



Dispenser's Implementation Guide (ASAP 4.2)

Nebraska Prescription Drug Monitoring Program

Version: 3.8

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Document Change Log

Version	Section Title	Change Description	Date	Person Responsible
1.0		Official version	4/29/2016	DrFirst and NeHII
1.1	Document Change Log	Added Version column	6/7/2016	DrFirst and NeHII
1.1	PRE – Prescriber Information	Changed PRE08 from required to conditional	6/7/2016	DrFirst and NeHII
1.1	TH – Transaction Header	Changed TH04 from required to conditional	6/7/2016	DrFirst and NeHII
1.1	PAT – Patient Information	Changed PAT19 from required to conditional	6/7/2016	DrFirst and NeHII
1.1	PHA – Pharmacy Header	Removed the example for dispensing prescribers in PHA04	6/7/2016	DrFirst and NeHII
1.1	PHA – Pharmacy Header	Changed PHA10 from required to conditional	6/7/2016	DrFirst and NeHII
1.1	AIR – Additional Information Reporting & CDI – Compound Drug Ingredient Detail	Corrected order of segments, (AIR and CDI)	6/7/2016	DrFirst and NeHII
1.1	ASAP 4.2 Specifications for Reporting the Data	Corrected field size information to align with ASAP 4.2 standard.	6/7/2016	DrFirst and NeHII
1.1	Appendix A	Added Appendix A to clarify jurisdiction code for PAT01	6/7/2016	DrFirst and NeHII
2.0	ASAP 4.2 Specifications for Reporting the Data	Corrected field size information to align with ASAP 4.2 standard (TH07,TH08, PAT21, DISP16)	8/31/2016	DrFirst and NeHII
2.0	Exemptions	Removed the term Waiver and replaced with Exemption	8/31/2016	DrFirst, NeHII, and NE DHHS
2.0	Data Submitter Upload account setup	Changed wording to guide user to contact NeHII for account setup	8/31/2016	DrFirst and NeHII
3.0	CDI – Compound Drug Ingredient Detail – Situational	Updated this section to include the supported max loops	11/22/2016	DrFirst and NeHII
3.0	DSP – Dispensing Record – Required	Updated RxNorm codes to be more NCPDP compliant for RxNorm Product Qualifier (DSP18)	11/22/2016	DrFirst and NeHII

3.0	CDI – Compound Drug Ingredient Detail – Situational	Updated this section to include a note and example of compound prescription revisions	11/22/2016	DrFirst and NeHII
3.0	Appendix B – Sample Files	Added New Appendix	11/22/2016	DrFirst and NeHII
3.0	DSP – Dispensing Record – Required	Changed field size from AN15 to AN11 (DSP08)	11/22/2016	DrFirst and NeHII
3.0	Data Submitter Upload account setup	Added additional information regarding process	11/22/2016	NeHII
3.0	Dispensing Event Exemptions	Added no controlled substances in 2017	11/22/2016	NeHII
3.0	Guidelines for Zero Reporting	Remove the word waiver and replace with exemption	11/22/2016	NeHII
3.0	Frequently Asked Questions	Removed references to providing more information in version 2.0 of this guide	11/22/2016	NeHII
3.0	File Transfer/Load Timing	Updating wording to reflect “order in which to be processed”	11/22/2016	DrFirst
3.0	Processing Order	Added screenshot of SFTP files for processing order and removed the term FIFO	11/22/2016	DrFirst
3.0	Exemptions	Make websites listed in Exemptions section hyperlinks and remove the reference to the date available	11/22/16	NeHII
3.1	File Naming Convention	Correction made to CCYYMMDDHHMMSS	12/1/16	DrFirst
3.1	Processing Order	Modifications around this section	12/1/16	DrFirst
3.1	Cover Page	Replaced individual NeHII and DHHS logos with PDMP logo	12/1/16	NeHII
3.1	IS – Information Source – Required	Added more information about obtaining the IS01 and IS02 values	12/1/16	NeHII

3.2	File Naming Convention	Removed .up extension and added further details for naming convention fields.	12/16/2016	DrFirst
3.2	Frequently Asked Questions	Added information for file upload errors in regard to naming convention	12/16/2016	DrFirst
3.2.1	File Naming Convention	Added table for file naming convention	12/22/2016	DrFirst
3.3	Cover Page	Removed DrFirst employee extension and fax number from cover page	1/5/2017	DrFirst
3.3	File Naming Convention	Revised table to remove mandatory IS01	1/5/2017	DrFirst/NeHII
3.3	Frequently Asked Questions	Revised section to remove mandatory IS01	1/5/2017	DrFirst/NeHII
3.4	Submitting Corrections	Added Partial Fill and Refill Number	2/24/2017	DrFirst
3.4	Added SFTP User Instructions	Added instructions for SFTP Submitter	2/27/2017	DrFirst
3.4	Added Manual Entry Instructions	Added instructions for Manual Entry	3/1/2017	DrFirst
3.5	DSP – Dispensing Record – Required	Included implementation notes as it relates to RxNorm Qualifiers and Values submitted	8/17/2017	DrFirst
3.5	DSP – Dispensing Record – Required	Included implementation notes as it relates to RxNorm Qualifiers and Values submitted	8/17/2017	DrFirst
3.6	Nebraska Prescription Drug Monitoring Program Overview	Added clarification for reporting prescription drugs. All prescription drugs will be reported to the system 1/1/2018, creating a medication reconciliation tool available to all prescribers and dispensers at no cost to them.	11/26/2017	DrFirst/NeHII

3.6	Data Required to be Reported	Updated products that do not need to be reported.	11/26/2017	DrFirst/NeHII
3.6	PAT – Patient Information - Required	Provided recommendation on Patient DOB for when reporting a non-human.	11/26/2017	DrFirst/NeHII
3.6	PRE – Prescriber Information - Required	Provided recommendations to populate PRE01 when the provider does not have a NPI	11/26/2017	DrFirst
3.6	Specifications for Zero Report	Corrected ASAP field names	11/26/2017	DrFirst
3.7	Manual Prescription Entry Uploader Updates	Updated to reflect improved manual uploader process flow and Veterinarian reporting	06/13/18	NeHII
3.8		Provided recommendations to populate PHA01 when pharmacy has no NPI		NeHII/DHHS
3.8	PAT – Patient Information – Required	Updated reporting requirements for PAT02 ID Qualifier and PAT03 ID of Patient per state statute	05/02/2019	NEHII/DHHS
3.8	PAT – Patient Information – Required	Updated reporting requirements for PAT17 Patient Phone Number per state statute	05/02/2019	NEHII/DHHS
3.8	PAT – Patient Information – Required	Updated reporting requirements for PAT19 Gender Code per state statute	05/02/2019	NEHII/DHHS
3.8	DSP – Dispensing Record – Required	Clarified reporting of drug strength per statute in DSP08	05/02/2019	NEHII/DHHS
3.8	Frequently Asked Questions	Updated reporting requirements for veterinarians	05/02/2019	NEHII/DHHS

3.8		Updated website URLs for Dispenser Uploader Request Form and Exemption Information Form	05/02/2019	NEHII/DHHS
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Document Overview

The Nebraska Health Information Initiative (NeHII) Dispenser’s Implementation Guide for the Prescription Drug Monitoring Program documents the detailed information a dispenser needs in order to comply with the reporting requirements for Nebraska Prescription Drug Monitoring Program. The intended audience for this document is any licensed pharmacy or dispenser who dispenses a prescription in the state of Nebraska or to an address in the state of Nebraska.

Copyright Notice

This document is provided for use as a compliance guide for participation in the Nebraska Prescription Drug Monitoring Program. It is not intended for use by any other entity or individual besides the intended audience, their organization and/or their employees. Any external distribution or use not anticipated by the receipt of this document may be in violation of applicable copyright law.

Nebraska Prescription Drug Monitoring Program Overview

The Nebraska Prescription Drug Monitoring Program available on the NeHII HIE 2.0 health information exchange platform is a medication query functionality available to all prescribers and dispensers in Nebraska at no cost to aid in the identification of drug overuse, abuse or diversion activities. Consumers will not be able to opt out of the PDMP functionality as the data is available through a separate application tile on the NeHII HIE 2.0 dashboard. All controlled substances Schedule II to V that have been dispensed by healthcare professionals licensed in the state of Nebraska or prescriptions delivered to a Nebraska address will be reported to the system. The PDMP will utilize the DrFirst Medication History software which delivers the med query functionality effective 1/1/2017. All prescription drugs will be reported to the system 1/1/2018, creating a medication reconciliation tool available to all prescribers and dispensers at no cost to them.

In partnership with the Nebraska Department of Health and Human Services and NeHII, the DrFirst Medication History service allows for the hosting of medication history data for the purposes of prescription drug monitoring. The system is designed to allow prescribers, dispensers, or other registered users to query the hosted information for display by using the DrFirst Medication History service. The Medication History service connects to the hosting service to serve up queried medication history to the requestor.

As part of the medication history hosting service, DrFirst will provide appropriate infrastructure to accept data supplied by pharmacies as required by Nebraska state statute 71-2454. Pharmacies will provide data daily in a standardized format or will provide zero reports if no medications were dispensed that met the required criteria. In the event the records provided by a dispenser are not in the correct format, unreadable or damaged, DrFirst shall not load the record and shall report the error to the applicable dispenser for remedy.

Implementation Process

Format Requirement

The submitter will submit data in ASAP 4.2 format. For details consult the Implementation Guide for Prescription Monitoring Programs Version 4 Release 2 (<http://www.asapnet.org/pmp-implementation-guides.html>).

The requirements for the state of Nebraska are detailed in [ASAP 4.2 Specifications for Reporting the Data](#).

Connection Methods

The submitter will connect via one of the following methods. A user account has to be set up before using any of the methods.

Protocol	Message Format Supported
Secure FTP (SFTP)	ASAP 4.2 Character Delimited
Web Entry	Manual Entry

Data Submitter Upload Account Setup

Dispensers will need to complete the online dispenser uploader user access request form (available on https://www.surveymonkey.com/r/uploader_2019) to setup their uploader account. The data submitter will provide information specific to the dispenser to enable access to the facility-specific SFTP site or to the manual web entry portal. Once setup, DrFirst will provide the requestor a link via email which will allow the requestor to create their username and password. Upon completion of the setup of the username and password, DrFirst will provide the required SFTP site information.

Guidelines for PDMP Reporting in Nebraska

Reporting Parties

Prescriptions dispensed in Nebraska or distributed to an address in Nebraska must be reported by the dispenser or their designee which include:

- Community Pharmacies
- Mail Service Pharmacies
- Delegated Dispensers
- Other providers dispensing prescriptions as indicated above

Data Required to be Reported

Dispensers must collect and submit information about all dispensing of monitored prescription drugs. Supplies and Durable Medical Equipment (e.g., diabetic test strips, syringes, crutches, IV pumps) are not required to be reported. The timing of prescription data submission from the legislation is below:

Date	Reported Data
01/01/2017	All Schedule II, III, IV and V dispensed prescriptions of controlled substances
01/01/2018	All dispensed prescription drug information

Frequency of Data Reporting

Nebraska law requires all prescriptions dispensed in this state or to an address in this state to be entered into the system by the dispenser or his or her designee **daily** after such prescription is dispensed.

Dispensing Event 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 dispenser does not dispense controlled substance prescriptions. (Valid in 2017 only)

Exemptions

If a pharmacy meets one of the exemptions as identified according to Neb. Rev. Stat. § 71-2454 (6)(b), you may complete the online Exemption Information Form located at https://www.surveymonkey.com/r/Exemption_Form.

Guidelines for Zero Reporting

- If a Dispenser has no dispensing transactions to report for the day, the dispenser must submit a zero report, as described in the [Specifications for Zero Reporting](#) section in this guide.
- If a Dispenser reporting via web entry has no dispensing transactions to report for the day, no action is necessary.
- If an exemption to reporting is needed by the Dispenser, refer to the Exemptions section above.

Data Submission Requirements

All submitters are responsible for checking the status of their data submissions. It is expected that the data is validated prior to submission to meet the Nebraska PDMP requirements as stated in this guide. All prescriptions with errors will not be uploaded into the system. An error report will be provided. Once the data is corrected, the submitter should resubmit the data as soon as reasonably possible.

Security

In order to maintain the highest level of data security possible, DrFirst implements various Administrative, Technical, and Physical Safeguards.

- DrFirst Data Centers are SOC 2 certified to ensure physical and logical security, system availability and protection of all Patient Health Information (PHI).
- DrFirst is a SAS-70 certified organization, indicating third-party validation of the controls and safeguards that have been put in place to host and process PHI related data.
- All staff members are trained, by a qualified independent vendor, on HIPAA privacy and security. Staff members whose roles require routine access to PHI receive quarterly refresher HIPAA training. Access to PHI is restricted by a need-for-role policy to pre-screened personnel.
- For more in-depth information, the *DrFirst IT Security Brief* is available upon request.

File Specifications

File Structure

Uploaded reporting must be provided by dispensers in the ASAP 4.2 delimited format (via SFTP). The (**Required**) column in the field specification indicates whether the data element is mandatory or not mandatory.

Data Type Notation Matrix

Data Type Notation	Data Type	Character Set / Format
AN	Alphanumeric	<ul style="list-style-type: none">• Upper and lower-case alphabets<ul style="list-style-type: none">○ A to Z, a to z• Numbers<ul style="list-style-type: none">○ 0 to 9• Printable characters<ul style="list-style-type: none">○ ~`!@#\$\$%^&*()-_+=+{}[]\ ';:"<>,.?/
DT8	Date	Format: CCYYMMDD <ul style="list-style-type: none">• CC represents century• YY represents year• MM represents month• DD represents Day

TM6	Time	Format: HHMMSS or HHMM in 24 hours clock system (military format) <ul style="list-style-type: none"> • HH represents hour • MM represents minutes • SS represents seconds
N	Numeric	Used for a whole number, decimal must not be used.
D	Decimal	Used for metric decimal. When the data is a whole number, decimal must not be used.

Data Delimiters and Terminators

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*). Each completed field must be followed by an asterisk, and each blank field should contain a single asterisk. If the last field in the segment is blank, it should contain an asterisk (*) and a tilde (~).
- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it must contain two tildes (~~).

Code	Description
Y	Mandatory. Data must be provided in the field.
N	Not mandatory (even if not mandatory, all fields are desired).

File Naming Convention

Field	Size	Required	Description
File Name	AN120	Y	Name assigned to the file by uploader Character limit of 120 includes the extension Recommended: <ul style="list-style-type: none"> • Create a unique file name for each file as to not create duplicate files • Acceptable special characters: underscore and hyphen
Extension		Y	Acceptable extensions: .dat .txt

File Transfer/Load Timing

- The Dispenser will post on the DrFirst SFTP site daily. Multiple file uploads should be uploaded in the order in which they need to be processed.

Processing Order

- In the event that multiple files are present, the files will be processed starting with the top most file in the SFTP folder.

ASAP 4.2 Specifications for Reporting the Data

The information on the following pages contain the definitions for the specific contents required of uploading records (reporting) in the American Society for Automation in Pharmacy (ASAP) 4.2 format to comply with the Nebraska PDMP requirements.

TH – Transaction Header – Required

To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.

Field	Field Name	Size		Required	Description
TH01	Version/Release Number	AN4		Y	Code uniquely identifying the transaction Value: 4.2
TH02	Transaction Control Number	AN40		Y	Sender assigned code uniquely identifying a transaction GUID is recommended
TH03	Transaction Type	N2		Y	Identifies the purpose of initiating the transaction Value: 01 Send/Request Transaction
TH04	Response ID	AN40		N	Transaction Control Number of a transaction that initiated the transaction Required in response transaction
TH05	Creation Date	DT8		Y	Date the transaction was created Format: CCYYMMDD
TH06	Creation Time	TM6		Y	Time the transaction was created. Format: HHMMSS or HHMM

TH07	File Type	AN1		Y	Code specifying the type of transaction Value: <ul style="list-style-type: none"> • P = Production • T = Test Proper codes should only be sent in their respected environments
TH08	Routing Number	N6		N	Not Used
TH09	Segment Terminator Character	AN1		Y	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction

IS – Information Source – Required

To convey the name and identification numbers of the entity supplying the information.

Field	Field Name	Size	Required	Description
IS01	Unique Information Source ID	AN10	Y	Reference number or identification number For example: <ul style="list-style-type: none"> • Populate with unique information source ID, assigned by DrFirst and obtained when registered as an uploader -OR- <ul style="list-style-type: none"> • Phone Number, if used to populate this field do not include hyphens or parentheses
IS02	Information Source Entity Name	AN60	Y	Entity name of the Information Source For example: <ul style="list-style-type: none"> • Populate with unique information source entity name, assigned by DrFirst and obtained when registered as an uploader
IS03	Message	AN60	N	Freeform text message

PHA – Pharmacy Header – Required

To identify the Dispenser. Maximum 999 in a Batch.

Field	Field Name	Size	Required	Description
PHA01	National Provider Identifier (NPI)	AN10	Y	Must be populated with the Organization NPI. If the pharmacy does not have a NPI, it is recommended to populate PHA01 with the pharmacy phone number
PHA02	NCPDP/NABP Provider ID	AN7	N	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Populate when available.
PHA03	DEA Number	AN9	N	Populate when available.
PHA04	Pharmacy or Dispensing Prescriber Name	AN60	Y	Name of the Pharmacy or Dispensing Prescriber.
PHA05	Address Information – 1	AN30	Y	Address Line 1 of the Dispenser Location.
PHA06	Address Information - 2	AN30	N	Address Line 2 of the Dispenser Location.
PHA07	City Address	AN25	Y	City of the Dispenser Location.
PHA08	State Address	AN2	Y	Valid State Code – US Postal Service state code, Canada or Territories.
PHA09	Zip Code	AN9	Y	US Postal Zip Code of the Dispenser Location.
PHA10	Phone Number	AN10	N	Complete Phone number including Area Code.
PHA11	Contact name	AN30	N	Contact person name.
PHA12	Chain Site ID	AN10	N	Store number assigned by the chain to the pharmacy location.

PAT – Patient Information – Required

Used to report the patient's name and basic information. Max 25,000 in a batch.

Field	Field Name	Size	Required	Description
PAT01	ID Qualifier of Patient Identifier	AN2	N	Code identifying the jurisdiction that issues the ID in PAT03.

				See Appendix A for list of jurisdictions.
PAT02	ID Qualifier	N2	Y	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. Value: <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID, such as cardholder ID)
PAT03	ID of Patient	AN20	Y	Identification number for the patient as indicated in PAT02. It is recommended to populate PAT03 with a patient identifier such as driver's license or government-issued identifier, but the system will accept a pharmacy software-generated unique patient identifier.
PAT04	ID Qualifier of Additional Patient Identifier	AN2	N	Code identifying the jurisdiction that issues the ID in PAT06. See Appendix A for list for jurisdictions.
PAT05	Additional Patient ID Qualifier	N2	N	Code to identify the type of ID in PAT06. If PAT05 is used, PAT06 is required. Value: <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID, such as cardholder ID)
PAT06	Additional ID	AN20	N	Identification number for the patient as indicated in PAT05.
PAT07	Last Name	AN50	Y	Patient's Last name.

PAT08	First Name	AN50	Y	Patient's First Name.
PAT09	Middle Name	AN30	N	Patient's Middle Name.
PAT10	Name Prefix	AN10	N	Patient's name prefix such as Mr. or Dr.
PAT11	Name Suffix	AN10	N	Patient's name suffix such as Jr or the III.
PAT12	Address Information – 1	AN35	Y	Address Line 1 of the Patient.
PAT13	Address Information - 2	AN35	N	Address Line 2 of the Patient.
PAT14	City Address	AN20	Y	City of the Patient.
PAT15	State Address	AN10	Y	Valid State Code.
PAT16	Zip Code	AN9	Y	US Postal Zip Code of the Patient. Populate with zeros ('00000') if patient address is outside the U.S.
PAT17	Phone Number	AN10	N	Complete Phone number including Area Code. Dashes or other special characters are not allowed. <u>Phone number should be reported, if available.</u>
PAT18	Date of Birth	DT8	Y	Date of Birth of the Patient. Format: CCYYMMDD For Non-Human patients (PAT20 = 02), if the owner date of birth is unavailable, populate PAT18 with 01/01/1900 (Format 19000101)
PAT19	Gender	AN1	Y	Code indicating the sex of the patient. Value: <ul style="list-style-type: none"> • F = Female • M = Male • U = Unknown
PAT20	Species Code	N2	Y	Value: <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient
PAT21	Patient Location Code	N2	N	Code indicating where patient is located when receiving pharmacy services if required by the PMP. Value: <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care

				<ul style="list-style-type: none"> • 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 • 98 Unknown • 99 Other
PAT22	Country of Non-U.S. Resident	AN20	N	Used when the patient's address is a foreign country.
PAT23	Name of Animal	AN30	N	Required if PAT20 is populated with "02" Veterinary Patient.

DSP – Dispensing Record – Required

Max 300 for batch

Used to report the dispensing of a given prescription.

Field	Field Name	Size	Required	Description
DSP01	Reporting Status	N2	Y	Value: <ul style="list-style-type: none"> • 00 New Record • 01 Revise • 02 Void
DSP02	Prescription Number	AN25	Y	Serial number assigned to the prescription by the pharmacy.
DSP03	Date Written	DT8	Y	Date the prescription was written (authorized). Format: CCYYMMDD
DSP04	Refills Authorized	N2	Y	The number of refills authorized by the prescriber.
DSP05	Date Filled	DT8	Y	Date prescription was dispensed. Format: CCYYMMDD
DSP06	Refill Number	N2	Y	Number of the fill of the prescription. Value: <ul style="list-style-type: none"> • 0 indicates original dispensing • 01-99 is the refill number.
DSP07	Product ID Qualifier	N2	Y	Used to identify the type of product ID contained in DSP08.

				<p>Value:</p> <ul style="list-style-type: none"> • 01 NDC • 06 Compound (<i>Used to indicate it is a compound. The CDI segment then becomes a required segment. See instructions for DSP08.</i>)
DSP08	Product ID	AN11	Y	<p>NDC 11-Digit product identification.</p> <p>If the product is a compound,</p> <ul style="list-style-type: none"> • Populate with 99999999999 • The CDI then becomes a required segment
DSP09	Quantity Dispensed	D11	Y	<p>Number of metric units dispensed.</p> <p>Examples: 2.5; 30</p> <p>Note: For compounds show the first quantity in CDI04.</p> <p>The drug strength is provided within the NDC and is not reported as a separate field</p>
DSP10	Days Supply	N3	Y	<p>The calculated number of days the medication will cover.</p>
DSP11	Drug Dosage Units Code	N2	Y	<p>Identifies the unit of measure for the quantity dispensed in DSP09.</p> <p>Value:</p> <ul style="list-style-type: none"> • 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)
DSP12	Transmission Form of Rx Origin Code	N2	N	<p>Code indicating how the pharmacy received the prescription.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription

				<ul style="list-style-type: none"> • 99 Other
DSP13	Partial Fill Indicator	N2	N	<p>This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling.</p> <p>Value:</p> <ul style="list-style-type: none"> • 00 Not a Partial Fill • 01 First Partial Fill <p>Note: For additional fills per prescription, increment by 1 so the second partial fill would be reported as 02, up to a maximum of 99.</p>
DSP14	Pharmacist National Provider Identifier (NPI)	AN10	N	Identifier assigned to the pharmacist/dispenser by CMS. This number can be used to identify the pharmacist dispensing the medication.
DSP15	Pharmacist State License Number	AN10	N	<p>Assigned to the pharmacist/dispenser by the State Licensing Board.</p> <p>This data element can be used to identify the pharmacist dispensing the medication.</p>
DSP16	Classification Code for Payment Type	N2	Y	<p>Code identifying the type of payment.</p> <p>Value:</p> <ul style="list-style-type: none"> • 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
DSP17	Date Sold	DT8	N	Date prescription left the pharmacy, (it is not the date the prescription was filled).
DSP18	RxNorm Product Qualifier	N2	N*	<p>RxNorm value sent in the electronic prescription transmitted to the pharmacy.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 = Semantic Clinical Drug (SCD)

				<ul style="list-style-type: none"> • 02 = Semantic Branded Drug (SBD) • 03 = Generic Package (GPK) • 04 = Branded Package (BPK) <p>* Note: When DSP18 field is populated, the DSP19 field is “Required” and needs to be populated. When DSP18 is <u>NOT</u> populated, the DSP19 field cannot be populated</p>
DSP19	RxNorm Code	AN15	N*	<p>Used for electronic prescriptions to capture the prescribed drug product identification.</p> <p>*Note: When DSP19 field is populated, the DSP18 field is “Required” and needs to be populated. When DSP19 is <u>NOT</u> populated, the DSP18 field cannot be populated.</p>
DSP20	Electronic Prescription Reference Number	AN35	N	Transaction Message ID value sent in the electronic prescription transmitted to the pharmacy.
DSP21	Electronic Prescription Order Number	AN35	N	Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy.

PRE – Prescriber Information – Required

Used to identify the prescriber of the prescription.

Field	Field Name	Size	Required	Description
PRE01	National Provider Identifier (NPI)	AN10	Y	<p>Must be populated with the NPI.</p> <p>If the provider does not have a NPI, it is recommended to populate PRE01 with the Prescriber Phone Number (PRE08).</p>
PRE02	DEA Number	AN9	N	Must be populated with the DEA if the reported medication is a controlled substance.
PRE03	DEA Number Suffix	AN7	N	Identifying number assigned to a prescriber by an institution when the Institution’s DEA number is used.

PRE04	Prescriber State License Number	AN20	N	Identification assigned to the Prescriber by the State Licensing Board.
PRE05	Last Name	AN50	Y	Prescriber's Last name.
PRE06	First Name	AN50	Y	Prescriber's First name.
PRE07	Middle Name	AN30	N	Prescriber's Middle name or initial.
PRE08	Phone Number	AN10	N	Prescriber's primary phone number. Complete Phone number including Area Code.

CDI – Compound Drug Ingredient Detail – Situational

Required when medication dispensed is a compound. The first reportable ingredient is reported as “1” and each additional reportable ingredient is incremented by 1.

Max 25 for batch

Please note: when there is a revision to a compound prescription that was previously written and uploaded to the database, the revision will void ALL previous records and will *only* add the new records.

Example: when the initial prescription was written and uploaded to the database it contained 5 compound drugs after a revision only 3 compound drugs remain. When this is the case all 5 original compounds will be voided and only the 3 new compounds will be uploaded.

Field	Field Name	Size	Required	Description
CDI01	Compound Drug Ingredient Sequence Number	N2	Y	The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1.
CDI02	Product ID Qualifier	N2	Y	Code to identify the type of product ID contained in CDI03. Value: <ul style="list-style-type: none"> • 01 NDC
CDI03	Product ID	AN15	Y	NDC 11-Digit product identification
CDI04	Component Ingredient Quantity	D11	Y	Metric decimal quantity of the ingredient identified in CDI03.

CDI05	Compound Drug Dosage Units Code	N2	Y	<p>Identifies the unit of measure for the quantity dispensed in CDI04.</p> <p>Values:</p> <ul style="list-style-type: none"> • 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)
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AIR – Additional Information Reporting – Situational

Used when state-issued serialized Rx pads are used, state requires information on person dropping off or picking up the prescription, or for data elements not included in the other detail segments.

Field	Field Name	Size	Required	Description
AIR01	State Issuing Rx Serial Number	AN2	N	Identifier assigned to the prescriber by CMS.
AIR02	State Issued Rx Serial Number	AN20	N	Number assigned to state issued serialized prescription blank.
AIR03	ID Issuing Jurisdiction	AN2	N	Code identifying the jurisdiction that issues the ID contained in AIR05.
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	N2	N	<p>Code indicating the type of ID in AIR05 if required by the PMP.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID)
AIR05	ID of Person Dropping Off or Picking Up Rx	AN20	N	ID number of the person dropping off or picking up the prescription.
AIR06	Relationship of Person Dropping Off or Picking Up Rx	N2	N	<p>Code indicating the relationship to the person dropping off or picking up Rx.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Patient

				<ul style="list-style-type: none"> • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other
AIR07	Last Name of Person Dropping Off or Picking Up Rx	AN50	N	Last name of the person dropping off or picking up Rx.
AIR08	First Name of Person Dropping Off or Picking Up Rx	AN50	N	First name of the person dropping off or picking up Rx.
AIR09	Last Name or Initials of Pharmacist	AN50	N	Last name or initials of the pharmacist dispensing the medication.
AIR10	First Name of Pharmacist	AN50	N	First name of the pharmacist dispensing the medication.
AIR11	Dropping Off/Picking Up Identifier Qualifier	N2	N	<p>Additional qualifier for the ID contained in AIR05.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 98 Unknown/Not Applicable (An example of <i>Unknown</i>: the pharmacist fails to know the identity of person dropping off the prescription or when a prescription is phoned in; An example of <i>Not Applicable</i>: When the prescription is delivered by pharmacy to the patient's address).

TP – Pharmacy Trailer – Required

This summary segment to identify the end of data for a given dispenser and provide the count of the total number of detail segments included for the dispenser, including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.

Field	Field Name	Size	Required	Description
TP01	Detail Segment Count	N10	Y	Number of detail segments included for the pharmacy including the pharmacy header

				(PHA) including the pharmacy trailer (TP) segments.
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TT – Transaction Trailer – Required

This summary transaction is used indicate the end of the transaction and provide the count of the total number of segments included in the transaction.

Field	Field Name	Size	Required	Description
TT01	Transaction Control Number	AN40	Y	Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.
TT02	Segment Count	N10	Y	Total number of segments included in the transaction including the header and trailer segments.

Specifications for Zero Reporting

The Zero Report standard is a complete transaction and includes the field definitions required for submitting zero reporting data files. Transaction Headers and Trailer Segments are completed as they would be with a normal report.

In order to indicate a zero report, the following three ASAP data elements within the data files Detail Segment will be populated as follows:

- PAT07 (Last Name) = **“Report”**
- PAT08 (First Name) = **“Zero”**
- DSP05 (Date Filled) = Date of zero reporting

Submitting Corrections

The submitters/dispensers are responsible for checking the status of data submitted for any issues as indicated in the [Summary and Error Reporting](#).

In the event of a file rejection or error with any of the submitted dispensed data, the dispensing entity is responsible for correcting and resubmitting the data.

Once corrections have been applied, the dispensed data must be sent using the (DSP01 = 01) reporting status; (DSP01 = 00) must be used if the complete file is rejected.

The following key data elements must be the same as on the original reported data.

- **Pharmacy NPI (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**
- **Refill Number (DSP06)**

- **Partial Fill Number (DSP13)**

Submitting Revised Prescription Data

In the event that the original submitted data has changed, the dispensed data must be sent using the (DSP01 = 01) reporting status. For example, the dispenser needs to correct the prescription due to a typographical error in the original reported data.

The following key data elements must be the same as on the original reported data.

- **Pharmacy NPI (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**

Submit all the data elements including corrections on the revised prescription. The revised prescription will be added and the previously submitted record will be voided.

Please note that any changes to any of the key data elements listed above require that a voided record be submitted for the original reported data.

Submitting a Voided Prescription

In the event that the original submitted data has gone through a dispensing reversal or has been voided by the dispenser, the dispensed data must be sent using the (DSP01 = 02) reporting status.

The following key data elements must be the same as on the original reported data to

- **Pharmacy NPI (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**

Summary and Error Reporting

The summary and error report is a comma separated values (CSV) file. The header will provide a summary of the total records received, total records accepted, total records errored, total records with warnings and total records with duplicates. If the submitted report file could not be processed due to an error, the summary report will contain an error code and text.

The first 8 fields of the summary header will be populated accordingly using TH01 – TH07 & TH09 from the TH Transaction Header (See [TH – Transaction Header](#)) (*TH08 is not used*).

Header

Field Name	Size	Description
Version/Release Number	AN4	Code uniquely identifying the transaction. Value: 4.2

Transaction Control Number	AN40	Sender assigned code uniquely identifying a transaction. GUID is recommended
Transaction Type	N2	Identifies the purpose of initiating the transaction. Value: <ul style="list-style-type: none"> • 01 Send/Request Transaction
Response ID	AN40	Transaction Control Number of a transaction that initiated the transaction Required in response transaction.
Creation Date	DT8	Date the transaction was created. Format: CCYYMMDD
Creation Time	TM6	Time the transaction was created. Format: HHMMSS or HHMM
File Type	AN35	Code specifying the type of transaction. Value: <ul style="list-style-type: none"> • P = Production • T = Test Proper codes should only be sent in their respected environments.
Routing Number	AN10	Not Used
Segment Terminator Character	AN1	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction%%

Summary

Field Name	Size	Description
Records Received	N12	Total number of prescription records (DSP Dispensing record) reported to the PMP. Does not include non-DSP record types.
Records Accepted	N12	The number of DSP records that do not need to be resubmitted. Therefore, the equation of Records Received- Records Accepted = Records to be Resubmitted.
Total Errors	N12	Total number of DSP records that did not meet the initial success criteria.
Total Warnings	N12	Total number of DSP records that partially meet the PMP's success criteria. The prescription will be added to the PMP database unless the number of warnings exceeds a PMP's threshold, whereby the entire batch of reported prescriptions is rejected and not added to the PMP database.
Total Duplicates	N12	Total number of DSP records that match a previously processed DSP record. Duplicates are not added to the PMP database since they were previously reported. It is up to the pharmacy to review these records to determine the specific causes or whether they need to be modified and resubmitted.

Detail

Field Name	Size	Description
Pharmacy ID Qualifier	AN5	Pharmacy ID Qualifier. Value: <ul style="list-style-type: none"> • PHA01 – NPI • PHA02 – NCPDP/NABP • PHA03 – DEA
Pharmacy ID	AN10	Value related to the pharmacy ID qualifier
Prescription Number	AN25	As described by data element DSP02 in the ASAP standard
Date Filled	DT8	As described by data element DSP05 in the ASAP standard
Field Code	AN5	This will reference the specific field that triggered an exception
Field Description	AN60	Description of the field code

Processing Status	AN02	Value: <ul style="list-style-type: none"> • E – Error, rejected by PMP • W – Warning, accepted by PMP (subject to threshold) • D – Duplicate
Value Provided	AN100	Value of field, indicated by the Field Code, submitted by pharmacy provider that did not meet the success criteria
Comment	AN300	Additional information

- The summary report is sent to the Submitter through email communication.
- For an alphanumeric field with embedded commas or for an alphanumeric field that consists entirely of numerals (for example a ZIP code where a leading zero would not be dropped), the field will be enclosed in double quotes.

SFTP User Instructions

The Administrative Portal allows the uploaders, registered by NeHII, to create an SFTP profile that will be used to report the controlled substance prescriptions written in the State of Nebraska.

URLs

Email sender will be marked as no-reply@drfirst.com
Web portal = <https://medhx.drfirst.com/#/>
SFTP main URL = sftp01.drfirst.com

Account Creation

A SFTP user account will be created per the SFTP Uploader Form provided by dispensers and prescribers sent to NeHII. The appropriate account information needs to be provided to the NeHII Administrators for a successful registration. Please note that when the registration is complete the following unique identifiers will be added to the profile for uploading the prescription report.

- SFTP USERNAME:
- SFTP FOLDER PATH:
- SFTP HOST:
- SOURCE ID aka UNIQUE INFORMATION SOURCE ID (ISO1):
- SOURCE ENTITY NAME (ISO2):

SFTP User Registration Email:

Once the SFTP user account has been created a registration email will be sent to the unique email address provided in the SFTP Uploader Form. SFTP Users will need to follow the steps listed in the Registration Email in order to successfully setup the account.

Please note: the registration email link will expire in 24 hours for security purposes.

Subject Line: Welcome to Nebraska Prescription Drug Monitoring Program

Body:

Welcome *First Name Last Name*

This email contains information as it relates to your recent registration with Nebraska Prescription Drug Monitoring Program.

Your assigned username is *username*

Please follow the directions outlined here:

1. In order to complete your registration process, please click on this link (*expires in 24 hours*)
2. Enter in new password
3. Confirm new password
4. Click on Reset Password
5. Click on Back to Login
6. Log into the portal
7. Create SFTP password for your account by selecting SFTP Edit Password
8. Once the password is created, navigate to your SFTP profile

If you have any further questions, please contact us at PDMP@nehii.org or 1.866.978.1799

If above link has expired, please navigate to **Main MedHx URL** and click on Forgot Username

Account Activation Link

When the registration email has been received please note the Username and click the link in the email, the SFTP User will automatically be routed to the Administrative Portal, for activation completion using the following steps:

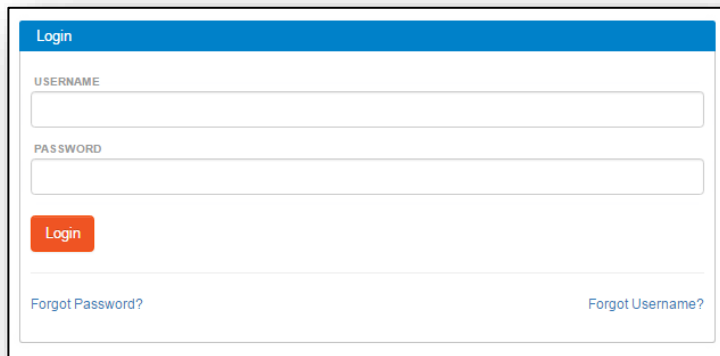
Create a new password and click **Reset Password** to confirm.

After the password has been reset successfully click the **Back to Login** link to login with the new credentials.

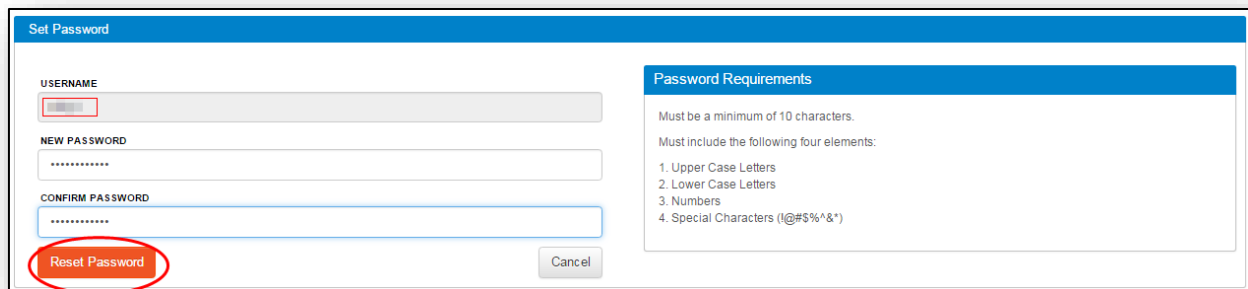


The screenshot shows a web interface titled "Set Password". At the top, there is a blue header bar with the text "Set Password". Below the header, a green message states "Password Reset Successfully". At the bottom of the page, there is a blue button labeled "Back to Login", which is circled in red.

At the login screen enter Username and new password for access to the Administrative Portal.



The screenshot shows a web interface titled "Login". It features a blue header bar with the text "Login". Below the header, there are two input fields: "USERNAME" and "PASSWORD". Below the "PASSWORD" field is an orange button labeled "Login". At the bottom of the page, there are two links: "Forgot Password?" and "Forgot Username?".



The screenshot shows a web interface titled "Set Password". It features a blue header bar with the text "Set Password". Below the header, there are three input fields: "USERNAME", "NEW PASSWORD", and "CONFIRM PASSWORD". Below the "CONFIRM PASSWORD" field is a blue button labeled "Reset Password", which is circled in red. To the right of the input fields is a box titled "Password Requirements" with the following text: "Must be a minimum of 10 characters. Must include the following four elements: 1. Upper Case Letters, 2. Lower Case Letters, 3. Numbers, 4. Special Characters (!@#\$%^&*)". Below the "Reset Password" button is a grey button labeled "Cancel".

Edit SFTP Password

To edit a current SFTP password, login in with the User Profile associated with the SFTP account and select the My SFTP tab.

Administrative Portal

My Profile My SFTP

SFTP Profile

SFTP USERNAME	bo95838411
SFTP FOLDER PATH	drfirst/nehii/bo95838411/medhx
SFTP HOST	sftp01.drfirst.com
SOURCE ID (IS01)	bo95838411
SOURCE ENTITY NAME (IS02)	BORCHERTEST

From the edit password screen enter the current Administrative Portal Login password and then enter and confirm the new desired SFTP Password.

Change SFTP Password

CURRENT LOGIN PASSWORD *

NEW SFTP PASSWORD *

CONFIRM SFTP PASSWORD *

Submit

Password Requirements

Must be a minimum of 10 characters.

Must include the following four elements:

1. Upper Case Letters
2. Lower Case Letters
3. Numbers
4. Special Characters (!@#\$\$%^&*)

SFTP Profile

By selecting the My SFTP tab, the SFTP Credentials needed for the file upload can be viewed.

Please note: the SFTP Profile is separate from the User Profile that is associated with the SFTP.

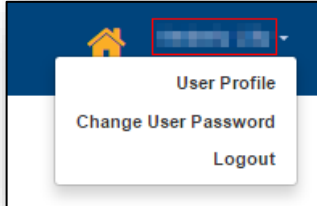
My Profile My SFTP

SFTP Profile

SFTP USERNAME	
SFTP FOLDER PATH	
SFTP HOST	
SOURCE ID (IS01)	
SOURCE ENTITY NAME (IS02)	

Change User Password

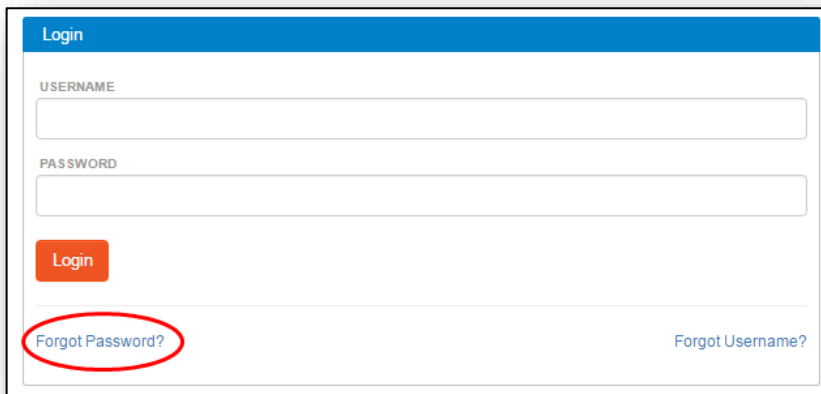
There is a 60-minute wait time if the users account becomes locked after three attempts with incorrect credentials. Access the right drop down menu under the users name and click **Change User Password**, enter the current password and the new password.



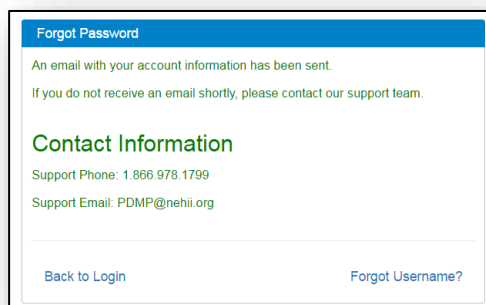
Forgot Password or Username

There is a 60-minute wait time if the users account becomes locked after three login attempts with incorrect credentials. If a password or username has been forgotten navigate to the NeHII Administrative Portal website and click on **Forgot Password?** or **Forgot Username?** to have an email sent with a reset password or username link.

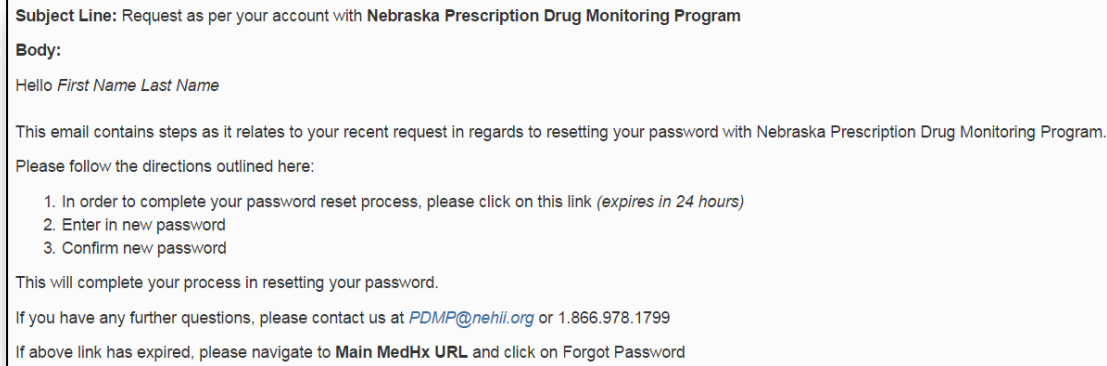
Please note: the password or username reset link *expires in 24 hours*. Screenshots below represent the **Forgot Password** process and the emails for both username and password resets.

A screenshot of the login page. The page has a blue header with the word "Login". Below the header are two input fields: "USERNAME" and "PASSWORD". Below the input fields is an orange "Login" button. At the bottom of the page, there are two links: "Forgot Password?" (circled in red) and "Forgot Username?".

Confirmation Screen

A screenshot of the "Forgot Password" confirmation screen. The page has a blue header with the text "Forgot Password". Below the header, there is a message: "An email with your account information has been sent. If you do not receive an email shortly, please contact our support team." Below the message is a section titled "Contact Information" with the following text: "Support Phone: 1.866.978.1799" and "Support Email: PDMP@nehii.org". At the bottom of the page, there are two links: "Back to Login" and "Forgot Username?".

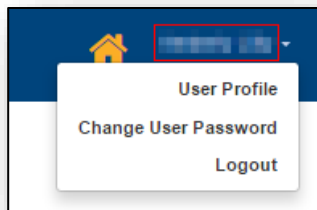
Email for Forgot Password and Forgot Username (SFTP)



View User Profile

The User Profile for the SFTP account can be viewed from the right drop down menu.

Please note: the SFTP Profile is separate from the User Profile that is associated with the SFTP.



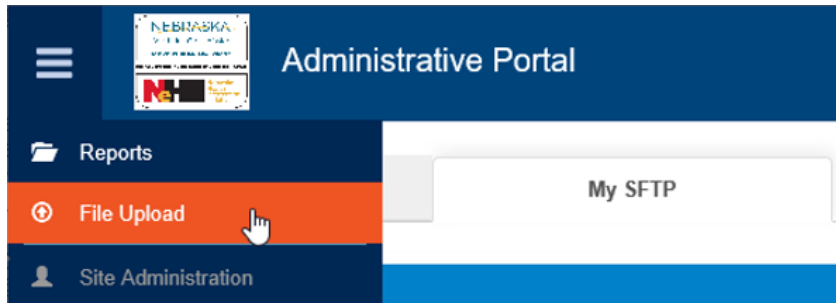
Error Reporting Email to SFTP User

When an error is encountered in the SFTP upload file an email will be generated to the SFTP User to correct the error and resubmit the file. This email will contain the path for the errored file in the SFTP.

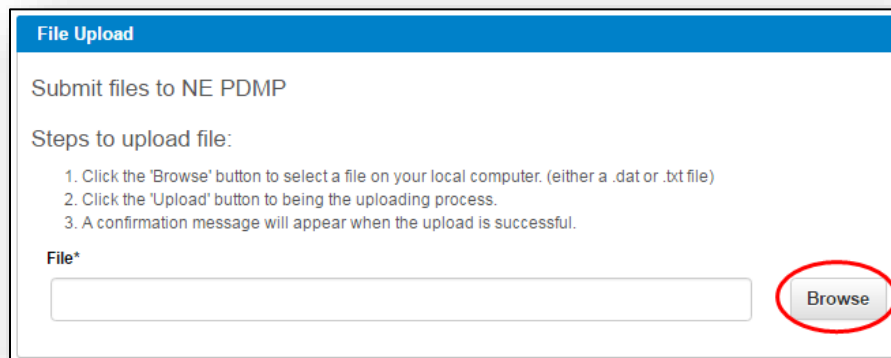


Manual File Upload

ASAP-formatted files may be uploaded manually through the Administrative Portal. Navigate to the left menu and choose **File Upload** from the menu.

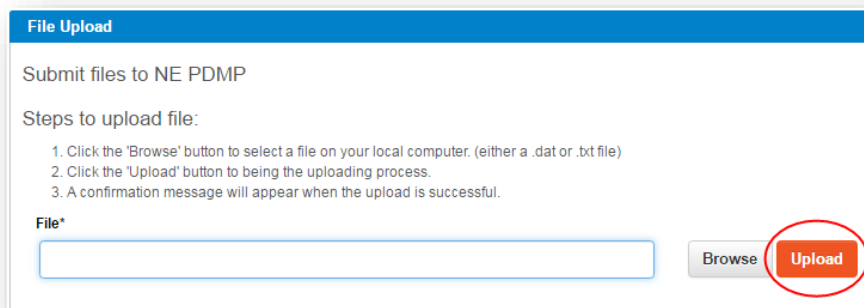


From the File Upload screen click **Browse** to locate the file to upload.



Locate and select the file to upload on the local PC.

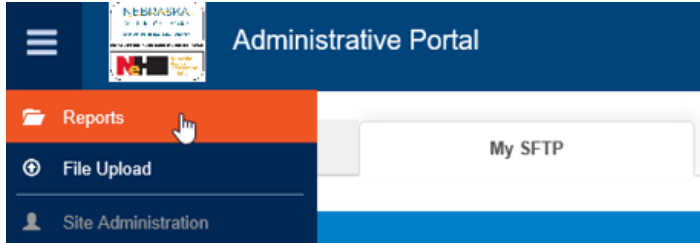
Select Upload



A message will display upon successful upload of the file.

Zero Reports

SFTP users can manually enter zero reports through the Administrative Console. Navigate to the left menu and choose **Reports** from the menu.



From the Zero Reports screen enter in the detailed information, required fields are indicated with and * and are as follows:

- **Dispenser Name**
- **Dispenser NPI**
- **Address Line 1**
- **City**
- **State**
- **Zip Code**
- **Start Date**
- **Stop Date**

The image shows a "Zero Report Submission" form. The form is divided into three main sections: "Dispenser", "Report Contact", and "Report Dates". The "Dispenser" section includes fields for "DISPENSER NAME*", "DISPENSER NPI*", and "DEA". The "Report Contact" section includes fields for "CONTACT NAME", "CHAIN SITE ID", "ADDRESS LINE 1*", "ADDRESS LINE 2", "CITY*", "STATE" (a dropdown menu currently showing "Nebraska"), and "ZIP CODE*". The "Report Dates" section includes fields for "START DATE*" and "STOP DATE*", both with date pickers, and a "RANGE SELECTED" dropdown menu currently showing "None". Red error messages are visible below several fields, indicating that they are required. At the bottom left of the form are "Submit" and "Cancel" buttons.

After the required fields are entered, select Submit.

A notification will display near the top of screen indicating that the Zero Report has been successfully created.



Manual Prescription Entry Upload User Instructions

Subject Line: Welcome to Nebraska Prescription Drug Monitoring Program

Body:

Welcome *\$(firstName)* *\$(lastName)*,

This email contains information as it relates to your recent registration with Nebraska Prescription Drug Monitoring Program.

Your assigned username is *\$(username)*

Please follow the directions outlined here:

1. In order to complete your registration process, please click on this [link](#) (*expires in 24 hours*)
2. Enter in new password
3. Confirm new password
4. Click on Reset Password
5. Your password is set and you are ready to login

If you have any further questions, please contact us at PDMP@nehii.org or 1.866.978.1799

If above link has expired, please navigate to [Main MedHx URL](#) and click on Forgot Password

The Administrative Portal allows the manual submitters, registered by NeHII, to create a manual prescription entry record that will be used to report the controlled substance prescriptions issued in the State of Nebraska. The manual prescription entry is different from a manual file upload, which is used to send an ASAP-formatted electronic file through a secured FTP site.

URLs

Email sender will be marked as no-reply@drfirst.com
Web portal = <https://medhx.drfirst.com/#/>

Account Creation

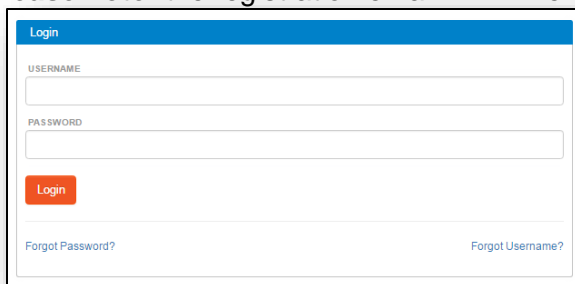
A Manual Submitter user account will be created per the Dispenser Uploader Access Request Form provided by dispensers (e.g., pharmacies) sent to NeHII. The appropriate account information needs to be provided to the NeHII Administrators for a successful registration.

Please note: a manual submitter will not be attached to an SFTP Uploader account.

Manual Submitter Registration Email

Once the Manual Submitter account has been created a registration email will be sent to the unique email address provided in the Dispenser Uploader Access Request Form. Manual submitters will need to follow the steps listed in the Registration Email in order to successfully setup the account.

Please note: the registration email link will expire in 24 hours for security purposes.

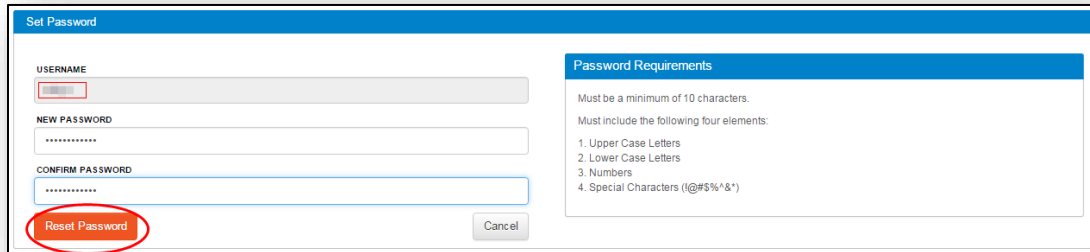


The screenshot shows a login interface with a blue header labeled 'Login'. Below the header are two input fields: 'USERNAME' and 'PASSWORD'. A red 'Login' button is positioned below the password field. At the bottom of the form, there are two links: 'Forgot Password?' on the left and 'Forgot Username?' on the right.

Account Activation Link

When the registration email has been received, please note the **username** and click the link in the email within 24 hours. The Manual Submitter will automatically be routed to the following URL <https://medhx.dfirst.com/#/> in order to complete the registration process.

Create a new password and click **Reset Password** to confirm.



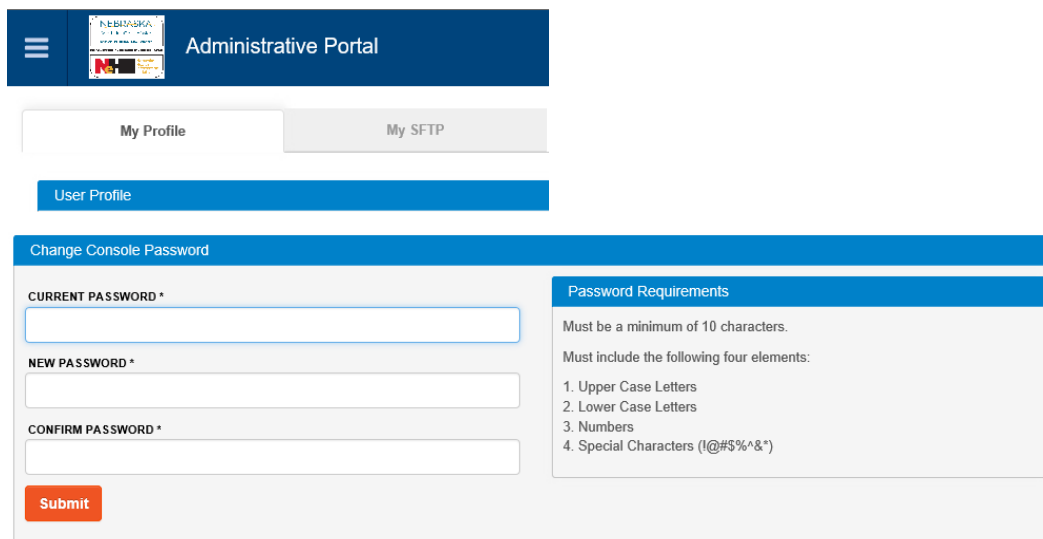
After the password has been successfully reset, click the **Back to Login** link to login with the new credentials.



At the login screen enter username and new password and click **login** for access to the Administrative Portal.

Change User Password

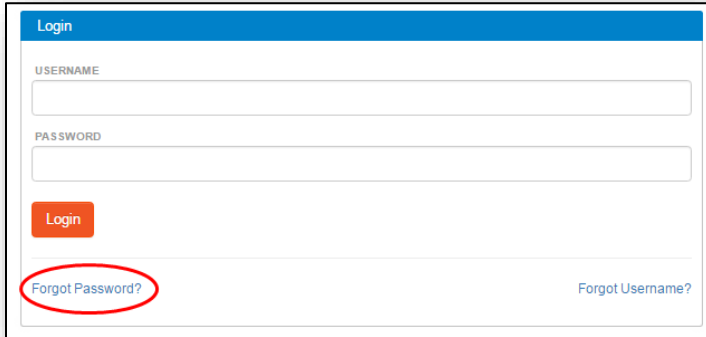
On the My Profile tab, enter the current password and then enter and confirm the new password then click submit to accept changes.



Forgot Password or Username

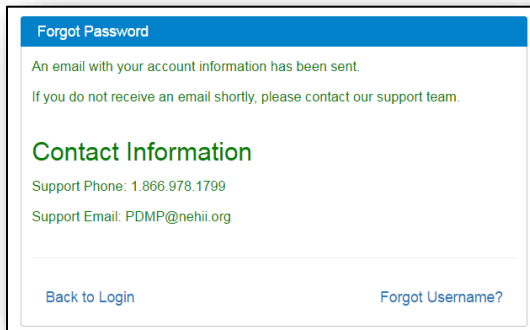
There is a 60-minute wait time when the user account becomes locked after three login attempts with incorrect credentials. If a password or username has been forgotten navigate to the NeHII Administrative Portal website and click on **Forgot Password?** or **Forgot Username?** to have an email sent with a reset password or username link.

Please note: the password or username reset link *expires in 24 hours*. Screenshots below represent the **Forgot Password** process and the emails for both username and password resets.



The screenshot shows a login form with a blue header labeled "Login". Below the header are two input fields: "USERNAME" and "PASSWORD". A red "Login" button is positioned below the password field. At the bottom left, the link "Forgot Password?" is circled in red. At the bottom right, the link "Forgot Username?" is visible.

Confirmation screen will display



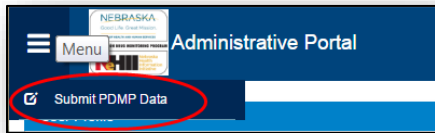
The screenshot shows a confirmation screen with a blue header labeled "Forgot Password". The main content area contains the following text: "An email with your account information has been sent." followed by "If you do not receive an email shortly, please contact our support team." Below this is a section titled "Contact Information" in green, which lists "Support Phone: 1.866.978.1799" and "Support Email: PDMP@nehii.org". At the bottom left is a "Back to Login" link, and at the bottom right is a "Forgot Username?" link.

User Profile

The User Profile for the Manual Submitter account can be viewed from the right drop down menu.

Manual Prescription Entry

Upon logging in, a user profile page will display. From the left menu select **Submit PDMP Data** to start the manual prescription entry process. Please note the patient information, dispensing record information, prescriber information, and any additional information wanted to be noted in the upload will need to be available prior to starting the manual entry process.



Please note: The **Expand All** and **Collapse All** buttons within the **Submit PDMP Data** section are only relevant to *completed* sections within the manual entry process on the right-hand side of the screen. This will allow the user to review the completed sections prior to submitting the prescription.



Patient Information

The Patient Information section contains all the details regarding the patient demographics. All relevant patient information needs to be entered in this section before proceeding. **There are 8 mandatory fields required for human medications indicated by highlighting:**

1. Species
2. Date of Birth
3. First name
4. Last name
5. Address Line 1
6. City
7. Zip Code
8. State

A screenshot of the 'Patient Information' form. The form is divided into four sections: 'Patient Demographics', 'Patient Name', 'Patient Address', and 'Identity Verification'. The following fields are highlighted in yellow: 'SPECIES' (with radio buttons for Human and Non Human), 'DOB' (with a date mask 'mm/dd/yyyy'), 'FIRST NAME', 'LAST NAME', 'ADDRESS LINE 1', 'CITY', 'ZIP CODE', and 'STATE' (with a dropdown menu showing 'Nebraska'). Other fields include 'Gender' (with radio buttons for Male, Female, and Unknown), 'Phone', 'Patient Location', 'Prefix', 'Middle Name', 'Suffix', 'Address Line 2', 'ID Type', 'Issued By', 'ID #', and 'Country' (with a dropdown menu showing 'United States of America'). A 'Continue' button is located at the bottom left of the form.

There are 7 mandatory fields required for animal medications indicated by highlighting:

1. Species
2. Owner First name
3. Owner Last name
4. Address Line 1
5. City
6. Zip Code
7. State

The screenshot shows a form titled "Patient/Owner Information" with a blue header and a green checkmark in the top right corner. The form is divided into four main sections: "Patient Demographics", "Owner Name", "Owner Address", and "Identity Verification".

- Patient Demographics:** Includes fields for "SPECIES" (Human, Non Human), "Name of Animal", "Owner Gender" (Male, Female, Unknown), "Owner Phone", and "Owner DOB" (mm/dd/yyyy).
- Owner Name:** Includes fields for "Prefix", "FIRST NAME", "Middle Name", "LAST NAME", and "Suffix".
- Owner Address:** Includes fields for "ADDRESS LINE 1", "Address Line 2", "CITY", "ZIP CODE", "STATE" (Nebraska), and "Country" (United States of America).
- Identity Verification:** Includes fields for "ID Type", "Issued By", and "ID #".

Seven fields are highlighted in yellow: "SPECIES", "FIRST NAME", "LAST NAME", "ADDRESS LINE 1", "CITY", "ZIP CODE", and "STATE". A "Continue" button is located at the bottom left of the form.

Dispensing Records

The Dispensing Record section contains all the details regarding the prescription, medication, and payment information. **There are 12 mandatory fields required for completion, indicated by highlighting:**

1. Reporting Status (New Record, Revised, Void)
2. Prescription #
3. Product Type (NDC, Compound)
4. Product ID
 - a. **Please enter the NDC in the 11-digit 5-4-2 format without dashes.**
 - b. A zero may need to be added to the number in the appropriate segment to satisfy the requirements.
 - c. **Examples:**
 - i. If the package NDC is 1234-5678-91, a zero should be added to the first segment and entered as 01234567891
 - ii. If the NDC on the package is 12345-678-91, a zero should be added to the second segment and entered as 12345067891
 - iii. If the NDC on the package is 12345-6789-1, a zero should be added to the third segment and entered as 12345678901
5. Refills Authorized
6. Refill # (**0 indicates original dispensing, 01-99 is the refill number**)
7. Quantity
8. Dose Unit Code (Each, Milliliters, Grams)
9. Days Supply
10. Date Written
11. Date Filled
12. Payment Type

Prescriber Information

The Prescriber Information section contains all the details regarding the Prescriber. **There are 3 mandatory fields required for a Physician prescriber (for human patient), indicated by highlighting:**

1. NPI
2. First Name
3. Last Name

There are 3 mandatory fields required for a Veterinarian prescriber (for animal patient), indicated by highlighting:

1. DEA
2. First Name
3. Last Name

Additional Information

The Additional Information section is not mandatory to submit the manual entry. This page contains information regarding the State Issue Serialized Rx pad, Rx pad Pharmacist, and Drop Off / Pickup Person details.

When all required information is properly entered, checkmarks will appear on the right side of each line. Click Submit to send the information to the PDMP.

A message will display above the prescription entry portal stating, “Record successfully submitted”. Additional prescriptions can now be entered in the same manner as above.

Frequently Asked Questions

What if the uploaded file errors out?

If an uploaded file errors out please verify the file naming convention follows the specified standards as listed in the [File Naming Convention](#) section of this document.

What drugs must be reported?

In 2017 all Schedule II-V dispensed medications must be reported. Starting in 2018, all dispensed medications must be reported.

Veterinarian Reporters only need to report all controlled Schedule II-V controlled substance prescriptions dispensed from their clinic to a client.

How often should I submit data?

Dispensers are required to reported eligible prescriptions within one (1) calendar day of dispensing.

How are compounded prescriptions to be recorded?

In 2017, dispensed [compounded prescriptions](#) containing a controlled substance must be reported. Starting in 2018, all dispensed compounded prescriptions must be reported.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?

Extensions are not granted. Each prescription must be submitted and accepted no later than one (1) calendar day after being dispensed. In circumstances of natural disaster or other unforeseen extraordinary emergency circumstances, please contact the program administrator.

Due to unforeseen problems, I have not been able to submit for more than one day. Can I send all of my overdue data in one file?

Yes, use IS03 to indicate the submission period date range of the file transmitted. Use the layout #CCYYMMDD#-#CCYYMMDD#.

For example, a pharmacy may be submitting records for the reporting period of March 1, 2017 through March 3, 2017. The full submission period date range would be reported in IS03 as #20170301#-#20170303#

What should I do if I believe I am exempt from reporting?

Please see the section entitled "[Dispensing Event Exemptions](#)".

I do not work with a software vendor; how should I report the dispensed medication?

If you do not work with a software vendor, you will need to manually enter the dispensed medication using the web entry portal.

I accidentally submitted incorrect information. Can I delete a record/entry?

Reported data can be updated or voided. If the original medication was reported via the SFTP method, you must submit the report with the appropriate reporting status of [Revise](#) or [Void](#).

How do I fix a "duplicate" error?

Any duplicate errors reported require no action on the part of the pharmacy or dispenser.

Should a suffix be included in the Last Name Field?

No. It must be populated within the Patient's Suffix field.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

If a patient resides outside the U.S, enter all zeros in the zip code field '00000'.

Appendix A - List of Jurisdictions

Code	Description
AB	PROVINCE OF ALBERTA
BC	BRITISH COLUMBIA
MB	PROVINCE OF MANITOBA
NB	NEW BRUNSWICK
NF	NEWFOUNDLAND
NL	NEWFOUNDLAND AND LABRADOR
NS	NOVA SCOTIA
NT	NORTHWEST TERRITORIES
ON	PROVINCE OF ONTARIO
PE	PRINCE EDWARD ISLAND
QC	PROVINCE OF QUEBEC
SK	PROVINCE OF SASKATCHEWAN
YT	YUKON TERRITORIES
CN	CANADA
MX	MEXICO
US	UNITED STATES
AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND

ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
AS	AMERICAN SAMOA
FM	MICRONESIA
GU	GUAM
MP	MARIANAS ISLANDS
PR	PUERTO RICO
PW	PALAU
UM	MINOR ISLANDS
VI	VIRGIN ISLANDS
99	OTHER

Appendix B – Sample Files

Sample of Dispense Reporting – *Parsed to be legible:*

TH*4.2*3c72d952-9f89-4f42-a059-3e5d5e73476c*01**20161001*031535*T**~
IS*DF001*NeHII Test*~
PHA*9876543210*9876543*FA9999999*NeHII Test Pharmacy*987654321 Any Street**Any City*NE*98765*9999876543*9876543~
PAT**06*N9999999*NE***Patient*Test****987654 N Test Avenue**Test City*NE*98765*1111111111*19850315*M*01***~
DSP*01*98765432100100001*20161001*12*20161001*0*01*12345678901*30*30*01*05****01*****~
PRE*1234567890*AS1234567***Prescriber*Test**8001234567~
TP*5~
TT*3c72d952-9f89-4f42-a059-3e5d5e73476c*8~

Sample of Zero-Reporting – *Parsed to be legible:*

TH*4.2*2b72d952-9f89-4f42-a059-3e5d5e73476c*01**20161001*031535*T**~
IS*DF001*NeHII Test*#20161001#-#20161001#~
PHA*9876543210*9876543*FA9999999*NeHII Test Pharmacy *987654321 Any Street**Any City*NE*98765*9999876543*9876543~
PAT*****Report*Zero*****~
DSP*****20161001*****~
PRE**~
TP*5~
TT*2b72d952-9f89-4f42-a059-3e5d5e73476c*8~