

Illinois Data Submitter's Guide

Illinois RxSubmit



January 2023

Contents

1	1.1	Document Overview Purpose and Contents	4 4
	1.2	Reporting Requirements	4
	2.1	Synopsis	5
	2.2	Registering a Data Submitter	5
3		Logging into Illinois RxSubmit	10
	3.1	Synopsis	10
	3.2	Logging into Illinois RxSubmit with New Credentials	10
	3.3	Forgot Password	11
4		File Submissions	15
	4.1	Synopsis	15
	4.2	New File Upload	15
	4.3	File Upload History	17
	4.4	Submitted Dispensations	24
	4.5	Manual Form Submission	29
	4.6	Configure sFTP Account	31
	4	.6.1 Creating a Custom Password using Illinois RxSubmit	31
	4	.6.2 Public Key Authentication using SSH Key Commands	34
5		Organization Management	38
	5.1	Synopsis	38
	5.2	Organization Management	38
6		Exported Reports	40
	6.1	Synopsis	40
	6.2	Downloading Export Reports	40
7		Notifications and Messages	42
	74		40
	7.1	Synopsis	42
	7.1 7.2	Synopsis	42 42
	7.1 7.2 7.3	Synopsis Notifications Messages	42 42 43
8	7.1 7.2 7.3	Synopsis Notifications Messages Profile Management	42 42 43 45
8	 7.1 7.2 7.3 8.1 8.2 	Synopsis Notifications Messages Profile Management	42 42 43 45 45
8	7.17.27.38.18.2	Synopsis	42 42 43 45 45 45
8	 7.1 7.2 7.3 8.1 8.2 9.1 	Synopsis Notifications Messages Profile Management Synopsis Profile Management Logging out of Illinois RxSubmit	42 42 43 45 45 45 51

Copyright © 2009-2023 LogiCoy Inc.

9.2	Logging out of Illinois RxSubmit	
10	Apply For Data Submission Waiver	
10.	1 Synopsis	
10.	2 Data Submission Waiver	52
1	0.2.1 Applying for a Waiver as a Pharmacy or Dispenser	52
11	Assistance and Support	
11.	1 Technical Assistance	54
11.	2 Administrative Assistance	54
12	Document Information	
12.	1 Copyright and Trademarks	55
12.	2 Disclaimer	
12.	3 Version History	55
12.	4 Change Log	55
13	Appendix A: ASAP 4.2 A Specifications	57
14 Ap	pendix B: ASAP Zero Report Specifications	63

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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.

Copyright © 2009-2023 LogiCoy Inc.

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: <u>https://rxsubmit-il.logicoy.com</u>
- The following window will be displayed:

Browsers Supported 💿 🖉 🧶 🧟 (11+)
welcome to Illinois RXSubmit. Please log in to continue.
Email address
Password
Locia
Login
Illinois RxSubmit Registration
Apply for Data Submission Waiver

• Click "Illinois RxSubmit Registration" below the Login button.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

	Illinois RxSubm	it 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 🕄 *
Pa	ssword 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 *	
Data Submitters	~	Select the user role	
		Select the user role	
Basic Information		Submitter On Behalf Of Dispensing Practitioner Submitter On Behalf Of Pharmacy	

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

Copyright © 2009-2023 LogiCoy Inc.

First Name *		Middle Name	2	
Gender				
Select gender 🗸 🗸				
Date Of Birth *				
06/03/2022				
Cell Phone Number		\frown		
US, (+1)		verify		
Cell Phone Number US, (+1) Password recovery requires a cell phone	ne that receives text r	verify messages.		
Cell Phone Number US, (+1) Password recovery requires a cell phon Address *	ne that receives text r	verify messages.		
Cell Phone Number US, (+1) Password recovery requires a cell phon Address *	he that receives text r	verify messages.		
Cell Phone Number US, (+1) Password recovery requires a cell phon Address * State *	ne that receives text r	verify messages.	ZIP C	ode *

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 ho	burs.
Skip An	d 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".



Copyright © 2009-2023 LogiCoy Inc.

Employer Name *	Employer	Phone Number	
Employer Address			
Employer State	Employer City	Employer ZIP Code	
Select a state 🛛 👻	Select a city	•	
Employer License Number (if a	spplicable)		
Employer DEA (if applicable)			
Employer NPI (if applicable)			

- 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.

Copyright © 2009-2023 LogiCoy Inc.

Illinois RxSubmit

To From Sending	testaccount ilpmp@logi 23.249.210	coy.com .14			🔟 Delete	
Received	2022-05-30	18:41:35				
HTML	JSON	RAW	LINKS	ATTACHMENTS		
Dear Victor Co Congratulation Your registrati	reel, ns! 10n with Illinois Pr	escription Monite	oring Program (ILP	MP) 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: <u>https://rxsubmit-il-test.logicoy.com/PDMPSystemApp/</u>						
For technical s	support, please cor	ntact 1lpmp@log1	coy.com or call (21	/) 885-2494.		

Copyright © 2009-2023 LogiCoy Inc.

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: <u>https://rxsubmit-il.logicoy.com</u>
- The following window will be displayed.

	Browsers Supported O I I C C (11+)
Welc	ome to Illinois RxSubmit. Please log in to continue.
Email add	ress
Password	
	Login
	Illinois RxSubmit Registration
	Forgot Password? Apply for Data Submission Waiver

• 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.

Copyright © 2009-2023 LogiCoy Inc.



- 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.

	Browsers Supported 🧿 💋 🙋 🧲(11+)
	Incis Prescription Manzardy Program
Weld	come to Illinois RxSubmit. Please log in to continue.
Email add	iress
Password	
	Login
	Illinois BxSubmit Registration
	(Forgot Password?)

• Your Illinois RxSubmit email address will be required.

Copyright © 2009-2023 LogiCoy Inc.

Recover Password	
Here, let us help you with that	
Please enter the email address associated with your Illinois RxSubmit account. We'll use this to verify your account and to send a password recovery message.	
Verify Account	

• Once the Illinois RxSubmit email address is entered, click "Verify Account". The following message will appear:

Thanks	
Now, that we know it's you, how would you like to reset your password.	
We can either send you a recovery link to your email where you can easily update your password. Or, we can text you a recovery code to your phone that you'll use to update your password.	
\bigcirc Send the recovery link to my email	
\bigcirc Send the recovery code to my cell phone	

- 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:

Recover Password				
Email is invalid or unregistered. Please provide a registered email to reset password.				
	Return to login			

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

Copyright © 2009-2023 LogiCoy Inc.

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

Recover Password		
Thanks		
Now, check your email! You sh	uld have received an email from us with a recovery link. Clicking the	at
link will allow you to create a n	w password.	

• 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.

Public	UAT : Reset Password Notification PDMP System			Back to Inbo	
Message	Applica	tion			
То	testaccount				🔲 Delete
From	ilpmp@logic	coy.com			
Sending	23.249.210.	.19			
IP					
Received	2022-05-30	21:05:13			
HTML	JSON	RAW	LINKS	ATTACHMENTS	
Dear Victor C	reel,				*
Please use bel	ow link to reset yo	ur Illinois Prescr	iption Monitoring Pr	ogram (ILPMP) account password.	
https://rxsubn	<u>nit-il-test.logicoy.cc</u>	om/PDMPSysten	hApp/forgotPassword	d?ssoToken=ff96abf4-e634-4447-aa51-7fe7ccc527da	
				0.885.2404	
For technical	support, please con	ntact ilpmp@logi	coy.com or call (217	000-2494.	

Password reset link s	uccessfully validated.	
New password		
Confirm new passwor	d	
Password must m	eet the following requirements:	
Password must m Minimum of 8 cha	eet the following requirements: racters	
Password must m Minimum of 8 cha Contain one uppe	eet the following requirements: racters r case letter	
Password must m Minimum of 8 cha Contain one uppe Contain one lowe	eet the following requirements: racters r case letter case letter	
Password must m Minimum of 8 cha Contain one uppe Contain one lowe Contain at least o	eet the following requirements: racters r case letter - case letter ne number	
Password must m Minimum of 8 cha Contain one uppe Contain one lowe Contain at least o Contain one spec	eet the following requirements: racters r case letter re number a character (I @ # \$ etc.)	
Password must m Minimum of 8 cha Contain one uppe Contain one lowe Contain at least o Contain one spec Maximum of 72 cl	eet the following requirements: racters r case letter rcase letter ne number at character (() # \$ etc.) aracters	

Copyright © 2009-2023 LogiCoy Inc.

• 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.

Recover Password	
Here, let us help you with that	
Now, check your messages! Enter password recovery code that v phone.	vas sent to your cell
Your password recovery code	
	(44s)Resend
Recover password	

- 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.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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".



Copyright © 2009-2023 LogiCoy Inc.

penser's or Pharmacist's new data upload screen	
File Upload	Zero Report Submission
File must follow the predefined ASAP format and should be a .DAT file Upload File	Purpose of zero report: If a submitter does not have a prescription file to submit for the day, a zero report is required compliance.
File description (Optional)	Start Date
Upload file	End Date
	MM/DD/YYYY Pharmacy DEA Number
	Upload Zero Report

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

File Upload		
File must follow the predefined ASAP format and should be a .DAT file		
Upload File		
File description (Optional)		
Upload file		

- 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:



Copyright © 2009-2023 LogiCoy Inc.

• The "Zero Report Upload" can be done on the same page as that of the "New File Upload".

Zer	Zero Report Submission			
Purpo If a su comp	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			
#	MM/DD/YYYY			
End D	late			
***	MM/DD/YYYY			
Pharm	nacy DEA Number Dad Zero Report			

- 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.



• Click "Yes" to submit the zero report; this is confirmed in the confirmation message.



4.3 File Upload History

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

Copyright © 2009-2023 LogiCoy Inc.

ile Upload Histor	у								Page Walkthrou	igh
file name		Status		File Su	ubmission Date rar	nge	-			
		Status	~	Ħ	04/30/2022 - 0	5/30/2022	Sea	rch Reset Se	arch	
Upload insights										
Total Files Received	Tot	al Prescriptions	Processing Finish	ed	Process	ing Failed				
0		0	0			0				
ZeroReport Received	5	Parsing Error	Processing Starts	ed	Parsing	g Started				
0		0	0			0				
File List										_
Showing below records for th	e given date range	04/30/2022 - 05/30/2022	ŧ.						Export Table	
ID Elle name	Licer pame	ID-Addross	Proscriptions		Europere	Error	Chattar	Data	A	-

- 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.

Copyright © 2009-2023 LogiCoy Inc.

• To populate counts, click "Search".

ile Upload History				Page Walkthrough
le name	Status	Files	Submission Date range	
	Status	~ ₩	04/30/2022 - 05/30/2022	Search Reset Search
LOTAL FILES RECEIVED		Descention of Circle In a d	Descentioner Califord	
0 ZeroReport Received	Parsing Error	Processing Finished 0 Processing Started 0	Processing Failed 0 Parsing Started 0	
0 ZeroReport Received 0	O Parsing Error O n date range : 04/30/2022 - 05/30/20	Processing Finished 0 Processing Started 0	Processing Failed O Parsing Started O	Export Table

• 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.

D	File name	User name	IP-Address	Prescriptions	Success	Error	Status	Date 🔻	Actions
2530	ZERO_RPT_MANUAL162 7296323701.dat	williewood@mailinator.co m	60.243.243.156, 64.252.145.81	1	1	0	Zero-report- recieved	07/26/2021	Action 👻
2529	H-DEMO-DATA-T3.dat	williewood@mailinator.co m	60.243.243.156, 64.252.145.81	14	10	4	Processed-with- error	07/26/2021 10:36:30	
					Page	number	r:1 Previous	Next Items pe	er page:
_					_				
									+
							Actio	n 👻	+
							Actio edit file re	n 🗸	-
							Actio edit file re download	n 🗸 ecords d acknow	vledgment
							Actio edit file re download download	n 👻 ecords d acknow d summa	vledgment
							Actio edit file re download download	n 🗸 ecords d acknow d summa d detail re	vledgment ary report eport

- 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

Copyright © 2009-2023 LogiCoy Inc.

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.



Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

Pharmacy name	#9078, pharmacy DEA	Dispensing Record Number : 11	
ERROR : PAT.8, Colum	in name : pat08_patient_first_name,	Value given : , A valid value expected for : PAT.8	
Pharmacy name	19078, pharmacy DEA	Dispensing Record Number: 12	
ERROR : PAT.7, Colum	n name : pat07_patient_last_name.	Value given : , A valid value expected for : PAT.7	

• The option "Edit File Records" shows data with the patient, prescriber, and pharmacy information.

File Upload History					
Record details for file name : PMPREPORT_IL_060722-	2VWER2QEW3.dat				
File Status : Processing-finished					Back
Pharmacy DEA	Pharmacy NPI Number		Pharmacy License Number	r	Prescriber DEA
Prescriber NPI	Prescriber State License Nu	imber	Status		Rx Number
			Status	~	
Prescription Written Date Range	Prescription Filled Date Rar	nge			
MM/DD/YYYY-MM/DD/YYYY	MM/DD/YYYY - MM	1/DD/YYYY			
Filter by drug schedule: 2 3 4 5 All Showing below records for the given date range : 05/01	3/2022 - 06/08/2022				Search Reset Search
First Name Last Name DOB Phan	macy Prescri	ber Rx # Dr	rug Name Drug Strength	MME Written date Fi	Il Date Status Action
First Name Last Name DOB Phan 04/30/1983 PATH	macy Prescrit	ber Rx # Dr 528532 PR	REGABALIN	MME Written date Fi 0 05/05/2022 06	Il Date Status Action 5/06/2022 Accepted Action •
First Name Last Name DOB Phan	macy Prescrii	ber Rx # Dr 528532 PR	REGABALIN	MME Written date Fi 0 05/05/2022 0 Page number :1 Previou	Il Date Status Action \$/06/2022 Accepted Action = us Next Items per page: 10 Showing - 1-1/1
First Name Last Name DOB Phan 04/30/1983 PATH	macy Prescrit	ber Rx # Dr	REGABALIN	MME Written date Fi 0 05/05/2022 04 Page number :1 Previou	Il Date Status Action W06/2022 Accepted Action - us Next Items per page: 10 Showing - 1-1/1 Action - More Details
First Name Last Name DOB Phan	macy Prescrii	ber Rx # Dr	rug Name Drug Strength REGABALIN	MME Writen date Fi 0 05/05/2022 04 Page number :1 Previou	Il Date Status Action W06/2022 Accepted Action • us Next Items per page: 100 • Showing - 1-1/1 Action • More Details History
First Name Last Name DOB Phar 04/30/1983 PATH	macy Prescrii	ber Rx # Dr	REGABALIN EEGABALIN	MME Written date Fi 0 05/05/2022 00 Page number :1 Previou	Il Date Status Action Slo6/2022 Accepted Action • us Next Items per page: 10 Showing - 1-1/1 Action • More Details History Edit

- 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.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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
nfo 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	
Pharmacy name : EFWEW Pharmacy phone no : N/A Pharmacy contact name : N/A	Patient Species : 01 Patient gender : M DSP Prescription number : WQWQDD	Prescriber DEA : FWFWEF Prescriber NPI : FEWEWF Prescriber State License Number : N/A
armacy chain id : N/A	DSP Prescription written date : 07/30/2021	

• "History" will show all history associated with the file (errors, edits, etc.)

Prescription Number : N/A	×
Show more data	
Show 10 v entries	Search:
Patient name 👫 Patient DOB 🕸 Patient address 🕸 Status 👘 Creation date 🕸 Update At 🗐 Up	pdate By ↓î User Role ↓î
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.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

	RP1_MANUAL_1614617639369.0at		
Transaction id			
0000			
Pharmacy details			
Pharmacy name	Pharmacy Dea number	Pharmacy NPI	Pharmacy Ncpdp for pdp
N/A	AA123456789		N/A
Address 1	Address 2	City	State
N/A	N/A	N/A	N/A
Zip	Phone number	Pharmacy Contact	Chain id
N/A	N/A	N/A	N/A
]	
Patient details			
Patient id	Dationt first name	Datient middle pame	Dationt last name
N/A	ZEDO		DEDODT
N/A Patient gender	Patient date of hirth	N/A Patient address	Patient city
	N/A	N/A	
Datient state	Patient zin	Patient phone number	Patient provider code
			N/A
DI/A			
N/A Patient qualifier	Patient provider code	Patient qualifier 2	Patient id 2
N/A Patient qualifier	Patient provider code	Patient qualifier 2	Patient id 2
N/A Patient qualifier atient qualifier N/A	Patient provider code Patient provider code N/A	Patient qualifier 2 Patient qualifier 2 N/A	Patient id 2 Patient id 2 N/A
N/A Patient qualifier atient qualifier N/A atient name prefix	Patient provider code Patient provider code N/A Patient name suffix	Patient qualifier 2 Patient qualifier 2 N/A Patient species	Patient id 2 Patient id 2 N/A Patient location code
N/A Patient qualifier N/A atient name prefix N/A	Patient provider code Patient provider code N/A Patient name suffix N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A vatient name prefix N/A vatient non uscn	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A Patient name prefix N/A Patient non uscn	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A Patient name prefix N/A Patient non uscn	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A ratient name prefix N/A SP. description	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A vatient name prefix N/A vatient non uscn	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A	Patient id 2 Patient id 2 N/A Patient location code N/A
N/A Patient qualifier N/A atient name prefix N/A atient non uscn SP description • SP description number	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description SP description number N/A	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description SP description number N/A SP days supply	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status
N/A Patient qualifier Alatient qualifier N/A atient name prefix N/A atient non uscn CP description SP description number N/A SP days supply N/A	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description SP description number N/A SP days supply N/A SP refills authorized	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A DSP refill number	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A DSP productid qualifier	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A DSP transmission form
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description SP description number N/A SP days supply N/A SP refills authorized N/A	Patient provider code Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A DSP refill number N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A DSP productid qualifier N/A	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A DSP transmission form N/A
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description SP description number N/A SP days supply N/A SP refills authorized N/A SP partial fill indicator	N/A Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A DSP refill number N/A DSP pharmacist npi	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A DSP productid qualifier N/A DSP Pharmacist license number	Patient id 2 Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A DSP transmission form N/A DSP Payment type code
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description ▲ SP description number N/A SP days supply N/A SP refills authorized N/A SP partial fill indicator N/A	N/A Patient provider code N/A Patient name suffix N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A DSP refill number N/A DSP pharmacist npi N/A	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A DSP productid qualifier N/A DSP Pharmacist license number N/A	Patient id 2 Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A DSP transmission form N/A DSP Payment type code N/A
N/A Patient qualifier atient qualifier N/A atient name prefix N/A atient non uscn SP description ▲ SP description number N/A SP days supply N/A SP refills authorized N/A SP partial fill indicator N/A SP date sold	N/A Patient provider code N/A Patient name suffix N/A Patient name of animal N/A Patient name of animal N/A DSP description date filled 2021-03-02 DSP quantity dispensed N/A DSP refill number N/A DSP pharmacist npi N/A DSP Rxnorm product qualifier	Patient qualifier 2 Patient qualifier 2 N/A Patient species N/A DSP Prescription written date N/A DSP drug dosage unit N/A DSP productid qualifier N/A DSP Pharmacist license number N/A DSP Rxnorm code	Patient id 2 Patient id 2 N/A Patient location code N/A DSP Product Id N/A DSP reporting status N/A DSP transmission form N/A DSP Payment type code N/A DSP Electronic prescription referent

Copyright © 2009-2023 LogiCoy Inc.

N/A			
Prescriber details 🔺			
Prescriber dea	Prescriber first name	Prescriber middle name	Prescriber last name
N/A	N/A	N/A	N/A
Prescriber phone no	Prescriber DEA suffix	Prescriber NPI	Prescriber State LIC
N/A	N/A	N/A	N/A
Contested Prescription	Reason for edit	Add comment	
		ĥ.	

• "Delete" will delete the record from the patient and prescriber profiles but not from the submitter profile or entirely from Illinois RxSubmit.

Are you sure	e you want to
delete th	e record?
Yes	Cancel

4.4 Submitted Dispensations

• The "**Submitted Dispensations**" feature provides a summary of the submitted dispensations made by a pharmacy or dispenser.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

• 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.

armacy DE	A		Pha	armacy NPI Num	ber		Pharmacy Licens	e Number			Prescriber	DEA		
escriber NP	1		Pre	escriber State Lice	nse Number		Status			•	Rx Numbe	br		
escription V	Vritten Date Ra	nge	Pre	escription Filled D	ate Range									
MM/C	DD/YYYY-MM/D	D/YYYY		01/06/2022	06/08/2022									
ter by drug	schedule: 4 05 0 All										Sea	Res	et Search	Export Ta
ter by drug 2 3 .	schedule: 4 5 All w records for th Last Name	e given date i DOB	ange : 01/06/2022 - Pharmacy	- 06/08/2022	Prescriber	Rx #	Drug Name	Drug Strength	мме	Written date	Sea	Status	Action	Export Tai
ter by drug 2 3 - owing below irst Name	schedule: 4 5 All w records for th Last Name	DOB	Pharmacy OPTIONS MEDICA	- 06/08/2022 AL WEIGHT LOSS	Prescriber	Rx # 109226	Drug Name PHENTERMINE HCL	Drug Strength 37.5 MG	MME 0	Written date 05/16/2022	Fill Date • 05/16/2022	Status Accepted	Action	Export Tai
ter by drug 2 3 - owing below	schedule: 4 S All w records for th Last Name	DOB 12/31/1992 10/21/1950	Pharmacy OPTIONS MEDICA CINO 3 MERLI VE	- 06/08/2022 AL WEIGHT LOSS TTERANS CENTER	Prescriber	Rx # 109226 TST0014	Drug Name PHENTERMINE HCL FENTANYL 100 MCGHR PATCH	Drug Strength 37.5 MG 100 MCGHOUR	мме 0 0	Written date 05/16/2022 05/17/2022	Fill Date • 05/16/2022 05/17/2022	Status Accepted Errored	Action Action Action	Export Tal
ier by drug 2 3	schedule: 4 5 All w records for th Last Name N/A	DOB 12/31/1992 10/21/1950 10/25/1950	Pharmacy OPTIONS MEDICA GINO J MERLI VET TEST PHARMACY	- 06/08/2022 AL WEIGHT LOSS TERANS CENTER	Prescriber	Rx # 109226 TST0014 20220602123	Drug Name PHENTERMINE HCL FENTANYL 100 MCGHR PATCH ALPRAZOLAM	Drug Strength 37.5 MG 100 MCGHOUR 0.25 MG	мме 0 0	Written date 05/16/2022 05/17/2022 06/02/2022	Fill Date + 05/16/2022 05/17/2022	Status Accepted Errored Errored	Action Action Action Action Action	Export Tal
ter by drug 2 3	schedule: 4 5 All w records for th Last Name N/A N/A	e given date i DOB 12/31/1992 10/21/1950 10/25/1950	Pharmacy OPTIONS MEDICA GINO J MERILI VE TEST PHARMACY	- 06/08/2022 AL WEIGHT LOSS TERANS CENTER -V5667	Prescriber	Rx # 109226 TST0014 20220602123 20220602123	Drug Name PHENTERMINE HCL FENTANVL 100 MCGHR PATCH ALPRAZOLAM ALPRAZOLAM	Drug Strength 37.5 MG 37.5 MG 100 MCGHOUR 0.25 MG 0.25 MG	мме 0 0 0	Written 05/16/2022 05/17/2022 06/02/2022 06/02/2022	Fill Date + 05/16/2022 05/17/2022 06/02/2022	Status Status Accepted Errored Errored	Action Action Action Action Action Action	Export Tal v

- 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.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

Prescriber NHS Prescriber State License Number Status R: Number rescription Written Date Bange Prescription filled Date Bange Status v Image: Mexibol/www.Mexibol/www. Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Ther by drug schedule: Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Ther by drug schedule: Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Ther by drug schedule: Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Ther by drug schedule: Image: 0100/2021 - 12/06/2023 Image: 0100/2021 - 12/06/2023 Image: 0100/2023 Ther by drug schedule: Image: 0100/2021 - 12/06/2023 Image: 0100/2023 - 12/06/2023 Image: 0100/2023 Ther by drug schedule: Image: 0100/2023 - 12/06/2023 Image: 0100/2023 - 12/06/2023 Image: 0100/2023 - 12/06/2023 Ther by drug schedule: Image: 0100/2023 - 01000/2023 - 0100/2023 - 0100/2023 - 0100/2023 - 0
Newcrigtion Written Date Range Prescrigtion Filled Date Range MM/DD/YYYY MM/DD/YYYY Prescrigtion Filled Date Range Barry dy dy schedde: Prescrigtion Filled Date Range D2 0 3 0 4 0 5 AR Prescrigtion Filled Date Range howing below records for the given date range : 00/00/2021 - 12/06/2021 Prescrigtion Pilled Date Range : 00/00/2021 - 00/01/2021 Prescrigtion Pilled Date Range : 00/00/2021 - 12/06/2021 Prescrigtion Pilled Date Range : 00/00/2021 - 00/01/2021 Prescrigtion Pilled Date Range : 00/00/2021 Pilled Date Range : 00/01/2021 Pilled Date Range : 00/01/2
Prescription Wilten Date Bange Prescription Filled Date Bange Mix/DD/YYYY MM/DD/YYYY Mix O10/U2021 + 12/06/2021 The ty drug schedde: D2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ModoDAMMY MANADODAMMY M OVOV2021 - 12/06/2021 Control Control
Reart by drug schedule: 2 2 3 4 3 3 4 Centh Reart Geneth Reart
Instit Name Last Name DOB Pharmacy Prescriber Rx # Drug Name MARE Verifies data Fill Date Statual Action DOBD/1HV DMM-LES 10/25/1960 THE MEDICINE SHOOPE 30HV LECERE 0700120 PRECABALIN 0 10/01/2021 06/01/2021 Resubmitted Action - DOBD/1HV DIMPLES 10/25/1960 THE MEDICINE SHOOPE 30HV LECERE 0700120 PRECABALIN 0 10/01/2021 05/01/2021 Resubmitted Action - DOBD/1HV DIMPLES 10/25/1960 THE MEDICINE SHOPPE 30HV LECERE 0700120 PRECABALIN 0 10/01/2021 05/01/2021 Resubmitted Action - DOBD/1HV DIMPLES 10/25/1960 THE MEDICINE SHOPPE 30HV LECERE 0700120 PRECABALIN 0 10/01/2021 05/01/2021 Resubmitted Action - DOBD/1HV DIMPLES 10/25/1960 THE MEDICINE SHOPPE 30HV LECERE 0710120 PRECABALIN 0 10/01/2021
DORD/THY DIMPLES 3025/1940 THE MEDICINE SHOPPE JOHN LECERE 070020 PRECABALIN 0 10/0/2021 DORD/1020 Resubmitted Action + DORD/THY DIMPLES 3025/1940 THE MEDICINE SHOPPE JOHN LECERE 070020 PRECABALIN 0 10/0/2021 DSRUTINE Action + DORD/THY DIMPLES 10/25/1940 THE MEDICINE SHOPPE JOHN LECERE 0700120 PRECABALIN 0 10/0/2021 DSRUTINE Action + DORD/THY DIMPLES 10/25/1940 THE MEDICINE SHOPPE JOHN LECERE 0710120 PRECABALIN 0 10/0/2021 DSRUTINE Action + DORD/THY DIMPLES 10/25/1940 THE MEDICINE SHOPPE JOHN LECERE 0710120 PRECABALIN 0 10/0/2021 05/0/2021 Action + DORD/THY DIMPLES 10/25/1940 THE MEDICINE SHOPPE JOHN LECERE 0710120 PRECABALIN 0 10/0/2021 Action /+
DOBOTHY DIMPLES 10/25/1940 THE MEDICINE SHOPPE DOMINIECERE 070020 PRECABALIN 0 10/01/2021 Resubmitted Action Action Action • DOROTHY DIMPLES 10/25/1940 THE MEDICINE SHOPPE DORN LECERE 070020 PRECABALIN 0 10/01/2021 Displicate Action • DOROTHY DIMPLES 10/25/1940 THE MEDICINE SHOPPE DORN LECERE 0710120 PRECABALIN 0 10/01/2021 OS/01/2021 Resubmitted Action • DOROTHY DIMPLES 10/25/1940 THE MEDICINE SHOPPE DOMINIEGERE 0710120 PRECABALIN 0 10/01/2021 0S/01/2021 Action to the
DORD/THY DIMPLES 10/25/1960 THE MEDICINE SHOPPE JOHN LECERE 0700120 PRECABALIN 0 10/01/2021 Op/01/2021 Duppleste Action • DORD/THY DIMPLES 10/25/1960 THE MEDICINE SHOPPE JOHN LECERE 0710120 PRECABALIN 0 10/01/2021 Op/01/2021 Accepted Action •
DORIOTHY DIMPLES 1025/1940 THE MEDICINE SHOPPE JOHN LECERE 07/0120 PRECABALIN O 10/0/2021 05/01/2023 Assepted Action •
Action

- 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.

Status : ACCEPTED	Pharmacy city :	DSP Product Id : 68387094360
Creation date :06/15/2021	CHAMDHIKENPERGUMEREDSBERSBORG	DSP days supply :30
Transaction Id : TC2	Pharmacy zip : PA	DSP quantity dispensed : 180
Transaction type (0)	Patient name :DOLLY DIMPLES	DSD drug dosago unit code : 01
nansaction type. or	Patient city :LOCK HAVEN	DSP drug dosage unit code . Of
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	Detiest eddeese (77 FAIDCDOUND DD MILL HALL	Reporting Status : 00
Pharmacy NPI : TESTNPI40	Patient address : 417 PAIROROUND RD, MILL HALL	Refill Number : 0
Pharmacy name : HOGWARTS PHARMACY-V2	Patient DOB : 10/25/1950	Refills Authorized : 05
Pharmacy phone no : (7)7) 267-3304	Patient Species : 01	Prescriber name : PARAM SINGH
	Patient gender : M	
Pharmacy contact name : N/A	DSP Prescription number : 202102186	Prescriber DEA : BR5799401
Pharmacy chain id : ~^^2654	DSP Prescription written date : 06/19/2021	Prescriber NPI : 1023011181
	DSP Prescription date filled : 06/19/2021	Prescriber State License Number : N/A
	DSP Prescription date filled : 06/19/2021	Prescriber State License Number : N/A

Copyright © 2009-2023 LogiCoy Inc.

• "History" will show all the history associated with the file.

iow more data							
now 10 🗸	entries					Search:	
Patient 👫 name	Patient 1 DOB	↓† Patient address	↓ Status	Creation date	11 It Update At	Update By	↓↑ User Role
PARAM SINGH	05/23/1987	417 FAIRGROUND RD, MILL HALL, PA 17751	ERRORED	04/28/2021	05/21/2021	walgreenpharmacy@mailinator.com	Pharmacist
PARAM SINGH	05/23/1987	417 FAIRGROUND RD, MILL HALL, PA 17751	ERRORED	04/28/2021	05/21/2021	walgreenpharmacy@mailinator.com	Pharmacist
owing 1 to 2 of 2	entries						Previous 1 Nex

- "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.

Transaction id			
TC2			
Pharmacy details 🔺			
Pharmacy name	Pharmacy Dea number	Pharmacy NPI	Pharmacy Ncpdp for pdp
HOGWARTS WTST PHARMACY	12341231	TESTNPII	N/A
Address 1	Address 2	City	State
925 NORLAND AVE	N/A	CHAMJHJKFHJFEFQ@#\$@#EF	PA
Zip	Phone number	Chain id	
N/A	(717) 267-3304	~^^2654	
Patient details 🔺	Patient first name	Patient middle name	Patient last name
Patient details ▲ Patient Id N/A	Patient first name PARAM	Patient middle name	Patient last name SINGH
Patient details ▲ Patient Id N/A Patient gender	Patient first name PARAM Patient date of birth	Patient middle name N/A Patient address	Patient last name SINGH Patient city
Patient details ▲ Patient Id N/A Patient gender M	Patient first name PARAM Patient date of birth 05/23/1987	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI	Patient last name SINGH Patient city MADISON
Patient details Patient ld N/A Patient gender M Patient state	Patient first name PARAM Patient date of birth 05/23/1987 Patient zip	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI Patient phone number	Patient last name SINGH Patient city MADISON Patient provider code
Patient details Patient Id N/A Patient gender M Patient state IL	Patient first name PARAM Patient date of birth 05/23/1987 Patient zip 60304	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI Patient phone number N/A	Patient last name SINGH Patient city MADISON Patient provider code N/A
Patient details Patient Id N/A Patient gender M Patient state IL Patient qualifier	Patient first name PARAM Patient date of birth 05/23/1987 Patient zip 60304 Patient provider code	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI Patient phone number N/A Patient qualifier 2	Patient last name SINGH Patient city MADISON Patient provider code N/A Patient id 2
Patient details Patient Id N/A Patient gender M Patient state IL Patient qualifier 03	Patient first name PARAM Patient date of birth 05/23/1987 Patient zip 60304 Patient provider code N/A	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI Patient phone number N/A Patient qualifier 2 N/A	Patient last name SINGH Patient city MADISON Patient provider code N/A Patient id 2 N/A
Patient details Patient id N/A Patient gender M Patient state IL Patient qualifier 03 Patient name prefix	Patient first name PARAM Patient date of birth 05/23/1987 Patient zip 60304 Patient provider code N/A Patient name suffix	Patient middle name N/A Patient address 417 FAIRGROUND RD, MILL HAI Patient phone number N/A Patient qualifier 2 N/A Patient species	Patient last name SINCH Patient city MADISON Patient provider code N/A Patient id 2 N/A Patient location code

Copyright © 2009-2023 LogiCoy Inc.

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

Contested Prescription	Reason for edit	Add comment	é
Comment history 🕶			~
	Upd	te	
			Close

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

Are yo	ou sure	e you want to
de	lete th	e record?
- I	Yes	Cancel

Copyright © 2009-2023 LogiCoy Inc.

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 Dis	pensing Medications		Page Walkthrough
Optional : On behalf of user name (Editable Only for Adm	in)		
Patient information			*
First Name *	Last Name *	Middle Name	Patient Suffix
Date of birth *	Gender *	Address 1*	Address 2
MM/DD/YYYY	Select Gender	~	
State *	City *	ZIP code *	Patient ID type
	•	~	Select 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
 - o 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.

Copyright © 2009-2023 LogiCoy Inc.

Generate autofill based on the DEA $\ \square$			
NPI *	DEA Number *	Dispensary Name *	Address *
Dispenser's NPI Number	Dispenser's DEA Number	Dispensary Name	Street Address
acist information			
NPI Number	State License Number		
NPI Number	State License Number		
riber information			
iber information Generate autofill based on the prescriber I Prescriber NPI *	DEA DEA *	Prescriber DEA Suffix	Prescriber State License
riber information Generate autofill based on the prescriber I Prescriber NPI • Prescriber NPI	Prescriber DEA * Prescriber DEA	Prescriber DEA Suffix Prescriber DEA Suffix	Prescriber State License Prescriber State License
riber information Generate autofill based on the prescriber I Prescriber NPI * Prescriber NPI	DEA Prescriber DEA * Prescriber DEA Prescriber Last Name *	Prescriber DEA Suffix Prescriber DEA Suffix Prescriber Middle Name	Prescriber State License Prescriber State License

- 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.

NDC Number	Ourselite discovered .	Data Surphy!	Data Weitrag
NDC Code	Quantity	Days Supply	MM/DD/YYYY
Date Filled *	Date Sold	Payment Type *	Prescription Number *
MM/DD/YYYY	MM/DD/YYYY	Select Payment Type	Prescription Number
Authorized Refill *	Refill Number *	Prescription Origin *	Electronic prescription Reference no
Authorized Refill Count	Refill Number	Select Prescription Origin	Electronic prescription Reference no
Units *	Partial Fill *		
Select Unit code	✓ 01		

Copyright © 2009-2023 LogiCoy Inc.

- 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.

NDC Number *	Quantity dispensed *	Days Supply *	Date Written *
999999999			MM/DD/YYYY
Date Filled *	Date Sold	Payment Type *	Prescription Number *
MM/DD/YYYY	MM/DD/YYYY	Select Payment Type V	
Authorized Refill *	Refill Number *	Prescription Origin *	Electronic prescription Reference n
		Select Prescription Origin v	

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

ompound Drug Ingredient Detail (Optional)	
equence Number *	Compound Drug Dosage Units Code *	NDC *
01	Select Compound Drug Dosage Units Code 🗸 🗸	Product ID
omponent Ingredient Quantity *		

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.

Copyright © 2009-2023 LogiCoy Inc.



• 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.

mage	sFTP Account
sFTP Ac	count Setup
On behalf	of user name (Editable Only for Admin)
Enter o	lispenser registered email address
Create yo	ur sFTP username
For exa	ample : johnsftpuser
sFTP usern	ame can contain only letters (a-z or A-Z) or numbers (0-9).
sFTP usern Create you	ame can contain only letters (a-z or A-Z) or numbers (0-9). ur sFTP password
* sFTP usern Create you Passwo	ame can contain only letters (a-z or A-Z) or numbers (0-9). ur sFTP password ord
* sFTP usern Create you Passwo Confirm y	ame can contain only letters (a-z or A-Z) or numbers (0-9). ur sFTP password ord our sFTP password

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

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.



- 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.

Manage sFTP Account		Create New sFTP Accourt	Page Walkthrough
sFTP Account Details			
Param Singh Username: testelonel23123 Hostname: 52.15.115.105 Directory: /incoming			
	Creating a new sFTP account involves overwriting your current sFTP account credentials. Do you want to continue?		

- Click "Continue".
- Create new credentials as you did before.

🌆 Login		- 🗆 X
DNS =ilsftp@logicoy.com Port = 22 username = your username password = your password	Session Ele protocol: SFTP	Port number:
Iools ▼ Manage ▼	togin ▼ Close	Help

Copyright © 2009-2023 LogiCoy Inc.

- 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.

Copyright © 2009-2023 LogiCoy Inc.

C:\Users\>ssh-keygen Generating public/private rsa key pair. Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users/ <mark>_</mark> /.ssh/id_rsa): C:/Users/ <mark>_</mark> /.ssh/id_rsa): C:/Users/	/PKI
• Enter the passphrase. In this case, press " Enter ".	
 Again press "Enter" to confirm the passphrase. 	
C:\Users\>ssh-keygen Generating public/private rsa key pair. Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users/_ Enter passphrase (empty for no passphrase): Enter same passphrase again: _	/PKI
C:\Users\>ssh-keygen Generating public/private rsa key pair. Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users Enter passphrase (empty for no passphrase): Enter same passphrase again: Your identification has been saved in C:/Users//PKI. Your public key has been saved in C:/Users//PKI.pub.	/ <mark></mark> /РКІ
C:\Users\>ssh-keygen Generating public/private rsa key pair. Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users/_ Enter passphrase (empty for no passphrase): Enter same passphrase again: C:\Users\>ssh-keygen Generating public/private rsa key pair. Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users Enter passphrase (empty for no passphrase): Enter same passphrase again: Your identification has been saved in C:/Users//PKI. Your public key has been saved in C:/Users//PKI.pub. The key fingerprint is: SHA256:	/PKI

• Your private and public key has been created successfully.

	Name	Date modified	Туре	Size
	📕 .nbi	15-09-2021 17:13	File folder	
	🧊 3D Objects	08-06-2021 09:50	File folder	
π	🔚 Contacts	08-06-2021 09:50	File folder	
*	E Desktop	12-11-2021 07:15	File folder	
*	Documents	06-09-2021 13:33	File folder	
	🖶 Downloads	09-12-2021 08:38	File folder	
	📙 Favorites	08-06-2021 09:50	File folder	
	🐌 Links	08-06-2021 09:52	File folder	
	🕽 Music	08-06-2021 09:52	File folder	
	loneDrive	09-12-2021 09:12	File folder	
	Pictures	07-07-2021 13:39	File folder	
	🌗 Saved Games	08-06-2021 09:52	File folder	
	嫴 Searches	08-06-2021 09:52	File folder	
	Tracing	08-06-2021 12:47	File folder	
	💾 Videos	22-11-2021 15:43	File folder	
	openvpn-connect.json	09-06-2021 18:17	JSON File	1 KB
	ovpntray	09-12-2021 09:12	Text Document	17 KB
	D PKI	09-12-2021 10:00	File	2 KB
	PKI.pub	09-12-2021 10:00	PUB File	1 KB

Copyright © 2009-2023 LogiCoy Inc.

- 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".

	1 _
Environment	Bypass authentication entirely
- Recycle bin	Authentication options
Encryption	Attempt authentication using Pageant
- SFTP	
Shell	Attempt 'keyboard-interactive' authentication
Connection	Respond with a password to the first prompt
Tunnel	Attempt TIS or CryptoCard authentication (SSH-1)
SSH	
- Key exchange	Authentication parameters
- Authentication	Allow agent forwarding
Bugs	Private kay file:
Note	Filvate key file.
	Display Public Key Tools 🔻
	GSSAPI
	Attempt GSSAPI authentication
	Allow CSSAPI credential delegation
	Allow GSSAFI Credendal delegadori
Color 🔻	OK Cancel Help

• 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.

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

		· · · /					
i b21 08:38:08 b21 20:31:58 b21 20:31:58 b21 20:32:05 b21 Create for b21 New fold b21 Set b21 Set b21 Group b21 Others b21 Others b21 Otal: b21 Detail	/incoming/ 21 08:38:08 21 20:31:58 21 20:31:58 21 20:32:05 21 Create folder ? × 21 New folder name: 21 Set permissions 21 Set permissions 21 Owner R W 21 Others R W 21 OK 21 OK 21 OK 21 Size Changed Rights Owner 1134						
		g riopenies 👝 ne					
/incoming/.ssh/		-		-			
Name	Size	Changed	Rights	Owner			
authorized_keys	1 KB	09-12-2021 10:38:47	rwxr-xr-x	1134			

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

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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.



Organization Manage	ement					Change Organ	ization Page	Walkthrough
ly Organization	Members		Add PDMP User To	o My Team	Enter em	ail address	Search Table	Clear Table
test	First Name	Last Name	Gender	DOB	Email	Date Joined	Act	ion
ID : 1510			No user found. Ple	ease try again or	contact suppo	rt.		
Address test City : Abanda State : Alabama Zip : 13245 DEA Number : N/A NPI Number : N/A			P	age number : 1	Previous	Next Items per p	oage: 10 🔻 St	nowing - 0 / 0

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

Copyright © 2009-2023 LogiCoy Inc.

- 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.

Add New Use	r to McCarthy	ж
User Email:	User Email	
		Send Request

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

Join New Organiza	ition	×
Organization ID:	Organization ID]
		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.

Copyright © 2009-2023 LogiCoy Inc.

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

Copyright © 2009-2023 LogiCoy Inc.

ILPMP)					Notifications	Messages	User
Exported Reports						Page Walkthro	ugh
Showing below records for the Total files ready to download (date range : 05/06/2022 - 06/0	6/2022	Filter by Date Range 05/06/202	2 - 06/06/2022		Search Tai	bie
File Name	Report Name	File Path	Exported Date	Exported By	Actio		
PDMP_File_Upload_His.	File upload history	/efs/webapp/fileData	06/06/2022 13:13:23	smith.s@logicoy.com	Dos	vnioad 🛦	
JohnDoe0577_20220606	File Detail Report	/efs/fileProcessor/r	06/06/2022 13:10:22	smith.s@logicoy.com	Dov	vnioad 🛦	

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

A	1	- 🖌 i 🖂	$\checkmark f_x$	FileUpload	History Rep	oort. Date I	Range : 05/0	01/2003-06	/06/2022														
	А	В	С	D	E	F	G	н	1	J	К	L	м	N	0	Р	Q	R	S	т	U	V	W
1	FileUplo	acHistory Re	eport. Date	Range : 05/	01/2003-0	5/06/2022																	
2	userEma	ill userID	isFile	isResubmi	t inputFileN	status	download	errorDesc	location	numberOf	prescripti	errorCou	n successCo	o ipAddress	createdAt	updatedAt	fileSize	fileDescrip	fileCreatio	id	username	reportAckf	reportSum r
3	smith.s@	ok 301611	ι (0 0	JohnDoe0	PARSING-	E/efs/fileU	<hr/> Phar	N/A	1	1	1	L (49.207.21		#########	0.5058593	N/A	6/6/2022	32	smith.s@l	/efs/filePro	/efs/filePr/
4																							

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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.

Notifications						Page Walkthrough
All Notifications ()	UnRead Notification	s <mark>O</mark>				
		MM/DD/YYYY-MM/DD/YYYY	search			Clear Search
Title		Description		Received on	Action	
Processing complete for file status : PROCESSING-FINISH	UCF_MANUAL_1627387305081.dat, Latest ED	Summary Report for the file na		07-27-2021 12:01:50	Û	
Processing complete for file- status : PROCESSING-FINISH	UCF_MANUAL1627387260269.dat, Latest ED	Summary Report for the file na		07-27-2021 12:01:05	Û	
Processing complete for file- status : PROCESSING-FINISH	UCF_MANUAL1627377800990.det, Latest ED	Summary Report for the file na		07-27-2021 09:23:25	Û	
Processing complete for file Latest status : PROCESSING-	ZERO_RPT_MANUAL1627296323701.det, FINISHED	Summary Report for the file na		07-26-202110:45:32	Û	
Processed Zero Report file - 2 status : ZERO-REPORT-RECIE	TERO_RPT_MANUAL3627296323701.dat, Latest IVED	-		07-26-202110:45:28	Û	
Error while processing file - H WITH-ERROR	-DEMO-DATA-T3.dat, Latest status : PARSED-	 hr />Pharmacy name : WALGREEN		07-26-202110:36:34	۵	
Processing complete for file PROCESSING-FINISHED	H-DEMO-DATA-T3.dat, Latest status :	Summary Report for the file na		07-26-202110:36:34	Û	
testing all		testing all desc		12-01-2020 17:31:49	Û	

• You may delete messages by clicking on the "Trash Bin" icon found under the "Action" column.

Copyright © 2009-2023 LogiCoy Inc.

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

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".

					Notificat	ions Messages
inois RxSubmit application M	lessages				New M	Message Page Walkthrough
om	Subject		Category		Roles	
From			Select Cate	gory	✓ Select Roles	v
eciality	Date Range					
Select Speciality 🗸	MM/DD/YYYY-MM/DD/YY	YY	Filter T	Reset Filter 🗙		
From	Subject	Roles	Category	Speciality	Received on	Action
odmpsupport@logicoy.com	Illinois RxSubmit Application sFTP Credential Setup Successful	: NA	NA	NA	06/08/2022 14:54:54	Ŵ
pdmpsupport@logicoy.com	Illinois RxSubmit Application sFTP Credential Setup Successful	: NA	NA	NA	06/08/2022 14:53:12	â
admin@logicoy.com	File upload history report. Wed, Jun 08 2022 09:57:58 U	NA TC	NA	NA	06/08/2022 09:57:59	Ŵ
ilpmp@logicoy.com	File upload history report. Wed, Jun 08 2022 09:57:58 U	NA TC	NA	NA	06/08/2022 09:57:59	面
	Cite and and blate state of the	NA	NA	NA	06/08/2022 09:49:27	m

Copyright © 2009-2023 LogiCoy Inc.

• 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	節
05/30/2022 16:00:13	Û
05/30/2022 16:00:12	⑪

Copyright © 2009-2023 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy Inc.

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.

	messages Oser
	Page Walkthrough
Change Password Change Email	Previous Sessions
	Update Details
	Change Password Change Email

• To change the password, click "Change Password".



• Enter your current password and new password.

Copyright © 2009-2022 LogiCoy Inc.

Profile				Page Walkthrough
harryill@mailinator.com: Submitter Dispensing Practitioner	On Behalf Of		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.

ILPMP	Notifications	Messages	User
Profile		Page Walkthrough]
harryill@mailinator.com: Submitter On Behalf Of Dispensing Practitioner Cha	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.

Copyright © 2009-2022 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

0	harryil2			
om	ilpmp@logi	coy.com		
ending	23.249.210	20		
>				
eceived	2022-05-31	15:58:20		
HTML	JSON	RAW	LINKS	ATTACHMENTS
ear User,				
erification co	ode			
ease note the	is verification code share this verificat	is valid for next ion code with any	3 hours only. vone.	
erification co lease note the	ode is verification code share this verificat	is valid for next	3 hours only.	

- 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".

Profile	
harryill@mailinator.com: Submitter On Beha Dispensing Practitioner Verification Code	lf Of
	Update Email
	Resend Verification Code
	·

• Once you click "Update Email", a pop-up window displays the following message.

Copyright © 2009-2022 LogiCoy Inc.



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

Browsers Supported 📀 💋 🙆 💽 🧲(11+)
Welcome to RxSubmit. Please login to continue.
Email address
Password
Login
Register
Forgot Password?
Apply for Data Submission Waiver

• To view previous sessions, click "Previous Sessions".

ILPMP	Notifications	Messages 3	User
Profile	-	Page Walkthrough	
harryill@mailinator.com: Submitter On Behalf Of Dispensing Practitioner	Change Password Change Email	Previous Sessions	

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

Copyright © 2009-2022 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

P 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	A Notify support
null	05/30/2022 06:02:13	GOOGLE_CHROME	A Notify support
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	A Notify support
null	05/31/2022 10:01:32	GOOGLE_CHROME	A Notify support
null	05/30/2022 15:41:22	GOOGLE_CHROME	Notify support
null	05/30/2022 06:02:13	GOOGLE_CHROME	A Notify support
null	05/17/2022 13:49:11	MOZILLA_FIREFOX	Notify support

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

ILPMP	Notifications	Messages 3	User
• User Demographic Details			
Old Proof			
O Professional Identity			
Employer Details			
		Update Detail	s

• Once data has been updated, click "Update Details"



Copyright © 2009-2022 LogiCoy Inc.



Copyright © 2009-2022 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

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.



Copyright © 2009-2022 LogiCoy Inc.

All rights reserved. Do not copy or distribute without the written permission of LogiCoy. Inc

10 Apply For Data Submission Waiver

10.1 Synopsis

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

10.2Data Submission Waiver

• Navigate to the login page and click "Apply for Data Submission Waiver".

Browsers Supported 💿 🕢 🧶 😢 🤁				
Incus Preuzpiere Montioneg Preuzp				
Welcome to Illinois RxSubmit. Please log in to continue.				
Email address				
Password				
Login				
Illinois RxSubmit Registration				
Forgot Password?				

- 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 (*).

ILPMP			Login		
	APPLICATION REQUEST FOR WAIVER OF REPO	DRTING REQUIREMENTS FOR Illinois RxSubmit			
Тос	day's Date: 6/8/2022				
	DISPENSER INFORMATION				
*Rec	*Required Fields				
*Nar	ame of Pharmacy/Dispenser:				
*IL P	Pharmacy license number or Prescriber license number:	NPI Number:			
*Stro	reet Address:	*Email Address:			
*Sta	ate:	*City:			
S	Select a state 🗸 🗸 🗸	Select a city 🗸			
*Zip	p Code:	*Phone Number:			
*Pha	narmacy/Dispenser DEA Number:				
This a	application is for an exemption from submitting data as required by the Illinois PMP.	iisen negoeati			
Dispe	enser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis; the quan macy or Prescriber does not dispense ANY controlled substances II, III, IV and V or drugs of interest in the state of Illinois.	ity does not exceed a 72-hour supply.			
	AFFIRM	IATION			
By sig	gning below, I certify that all statements contained in this waiver application are true and correct.				
Sig	gnature: 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 <u>dhs.pmp@illinois.gov.</u>

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).

Copyright © 2009-2022 LogiCoy Inc.

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.

HEADER			
Transaction			
<u>Header</u>			
TH 01	ASAP	REQUIRED	(4.2a)
	Version/Relea		
TH 02	se	DEULIDED	File name assigned by the sender
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	Data Element Name	Required Fields Indicator	
PHA 01	National Provider ID	Not Used by ILPMP	

ASAP 2019 v4.2a Data Fields*

Copyright © 2009-2022 LogiCoy Inc.

	(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</u> Detail			
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 Uniquie 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</i> be used when submitting an LTC RX – Use code '99'
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</i> be used when submitting an LTC RX
<u>Dispensing</u> Record			
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 01 = NDC, 02 = UPC, 03 = HIE Compound	in DSP08 R, 04 = UPN, 05 = DIN, 06=
DSP 8	Product ID– NDC Number	REQUIRED	Must be elven digits (Eleven 9' segment)	's if compound & use CDI
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 5=Electronic, 99=Other	=Tele. Emergency, 04=Fax,0
DSP 13	Partial Fill Indicator	REQUIRED	00-Not Partial, 01= First Partia fill, etc.	al fill, 02 = Second Partial
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 02=Medicaid 03=Medicare 04=Comm. Ins.	05=Military/VA 06=Workers Comp. 07=Indian Nations 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 prescription. If the prescription is not for an would not be used. 01 = Not Used for Opioid Dependen 02 = Used for Opioid Dependen 03 = Pain Associated with Acti	e reason for an opioid n opioid, then this field endency Treatment ncy Treatment ve 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</u> Ingredient			(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

	P 1 . ID		
	Product ID		
CDI 04	Compound Ingredient Product Qty	REQUIRED	Decimals NOT implied
CDI 05	Compound Drug Dosage Units Code	Not Used by ILPMP	
Additional Information			
Reporting			
AIR 01	State Issuing Rx Serial Number	Not Used by ILPMP	
<u>Pharmacy</u> <u>Trailer</u>			
TP 01	Detail Segment Count for the pharmacy	REQUIRED	Number of Detail Segments for the Pharmacy
Transaction Set Trailer			
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		
ТН05	20200101	R		
TH06	223000	R		
TH07	P	R		
TH09	N	R		
IS – Information	n Source – Required			
IS03	Date Range of Report	R		
	#YYYYMMDD#-#YYYYMMDD#			
PHA – Pharmae	cy Header – Required			
PHA03	Pharmacy DEA Number	R		
PHA04	Pharmacy Name			
PHA 05	Pharmacy Address 1			
РНА 07	Pharmacy City Address			
PHA 08	Pharmacy State Address			
РНА 09	Pharmacy Zip Code			
PHA 10	Pharmacy Telephone Number, including area code			
DSP – Dispensiı	ng Record – Required			
DSP05	Date	R		
TP – Pharmacy	Trailer – Required			
TP01	7	R		
TT – Transactio	on Trailer – Required			
TT01	123456	R		

Copyright © 2009-2022 LogiCoy Inc.

Illinois RxSubmit	Data Submitter's Guide		

	ТТ02	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
```