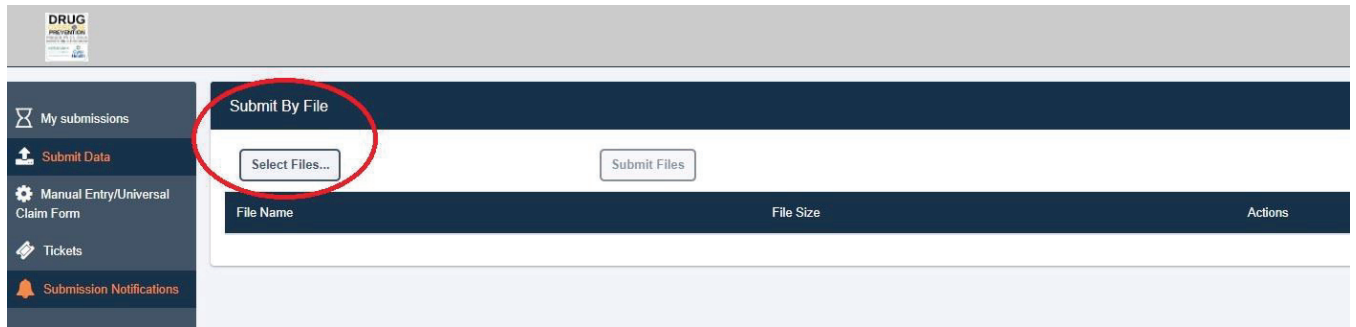
5. Select the file on your computer and click *Open*.
   a. If a selected file was picked by mistake, select the red x in the *Actions* column to remove it.
   b. When all desired files are listed, click *Submit Files*.
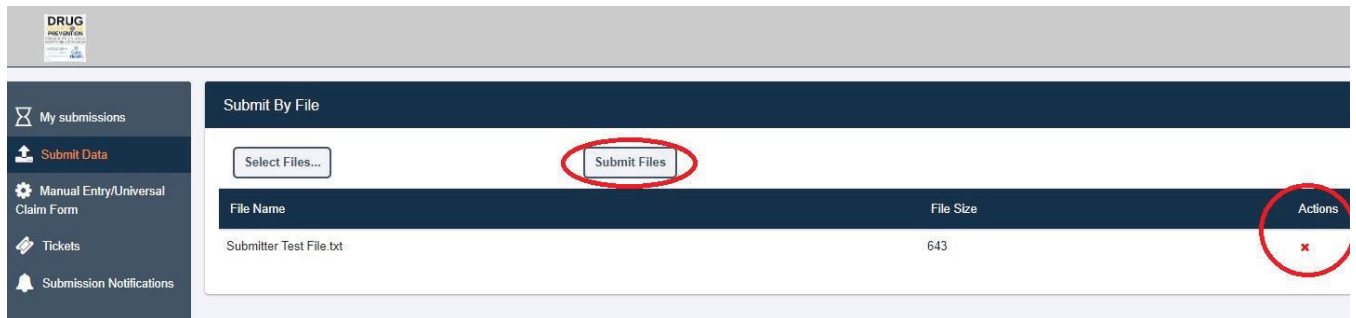
6. If desired, view the results of the submission in *My Submissions*.
7. Log off when the file submission is complete.

Submission Method #3: Manual Prescription Entry

1. Navigate to your Nebraska PDMP Submitter account by logging into the web portal at: https://nepdmp.rxgov.com/login

2. Once you are logged into your account, select **Manual Entry/Universal Claim Form** on the menu on the left side of the screen.

3. Fields with a red asterisk (*) are required to be populated.

4. Pharmacy (Dispenser) information fields will display first.
   a. After you enter a valid DEA or NPI number, most of the fields for the pharmacy should automatically populate.
   b. The required fields include:
      i. NPI-National Provider Identifier
      ii. Pharmacy Name
      iii. Pharmacy Address -1
      iv. City
      v. State
      vi. Zip Code
   c. Non-required fields can be populated if the information is available.

5. Patient information fields will be displayed below the Pharmacy (Dispenser) fields.
   a. The Animal/Human toggle should be automatically set depending on your account type.
      i. Submitters – Human
      ii. Veterinarian, Veterinarian Delegate, Vet Submitter- Animal

b. The toggle defaults to U.S. Resident but can be changed to Non-U.S. Resident if needed.

c. The required fields include:
    i. Patient Last Name
    ii. Patient First Name
    iii. Date of Birth (entered in the yyyymmdd format)
    iv. Gender
    v. Patient Address
    vi. City
    vii. State
    viii. Zip Code
    ix. Phone Number (do not use a hyphen (-) when entering phone numbers)
    x. Identification type
    xi. One of the following:
        1. ID Number
        2. Passport ID Number
        3. Patient Driver's License Number
        4. Social Security Number

d. You can add an additional ID by clicking on the button with the green text labeled "Add Additional Id"

e. Non-required fields can be populated if the information is available.

f. You can add an additional Patient by clicking on the green patient button on the left side of the screen beside *Pharmacy/Dispenser*.
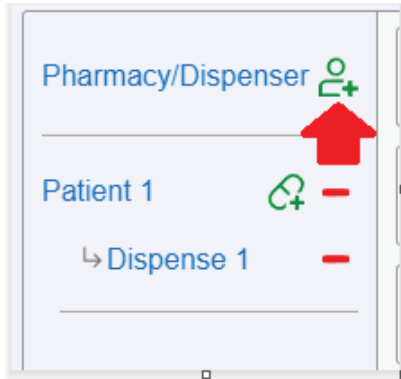
i. Repeat steps a – e for each patient added.

g. You can remove a patient by clicking the red dash on the left side of the screen next to the appropriate patient.
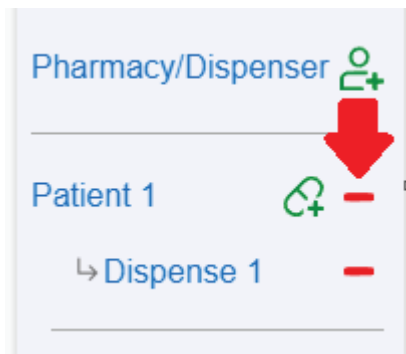
6. Dispense fields will be below the patient information.
    a. The required fields include:
        i. Reporting Status
        ii. Prescription Number
        iii. Date Written
        iv. Refills Prescribed
        v. Date Filled
        vi. Refill Number
        vii. Date Sold
        viii. Payment Type
        ix. Product ID Type
        x. Product ID
        xi. Quantity Dispensed
        xii. Dose Unit
        xiii. Day Supply

b. Non-required fields can be populated if the information is available.

c. If *Product ID Type* is populated as compound, additional fields will be displayed and required.
   i. The required fields include:
      1. Product ID Type
      2. Product ID
      3. Quantity Dispensed
      4. Dose Unit
   ii. Non-required fields can be populated if the information is available.
   iii. Additional ingredients can be added by pressing the "+ Add" button

d. You can add an additional dispense by clicking on the green capsule button on the left side of the screen beside the appropriate *Patient*.

   i. Repeat steps a – c for each dispense added.

e. You can remove a dispense by clicking the red dash on the left side of the screen next to the appropriate dispense.
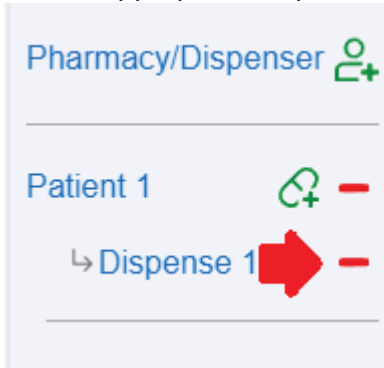
7. Prescriber fields are below the dispensing information.
   a. After you enter a valid DEA or NPI number, many of the fields for the prescriber should automatically populate.
   b. The required fields include:
      i. NPI-National Provider Identifier
      ii. Prescriber Last Name
      iii. Prescriber First Name
   c. Non-required fields can be populated if the information is available.

8. Additional optional fields are displayed below the prescriber fields.

9. When finished entering information, select the green "Submit UCF" button on the bottom right corner of the screen.
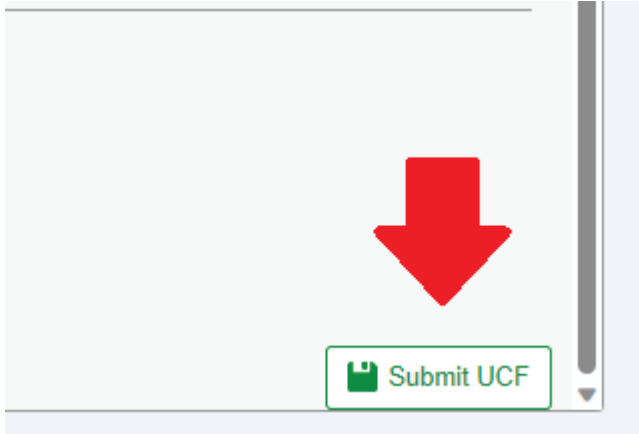
a. If any information that is required and not populated or populated incorrectly, you will get a notification and the appropriate fields will be outlined in red along with a message to explain the error.
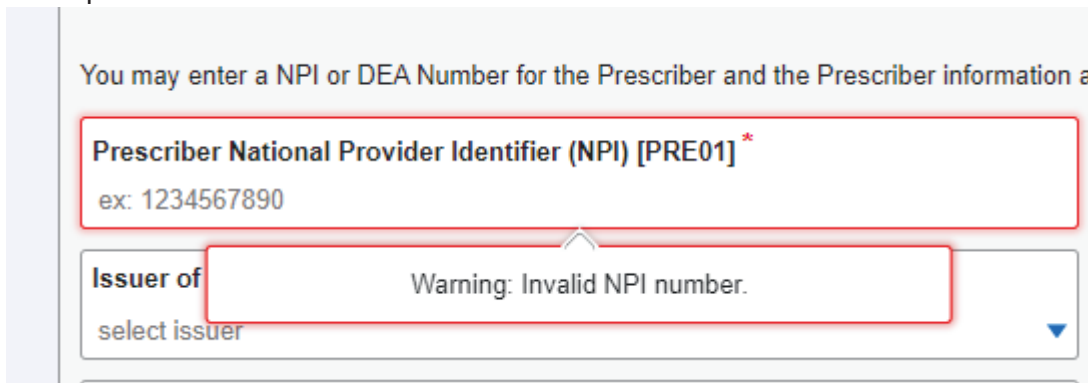
Submitted Reports and Edit Definitions

Notifications

Every submitter can choose to have RxGov notify them via email regarding their submissions and errors. The submitter can alter how they receive these notifications in RxGov.
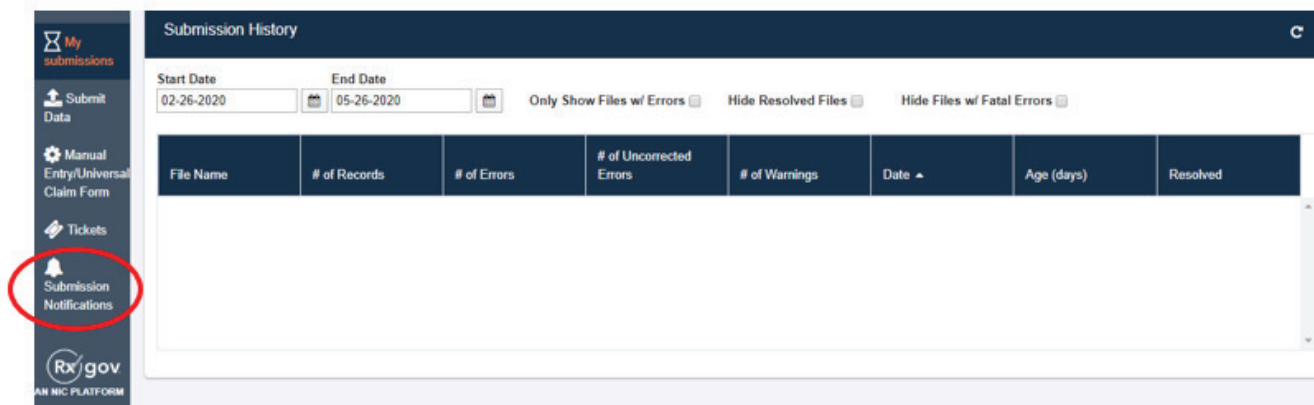
Click **Submissions Notifications**.
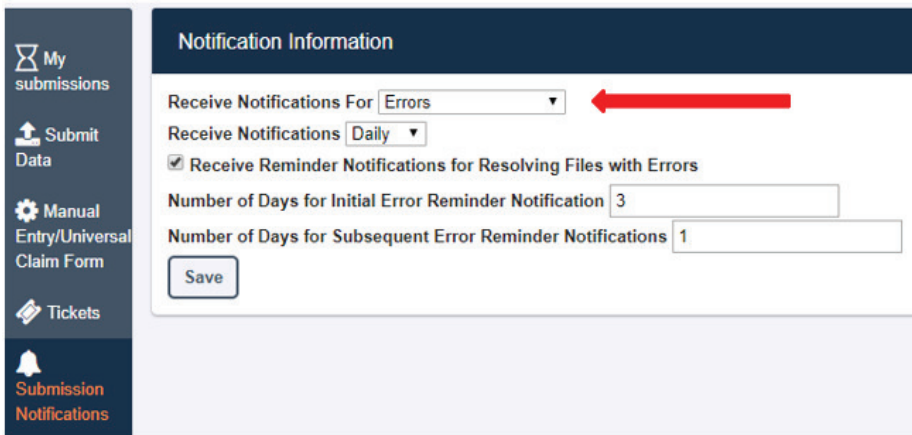
Receive Notification For can be set for Errors, Errors and Warnings or All Submissions by clicking the down arrow (caret).
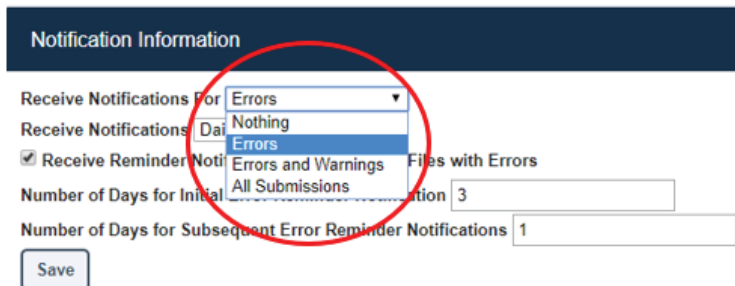
Error notifications will only be sent if the file submitted contains an error. Error and Warning notifications will only be sent if the file contains either an error or a warning. All Submissions will send a notification each time a file is sent into the PDMP.

Receive Notification can be set for Daily or Hourly by clicking the down arrow (caret).

Number of Days for Initial Error Reminder Notifications and for Subsequent Error Reminder Notifications can be configured as well.

Save all changes before exiting the **Notification Information** tab by clicking the **Save** button.

View Submitted Reports

Submitted data can be viewed in the RxGov platform. The submitter will only be able to view records submitted via the account username.

1. Log on to RxGov at: https://nepdmp.rxgov.com
2. Click *My Submissions* in the left menu.
3. On the *Submission History* page, use the *Start Date* and *End Date* boxes to select the dates for

viewing data. The search can be narrowed by selecting one or more of the following boxes:
   a. Only Show Files w/ Errors
   b. Hide Resolved Files
   c. Hide Files w/ Fatal Errors
4. When selections have been made, the submission history search will run automatically. The displayed data can also be updated by clicking the refresh icon at the top right of the page.
5. To view submitted data, click the line containing the data to view.
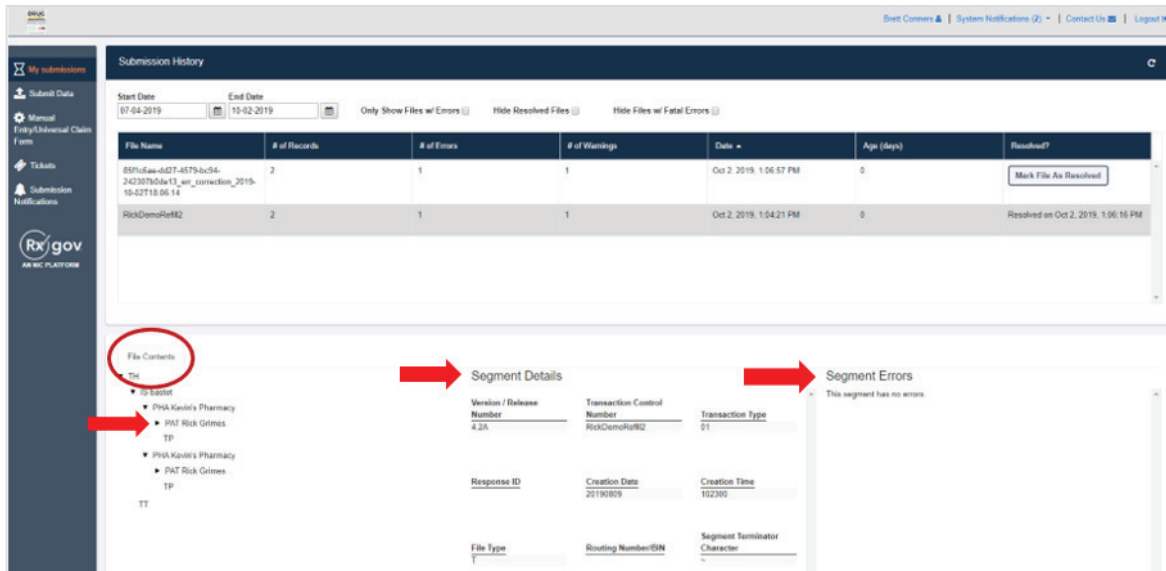
6. The *File Contents* section contains information on all submitted patients. You can view details on a patient by clicking the expand arrow next to the patient's name.
7. Additional dispensing information is displayed in the *Segment Details* section and errors are displayed in the *Segment Errors* section.
8. The *File Contents* section can be drilled down further by clicking on the arrows.
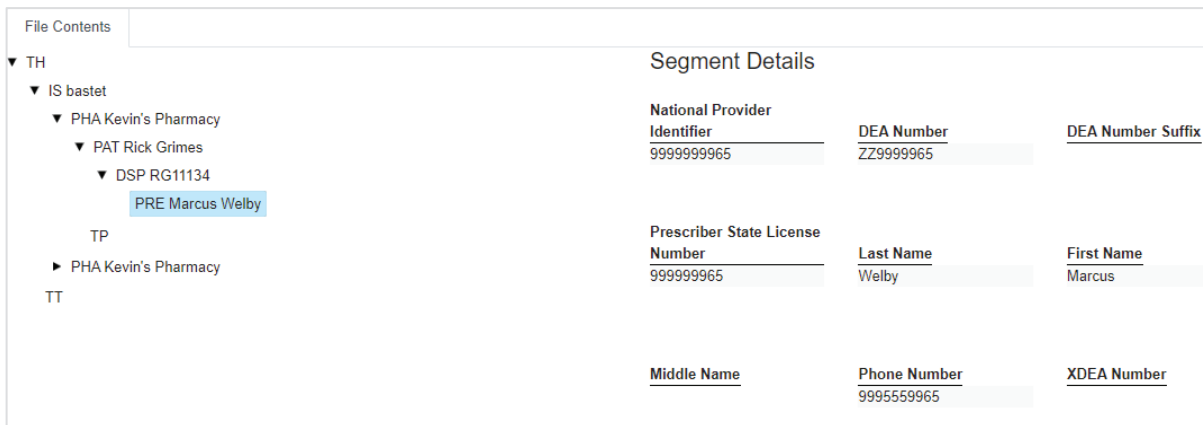
   a. Patient information is displayed in the *Segment Details* section when the PAT line is highlighted.
   b. Prescription information is displayed in the *Segment Details* section when the DSP line is highlighted.
   c. Prescriber information is displayed in the *Segment Details* section when the PRE line is highlighted.

Error Correction

When an uploaded file contains an error, RxGov will alert the submitter. Depending on the setup of the submitter's **Notifications**, the submitter will receive an email from the system either hourly or daily. The Submitter can also view errors in the **My Submissions** tab of RxGov.

> *Sample email:*
>
> Unresolved File Error Reminder From Nebraska UAT PDMP RxGov Inbox ×
>
> **RxGovHelp@egov.com** via sendgrid.net   Sat, Sep 14, 7:09 AM (4 days ago)
> to me ▾
>
> **File Correction Reminders**
>
> File DoseForm1 has 4 errors, 5 warnings and has been unresolved since 07/25/2019 18:24:33 +00:00.
>
> File XR1 has 1 errors, 2 warnings and has been unresolved since 07/25/2019 18:34:46 +00:00.
>
> Click here to go to Nebraska UAT PDMP RxGov

There are three error types: *Error*, *Warning* and *Fatal Error.*

    a. *Errors* are defined as simple data errors that may be corrected inside the submission file through RxGov or corrected in the ASAP file and resent. If the errors are not corrected, the data will not become part of the PDMP.

    b. *Warnings* are defined as simple data errors that can be corrected inside the submission file through RxGov but are not required to proceed. If the warnings are not corrected, data will still become part of the PDMP.

    c. *Fatal Errors* are defined as errors that cannot be corrected in the submission file through RxGov. The file must be corrected by the Submitter or Submitter's Vendor and resubmitted to RxGov.

Example of what a fatal error(s) looks like.

Error Correction	File Contents

This file contains errors or warnings which cannot be corrected online. Please resubmit a corrected file. See below for a list of these errors. ⓘ

Segment	Error
IS	Segment type IS has 4 fields; it cannot have more than 3
CDI	Segment type CDI has 6 fields; it cannot have more than 5
CDI	Segment type CDI has 6 fields; it cannot have more than 5
CDI	Segment type CDI has 6 fields; it cannot have more than 5
CDI	Segment type CDI has 6 fields; it cannot have more than 5

Data Submitters can correct most ASAP file submission errors through the My Submissions screen in RxGov. Errors can also be corrected within the ASAP file and resubmitted to RxGov electronically.

To review the details of a file's errors, review the file in the RxGov platform under *My Submissions* as described in *VIEW SUBMITTED REPORTS* or click the email link provided in the RxGov email alert.

1. To select a file within *My Submissions*, click anywhere on the line of the file and the details of the error will display on the bottom half of the screen. The ASAP 5.0 Data *Segment* and *Field* names are shown in the first two columns followed by the specific *Error* and the *Current Value* contained in the submitted ASAP file. The last column contains a field for *Correction* entry.
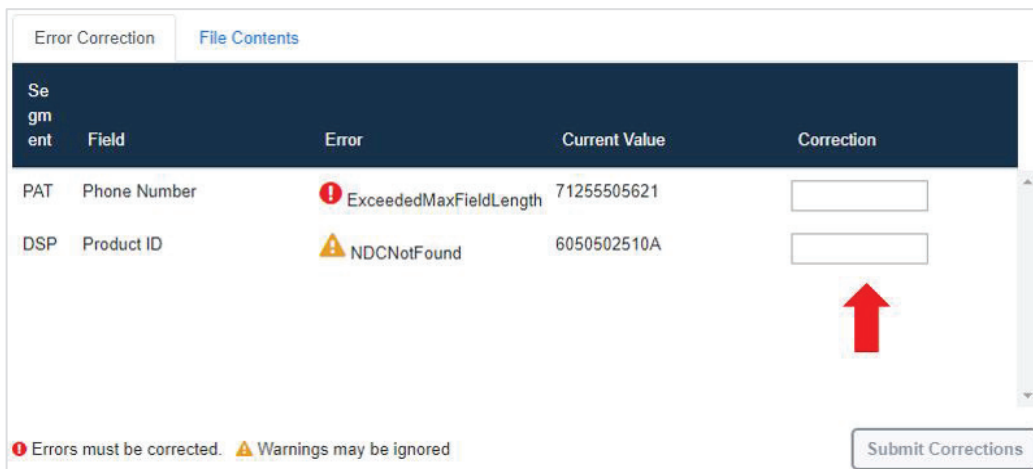
2. When the *Correction* box is clicked on, more information will appear in the *Dispense Context* (on the right of the screen). The drop box contains options for searching through the submitted prescription.
   a. Another option to view the content is to scroll down the right side of the *Dispense Context* screen.
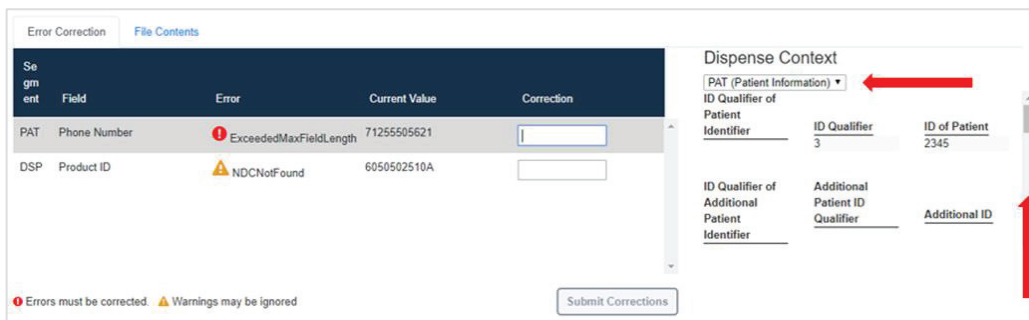
3. Enter the correct information into the *Correction* box.
   a. Note that *Submit Corrections* is not an option until the error is addressed. A correct value must be entered. Once a corrected value is entered, a green check mark will appear in

the correction column (incorrect information will result in a red x). Click anywhere outside of the box or tab away and the *Submit Corrections* will highlight.

b. Please refer below to the ASAP 5.0 Field guide for more information regarding what is being requested.

Se gm ent	Field	Error	Current Value	Correction
PAT	Phone Number	⛔ ExceededMaxFieldLength	71255505621	7125550562 ✔
DSP	Product ID	⚠ NDCNotFound	6050502510A	

Error Correction   File Contents

4. Click the *Submit Corrections* box and a *Success* box will appear.
5. When the file has been corrected, the system will create a new file with the corrected information and change the information under the **Resolved** column for the original file to "*Resolved on <Date & Time>*".

File Name	# of Records	
33484e31-e8eb-41ac-a7c1-48cebc4a88fb_err_correction_2019-09-18T21:57:04	5	Resolved on Mar 14, 2022, 2:24:19 PM

6. In times when the system fails to recognize a file correction, there is a manual resolution option.
   a. This button can be found in the **Resolved** column and is titled "*Mark File As Resolved*."
   b. Please note that once a file has been marked as resolved, that action cannot be reversed.
   c. Also be aware that if there are dispenses within the file that have unresolved errors, but the "*Mark File as Resolved*" function is used, the dispense with the error will not be incorporated into the PDMP and will not be part of the patient's medication list.

File Name	# of Records	# of Errors	# of Uncorrected Errors	# of Warnings	Date ▲	Age (days)	Resolved
LockhartRinoa_speciescode01.txt	1	1	1	0	Sep 28, 2020, 1:00:03 PM	2	Mark File As Resolved
TrepeQuistis_Driverslicense.txt	1	0	0	0	Sep 22, 2020, 10:41:24 AM	8	N/A
TrepeQuistis_Driverslicense.txt	1	1	1	0	Sep 22, 2020, 10:40:37 AM	8	Mark File As Resolved
LockhartStanley_speciescode02.txt	1	0	0	0	Sep 21, 2020, 2:25:24 PM	9	N/A
LockhartRinoa_speciescode01.txt	1	0	0	0	Sep 21, 2020, 2:25:24 PM	9	N/A

Zero Reports

This function allows data submitters to easily submit zero reports. Zero report information is displayed on the *Submission History* page with other submitted data for a selected time.

Submission of Zero Report

1. Log on to RxGov at: https://nepdmp.rxgov.com.
2. Click *Submit Data* from the left menu.
3. Enter the date.
4. Enter either the *NPI* (**preferred**) or *DEA*.
5. Enter NCPDP/NABP Provider ID if desired.
6. Click *Submit.*

**Viewing Previously Entered Zero Reports**

1. Log on to RxGov at: https://nepdmp.rxgov.com.
2. Click *My Submissions* in the left menu.
3. On the *Submission History* page, use the *Start Date* and *End Date* boxes to select the dates for which you want to view data.
4. Zero reports and full data upload files are displayed in the same list within *My Submissions*.
5. To easily find zero reports, sort by file name and scroll through the alphabetical list until you reach the *zero-report* section.

Assistance and Support

If you have questions regarding the Nebraska PDMP, please email Support@CyncHealth.org or call 402-506-9900 opt. 1.

Document Information

Version History

The *Version History* records the publication history of this document.

Publication Date	Version Number	Comments
07/09/2019	1.0	Initial publication
08/26/2020	1.1	Revised publication
10/10/2019	1.2	Revised publication
02/13/2020	1.2.3	Revised publication
06/01/2020	1.3	Revised publication
09/11/2020	1.3.1	Revised publication
02/04/2022	1.4	Revised publication
06/01/2022	1.4.1	Revised publication
12/08/2022	1.5	Revised publication
10/18/2023	2.0	Revised publication for ASAP 5.0

Table 1 – Document Version History

Change Log

The *Change Log* records the changes and enhancements included in each version.

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.0	Data Delivery Methods	Changed Port# and updated screenshots.
1.1	Appendix A	Corrected field attributes of Prescriber Phone Number (PRE08) to coincide with ASAP 4.2A specifications of N10
1.2.3	Error Correct	Additional details added to section
1.3	Submitted Reports and Edit Definitions/Appendix A	Added Notification Configuration and ASAP segment chart
1.3.1	Appendix A	Changed DSP17 to mandatory; Error Correction section, added "Mark as Resolved."
1.4	Re-write / Update	Updated all data to current information and screenshots.
1.4.1	Readability updates	
1.5	Data Delivery Methods	Removed Submission Method #1 and updated remaining Submission methods
2.0	ASAP 5.0 Update	Changed from ASAP v4.2A to 5.0, updated language, updated instructions for Submission Method #3

Table 2 – Document Change Log

Appendix A: ASAP 5.0 Specifications

The following information contains the definitions for the specific contents required for uploading records (reporting) in the American Society for Automation in Pharmacy (ASAP) 5.0 format to comply with the Nebraska PDMP requirements.

Data Type Notation Matrix

Data Type Notation	Data Type	Character Set / Format
AN	Alphanumeric	Upper- and lower-case alphabets: A to Z, a to z Numbers: 0 to 9 Printable characters: ~`!@#$%^&*()-_=+{}[]|';:"<>,.?/
DT8	Date	Format: CCYYMMDD • CC represents century • YY represents year • MM represents month • DD represents Day
TM7	Time	Format: HHMMSS or HHMM or HHMMSSZ in 24-hour clock system (military format) • HH represents hour • MM represents minutes • SS represents seconds • Z represents UTC time (Zulu time)
N	Numeric	Used for a whole number, decimals not allowed
D	Decimal	Used for metric decimal. If a whole number used, decimals are not allowed.

File Naming Convention

- File name must be unique per uploader.
- *File ID* is assigned by the submitter/dispenser system to uniquely identify the uploaded file.
- *DateTimestamp* is the date and time of the file submission in this format: CCYYMMDDHHMMS (example: 20170102160000)

Data (Field) Elements within File

- **Segment Identifier** – Indicates the beginning of a new segment (e.g., PHA). These identifiers are defined by the ASAP standard. Segments must be in the specified order for the file to process appropriately.
- **Data (Field) Delimiter** – Character used to separate data elements (fields) within a segment (i.e., an asterisk (*)), and is the third ASCII code / character in the file.
  - Each field should "open" with the Data / Field delimiter.
  - Each blank field should contain a single asterisk.
  - If the last field in the segment is blank, it should be "opened" and then the segment closed. (e.g., *~).

- **Segment Terminator** – Character used to mark the end of a segment (e.g., the tilde (~)).
    - Field TH09 in the *Transaction Header* segment identifies the ASCII code / character used to terminate each segment. Since TH09 also signifies the end of the segment, it should contain the code/character twice (i.e., two tildes ~~).
- **Segment Terminators** and **Data (Field) Delimiters** are not specified in the ASAP standard and are open to the appropriate ASCII code or a wide selection of ASCII characters. The caret is used to denote an escape character and should not be used as a data delimiter or segment terminator. We recommend using characters not commonly used in the data (*, |, \, /, ~, etc.) to minimize issues with file ingestion.
- **Escape Character** – In the event that a data (field) element delimiter or segment terminator is used in the data submitted an escape character is available to prevent errors. The escape character for the ASAP standard is the caret (^).
    - If an asterisk is used as a data (field) element delimiter, and also the data in a field, like the SIG (directions for use) an escape character should be inserted prior to each instance of character not intended to signify the start of a new field. See below:

        Take 1 tablet by mouth twice daily. ^*^*Check Pulse Prior to Administration^*^*

- **5.0 vs 4.2 / 4.2A / 4.2B Segment/Field Count**

Segment	5.0 Field Count (Preferred)	4.2B Field Count	4.2A Field Count	4.2 Field Count
TH	9	9	9	9
IS	5	3	3	3
PHA	15	13	13	12
PAT	29	23	23	23
DSP	36	25	25	21
PRE	15	10	9	8
CDI	6	5	5	5
AIR	32	11	11	11
TP	1	1	1	1
TT	2	2	2	2

Field Usage

- R = Required by ASAP
- RR = Required by the Nebraska PDMP
- O = Optional but recommended to be reported by Nebraska
- S = Situational (not required; however, supply if available)
- Fields highlighted in blue are part of the ASAP 5.0 release
- Both "R" and "RR" fields must be reported
- Segments can end at the last required field, but an ideal file would keep these fields in place.
- It is recommended to report all available fields, whether Required or Optional.

Note: For more information regarding ASAP 5.0 specifications, please reference the American Society for Automation in Pharmacy (ASAP) at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs.*

Field	Field Name	Size	Description	Field Usage
TH: Transaction Header: Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.				
TH01	Version/Release Number	AN4	Code uniquely identifying the transaction. Value = 5.0	R
TH02	Transaction Control Number	AN40	Sender assigned code uniquely identifying a transaction	R
TH03	Transaction Type	N2	Identifies the purpose of initiating the transaction. 01 = Send/Request Transaction 02 = Acknowledgement (in Response only) 03 = Error Receiving (in Response only) 04 = Void (Used to void a specific Rx in a real-time transmission or an entire batch. TH02 should match the file to be voided.)	S
TH04	Response ID	AN40	Transaction Control Number for response transaction.	S
TH05	Creation Date	DT8	Date the transaction was created: CCYYMMDD	R
TH06	Creation Time	TM7	Time the transaction was created: HHMMSS or HHMM or HHMMSSz	R
TH07	File Type	AN1	Code specifying the type of transaction. P = Production; T = Test	R
TH08	Routing Number/BIN	N6	Can be used for real-time transmissions that use intermediary or network switch to indicate state to route transaction to	O
TH09	Segment Terminator Character	AN1	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction	R

IS: Information Source: Required segment; used to convey the name and identification numbers of the entity supplying the information.				
IS01	Unique Information Source ID	N10	Reference number or identification number. **NPI is the preferred value for Nebraska in this field**	R
IS02	Information Source Entity Name	AN60	Entity name of the Information Source.	R
IS03	Message	AN60	Freeform text message	O
IS04	Pharmacy Dispensing Software Vendor	AN60	Name of the software vendor the pharmacy uses.	RR
IS05	Phone Number of Software Vendor	N10	Complete phone number including area code. Exclude hyphens.	RR
PHA: Pharmacy Header: Required segment; used to identify the pharmacy.				
PHA01	National Provider Identifier (NPI)	AN10	Identifier assigned to the pharmacy by CMS	RR
PHA02	NCPDP Provider ID	AN7	Identifier assigned to the pharmacy by the National Council for Prescription Drug Programs.	O
PHA03	DEA Number	AN9	Identifier assigned to the pharmacy by the Drug Enforcement Administration. Required if any prescriptions are controlled substances	O
PHA04	Pharmacy or Dispensing Prescriber Name	AN60	Name of the Pharmacy or Dispensing Prescriber.	RR
PHA05	Address Information - 1	AN55	Free-Form Address information	RR
PHA06	Address Information - 2	AN55	Free-Form Address information	O
PHA07	City Address	AN35	City name	RR
PHA08	State Address	AN2	US Postal Service state code	RR
PHA09	Zip Code	AN10	US Postal Zip Code	RR
PHA10	Phone Number	N10	Complete Phone number including area code.	O
PHA11	Contact name	AN30	Contact person name.	O
PHA12	Chain Site ID	AN10	Store number assigned by the chain to the pharmacy location.	O
PHA13	Pharmacy Permit/License #	AN20	Use to help identify sending pharmacy	O
PHA14	Pharmacy/ Dispenser Type	N2	01 = Independent Pharmacy 02 = Chain Pharmacy 03 = Long-term Care Pharmacy 04 = Hospital Pharmacy 05 = Opioid Treatment Program 06 = Cannabis Dispensary 07 = Veterinary/ Vet Patient Only Dispenser 08 = Dispensing Prescriber 09 = Specialty Pharmacy 10 = Federal 11 = Tribal 99 = Other	O
PHA15	Mail Order Pharmacy	N2	01 = Yes 02 = No	O

PAT: Patient Information: Required segment; used to report the patient's name and basic information as contained in the pharmacy record.				
PAT01	ID Qualifier of Patient Identifier	AN2	Code identifying the jurisdiction that issues the ID in PAT03. (i.e., NE for Nebraska) If populated, PAT02 and PAT03 are required.	S
PAT02	ID Qualifier	N2	Code to identify the type of ID in PAT03. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	RR
PAT03	ID of Patient	AN20	Identification number for the patient as indicated in PAT02.	RR
PAT04	ID Qualifier of Additional Patient Identifier	AN2	Code identifying the jurisdiction that issues the ID in PAT06. See Appendix A for list for jurisdictions.	S
PAT05	Additional Patient ID Qualifier	N2	Code to identify the type of ID in PAT06. If PAT05 is used, PAT06 is required. See PAT02 for list of codes.	S
PAT06	Additional ID	AN20	Identification number for the patient as indicated in PAT05.	S
PAT07	Last Name	AN50	Patient's complete legal last name as listed on a government-issued identification. No special characters other than a hyphen or apostrophe.	R
PAT08	First Name	AN50	Patient's complete legal first name as listed on a government-issued identification. No special characters other than a hyphen or apostrophe.	R
PAT09	Middle Name	AN30	Patient's Middle Name.	O
PAT10	Name Prefix	AN10	Patient's name prefix such as Mr. or Dr.	O
PAT11	Name Suffix	AN10	Patient's name suffix such as Jr. or the III.	O
PAT12	Address Information - 1	AN55	Address Line 1 of the Patient.	R
PAT13	Address Information - 2	AN55	Address Line 2 of the Patient.	O
PAT14	City Address	AN35	City of the Patient.	R
PAT15	State Address	AN2	Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards, or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	R

PAT16	Zip Code	AN10	US Postal Zip Code of the Patient. Populate with zeros ('00000') if patient address is outside the U.S.	R
PAT17	Phone Number	N10	Complete Phone number including Area Code. No Hyphens. Note: Phone number is required, if available	RR
PAT18	Date of Birth	DT8	Date of Birth of the Patient: CCYYMMDD	R
PAT19	Gender	AN1	F = Female M = Male N = Non-Binary X = Unspecified/Other U = Unknown/Undisclosed	RR
PAT20	Species Code	N2	01 = Human 02 = Veterinary Patient	RR
PAT21	Patient Location Code	N2	Code indicating where patient is located when receiving pharmacy services. 01 = Home 02 = Intermediary Care 03 = Nursing Home 04 = Long-Term/Extended Care 05 = Rest Home 06 = Boarding Home 07 = Skilled-Care Facility 08 = Sub-Acute Care Facility 09 = Acute-Care Facility 10 = Outpatient 11 = Hospice 12 = Homeless/Unhoused 13 = Transient Care 98 = Unknown 99 = Other	O
PAT22	Country of Non-U.S. Resident	AN20	If Patient's address is in foreign country leave PAT12-PAT16 blank and free-text address here.	O
PAT23	Name of Animal	AN30	Required if PAT20 = "02" Veterinary Patient.	S
PAT24	Patient Preferred or Alias Last Name	AN50	May be used for a preferred name, previous name, nickname, alias, or name used on insurance card if different.	O
PAT25	Patient Preferred or Alias First Name	AN50	May be used for a preferred name, previous name, nickname, alias, or name used on insurance card if different.	O
PAT26	Patient Race Category	N2	01 = American Indian or Alaskan Native 02 = Asian 03 = Black or African American 04 = Native Hawaiian or Other Pacific Islander 05 = White	O

			06 = Multiracial 99 = Other/Unknown	
PAT27	Patient Ethnicity	N2	01 = Hispanic or Latino 02 = Not Hispanic or Latino 99 = Undisclosed/Unknown	O
PAT28	Veterinary Species Code	N2	01 = Cat/Feline 02 = Dog/Canine 03 = Small Animal (Hamster, Rabbit, Other Rodent) 04 = Reptile 05 = Bird 06 = Livestock, Large Animal 99 = Other	O
PAT29	Animal Location Code	N2	01 = Home 02 = Animal Shelter 03 = Foster 04 = Farm 05 = Zoo 06 = Circus/Traveling Show 99 = Other	O
DSP: Dispensing Record: Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.				
DSP01	Reporting Status	N2	Value: 00 = New Record; 01 = Revise; 02 = Void	R
DSP02	Prescription Number	AN25	Serial number assigned to the prescription by the pharmacy.	R
DSP03	Date Written	DT8	Date the prescription written (authorized): CCYYMMDD	R
DSP04	Refills Authorized	N4	Number of prescriber-authorized refills	R
DSP05	Date Filled	DT8	Date prescription was dispensed: CCYYMMDD	R
DSP06	Fill Number	N4	Number of the fill of the prescription. 0 = original dispensing; refills = 01-9999	R
DSP07	Product ID Qualifier	N2	Type of product ID contained in DSP08. 01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (CDI segment required if used) 07 = Cannabis	R

DSP08	Product ID	AN15	Full identification including leading zeros without punctuation.	R
			NDC must be 11-digits	
			If the product is a compound, populate with 99999999999	
DSP09	Quantity Dispensed	D11	Number of metric units dispensed. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999)	R
DSP10	Days' Supply	N3	The calculated number of days the medication will cover.	R
DSP11	Drug Dosage Units Code	N2	Identifies the unit of measure for the quantity dispensed in DSP09.	RR
			01 = Each (used to report solid dosage units or indivisible package)	
			02 = Milliliters (ml) (adjust liters to the decimal milliliter equivalent)	
			03 = Grams (gm) (adjust milligrams to the decimal gram equivalent)	
DSP12	Transmission Form of Rx Origin Code	N2	Code indicating how the pharmacy received the prescription. 01 = Written Prescription 02 = Telephone Prescription 03 = Telephone Emergency Prescription 04 = Fax Prescription 05 = Electronic Prescription 06 = Transferred/Forwarded 07 = Order (Administered at Prescriber Location) 08 = Dispensed from Prescriber Location 09 = Standing Order/Protocol 99 = Other	O
DSP13	Partial Fill Indicator	N2	Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. 00 = Not a partial fill, 01 = First partial fill For additional fills per prescription, increment by 1 so the second partial fill would be reported as 02, up to a maximum of 99.	O
DSP14	Pharmacist National Provider Identifier (NPI)	AN10	Identifier assigned to the pharmacist/dispenser by CMS. This number can be used to identify the pharmacist dispensing the medication.	O
DSP15	Pharmacist State License Number	AN20	Assigned to the pharmacist/dispenser by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication.	O

DSP16	Classification Code for Payment Type	N2	Code identifying the type of payment. 01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	RR
DSP17	Date Sold	DT8	Date prescription left the pharmacy	RR
DSP18	RxNorm Product Qualifier	N2	RxNorm value sent in the electronic prescription transmitted to the pharmacy. 01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPK) 04 = Branded Package (BPK)	O
DSP19	RxNorm Code	AN15	Used for electronic prescriptions to capture the prescribed drug product identification.	O
DSP20	Electronic Prescription Reference Number	AN35	Transaction Message ID value sent from field UIH-030-01 in the SCRIPT standard in the electronic prescription transmitted to the pharmacy.	O
DSP21	Electronic Prescription Order Number	AN35	Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy.	O
DSP22	Quantity Prescribed	D11	Used to add clarity to the value reported in DSP13	O
DSP23	Rx Sig	AN200	The actual directions printed on prescription label. If greater than 200 characters, will truncate.	O
DSP24	Opioid Treatment Type	N2	Indications for use 01 = Not used for opioid dependency treatment 02 = Used for opioid dependency treatment 03 = Pain associated with active/aftercare cancer treatment 04 = Palliative Care in conjunction with a serious illness 05 = End-of-Life and Hospice Care 06 = Pregnant individual with pre-existing Rx for opioids 07 = Acute pain with pre-existing opioid for Chronic pain 08 = Active taper of opioid 09 = Patient under Pain Management Contract 10 = Acute Opioid Therapy 11 = Chronic Opioid Therapy 99 = Other	O
DSP25	Diagnosis Code	AN7	ICD-10 Code	O

DSP26	Time Written	TM7	Time the prescription was created: HHMMSS or HHMM or HHMMSSz	O
DSP27	Time Filled	TM7	Time the prescription was filled: HHMMSS or HHMM or HHMMSSz	O
DSP28	Time Sold	TM7	Time the prescription was sold: HHMMSS or HHMM or HHMMSSz	O
DSP29	Total Quantity Remaining on Prescription	D11	Identifies the quantity remaining on the prescription	O
DSP30	Total Quantity Remaining Drug Dosage Units Code	N2	Identifies the unit of measure for the quantity dispensed in DSP09. 01 = Each (used to report solid dosage units or indivisible package) 02 = Milliliters (ml) (adjust liters to the decimal milliliter equivalent) 03 = Grams (gm) (adjust milligrams to the decimal gram equivalent)	O
DSP31	Discount Card	N2	Must be populated if DSP16 is 01 (Private Pay) or 04 (Commercial Insurance). 01 = Yes 02 = No	S
DSP32	Classification Code for Additional Payment Type	N2	Code identifying the type of payment. 01 = Private Pay (Cash, Charge, Credit Card) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military Installations and VA 06 = Workers' Compensation 07 = Indian Nations 99 = Other	O
DSP33	Discount Card for Additional Payment Type	N2	Must be populated if DSP16 is 01 (Private Pay) or 04 (Commercial Insurance). 01 = Yes 02 = No	S
DSP34	DEA Schedule/State Designation	N2	State or Federal control Level or other reporting designation. 01 = Cannabis and Cannabis Extract 02 = State or DEA Schedule 2 03 = State or DEA Schedule 3 04 = State or DEA Schedule 4 05 = State or DEA Schedule 5 06 = State Designated Other Controlled Substance or Drug of Concern 07 = CBD 99 = Legend or Non-controlled Substances	O
DSP35	Last Name or Initials of Pharmacist Filling the Prescription	AN50		O

DSP36	First Name of Pharmacist Filling the Prescription	AN50		O
PRE: Prescriber Information: Required segment; used to identify the prescriber of the prescription.				
PRE01	National Provider Identifier (NPI)	AN10	Must be populated with the NPI. If the provider does not have an NPI, it is recommended to populate PRE01 with the 10-digit Prescriber Phone Number (PRE08).	RR
PRE02	DEA Number	AN9	Must be populated with the DEA if the reported medication is a controlled substance.	S
PRE03	DEA Number Suffix	AN7	Identifying number assigned to a prescriber by an institution when the Institution's DEA number is used.	O
PRE04	Prescriber State License Number	AN20	Identification assigned to the Prescriber by the State Licensing Board.	O
PRE05	Last Name	AN50	Prescriber's Last name.	RR
PRE06	First Name	AN50	Prescriber's First name.	RR
PRE07	Middle Name	AN30	Prescriber's Middle name or initial.	O
PRE08	Phone Number	N10	Prescriber's primary phone number; include area code; do not use hyphens	O
PRE09	XDEA Number		This field has been decommissioned	
PRE10	Jurisdiction or State Issuing Prescriber License Number	AN2	Jurisdiction or state of PRE04	S
PRE11	Prescriber Address Information – 1	AN55	Freetext for address information.	O
PRE12	Prescriber Address Information - 2	AN55	Freetext for address information.	O
PRE13	Prescriber City Address	AN35	Freetext for address information.	O
PRE14	Prescriber State Address	AN2	Two-letter jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	O
PRE15	Zip Code Address	AN10	United States Postal Service ZIP Code or ZIP+4	O

CDI: Compound Drug Ingredient Detail: *Use of this segment is situational; however, it is required when medication dispensed is a compound					
CDI01	Compound Drug Ingredient Sequence Number	N2	The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1.	R*
CDI02	Product ID Qualifier	N2	Code to identify the type of product ID contained in CDI03. 01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN	R*
CDI03	Product ID	AN15	Product identifier. If the ingredient does not have an NDC, the recommended entry is 88888888888	R*
CDI04	Component Ingredient Quantity	D11	Metric decimal quantity of the ingredient identified in CDI03. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999)	R*
CDI05	Compound Drug Dosage Units Code	N2	Identifies the unit of measure for the quantity dispensed in CDI04. 01 = Each (used to report solid dosage units or indivisible package) 02 = Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) 03 = Grams (gm) (for milligrams adjust to the decimal gram equivalent)	RR*
CDI06	DEA Schedule/State Designation of Each Ingredient	N2	State or Federal control Level or other reporting designation. 01 = Cannabis and Cannabis Extract 02 = State or DEA Schedule 2 03 = State or DEA Schedule 3 04 = State or DEA Schedule 4 05 = State or DEA Schedule 5 06 = State Designated Other Controlled Substance or Drug of Concern 99 = Legend or Non-controlled Substances	O

AIR: Additional Information Reporting				
Use of this segment is situational. However, if this segment is used, at least one of the data elements (fields) will be required.				
AIR01	State Issuing Rx Serial Number	AN2	State issuing serialized prescription blank	O
AIR02	State-Issued Rx Serial Number	AN20	Number assigned to state-issued serialized prescription blank.	O
AIR03	ID Issuing Jurisdiction	AN2	Code identifying the jurisdiction that issues the ID contained in AIR05.	S
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	N2	Code indicating the type of ID in AIR05 if required by the PMP. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	S
AIR05	ID of Person Dropping Off or Picking Up Rx	AN20	ID number of the person dropping off or picking up the prescription.	S
AIR06	Relationship of Person Dropping Off or Picking Up Rx	N2	Code indicating the relationship to the person dropping off or picking up Rx. 01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 99 = Other	O
AIR07	Last Name of Person Dropping Off or Picking Up Rx	AN50	Last name of the person dropping off or picking up Rx.	O
AIR08	First Name of Person Dropping Off or Picking Up Rx	AN50	First name of the person dropping off or picking up Rx.	O
AIR09	Last Name or Initials of Pharmacist	AN50	This field is decommissioned.	
AIR10	First Name of Pharmacist	AN50	This field is decommissioned	
AIR11	Dropping Off/Picking Up Identifier Qualifier	N2	This field is decommissioned	O
AIR12	Date of Birth of Person Picking Up Rx	DT8	CCYYMMDD	O
AIR13	Address Information – 1 of Person Picking Up Rx	AN55	Address of the person picking up the prescription.	O

AIR14	Address Information – 2 of Person Picking Up Rx	AN55	Additional address information of the person picking up the prescription.	O
AIR15	Person Picking Up City Address	AN35	Information should be reported according to United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	O
AIR16	Person Picking Up State Address	AN2	Jurisdiction/state and possession abbreviation as described in United States Postal Service Publication 28-Postal Addressing Standards or the most recently published version of the ONC Project US@ Technical Specification for Patient Addresses.	O
AIR17	Person Picking Up Zip Code Address	AN10	United States Postal Service ZIP Code or ZIP+4	O
AIR18	Phone Number of Person Picking Up Rx	N10		O
AIR19	Picking Up Method of Delivery	N2	01 = Person Picked Up 02 = Mailed/Shipped	O
AIR20	Jurisdiction Issuing ID of Person Dropping Off Rx	AN2	Code identifying the jurisdiction that issues the ID contained in AIR22.	O
AIR21	ID Qualifier of Person Dropping Off Rx	N2	Code indicating the type of ID in AIR05 if required by the PMP. 01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Vendor Specific (Such as Bamboo Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 11 = Medicaid Recipient ID Number 99 = Other (agreed upon ID)	S
AIR22	ID of Person Dropping Off Rx	AN20	Identification number for the person dropping off the prescription as indicated in AIR 21.	O
AIR23	Relationship of Person Dropping Off Rx	N2	01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 04 = Other	O
AIR24	Last Name of Person Dropping Off Rx	AN50		O
AIR25	First Name of Person Dropping Off Rx	AN50		O
AIR26	Date of Birth of Person Dropping Off Rx	DT8		O

AIR27	Address Information – 1 of Person Dropping Off Rx	AN55		O
AIR28	Address Information – 2 of Person Dropping Off Rx	AN55		O
AIR29	Person Dropping Off City Address	AN35		O
AIR30	Person Dropping Off State Address	AN10		O
AIR31	Person Dropping Off ZIP Code Address	AN10		O
AIR32	Phone Number of Person Dropping Off Rx	N10		O

TP: Pharmacy Trailer: Required 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 segment.				
TP01	Detail Segment Count	N10	Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer: Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.				
TT01	Transaction Control Number	AN40	Unique identifying control number assigned by the originator of the transaction. Must match the number in TH02.	R
TT02	Segment Count	N12	Total number of segments included in the transaction including the header and trailer segments	R

Appendix B: Sample ASAP File

Below are sample files to give an idea of how the files should look. They are formatted for easy reading and are not required to be formatted for submission. The system will be able to read the file as one long string, as long as the Data / Field and Segment delimiters are in place and the file has the required fields in place.

The base structure of the file is:

TH <File specific Header Information>
IS <Source specific information>
PHA <Pharmacy specific information>
PAT <Patient information>
DSP <Dispense related information>
PRE <Prescriber Information>
CDI <Compound information for prescription>
AIR <Additional information for specific prescription>
TP <Pharmacy Termination Segment>
TT <File Termination Segment>

For ease with multiple dispenses for a single patient, the information can be looped (DSP / PRE / CDI / AIR) under the same PAT segment.

Single Report / Pharmacy

TH*5.0*TestFile20191201*01**20191201*085400*T**~~
IS*9999999994*CyncHealth Test*~
PHA*9876543210*9876543*FA9999999*CyncHealth Test Pharmacy*987654321 Any Street**Any City*NE*98765*4025599992*Test Pharmacist**~
PAT**06*N9999999*NE***Patient*Test****987654 N Test Avenue**Test City*NE*98765*1111111111*19850315*M*01***~
DSP*00*JW11115*20190801*99*20191221*03*01*42543070001*15*5*01*05*00*1234567893*NE9999*01*******Take 1 tablet by mouth daily**~
PRE*1234567890*AS1234567***Prescriber*Test**8001234567*~
TP*5~
TT*TestFile20191201*8~

Single Report / Multiple pharmacies

TH*5.0*Sample Test File*01**20211215*0800*P**~~
IS*bo95838411*BORCHERTEST*~
PHA*9999999997*9999997*ZZ9999997*zzTest Pharmacy 1*1234 Main St**Omaha*NE*68111*4025556666*Test Pharmacist 1**PRD~
PAT*NE*06*HC651808****ZZZTESTPT*Sample****2320 TestingPatient Road**North Platte*NE*69101*4025551212*20010203*M*01***~
DSP*00*824611*20211215*00*20211215*00*06*99999999999*180*30*01*05*00***01*20211215***Fentanyl 1600 mcg Troche***Dissolve 1 or 2 troche(s) under the tongue every 4 hours**~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320*~
CDI*1*01*00406921630*180*01~
CDI*2*03*38779056708*0.9*03~
CDI*3*03*Medisca2378-1*180*03~
PAT*NE*06*HC651808****ZZZTESTPT*Sample****2320 TestingPatient Road**North Platte*NE*69101*4025551212*20010203*M*01***~
DSP*00*824712*20211115*00*20211115*00*06*99999999999*180*30*01*05*00***01*20211115***Fentanyl 1600 mcg Troche***Dissolve 1 or 2 troche(s) under the tongue every 4 hours**~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320*~
CDI*1*01*00406921630*180*01~
CDI*2*03*38779056708*0.9*03~
CDI*3*03*Medisca2378-1*180*03~
TP*14~
PHA*9999999998*9999998*ZZ9999998*Kevin's Pharmacy*322 E 22nd Street**Fremont*NE*68025*4025559997*Test Pharmacist**~
PAT*NE*06*HC651808****ZZZTESTPT*Sample****2320 TestingPatient Road**North Platte*NE*69101*4025551212*20010203*M*01***~
DSP*00*795011*20211215*32*20211215*00*06*99999999999*30*4*02*05*00***01*20211017***ABH Gel***Apply 1ml topically every 2 hours as needed**~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320*~
CDI*1*01*00591024105*30*01~
CDI*2*01*00904530660*15*03~
CDI*3*01*00378031410*1.8*03~
CDI*4*01*62991156705*60*02~
PAT*NE*06*HC651808****ZZZTESTPT*Sample****2320 TestingPatient Road**North Platte*NE*69101*4025551212*20010203*M*01***~
DSP*00*7950*20211017*32*20211017*01*06*99999999999*30*4*02*05*00***01*20211017***ABH Gel***Apply 1ml topically every 2 hours as needed**~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320*~
CDI*1*01*00591024105*30*01~
CDI*2*01*00904530660*15*03~
CDI*3*01*00378031410*1.8*03~
CDI*4*01*62991156705*60*02~
TP*16~
TT*Sample Test File*33~

Appendix C: Zero-Report Specifications

The following information contains the definitions for the specific contents required of uploading zero reports in the American Society for Automation in Pharmacy (ASAP) 5.0 format to comply with the Nebraska PDMP requirements.

The zero-report specification is a complete transaction that includes the information that would normally be sent with a batch, but of the required detail segments only the patient's first name, last name and date filled fields are populated. The values populating these fields are:

- First name = Zero
- Last name = Report
- Date filled = Date report sent

All other fields in the detail segments would be left blank.

Sample Zero-Report (one file, multiple pharmacies)

TH*5.0*ZeroReport_Example*01**20191003*102300*T**~~
IS*DF001* CyncHealth Test*~
PHA*9876543210*9876543*FA9999999* CyncHealth Test Pharmacy*987654321 A Street**Any City*NE*98765*9995556543*Test Pharmacist*~
PAT*******Report*Zero*************~
DSP*****20191002***************~
PRE**~
TP*5~
PHA*9876543210*9876543*FA9999999* CyncHealth Test Pharmacy*987654321 A Street**Any City*NE*98765*9995556543*Test Pharmacist*~
PAT*******Report*Zero*************~
DSP*****20191003***************~
PRE**~
TP*5~
PHA*0123456789*3456789*FA9999998* CyncHealth Test2 Pharmacy*987654321 B Street**Other City*NE*98766*9995556789*Test2 Pharmacist*~
PAT*******Report*Zero~
DSP*****20191006~
PRE*********~
TP*5~
TT*ZeroReport_Example*18~