



## DATA COLLECTION MANUAL - VERSION 1.4

### Revision History

Date	Version	Description	Author
10/10/2011	1.0	Initial version	Beth Wood
11/3/2011	1.1		
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2/8/2012	1.3	Updated IS01 field – FTP username w/o dashes	Kim Eaton
2/16/2012	1.4	Updated ASAP zero reporting	Kim Eaton
2/17/2012	1.4	Review, correction	Shan Ramachandran
06/14/2012	1.5	Payment Method made mandatory	Shan Ramachandran



**Optimum**Technology



**Microsoft** Partner

Silver Independent Software Vendor (ISV)

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HEALTH PROFESSIONS**

PRESCRIPTION MONITORING PROGRAM  
DATA REPORTING MANUAL  
Effective October 2011



Optimum Technology, Inc. Contact Information  
866-683-2476  
[varxreport@otech.com](mailto:varxreport@otech.com)



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## VIRGINIA PRESCRIPTION MONITORING PROGRAM.

In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2525 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of Schedule II, III, and IV controlled substances. The program covers the entire state and requires all dispensers to report, within seven days, all prescriptions dispensed in Schedules II-IV. The program also requires non-resident pharmacies to report all controlled substances dispensed to a patient that resides within the State of Virginia.

### REPORTING THE DATA

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

Optimum will forward verified data to DHP.

Toll-free number for Optimum: **1-866-683-2476**

Email for technical assistance: [varxreport@otech.com](mailto:varxreport@otech.com)

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

### REPORTING DEADLINES

**All reporting deadlines and procedures contained within are effective as of October 1, 2011. This is a continuation of reporting parameters established by the DHP.**

All transactions must be submitted within 7 days of dispensing. **Each prescription must be submitted no later than seven (7) days beyond the date dispensed.** Dispensers who so choose may report more frequently, or daily if necessary. Additionally, all rejected files are required to be resubmitted within (5) five days of notification that the file was rejected.

Additionally, all individual records/errors that are rejected within an uploaded file must be corrected via the website, or a file resubmission within 5 days of notification that the individual records have been rejected.

- **Prescriptions on hold:** Prescriptions on hold should only be reported after they are completely filled. These must be reported within seven days of the date that they are completely filled.



## **REPORTING PROCEDURES**

Only Schedule II-IV prescription dispensing information is to be reported. All dispensers who are licensed in Virginia and who dispense Schedule II-IV controlled substances are required to submit the information by one of the four (4) following data submission options. The ASAP data reporting requirements are the ASAP 2009 v4.1 standard. **Effective January 1, 2012 all files must be submitted in the ASAP 2009 v4.1 standard, or they will be rejected. Please be sure to notify your software vendor so that they will have adequate time to make the transition to the newer ASAP format.**

### **1. Website Upload/Prescription File Uploads** - Pharmacy Account

[www.varxreport.com](http://www.varxreport.com) is the secure website address for uploading data to Optimum which utilizes 128-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 submitted file must be in ASAP 2009 v4.1. The file name should be your username (for pharmacies, your pharmacy permit number), followed by the date of submission then followed by .DAT. Therefore, if your pharmacy permit number is 0201123456 and you are submitting on August 1, 2006, the file would look like this: 0201123456080106.dat.

Please inform your software vendor that you will need to be able to upload your data in the ASAP 2009 v4.1 format as a .DAT file.

Your username and temporary password access is provided in the cover letter for this manual.

### **Uploading your file:**

1. Go to the **Data Collection menu** > Choose **File Upload**
2. **Click Browse** to locate your file,
3. Highlight the File, then **Click Open** (the file will populate in the File Name field)
4. **Click Upload** to send the file to Optimum
5. You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24hrs.

You may View all uploaded files, and their status, on the “View Uploaded files” tab on the File Upload page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the View Uploaded Files tab. (See the section “Errors and Corrections”.)



**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 2009 v4.1 format.

The file name should be your pharmacy permit number followed by .DAT (example: 0201123456.dat).

**External media label must contain:** Pharmacy/Submitter Name, pharmacy DEA number, and the total 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.varxreport.com](http://www.varxreport.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. Universal Claim Form/Manual Entry**

A dispenser, who does not have an automated record keeping system capable of producing an electronic report in a format described above, may submit prescription information on the industry standard Universal Claim form via a link on the prescription upload website: [www.varxreport.com](http://www.varxreport.com). A sample of the information required to fill out this form is attached (Attachment 2).

**To Access the UCF Manual Entry screen in the data collection portal:**

1. Login to [www.varxreport.com](http://www.varxreport.com) with your username and password.
2. Single click left mouse button on **Data Collection Menu**.
3. Single click left mouse button on **Manual Entry**.
4. As explained in the '[WHAT DATA IS MANDATORY, WHAT IS OPTIONAL](#)' section, the dispenser must have at least the mandatory data available to enter manual prescriptions.



#### **4. FTPs Transfer** - Pharmacy – FTPs account

**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 FTP procedure. If they wish to do so, they must appoint one contact 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: [varxreport@otech.com](mailto:varxreport@otech.com) or by calling 866-683-2476 for a user id and password.

The URL is <https://varxreport.com>. Login credentials will be emailed to the established point of contact.

#### **Zero Reports:**

If a dispenser does not dispense any controlled substances in Schedules II- IV during a seven-day period, a “zero” report must be submitted. This may be done via a link on the prescription upload website: [www.varxreport.com](http://www.varxreport.com). The link is under the Data Collection Menu and is titled “Upload Pharmacy Zero Report”.

##### **To File a Zero Report in the Data collection portal:**

1. Login to [www.varxreport.com](http://www.varxreport.com) with your username and password.
2. Go to the **Data Collection menu**.
3. Click on the option **Upload Pharmacy Zero Report**.
4. Select the reporting period for zero report submission.
5. Click **Submit**.
6. Click the ‘View submitted reports’ tab to view a history of zero reporting for your pharmacy.

*Zero Reporting may also be done via FTPs file transfer. The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; DSP05; and IS03. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date sent; IS03 = Date range.*

*Required ASAP elements and example ASAP zero report on next page.*



### Prescription Monitoring Program Zero Reports - Summary of Required Data Elements

Ref. Code	Data Element Name	Format	Attributes*
<b>TH TRANSACTION HEADER – (TH01-TH09)</b>			Required Data
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or   or ::	Yes
<b>IS INFORMATION SOURCE – (IS01-IS03)</b>			
IS01	Unique Information Source	User login ID: FTPs username (without dashes): 190256###; or VA License #	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	Yes
<b>PHA DISPENSING PHARMACY – (PHA01-PHA12)</b>			
PHA03	DEA Number		Yes
<b>PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)</b>			
PAT07	Last Name	Zero	Yes
PAT08	First Name	Report	Yes
<b>DSP - DISPENSING DETAIL SEGMENT - REQUIRED</b>			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
<b>TP - PHARMACY TRAILER – REQUIRED</b>			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
<b>TT - TRANSACTION TRAILER – REQUIRED</b>			
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

**Example ASAP zero report for Jan 01 2012 to Jan 15 2012:**

```

TH*4.1*1700121700*01**20110514*1700*P**\
IS*190256000*Pharmacy Name*#20120101#-#20110115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\
TT*1700121700*8\

```





## **Alternative Reporting Methods**

The Director of DHP 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, the dispenser should submit a written request specifying how the reporting is to be accomplished and provide a detailed explanation of the extraordinary circumstances that necessitate the accommodation.

## **EXEMPTIONS TO REPORTING:**

### **Exemptions:**

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing by a prescriber in a bona fide medical emergency pursuant to §54.1-2914 of the Code of Virginia
- Administering of covered substances
- Dispensing within an appropriately licensed narcotic maintenance treatment program
- Dispensing to inpatients in hospitals or nursing homes (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

### **Nursing homes:**

Pharmacies dispensing to nursing homes 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 (attachment 3) and mail to:**

**Department of Health Professions  
Prescription Monitoring Program  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233**

**Or submit by FAX to (804) 527-4470, or submit by email to [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov)**



## **ERRORS and CORRECTIONS**

### **REJECTIONS**

The PMP application will validate record by record and reject only those records which do not meet the validation requirements. The records which do meet the validation requirements will be accepted. If only a limited number of records in a file are rejected, the entire file will not be rejected. If over 50% of records in a file do not meet the requirements specified the entire data file may be rejected. The submitter will be notified, via email or the users' message center, of the reason for failure. 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.

**Please note:** VA DHP requires that all rejected files be corrected and resubmitted within five (5) days of the notification that the file was rejected. All notifications are sent via email, if available, and also are sent to each user's individual 'message center' located within the Data Collection website. Please check your account to be sure that a valid email address is present, or check the message center.

Additionally, all individual records/errors that are rejected within an uploaded file, must be corrected via the website, or a file resubmission within 5 days of notification that the individual records have been rejected.

### **Viewing your Errors and File Upload Status:**

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed on the View Uploaded Files tab under the Data Collection Menu. This page will also show the user any errors associated with a particular file, and will allow the user to make corrections to these errors through the website. Please follow the details below to view your uploaded files and any errors associated with those files.

#### **View File Upload Errors:**

1. Login to [www.varxreport.com](http://www.varxreport.com) with your username and password.
2. Single click the left mouse button on Data Collection Menu.
3. Single click the left mouse button on File Upload.
4. Single click the left mouse button on the appropriate tab named View Uploaded Files.
5. Single click on the file that you wish to correct.
6. Error messages are listed under the Error Details column.



Example:

**File Upload Details**

<b>File Name:</b> InASAP200720100714131130.dat	<b>Uploaded By:</b> Root Account	<b>Total Records:</b> 100000	<b>Uploaded On:</b> 8/18/2010
<b>Records Processed:</b> 100000	<b>Records Rejected:</b> 1111		

**Error Details**

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Error Message	Data
Unable to parse record 'PAT***8919-93-7356****KALL...	DSP**0301687*20060120*0*20060120*00*01*00406035805...
The GenderCode exceeds the length allowed,The all...	DSP**0301735*20060120*0*20060120*00*01*60258077016...
Unable to parse record 'PAT***8926334008****BENEFI...	DSP**0783112*20051014*3*20060112*03*01*00024542131...
Unable to parse record 'PAT***8909464822****PEARSO...	DSP**0796580*20060123*5*20060123*00*01*00093089005...
The GenderCode exceeds the length allowed,The all...	DSP**0796480*20051221*5*20060123*01*01*00093083201...
Unable to parse record 'PAT***8926388526*****H...	DSP**0828193*20060109*5*20060109*00*01*00378400505...
The value assigned to the field State is incorrec...	DSP**0915991*20051116*2*20060108*02*01*00074194914...
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060108*00*01*00024542131...
The GenderCode exceeds the length allowed,The all...	DSP**0465804*20051111*2*20060111*01*01*00024542131...
The GenderCode exceeds the length allowed,The all...	DSP**0466758*20060112*0*20060112*00*01*00093083201...

Items Per Page 10

[Back To File Upload](#)

**Prescription Corrections:**

There are two options to correct the data as detailed below.

1. **Correct the data in your prescription software and then regenerate and upload the data.**
  - Please note that this process may result in duplicate record transmission. However, this process may be the best option when there are numerous error records in large files. Duplicate records may be ignored and require no action on the part of the user.
  - *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 PMP Portal. This type of correction is manually performed and is preferred when there are minimal errors.**
  - a. Login to [www.varxreport.com](http://www.varxreport.com) with your username and password.
  - b. Go to the **Data Collection Menu** > Click on **File Upload**.
  - c. Click on the **View Uploaded Files tab**. This will display a history of all files submitted.
  - d. Click on the File containing errors that you wish to correct.
  - e. To the right of each error, click on the **paper/pencil icon** . You will then be shown a Prescription correction screen.
  - f. Correct the fields indicated, click the authorization checkbox, and then Click Save.
  - g. You will receive online confirmation that the record was successfully saved.



**NOTE: Duplicate errors** cannot be edited. A duplicate error means the prescription record has already been added to the database. Duplicate error messages are an FYI only and require no action.

**Prescription Maintenance:**

For security purposes, data cannot be deleted by Optimum once it is submitted to the program. To remedy this situation, go to the Prescription maintenance page under the Data Management menu. Search for the RX by prescription number, Dispenser DEA, Prescriber DEA, Date filled or any combination of these criteria. You can then update the information by changing the Reporting Status to, 'revise' to update the RX, or 'void' to delete the RX. Click the confirmation box and hit 'Save'. (*Updating records can also be done via file upload by reporting any Rx with a DSP01 field set to "01" that indicates that it is a revision.*)

**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 Upload Center within the Data Collection website. The feature can be used for any type of file that it is submitted directly through the [www.varxreport.com](http://www.varxreport.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.

**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.

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

**Prescription Monitoring Program Contact Information:**

For questions: call (804) 367-4566 or email [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov)



**WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?**

**Controlled Substance Schedule II - Summary of ASAP 2009 v4.1 Data Elements**

**Note: ASAP Version 4 • Release 1 is used**

Visit [www.asapnet.com](http://www.asapnet.com) to purchase a complete implementation guides for all ASAP standards in the online bookstore.

Ref. Code	Data Element Name	Format	Required
<b>HEADER SEGMENTS</b>			
<b>TH TRANSACTION HEADER – (TH01-TH09)</b>			
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or   or ::	Yes
<b>IS INFORMATION SOURCE – (IS01-IS03)</b>			
IS01	Unique Information Source	User login ID: FTPs username (without dashes): 190256###; or VA License #	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Senders Phone number: no spaces	Yes
<b>PHA DISPENSING PHARMACY – (PHA01-PHA12)</b>			
PHA03	DEA Number		Yes
<b>DETAIL SEGMENTS</b>			
<b>PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)</b>			
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT12	Address Information – 1		Yes
PAT14	City Address		Yes
PAT15	State Address		Yes
PAT16	ZIP Code Address	“00000” Non-US	Yes
PAT18	Date of Birth	CCYYMMDD	Yes
<b>DSP - DISPENSING DETAIL SEGMENT - REQUIRED</b>			
DSP01	Reporting Status	“00” New record “01” Revise “02” Void	Yes
DSP02	Prescription Number		Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP04	Refills Authorized		Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP06	Refill Number	0 = indicates original dispensing; 01-99 is the refill number	Yes



Ref. Code	Data Element Name	Format	Required
DSP07	Product ID Qualifier	"01" NDC# or "06" compound	Yes
DSP08	Product ID	NDC# or "9999999999" for compound; If a compound the CDI segment is required	Yes
DSP09	Quantity Dispensed	Metric decimal format	Yes
DSP10	Days' Supply		Yes
DSP11	Drug Dosage Units Code	01 Each (solid dosage units or indivisible packages) "02 ml 03 gm. (must be converted to the liter/mg equivalent)	Yes
DSP16	Payment Method, Code identifying the type of payment, i.e. how it was paid	01 Private Pay (Cash, Charge, Credit Card) 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers' Compensation 07 Indian Nations 99 Other	Yes
<b>PRE - PRESCRIBER DETAIL SEGMENT - REQUIRED</b>			
PRE02	DEA Number		Yes
<b>CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT - If DSP07 = 06 all CDI segments required</b>			
CDI01	Compound Drug Ingredient Number	1 <sup>st</sup> reportable ingredient is "1"; additional ingredients are incremented by 1.	SIT
CDI02	Product ID Qualifier	"01" = NDC#	SIT
CDI03	Product ID	As indicated in CDI02	SIT
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	SIT
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm.	SIT
<b>AIR ADDITIONAL INFORMATION REPORTING - SITUATIONAL</b>			
All Segments optional.			
<b>SUMMARY SEGMENTS</b>			
<b>TP - PHARMACY TRAILER – REQUIRED</b>			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

**This page constitutes a summary of the required ASAP information for controlled substance reporting in VA. Additional information must be obtained by purchasing an implementation guide at [www.asapnet.org](http://www.asapnet.org).**

**Attachment 1**  
**Program Transmittal Form**

File Name: \_\_\_\_\_ Date: \_\_\_\_\_

The file name should be the Board of Pharmacy license number followed by .DAT (example: 0201123456.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**

**VIRGINIA**

Pharmacy NCPDP# or Dispenser BOP# \_\_\_\_\_.

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

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

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

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





# COMMONWEALTH OF VIRGINIA

## Department of Health Professions

### Prescription Monitoring Program

Perimeter Center  
 9960 Mayland Drive, Suite 300  
 Henrico, VA 23233  
 Phone: (804) 367-4566  
 Fax: (804) 527-4470

### REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials

<u>Name of Dispenser</u>		<u>License or Permit Number</u>	
Street Address		City	
State	<u>Zip Code</u>	Area Code and Telephone Number	
<u>Name of PIC (Pharmacy only)</u>		Virginia License Number of PIC (Pharmacy only)	
Signature:		Date:	
Reason for approval of exemption/waiver request: (Check one box below)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.			
<input type="checkbox"/> This pharmacy or practitioner dispenses no Schedule II, III, or IV controlled substances.			
<input type="checkbox"/> This pharmacy or practitioner is exempt from reporting according §54.1-2522 of the Code of Virginia. State exemption(s)			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			

#### For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of action
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## **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 this 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.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the correct website. The website required to view this information is [www.pmp.dhp.virginia.gov](http://www.pmp.dhp.virginia.gov). If you have a login ID and password, you should be able to access the information available at this site. If not, you will need to use the link provided to register for access.

### **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?**

The Virginia Prescription Monitoring Program collects drug schedules II-IV.

#### **How often should I submit data?**

Virginia collects all prescription data according to the date the medication was dispensed. All schedule II-IV controlled substances are required to be reported **within 7 days** of the date dispensed. All data submitted beyond 7 days from the date dispensed is deemed delinquent. You may consider submitting controlled substance reports on a weekly or bi-weekly basis to avoid delinquencies and to allow time to make any necessary corrections. A ZERO REPORT must also be submitted if there is no dispensing within 7 days.

Please be aware that any file rejections must also be corrected and resubmitted to the program **within 5 days** of notification that the file was rejected. Additionally, all error notifications are logged within the system as they are sent, and also appear in your 'Messages' center.

Additionally, all individual records/errors that are rejected within an uploaded file, must be corrected via the website, or a file resubmission within 5 days of notification that the individual records have been rejected.

- **Prescriptions on hold:** Prescriptions on hold should only be reported after they are completely filled. These must be reported within seven days of the date that they are completely filled.

### **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.

### **Why is the system rejecting the input metric quantity?**

The metric quantity should be the number of metric units dispensed in metric decimal format. (Ex: 3.5)

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

All transactions must be submitted to the program within 7 days of the date dispensed. If for some reason you need more time, please contact your program's administrator at: [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov) or by calling 804-367-4566.

### **What should I do if the pharmacy / doctor I am reporting for will no longer dispense controlled substances? OR I believe I am exempt from reporting?**

If you believe you are exempt from reporting, or the pharmacy you are reporting for will be closing, please fill out the program waiver (attachment 3) and follow the instructions listed. This request must be approved by the program administrator. They can be contacted at [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov), or by calling 804-367-4566.

### **My pharmacy did not dispense any controlled substances. How do I submit a Zero Report?**

Zero Reports should be submitted using the account which uses the DEA number as the username. If you do not know the password, please email [varxreport@otech.com](mailto:varxreport@otech.com) for assistance. Please see the section titled zero reports for additional information.

Zero reports may also be submitted electronically via FTPs protocol using the ASAP v4.2 format only. (Please see the section titled zero reports for more detailed information.) Complete information can be found about formatting requirements at [www.asapnet.org](http://www.asapnet.org), the document is titled ASAP Standard for Prescription Monitoring Programs Zero Reports.

### **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 [varxreport@otech.com](mailto:varxreport@otech.com) with the following information (If you are unsure if your data was submitted, resubmit the time period in question. This data will take one day to process, before we are able to review the data:

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

*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 DEA number, followed by the date of submission, followed by .dat. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users should be certain to differentiate files by adding to the filename before the **.dat** extension. This will ensure that the contents of the file are not overwritten. FTPs submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

#### **What does the file status 'Pending' mean?**

Uploaded files will be processed overnight by a batch processor, therefore they will be in 'Pending' status until the day following upload. Once this file has processed, you will receive confirmation in your message center and/or your email inbox (if a valid email address is supplied – please check your 'My account' section).

#### **I do not work with a software vendor; how should I submit controlled substance data?**

If you do not work with a software vendor, you will need to manually enter controlled substance data. To submit records manually, 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 the Data Collection Menu > Test Run Upload and submit your file. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

*Please note: file rejections are required to be corrected and re-submitted within five (5) days of notification that the file was rejected. All notifications are sent to the email address indicated, and are also sent to the users' message center in the website. Additionally, all individual records rejected within any uploaded file must be corrected within five days of notification that the records were rejected. This can be done via the website, or a file upload with the corrected records.*

### **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 the Data Collection Menu > File Upload > View uploaded files. Then click on the number of errors. If you need additional assistance, please contact the support desk. Duplicate records have already been processed by the system. **Duplicate records cannot be edited.**

### **How do I know if my file uploaded?**

If you are not receiving email notifications, you will need to verify that your email address is listed and change your response type to email.

Go to 'My Account' and enter your email address in the appropriate field. Change the notification method to 'Email' and click Save. You will also receive all file status notifications in the section of your account titled 'messages'.

An email will be sent (the following day) confirming the file's actual processing status and any errors contained within that file, this notification can also be found in the "Messages" section of your account.

***(Please be sure to add the domain: otech.com to your safe sender's list within your email client. This will ensure that you receive communications from Optimum in a timely manner.)***

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

The ASAP 2009 v4.1 formatting requirements allow for the following functions: 'new, revise or delete'. For those sending electronic files, please refer to DSP01 in the formatting table.

For users that submit manual entries, you are also able to update previously submitted information. Please refer to the "Prescription Details" section on the prescription maintenance page (see the section titled prescription maintenance for additional details).

**Why are there no menus displayed on the web page?**

For the Data Collection menus to appear, please verify you are using Internet Explorer version 6.0 or higher.

To check which version you are currently using go to Help > About Internet Explorer. If you are using a version less than 6.0, you may download the latest version from [www.microsoft.com/downloads](http://www.microsoft.com/downloads)

If you are using Internet Explorer version 9.0 or higher, please verify that that your compatibility view settings are enabled, you can locate this under the Tools section in your web browser menu.

**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 pharmacy or dispenser.*

**OTHER QUESTIONS:****How do I setup an FTP account?**

Please register at the website [www.varxreport.com](http://www.varxreport.com) as a Pharmacy – FTPs job type. This will establish a unique set of credentials that will allow you to connect to our server.

You will be contacted with login credentials at the email address indicated within 24-48 business hours.

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

Non-US zip codes or residents should have the value ‘00000’ placed into the zip code category.