



Illinois Data Submitter's Guide



Illinois RxSubmit



Version 1.0

June 2022

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1 Document Overview

1.1 Purpose and Contents

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

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

1.2 Reporting Requirements

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

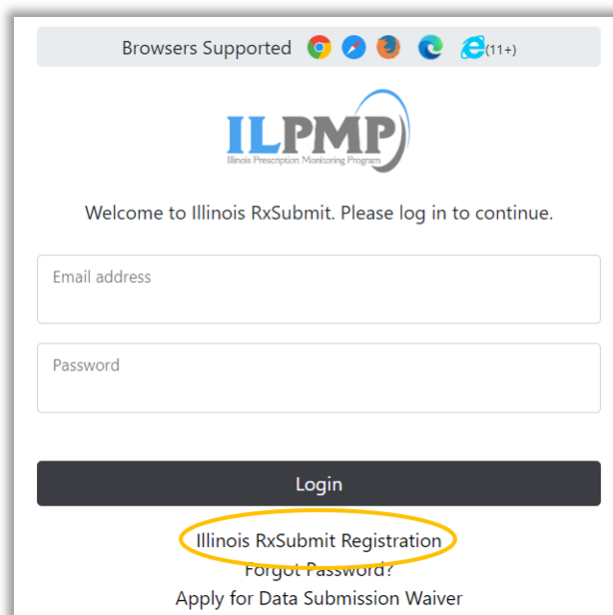
Accessing Illinois RxSubmit

2.1 Synopsis

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

2.2 Registering a Data Submitter

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



Browsers Supported

ILPMP
Illinois Prescription Monitoring Program

Welcome to Illinois RxSubmit. Please log in to continue.

Email address

Password

Login

Illinois RxSubmit Registration

[Forgot Password?](#)

[Apply for Data Submission Waiver](#)

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

Illinois RxSubmit Registration

Create Login Credentials

Registration Tracking Id: 000039

Primary Email Address *

Secondary Email Address

Password *

Confirm Password *

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

Password *

Password must meet the following requirements:

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

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

Verify Role

Category *

Data Submitters

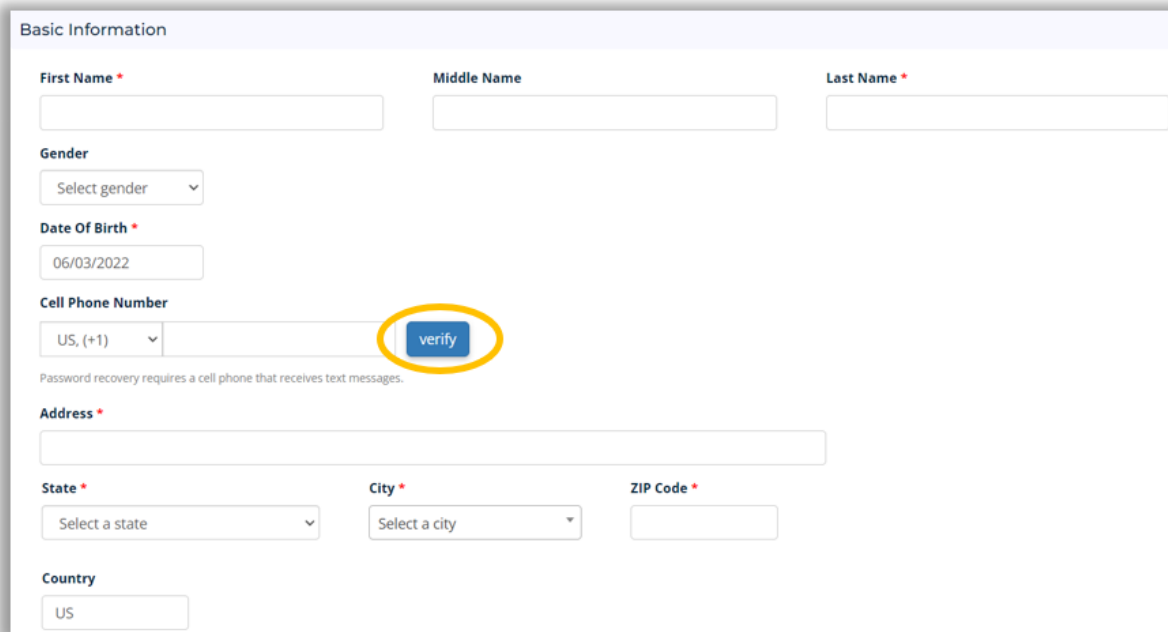
Role *

Select the user role

Submitter On Behalf Of Dispensing Practitioner

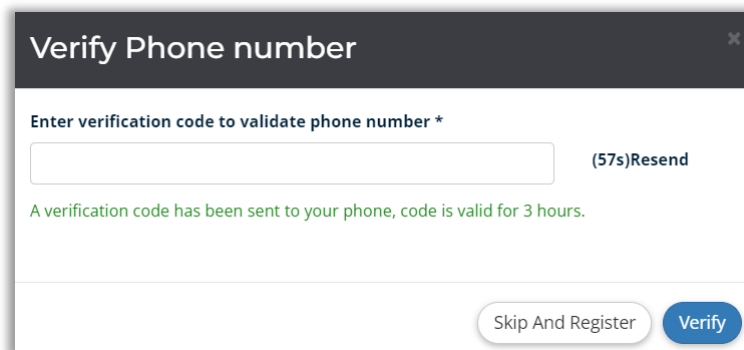
Submitter On Behalf Of Pharmacy

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



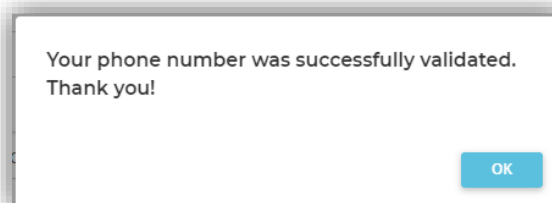
The image shows a 'Basic Information' registration form. It includes fields for First Name, Middle Name, and Last Name. There is a Gender dropdown menu, a Date Of Birth field (pre-filled with 06/03/2022), and a Cell Phone Number field with a dropdown for country (US, (+1)). A blue 'verify' button is highlighted with a yellow circle next to the cell phone number field. Below the cell phone number field, there is a note: 'Password recovery requires a cell phone that receives text messages.' The form also includes fields for Address, State, City, ZIP Code, and Country (pre-filled with US).

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



The image shows a 'Verify Phone number' dialog box. It has a title bar with a close button. The main content area says 'Enter verification code to validate phone number *' and has a text input field. To the right of the input field is a link '(57s)Resend'. Below the input field, a green message states: 'A verification code has been sent to your phone, code is valid for 3 hours.' At the bottom right, there are two buttons: 'Skip And Register' and 'Verify'.

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



The image shows a success message dialog box. It has a title bar with a close button. The main content area says: 'Your phone number was successfully validated. Thank you!'. At the bottom right, there is a blue button labeled 'OK'.

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

The screenshot shows the 'Employer Information' section of the application. It includes a checkbox for 'My employer address is the same address I entered above.' Below this are input fields for 'Employer Name *', 'Employer Phone Number', and 'Employer Address'. There are also dropdown menus for 'Employer State' (labeled 'Select a state') and 'Employer City' (labeled 'Select a city'), along with an 'Employer ZIP Code' field. Further down are optional fields for 'Employer License Number (if applicable)', 'Employer DEA (if applicable)', and 'Employer NPI (if applicable)'. At the bottom, there is a checkbox for 'I attest that the information I provided is my own and is true and accurate to the best of my knowledge.' and a 'LIVE SUPPORT CENTER' button with a chat icon.

- 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**”.

This screenshot shows the bottom portion of the form, featuring a checkbox with the text: '* I attest that the information I provided is my own and is true and accurate to the best of my knowledge.' To the right of this is a rounded 'Submit' button.

- The status of the registration is shown next.

The screenshot displays a confirmation message titled 'Illinois RxSubmit Registration'. Above the message is a circular icon containing a person silhouette. The message text reads: 'Your registration is successful and you are approved to access Illinois RxSubmit application.' At the bottom right, there is an 'Ok' button.

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

To

testaccount

From

ilpmp@logicoy.com

Sending

23.249.210.14

IP

Received

2022-05-30 18:41:35

Delete

HTML

JSON

RAW

LINKS

ATTACHMENTS

Dear Victor Creel,

Congratulations!

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

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

Username:

testaccount@mailinator.com

PDMP Application URL/web address:

<https://rxsubmit-il-test.logicoy.com/PDMPSystemApp/>

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

Kind Regards,

IL PMP

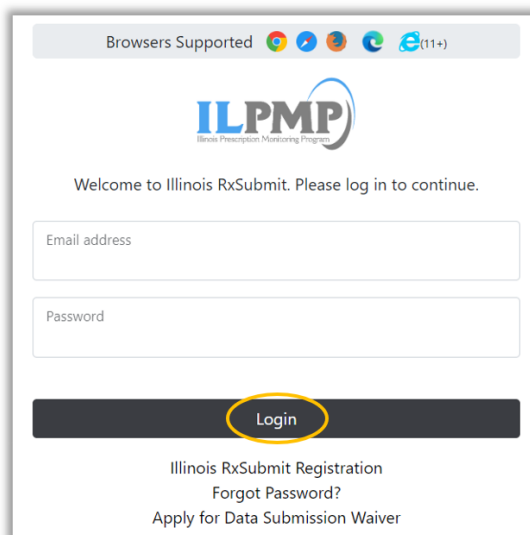
3 Logging into Illinois RxSubmit

3.1 Synopsis

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

3.2 Logging into Illinois RxSubmit with New Credentials

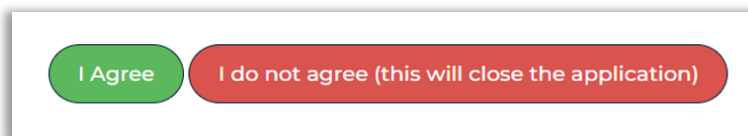
- For a user with new login credentials, the following steps need to be completed:
- Open an internet browser and navigate to: <https://rxsubmit-il.logicoy.com>
- The following window will be displayed.



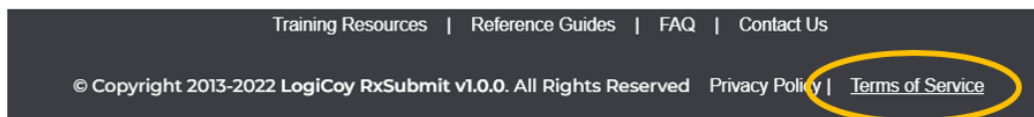
- Click "**Login**" after entering your username and password.

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

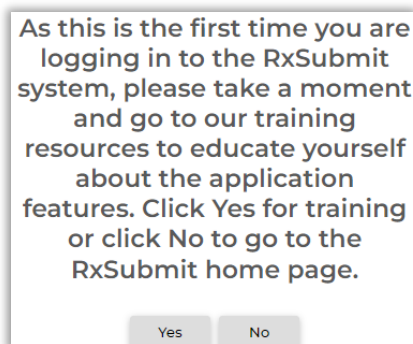
- When logging in for the first time, you will be asked if you agree to the terms and conditions of Illinois RxSubmit.



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

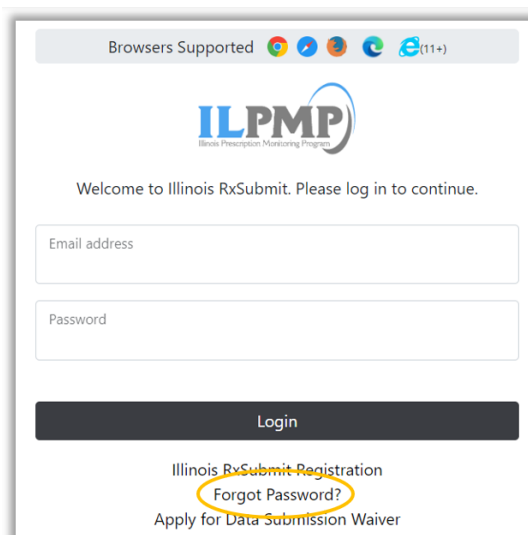


- Please click the green “**I Agree**” button. The Red “**I do not agree...**” button will terminate your session as a submitter.
- First-time users are shown a welcome message and encouraged to locate training material and go to the home page of Illinois RxSubmit.



3.3 Forgot Password

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



- Your Illinois RxSubmit email address will be required.

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.

Your RxSubmit email address

[Verify Account](#)

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

Recover Password

Thanks [Redacted]

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.

☐ Send the recovery link to my email

☐ 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 phone”** for a one-time-passcode to enter to reset the password.
- If an invalid email address is entered, the below message will display:

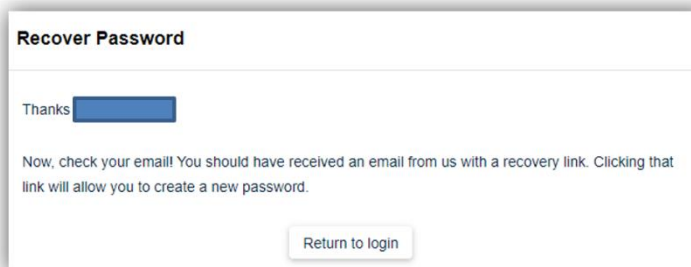
Recover Password

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 phone number verified upon registration.

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



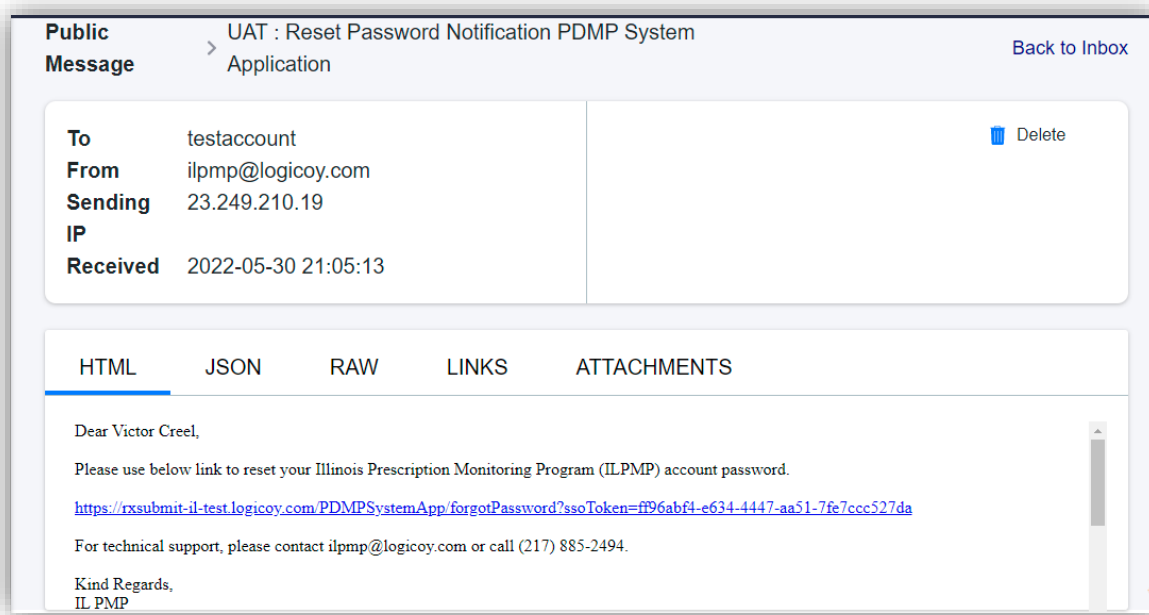
Recover Password

Thanks

Now, check your email! You should have received an email from us with a recovery link. Clicking that link will allow you to create a new password.

[Return to login](#)

- 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 Message > UAT : Reset Password Notification PDMP System Application [Back to Inbox](#)

To testaccount
From ilpmp@logicoy.com
Sending IP 23.249.210.19
Received 2022-05-30 21:05:13 [Delete](#)

HTML JSON RAW LINKS ATTACHMENTS

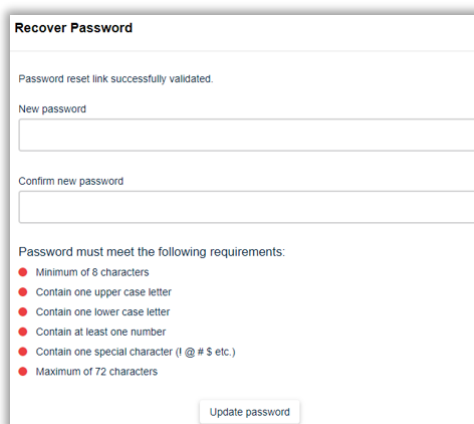
Dear Victor Creel,

Please use below link to reset your Illinois Prescription Monitoring Program (ILPMP) account password.

<https://rxsubmit-il-test.logicoy.com/PDMPSystemApp/forgotPassword?ssoToken=ff96abf4-e634-4447-aa51-7fe7ccc527da>

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

Kind Regards,
IL PMP



Recover Password

Password reset link successfully validated.

New password

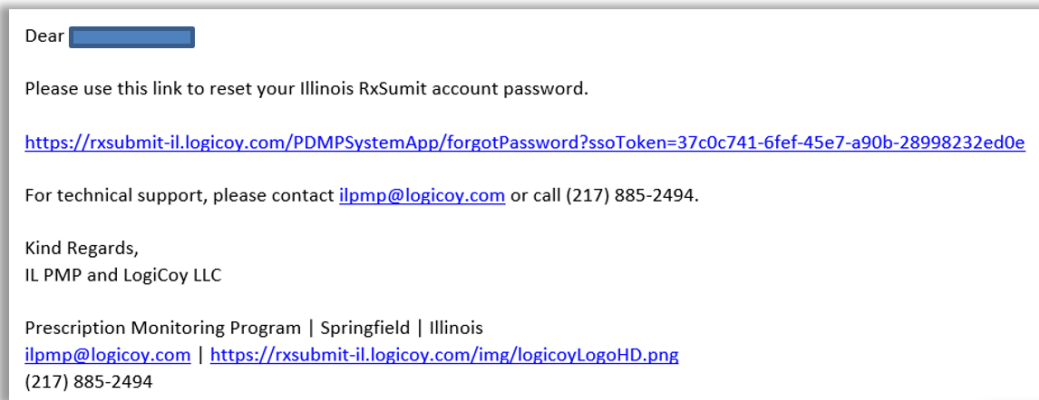
Confirm new password

Password must meet the following requirements:

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

[Update password](#)

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



- If phone is the preferred method, a one-time-password will be sent to your phone.

A "Recover Password" form. The title "Recover Password" is at the top. Below it, the text "Here, let us help you with that" is centered. Then, "Now, check your messages! Enter password recovery code that was sent to your cell phone." is displayed. Below this is a label "Your password recovery code" and a text input field. To the right of the input field is a link "(44s)Resend". At the bottom center is a button labeled "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.

4 File Submissions

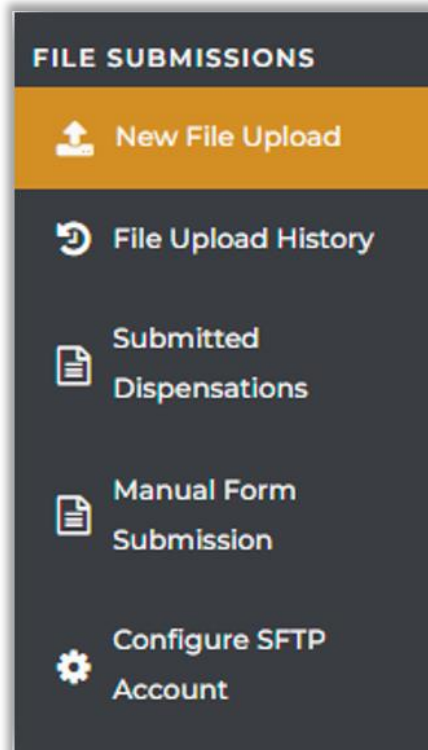
4.1 Synopsis

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**".



Data Upload
Dispenser's or Pharmacist's new data upload screen

[Submission Guide](#) [Page Walk](#)

File Upload

File must follow the predefined ASAP format and should be a .DAT file

[Upload File](#)

File description (Optional)

[Upload file](#)

Zero Report Submission

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

Start Date

[MM/DD/YYYY](#)

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.

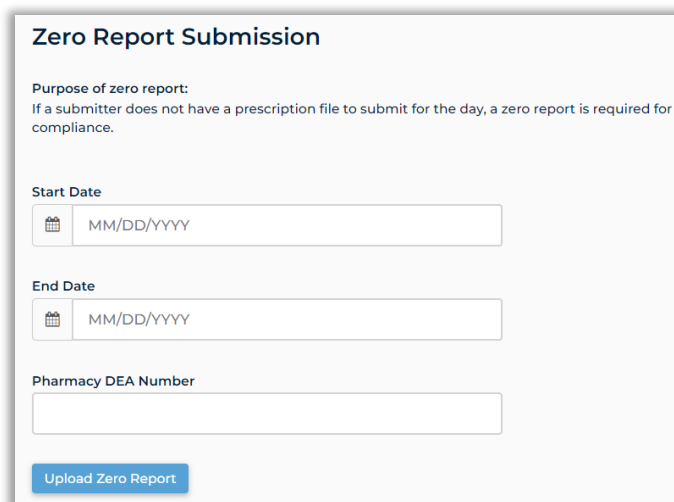
[Upload file](#) [Uploaded successfully.](#)

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

File upload Error:
unsupported file format.
Please use a .dat file or
contact support for
assistance.

[OK](#)

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



Zero Report Submission

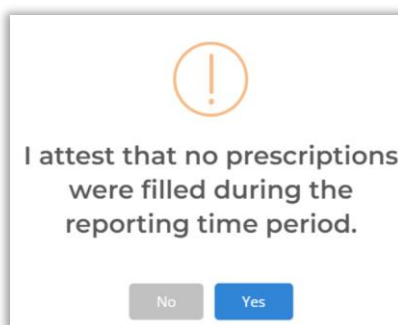
Purpose of zero report:
If a submitter does not have a prescription file to submit for the day, a zero report is required for compliance.


Start Date

End Date

Pharmacy DEA Number

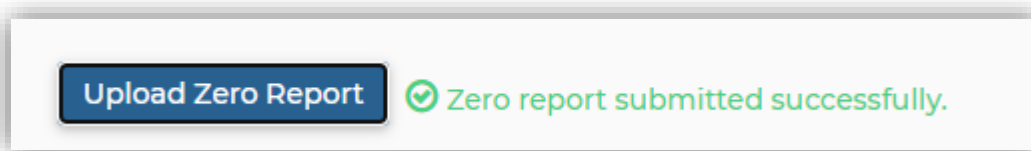
- Enter the date needed for the Zero Report along with the pharmacy's DEA number.
- Click “**Upload Zero Report**” after all details have been entered.
- A pop-up will appear for attestation.






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

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



 Zero report submitted successfully.

4.3 File Upload History

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

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

Export request received. You will receive an email once the report is ready. Once ready, the file can be downloaded in the exported request tab located on the left sidebar.

OK

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

- To populate counts, click “Search”.

File Upload History

Page Walkthrough

File name: Status: File Submission Date range:

Upload insights

Total Files Received	Total Prescriptions	Processing Finished	Processing Failed
0	0	0	0
ZeroReport Received	Parsing Error	Processing Started	Parsing Started
0	0	0	0

File List

Showing below records for the given date range : 04/30/2022 - 05/30/2022

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Status	Date	Actions
No records found for given date range.									

- 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.

Ascending ▾ Descending ▾

ID	File name	User name	IP-Address	Prescriptions	Success	Error	Status	Date	Actions
2530	ZERO_RPT_MANUAL__1627296323701.dat	williewood@mailinator.com	60.243.243.156, 64.252.145.81	1	1	0	Zero-report-recieved	07/26/2021 10:45:23	Action ▾
2529	H-DEMO-DATA-T3.dat	williewood@mailinator.com	60.243.243.156, 64.252.145.81	14	10	4	Processed-with-error	07/26/2021 10:36:30	A ▾

Page number : 1 Items per page: Showing - 1-2 / 2

- Action ▾**
- edit file records
 - download acknowledgment
 - download summary report
 - download detail report
 - download file

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

submitted successfully for auditing purposes.

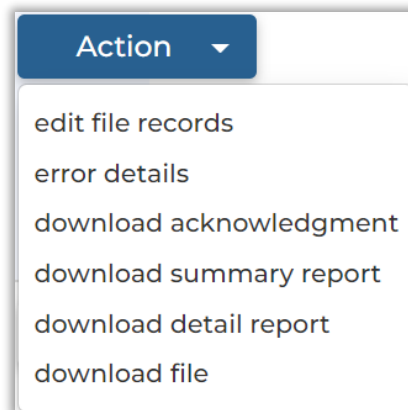
3.) Download Summary Report - allows a submitter to download a summary of the file submitted and will provide the total number of prescriptions uploaded with the creation date, total errors, duplicates, etc. (this will also be emailed to the submitter).

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

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

- For a file with an error, **highlighted in red**, the following action items can be performed:

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



Pharmacy name [redacted] #9078, pharmacy DEA [redacted] Dispensing Record Number : 11

ERROR : PAT.8, Column name : pat08_patient_first_name, Value given : , A valid value expected for : PAT.8

Pharmacy name [redacted] #9078, pharmacy DEA [redacted] Dispensing Record Number : 12

ERROR : PAT.7, Column 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

Prescriber DEA

Prescriber NPI

Prescriber State License Number

Status

Rx Number

Prescription Written Date Range

Prescription Filled Date Range

Filter by drug schedule:

☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All

Search

Reset Search

Showing below records for the given date range : 05/08/2022 - 06/08/2022

First Name	Last Name	DOB	Pharmacy	Prescriber	Rx #	Drug Name	Drug Strength	MME	Written date	Fill Date	Status	Action
[redacted]	[redacted]	04/30/1983	PATIENT DIRECT RX LLC	[redacted]	528532	PREGABALIN		0	05/05/2022	06/06/2022	Accepted	Action

Page number : 1

Previous

Next

Items per page: 10

Showing - 1-1 / 1

Action

More Details

History

Edit

Delete

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

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Page 21

Prescription Number : WQWQDD

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

Close

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

Prescription Number : **N/A**

Show more data

Show **10** entries

Search:

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

Showing 0 to 0 of 0 entries

Previous Next

Close

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

Record details for file name : ZERO_RPT_MANUAL_1614617839369.dat

Transaction id
0000

Pharmacy details ▲

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

Patient details ▲

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

LIVE S

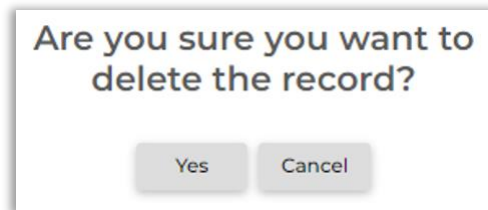
Patient qualifier N/A	Patient provider code N/A	Patient qualifier 2 N/A	Patient id 2 N/A
Patient name prefix N/A	Patient name suffix N/A	Patient species N/A	Patient location code N/A
Patient non uscn N/A	Patient name of animal N/A		

DSP description ▲

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

The screenshot shows a web form titled "DSP Electronic prescription order". At the top, there is a field for "number" with the value "N/A". Below this is a section titled "Prescriber details" with a dropdown arrow. Inside this section, there are several input fields: "Prescriber dea" (N/A), "Prescriber first name" (N/A), "Prescriber middle name" (N/A), "Prescriber last name" (N/A), "Prescriber phone no" (N/A), "Prescriber DEA suffix" (N/A), "Prescriber NPI" (N/A), and "Prescriber State LIC" (N/A). There is also a checkbox for "Contested Prescription" which is unchecked. Below the checkboxes are two text areas: "Reason for edit" and "Add comment". At the bottom of the form is a "Comment history" section with a dropdown arrow. An "Update" button is located at the bottom right of the form.

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



4.4 Submitted Dispensations

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

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

Submitted Dispensations Page Walkthrough

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

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

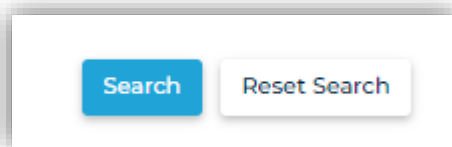
Prescription Written Date Range: Prescription Filled Date Range:

Filter by drug schedule: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All

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

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

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



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

Submitted Dispensations Page Walkthrough

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

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

Prescription Written Date Range: Prescription Filled Date Range:

Filter by drug schedule: ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All

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

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

Action

Action

- More Details
- History
- Edit
- Delete

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

Prescription Number : 202102186

Status : ACCEPTED	Pharmacy city : CHAMJHJKFHDFEFQ@#\$@#ERFDSBERSBURG	DSP Product Id : 68387094360
Creation date : 06/15/2021	Pharmacy zip : PA	DSP days supply : 30
Transaction Id : TC2	Patient name : DOLLY DIMPLES	DSP quantity dispensed : 180
Transaction type : 01	Patient city : LOCK HAVEN	DSP drug dosage unit code : 01
Release number : 4.2A	Patient state : PA	Payment type : Private Pay
Info source entity : HOGWARTS PHARMACY	Patient zip : 60304	Schedule Drug : 2
Pharmacy DEA : TESTDEA40	Patient address : 417 FAIRGROUND RD, MILL HALL	Reporting Status : 00
Pharmacy NPI : TESTNPI40	Patient DOB : 10/25/1950	Refill Number : 0
Pharmacy name : HOGWARTS PHARMACY-V2	Patient Species : 01	Refills Authorized : 05
Pharmacy phone no : (717) 267-3304	Patient gender : M	Prescriber name : PARAM SINGH
Pharmacy contact name : N/A	DSP Prescription number : 202102186	Prescriber DEA : BR5799401
Pharmacy chain id : -AA2654	DSP Prescription written date : 06/19/2021	Prescriber NPI : 102301181
	DSP Prescription date filled : 06/19/2021	Prescriber State License Number : N/A

Close

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

Prescription Number : 1211512

Show more data

Show 10 entries

Search:

Patient name	Patient DOB	Patient address	Status	Creation date	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

Showing 1 to 2 of 2 entries

Previous 1 Next

Close

- **“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.

Prescription Number : 1211512

Transaction id
TC2

Pharmacy details ▲

Pharmacy name HOGWARTS WTST PHARMACY	Pharmacy Dea number 12341231	Pharmacy NPI TESTNPII	Pharmacy Ncpdp for pdp N/A
Address 1 925 NORLAND AVE	Address 2 N/A	City CHAMJHJKFHJFEFQ@#\$@#EF	State PA
Zip N/A	Phone number (717) 267-3304	Chain id ~^^2654	

Patient details ▲

Patient id N/A	Patient first name PARAM	Patient middle name N/A	Patient last name SINGH
Patient gender M	Patient date of birth 05/23/1987	Patient address 417 FAIRGROUND RD, MILL HAI	Patient city MADISON
Patient state IL	Patient zip 60304	Patient phone number N/A	Patient provider code N/A
Patient qualifier 03	Patient provider code N/A	Patient qualifier 2 N/A	Patient id 2 N/A
Patient name prefix N/A	Patient name suffix N/A	Patient species 02	Patient location code 10

Patient non uscn N/A		Patient name of animal N/A	
-------------------------	--	-------------------------------	--

DSP description ▲

DSP prescription number 12111512	DSP prescription date filled 05/16/2021	DSP Prescription written date 05/16/2021	DSP Product Id 00005334643
DSP days supply 90	DSP quantity dispensed 180	DSP drug dosage unit 01	DSP reporting status 00
DSP refills authorized 05	DSP refill number 0	DSP productid qualifier 01	DSP transmission form 01
DSP partial fill indicator 00	DSP pharmacist npi N/A	DSP Pharmacist license number N/A	DSP Payment type code Private Pay
DSP date sold N/A	DSP Rxnorm product qualifier N/A	DSP Rxnorm code N/A	DSP Electronic prescription reference number N/A
DSP Electronic prescription order number ICD10			

Prescriber details ▲

Prescriber dea DEA98765	Prescriber first name PHYSICIAN	Prescriber middle name N/A	Prescriber last name PARFP
Prescriber phone no N/A	Prescriber DEA suffix N/A	Prescriber NPI NPI8599	Prescriber State LIC N/A

☐ Contested Prescription

Reason for edit

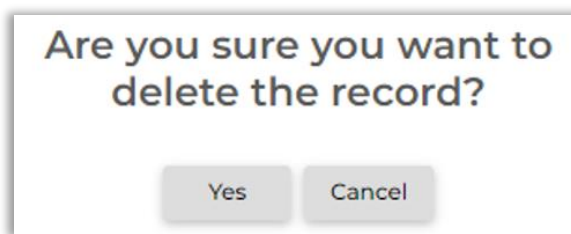
Add comment

Comment history ▼

Update

Close

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



4.5 Manual Form Submission

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

Manual entry Form (UCF) for Dispensing Medications

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

Patient information

First Name *
Last Name *
Middle Name
Patient Suffix
Date of birth *
MM/DD/YYYY
Gender *
Select Gender
Address 1 *
Address 2
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
 - 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.

The screenshot shows three expandable sections of the form:

- Dispensary information**: Includes a checkbox for "Generate autofill based on the DEA" and four input fields: "NPI" (Dispenser's NPI Number), "DEA Number" (Dispenser's DEA Number), "Dispensary Name", and "Address" (Street Address).
- Pharmacist information**: Includes two input fields: "NPI Number" and "State License Number".
- Prescriber information**: Includes a checkbox for "Generate autofill based on the prescriber DEA" and eight input fields: "Prescriber NPI", "Prescriber DEA", "Prescriber DEA Suffix", "Prescriber State License", "Prescriber First Name", "Prescriber Last Name", "Prescriber Middle Name", and "Prescriber Middle Name".

A blue circular menu icon is located in the bottom right corner of the form area.

- 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.

The screenshot shows the "Prescription information" section with a "Compound drug" checkbox and the following fields:

- NDC Number**: NDC Code
- Quantity dispensed**: Quantity
- Days Supply**: Days Supply
- Date Written**: MM/DD/YYYY
- Date Filled**: MM/DD/YYYY
- Date Sold**: MM/DD/YYYY
- Payment Type**: Select Payment Type (dropdown)
- Prescription Number**: Prescription Number
- Authorized Refill**: Authorized Refill Count
- Refill Number**: Refill Number
- Prescription Origin**: Select Prescription Origin (dropdown)
- Electronic prescription Reference no**: Electronic prescription Reference num
- Units**: Select Unit code (dropdown)
- Partial Fill**: 01

At the bottom left, there is a "+ Add More" button. At the bottom center, there is a "Submit" button.

- Under the Prescription Information section, the mandatory fields are NDC Number, Quantity dispensed,
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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.

Compound drug ☒

NDC Number *
999999999

Quantity dispensed *

Days Supply *

Date Written *
MM/DD/YYYY

Date Filled *
MM/DD/YYYY

Date Sold
MM/DD/YYYY

Payment Type *
Select Payment Type

Prescription Number *

Authorized Refill *

Refill Number *

Prescription Origin *
Select Prescription Origin

Electronic prescription Reference no

Units *
Select Unit code

Partial Fill
01

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

Compound Drug Ingredient Detail (Optional) [+ Add Compounding Ingredient](#)

Sequence Number *
01

Compound Drug Dosage Units Code *
Select Compound Drug Dosage Units Code

NDC *
Product ID

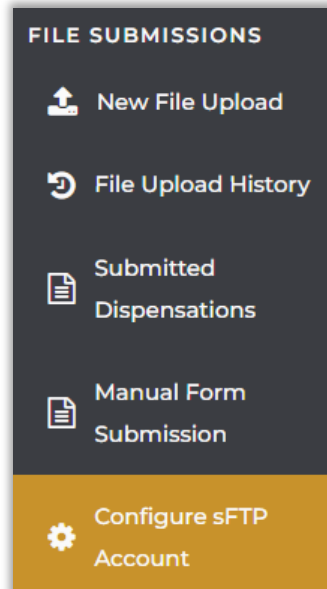
Component Ingredient Quantity *
Component Ingredient Quantity

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

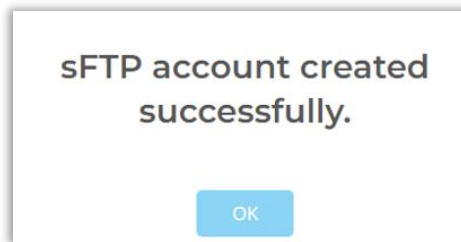
- "**Configure sFTP Account**" is located on the left side menu.



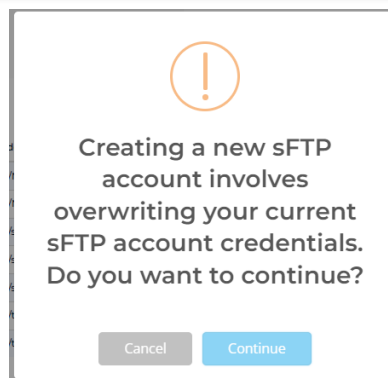
- To create a username and password, fill in the below fields and click **“Create your sFTP Account”**. Please note, that this username and password are in addition to the Illinois RxSubmit username and password.

A form titled "Manage sFTP Account" with a section "sFTP Account Setup". It contains four input fields: "On behalf of user name (Editable Only for Admin)" with placeholder "Enter dispenser registered email address", "Create your sFTP username" with placeholder "For example : johnsftpuser" and a note "* sFTP username can contain only letters (a-z or A-Z) or numbers (0-9).", "Create your sFTP password" with placeholder "Password", and "Confirm your sFTP password" with placeholder "Confirm password". At the bottom are "Cancel" and "Create your sFTP Account" buttons.

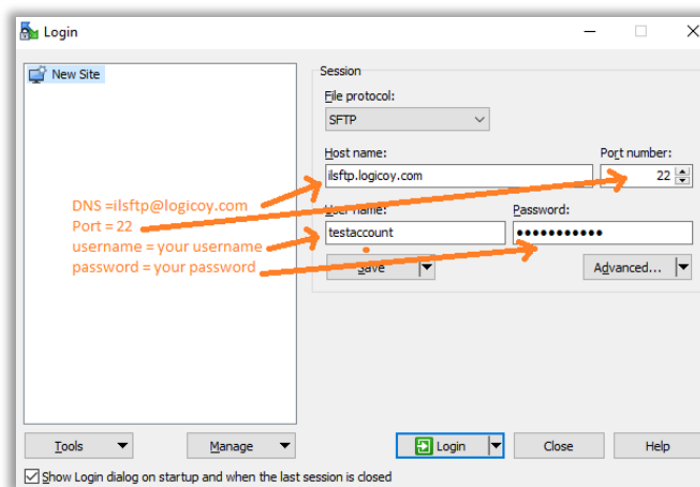
- A pop-up message displays the status of the sFTP account creation.



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



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

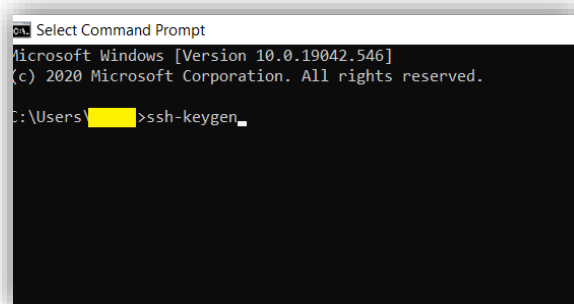


- Please note that the credentials used to set up the sFTP account within Illinois RxSubmit must be the same as configured in any other sFTP tool such as FileZilla or WinSCP.
- The sFTP Hostname is: ilsftp.logicoy.com OR the Host IP is: 52.15.115.105 and the sFTP port number is 22. Please note, Hostname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

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

4.6.2 Public Key Authentication using SSH Key Commands

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



- Provide the Windows path to save the key pair.

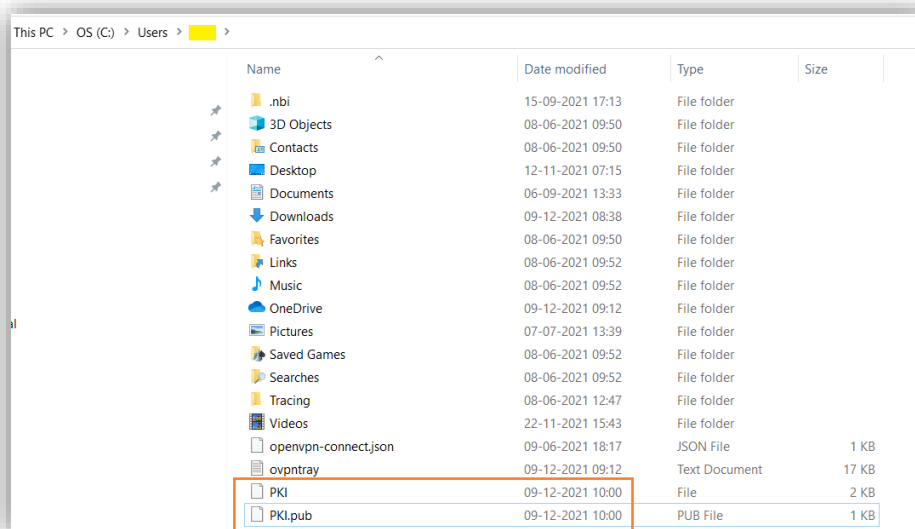
```
C:\Users\>ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users/ /PKI
```

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

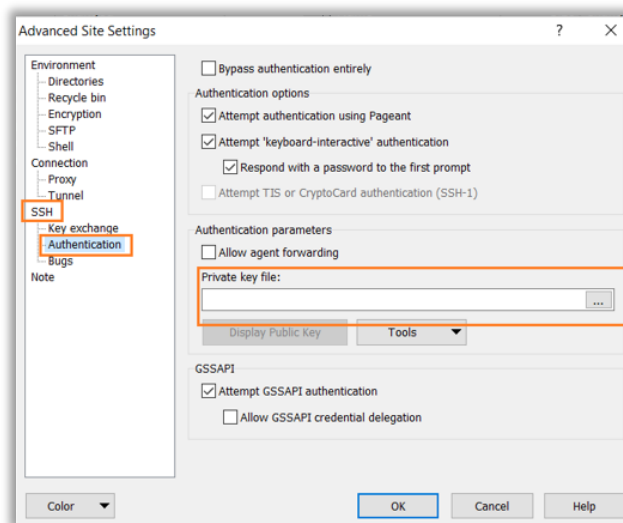
```
C:\Users\>ssh-keygen
Generating public/private rsa key pair.
Enter file in which to save the key (C:\Users\/.ssh/id_rsa): C:/Users/ /PKI
Enter passphrase (empty for no passphrase):
Enter same passphrase again: 
```

```
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/ /PKI
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:
```

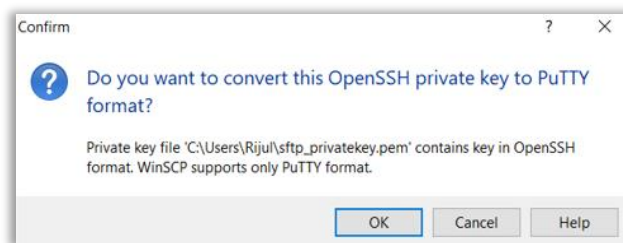
- Your private and public key has been created successfully.



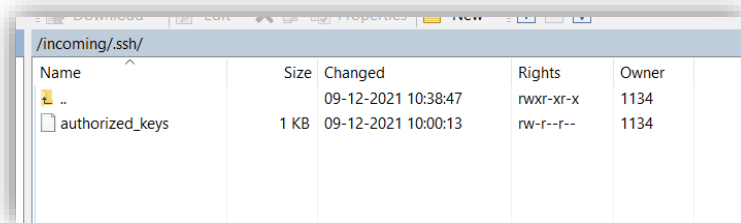
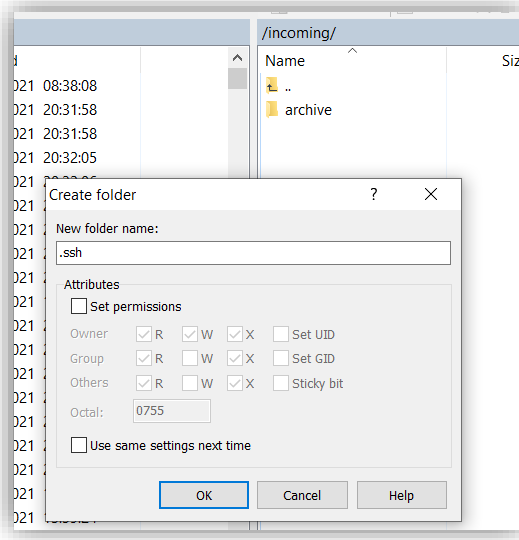
- Rename the public key “**pki.pub**” to “**authorized_keys**” and “**pki**” to “**sFTP_privatekey.pem**”
- Log into your sFTP client and click “**Advanced**”.
- Enter the path to the generated private key.
- Click “**OK**”.



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



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



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

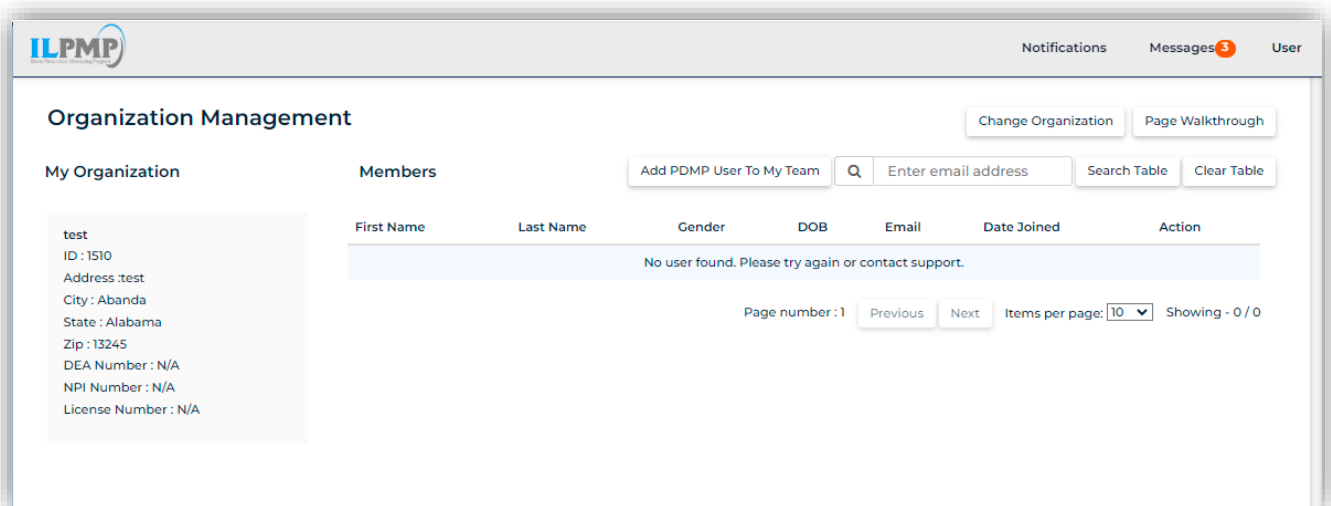
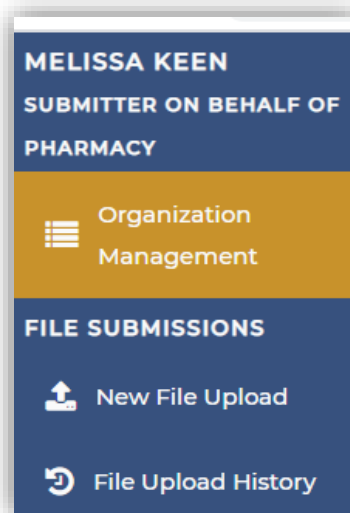
5 Organization Management

5.1 Synopsis

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

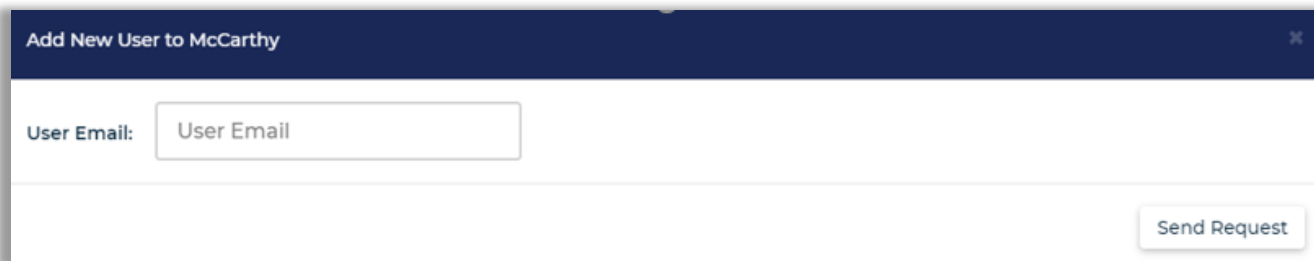
5.2 Organization Management

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

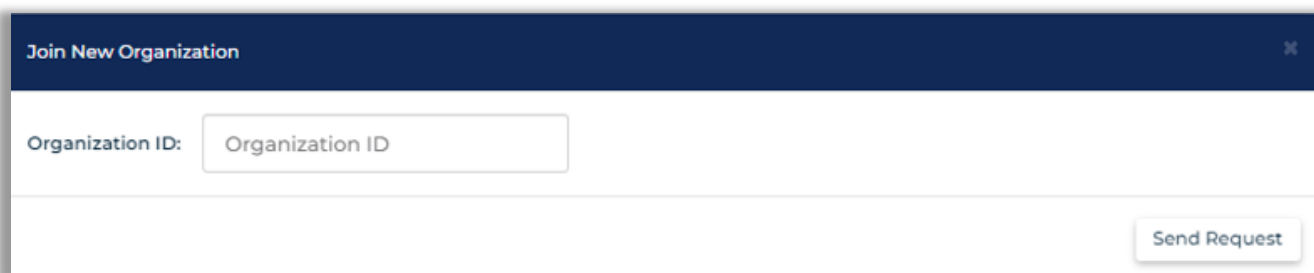


- As a Data Submitter, you can receive multiple requests from your co-workers and different organizations.

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

A screenshot of a web application pop-up titled "Add New User to McCarthy" with a close button (X) in the top right corner. The form has a dark blue header bar. Below the header, there is a label "User Email:" followed by a text input field containing the placeholder text "User Email". At the bottom right of the form is a button labeled "Send Request".

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

A screenshot of a web application pop-up titled "Join New Organization" with a close button (X) in the top right corner. The form has a dark blue header bar. Below the header, there is a label "Organization ID:" followed by a text input field containing the placeholder text "Organization ID". At the bottom right of the form is a button labeled "Send Request".

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

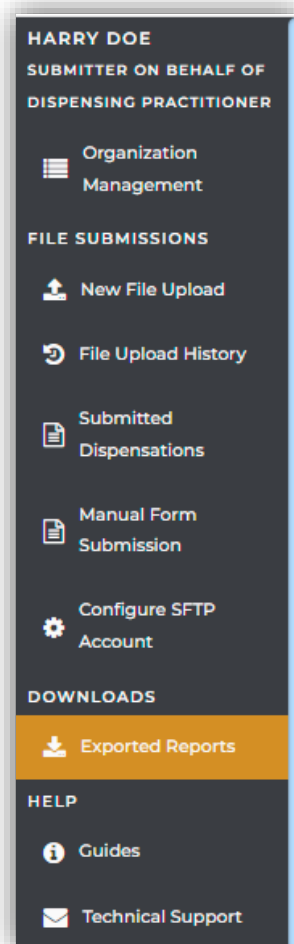
6 Exported Reports

6.1 Synopsis

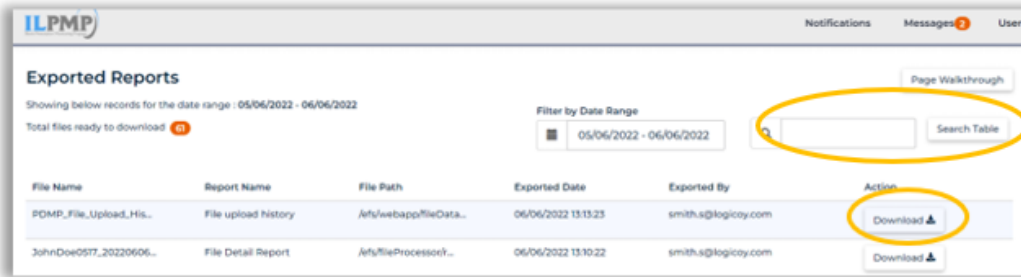
This section provides guidance on downloading reports that have been exported.

6.2 Downloading Export Reports

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



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



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

A1		FileUploadHistory Report. Date Range : 05/01/2003-06/06/2022																						
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1	FileUploadHistory Report. Date Range : 05/01/2003-06/06/2022																							
2	userEmail	userID	isFile	isResubmit	inputFileN	status	download	errorDesc	location	numberOf	prescriptio	errorCoun	successCo	ipAddress	createdAt	updatedAt	fileSize	fileDescrip	fileCreatio	id	username	reportAck	reportSum	n
3	smith.s@k	301611	0	0	JohnDoe0577_20220606...	PARSING-f	efs/fileUp	<hr />	Phar	N/A	1	1	1	0	49.207.211	#####	#####	0.5058593	N/A	6/6/2022	32	smith.s@k	efs/filePr	efs/filePr
4																								

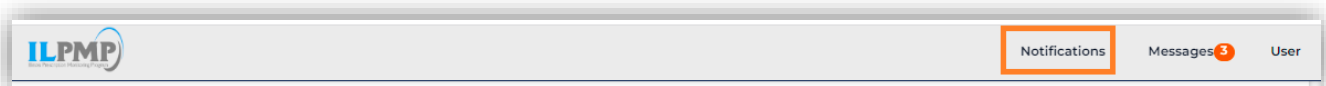
7 Notifications and Messages

7.1 Synopsis

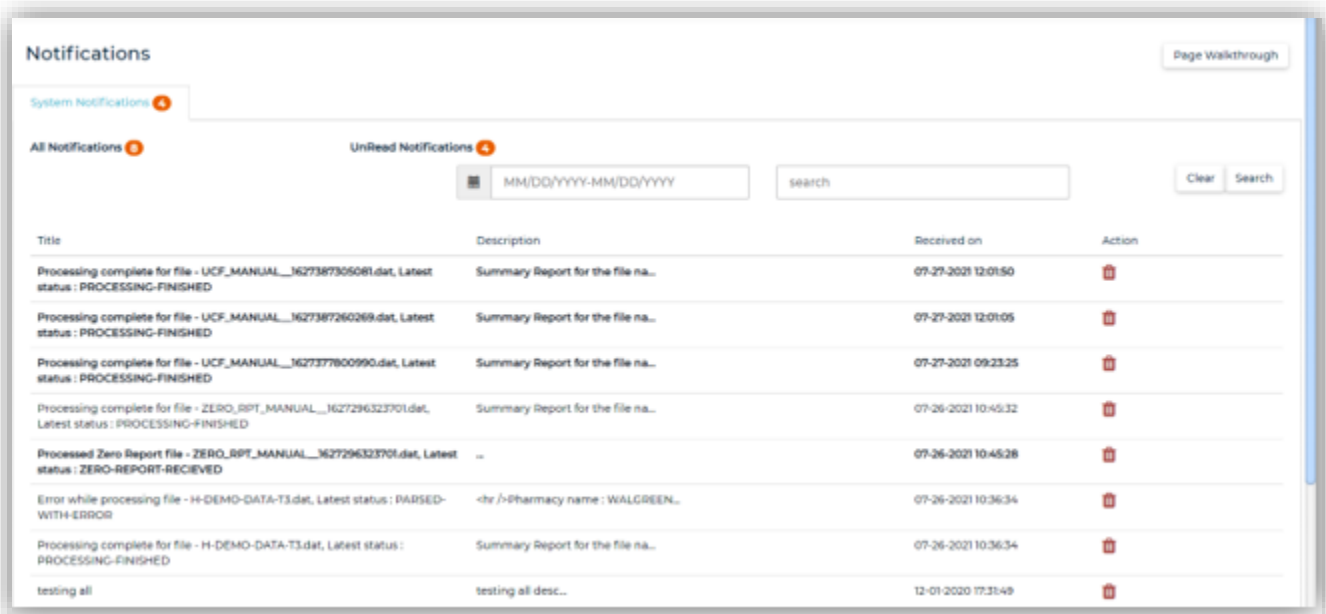
This section provides guidance on how to view messages and notifications received within the Illinois RxSubmit portal.

7.2 Notifications





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



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




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

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

7.3 Messages

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


Notifications
Messages **3**
User

Illinois RxSubmit application Messages

New Message
Page Walkthrough

From
From

Subject

Category
Select Category

Roles
Select Roles






Speciality
Select Speciality


Date Range
MM/DD/YYYY-MM/DD/YYYY

Filter

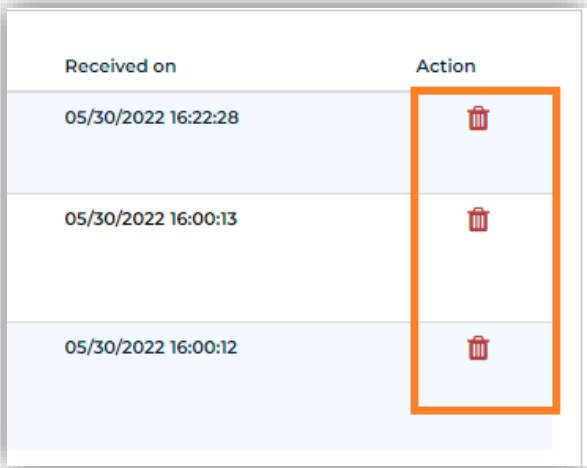
Reset Filter




Inbox
Sent Items

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


LIVE SUPPORT CENTER

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



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

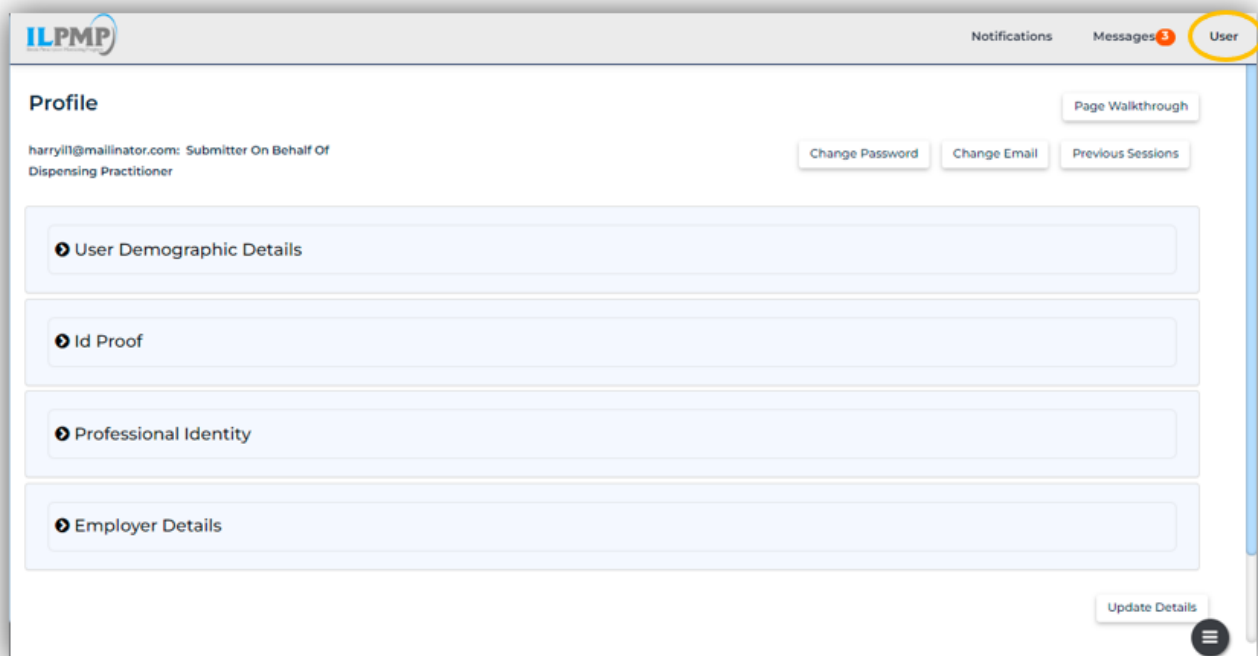
8 Profile Management

8.1 Synopsis

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

8.2 Profile Management

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



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



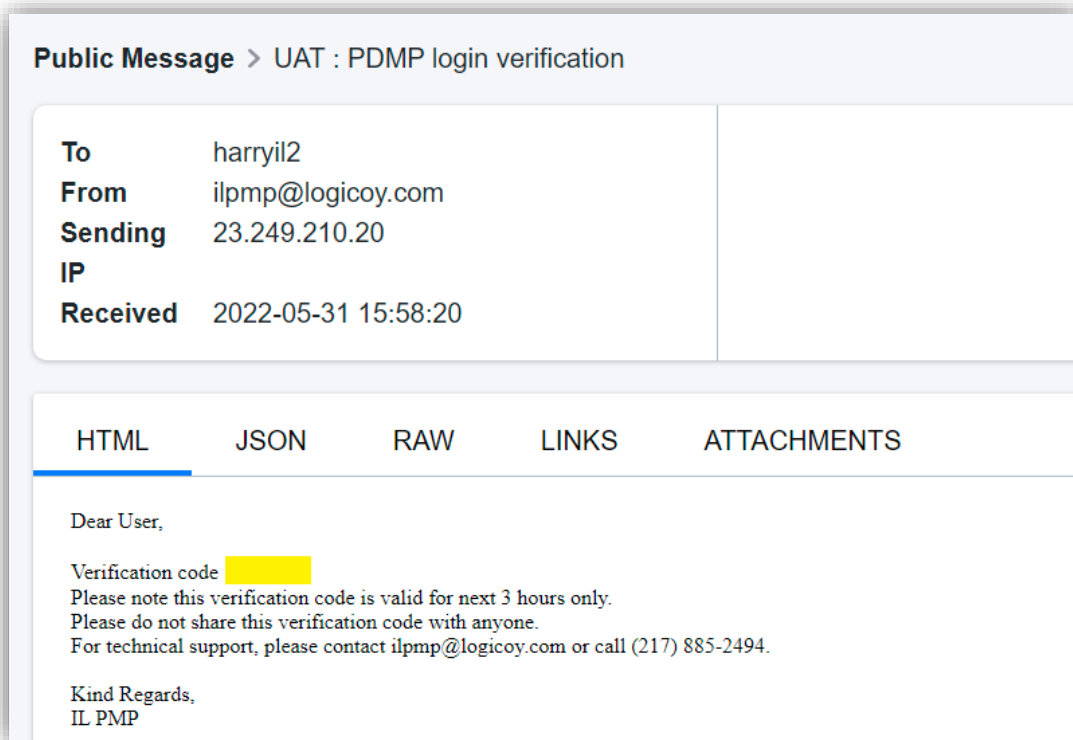
- Enter your current password and new password.

The screenshot shows the 'Profile' page of the Illinois RxSubmit system. At the top left, the user is identified as 'harryill@mailinator.com: Submitter On Behalf Of Dispensing Practitioner'. On the top right, there are links for 'Page Walkthrough', 'Change Password', 'Change Email', and 'Previous Sessions'. The main form area contains three input fields: 'Current Password', 'New Password', and 'Confirm Password'. Below these fields is an 'Update Password' button.

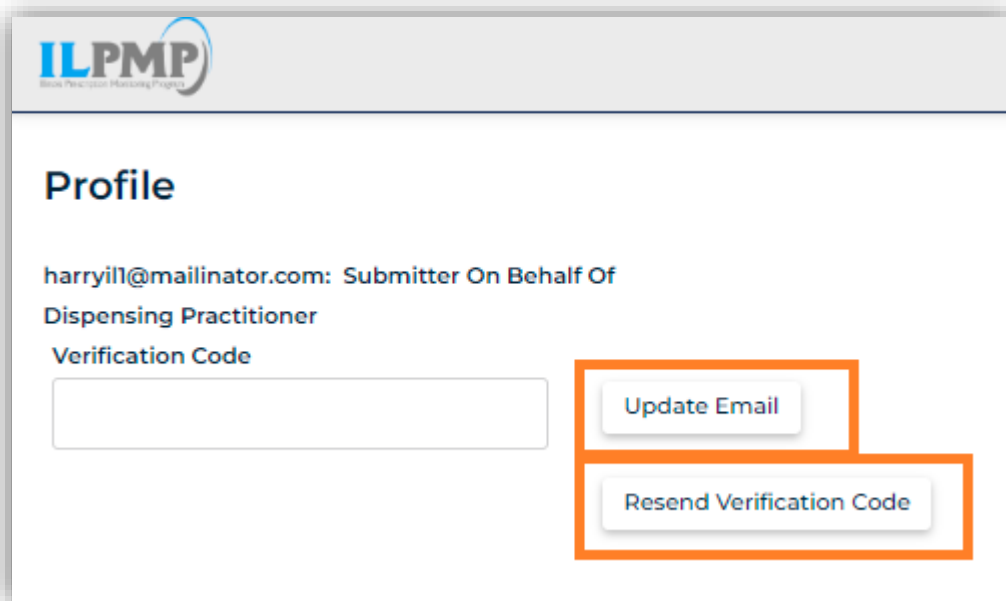
- The new password must meet the following requirements:
 - Minimum of 8 characters
 - Contain one upper case letter
 - Contain one lower case letter
 - Contain one special character (! @ # \$ etc.)
 - Contain one number
 - Maximum of 72 characters.
- Once done, click “**Update Password**”.
- To change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

This screenshot shows the 'Profile' page with the 'Change Email' button highlighted. The user information remains the same. The form area now shows a 'Current Password' input field and a 'Confirm' button. The 'Change Password' and 'Previous Sessions' buttons are still visible but not highlighted.

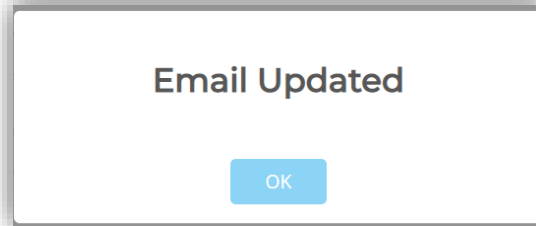
- Enter your new email address and click “**Send Verification Code**”.
- A verification code will be sent to your new email address.
- Please check your new email for the Illinois RxSubmit verification code.



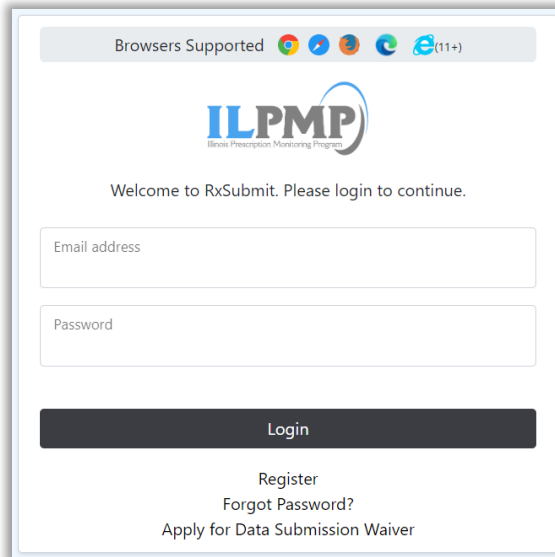
- Navigate back to the Illinois RxSubmit portal and enter the verification code.
- If you have not received the verification code, click **“Resend Verification Code”**. Otherwise, click **“Update Email”**.



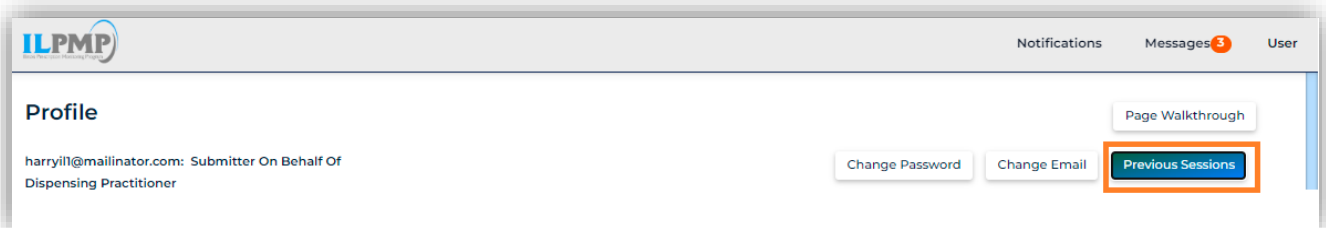
- Once you click **“Update Email”**, a pop-up window displays the following message.



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



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



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

Your Previous Session History (Showing latest 50 sessions)

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

Close

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

ILPMP

Notifications Messages **3** User

User Demographic Details

Id Proof

Professional Identity

Employer Details

Update Details

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

Are you sure you want to
update harry doe?

Yes No

Profile details verified
successfully.

OK

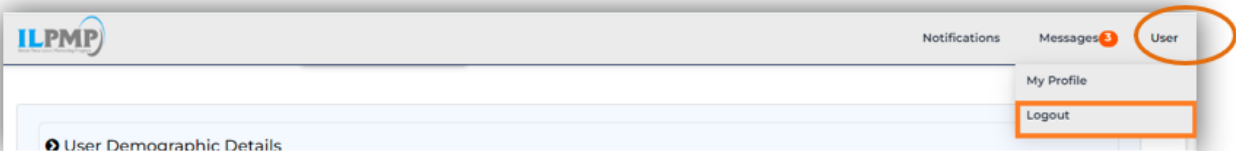
9 Logging out of Illinois RxSubmit

9.1 Synopsis

This section provides guidance on logging out of Illinois RxSubmit.

9.2 Logging out of Illinois RxSubmit

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



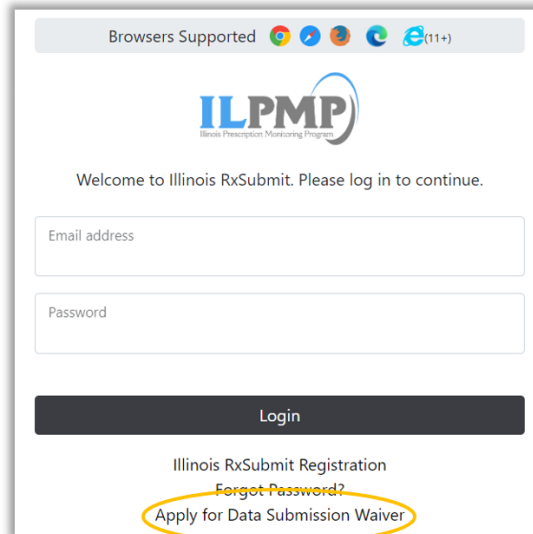
10 Apply For Data Submission Waiver

10.1 Synopsis

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

10.2 Data Submission Waiver

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



Browsers Supported

ILPMP
Illinois Prescription Monitoring Program

Welcome to Illinois RxSubmit. Please log in to continue.

Email address

Password


Login

Illinois RxSubmit Registration
Forgot Password?
Apply for Data Submission Waiver

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

10.2.1 Applying for a Waiver as a Pharmacy or Dispenser

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

 Login

APPLICATION REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR Illinois RxSubmit

Today's Date: 6/8/2022

DISPENSER INFORMATION

*Required Fields

*Name of Pharmacy/Dispenser:

*IL Pharmacy license number or Prescriber license number:

NPI Number:

*Street Address:

*Email Address:

*State:

Select a state ▼

*City:

Select a city ▼

*Zip Code:

*Phone Number:

*Pharmacy/Dispenser DEA Number:

REASON FOR WAIVER REQUEST:

This application is for an exemption from submitting data as required by the Illinois PMP.

Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis; the quantity does not exceed a 72-hour supply.

Pharmacy or Prescriber does not dispense ANY controlled substances II, III, IV and V or drugs of interest in the state of Illinois.

AFFIRMATION

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

Signature:

Title:

Date:

MM.DD.YYYY

Save

Reset

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

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11 Assistance and Support

11.1 Technical Assistance

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

11.2 Administrative Assistance

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

12 Document Information

12.1 Copyright and Trademarks

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

12.2 Disclaimer

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

12.3 Version History

Version History records the publication history of this document.

Publication Date	Version Number	Comments
06/09/2022	1.0	Initial publication

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

13 Appendix A: ASAP 4.2 A Specifications

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

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

ASAP 2019 v4.2a Data Fields*

<u>HEADER</u>			
<u>Transaction Header</u>			
TH 01	ASAP Version/Release	REQUIRED	(4.2a)
TH 02		REQUIRED	File name assigned by the sender
TH 03	Transaction Type	Not Used by ILPMP	
TH 04	Response ID	Not Used by ILPMP	
TH 05	Creation date	REQUIRED	YYYYMMDD
TH 06	Creation time	REQUIRED	123001
TH 07	File Type	REQUIRED	P= Production/Live File or T = Test File
TH 08	Composite Element Separator	Not Used by ILPMP	
TH 09	Data Segment Terminator Character	REQUIRED	Carriage Return (no line feed) is <i>preferred</i> . Backslash (\) is <i>not</i> preferred-many times it is data entered into the address field.
<u>Information Source</u>			
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
<u>Dispensing Pharmacy</u>	Data Element Name	Required Fields Indicator	Notes
PHA 01	National Provider ID (NPI)	Not Used by ILPMP	

PHA 02	NCPDP/NABP 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 IL PDMP	
PHA 12	Chain Site	Not Used by ILPMP	
<i>DETAIL</i>			
<u>Patient</u>			
PAT 01	ID Qualifier of Issuing Jurisdiction	Not Used by ILPMP	
PAT 02	ID Qualifier	REQUIRED	ID Qualifier (Situational) Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other
PAT 03	ID of Patient	Situational	ID Qualifier (Situational) Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID

			03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other
PAT 04	Additional ID Qualifier of Issuing Juris.	Not Used by ILPMP	
PAT 05	Additional Patient ID Qualifier	Used by ILPMP for LTC Reporting	Must 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	Not Used by ILPMP	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
PAT 21	Patient Location Code	Used by ILPMP for LTC	Must be used when submitting an LTC RX

		Reporting	
<u>Dispensing Record</u>			
DSP 01	Reporting Status	REQUIRED	00=New, 01=Revised, 02=Void
DSP 02	Prescription number	REQUIRED	
DSP 03	Date written	REQUIRED	YYYYMMDD
DSP 04	Refills authorized	REQUIRED	
DSP 05	Date Filled	REQUIRED	YYYYMMDD
DSP 06	Refill number	REQUIRED	
DSP 07	Product ID Qualifier	REQUIRED	01 = NDC, 06= Compound
DSP 08	Product ID–NDC Number	REQUIRED	Must be eleven digits
DSP 05	Date Filled	REQUIRED	(Eleven 9's if compound & use CDI segment)
DSP 09	Quantity dispensed	REQUIRED	Decimals <i>NOT</i> implied
DSP 10	Day Supply	REQUIRED	NO DECIMALS
DSP 11 DSP 12	Drug Dosage Units Code Transmission Form of RX Origin Code	Not Used by ILPMP Used by ILPMP	When Available 01=Written, 02=Telephone, 03=Tele. Emergency, 04=Fax, 05=Electronic, 99=Other
DSP 13	Partial Fill Indicator	REQUIRED	00=Not Partial, 01= First Partial fill, 02 = Second Partial fill, etc.
DSP 14	Pharmacist NPI	Not Used by ILPMP	
DSP 15	Pharmacist State License	Not Used by ILPMP	
DSP 16	Classification Code for Payment Type	REQUIRED	01=Private/Cash 05=Military/VA 02=Medicaid 06=Workers Comp. 03=Medicare 07=Indian Nations 04=Comm. Ins. 99=Other
DSP 17	Date Sold	Used by ILPMP	When Applicable
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 Directions printed on label. 200-character limit.
DSP 24	Treatment Type	Used by ILPMP (when available)	This field is used to explain the reason for an opioid prescription. If the prescription is not for an opioid, then this field would not be used. 01 = Not Used for Opioid Dependency Treatment 02 = Used for Opioid Dependency Treatment 03 = Pain Associated with Active and Aftercare Cancer Treatment 04 = Palliative Care in Conjunction with a Serious Illness 05 = End-of-Life and Hospice Care 06 = A Pregnant Individual with a Pre-existing Prescription for Opioids 07 = Acute Pain for an Individual with an Existing Opioid Prescription for Chronic Pain 08 = Individuals Pursuing an Active Taper of Opioid Medications 09 = Patient is Participating in a Pain Management Contract 99 = Other (trading partner agreed upon reason or not indicated)
DSP 25	Diagnosis Code	Used by ILPMP (when available)	This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription. Exclude the decimal point.
<u>Prescriber</u>			
PRE 01	Prescriber NPI	Used by ILPMP	Available/REQUIRED FOR LTC RX'S – Must include the NPI when using LT0310398
PRE 02	Prescriber DEA	Used by ILPMP	LTC RX's ONLY – for RX's that have no Prescriber DEA use – LT0310398 Naloxone RX's ONLY – Please use the Prescriber's NPI for the DEA number when prescriber DEA is NOT available
PRE 03	Prescriber DEA Suffix	Used by ILPMP	
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	
<u>Comp. Drug</u>			(If applicable)

<u>Ingredient</u>			
CDI 01	Compounded ingredient Sequence Number	REQUIRED	00-99
CDI 02	Product ID Qualifier	REQUIRED	01=NDC
CDI 03	Compound Ingredient Product ID	REQUIRED	Eleven Digit NDC Number
CDI 04	Compound Ingredient Product Qty	REQUIRED	Decimals NOT implied
CDI 05	Compound Drug Dosage Units Code	Not Used by ILPMP	
<u>Additional Information Reporting</u>			
AIR 01	State Issuing Rx Serial Number	Not Used by ILPMP	
<u>Pharmacy Trailer</u>			
TP 01	Detail Segment Count for the pharmacy	REQUIRED	Number of Detail Segments for the Pharmacy
<u>Transaction Set Trailer</u>			
TT 01	Transaction Set Control Number	REQUIRED	
TT 02	Segment Count	REQUIRED	

14 Appendix B: ASAP Zero Report Specifications

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

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

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.2	R
TH02	123456	R
TH05	20200101	R
TH06	223000	R
TH07	P	R
TH09	\\	R
IS – Information Source – Required		
IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	R
PHA – Pharmacy Header – Required		
PHA03	ZZ1213213	R
PHA04	Pharmacy Name	
PHA 05	Pharmacy Address 1	
PHA 07	Pharmacy City Address	
PHA 08	Pharmacy State Address	
PHA 09	Pharmacy Zip Code	
PHA 10	Pharmacy Telephone Number, including area code	
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R
TT02	10	R

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

```
TH*4.2*0000*01**20220211*004643*P**  
IS*770555555*PHARMACY NAME*#20150101#-#20150107#  
PHA***BY5132888  
PAT*****REPORT*ZERO*****  
DSP*****2022-02-06*****  
PRE*  
CDI*  
AIR*  
TP*7  
TT*0000*10
```