



Manual Entry of Dispensation Data into PMP Clearinghouse

Purpose: Pursuant to rule 3796:6-1-10 (A) of the Administrative Code licensed dispensaries are required to submit dispensation data within five minutes of each dispensation. If a dispensary cannot electronically transmit dispensation data within five minutes of dispensing a product or cannot file a “zero report”, a request to use an approved alternative method of reporting is required. This guidance provides instruction to request approval for an alternative reporting method.

Background: Dispensaries are required to electronically transmit medical marijuana data to Ohio's Prescription Monitoring Program (PMP) within five minutes of dispensing Medical Marijuana. If no drug dispensation has occurred within twenty-four hours of the last date and time a report was filed, the dispensary must file a “zero report.” A “zero report” must be filed no later than thirty-six hours after the last time on the prior report filed. A dispensary whose business hours are not seven-days per week is required to inform the State of Ohio, Board of Pharmacy (“the Board”) of their business hours and the Board will automatically submit a “zero report” on the dispensary’s behalf on non-business days.

Ohio’s PMP is referred to as the Ohio Automated Rx Reporting System (OARRS). Under normal circumstances dispensaries complete submission of dispensation data automatically at the Point-of-Sale (POS). If a dispensary has lost its capacity to automatically submit data, **it must request authorization to file a manual OARRS report.** Manual submissions of dispensation data must occur within one hour of dispensation.

Procedure:

1. Complete a “Request for Manual OARRS Submission Variance” form (Pages 2 and 3) within one-hour of time of dispensation for any dispensation after any event that prevents automatically filing at the POS.
 - a. Business information needed:
 - i. License number of the dispensary.
 - ii. Name of the dispensary, as registered by the Secretary of State.
 - iii. Facility address.
 - iv. Name, telephone number, and email address of licensee contact person.
 - b. Primary reason for the variance:
 - i. Length of time requested to return to automatic transmission capacity.
 - ii. Explanation for the variance request.
 - iii. Description of the manual submission process – what is being done to comply with electronic transmission requirements, and timelines
 - iv. POS vendor automation progress status.
2. Print and sign the form.
3. Scan the completed form and save to your computer in a **PDF format** compatible with the latest version of Adobe Reader.
4. Submit request to Board of Pharmacy’s Compliance Upload Portal website:
 - a. Login into the Board of Pharmacy’s website: <https://www.pharmacy.ohio.gov/upload> to upload the completed request form. You will need your license number (MMD.07 followed by 5 digits) and eLicense security code to access the Compliance Upload Portal page.
 - b. Once logged in, complete all fields on the web page.
 - c. Follow the instructions to upload and submit the completed **Request for Manual OARRS Submission Variance** form.
5. Upon receiving authorization to manually enter dispensation data into OARRS: (1) Log-on to your PMP Clearinghouse account at <https://pmpclearinghouse.net>; (2) Navigate to UCF Submissions in the menu bar and choose New Claim Form to begin a submission; (3) Choose a destination state (OH) from the available states listed; (4) Complete all required fields as indicated by a red asterisk (*); (5) Save; and (6) Submit. **DO NOT upload any patient information or OARRS data through the State of Ohio, Board of Pharmacy forms upload portal.**
6. **Important:** Upon establishing automatic transmission of medical marijuana dispensation data, you must complete and upload a “Medical Marijuana Licensee Operational Request” form to <https://www.pharmacy.ohio.gov/upload>. When completing the form, select “Cancellation of Variance Request to Manually Enter Dispensation Data into PMP Clearinghouse.”



Request for Manual OARRS Submission Variance

Dispensaries (provisional license or certificate of operation holder) that are unable to automatically submit required data to OARRS within 5-minutes of dispensation of Medical Marijuana may request to use a manual submission process. Once approved, a Dispensary must manually submit dispensation data to OARRS within one hour of dispensation, rather than within five minutes of dispensation as required for automatic submission.

Instructions:

1. Complete all fields on this form.
2. Print and sign the form.
3. Scan the completed form and save to your computer in a PDF format compatible with the latest version of Adobe Reader.
4. Login into the Board of Pharmacy’s website: <https://www.pharmacy.ohio.gov/upload> to upload the completed form. You will need your license number (MMD.07 followed by 5 digits) and eLicense security code to access the Compliance Upload Portal page.
5. Once logged in, complete all fields on the web page.
6. Follow the instructions to upload and submit the completed **“Request for Manual OARRS Submission Variance”** form.

Note: Variances granted will be time-limited and will not impact the real-time reporting requirement into METRC.

Section A - Licensee Information			
A-1. Dispensary Name:		A-2. Dispensary License Number:	
A-3. Dispensary Facility Address:			
A-4. City:	A-5. State: OHIO	A-6. Zip Code:	A-7. County:
A-8. Licensee Contact Person:		A-9. Designated Representative (Y/N?) YES NO	
A-9. Licensee Contact Phone Number:		A-10. Licensee Contact Email Address:	

Section B - Reason for Variance Request		
Variance Duration Requested:	Enter number of days (e.g. 4):	Enter number of hours (e.g. 5.0):
Brief Explanation for Variance Request: <i>[Concise summary of reason for variance and rationale for length of extension requested with supporting evidence (if applicable), e.g. statement from point-of-sale vendor.]</i>		



Brief Description of Manual Submission Process:

[Concise summary of steps dispensary will take to meet the requirement to submit required data to OARRS within one hour of dispensation.]

Section C – Compliance with 5 – minute OARRS Reporting

Please detail steps that will be taken to bring reporting into compliance with the 5-minute OARRS reporting timeframe: *[Please provide dates/timeframes where known.]*

Section D – Signature and Attestation

*I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the person identified in Section A of this form. I hereby acknowledge I am authorized to sign on behalf of the dispensary identified in Section A of this form and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules. This form must be printed and signed with an original, wet-ink signature. **Electronic or digital signatures are not acceptable.***

C-1. Printed Name:	C-2. Phone Number:
C-3. Signature:	C-4. Date Signed:



Manual Entry of Dispensation Data into PMP Clearinghouse (Universal Claims Form)

Manual Entry is an option for data submitters to enter their dispensation information into the PMP Clearinghouse system using a form derived from the Universal Claims Form. It allows the entry of patient, recommender, dispenser, and recommendation information.

PMP Clearinghouse

UCF Listings Manage Claim Forms New Claim Form

Create Universal Claim Form MANAGE APPRIS, INC. UCF FORMS

PMP

* Pmp: Select a PMP

Patient

Patient Info

* First Name

* Last Name

* Date of Birth mm/dd/yyyy

Gender

Phone Number

Patient ID

Identity Type

Identity Value

Juven

Relationship

Patient Address

Address

Apartment or Suite

* City

* State

* ZIP Code

Pharmacy

* Name

Phone Number

* Identifier Value

* Address

* City

* State

* Postal Code

1. If you do not have an account, perform the steps on page 7 of the [Ohio Medical Marijuana Registry Data Submission Guide](#).
2. After logging into PMP Clearinghouse, navigate to UCF Submissions in the menu bar.
3. Choose New Claim Form to begin a submission.
4. You must select a destination state (OH) from the available states listed in the drop-down.
5. Complete all required fields as indicated by a red asterisks (*).
6. Click Save.
7. Click Submit.
8. The results can be viewed on the UCF Listing screen.

For technical questions related to manual submission of data contact the Appriss Helpline at (877) 464-4764.