



PREPARED BY:

Nebraska Department of Health and Human Services
and CyncHealth

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NEBRASKA
PDMP
Submitter
User Guide



PRESCRIPTION DRUG
MONITORING PROGRAM

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DEPT. OF HEALTH AND HUMAN SERVICES



Contents

| | |
|--|----|
| Purpose | 4 |
| Program Overview | 4 |
| About RxGov..... | 4 |
| How Does RxGov Work? | 5 |
| Data Collection and Reporting Requirements | 6 |
| Reporting Expectations..... | 6 |
| Reporting Exemptions..... | 6 |
| Registration Requirement | 7 |
| Reporting Methods and Data Standard..... | 7 |
| Guidelines for Zero Reporting | 7 |
| Submitter Account Management..... | 8 |
| Creating Your Account..... | 8 |
| Modifying Your Account | 9 |
| Account Lockout | 11 |
| Update Profile Details | 11 |
| Viewing System Notifications | 12 |
| Data Delivery Methods..... | 13 |
| Notes About NDC Numbers..... | 13 |
| Submission Method #1: Secure FTP Over SSH with Stat Command enabled..... | 14 |
| Submission Method #2: SSL Website (RxGov Portal) | 17 |
| Submission Method #3: Manual Prescription Entry..... | 18 |
| Submitted Reports and Edit Definitions..... | 25 |
| Notifications | 25 |
| View Submitted Reports | 26 |
| Error Correction | 28 |
| Zero Reports | 31 |
| Assistance and Support | 32 |
| Document Information..... | 33 |
| Version History..... | 33 |
| Change Log | 34 |

Appendix A: ASAP 5.0 Specifications 35

- Data Type Notation Matrix 35
- File Naming Convention..... 35
- Data (Field) Elements within File 35
- Field Usage..... 37

Appendix B: Sample ASAP File 50

- Single Report / Pharmacy 50
- Single Report / Multiple Pharmacies 51

Appendix C: Zero-Report Specifications 52

- Sample Zero-Report (one file, multiple pharmacies)..... 52

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.

DRUG
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PREVENTION
PRESCRIPTION DRUG
MONITORING PROGRAM

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Cync
Health

Email

Password

Forgot password?

Register Login

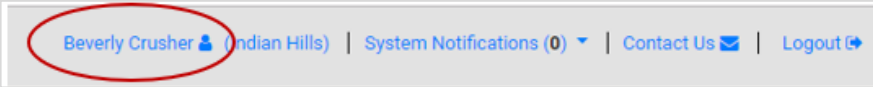
Rx.gov
AN IIC PLATFORM

Password Reset

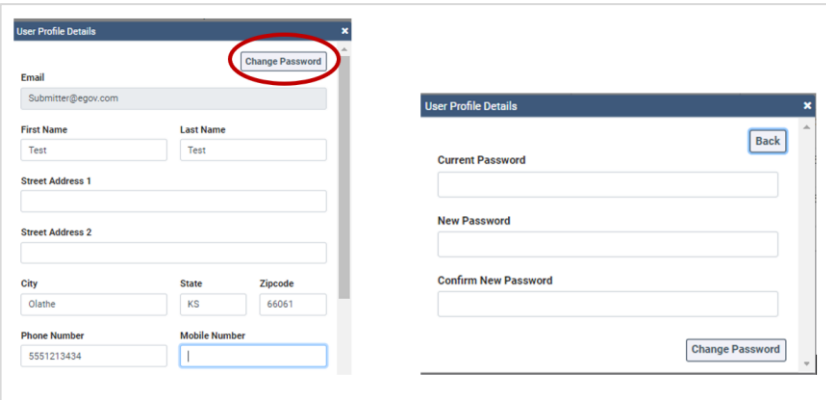
If an email has been registered in RxGov, an email regarding password reset has been sent to youraccountemail@email.org

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

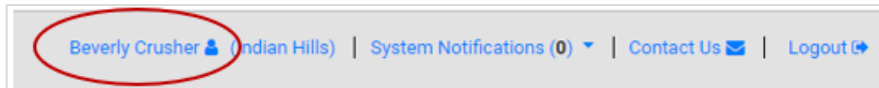
User accounts will be locked out after five failed login attempts. The account will remain locked out for 30 minutes, at which time you can try again. If needed, contact Support@CyncHealth.org or 402-506-9900 opt. 1 for PDMP support from CyncHealth.

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.



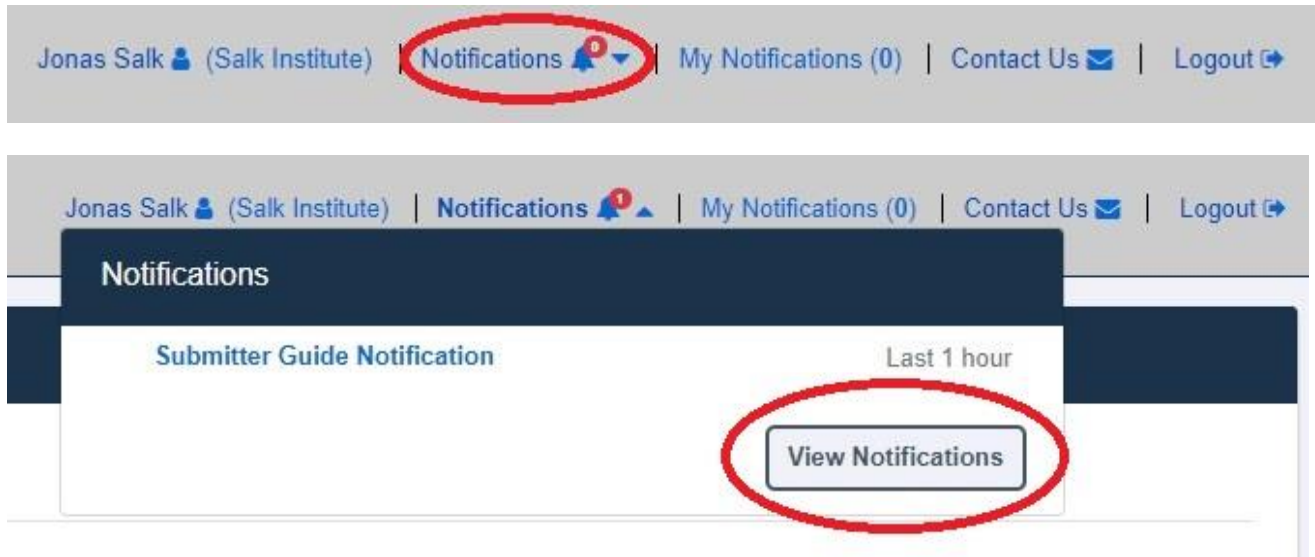
4. Select *Change Identifier Fields* to change any fields locked out.
 - a. Make the appropriate changes in the *Create User Identifier Change Request Ticket window*.
 - b. Any changes here require a reason to be submitted with the change.
 - c. Select the *Submit* button.
6. Select the *Save* button.

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 11 digits 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 | <u>0</u> 9999-9999-99 | 0228-2027-10 | <u>0</u> 0228202710 |
| 5-3-2 | 99999-999-99 | 5-4-2 | 99999- <u>0</u> 9999-99 | 58284-100-14 | 58284 <u>0</u> 10014 |
| 5-4-1 | 99999-9999-9 | 5-4-2 | 99999-9999- <u>0</u> 9 | 60575-4112-1 | 605754112 <u>0</u> 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.

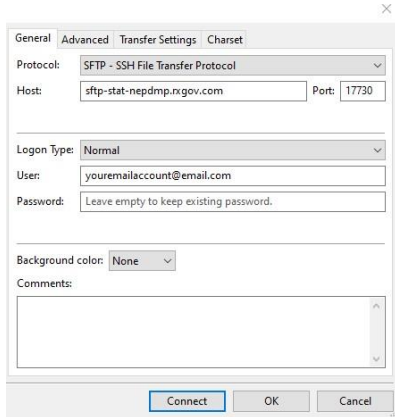
After creating your RxGov submitter account, a PDMP administrator will have your account activated. You will receive your credentials through email 24-48 hours after your account has been activated in RxGov.

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



General | Advanced | Transfer Settings | Charset

Protocol: SFTP - SSH File Transfer Protocol

Host: sftp-stat-nepdmp.rx.gov.com Port: 17730

Logon Type: Normal

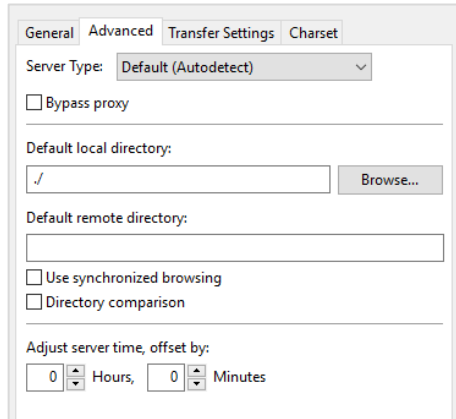
User: youremailaccount@email.com

Password: Leave empty to keep existing password.

Background color: None

Comments:

Connect OK Cancel



General | Advanced | Transfer Settings | Charset

Server Type: Default (Autodetect)

Bypass proxy

Default local directory: / Browse...

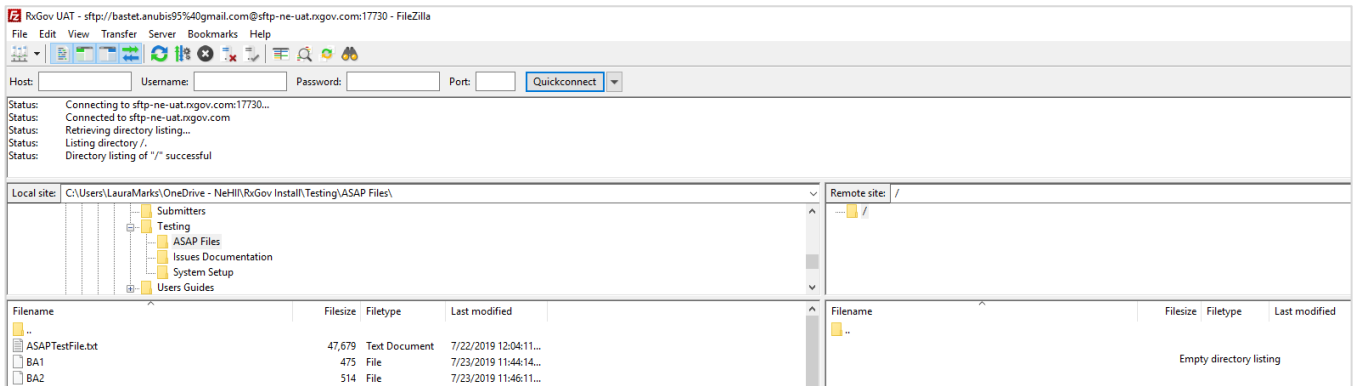
Default remote directory:

Use synchronized browsing

Directory comparison

Adjust server time, offset by:

0 Hours, 0 Minutes



RxGov UAT - sftp://bastet.anubis95%40gmail.com@sftp-ne-uat.rx.gov.com:17730 - FileZilla

File Edit View Transfer Server Bookmarks Help

Host: Username: Password: Port: Quickconnect

Status: Connecting to sftp-ne-uat.rx.gov.com:17730...
 Status: Connected to sftp-ne-uat.rx.gov.com
 Status: Retrieving directory listing...
 Status: Listing directory /.
 Status: Directory listing of "/" successful

Local site: C:\Users\LauraMarks\OneDrive - Nehill\RxGov Install\Testing\ASAP Files\

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- Testing
- ASAP Files
- Issues Documentation
- System Setup
- Users Guides

| Filename | Filesize | Filetype | Last modified |
|------------------|----------|---------------|-----------------------|
| ASAPTestFile.txt | 47,679 | Text Document | 7/22/2019 12:04:11... |
| BA1 | 475 | File | 7/23/2019 11:44:14... |
| BA2 | 514 | File | 7/23/2019 11:46:11... |

Remote site: /

| Filename | Filesize | Filetype | Last modified |
|----------|----------|----------|---------------|
| .. | | | |

Empty directory listing

WinSCP Example Entry Stat Command

Session

File protocol:

Host name: Port number:

User name: Password:

ASAP Files - RxGov UAT - WinSCP

Local Mark Files Commands Session Options Remote Help

Synchronize Queue Transfer Settings Default

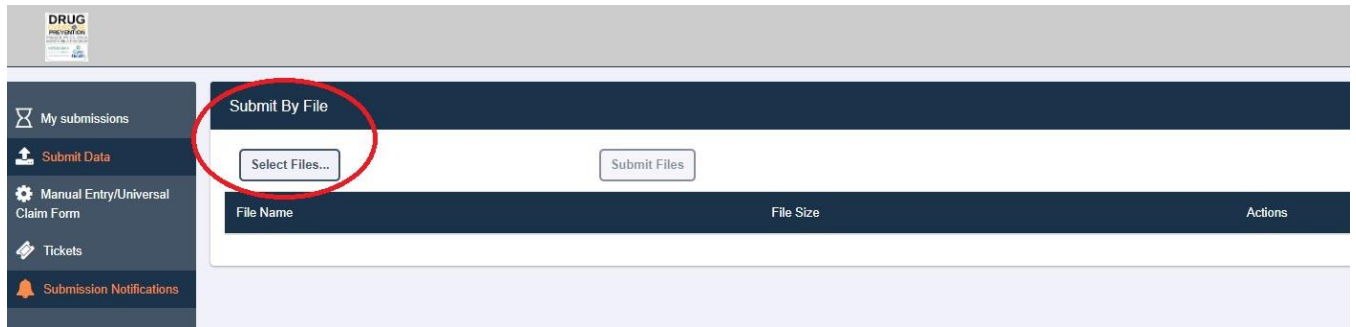
RxGov UAT x New Session

C: OS / <root>

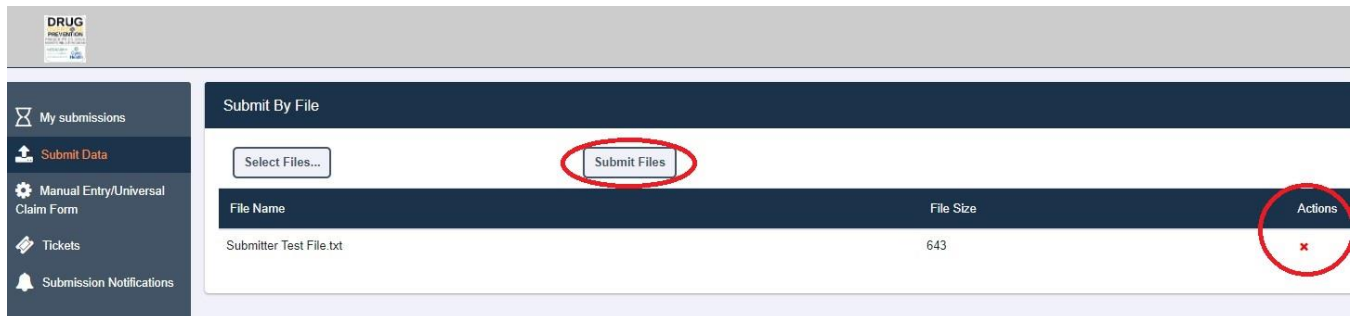
| Name | Size | Type | Changed |
|------------------|-------|---------------|-------------|
| ASAPTestFile.txt | 47 KB | Text Document | 7/22/2019 1 |
| BA1 | 1 KB | File | 7/23/2019 1 |
| BA2 | 1 KB | File | 7/23/2019 1 |

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.

The screenshot shows the web portal interface. On the left is a dark blue sidebar menu with the following items: 'My submissions', 'Submit Data', 'Manual Entry/Universal Claim Form' (highlighted with a red box), 'Tickets', and 'Submission Notifications'. At the bottom of the sidebar is the 'Rx.gov' logo. The main content area is titled 'Submission History' and features two date input fields: 'Start Date' with the value '06-07-2023' and 'End Date' with the value '09-07-2023'. Below these fields is a table with two columns: 'File Name' and '# of Reco'. The table contains five rows of data.

| File Name | # of Reco |
|---|-----------|
| UniversalForm_20230907T150949 | 1 |
| UniversalForm_20230906T213344 | 1 |
| zero_report__20230906-02-51.txt | 1 |
| 5f16d62e-4c9a-486e-aff8-cd5289dcab7d_err_correction_2023-08-29T18:10:48 | 6 |
| c19556ec-75e3-4f2b-8c12-3602d9fa04ff_err_correction_2023-08-29T18:09:25 | 1 |

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

Pharmacy / Dispenser

To begin, please provide at least one of the following identifications for the Dispenser and the Dispenser information available will auto-fill the fields below

Pharmacy Information

| | | |
|---|---|--|
| National Provider Identifier (NPI) [PHA01] * ex: 1234567890 | DEA Number [PHA03] ex: ab1234567 | |
| Pharmacy Name [PHA04] * pharmacy name | Chain Site ID [PHA12] chain store number | Phone Number [P] 10-digit number |
| Contact Name for Pharmacy [PHA11] contact for pharmacy | Pharmacy Address - 1 [PHA05] * street address | |
| City [PHA07] * city | State [PHA08] * select state | Zip Code [PHA09] zip code |

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

| | | | |
|---|---|--|--|
| National Provider Identifier (NPI) [PHA01] * ex: 1234567890 | DEA Number [PHA03] ex: ab1234567 | NCPDP/NABP Provider ID [PHA02] ex: 1234567 | |
| Pharmacy Name [PHA04] * Goldmans Pharmacy | Chain Site ID [PHA12] chain store number | Phone Number [PHA10] 10-digit number | Pharmacy Permit/License Number [PHA13] ex: a12345 |
| Contact Name for Pharmacy [PHA11] contact for pharmacy | Pharmacy Address - 1 [PHA05] * street address | | Pharmacy Address - 2 [PHA06] suite, apartment, etc |
| City [PHA07] * city | State [PHA08] * select state | Zip Code [PHA09] * zip code | |

5. Patient information fields will be displayed below the Pharmacy (Dispenser) fields.
- The Animal/Human toggle should be automatically set depending on your account type.
 - Submitters – Human
 - 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 yyyyymmdd 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

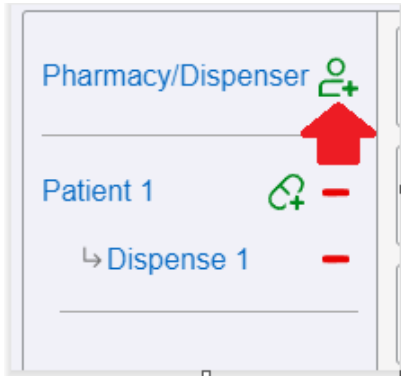
| | | | | |
|---|--|---|--|--|
| Patient Name Prefix [PAT10] select prefix | Patient Last Name [PAT07] * last name | Patient First Name [PAT08] * first name | Patient Middle Name [PAT09] middle name | Patient Name Suffix [PAT11] select suffix |
| Date of Birth [PAT18] * yyyyymmdd format | Gender [PAT19] * select gender | Patient Address - 1 [PAT12] * street address | | Patient Address - 2 [PAT13] suite, apartment, etc |
| City [PAT14] * city | State [PAT15] * select state | Zip Code [PAT16] * zip code | Phone Number [PAT17] * 10-digit number | |
| Patient Location Code [PAT21] select id type | | | | |

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

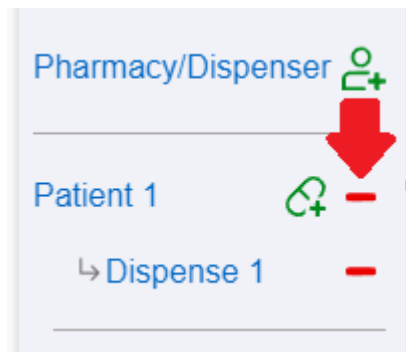
| | | | |
|--|---|---|--|
| Patient Identification | | | |
| Identification Type [PAT02] * Passport ID | Issuing Country [PAT01] country name | Passport Id Number [PAT03] * passport number | |

- 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.

| | | | | |
|---|---|--|--|---|
| Reporting Status [DSP01] * New Record | Prescription Number [DSP02] * prescription number | Date Written [DSP03] * 09-07-2023 | Quantity Prescribed [DSP22] 0 or more | Refills Prescribed [DSP04] * 0 or more |
| Date Filled [DSP05] * 09-07-2023 | Prescription Origin/Transmission Type [DSP12] Written Prescription | Refill Number [DSP06] * refill number | Partial Fill Indicator [DSP13] partial fill indicator | Date Sold [DSP17] * 09-07-2023 |
| Payment Type [DSP16] * Private Pay (Cash, Charge, Credit Card) | Product ID Type [DSP07] * NDC | Product ID [DSP08] * ex: 01234567890 | Quantity Dispensed [DSP09] * 0 or more | Dose Unit [DSP11] * Each |
| Days Supply [DSP10] * 0 or more | Treatment Type [DSP24] select treatment type | Rx Sig [DSP23] directions on prescription label, will truncate after 200 characters | | |
| Pharmacist Last Name [AIR09] last name | Pharmacist First Name [AIR10] first name | Diagnosis Code [DSP25] ex: a12-123-0 | | |

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

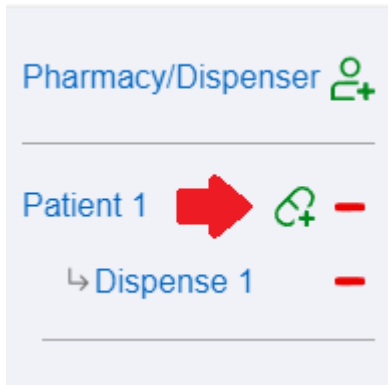
ii. Non-required fields can be populated if the information is available.

iii. Additional ingredients can be added by pressing the “+ Add” button.

Compound Drug Information

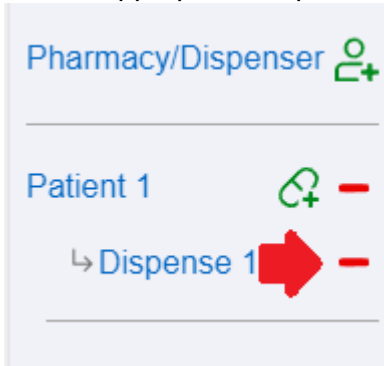
| | | | | | |
|------------------------------|----------------------------------|-------------------------------------|------------------------------------|---|---|
| Sequence Number [CDI01] 1 | Product ID Type [CDI02] * NDC | Product ID [CDI03] * 12345678901 | Quantity Dispensed [CDI04] * 30 | Dose Unit [CDI05] * Milliliters (ml) |   |
|------------------------------|----------------------------------|-------------------------------------|------------------------------------|---|---|

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.

Rx Prescriber

You may enter a NPI or DEA Number for the Prescriber and the Prescriber information available will auto-fill the fields below. For the dispense of a controlled substance, DEA Number is required. *

| | | |
|--|---|---|
| Prescriber National Provider Identifier (NPI) [PRE01] ex: 1234567890 | Prescriber DEA Number [PRE02] ex: ab1234567 | Prescriber DEA Number - Suffix [PRE03] ex: 123 |
| Issuer of Prescriber License Number [PRE10] select issuer | Prescriber State License Number [PRE04] ex: abc1234 | Prescriber Last Name [PRE05] last name |
| Prescriber First Name [PRE06] first name | Prescriber Middle Name [PRE07] middle name | Prescriber Phone Number [PRE08] 10-digit number |

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

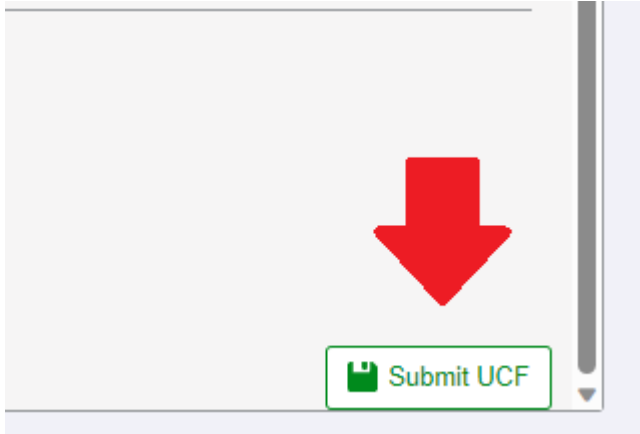
Rx Serial Number

| | |
|---|---|
| State Issuing Rx Serial Number [AIR01] select state | Rx Serial Number [AIR02] ex: abc123456789 |
|---|---|

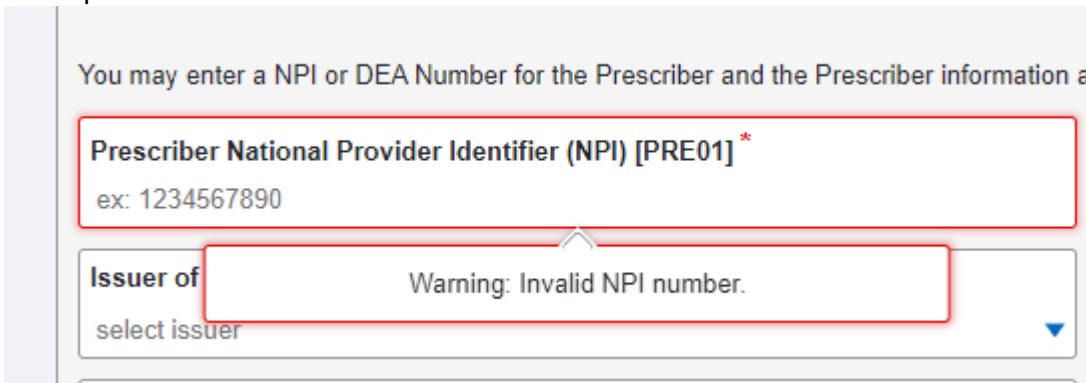
Non-Patient Rx Pick Up/Drop Off

| | |
|---|--|
| Non-Patient Pick Up or Drop Off [AIR11] select action | Non-Patient Identification Type [AIR04] select id type |
|---|--|

9. When finished entering information, select the green “Submit UCF” button on the bottom right corner of the screen.



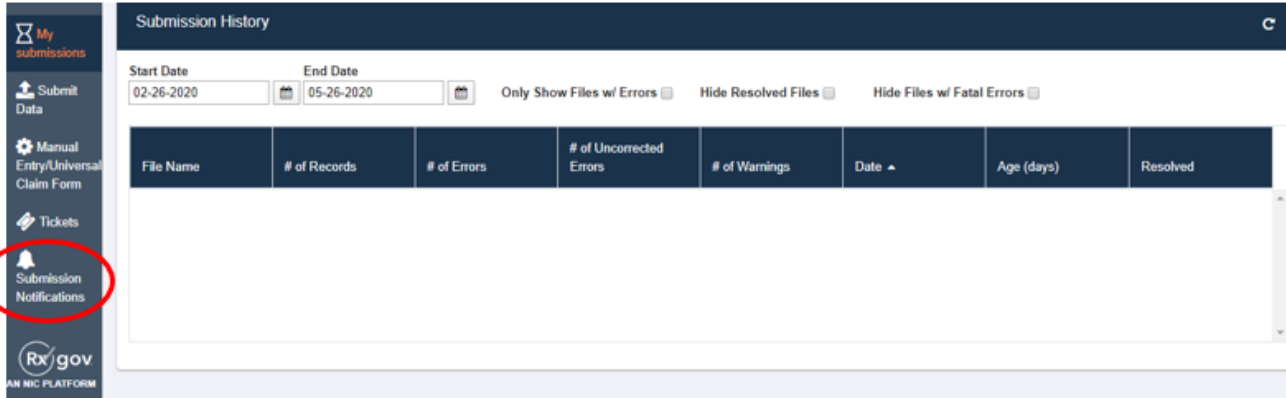
- a. If any information that is required and not populated or populated incorrectly, you will get a notification and the appropriate fields will be outlined in red along with a message to explain the error.



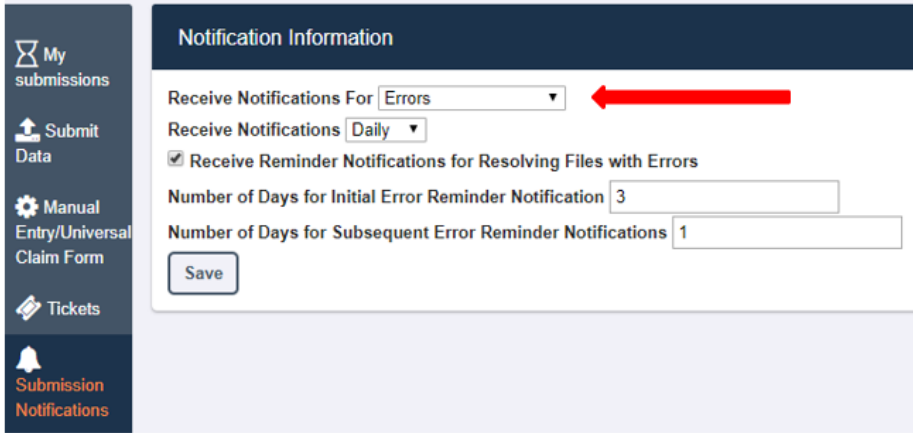
Submitted Reports and Edit Definitions

Notifications

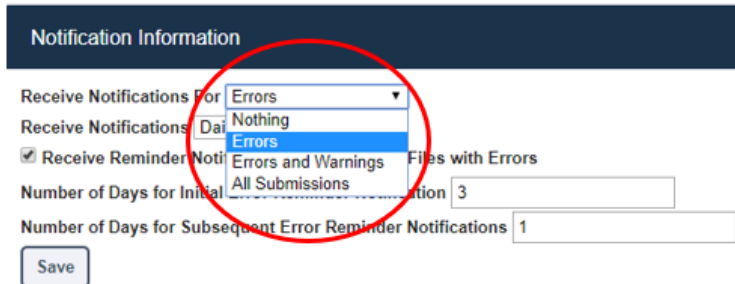
Every submitter can choose to have RxGov notify them via email regarding their submissions and errors. The submitter can alter how they receive these notifications in RxGov.



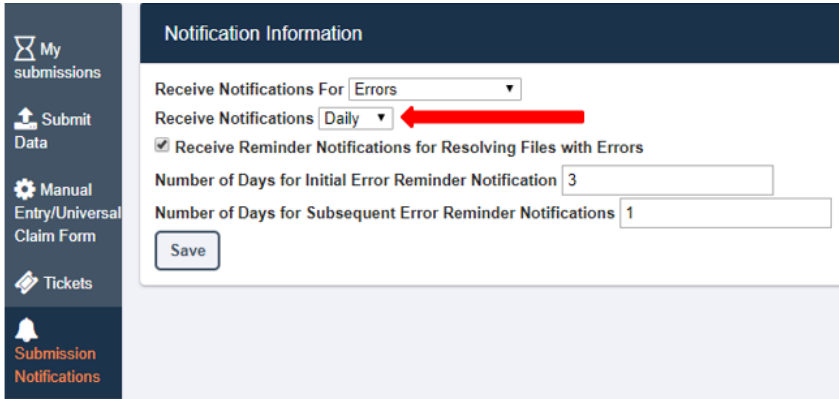
Click **Submissions Notifications**.



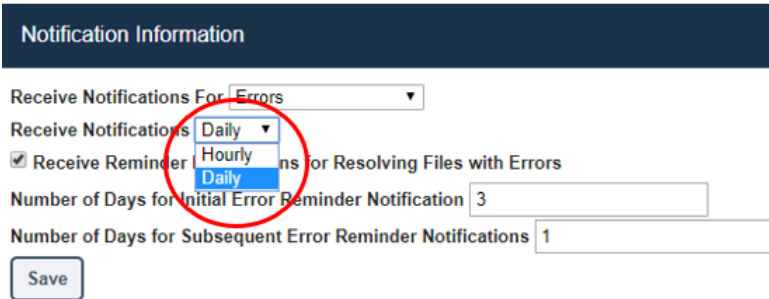
Receive Notification For can be set for Errors, Errors and Warnings or All Submissions by clicking the down arrow (caret).



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).

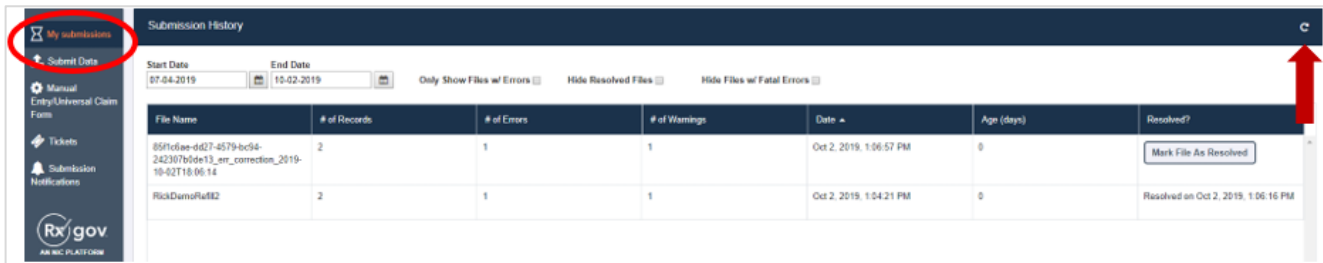


Number of Days for Initial Error Reminder Notifications and for Subsequent Error Reminder Notifications can be configured as well.

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

View Submitted Reports

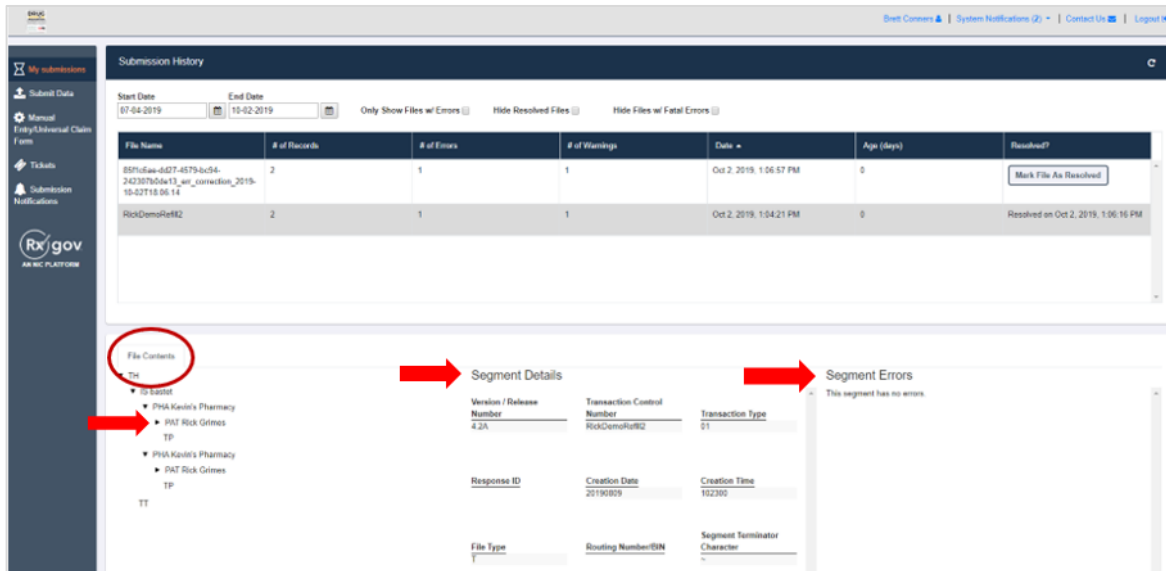
Submitted data can be viewed in the RxGov platform. The submitter will only be able to view records submitted via the account username.



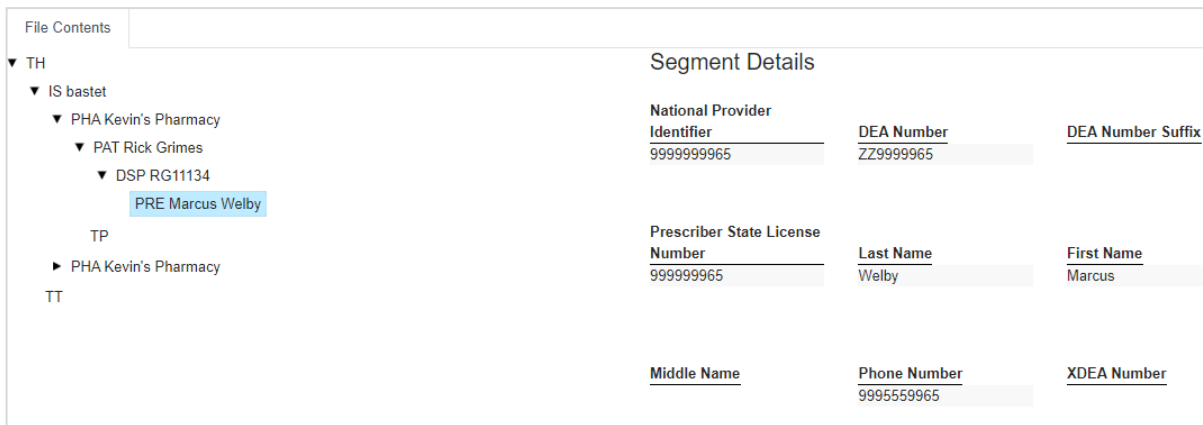
1. Log on to RxGov at: <https://nepdmp.rxgov.com>
2. Click *My Submissions* in the left menu.
3. On the *Submission History* page, use the *Start Date* and *End Date* boxes to select the dates for

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.

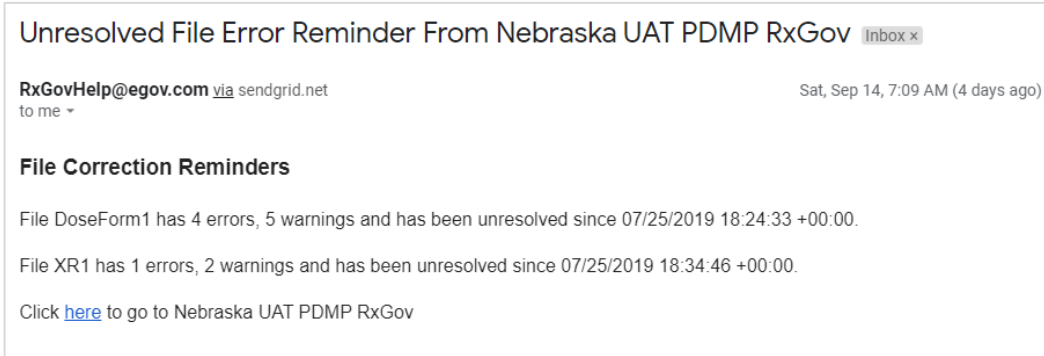


- a. Patient information is displayed in the *Segment Details* section when the PAT line is highlighted.
- b. Prescription information is displayed in the *Segment Details* section when the DSP line is highlighted.
- c. Prescriber information is displayed in the *Segment Details* section when the PRE 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:



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. [i](#)

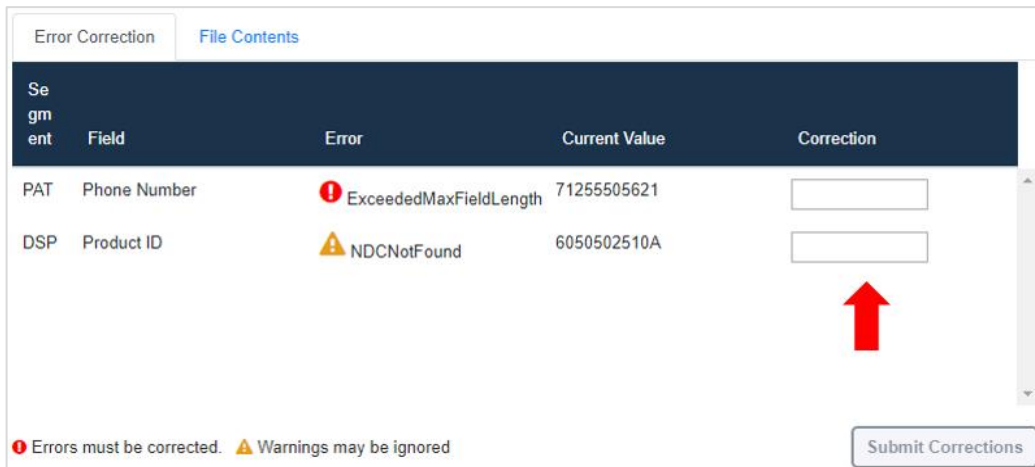
| Segment | Error |
|---------|---|
| IS | Segment type IS has 4 fields; it cannot have more than 3 |
| CDI | Segment type CDI has 6 fields; it cannot have more than 5 |
| CDI | Segment type CDI has 6 fields; it cannot have more than 5 |
| CDI | Segment type CDI has 6 fields; it cannot have more than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

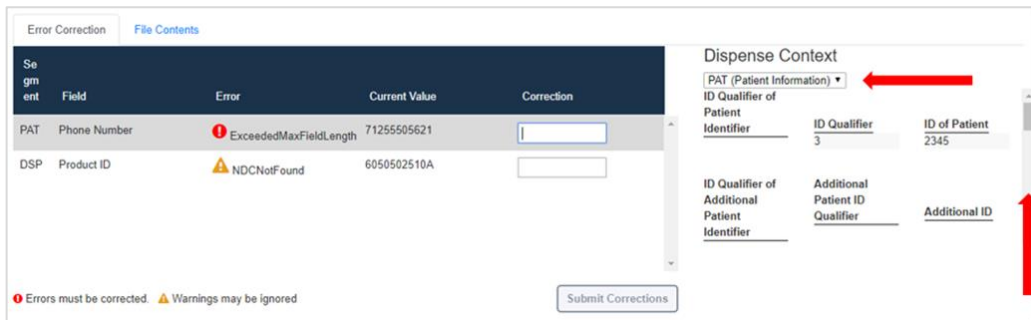
To review the details of a file’s errors, review the file in the RxGov platform under *My Submissions* as described in *VIEW SUBMITTED REPORTS* or click the email link provided in the RxGov email alert.



- 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.



- 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.
 - Another option to view the content is to scroll down the right side of the *Dispense Context* screen.



- Enter the correct information into the *Correction* box.
 - 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.

| Error Correction | | File Contents | | |
|------------------|--------------|------------------------|---------------|---|
| Segment | Field | Error | Current Value | Correction |
| PAT | Phone Number | ExceededMaxFieldLength | 71255505621 | <input type="text" value="7125550562"/> |
| DSP | Product ID | NDCNotFound | 6050502510A | <input type="text"/> |

- 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_speciascode011.txt | 1 | 1 | 1 | 0 | Sep 28, 2020, 1:00:03 PM | 2 | <input type="button" value="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 | <input type="button" value="Mark File As Resolved"/> |
| LockhartStanley_speciascode02.txt | 1 | 0 | 0 | 0 | Sep 21, 2020, 2:25:24 PM | 9 | N/A |
| LockhartRinoa_speciascode011.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

| File Name | # of Records | # of Errors | # of Uncorrected Errors | # of Warnings | Date | Age (days) | Received |
|--------------------------------|--------------|-------------|-------------------------|---------------|---------------------------|------------|----------|
| zero_report_20220118-07-02.txt | 1 | 0 | 0 | 0 | 01/18/2022 01:43 PM (CST) | 0 | N/A |

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 |
| 01/08/2024 | 2.1 | Revised publication |
| 02/27/2024 | 2.2 | Revised publication |

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 |
| 2.1 | Data Type Revision | Removed data type value from ASAP 5.0 specifications |
| 2.2 | Updated Examples | Updated the ASAP submission examples. |

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: ~`!@#\$%^&*()-_+=+{}[] ';:"<>,.?/ |
| DT | Date | Format: CCYYMMDD <ul style="list-style-type: none"> • CC represents century • YY represents year • MM represents month • DD represents Day |
| TM | Time | Format: HHMMSS or HHMM or HHMMSSZ in 24-hour clock system (military format) <ul style="list-style-type: none"> • 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.
- *Date Timestamp* 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 | | Code uniquely identifying the transaction. Value = 5.0 | R |
| TH02 | Transaction Control Number | | Sender assigned code uniquely identifying a transaction | R |
| TH03 | Transaction Type | | 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 | | Transaction Control Number for response transaction. | S |
| TH05 | Creation Date | | Date the transaction was created: CCYYMMDD | R |
| TH06 | Creation Time | | Time the transaction was created: HHMMSS or HHMM or HHMMSSz | R |
| TH07 | File Type | | Code specifying the type of transaction. P = Production; T = Test | R |
| TH08 | Routing Number/BIN | | 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 | | 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 | Reference number or identification number. NPI is the preferred value for Nebraska in this field | R |
| IS02 | Information Source Entity Name | Entity name of the Information Source. | R |
| IS03 | Message | Freeform text message | O |
| IS04 | Pharmacy Dispensing Software Vendor | Name of the software vendor the pharmacy uses. | RR |
| IS05 | Phone Number of Software Vendor | Complete phone number including area code. Exclude hyphens. | RR |
| PHA: Pharmacy Header: Required segment; used to identify the pharmacy. | | | |
| PHA01 | National Provider Identifier (NPI) | Identifier assigned to the pharmacy by CMS | RR |
| PHA02 | NCPDP Provider ID | Identifier assigned to the pharmacy by the National Council for Prescription Drug Programs. | O |
| PHA03 | DEA Number | Identifier assigned to the pharmacy by the Drug Enforcement Administration. Required if any prescriptions are controlled substances | O |
| PHA04 | Pharmacy or Dispensing Prescriber Name | Name of the Pharmacy or Dispensing Prescriber. | RR |
| PHA05 | Address Information - 1 | Free-Form Address information | RR |
| PHA06 | Address Information - 2 | Free-Form Address information | O |
| PHA07 | City Address | City name | RR |
| PHA08 | State Address | US Postal Service state code | RR |
| PHA09 | Zip Code | US Postal Zip Code | RR |
| PHA10 | Phone Number | Complete Phone number including area code. | O |
| PHA11 | Contact name | Contact person name. | O |
| PHA12 | Chain Site ID | Store number assigned by the chain to the pharmacy location. | O |
| PHA13 | Pharmacy Permit/License # | Use to help identify sending pharmacy | O |
| PHA14 | Pharmacy/ Dispenser Type | 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 | 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 | 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 | 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 | Identification number for the patient as indicated in PAT02. | RR |
| PAT04 | ID Qualifier of Additional Patient Identifier | Code identifying the jurisdiction that issues the ID in PAT06. See Appendix A for list for jurisdictions. | S |
| PAT05 | Additional Patient ID Qualifier | 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 | Identification number for the patient as indicated in PAT05. | S |
| PAT07 | Last Name | 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 | 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 | Patient's Middle Name. | O |
| PAT10 | Name Prefix | Patient's name prefix such as Mr. or Dr. | O |
| PAT11 | Name Suffix | Patient's name suffix such as Jr. or the III. | O |
| PAT12 | Address Information - 1 | Address Line 1 of the Patient. | R |
| PAT13 | Address Information - 2 | Address Line 2 of the Patient. | O |
| PAT14 | City Address | City of the Patient. | R |
| PAT15 | State Address | 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 | US Postal Zip Code of the Patient. Populate with zeros ('00000') if patient address is outside the U.S. | R |
| PAT17 | Phone Number | Complete Phone number including Area Code. No Hyphens. Note: Phone number is required, if available | RR |
| PAT18 | Date of Birth | Date of Birth of the Patient: CCYYMMDD | R |
| PAT19 | Gender | F = Female M = Male N = Non-Binary X = Unspecified/Other U = Unknown/Undisclosed | RR |
| PAT20 | Species Code | 01 = Human 02 = Veterinary Patient | RR |
| PAT21 | Patient Location Code | 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 | If Patient's address is in foreign country leave PAT12-PAT16 blank and free-text address here. | O |
| PAT23 | Name of Animal | Required if PAT20 = "02" Veterinary Patient. | S |
| PAT24 | Patient Preferred or Alias Last Name | 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 | May be used for a preferred name, previous name, nickname, alias, or name used on insurance card if different. | O |
| PAT26 | Patient Race Category | 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 | 01 = Hispanic or Latino 02 = Not Hispanic or Latino 99 = Undisclosed/Unknown | O |
| PAT28 | Veterinary Species Code | 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 | 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 | Value: 00 = New Record; 01 = Revise; 02 = Void | R |
| DSP02 | Prescription Number | Serial number assigned to the prescription by the pharmacy. | R |
| DSP03 | Date Written | Date the prescription written (authorized): CCYYMMDD | R |
| DSP04 | Refills Authorized | Number of prescriber-authorized refills | R |
| DSP05 | Date Filled | Date prescription was dispensed: CCYYMMDD | R |
| DSP06 | Fill Number | Number of the fill of the prescription. 0 = original dispensing; refills = 01-9999 | R |
| DSP07 | Product ID Qualifier | 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 | 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 | 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 | The calculated number of days the medication will cover. | R |
| DSP11 | Drug Dosage Units Code | 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 | Code indicating how the pharmacy received the prescription. | O |
| | | 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 | | | |
| DSP13 | Partial Fill Indicator | 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) | 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 | 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 | 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 | Date prescription left the pharmacy | RR |
| DSP18 | RxNorm Product Qualifier | 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 | Used for electronic prescriptions to capture the prescribed drug product identification. | O |
| DSP20 | Electronic Prescription Reference Number | 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 | Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy. | O |
| DSP22 | Quantity Prescribed | Used to add clarity to the value reported in DSP13 | O |
| DSP23 | Rx Sig | The actual directions printed on prescription label. If greater than 200 characters, will truncate. | O |
| DSP24 | Opioid Treatment Type | 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 | ICD-10 Code | O |

| | | | |
|-------|--|---|---|
| DSP26 | Time Written | Time the prescription was created: HHMMSS or HHMM or HHMMSSz | O |
| DSP27 | Time Filled | Time the prescription was filled: HHMMSS or HHMM or HHMMSSz | O |
| DSP28 | Time Sold | Time the prescription was sold: HHMMSS or HHMM or HHMMSSz | O |
| DSP29 | Total Quantity Remaining on Prescription | Identifies the quantity remaining on the prescription | O |
| DSP30 | Total Quantity Remaining Drug Dosage Units Code | 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 | 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 | 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 | Must be populated if DSP32 is 01 (Private Pay) or 04 (Commercial Insurance). 01 = Yes 02 = No | S |
| DSP34 | DEA Schedule/State Designation | 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 | | O |

| | | | |
|--|---|--|----|
| DSP36 | First Name of Pharmacist Filling the Prescription | | O |
| PRE: Prescriber Information: Required segment; used to identify the prescriber of the prescription. | | | |
| PRE01 | National Provider Identifier (NPI) | 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 | Must be populated with the DEA if the reported medication is a controlled substance. | S |
| PRE03 | DEA Number Suffix | Identifying number assigned to a prescriber by an institution when the Institution's DEA number is used. | O |
| PRE04 | Prescriber State License Number | Identification assigned to the Prescriber by the State Licensing Board. | O |
| PRE05 | Last Name | Prescriber's Last name. | RR |
| PRE06 | First Name | Prescriber's First name. | RR |
| PRE07 | Middle Name | Prescriber's Middle name or initial. | O |
| PRE08 | Phone Number | 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 | Jurisdiction or state of PRE04 | S |
| PRE11 | Prescriber Address Information – 1 | Freetext for address information. | O |
| PRE12 | Prescriber Address Information - 2 | Freetext for address information. | O |
| PRE13 | Prescriber City Address | Freetext for address information. | O |
| PRE14 | Prescriber State Address | 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 | 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 | The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1. | R* |
| CDI02 | Product ID Qualifier | 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 | Product identifier. If the ingredient does not have an NDC, the recommended entry is 888888888888 | R* |
| CDI04 | Component Ingredient Quantity | 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 | 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 | 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 | State issuing serialized prescription blank | O |
| AIR02 | State-Issued Rx Serial Number | Number assigned to state-issued serialized prescription blank. | O |
| AIR03 | ID Issuing Jurisdiction | Code identifying the jurisdiction that issues the ID contained in AIR05. | S |
| AIR04 | ID Qualifier of Person Dropping Off or Picking Up Rx | 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 | ID number of the person dropping off or picking up the prescription. | S |
| AIR06 | Relationship of Person Dropping Off or Picking Up Rx | 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 | Last name of the person dropping off or picking up Rx. | O |
| AIR08 | First Name of Person Dropping Off or Picking Up Rx | First name of the person dropping off or picking up Rx. | O |
| AIR09 | Last Name or Initials of Pharmacist | This field is decommissioned. | |
| AIR10 | First Name of Pharmacist | This field is decommissioned | |
| AIR11 | Dropping Off/Picking Up Identifier Qualifier | This field is decommissioned | O |
| AIR12 | Date of Birth of Person Picking Up Rx | CCYYMMDD | O |
| AIR13 | Address Information – 1 of Person Picking Up Rx | Address of the person picking up the prescription. | O |
| AIR14 | Address Information – 2 of Person Picking Up Rx | Additional address information of the person picking up the prescription. | O |
| AIR15 | Person Picking Up City Address | Information should be reported according to | O |

| | | | |
|-------|---|---|---|
| | | 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. | |
| AIR16 | Person Picking Up State Address | 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 | United States Postal Service ZIP Code or ZIP+4 | O |
| AIR18 | Phone Number of Person Picking Up Rx | | O |
| AIR19 | Picking Up Method of Delivery | 01 = Person Picked Up 02 = Mailed/Shipped | O |
| AIR20 | Jurisdiction Issuing ID of Person Dropping Off Rx | Code identifying the jurisdiction that issues the ID contained in AIR22. | O |
| AIR21 | ID Qualifier of Person Dropping Off Rx | 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 | Identification number for the person dropping off the prescription as indicated in AIR 21. | O |
| AIR23 | Relationship of Person Dropping Off Rx | 01 = Parent/Legal Guardian 02 = Spouse 03 = Caregiver 04 = Other | O |
| AIR24 | Last Name of Person Dropping Off Rx | | O |
| AIR25 | First Name of Person Dropping Off Rx | | O |
| AIR26 | Date of Birth of Person Dropping Off Rx | | O |
| AIR27 | Address Information – 1 of Person Dropping Off Rx | | O |
| AIR28 | Address Information – 2 of Person | | O |

| | | | |
|-------|--|--|---|
| | Dropping Off Rx | | |
| AIR29 | Person Dropping Off City Address | | O |
| AIR30 | Person Dropping Off State Address | | O |
| AIR31 | Person Dropping Off ZIP Code Address | | O |
| AIR32 | Phone Number of Person Dropping Off Rx | | 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 | 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 | Unique identifying control number assigned by the originator of the transaction. Must match the number in TH02. | R |
| TT02 | Segment Count | 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*TestFile20240119*01**20240119*085400*T**~~
IS*9999999994*CyncHealth Test**Example Vendor*4021231234~
PHA*9876543210*9876543*FA9999999*CyncHealth Test Pharmacy*987654321 Any Street**Any
City*NE*98765*4025599992*Test Pharmacist****02~
PAT**06*N9999999*NE***Patient*Test****987654 N Test Avenue**Test
City*NE*98765*1111111111*19850315*M*01*****~
DSP*00*JW11115*20240119*999*20240119*03*01*42543070001*15*5*01*05*00*1234567893*NE999
9*01*20240119*01****15*Take 3 tablets by mouth daily*****082100***01*****~
PRE*1234567890*AS1234567***Prescriber*Test**8001234567**NE*****~
TP*5~
TT*TestFile20240119*8~
  
```

Single Report / Multiple pharmacies

TH*5.0*Sample Test File*01**20240118*0800*P**~
IS*bo95838411*CYNCTEST**Pharmacy Vendor*800112222~
PHA*999999997*9999997*ZZ9999997*zzTest Pharmacy 1*1234 Main St**Omaha*NE*68111-1234*4025556666*Test Pharmacist 1**PRD*01*02~
PAT*NE*06*HC651808****ZZZTESTPT*Sample****2320 TestingPatient Road**North Platte*NE*69101*4025551212*20010203*M*01*****Sam*99*02**~
DSP*00*824611*20240115*00*20240115*00*06*9999999999*180*30*01*05*00***01*20240115***Fe ntanyl 1600 mcg Troche***Dissolve 1 or 2 troche(s) under the tongue every 4 hours*****02*****Joe~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320**NE*****~
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*****Sam*99*02**~
DSP*00*824712*20240115*00*20240115*00*06*9999999999*180*30*01*05*00***01*20240115***Fe ntanyl 1600 mcg Troche***Dissolve 1 or 2 troche(s) under the tongue every 4 hours*****02*****Joe~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320**NE*****~
CDI*1*01*00406921630*180*01*~
CDI*2*03*38779056708*0.9*03*~
CDI*3*03*Medisca2378-1*180*03*~
TP*14~
PHA*999999998*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*****Sam*99*02**~
DSP*00*795011*20240116*32*20240116*00*06*9999999999*30*4*02*05*00***01*20240116***ABH Gel***Apply 1ml topically every 2 hours as needed*****02*****Joe~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320**NE*****~
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*****Sam*99*02**~
DSP*00*7950*20240116*32*20240116*01*06*9999999999*30*4*02*05*00***01*20240116***ABH Gel***Apply 1ml topically every 2 hours as needed*****02*****~
PRE*9999991827*ZZ9991827**NE2320*zzPrescriber*Sample**9991112320**NE*****~
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**20240113*102300*T**~~
IS*DF001* CyncHealth Test**Sample Vendor*8002221111~
PHA*9876543210*9876543*FA9999999* CyncHealth Test Pharmacy*987654321 A Street**Any
City*NE*98765*9995556543*Test Pharmacist****~
PAT*****Report*Zero*****~
DSP*****20240112*****~
PRE**~
TP*5~
PHA*9876543211*9876542*FA9999997*CyncHealth Test2 Pharmacy*987654321 B Street**The
City*NE*98766*9995556548*Test2 Pharmacist*~
PAT*****Report*Zero*****~
DSP*****20240113*****~
PRE**~
TP*5~
PHA*0123456789*3456789*FA9999998* CyncHealth Test3 Pharmacy*987654321 C Street**Other
City*NE*98767*9995556789*Test3 Pharmacist*~
PAT*****Report*Zero~
DSP*****20240114~
PRE*****~
TP*5~
TT*ZeroReport_Example*18~

```