



Illinois Data Submitter's Guide



Illinois RxSubmit



January 2023

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1 Document Overview

1.1 Purpose and Contents

The *Illinois Data Submitter's Guide* serves as a step-by-step manual for all data submitters registered with Illinois RxSubmit. This document has information on how to use the application and the tasks a data submitter can perform. This includes topics such as:

- Submitted Dispensations
- Data Uploading Methods:
 - Configuring an sFTP account
 - Using the Illinois RxSubmit web portal to upload a file
 - Using the UCF (Universal Claim Forms) or Manual Form Entry
 - Submitting a Zero report
- File Upload History
- Organization Management
- Export Reports

1.2 Reporting Requirements

- The Illinois Prescription Monitoring Program (ILPMP) is an electronic tool that collects information on controlled substance prescriptions (schedules II-V) and selected drugs of interest. This data is reported **daily** by pharmacies dispensing in the State of Illinois and by any other data submitters that dispense medications to a resident of Illinois.
 - Drugs of interest are:
 - Naltrexone
 - Naloxone
 - Butalbital/Acetaminophen/Caffeine
 - Muscle Relaxants such as Dantrolene, Carisoprodol, Chlorzoxazone, Methocarbamol, Tizanidine, Cyclobenzaprine, Metaxalone, Baclofen, Orphenadrine
 - Gabapentin
- The ILPMP is authorized by the Illinois Controlled Substances Act (720 ILCS 570/316) and strictly adheres to HIPAA and all access, disclosure, and confidentiality provisions of Illinois Law.
- Zero Reports are required daily when no medications have been dispensed.

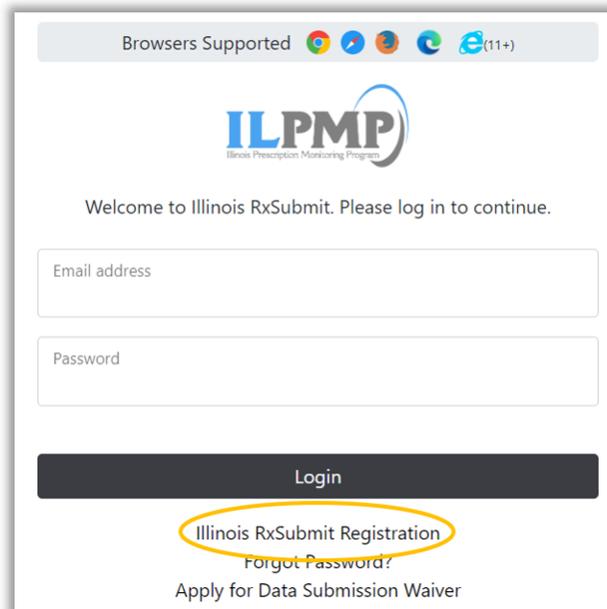
Accessing Illinois RxSubmit

2.1 Synopsis

This section provides guidance on the steps to register an account as a data submitter for Illinois RxSubmit, log in, and retrieve a forgotten password.

2.2 Registering a Data Submitter

- A data submitter is a user who collects the prescription data and uploads or submits prescriptions on behalf of either a dispensing practitioner or a pharmacy.
 - A data submitter can register either as:
 1. Data Submitter as a Dispensing Practitioner
 2. Data Submitter submitting data on behalf of a Pharmacy
- The registration process for both categories is the same.
- Open an internet browser and go to: <https://rxsubmit-il.logicoy.com>
- The following window will be displayed:



- Click “**Illinois RxSubmit Registration**” below the Login button.

Illinois RxSubmit Registration



Create Login Credentials
Registration Tracking Id: 000039

Primary Email Address *

Secondary Email Address

Password *

Confirm Password *

- Fill in the required registration information with the asterisk (*) notation.
- Passwords must meet specific criteria:

Password *

Password must meet the following requirements:

- Minimum of 8 characters
- ✓ Contain one upper case letter
- ✓ Contain one lower case letter
- ✓ Contain at least one number
- ✓ Contain one special character (! @ # \$ etc.)
- ✓ Maximum of 72 characters

- Select the user role from the drop-down provided.
- The user roles are:
 1. Data Submitter on behalf of Dispensing Practitioner- may be the practitioner or a delegate.
 2. Data Submitter on behalf of Pharmacy- may be the pharmacist or a technician.

Verify Role

Category *

Role *

Basic Information

Select the user role

Submitter On Behalf Of Dispensing Practitioner

Submitter On Behalf Of Pharmacy

- Complete the required information with the asterisk (*) notation.

Basic Information

First Name * Middle Name Last Name *

Gender
Select gender

Date Of Birth *
06/03/2022

Cell Phone Number
US, (+1) verify

Password recovery requires a cell phone that receives text messages.

Address *

State * City * ZIP Code *

Select a state Select a city

Country
US

Note: Adding and verifying your cell phone number will help retrieve your password if it is forgotten later. If you would like to provide your cell phone number, type it in the text field provided and click “Verify”.

Verify Phone number

Enter verification code to validate phone number *

(57s)Resend

A verification code has been sent to your phone, code is valid for 3 hours.

Skip And Register Verify

- You will receive a verification code with your cell number.
- Enter the verification code and click “Verify”.
- If the verification code is successful, you will receive a success message. Click “OK”.

Your phone number was successfully validated.
Thank you!

OK

- If the verification code was not successful, please contact the LogiCoy support team by calling (217) 885-2494 or emailing at ilpmp@logicoy.com

Employer Information

My employer address is the same address I entered above.

Employer Name * Employer Phone Number

Employer Address

Employer State Employer City Employer ZIP Code

Employer License Number (if applicable)

Employer DEA (if applicable)

Employer NPI (if applicable)

* I attest that the information I provided is my own and is true and accurate to the best of my knowledge.

LIVE SUPPORT CENTER

- The Employer Information section allows data submitters to identify which pharmacy or dispensary they are submitting data on behalf of. This can also be used to identify other users with the same employer for linkage in Illinois RxSubmit.
- Please make sure the Employer's name is spelled correctly.
- Once the form is complete, click “**Submit**”.

* I attest that the information I provided is my own and is true and accurate to the best of my knowledge.

Submit

- The status of the registration is shown next.

Illinois RxSubmit Registration

Your registration is successful and you are approved to access Illinois RxSubmit application.

Ok

- You will receive an email with the registration status from Illinois RxSubmit.

To testaccount
From ilpmp@logicoy.com
Sending 23.249.210.14
IP
Received 2022-05-30 18:41:35

 Delete

[HTML](#) [JSON](#) [RAW](#) [LINKS](#) [ATTACHMENTS](#)

Dear Victor Creel,

Congratulations!
Your registration with Illinois Prescription Monitoring Program (ILPMP) was successful. You may now access the PDMP portal.

Your username and link to access your account are provided below:

Username: testaccount@mailinator.com
PDMP Application URL/web address: <https://rxsubmit-il-test.logicoy.com/PDMPSystemApp/>

For technical support, please contact ilpmp@logicoy.com or call (217) 885-2494.

Kind Regards,
IL PMP

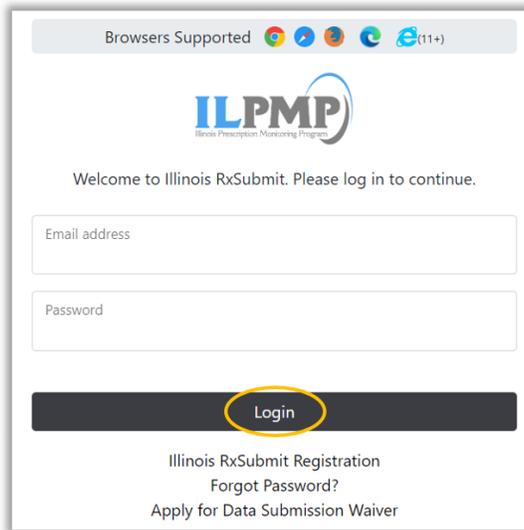
3 Logging into Illinois RxSubmit

3.1 Synopsis

This section provides guidance on logging into Illinois RxSubmit as well as how to reset a password.

3.2 Logging into Illinois RxSubmit with New Credentials

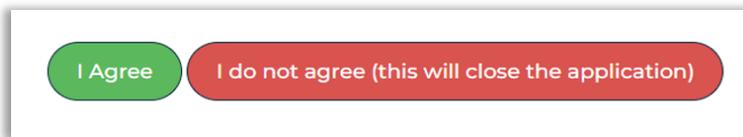
- For a user with new login credentials, the following steps need to be completed:
- Open an internet browser and navigate to: <https://rxsubmit-il.logicoy.com>
- The following window will be displayed.



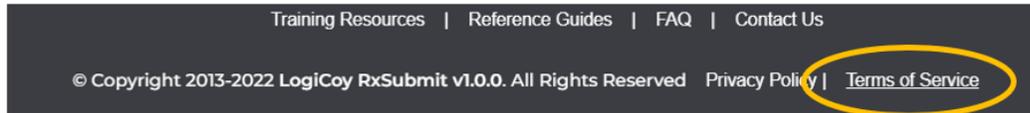
- Click "**Login**" after entering your username and password.

Note: If you have forgotten your Illinois RxSubmit password, see the [Forgot Password](#) topic in this document. Please note that after five (5) unsuccessful login attempts, the user account will be locked. The user must contact Illinois RxSubmit Support to unlock the account. Support can be reached by e-mail at ilpmp@logicoy.com or by phone at (217) 885-2494.

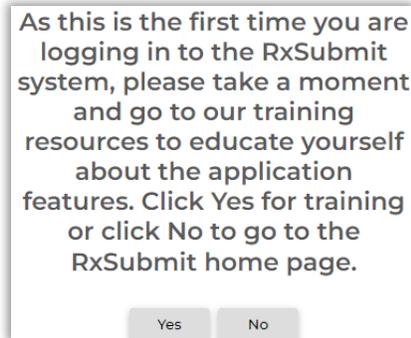
- When logging in for the first time, you will be asked if you agree to the terms and conditions of Illinois RxSubmit.



- The terms and conditions for use of Illinois RxSubmit can be found anytime at the bottom of the screen.

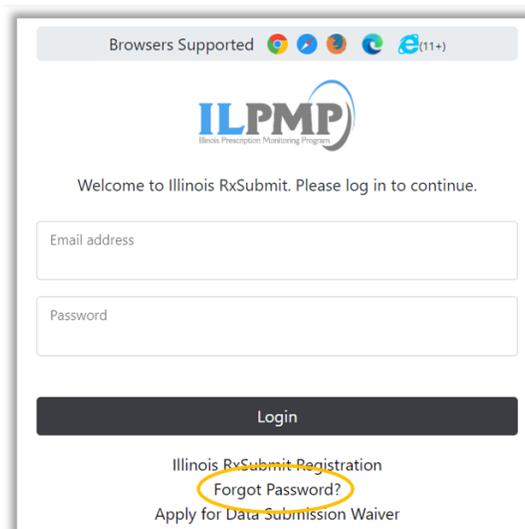


- Please click the green “**I Agree**” button. The Red “**I do not agree...**” button will terminate your session as a submitter.
- First-time users are shown a welcome message and encouraged to locate training material and go to the home page of Illinois RxSubmit.

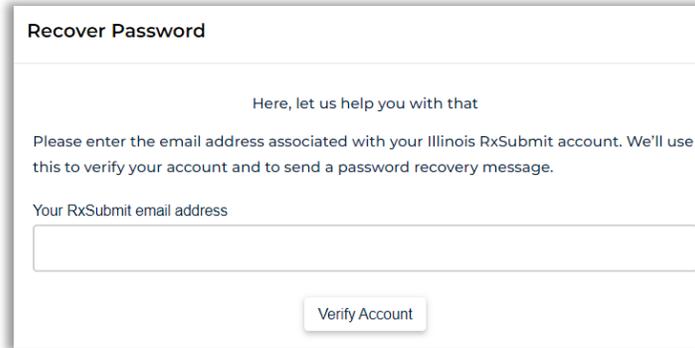


3.3 Forgot Password

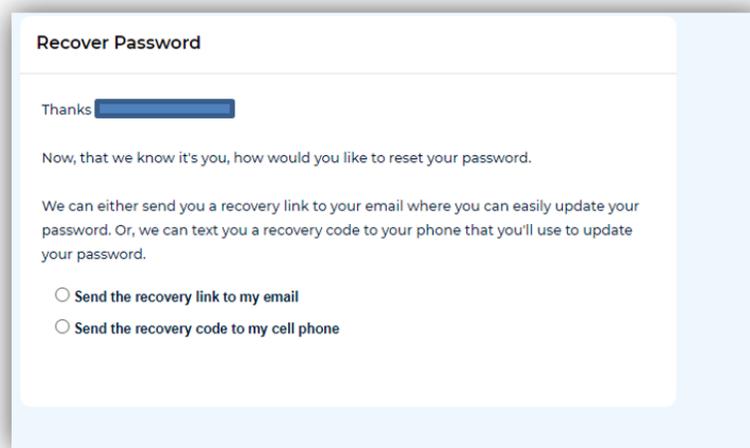
- If you have forgotten the password, it can be reset by clicking on the “**Forgot Password**” link as shown in the image below.



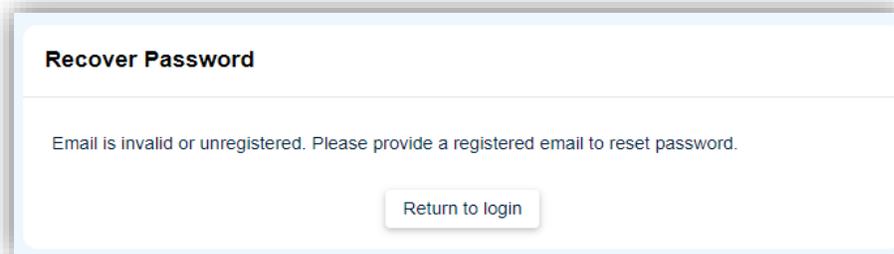
- Your Illinois RxSubmit email address will be required.



- Once the Illinois RxSubmit email address is entered, click “**Verify Account**”. The following message will appear:

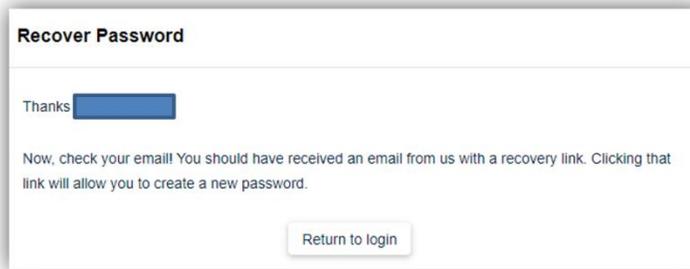


- Choose the option “**Send the recovery link to my email**” for an email message to reset the password.
- Choose the option “**Send the recovery code to my cell phone**” for a verification code to enter to reset the password.
- If an invalid email address is entered, the below message will display:

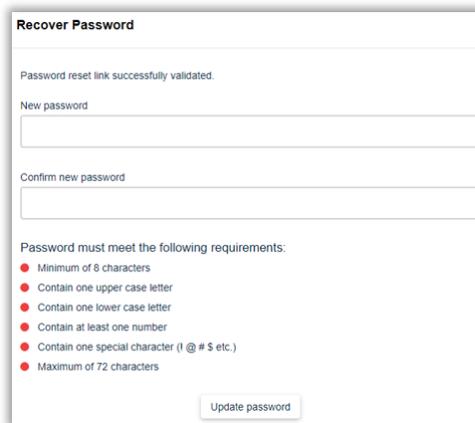
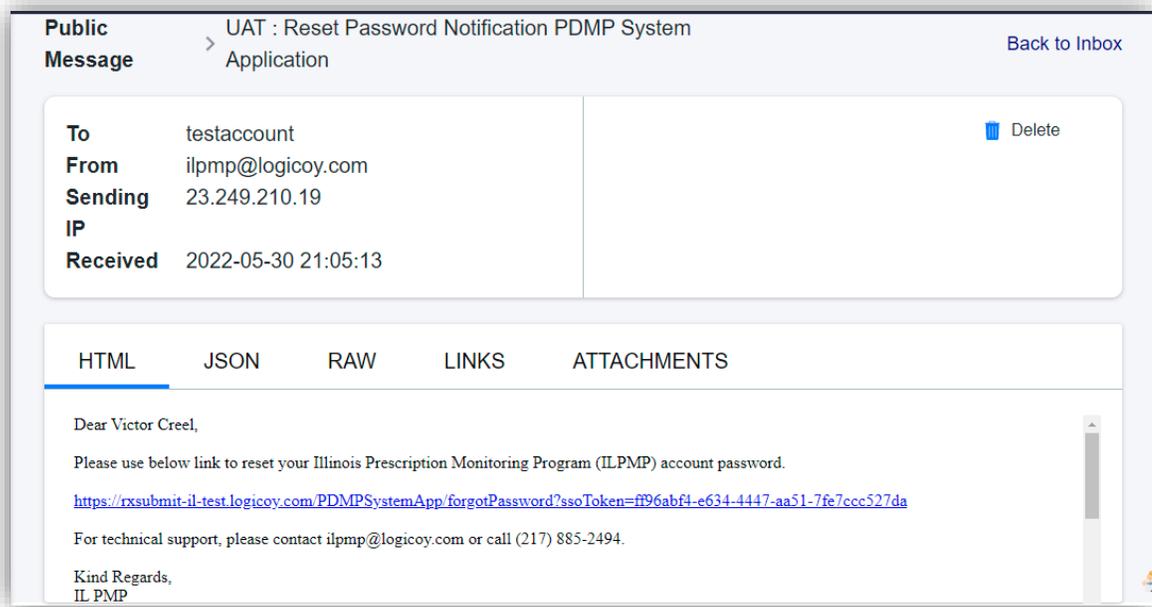


- Please note, the verification code feature is only available if you had your cell phone number verified upon registration.

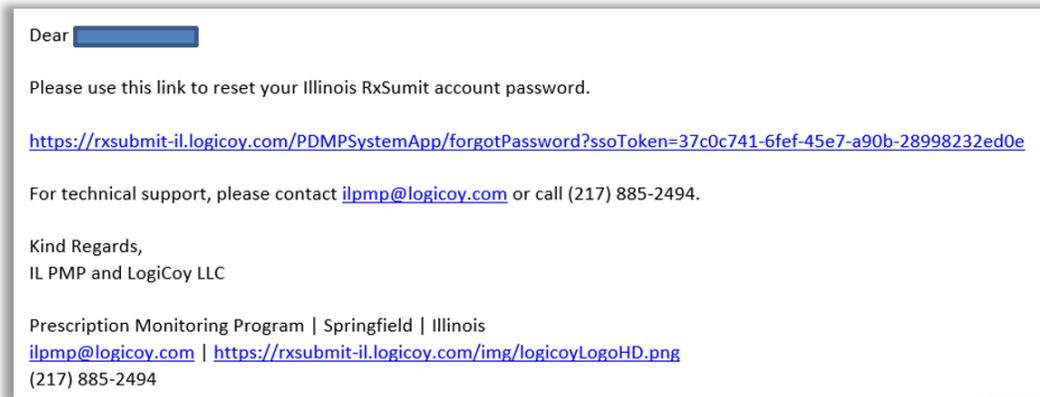
- If email is the preferred method, you will be notified by email with a link to your account.



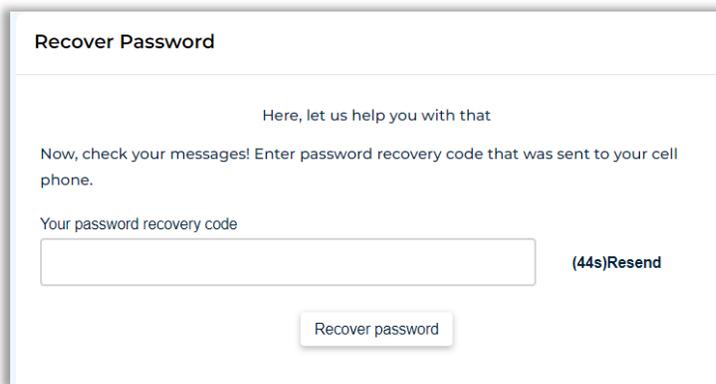
- The registered email address will receive a message that includes a link to reset the password. When you click the link, you will be re-directed to a page where the new password can be entered.



- After resetting the password, another email will be sent indicating that the password reset is successful.



- If phone is the preferred method, a verification code will be sent to your cell phone.



- Once the code is typed in, click the “**Recover password**” button.
- You will have the opportunity to enter a new password and then log in.

Disclaimer: The Illinois RxSubmit Password must be changed every six months.

4 File Submissions

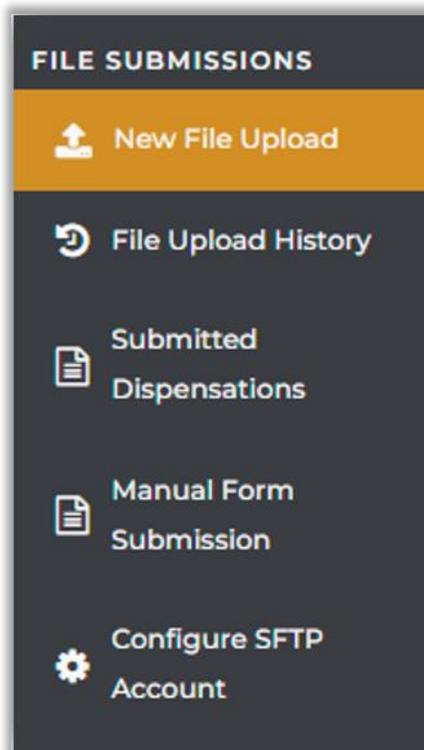
4.1 Synopsis

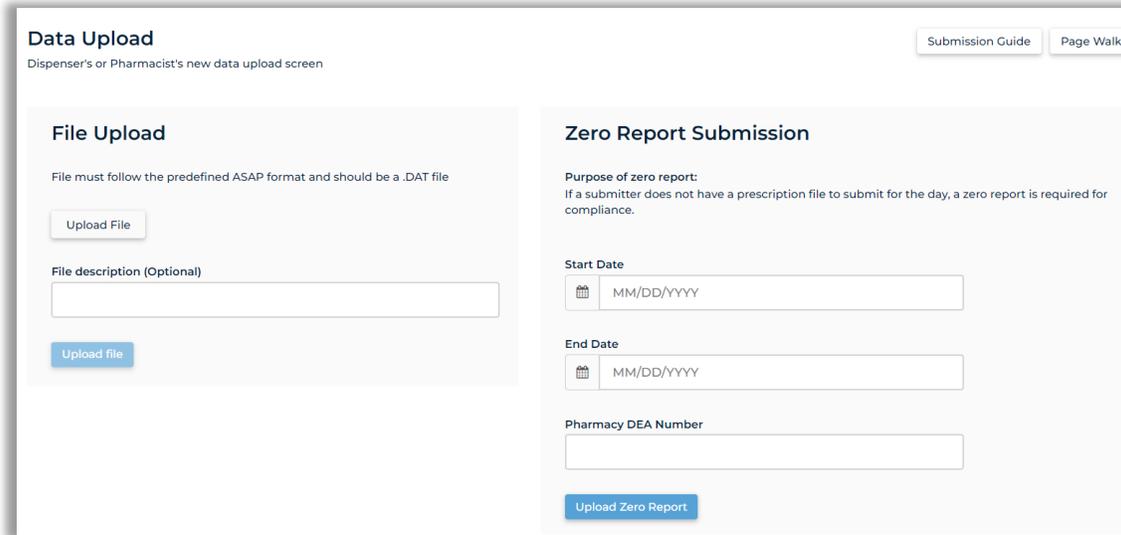
This chapter will explain the various methods to upload a prescription dispensation file, view the file upload history, view vendor uploads, view submitted dispensations, and configure the SFTP account.

This section is common for both types of Data Submitters.

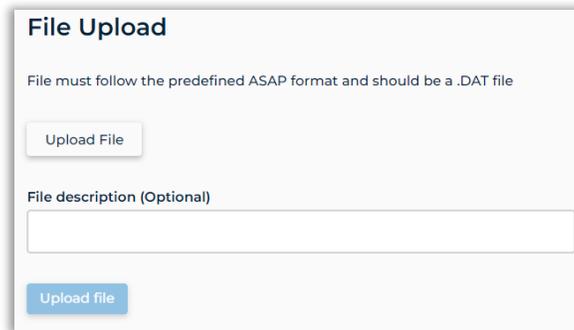
4.2 New File Upload

- “**New File Upload**” allows you to upload prescription data using Illinois RxSubmit.
- You can also upload zero reports with this tab.
- Navigate to the dashboard where you choose the "**New File Upload**" option beneath "**File Submissions**".





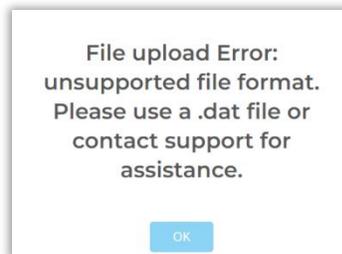
- Choose the file from your computer by clicking " **Choose File** ".
- The file must follow **ASAP** standards and must have a **.dat** extension.



- Click "**Upload File**" to upload the file into Illinois RxSubmit.
- The status of the file can be viewed. In the example below, the file was processed successfully.



- If the file was not processed successfully, an error message will appear:



- The “**Zero Report Upload**” can be done on the same page as that of the “**New File Upload**”.

Zero Report Submission

Purpose of zero report:
If a submitter does not have a prescription file to submit for the day, a zero report is required for compliance.

Start Date

End Date

Pharmacy DEA Number

- Enter the date needed for the Zero Report along with the pharmacy's DEA number.
- Click “**Upload Zero Report**” after all details have been entered.
- A pop-up will appear for attestation.



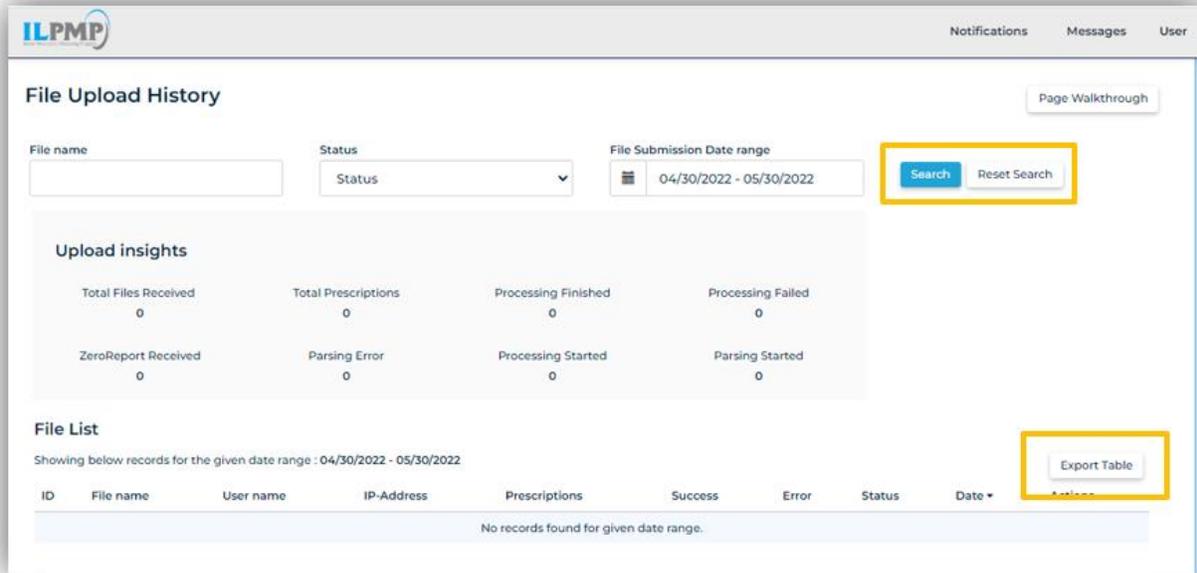
I attest that no prescriptions were filled during the reporting time period.

- Click “**Yes**” to submit the zero report; this is confirmed in the confirmation message.

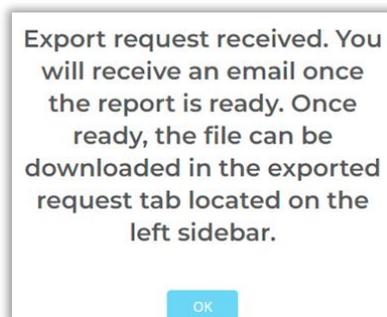
✔ Zero report submitted successfully.

4.3 File Upload History

- The File Upload History section allows you to view the history of the files processed within Illinois RxSubmit.

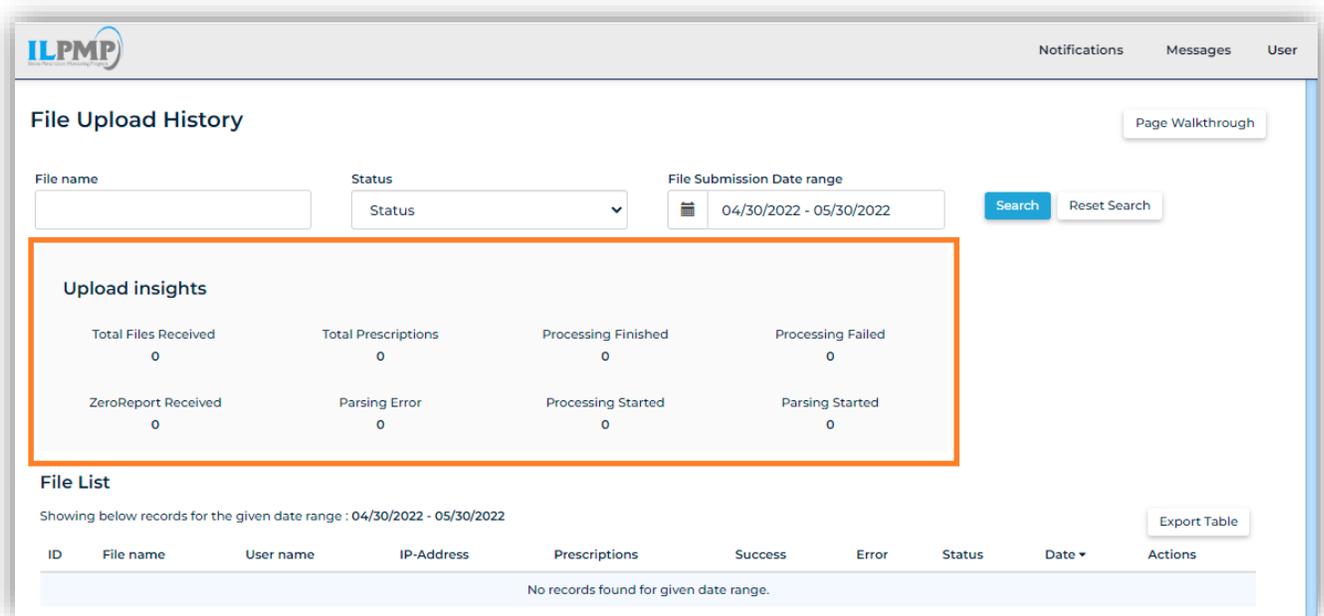


- Search parameters such as File Name, Status, and File Submission Date Range are on the page.
- Status options include files with errors, successful files, or files still in process.
- The date range can be altered.
- After entering the required data, click **“Search”**.
- The requested information will populate under the File List.
- The search can be cleared by clicking **“Reset Search”**.
- The data can be exported by clicking **“Export Table”**.
- The report will be generated and available in the **“Exported Reports”** tab on the left sidebar. This message will pop up for Exported Reports:

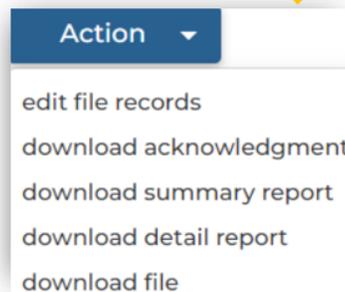
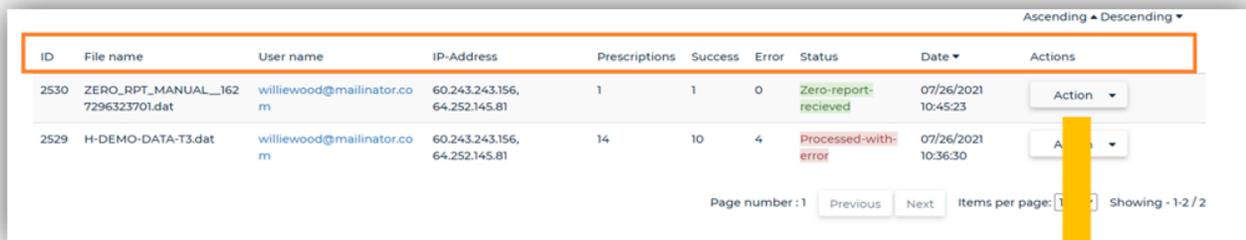


- The highlighted section of the page below shows the total count of files received, total prescriptions in the files received, total files being processed, files successfully processed, total files that failed to process, files with errors, and the number of zero reports sent.
- Please note, these counts are for the date range given above.

- To populate counts, click “Search”.



- File List shows the file name with ID, username and IP address, number of prescriptions with processing status, and date of processing with various actions that you can perform.



- For a successfully processed file, **highlighted in green**, the following action items can be performed:
 - 1.) **Edit File Records**- allows a submitter to view the record submitted and edit the file if needed.
 - 2.) **Download Acknowledgment**- allows a submitter to download an acknowledgment that the file was

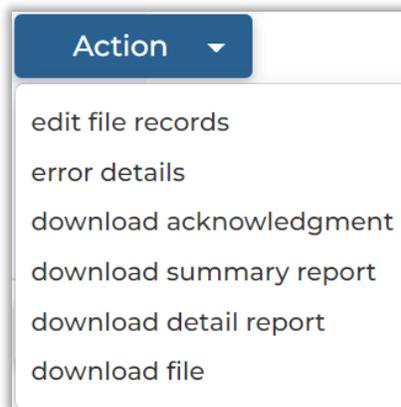
submitted successfully for auditing purposes.

3.) Download Summary Report - allows a submitter to download a summary of the file submitted and will provide the total number of prescriptions uploaded with the creation date, total errors, duplicates, etc. (this will also be emailed to the submitter).

4.) Download Detailed Report - allows a submitter to download a detailed report of the file submitted which will provide the prescriptions uploaded with the Prescription number, status, and to which pharmacy it is uploaded (this will also be emailed to the submitter).

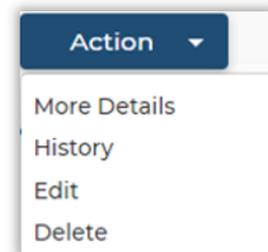
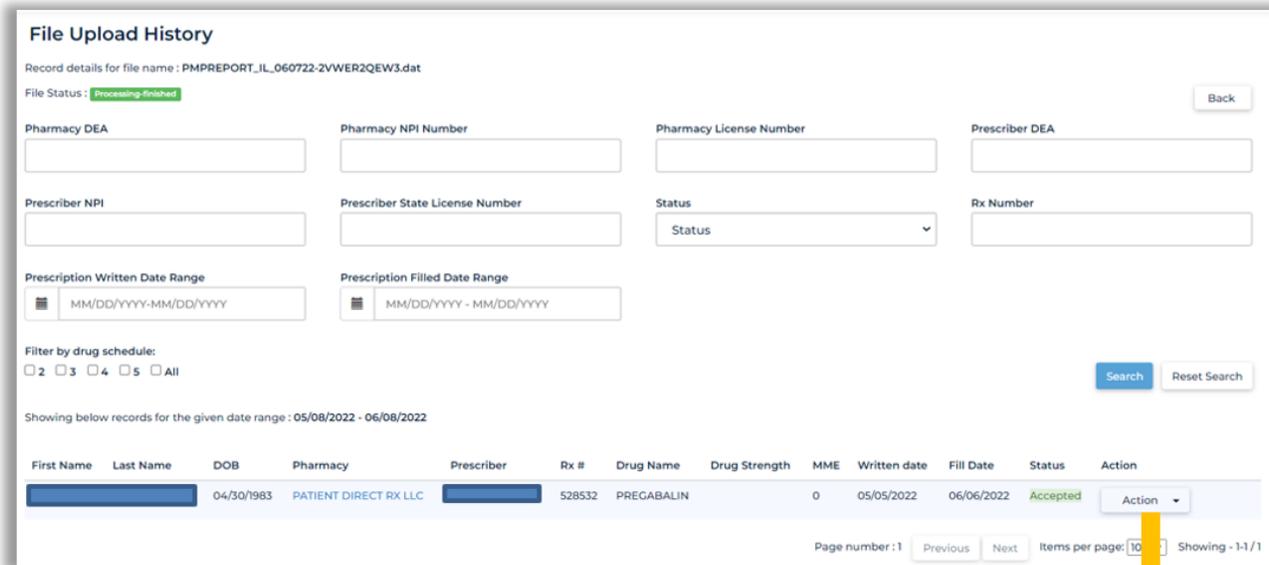
5.) Download File - allows a submitter to download the file submitted.

- For a file with an error, **highlighted in red**, the following action items can be performed:
 - 1) **Edit File Records** - allows a submitter to view the record submitted and edit the file where the error is noted.
 - 2) **Error Details**- gives the submitter a pop-up window detailing the reason the file could not be processed (see the screenshot below)
 - 3) **Download Acknowledgment** - allows a submitter to download an acknowledgment that the file was submitted with an error for auditing purposes.
 - 4) **Download Summary Report** - allows a submitter to download a summary of the file submitted and will provide the total number of prescriptions uploaded with the creation date, total errors, duplicates, etc. (this will also be emailed to the submitter).
 - 5) **Download Detail Report** - allows a submitter to download a detailed report of the file submitted which will provide the prescriptions uploaded with the Prescription number, status, and to which pharmacy it is uploaded (this will also be emailed to the submitter).
 - 6) **Download File** - allows a submitter to download the file submitted.





- The option “**Edit File Records**” shows data with the patient, prescriber, and pharmacy information.



- The "Actions" column shows 4 options:
 - “**More Details**” will result in a pop-up window displaying additional information such as Pharmacy DEA, Pharmacy Name, etc.

Prescription Number : WQWQDD

Status : ACCEPTED	Pharmacy city : N/A	DSP Product Id : 12312
Creation date : 07/30/2021	Pharmacy zip : N/A	DSP days supply : 11
Transaction Id : 1627660688560	Patient name : RETER DFVD	DSP quantity dispensed : 111
Transaction type : 01	Patient city : DES MOINES	DSP drug dosage unit code : 01
Release number : 4.2A	Patient state : IOWA_3936	Reporting Status : 00
Info source entity : EFWEW	Patient zip : 32423	Refill Number : 32
Pharmacy DEA : EFWFF	Patient address : DFVVF	Refills Authorized : 3232
Pharmacy NPI : EWFWEF	Patient DOB : 07/06/2021	Prescriber name : DWDWD DWEDWEDWE
Pharmacy name : EFWEW	Patient Species : 01	Prescriber DEA : FWFWEF
Pharmacy phone no : N/A	Patient gender : M	Prescriber NPI : FEWEWF
Pharmacy contact name : N/A	DSP Prescription number : WQWQDD	Prescriber State License Number : N/A
Pharmacy chain id : N/A	DSP Prescription written date : 07/30/2021	
	DSP Prescription date filled : 07/06/2021	

Close

- **“History”** will show all history associated with the file (errors, edits, etc.)

Prescription Number : N/A

Show more data

Show 10 entries

Search:

Patient name	Patient DOB	Patient address	Status	Creation date	Update At	Update By	User Role
No data available in table							

Showing 0 to 0 of 0 entries

Previous Next

Close

- **“Edit”** will allow you to edit the file details in the pop-up window.
- Always enter **“01”** in the **“Reporting Status”** (DSP01) field when submitting error corrections. **“01”** indicates that a revision is being submitted.
- You can edit Pharmacy Details, Patient Details, DSP Description, Prescriber Details, and provide comments in the comment section. After editing, click **“Update”** to view the changes made.

Record details for file name : ZERO_RPT_MANUAL_1614617839369.dat

Transaction id
0000

Pharmacy details ▲

Pharmacy name N/A	Pharmacy Dea number AA123456789	Pharmacy NPI N/A	Pharmacy Ncpdp for pdp N/A
Address 1 N/A	Address 2 N/A	City N/A	State N/A
Zip N/A	Phone number N/A	Pharmacy Contact N/A	Chain id N/A

Patient details ▲

Patient id N/A	Patient first name ZERO	Patient middle name N/A	Patient last name REPORT
Patient gender N/A	Patient date of birth N/A	Patient address N/A	Patient city N/A
Patient state N/A	Patient zip N/A	Patient phone number N/A	Patient provider code N/A
Patient qualifier N/A	Patient provider code N/A	Patient qualifier 2 N/A	Patient id 2 N/A

Patient name prefix N/A	Patient name suffix N/A	Patient species N/A	Patient location code N/A
Patient non uscn N/A	Patient name of animal N/A		

DSP description ▲

DSP description number N/A	DSP description date filled 2021-03-02	DSP Prescription written date N/A	DSP Product Id N/A
DSP days supply N/A	DSP quantity dispensed N/A	DSP drug dosage unit N/A	DSP reporting status N/A
DSP refills authorized N/A	DSP refill number N/A	DSP productid qualifier N/A	DSP transmission form N/A
DSP partial fill indicator N/A	DSP pharmacist npj N/A	DSP Pharmacist license number N/A	DSP Payment type code N/A
DSP date sold N/A	DSP Rxnorm product qualifier N/A	DSP Rxnorm code N/A	DSP Electronic prescription reference number N/A

DSP Electronic prescription order number
N/A

Prescriber details ▲

Prescriber dea N/A	Prescriber first name N/A	Prescriber middle name N/A	Prescriber last name N/A
Prescriber phone no N/A	Prescriber DEA suffix N/A	Prescriber NPI N/A	Prescriber State LIC N/A

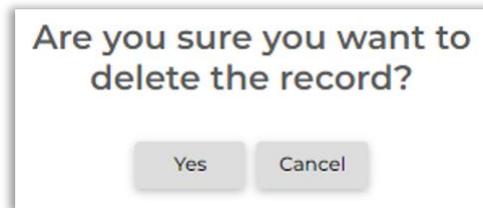
Contested Prescription

Reason for edit
Add comment

Comment history ▼

Update

- “**Delete**” will delete the record from the patient and prescriber profiles but not from the submitter profile or entirely from Illinois RxSubmit.



4.4 Submitted Dispensations

- The “**Submitted Dispensations**” feature provides a summary of the submitted dispensations made by a pharmacy or dispenser.

- There are search parameters such as Pharmacy DEA, NPI, License Number, Prescriber DEA, NPI, and License Number, Prescription Number (Rx Number), Prescription Written and Fill Date, Status, and Scheduled Drug Type.

Submitted Dispensations

Pharmacy DEA:

Pharmacy NPI Number:

Pharmacy License Number:

Prescriber DEA:

Prescriber NPI:

Prescriber State License Number:

Status:

Rx Number:

Prescription Written Date Range:

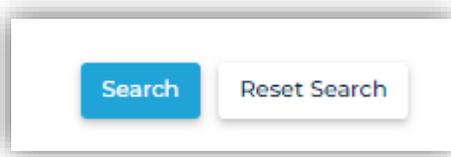
Prescription Filled Date Range:

Filter by drug schedule:
 2 3 4 5 All

Showing below records for the given date range : 01/06/2022 - 06/08/2022

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	Drug Strength	MME	Written date	Fill Date	Status	Action
[REDACTED]	[REDACTED]	12/31/1992	OPTIONS MEDICAL WEIGHT LOSS	[REDACTED]	109226	PHENTERMINE HCL	37.5 MG	0	05/16/2022	05/16/2022	Accepted	Action
[REDACTED]	[REDACTED]	10/21/1990	GINO J MERLI VETERANS CENTER	[REDACTED]	TST0014	FENTANYL 100 MCGHR PATCH	100 MCGHOUR	0	05/17/2022	05/17/2022	Errored	Action
N/A	N/A	10/25/1950	TEST PHARMACY-V5667	[REDACTED]	20220602123	ALPRAZOLAM	0.25 MG	0	06/02/2022	06/02/2022	Errored	Action
N/A	N/A	10/25/1950	TEST PHARMACY-V5667	[REDACTED]	20220602123	ALPRAZOLAM	0.25 MG	0	06/02/2022	06/02/2022	Errored	Action

- Data entries can be searched by entering the required data. Click “Search”.
- The search can be cleared by clicking "Reset Search".



- The table displayed below shows the First Name, Last Name, DOB, Pharmacy Name, Prescriber, Prescription Number (Rx#), Drug Name, MME, Prescription Written and Fill Date, and Status with various actions you can perform on individual records.

Submitted Dispensations Page Walkthrough

Pharmacy DEA: Pharmacy NPI Number: Pharmacy License Number: Prescriber DEA:

Prescriber NPI: Prescriber State License Number: Status: Rx Number:

Prescription Written Date Range: Prescription Filled Date Range:

Filter by drug schedule: 2 3 4 5 All

Showing below records for the given date range: 01/01/2021 - 12/06/2021

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	MME	Written date	Fill Date	Status	ACTION
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PREGABALIN	0	10/01/2021	05/01/2021	Resubmitted	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PREGABALIN	0	10/01/2021	05/01/2021	Resubmitted	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PREGABALIN	0	10/01/2021	05/01/2021	Duplicate	Action
DOROTHY	DIMPLES	10/25/1960	THE MEDICINE SHOPPE	JOHN LEGERE	0700120	PREGABALIN	0	10/01/2021	05/01/2021	Accepted	Action

Action

Action

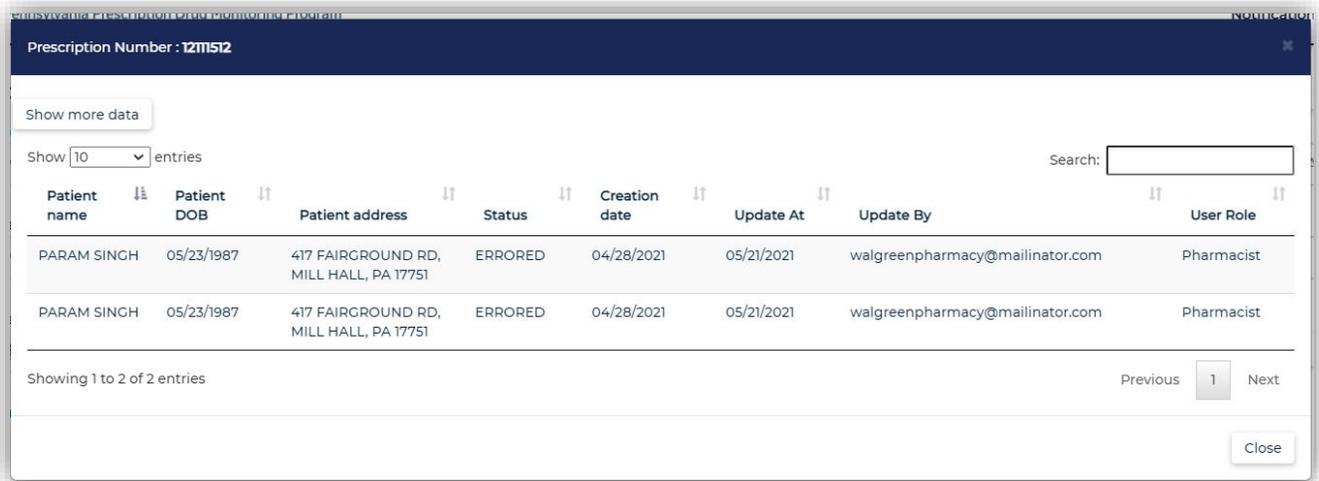
- More Details
- History
- Edit
- Delete

- The "Actions" column shows 4 options:
 - "More Details" will result in a pop-up window, displaying additional information such as Pharmacy DEA, Pharmacy Name, etc.

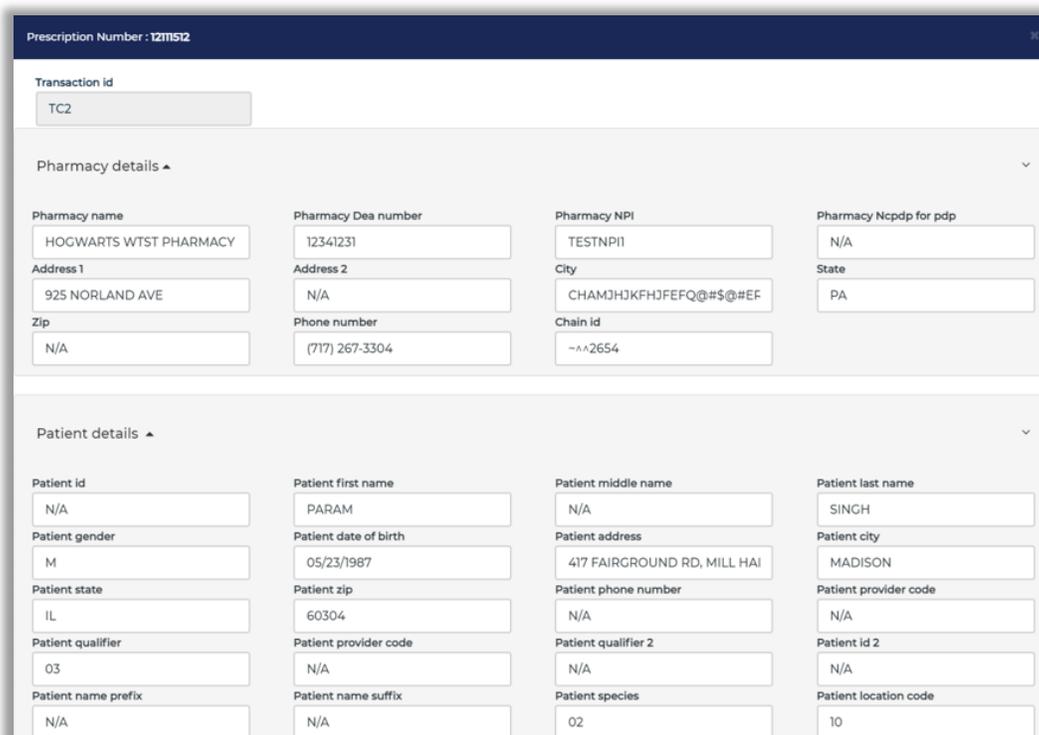
Prescription Number : 202102186

Status : ACCEPTED	Pharmacy city : CHAMJHJKHFJFEFQ@#S@#ERFDSBERSBURG	DSP Product Id : 68387094360
Creation date : 06/15/2021	Pharmacy zip : PA	DSP days supply : 30
Transaction Id : TC2	Patient name : DOLLY DIMPLES	DSP quantity dispensed : 180
Transaction type : 01	Patient city : LOCK HAVEN	DSP drug dosage unit code : 01
Release number : 4.2A	Patient state : PA	Payment type : Private Pay
Info source entity : HOGWARTS PHARMACY	Patient zip : 60304	Schedule Drug : 2
Pharmacy DEA : TESTDEA40	Patient address : 417 FAIRGROUND RD, MILL HALL	Reporting Status : 00
Pharmacy NPI : TESTNPI40	Patient DOB : 10/25/1950	Refill Number : 0
Pharmacy name : HOGWARTS PHARMACY-V2	Patient Species : 01	Refills Authorized : 05
Pharmacy phone no : (717) 267-3304	Patient gender : M	Prescriber name : PARAM SINGH
Pharmacy contact name : N/A	DSP Prescription number : 202102186	Prescriber DEA : BR5799401
Pharmacy chain id : -^A2654	DSP Prescription written date : 06/19/2021	Prescriber NPI : 102301181
	DSP Prescription date filled : 06/19/2021	Prescriber State License Number : N/A

- “**History**” will show all the history associated with the file.



- “**Edit**” will allow you to edit the file details in the pop-up window that appears.
- You can edit Pharmacy Details, Patient Details, DSP Description, Prescriber Details, and provide comments in the comment section. After editing, click “**Update**” to view the changes made.



Patient non uscn N/A		Patient name of animal N/A	
DSP description ▲			
DSP prescription number 12111512	DSP prescription date filled 05/16/2021	DSP Prescription written date 05/16/2021	DSP Product Id 00005334643
DSP days supply 90	DSP quantity dispensed 180	DSP drug dosage unit 01	DSP reporting status 00
DSP refills authorized 05	DSP refill number 0	DSP productid qualifier 01	DSP transmission form 01
DSP partial fill indicator 00	DSP pharmacist npi N/A	DSP Pharmacist license number N/A	DSP Payment type code Private Pay
DSP date sold N/A	DSP Rxnorm product qualifier N/A	DSP Rxnorm code N/A	DSP Electronic prescription reference number N/A
DSP Electronic prescription order number ICD10			
Prescriber details ▲			
Prescriber dea DEA98765	Prescriber first name PHYSICIAN	Prescriber middle name N/A	Prescriber last name PARFP
Prescriber phone no N/A	Prescriber DEA suffix N/A	Prescriber NPI NPI8599	Prescriber State LIC N/A

Contested Prescription

Reason for edit

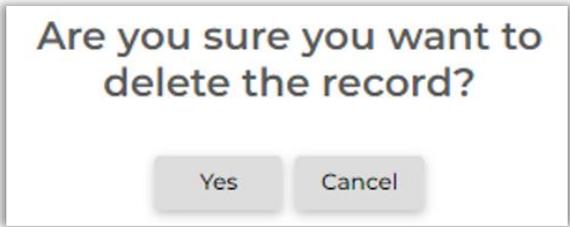
Add comment

Comment history ▼

Update

Close

- **“Delete”** will delete the record from Illinois RxSubmit.
 - Please note, a file is never deleted from the database.



4.5 Manual Form Submission

- The “**Manual Form Submission**” feature, also known as the Universal Claim Form or **UCF**, allows you to manually submit prescription dispensation information related to the patient, prescriber, and dispenser.

Manual entry Form (UCF) for Dispensing Medications Page Walkthrough

Optional : On behalf of user name (Editable Only for Admin)

Patient information

First Name * Last Name * Middle Name Patient Suffix

Date of birth * Gender * Address 1 * Address 2

State * City * ZIP code * Patient ID type

Patient ID Phone number *
Must be in (000)000-0000 format

Dispensary information

Generate autofill based on the DEA

NPI * DEA Number * Dispensary Name * Address *

LIVE SUPPORT CENTER

- The form has several sections
 - Patient Information
 - Pharmacy and Prescriber Information
 - Dispense Information
- You must enter all mandatory fields which are marked by an asterisk (*).
- Under the **Patient Information** section, the mandatory fields are First and Last Name, Gender, and Address with City and State.

Dispensary information ▼

Generate autofill based on the DEA

<p>NPI *</p> <input type="text" value="Dispenser's NPI Number"/>	<p>DEA Number *</p> <input type="text" value="Dispenser's DEA Number"/>	<p>Dispensary Name *</p> <input type="text" value="Dispensary Name"/>	<p>Address *</p> <input type="text" value="Street Address"/>
---	--	--	---

Pharmacist information ▼

<p>NPI Number</p> <input type="text" value="NPI Number"/>	<p>State License Number</p> <input type="text" value="State License Number"/>
--	--

Prescriber information ▼

Generate autofill based on the prescriber DEA

<p>Prescriber NPI *</p> <input type="text" value="Prescriber NPI"/>	<p>Prescriber DEA *</p> <input type="text" value="Prescriber DEA"/>	<p>Prescriber DEA Suffix</p> <input type="text" value="Prescriber DEA Suffix"/>	<p>Prescriber State License</p> <input type="text" value="Prescriber State License"/>
<p>Prescriber First Name *</p> <input type="text" value="Prescriber First Name"/>	<p>Prescriber Last Name *</p> <input type="text" value="Prescriber Last Name"/>	<p>Prescriber Middle Name</p> <input type="text" value="Prescriber Middle Name"/>	

- Under the **Pharmacy Information** section, the mandatory fields are pharmacy NPI and DEA number, Pharmacy Name, and Address with City and State.
- Pharmacist information is optional.
- Under the Prescriber Information, the mandatory fields are prescriber NPI and DEA as well as first and last name.

Prescription information ▼

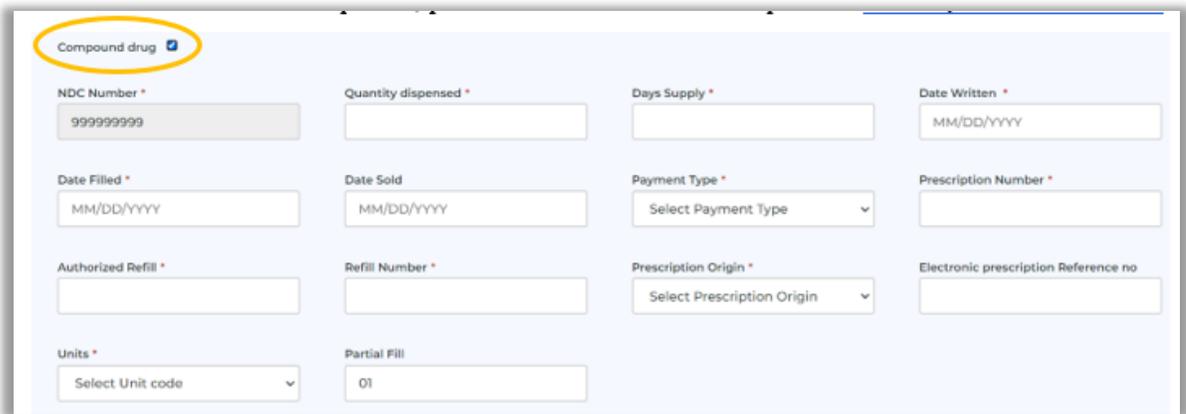
Compound drug

<p>NDC Number *</p> <input type="text" value="NDC Code"/>	<p>Quantity dispensed *</p> <input type="text" value="Quantity"/>	<p>Days Supply *</p> <input type="text" value="Days Supply"/>	<p>Date Written *</p> <input type="text" value="MM/DD/YYYY"/>
<p>Date Filled *</p> <input type="text" value="MM/DD/YYYY"/>	<p>Date Sold</p> <input type="text" value="MM/DD/YYYY"/>	<p>Payment Type *</p> <input type="text" value="Select Payment Type"/>	<p>Prescription Number *</p> <input type="text" value="Prescription Number"/>
<p>Authorized Refill *</p> <input type="text" value="Authorized Refill Count"/>	<p>Refill Number *</p> <input type="text" value="Refill Number"/>	<p>Prescription Origin *</p> <input type="text" value="Select Prescription Origin"/>	<p>Electronic prescription Reference no</p> <input type="text" value="Electronic prescription Reference num"/>
<p>Units *</p> <input type="text" value="Select Unit code"/>	<p>Partial Fill *</p> <input type="text" value="01"/>		

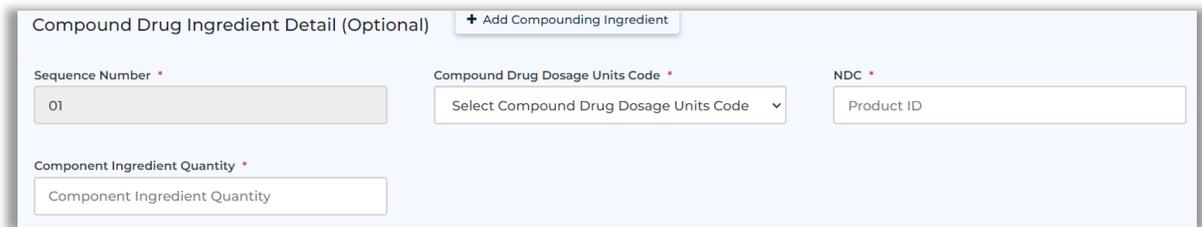
+ Add More

Submit

- Under the Prescription Information section, the mandatory fields are NDC Number, Quantity dispensed, Days supply, date written and filled as well as payment type, prescription number, authorized refills, and refill number, the prescription origin, units, and partial fill code.
- You may submit information for more than one patient. Click "**Add More**" for this purpose.
- Once all data is entered, click "**Submit**".
- A pop-up appears showing the data has been processed successfully.
- This file can be viewed under the “**File Upload History**” as explained under **Section 5.3 in Chapter 5**.
- If the medication is a compound, please click the box at the top of the Prescription Information section.



- The NDC will automatically generate. Please enter the information for the compounded product, then you can add the individual ingredients by sequence order.

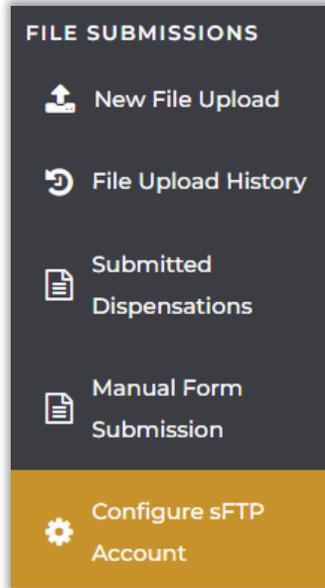


4.6 Configure sFTP Account

- For submissions via secure File Transfer Protocol, an sFTP account can be set up.
- There are 2 methods by which you can log into the SSH (sFTP) client.

4.6.1 Creating a Custom Password using Illinois RxSubmit

- “**Configure sFTP Account**” is located on the left side menu.

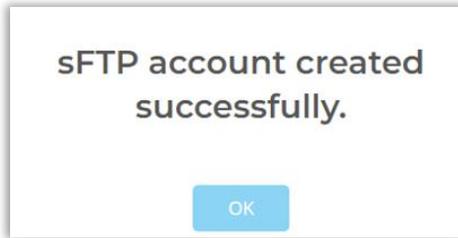


- To create a username and password, fill in the below fields and click **“Create your sFTP Account”**. Please note, that this username and password are in addition to the Illinois RxSubmit username and password.

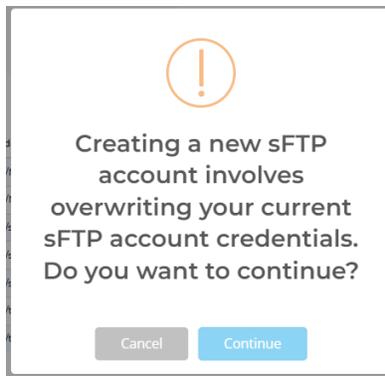
A form titled "Manage sFTP Account" with a light grey background. It contains the following sections and fields:

- sFTP Account Setup**
- On behalf of user name (Editable Only for Admin):
 - Text input field: Enter dispenser registered email address
- Create your sFTP username:
 - Text input field: For example : johnsftpuser
 - * sFTP username can contain only letters (a-z or A-Z) or numbers (0-9).
- Create your sFTP password:
 - Text input field: Password
- Confirm your sFTP password:
 - Text input field: Confirm password
- Buttons: "Cancel" (grey) and "Create your sFTP Account" (blue)

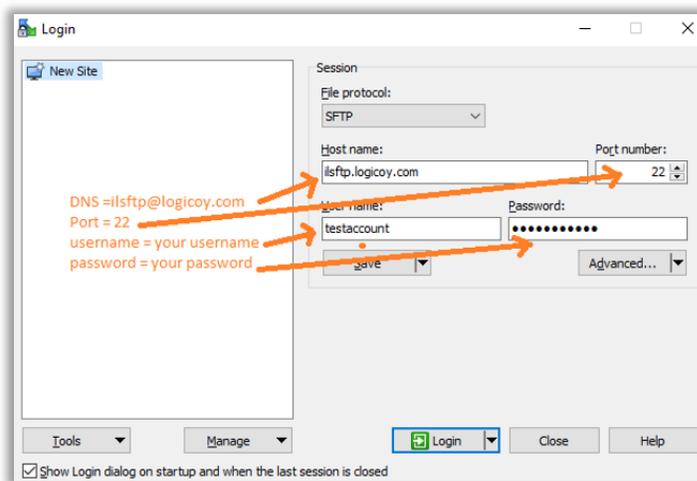
- A pop-up message displays the status of the sFTP account creation.



- The sFTP account information will always be available to the user.
- If you wish to change your credentials, click “**Create New sFTP Account**”.
- This will overwrite the existing sFTP credentials.



- Click “**Continue**”.
- Create new credentials as you did before.

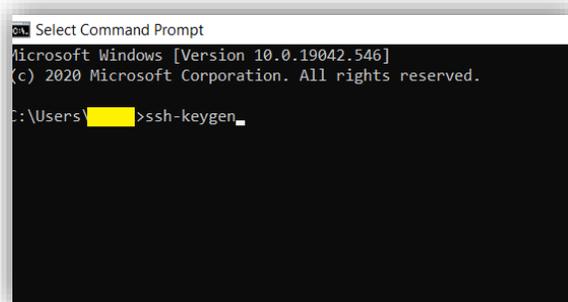


- Please note that the credentials used to set up the sFTP account within Illinois RxSubmit must be the same as configured in any other sFTP tool such as FileZilla or WinSCP.
- The sFTP Hostname is: ilsftp.logicoy.com OR the Host IP is: 52.15.115.105 and the sFTP port number is 22. Please note, Hostname and Host IP are interchangeable.
- The sFTP credentials will be sent via secure email to your Illinois RxSubmit registered email address.
- The sFTP account is ready to use once set up.

Note: If you have a firewall, whitelist IP 52.15.115.105. For more assistance, please contact your IT department.

4.6.2 Public Key Authentication using SSH Key Commands

- SSH key authentication is supported through Illinois RxSubmit.
- **Supported Key Types:**
 - SSH-2 RSA 2048bit length
- **Unsupported Key Types:**
 - The keys SSH-1 RSA and SSH-2 DSA are not supported.
- Use any sFTP client of your choice.
- Open the command prompt.
- Enter the command “**ssh-keygen**”.
- This command helps in creating 2 sets of keys—Private and Public.
- The Public Key is shared with Illinois RxSubmit while the user retains the Private key.
- Press “**Enter**” on the keyboard.



- Provide the Windows path to save the key pair.

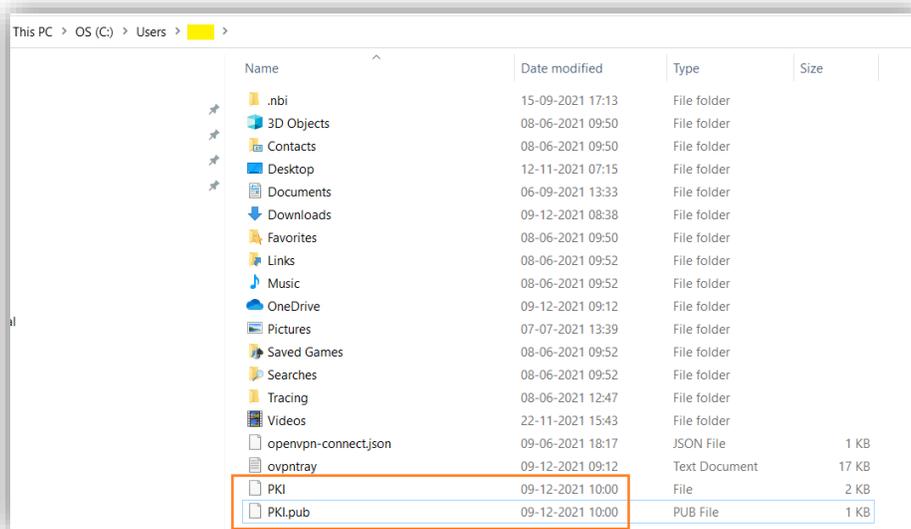
```
C:\Users\ [redacted] >ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\ [redacted] /.ssh/id_rsa): C:/Users/[redacted]/PKI
```

- Enter the passphrase. In this case, press “**Enter**”.
- Again press “**Enter**” to confirm the passphrase.

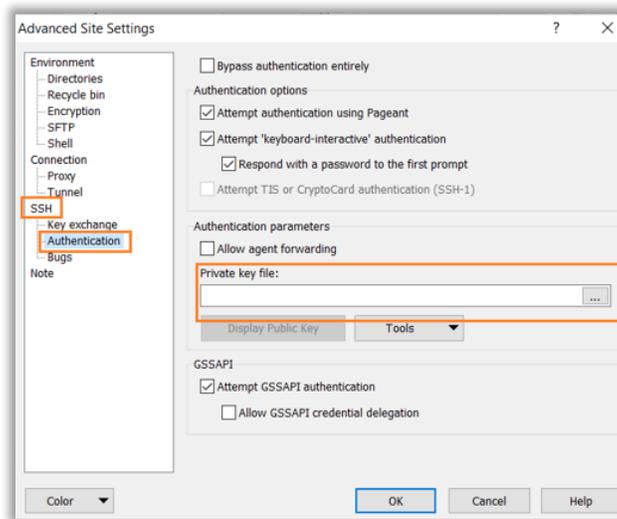
```
C:\Users\ [redacted] >ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\ [redacted] /.ssh/id_rsa): C:/Users/[redacted]/PKI
Enter passphrase (empty for no passphrase):
Enter same passphrase again: _
```

```
C:\Users\ [redacted] >ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\ [redacted] /.ssh/id_rsa): C:/Users/[redacted]/PKI
Enter passphrase (empty for no passphrase):
Enter same passphrase again: _
Your identification has been saved in C:/Users/[redacted]/PKI.
Your public key has been saved in C:/Users/[redacted]/PKI.pub.
The key fingerprint is:
SHA256: [redacted]
```

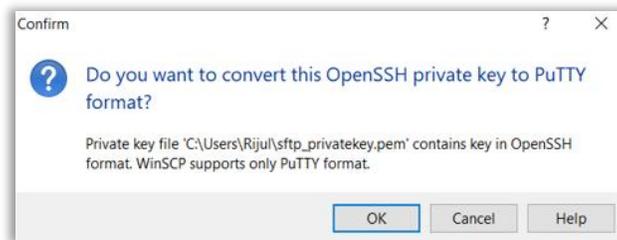
- Your private and public key has been created successfully.



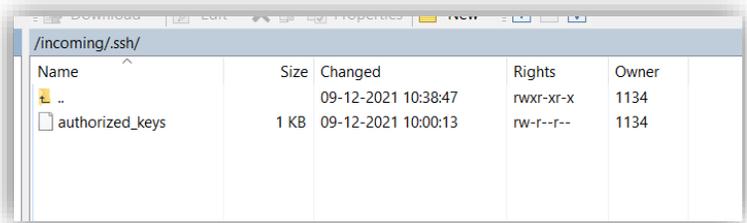
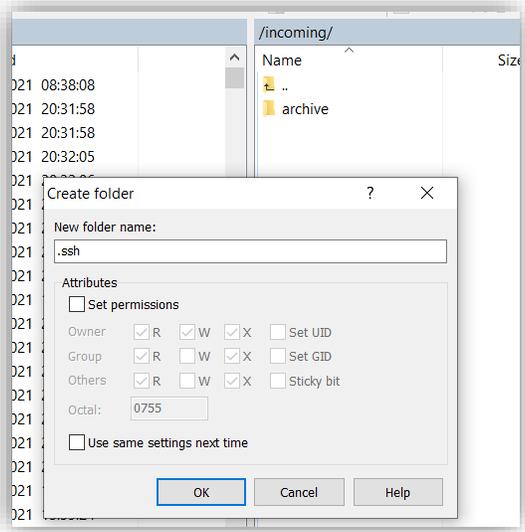
- Rename the public key “**pki.pub**” to “**authorized_keys**” and “**pki**” to “**sFTP_privatekey.pem**”
- Log into your sFTP client and click “**Advanced**”.
- Enter the path to the generated private key.
- Click “**OK**”.



- Click “**OK**” on the confirmation pop-up.



- Enter your credentials and click “**Login**” in your sFTP Client.
- Enter the “**/incoming**” folder.
- A .ssh subfolder needs to be created in the home directory of the sFTP account.
- Create the “**.ssh**” folder and transfer the “**authorized_keys**” file.



- The public key will be matched to the private key which will then allow you to log in without entering the password.

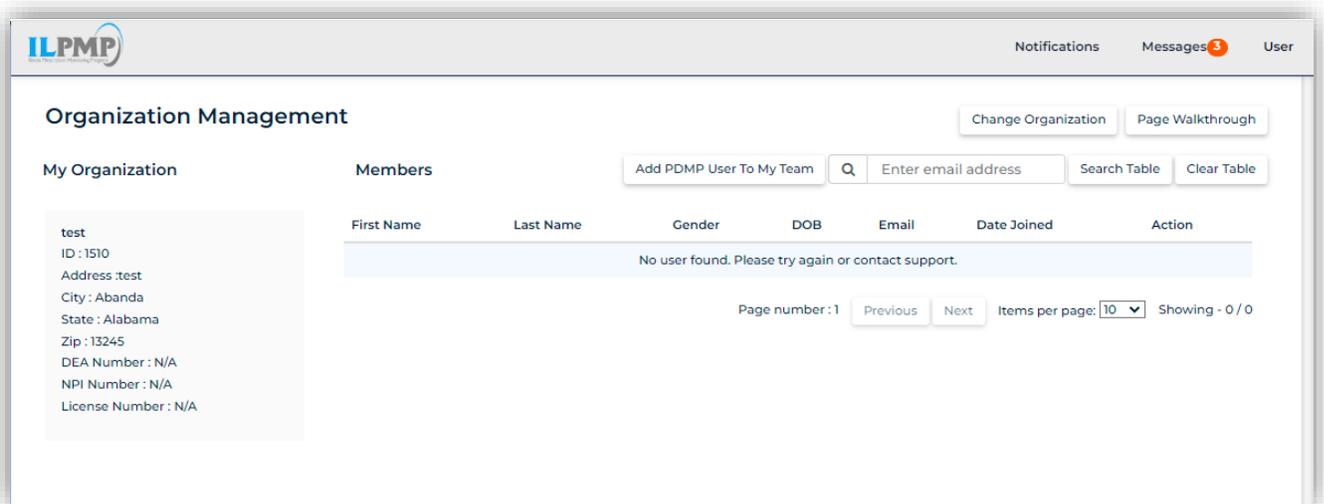
5 Organization Management

5.1 Synopsis

This section provides guidance on managing the submitter organization. One user can link existing Illinois RxSubmit users to the same organization (s).

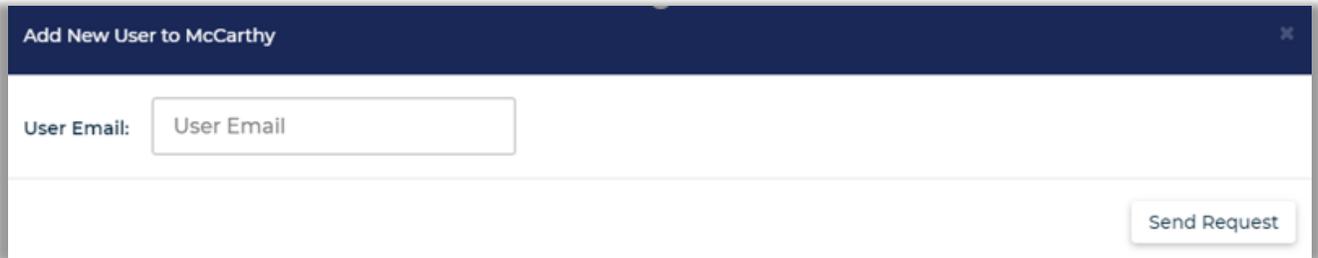
5.2 Organization Management

- Data Submitters, when linked to an organization, can view, edit, and delete the data submitted by their co-workers belonging to the same organization.



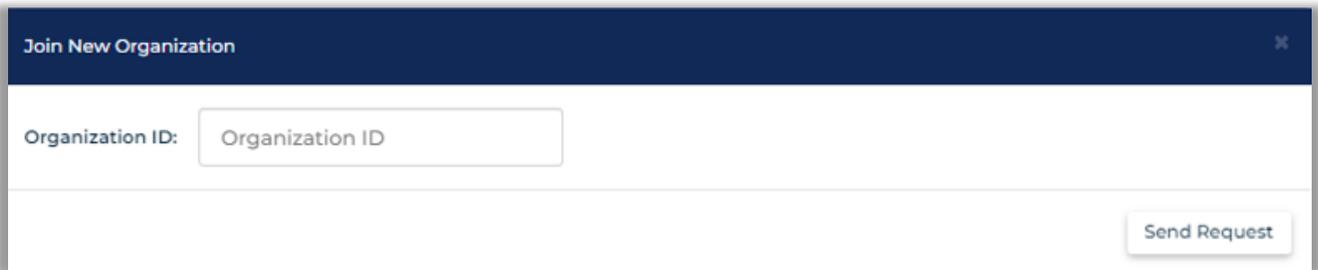
- As a Data Submitter, you can receive multiple requests from your co-workers and different organizations.

- When you receive a request from a co-worker or an organization, you can either accept or reject the request by clicking on “**Accept**” or “**Reject**” respectively.
- You can link or send out requests to other ILPMP users by clicking "Add PDMP User to My Team".
- You must enter the user's Illinois RxSubmit email id in the pop-up that appears.
- This is required for linking.
- Once entered, click “**Send Request**”.
- This will send out a request to the user who can either accept or reject your request.



The screenshot shows a dark blue header bar with the text "Add New User to McCarthy" and a close button (X) on the right. Below the header is a white form area. On the left, the text "User Email:" is followed by a text input field containing the placeholder text "User Email". At the bottom right of the form is a button labeled "Send Request".

- You can also associate yourself with any existing organization by entering the organization ID.
- Click “**Change Organization**” and enter the organization ID.



The screenshot shows a dark blue header bar with the text "Join New Organization" and a close button (X) on the right. Below the header is a white form area. On the left, the text "Organization ID:" is followed by a text input field containing the placeholder text "Organization ID". At the bottom right of the form is a button labeled "Send Request".

- Enter the Organization ID in the text field provided, followed by clicking “**Send Request**”.
- The request will be sent to the organization to either accept or reject the request as per their guidelines and rules.
- You will get a notification about requests to join a coworker or organization, as well as notifications about being de-linked from an organization.

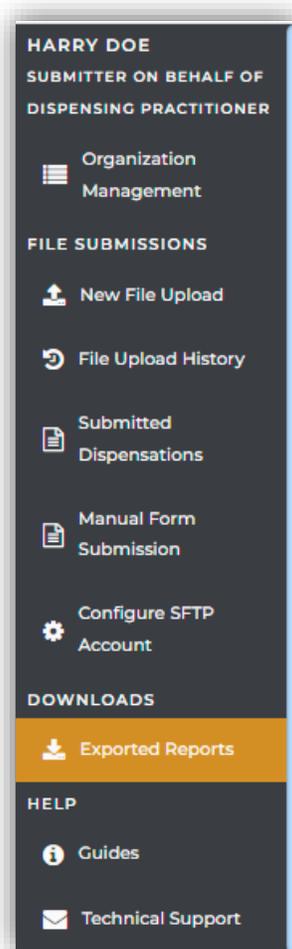
6 Exported Reports

6.1 Synopsis

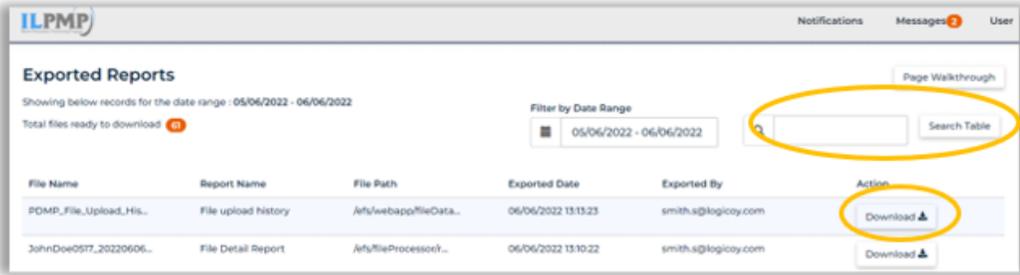
This section provides guidance on downloading reports that have been exported.

6.2 Downloading Export Reports

The reports can be downloaded by clicking “**Exported Report**” found on the left-sided menu.



- This page provides easy access to all the reports you have exported.
- You can also filter searches using date range parameters or the Search Table



- To download the report, click “Download”
- The report is downloaded in a csv format and can be opened in Microsoft Excel.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
FileUploadHistory Report. Date Range : 05/01/2003-06/06/2022																							
1	FileUploadHistory Report. Date Range : 05/01/2003-06/06/2022																						
2	userEmail	userID	isFile	isResubmit	inputFileN	status	download	errorDesc	location	numberOf	prescriptio	errorCoun	successCo	ipAddress	createdAt	updatedAt	fileSize	fileDescrip	fileCreatio	id	username	reportAckf	reportSum r
3	smith.s@k	301611	0	0	JohnDoe0!	PARSING-t	/efs/fileUj	<hr />	Phar N/A	1	1	1	0	49.207.21!	#####	#####	0.5058593	N/A	6/6/2022	32	smith.s@k	/efs/filePr	/efs/filePr /
4																							

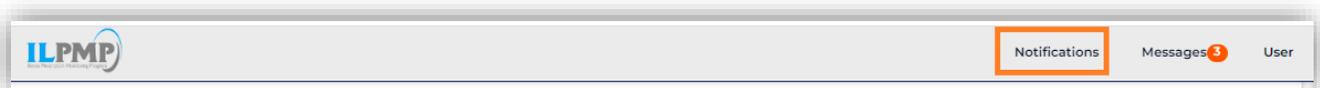
7 Notifications and Messages

7.1 Synopsis

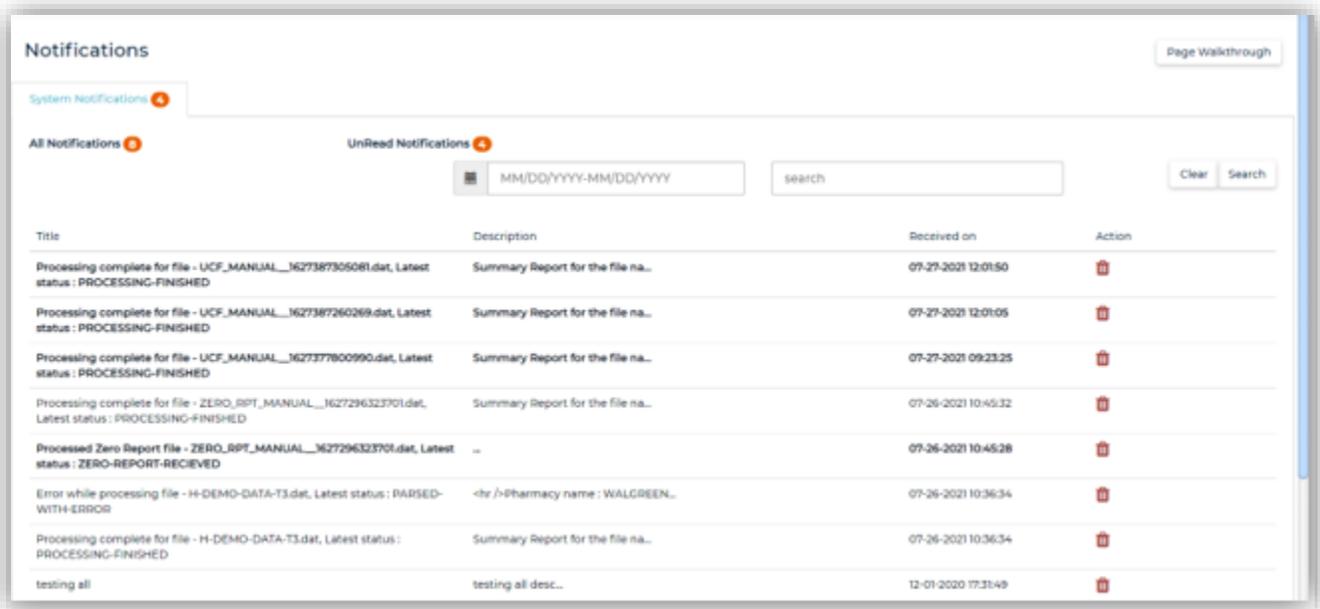
This section provides guidance on how to view messages and notifications received within the Illinois RxSubmit portal.

7.2 Notifications

- As an Illinois RxSubmit user, you will be receiving notifications that are specific to the pharmacy or organization you are associated with.



- You will receive updates about files that have been submitted to Illinois RxSubmit.

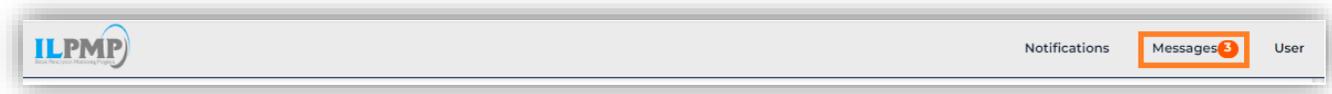


- You may delete messages by clicking on the “**Trash Bin**” icon found under the “**Action**” column.

Received on	Action
07-27-2021 12:01:50	
07-27-2021 12:01:05	
07-27-2021 09:23:25	
07-26-2021 10:45:32	

7.3 Messages

- All updates regarding your Illinois RxSubmit account, such as new delegates requesting permission, generic updates, sFTP credentials, etc. are received as messages and can be viewed under “Messages”.



Illinois RxSubmit application Messages

[New Message](#) [Page Walkthrough](#)

From: Subject: Category: Roles:

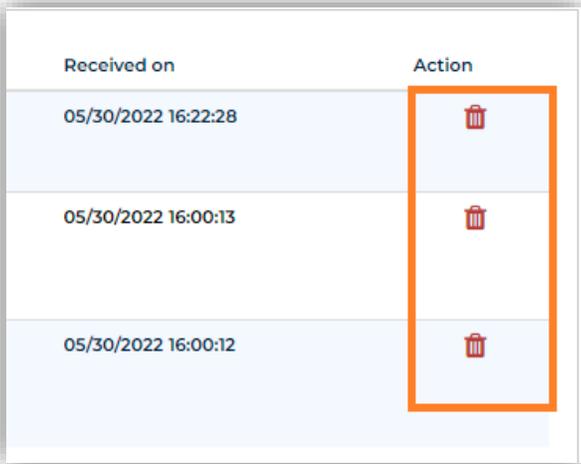
Speciality: Date Range: Filter Reset Filter

[Inbox](#) [Sent Items](#)

From	Subject	Roles	Category	Speciality	Received on	Action
pdmpsupport@logicoy.com	Illinois RxSubmit Application: sFTP Credential Setup Successful	NA	NA	NA	06/08/2022 14:54:54	
pdmpsupport@logicoy.com	Illinois RxSubmit Application: sFTP Credential Setup Successful	NA	NA	NA	06/08/2022 14:53:12	
admin@logicoy.com	File upload history report. Wed, Jun 08 2022 09:57:58 UTC	NA	NA	NA	06/08/2022 09:57:59	
ilpmp@logicoy.com	File upload history report. Wed, Jun 08 2022 09:57:58 UTC	NA	NA	NA	06/08/2022 09:57:59	
admin@logicoy.com	File upload history report. Wed, Jun 08 2022 09:49:26 UTC	NA	NA	NA	06/08/2022 09:49:27	

 [LIVE SUPPORT CENTER](#)

- You may delete messages by clicking on the “**Trash Bin**” icon found under the “**Action**” column.



Received on	Action
05/30/2022 16:22:28	
05/30/2022 16:00:13	
05/30/2022 16:00:12	

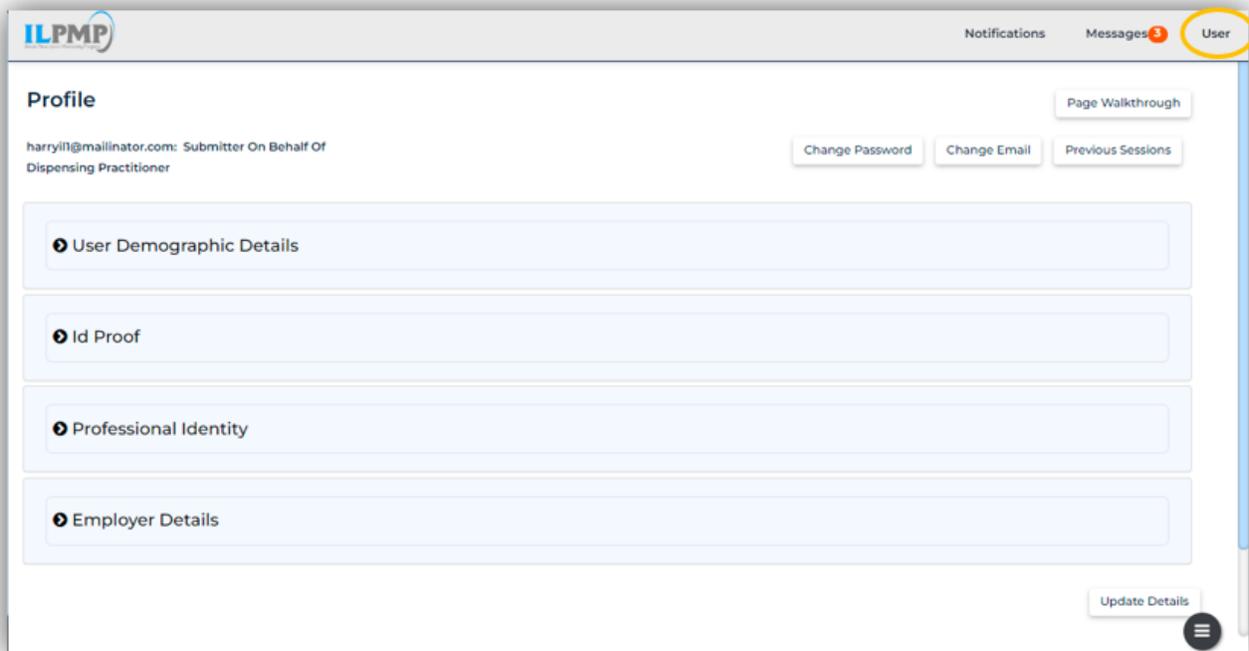
8 Profile Management

8.1 Synopsis

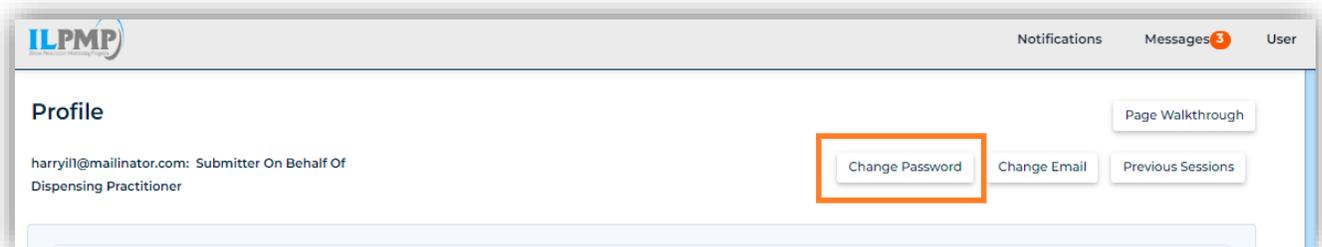
This section provides guidance on how to manage your profile, change your password, change your email address, and view your previous session's history.

8.2 Profile Management

- Click on the User tab in the top right-hand corner of the screen.



- To change the password, click “**Change Password**”.



- Enter your current password and new password.

Profile Page Walkthrough

harryill@mailinator.com: Submitter On Behalf Of Dispensing Practitioner Change Password Change Email Previous Sessions

Current Password New Password Confirm Password Update Password

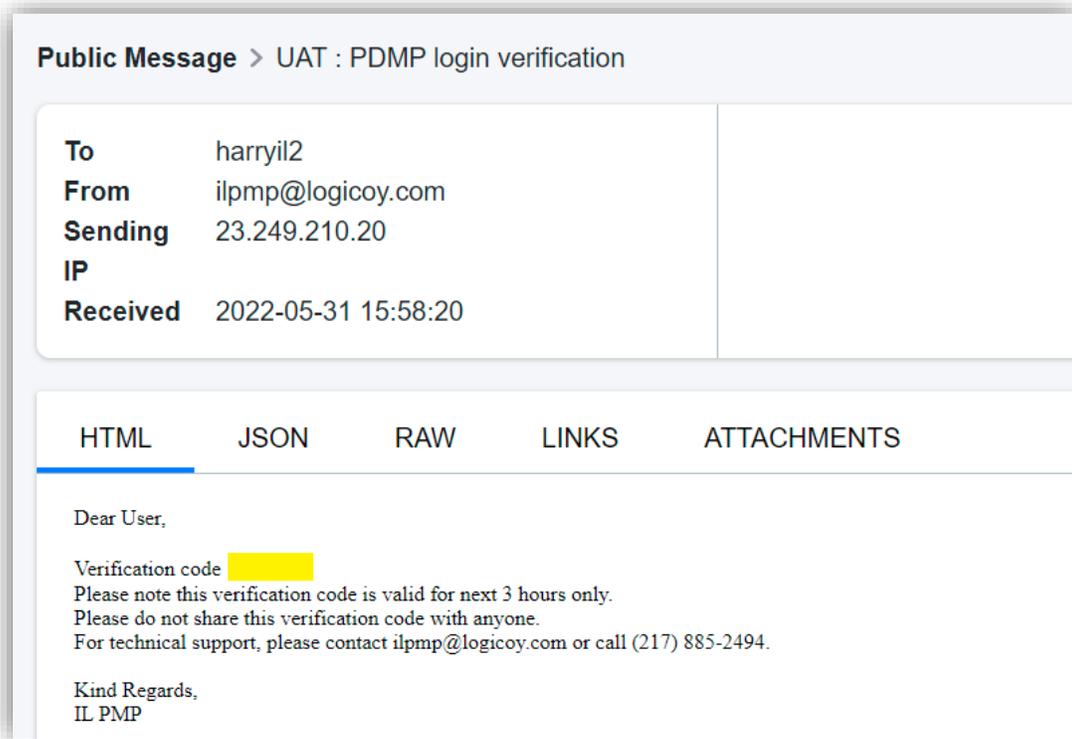
- The new password must meet the following requirements:
 - Minimum of 8 characters
 - Contain one upper case letter
 - Contain one lower case letter
 - Contain one special character (! @ # \$ etc.)
 - Contain one number
 - Maximum of 72 characters.
- Once done, click **“Update Password”**.
- To change the email, click **“Change Email”**.
- Enter your current password.

Profile Notifications Messages 3 User

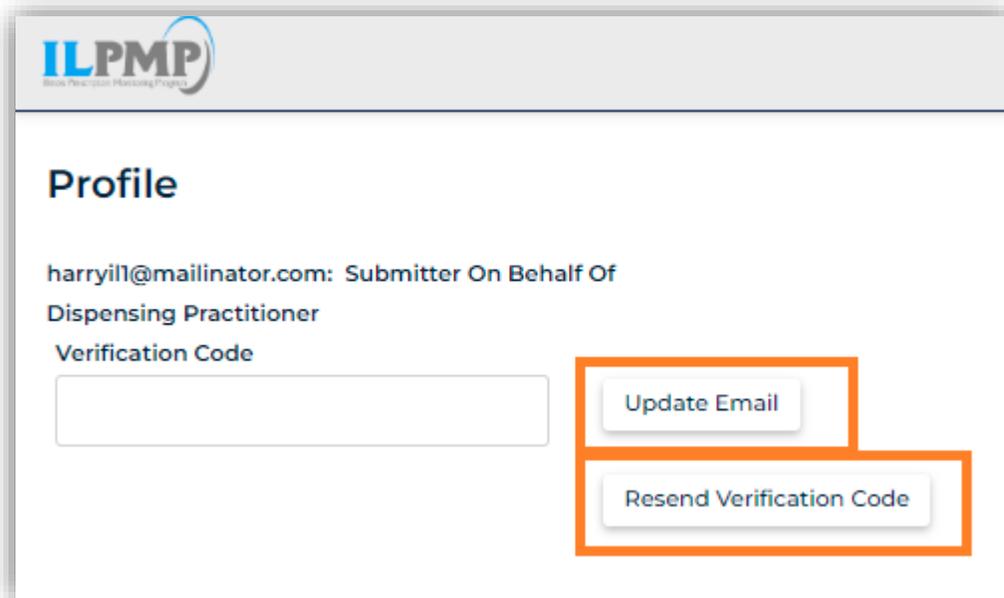
harryill@mailinator.com: Submitter On Behalf Of Dispensing Practitioner Change Password Change Email Previous Sessions

Current Password Confirm

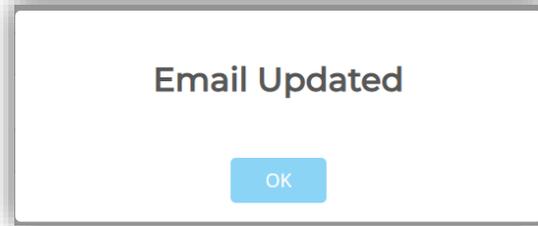
- Enter your new email address and click **“Send Verification Code”**.
- A verification code will be sent to your new email address.
- Please check your new email for the Illinois RxSubmit verification code.



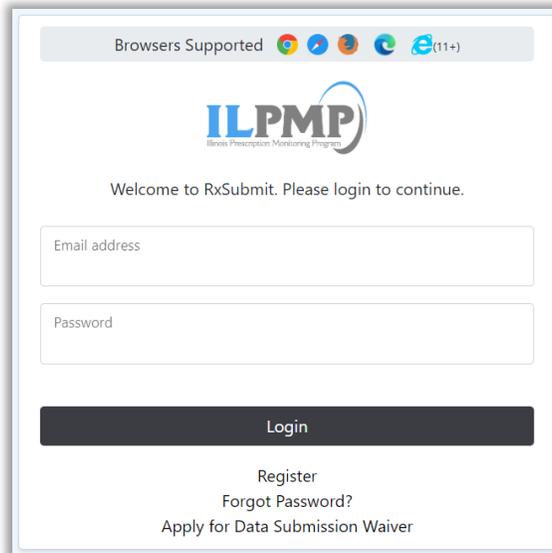
- Navigate back to the Illinois RxSubmit portal and enter the verification code.
- If you have not received the verification code, click **“Resend Verification Code”**. Otherwise, click **“Update Email”**.



- Once you click **“Update Email”**, a pop-up window displays the following message.



- Illinois RxSubmit will log you out and you must sign in with the new email address.



- To view previous sessions, click "**Previous Sessions**".



- A pop-up will display your previous session's history.

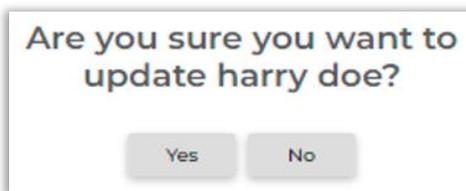
Your Previous Session History (Showing latest 50 sessions)

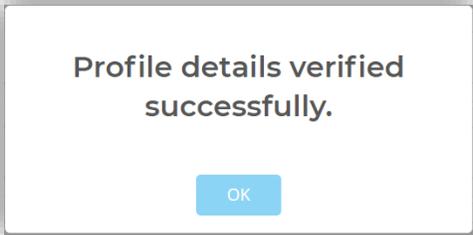
IP Address	Login Time	Browser	Report
null	05/31/2022 10:01:32	GOOGLE_CHROME	Notify support
null	05/30/2022 15:41:22	GOOGLE_CHROME	Notify support
null	05/30/2022 06:02:13	GOOGLE_CHROME	Notify support
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	Notify support
null	05/31/2022 10:01:32	GOOGLE_CHROME	Notify support
null	05/30/2022 15:41:22	GOOGLE_CHROME	Notify support
null	05/30/2022 06:02:13	GOOGLE_CHROME	Notify support
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	Notify support

Close

- You may also change or update your profile information under the tabs provided.

- Once data has been updated, click “**Update Details**”





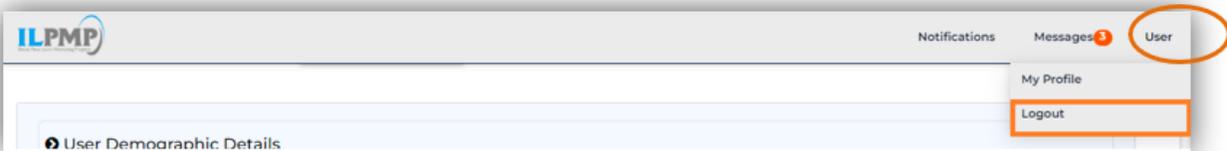
9 Logging out of Illinois RxSubmit

9.1 Synopsis

This section provides guidance on logging out of Illinois RxSubmit.

9.2 Logging out of Illinois RxSubmit

- To ensure your login credentials (username and password) are not used by an unauthorized individual, you must log out of the application once your session is complete. To do so, click “**User**” and “**Logout**”.
- The system will automatically log the user out if there is no activity within 5 minutes.



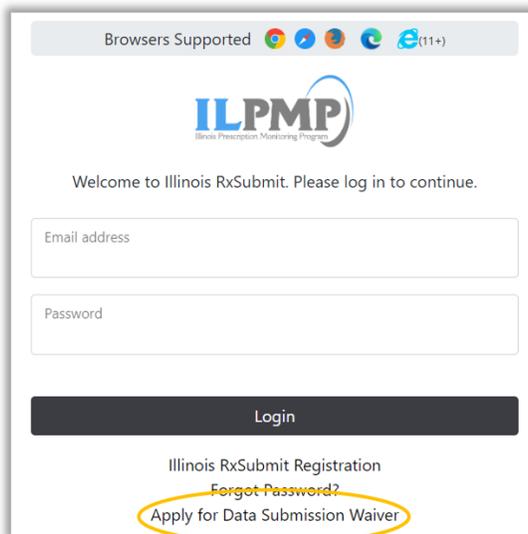
10 Apply For Data Submission Waiver

10.1 Synopsis

This section provides guidance on applying for a data submission waiver.

10.2 Data Submission Waiver

- Navigate to the login page and click “**Apply for Data Submission Waiver**”.



- You can apply for a waiver for one of two categories:
 - 1.) Pharmacy
 - 2.) Dispenser

10.2.1 Applying for a Waiver as a Pharmacy or Dispenser

- Fill the form with required information as notated by an asterick (*).

Today's Date: 6/8/2022

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR Illinois RxSubmit

DISPENSER INFORMATION

*Required Fields

*Name of Pharmacy/Dispenser:

*IL Pharmacy license number or Prescriber license number: NPI Number:

*Street Address: *Email Address:

*State: *City:

*Zip Code: *Phone Number:

*Pharmacy/Dispenser DEA Number:

REASON FOR WAIVER REQUEST:

This application is for an exemption from submitting data as required by the Illinois PMP.
 Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis; the quantity does not exceed a 72-hour supply.
 Pharmacy or Prescriber does not dispense ANY controlled substances II, III, IV and V or drugs of interest in the state of Illinois.

AFFIRMATION

By signing below, I certify that all statements contained in this waiver application are true and correct.

Signature: Title: Date: MM.DD.YYYY

Save Reset

- Reasons to apply for a waiver are noted under “**Reason for Waiver Request**”.
- Enter all details and click “**Save**”.
- Your request will be saved in Illinois RxSubmit and an email will be sent to you as confirmation of your exemption status.

11 Assistance and Support

11.1 Technical Assistance

If you require technical support for your pharmacy data submissions, please e-mail ilpmp@logicoy.com or call (217) 885-2494.

11.2 Administrative Assistance

If you have any questions regarding the Illinois Prescription Monitoring Program, please email dhs.pmp@illinois.gov.

12 Document Information

12.1 Copyright and Trademarks

- Copyright © 2009-2022 LogiCoy Inc.
- This document is intended for the sole use of the Illinois Prescription Monitoring Program and data submitters for the state. Neither this document nor any portion of the information contained herein may be duplicated or disclosed, whether by photocopying or other electronic or mechanical methods, without the written permission of LogiCoy.
- LogiCoy Illinois RxSubmit application is the registered trademark of LogiCoy and all other products referenced are the trademarks of their respective owners.

12.2 Disclaimer

- LogiCoy, LLC has made every effort to ensure the accuracy of the information at the time of publishing.

12.3 Version History

Version History records the publication history of this document.

Publication Date	Version Number	Comments
06/09/2022	1.0	Initial publication
06/28/2022	1.1	ASAP Field Change

12.4 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
1.1	13: Appendix A	NPI changed to Required (PRE01), DEA changed to when available (PRE02), RxSig length changed to 1000 (DSP23).

13 Appendix A: ASAP 4.2 A Specifications

The following information is the required definitions for submitting ASAP 4.2 A records to ILPMP.

The table will list the Segment, Element ID, Element Name, and Requirement.

ASAP 2019 v4.2a Data Fields*

HEADER			
Transaction Header			
TH 01	ASAP Version/Release	REQUIRED	(4.2a)
TH 02		REQUIRED	File name assigned by the sender
TH 03	Transaction Type	Not Used by ILPMP	
TH 04	Response ID	Not Used by ILPMP	
TH 05	Creation date	REQUIRED	YYYYMMDD
TH 06	Creation time	REQUIRED	123001
TH 07	File Type	REQUIRED	P= Production/Live File or T = Test File
TH 08	Composite Element Separator	Not Used by ILPMP	
TH 09	Data Segment Terminator Character	REQUIRED	Carriage Return (no line feed) is <i>preferred</i> . Backslash (\) is <i>not</i> preferred-many times it is data entered into the address field.
Information Source			
IS 01	Unique Information Source ID.	REQUIRED	Telephone number (including area code) of the file sender (e.g. individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This <i>must be</i> the number of a person/office to whom questions about this file should be referred.
IS 02	Information Source Entity Name	REQUIRED	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy
IS 03	Message	REQUIRED	If available and applicable – field is not passed along to State as part of file. MUST be included for Zero reporting. #yyyymmdd-#yyyymmdd
Dispensing Pharmacy			
PHA 01	National Provider ID	Not Used by ILPMP	

	(NPI)		
PHA 02	NCPDP/NAB P Provider ID	Not Used by ILPMP	
PHA 03	Pharmacy DEA Number	REQUIRED	MUST include for Zero reporting.
PHA 04	Pharmacy Name	REQUIRED	MUST include for Zero reporting.
PHA 05	Pharmacy Address 1	REQUIRED	MUST include for Zero reporting.
PHA 06	Pharmacy Address 2	Not Used by ILPMP	
PHA 07	Pharmacy City Address	REQUIRED	MUST include for Zero reporting.
PHA 08	Pharmacy State Address	REQUIRED	Pharmacy State Address–USPS 2 letter code (e.g. IL) MUST include for Zero reporting.
PHA 09	Pharmacy Zip Code	REQUIRED	MUST include for Zero reporting.
PHA 10	Pharmacy Telephone Number, including area code	REQUIRED	Pharmacy Telephone Number, including area code MUST include for Zero reporting.
PHA 11	Contact Name	Not Used by ILPDMP	
PHA 12	Chain Site	Not Used by ILPMP	
<u>Patient Detail</u>			
PAT 01	ID Qualifier of Issuing Jurisdiction	Not Used by ILPMP	
PAT 02	ID Qualifier	REQUIRED	ID Qualifier is used to identify type of ID used: 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
PAT 03	ID of Patient	REQUIRED	Number located on the ID form
PAT 04	Additional ID Qualifier of Issuing Juris.	Not Used by ILPMP	

PAT 05	Additional Patient ID Qualifier	Used by ILPMP for LTC Reporting	<i>Must be used when submitting an LTC RX – Use code '99'</i>
PAT 06	Additional Patient ID	Not Used by ILPMP	
PAT 07	Last Name	REQUIRED	Patient Last Name
PAT 08	First Name	REQUIRED	Patient First Name
PAT 09	Middle Name	Not Used by ILPMP	When Available
PAT 10	Name Prefix (if field included in software)	Not Used by ILPMP	When Available
PAT 11	Last Name Suffix (e.g. Jr.)	Not Used by ILPMP	When Available
PAT 12	Address Line 1	REQUIRED	
PAT 13	Address Line 2	Used by ILPMP (when available)	When Available
PAT 14	City	REQUIRED	
PAT 15	State (2-digit code)	REQUIRED	Must be valid code from ASAP List of Jurisdictions
PAT 16	Zip code	REQUIRED	
PAT 17	Telephone Number	Not Used by ILPMP	
PAT 18	Date of Birth	REQUIRED	YYYYMMDD
PAT 19	Gender Code	REQUIRED	M or F or U-Unknown
PAT 20	Species Code	Used by ILPMP (when available)	When Available
PAT 21	Patient Location Code	Used by ILPMP for LTC Reporting	<i>Must be used when submitting an LTC RX</i>
<u>Dispensing Record</u>			
DSP 01	Reporting Status	REQUIRED	00=New, 01=Revised, 02=Void
DSP 02	Prescription number	REQUIRED	
DSP 03	Date written	REQUIRED	YYYYMMDD
DSP 04	Refills authorized	REQUIRED	

DSP 05	Date Filled	REQUIRED	YYYYMMDD
DSP 06	Refill number	REQUIRED	
DSP 07	Product ID Qualifier	REQUIRED	Type of product ID contained in DSP08 01 = NDC, 02 = UPC, 03 = HIR, 04 = UPN, 05 = DIN, 06= Compound
DSP 8	Product ID–NDC Number	REQUIRED	Must be eleven digits (Eleven 9's if compound & use CDI segment)
DSP 09	Quantity dispensed	REQUIRED	Decimals <i>NOT</i> implied
DSP 10	Day Supply	REQUIRED	NO DECIMALS
DSP 11	Drug Dosage Units Code	Not Used by ILPMP	
DSP 12	Transmission Form of RX Origin Code	Used by ILPMP (when available)	When Available 01=Written, 02=Telephone, 03=Tele. Emergency, 04=Fax, 05=Electronic, 99=Other
DSP 13	Partial Fill Indicator	REQUIRED	00=Not Partial, 01= First Partial fill, 02 = Second Partial fill, etc.
DSP 14	Pharmacist NPI	Not Used by ILPMP	
DSP 15	Pharmacist State License	Not Used by ILPMP	
DSP 16	Classification Code for Payment Type	REQUIRED	01=Private/Cash 05=Military/VA 02=Medicaid 06=Workers Comp. 03=Medicare 07=Indian Nations 04=Comm. Ins. 99=Other
DSP 17	Date Sold	Used by ILPMP (when applicable)	When Applicable
DSP 18	Rx Norm Qualifier	Not Used by ILPMP	
DSP 19	Rx Norm Code	Not Used by ILPMP	
DSP 20	Elec. Rx Reference #	Not Used by ILPMP	
DSP 21	Elec. Rx Order #	Not Used by ILPMP	
DSP 22	Quantity Prescribed	REQUIRED	
DSP 23	Rx SIG	Used by ILPMP (when available)	When Available
DSP 24	Treatment Type	Used by ILPMP (when available)	This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, then this field would not be used. 01 = Not Used for Opioid Dependency Treatment 02 = Used for Opioid Dependency Treatment 03 = Pain Associated with Active and Aftercare Cancer

			Treatment 04 = Palliative Care in Conjunction with a Serious Illness 05 = End-of-Life and Hospice Care 06 = A Pregnant Individual with a Pre-existing Prescription for Opioids 07 = Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain 08 = Individuals Pursuing an Active Taper of Opioid Medications 09 = Patient is Participating in a Pain Management Contract 99 = Other (trading partner agreed upon reason or not indicated)
DSP 25	Diagnosis Code	Used by ILPMP (when available)	This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription. Exclude the decimal point.
<u>Prescriber</u>			
PRE 01	Prescriber NPI	REQUIRED	Must populate with the Prescriber NPI. If the prescriber does not have an NPI, it is recommended to populate PRE01 with the 10- digit Prescriber Phone Number (PRE08).
PRE 02	Prescriber DEA	Used by ILPMP (when available)	Must populate with valid DEA if the medication is a controlled substance.
PRE 03	Prescriber DEA Suffix	Used by ILPMP (when available)	
PRE 04	Prescriber State License Number	Not Used by ILPMP	
PRE 05	Last Name	REQUIRED	
PRE 06	First Name	REQUIRED	
PRE 07	Middle Name	Not Used by ILPMP	
PRE 08	Prescriber Telephone	REQUIRED	Must populate with the ten digit phone number.
<u>Comp. Drug Ingredient</u>			(If applicable)
CDI 01	Compounded ingredient Sequence Number	REQUIRED	00-99
CDI 02	Product ID Qualifier	REQUIRED	01=NDC
CDI 03	Compound Ingredient	REQUIRED	Eleven Digit NDC Number

	Product ID		
CDI 04	Compound Ingredient Product Qty	REQUIRED	Decimals NOT implied
CDI 05	Compound Drug Dosage Units Code	Not Used by ILPMP	
<u>Additional Information Reporting</u>			
AIR 01	State Issuing Rx Serial Number	Not Used by ILPMP	
<u>Pharmacy Trailer</u>			
TP 01	Detail Segment Count for the pharmacy	REQUIRED	Number of Detail Segments for the Pharmacy
<u>Transaction Set Trailer</u>			
TT 01	Transaction Set Control Number	REQUIRED	
TT 02	Segment Count	REQUIRED	

14 Appendix B: ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to ILPMP.

For more details regarding these Segment or Elements IDs or to report actual dispensations, please refer to section, [Appendix A – ASAP 4.2 A Specifications](#).

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.2	R
TH02	123456	R
TH05	20200101	R
TH06	223000	R
TH07	P	R
TH09	\\	R
IS – Information Source – Required		
IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA – Pharmacy Header – Required		
PHA03	Pharmacy DEA Number	R
PHA04	Pharmacy Name	
PHA 05	Pharmacy Address 1	
PHA 07	Pharmacy City Address	
PHA 08	Pharmacy State Address	
PHA 09	Pharmacy Zip Code	
PHA 10	Pharmacy Telephone Number, including area code	
DSP – Dispensing Record – Required		
DSP05	Date	R
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R

TT02	10	R
------	----	---

The following is an example of how a Zero Report would look.

```
TH*4.2*0000*01**20220211*004643*P**  
IS*7705555555*PHARMACY NAME*#20150101#-#20150107#  
PHA***BY5132888  
PAT*****REPORT*ZERO*****  
DSP*****2022-02-06*****  
PRE*  
CDI*  
AIR*  
TP*7  
TT*0000*10
```