NEW JERSEY PRESCRIPTION MONITORING AND REPORTING SYSTEM (NJPMRS)

DATA COLLECTION MANUAL

Effective: September 2011

Optimum Technology, Inc. Contact Information
866-683-2476
njrxreport@otech.com

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NEW JERSEY PRESCRIPTION MONITORING PROGRAM

The Department of Law and Public Safety (L&PS) has established a prescription monitoring program (PMP) through the Division of Consumer Affairs (DCA). This program consists of an electronic system for monitoring Controlled Dangerous Substances (CDS) that are dispensed in, or into the State of New Jersey, by a pharmacist in an outpatient setting. The DCA PMP will collect data on the dispensing of both schedule II-V controlled substances and Human Growth Hormone (HGH).

This program is intended to monitor, prevent and detect the diversion and abuse of prescription controlled substances and to identify patients for possible treatment. Such programs have been identified as effective regulatory, law enforcement, and treatment tools.

REPORTING THE DATA

Pharmacies will report the required dispensing information to Optimum Technology, Inc. (Optimum), a private contractor, who will collect all data and manage the technical aspects of the program on behalf of the Division.

Toll-free number for Optimum: 1-866-683-2476
Email for technical assistance: **njrxreport@otech.com**

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The New Jersey Division of Consumer Affairs is a health oversight agency and Optimum will be acting as an agent of The New Jersey Division of Consumer Affairs in the collection of this information.

IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES

For all pharmacies:
Initial reporting period — 9/1/11-9/15/11
Initial Reporting Deadline — 9/25/11

Subsequent reporting:
All reportable dispensed medications must be reported at least twice monthly. Dispensers are encouraged to report prior to the deadlines given, to allow time for corrections on any rejected submissions.

Deadlines:
1st – 15th of the month, is due by the 25th of that same month.
16th – end of the month, is due by the 10th of the following month.

(***Dispensers may also report more frequently than outlined above. Any dispenser who chooses may submit on a daily or weekly basis.)***

REPORTING PROCEDURES and FILE TYPES

Only **Schedule II-V** controlled substances and HGH dispensing information is required. All dispensers, licensed or registered by the State of New Jersey, including registered out-of-state pharmacies are required to submit the information by one of the following data submission options.

1. **Website Upload/Prescription file upload**:
   The user will need to use the login credentials provided to sign into their user account at the following website: **www.njrxreport.com**. You may also register for account access at this website.

   This secure website address is provided for uploading data to Optimum, which utilizes 256-bit encryption. Dispensers must be able to access the secure website via an internet connection either in the pharmacy, or at the location that is responsible for transmitting data, e.g. a main office or corporate office of the pharmacy.

   The file is required to be submitted in either the ASAP 2007/v. 4.0 or ASAP 2009/v4.1 format. Please inform your software vendor that you will need to be able to upload your data in the one of the formats provided as a **.DAT or .TXT** file.

   Your file will need to be named according to the following rules: your NPI number, the date submitted, followed by **.DAT** or **.TXT**

   Therefore, if your NPI number is *1123456* and you are submitting on August 1, 2006, the file would look like this: ***1123456****080106****.dat*****.**

   Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Optimum, and will assist with locating this information in a timely and efficient manner, should this be necessary.

2. **CD-Rom, CD-R, CD-RW, DVD (Please be sure to include a completed transmittal form with the CD.)**
   Submit information in the American Society of Automation in Pharmacy ASAP 2007/v. 4.0 or ASAP 2009/v4.1 format.

   The file name should be your pharmacy NPI number followed by .DAT (example: *1123456.dat*).

   This file must also contain an external media label, with the following information: *Pharmacy/Submitter Name, NPI number, and the number of prescriptions.*

A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use or print a blank form from **www.njrxreport.com** . The dispenser may also wish to keep a copy of the completed form for its records.

These media forms must be mailed to:
Optimum Technology, Inc.
Attn: Data Collection
100 E Campus View Blvd
Suite 380 Columbus, OH 43235

3. **Manual Entry/Universal Claim Form**

A dispenser who does not have an automated record keeping system capable of producing an electronic report in any of the formats described above may submit prescription information on the industry standard Universal Claim form. This is done via a link in the prescription upload center, on the website: **www.njrxreport.com** . The link is titled 'Manual Entry', and any user that chooses to utilize this option will need to manually enter the required data records for each dispensed prescription.

(A sample of the information required to fill out this form is found in Attachment 2, at the end of this manual.)

4. **Secure FTP**

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the secure FTPs procedure. *If they wish to do so, during registration they must appoint one contact person for all of their data submissions.*

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should contact Optimum at www.njrxreport.com and register, as a FTPs user, for a user id and password. The URL for data transfer is ftps.njrxreport.com.

(Zero Reports can ONLY be submitted via FTP in the ASAP2009/v4.1 Please see the section title 'zero reports' for additional information.)

Alternative Reporting Methods and Waivers

The Director of DCA may approve an alternate method of reporting, but regulations require that there be extraordinary circumstances in order to receive approval. If another means of reporting is requested, or a waiver is needed for pharmacies not dispensing controlled medications, the dispenser should contact the New Jersey Division of Consumer Affairs to request a waiver to reporting or reporting via alternative proposed methods.

Zero Reporting:

If a pharmacy dispenses no prescriptions in Schedules II - V or HGH during a reporting period, a "zero" report must be submitted. This may be done via the prescription upload website: **www.njrxreport.com** under the Data Collection menu. This provision does not apply to those dispensers that have been granted a waiver from reporting.

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. *Zero reports can only be submitted via an online account specific to the dispensers NPI #, or via a FTPs transfer in ASAP 2009/v4.1.*

ERRORS, CORRECTIONS and TEST RUN UPLOAD

Rejections:

The PMP application will validate each file submitted, record by record, and will only reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected.

If over 50% of the records in a file do not meet the required data specifications, the entire file may be rejected. In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure. (A valid email is required for email notification.)

Optimum is not authorized to modify any data, therefore, the dispenser will be required to correct and resubmit the rejected records or the entire file if necessary. This data must be resubmitted or corrected within five days.

Corrections for File Uploads:

If you have any rejected records, you may view them and correct them manually via the secure website or via a corrected file upload.

If you have errors in the submitted file, you may correct these errors in one of two ways:

1. **Correct the data in your prescription software, then regenerate the file and upload the data**.
    - Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the dispenser.
    - *You may also choose to correct only those records that were rejected, and create a separate file to submit. This will eliminate any chance of your file being rejected for duplicate records.*

2. **Correct the data online via the Data Collection Portal. (This type of correction is manually performed and makes sense when there are minimal errors.)**
    a. To correct the errors using File Upload Errors, do the following:
        - Follow the steps described in the '**View File Upload Errors'** section.
        - Single click left mouse button on the Edit icon  located on the right.
        - Make the appropriate corrections to the prescription.
        - Single click left mouse on the Save button.
        - If additional errors exist, single click left mouse on the Back to Exceptions button.
        - Repeat the process for each error received.
    b. To confirm all errors are corrected, do the following:
        - Single click left mouse button on File Upload.
        - The Errors column should now be zero. If not take appropriate actions.
        - Verify this by accessing the File Upload Errors screen and verify the records processed field.

Please note: If you are submitting your dispensed prescriptions via FTPs, you cannot correct these errors in the web application. You will need to correct these records and submit a separate file with the corrected information.

(*You may want to create a file that contains only those records that were previously rejected, as this may help to eliminate any chance of your file being rejected for duplicate prescriptions thresholds.)*

Corrections for Manual Entry:

RX that require corrections can be submitted via the manual entry page. All information must be exactly the same as the originally submitted RX, except for that which is being changed. Note the category 'Prescription Details' which allows the user to choose either "New" or "Change". Please be careful to ensure all other details are the same (ie….first name; last name; dob).

Test Run Upload Feature:

This feature is provided to assist the user with identifying errors within a file, prior to submitting the information to Optimum for reporting purposes. It is located in the Data Collection menu within the Data Collection website. The feature can be used only for ASAP 2007 or ASAP 2009 files submitted directly through the **www.njrxreport.com** website.

The process is similar to submitting your completed file, but will allow the user to see any errors, and correct those errors prior to your submission to the State reporting agency.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor with helping to identify any corrections that may be needed related to software or the format of your file.

EXEMPTIONS TO REPORTING:

The PMP reporting requirements do not apply to "the direct administration of a controlled dangerous substance to the body of an ultimate user…" In this manual, dispenser refers to a New Jersey permitted or registered pharmacy.

Exemptions:

- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing by a prescriber to a patient
- Dispensing within an appropriately licensed narcotic treatment program
- Dispensing to inpatients in hospitals or long term care facilities (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)
- Dispensing by veterinarians to animals

Long Term Care Facilities:

Prescriptions dispensed to long term care facilities are exempt from reporting. However, prescriptions dispensed to assisted living facilities must be reported.

Hospitals:

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

If you consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form and mail to:

NJ PMP
PO Box 45027
Newark, NJ 07101

REQUIRED INFORMATION AND FORMATTING

Please see the below formatting requirements for controlled substance reporting. New Jersey allows submission of either ASAP 2007/v4.0 or ASAP 2009/v4.1 formats.

ASAP 2007 version 4.0 release

Ref. Code	Data Element Name	Format	Required Data
HEADER SEGMENTS – TH; IS; PHA			
TH - TRANSACTION HEADER			
TH01	**Version/Release Number**		**Yes**
TH02	**Transaction Control Number**		**Yes**
TH05	**Created Date**		**Yes**
TH06	**Creation Time**		**Yes**
TH07	**File Type**		**Yes**
TH08	**Composite Element Separator**		**Yes**
TH09	**Data Segment Terminator**		**Yes**
IS - INFORMATION SOURCE			
IS01	**Unique Information Source**		**Yes**
IS02	**Information Source Entity Name**		**Yes**
IS03	Message		
PHA - DISPENSING PHARMACY			
PHA01	**National Provider Identifier (NPI)**	**If not available, PHA03 is required**	**Yes**
PHA02	NCPDP/NABP Number ID		
PHA03	**DEA Number**	**Required if PHA01 is not provided**	**Yes**
PHA04	Pharmacy Name		
PHA05	Address Information – 1		
PHA05	Address Information – 2		
PHA07	City		
PHA08	State		
PHA09	ZIP Code		
PHA10	Phone Number		
PHA11	Contact name		
PHA12	Chain Site ID		

DETAIL SEGMENT			
PAT – PATIENT SEGMENT			
PAT01	ID Qualifier of Patient Identifier		
PAT02	ID Qualifier	"01" Military ID or "02" State Issued ID or "03" Unique System ID or "05" Passport ID or "06" Driver's License ID or "07" Social Security Number or "08" Tribal ID or "99" Other	
PAT03	ID of Patient		
PAT04	ID Qualifier of Additional Patient Identifier		
PAT05	Additional Patient ID Qualifier		
PAT06	Additional ID		
PAT07	**Last Name**		**Yes**
PAT08	**First Name**		**Yes**
PAT09	Middle Name		
PAT10	Name Prefix		
PAT11	Name Suffix		
PAT12	**Address Information – 1**		**Yes**
PAT13	Address Information – 2		
PAT14	**City Address**		**Yes**
PAT15	**State Address**		**Yes**
PAT16	**ZIP Code Address**	**"00000" Non-US**	**Yes**
PAT17	**Phone Number**		**Yes**
PAT18	**Date of Birth**	**CCYYMMDD**	**Yes**
PAT19	**Gender Code**	**"F" or "M" or "U"**	**Yes**
PAT20	Species Code	"01" Human or "02" Veterinary Patient	
PAT21	Patient Location Code		
DSP - DISPENSING RECORD			
DSP01	Reporting Status	If left blank = New record; "01" = Revised; "02" = Void	
DSP02	**Prescription Number**		**Yes**
DSP03	**Date Written**	**CCYYMMDD**	**Yes**
DSP04	**Refills Authorized**		**Yes**
DSP05	**Date Filled**	**CCYYMMDD**	**Yes**
DSP06	**Refill Number**		**Yes**
DSP07	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**	**Yes**
DSP08	**Product ID**	**NDC# or UPC# or "99999999999" compound**	**Yes**
DSP09	**Quantity Dispensed**		**Yes**
DSP10	**Days Supply**		**Yes**

DSP11	**Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	**Yes**
DSP12	Transmission Form of Rx Origin Code	"01" Written Rx or "02" Telephone Rx or "03" Telephone Emergency Rx or "04" Fax Rx or "05" Electronic Rx or "99" Other	
DSP13	Partial Fill Indicator	"01"-partial fill; "02" – not partial	
DSP14	Pharmacist National Provider ID (NPI)		
DSP15	Pharmacist State License Number		
DSP16	**Classification Code for Payment Type**	**"01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial Insurance or "05" Military Installations and VA or "06" Workers' Compensation or "07" Indian Nations or "99" Other**	**Yes**
DSP17	Date Sold		
DSP18	RxNorm Code		
DSP19	Electronic Rx Reference number		
PRE - PRESCRIBER INFORMATION			
PRE01	**National Provider Identifier (NPI)**	**Required if PRE02 is not provided**	**Yes**
PRE02	**DEA Number**	**If not available, PRE01 is required**	**Yes**
PRE03	DEA Number Suffix		
PRE04	Prescriber State License Number		
PRE05	**Last Name**		**Yes**
PRE06	**First Name**		**Yes**
PRE07	Middle Name		
CDI - COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")			
CDI01	**Compound Drug Ingredient Number**		
CDI02	**Product ID Qualifier**	**"01" NDC#**	
CDI03	**Product ID**	**NDC#**	
CDI04	**Compound Ingredient Quantity**		
CDI05	**Compound Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	
AIR - ADDITIONAL INFORMATION REPORTING - Situational			
AIR01	State Issuing Rx Serial Number		
AIR02	State Issued Rx Serial Number		
AIR03	Issuing Jurisdiction		
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx		
AIR05	ID of Person Dropping Off or Picking Up Rx		
AIR06	Relationship of Person Dropping Off or Picking Up Rx		
AIR07	Last Name of Person Dropping Off or Picking Up Rx		

AIR08	First Name of Person Dropping Off or Picking Up Rx		
AIR09	Last Name or Initials of Pharmacist		
AIR10	First Name of Pharmacist		
SUMMARY SEGMENTS			
TP PHARMACY TRAILER			
TP01	**Detail Segment Count**		**Yes**
TT TRANSACTION SET TRAILER			
TT01	**Transaction Control Number**		**Yes**
TT02	**Segment Count**		**Yes**

ASAP 2009 version 4.1 release
Bold = mandatory

Ref. Code	Data Element Name	Format	Required Data
HEADER SEGMENTS			
TH - TRANSACTION HEADER			
TH01	**Version/Release Number**		**Yes**
TH02	**Transaction Control Number**		**Yes**
TH03	Transaction Type		
TH04	Response ID		
TH05	**Created Date**		**Yes**
TH06	**Creation Time**		**Yes**
TH07	**File Type**		**Yes**
TH08	Routing Number		
TH09	**Data Segment Terminator**		**Yes**
IS - INFORMATION SOURCE			
IS01	**Unique Information Source**		**Yes**
IS02	**Information Source Entity Name**		**Yes**
IS03	Message		
PHA - DISPENSING PHARMACY			
PHA01	**National Provider Identifier (NPI)**	**If not available, PHA03 is required**	**Yes**
PHA02	NCPDP/NABP Number ID		
PHA03	**DEA Number**	**Required if PHA01 is not provided**	**Yes**
PHA04	Pharmacy Name		
PHA05	Address Information – 1		
PHA05	Address Information – 2		
PHA07	City		
PHA08	State		
PHA09	ZIP Code		
PHA10	Phone Number		
PHA11	Contact name		
PHA12	Chain Site ID		
DETAIL SEGMENTS			
PAT - PATIENT SEGMENT			
PAT01	ID Qualifier of Patient Identifier		
PAT02	ID Qualifier	"01" Military ID or "02" State Issued ID or "03" Unique System ID or "05" Passport ID or "06" Driver's License ID or "07" Social Security Number or "08" Tribal ID or "99" Other	
PAT03	ID of Patient		
PAT07	**Last Name**		**Yes**

Ref. Code	Data Element Name	Format	Required Data
PAT08	**First Name**		**Yes**
PAT12	**Address Information – 1**		**Yes**
PAT13	Address Information – 2		
PAT14	**City Address**		**Yes**
PAT15	**State Address**		**Yes**
PAT16	**ZIP Code Address**	**"00000" Non-US**	**Yes**
PAT17	**Phone Number**		**Yes**
PAT18	**Date of Birth**	**CCYYMMDD**	**Yes**
PAT19	**Gender Code**	**"F" or "M" or "U"**	**Yes**
PAT20	Species Code	"01" Human or "02" Veterinary Patient	
PAT21	Patient Location Code		
PAT22	Country of Non-US Resident		
PAT23	Name of Animal		
DSP - DISPENSING RECORD			
DSP01	**Reporting Status**	**"00" New record; "01" Revised; "02" Void**	**Yes**
DSP02	**Prescription Number**		**Yes**
DSP03	**Date Written**	**CCYYMMDD**	**Yes**
DSP04	**Refills Authorized**		**Yes**
DSP05	**Date Filled**	**CCYYMMDD**	**Yes**
DSP06	**Refill Number**		**Yes**
DSP07	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**	**Yes**
DSP08	**Product ID**	**NDC# or UPC# or "99999999999" compound**	**Yes**
DSP09	**Quantity Dispensed**		**Yes**
DSP10	**Days Supply**		**Yes**
DSP11	**Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	**Yes**
DSP12	Transmission Form of Rx Origin Code	"01" Written Rx or "02" Telephone Rx or "03" Telephone Emergency Rx or "04" Fax Rx or "05" Electronic Rx or "99" Other	
DSP13	Partial Fill Indicator	"01"-partial fill; "02" – not partial	
DSP14	Pharmacist National Provider ID (NPI)		
DSP15	Pharmacist State License Number		
DSP16	**Classification Code for Payment Type**	**"01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial Insurance or "05" Military Installations and VA or "06" Workers' Compensation or "07" Indian Nations or "99" Other**	**Yes**
DSP17	Date Sold		
DSP18	RxNorm Code		
DSP19	Electronic Rx Reference number		
PRE PRESCRIBER INFORMATION			

Ref. Code	Data Element Name	Format	Required Data
PRE01	**National Provider Identifier (NPI)**	**Required if PRE02 is not provided**	**Yes**
PRE02	**DEA Number**	**If not available, PRE01 is required**	**Yes**
PRE03	DEA Number Suffix		
PRE04	Prescriber State License Number		
PRE05	**Last Name**		**Yes**
PRE06	**First Name**		**Yes**
PRE07	Middle Name		
CDI - COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound")			
CDI01	**Compound Drug Ingredient Number**		
CDI02	**Product ID Qualifier**	**"01" = NDC#**	
CDI03	**Product ID**	**NDC# with leading zeros**	
CDI04	**Compound Ingredient Quantity**		
CDI05	**Compound Drug Dosage Units Code**	**"01" # of units or "02" ml or "03" gm**	
AIR - ADDITIONAL INFORMATION REPORTING - Situational			
AIR01	State Issuing Rx Serial Number		
AIR02	State Issued Rx Serial Number		
AIR03	Issuing Jurisdiction		
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx		
AIR05	ID of Person Dropping Off or Picking Up Rx		
AIR06	Relationship of Person Dropping Off or Picking Up Rx		
AIR07	Last Name of Person Dropping Off or Picking Up Rx		
AIR08	First Name of Person Dropping Off or Picking Up Rx		
AIR09	Last Name or Initials of Pharmacist		
AIR10	First Name of Pharmacist		
TP PHARMACY TRAILER			
TP01	**Detail Segment Count**		**Yes**
TT TRANSACTION SET TRAILER			
TT01	**Transaction Control Number**		**Yes**
TT02	**Segment Count**		**Yes**

FREQUENTLY ASKED QUESTIONS:

Passwords and sign-in information:

Does my password expire?
For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At that time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct. Why is this happening?
Please consider the type of information that you are attempting to locate. If you are attempting to submit records of your dispensed controlled substances, please go to the link 'Forgot my password'. If you have answered the security questions provided, you will be able to reset your password using this function.

(*Please note that passwords are case sensitive. You will need to be sure that your 'number lock' button is on, and that your 'Caps Lock' button is turned off.*)

If you are attempting to view patient information, or prescription history, please verify that you are using the correct login ID and password. Login IDs given to pharmacies will not give access to this information or to the website for patient history reports. Each medical professional will need an individual login ID and password to access patient information, please verify that you are attempting to access the correct website.

Prescription Data and Reporting requirements:

What is the NDC Code?
The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?
Drug schedules II-V will be reported as well as HGH.

How often should I submit data?
You are required to submit data at least twice per month, but reporting may also be done on a weekly or daily basis (The program prefers more frequent submissions). There is no limit to

how frequently data is reported. The more often you submit data, the more current patient history reports will be.

At a minimum, data for the 1-15th is due by the 25th of each month. Data for the 16th- end of the month is due by the 10th of the following month.

How are compounded prescriptions to be recorded?
Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 99999999999. By reporting the value in DSP07 as '06', the CDI segment then becomes a mandatory or required segment.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?
Extensions are not granted. Reporting period deadlines are the 10th and 25th of each month. In circumstances of natural disaster or other unforeseen extraordinary emergency, please contact the program.

What should I do if I believe I am exempt from reporting?
If you believe you are exempt from reporting, please fill out and submit the waiver or exemption form.

I use a common login for multiple locations (FTPs), but one location did not dispense any controlled substances. How do I submit a Zero Report?
Zero Reports can be submitted using the account which uses the NPI number as the username. Zero Reports may also be submitted electronically in the ASAP 2009/v4.1 format ONLY. Please email njrxreport@otech.com for assistance.

I received a Delinquency Letter; what should I do?
If you received a Delinquency Letter and would like to check the status of your data, please send an email to njrxreport@otech.com with the following information:

1. Username
2. Reporting period(s) in question

(If you are unsure if your data was submitted, resubmit the data for the time period in question. This data will take one day to process before we are able to review the submission)

If a confirmation is required, you may forward our email response to the Administrator as confirmation your data was received.

File issues and Error Corrections:

What should the filename be?
The filename should be the NPI number, followed by the date of submission, followed by **.DAT or .TXT**. Chain pharmacies may use the chain name, followed by the date of submission. If multiple files are uploaded on the same day, you may add additional numbers / words to the end of the filename (ex: 2, March 1-15, etc.). The filename is less important than the contents of the file.

What does the file status 'Pending' mean?
Files will process overnight (usually) and therefore they will be in a 'Pending' status until the day following an upload. You will receive a notification of the status of your processed file in the 'Message Center' in your account. If you have set up email notification in your 'My Account' section, you will also receive notification messages in your email inbox.

I do not work with a software vendor; how should I submit controlled substance and HGH data?
If you do not work with a software vendor, you will need to manually enter controlled substance data. To do this, go to the Data Collection Menu ⇨ Manual Entry. Complete all required fields and click 'Save'; no further action is required.

I accidentally sent the incorrect reporting period. Should the file be deleted?
If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?
If your file was rejected, do a Test Run Upload. To do this, go to Data Collection Menu ⇨ Test Run Upload ⇨ Click Browse ⇨ Open File ⇨ Click Test Run Upload. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

The file I uploaded states there are errors, but when I try to view them there are no records listed. What are the errors?
Errors are viewed by going to Data Collection Menu ⇨ View Uploaded Files and then clicking on the number of errors. If there are no errors listed on the page, click the box 'Show Duplicate Record Error Messages,' and this should display any errors. Duplicate records are records that have already been processed by the system. *Duplicate records cannot be edited.*

When I try to edit 'Unable to Parse Record' errors, there is no data on the page. How do I edit these errors?
'Unable to Parse Record' errors occur when files contain a blank or unreadable line of data. These also occur when a prescription record has a special character such as * or # in a field. If

after pushing edit, no data displays, you may disregard this error message, as there is no data to correct.

How do I know if my file uploaded?
To receive a confirmation after your file has processed, you will need to change your response type. Go to My Account ⇨ Notification method; enter you email address and click Save. You will still continue to receive these confirmations in the 'Message Center' of your account as well.

You will receive notifications for each file submission, and again once that file processes. An email will be sent (the following day) confirming the file's status and any errors.

I was submitting a manual entry and accidentally submitted incorrect information. Can I delete this entry?
RX that require correction can be submitted via the manual entry page. All information must be exactly the same as the originally submitted RX, except for that which is being changed.
Note the category 'Prescription Details' which allows the user to choose either "New" or "Change". The information submitted for a change, must be exactly the same as the original information, with the exception of that which is being changed. The first name, last name, Rx #, DOB, …etc….must be the same as the originally entered RX.

How do I fix "duplicate" error messages?
A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action on the part of the dispenser.*

OTHER QUESTIONS:

How do I setup an FTP account?
FTP account requests should be sent to njrxreport@otech.com. Please provide the following information:
Company Name
Contact Name
Contact Number
Contact Email Address
You will be contacted with login credentials.

Should a suffix be included in the Last Name Field?
No, The ASAP Standard calls for just the last name of the patient to be included in the "last name" field when reporting controlled substance data to the PMP.

How should the address for a patient not from the U.S. be entered to be accepted by the program?
Patients residing outside of the U.S, should be identified by a zip code entered as all zeroes '00000'.

ASSISTANCE AND SUPPORT

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

DCA will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the Division.

Attachment 1
Program Transmittal Form – Floppy discs/CD's only

File Name: _____ Date: _____
The file name should be the NPI , the date submitted followed by .DAT (example: NPI 1123456 submitted on August 8, 2011 is 1123456080811.DAT)

Pharmacy/Dispenser Name: _____

Board of Pharmacy License Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, Board of Pharmacy License Number and Number of Prescriptions

Attachment 2
Universal Claim Form

New Jersey
Pharmacy NPI# ______________________.

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	**ID # ***	**Issuing State***	**Prescriber DEA #**	**New/Change/Purge**	**RX #**	**Date written**	**# Auth Refills**
Date Filled	**Days Supply**	**Refill #**	**Qty**	**Product ID (NDC/UPC/CMPD #)**	**Units/ Gm/ml**	**Payment method**	

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	**ID # ***	**Issuing State***	**Prescriber DEA #**	**New/Change/Purge**	**RX #**	**Date written**	**# Auth Refills**
Date Filled	**Days Supply**	**Refill #**	**Qty**	**Product ID (NDC/UPC/CMPD #)**	**Units/ Gm/ml**	**Payment method**	

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	**ID # ***	**Issuing State***	**Prescriber DEA #**	**New/Change/Purge**	**RX #**	**Date written**	**# Auth Refills**
Date Filled	**Days Supply**	**Refill #**	**Qty**	**Product ID (NDC/UPC/CMPD #)**	**Units/ Gm/ml**	**Payment method**	

NOTE : The above form serves as an example only. Do not submit this form for reporting purposes.