

Dispenser's Implementation Guide

Maryland Department of Health and Mental Hygiene
Prescription Drug Monitoring Program



November 2013

Note:

This document is periodically updated. Please refer to the MD PDMP website, www.hidinc.com/mdpdmp, for the most current version.

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1 Document Overview

Purpose and Content

The *RxSentry*[®] *Dispenser's Implementation Guide* serves as a step-by-step implementation and training guide for dispensers in the State of Maryland who use RxSentry as a repository for the reporting of Schedule II, III, IV, and V controlled dangerous substances (CDS) dispensed. It includes such topics as:

- Reporting requirements for dispensers in the State of Maryland
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

This guide has been customized to target the specific training needs of Maryland dispensers. It is intended for use by all dispensers in the State of Maryland required to report their dispensing of CDS prescription drugs.

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2 Program Overview

Purpose

The Maryland Prescription Drug Monitoring Program (MD PDMP) is authorized by Health General Article, Section 21-2A-02, Annotated Code of Maryland (Chapter 166, 2011). The purpose of the MD PDMP is to reduce the non-medical use, abuse, and diversion of prescription drugs while preserving legitimate patient access to optimal pharmaceutical-assisted care. Program regulations have been promulgated under Code of Maryland Regulations (COMAR) 10.47.07.

Maryland statute gives the Department of Health and Mental Hygiene (DHMH) authority over the MD PDMP. The DHMH Secretary has assigned oversight responsibilities to the Department's Alcohol and Drug Abuse Administration (ADAA). DHMH has partnered with Chesapeake Regional Information System for our Patients (CRISP), the designated statewide health information exchange (HIE), to design, implement, and operate core PDMP information technology (IT) services. CRISP has contracted with Health Information Designs (HID) to develop a database that will collect and store data on the prescribing and dispensing of CDS in the State. HID's RxSentry[®] is a Web-based program that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of CDS prescription drugs. RxSentry[®] leads the industry in flexibility, functionality, and ease of use.

Maryland law requires that each dispenser submit, by electronic means, information regarding each CDS dispensed pursuant to a prescription. Each time a CDS prescription drug is dispensed to an individual, the dispenser shall submit the required information to the central repository.

DHMH and CRISP shall establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as authorized by Health General Article, Section 21-2A, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 10.47.07.

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3 Data Collection and Reporting Requirements

About This Chapter

This chapter provides information regarding the data collection and reporting requirements established by the MD PDMP, as well as information regarding reporting exemptions.

Data Collection Requirements

The MD PDMP is required by law to monitor the prescribing and dispensing of prescription drugs that contain a Schedule II, III, IV, or V CDS as designated under Title 5, Subtitle 4 of the Criminal Law Article, Annotated Code of Maryland. With few exceptions, Maryland's CDS schedules parallel those in federal law. The DHMH Division of Drug Control (DDC) maintains a list of drugs included in the Maryland CDS schedules that are not included in the federal schedules. This list is routinely updated and posted on the DDC website:

<http://dhmh.maryland.gov/laboratories/drugcont/SitePages/Home.aspx>.

Note: Additions or deletions of other drugs specified by Maryland law may happen periodically. These changes must go through the legislative process in order to be added or deleted. You will be notified of any changes that are made in the future.

Reporting Requirements

Program regulations pertaining to reporting requirements are found in COMAR 10.47.07.03.

Dispenser Reporting

To fulfill the PDMP data collection requirement, CDS dispensers are required to electronically report data on all Schedules II, III, IV, and V CDS prescription drugs dispensed to a patient or a patient's agent in the State. "Dispenser" includes licensed pharmacies, whether in-state or non-resident, as well as licensed healthcare practitioners* that dispense CDS. Certain specified entities and types of drug delivery/dispensing are exempt from reporting (see [Reporting Exemptions](#), below).

If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or dispensing practitioner that works with a pharmacy or practice management system vendor, please forward the reporting requirements to your software vendor. System changes may be necessary to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

***Note:** Physicians who have received a waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA) under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) and who are dispensing approved medications (e.g., Schedule III buprenorphine products) to patients for the treatment of opioid dependence should not report this dispensing to the PDMP. Even if the physician obtains patient consent for disclosure of this information to the PDMP, DHMH cannot guarantee that data will be re-disclosed in compliance with the confidentiality protections for substance use disorder treatment records in Code of Federal Regulations 42, Part 2.

Reporting Exemptions

The following **types of drug delivery** are exempt from the PDMP reporting requirement:

1. Direct administration of CDS to a patient.
2. Provision of patient drug samples at no charge (in accordance with Health Occupations Article, Section 12-102(d), Annotated Code of Maryland).
3. **Inpatient Hospice Dispensing:** Pharmacies that dispense CDS to patients in an inpatient hospice facility may apply to DHMH for a waiver from reporting PDMP data on dispensing to hospice inpatients. This waiver only applies to dispensing to inpatients in facilities that are currently licensed as a "general license hospice" by the DHMH Office of Health Care Quality (OHCQ) **AND** have a valid "Certificate of Need" issued by the Maryland Health Care Commission (MHCC). Pharmacies issued an inpatient hospice waiver will still have to report all other CDS dispensing (i.e., outpatient dispensing). To apply for a waiver, pharmacies must provide information on how they will differentiate dispensing to hospice inpatients from other dispensing required to be reported and also will be subject to unannounced, on-site inspections by the DHMH to verify reporting on dispensing that is not to hospice inpatients. Waivers shall be effective for 2-year periods and may be renewed. The inpatient hospice waiver application form, including instructions, is available on the MD PDMP website: www.hidinc.com/mdpdmp.

The following **persons or entities** are exempt from the PDMP reporting requirement:

1. Licensed hospital pharmacies that only distribute CDS for direct administration to an inpatient of the hospital.

Note 1: Hospital-based pharmacies that dispense any CDS on an outpatient basis are not exempt from reporting. These pharmacies must report all outpatient dispensing to the PDMP. However, distribution of CDS drugs to licensed healthcare practitioners for direct administration to hospital inpatients should not be reported.

Note 2: Hospital-based outpatient dispensing of CDS drugs by healthcare practitioners (e.g., dispensing of "starter doses" to patients treated and released from an emergency department) must be reported to the PDMP. This is considered practitioner dispensing and should be reported to the PDMP under the practitioner's DEA number.

2. Pharmacies issued a waiver permit under COMAR 10.34.17.03 ("waiver pharmacies") that provide pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities.
3. Opioid maintenance programs that are licensed under Health-General Article § 8-404, Annotated Code of Maryland and comply with Code of Federal Regulations 42, Part 8 and COMAR 10.47.02.11.
4. Veterinarians licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland when dispensing controlled substances for animals in the usual course of providing professional services.

Registration Requirement

All persons or entities that are not exempt from the PDMP reporting requirement (see [Reporting Exemptions](#), above) are required to register with the PDMP. In general, the registration requirement applies to:

1. Pharmacies that have both a current license issued by the Maryland Board of Pharmacy **AND** a current CDS permit issued by the DHMH Division of Drug Control.
2. Licensed healthcare practitioners that have both a current CDS permit issued by the DHMH Division of Drug Control **AND** a current prescription drug dispensing permit issued by their board of licensure (including the Board of Physicians, the Board of Dental Examiners, and the Board of Podiatric Medical Examiners).

Dispenser Reporting Deadlines

Dispensers must report CDS prescription drug dispensing to the MD PDMP no later than three (3) business days* after dispensing.

If a dispenser's report is rejected by the MD PDMP as incomplete or inaccurate, the dispenser must submit a corrected report within three (3) business days of being notified by the MD PDMP of receipt of incomplete or inaccurate data.

If a dispenser suffers a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser's ability to submit an electronic report, the dispenser must notify DHMH within 24 hours of discovery of the technical failure and report data on each drug dispensed during the period of technical failure as soon as possible, but no later than three (3) business days following re-establishment of the means of electronic reporting. To report a technical failure to DHMH, send an e-mail to dhmh.pdmp@maryland.gov or call 410-402-8686.

***Note:** "Business day" means any day except Saturday, Sunday, or a holiday on which State offices are closed.

Reporting Methods and Data Standard

The MD PDMP requires that prescription data be reported electronically. Submission of paper reports or hard copies of digital media (e.g., mailed CD or floppy disk) are not permitted. Approved electronic reporting methods include secure FTP over SSH, FTP of a PGP-encrypted file, SSL website, or online universal claim form. For details on these reporting methods, see the [Data Submission](#) chapter, below.

The MD PDMP requires that all reports be submitted in the American Society for Automation in Pharmacy (ASAP) Standard for Prescription Monitoring Programs, Version 4.2. Detailed specifications for ASAP 4.2 are attached as [Appendix A: ASAP 4.2 Specifications](#).

Required Prescription Information

COMAR 10.47.07.03(A) lists the specific data elements that dispensers are required to report for each Schedule II, III, IV, and V CDS prescription drug dispensed. The table below lists the fields in the ASAP 4.2 standard that correspond with these required data elements. Dispensers must report the required data in these fields in order to remain in compliance with the PDMP reporting requirement. DHMH encourages dispensers to report additional information about CDS prescriptions beyond the required data elements. Supplemental information (reported in fields marked "situational") will improve the PDMP's ability to accurately and efficiently process data requests from pharmacists, physicians, and other authorized users.

Notes:

- Required and conditionally required fields (compound-related fields are required only if reporting a compound) are shaded in the table below. Fields that are not shaded are optional ("situational").
- For reference purposes, [Appendix A](#) lists all data fields identified in the ASAP 4.2 standard.
- In the **Field Usage** column:
 - "R" indicates a field required by ASAP
 - "RR" indicates a field required by the MD PDMP
 - "S" indicates a situational field (not required; however, supply if available)Both "R" and "RR" fields must be reported.

| ASAP 4.2 Field Name | ASAP 4.2 Field ID | Comments | Field Usage |
|--|-------------------|--|-------------|
| PHA: Pharmacy Header | | | |
| Used to identify the dispenser (i.e., pharmacy or dispensing practitioner) | | | |
| National Provider Identifier (NPI) | PHA01 | Used if supplied but not required. | S |
| NCPDP Provider ID | PHA02 | Used if supplied but not required. | S |
| DEA Number | PHA03 | Cannot be blank. Required as the Pharmacy ID#. | R |
| PAT: Patient Information | | | |
| Used to report information on the person for whom the drug is prescribed. | | | |
| ID Qualifier of Patient Identifier | PAT01 | Used if supplied but not required. Identifies the jurisdiction of the ID used in PAT03. | S |
| Patient ID Type | PAT02 | <p>Regulations do not require that dispensers report a specific type of patient ID number. DHMH encourages dispensers to collect and report numbers from State-issued IDs whenever possible, including:</p> <ul style="list-style-type: none"> ▪ 02 State Issued ID ▪ 06 Driver's License <p>ID numbers issued by the federal government are also acceptable, including:</p> <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID <p>When these are not available, the patient's payer ID number (if the patient is using a third-party payer) is preferred:</p> <ul style="list-style-type: none"> ▪ 99 Other <p>If no ID number is available from the patient, dispensers should enter a unique number assigned to that patient by the pharmacy or practice management system that can facilitate matching between a PDMP dispensing record and the dispenser's system record:</p> <ul style="list-style-type: none"> ▪ 03 Unique System ID | RR |
| Patient ID Number | PAT03 | | RR |
| Last Name | PAT07 | Cannot be blank. | R |
| First Name | PAT08 | Cannot be blank. | R |
| Middle Name | PAT09 | Used if supplied but not required. | S |
| Prefix | PAT10 | Used if supplied but not required. | S |

| ASAP 4.2 Field Name | ASAP 4.2 Field ID | Comments | Field Usage |
|---|-------------------|---|-------------|
| Suffix | PAT11 | Used if supplied but not required. | S |
| Address Information – 1 | PAT12 | Cannot be blank. Include house/apartment/building number and street name. Note: This should not be a P.O. Box; it must be a residential address. | R |
| City Address | PAT14 | Cannot be blank. Provide name of city/town. | R |
| State Address | PAT15 | Provide U.S. Postal Service state code. | RR |
| ZIP Code Address | PAT16 | Provide U.S. Postal Service ZIP code. Enter all zeros if patient residence is outside the United States. | R |
| Phone Number | PAT17 | Used if supplied but not required. Include 3-digit area code. Note: Although not a required field, dispensers are strongly encouraged to report patient phone number as this information will improve accurate matching of patient records. | S |
| Date of Birth | PAT18 | CCYYMMDD format. | R |
| Gender Code | PAT19 | F = Female; M = Male; U = Unknown | RR |
| Species Code | PAT20 | Use when dispensing a drug intended to be used by an animal. <ul style="list-style-type: none"> ▪ 01 Human ▪ 02 Veterinary Patient | S |
| Country of Non-U.S. Resident | PAT22 | Used when patient is not a U.S. resident. | S |
| DSP: Dispensing Record | | | |
| Used to report information about the prescription and drug dispensed. | | | |
| Reporting Status | DSP01 | Requires one of the following codes: <ul style="list-style-type: none"> ▪ 00 New Record (indicates a new prescription dispensing transaction) ▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) ▪ 02 Void (message to the PDMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). | RR |

| ASAP 4.2 Field Name | ASAP 4.2 Field ID | Comments | Field Usage |
|---|-------------------|---|-------------|
| Prescription Number | DSP02 | Cannot be blank. | R |
| Date Written | DSP03 | Cannot be blank. CCYYMMDD format. | R |
| Refills Authorized | DSP04 | Cannot be blank. # of refills authorized. | R |
| Date Filled | DSP05 | Cannot be blank. CCYYMMDD format. | R |
| Refill Number | DSP06 | Cannot be blank. 0 = first fill; 01-99 = refill number. | R |
| Product ID Qualifier | DSP07 | <ul style="list-style-type: none"> ▪ Use 01 to indicate State-required National Drug Code (NDC) ▪ Use 06 to indicate compound drug. | R |
| Product ID | DSP08 | Cannot be blank. NDC is required in this field. Note: Compound drug ID numbers will be entered in the CDI fields. Please see the full ASAP 4.2 specifications for instructions on ASAP-required CDI fields when reporting compound drugs. | R |
| Quantity Dispensed | DSP09 | | R |
| Days Supply | DSP10 | Estimation | R |
| Partial Fill Indicator | DSP13 | Used if supplied but not required. 01 = Partial Fill; 02 = Not a Partial Fill | S |
| Pharmacist National Provider Identifier (NPI) | DSP14 | Used if supplied but not required. | S |
| Pharmacist State License Number | DSP15 | Used if supplied but not required. | S |
| Classification Code for Payment Type | DSP16 | Identifies type of payment rendered: <ul style="list-style-type: none"> ▪ 01 = Private Pay ▪ 02 = Medicaid ▪ 03 = Medicare ▪ 04 = Commercial Insurance ▪ 05 = Military or VA ▪ 06 = Workers Comp ▪ 07 = Indian Nations ▪ 99 = Other | RR |
| Date Sold | DSP17 | Used if supplied but not required. Date drug was picked up by recipient. | S |
| Electronic Prescription Reference Number | DSP20 | Used if supplied but not required. | S |

| ASAP 4.2 Field Name | ASAP 4.2 Field ID | Comments | Field Usage |
|--|-------------------|---|-------------|
| PRE: Prescriber Information Used to identify the prescriber. | | | |
| National Provider Identifier (NPI) | PRE01 | Used if supplied but not required. | S |
| DEA Number | PRE02 | Cannot be blank. Required as Prescriber ID. | R |
| DEA Number Suffix | PRE03 | Suffix assigned to an individual prescriber by an institution when the institution's DEA # is used. This field is required only when institutional DEA # is used to identify the prescribing practitioner. | RR |
| Prescriber State License Number | PRE04 | Used if supplied but not required. | S |
| Last Name | PRE05 | | RR |

The [Data Submission](#) chapter provides all the instructions necessary to submit the required information.

Reporting Noncompliance

Per Health-General Article, § 21-2A-09(A), Annotated Code of Maryland, a dispenser who knowingly fails to submit prescription monitoring data to the MD PDMP as required by law shall be subject to a civil penalty not exceeding \$500 for each failure to submit required information.

Zero Reports

The MD PDMP does not require dispensers to submit "zero" or "null" reports when no CDS prescription drugs have been dispensed during a given period. However, RxSentry® does allow dispensers to submit these reports if desired. For documentation purposes, dispensers should consider submitting zero reports during periods when no CDS prescription drugs have been dispensed.

Reporting Waiver

The MD PDMP does not issue blanket waivers from the dispenser reporting requirement. All pharmacies and practitioners that dispense CDS in the State and do not qualify for one of the exemptions detailed in [Reporting Exemptions](#) (above) must register with and report to the program.

However, dispensers that have experienced an unforeseen technical failure or other problem that prevents them from meeting the reporting requirement for a temporary period of time may apply to DHMH for a temporary waiver from the reporting deadline. Dispensers should only apply for a waiver for periods when they continue to dispense

CDS, but electronic reporting is not possible and the problem that prevents reporting is likely to persist beyond the reporting deadline. The notification requirement referenced in [Dispenser Reporting Deadlines](#) (above) is still in effect for dispensers that have applied for and/or been granted a temporary waiver.

The temporary waiver application form is available on the MD PDMP website:
www.hidinc.com/mdpdmp.

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4 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the MD PDMP.

Timeline and Requirements

Dispensers or software vendors can establish submission accounts upon receipt of this guide and the date listed below. Instructions for setting up an account are provided in the [Creating Your Account](#) topic in this chapter.

Reporting of Retroactive Dispensing Data

Once a submission account has been created, DHMH is requesting that dispensers retroactively report data on CDS prescription drugs dispensed from January 1, 2013 to the first date of dispenser reporting. Dispensers should report all available information from the fields identified in [Required Prescription Information](#) (above). Retroactive reporting will help ensure that the MD PDMP database contains a sufficient volume of prescription information when query access for physicians, pharmacists, and other authorized users is initiated.

Important Dates

1. **Dispensers may register with the MD PDMP and create submission accounts beginning July 29, 2013.** Once registered, dispensers may begin retroactive submission of data on CDS dispensed after January 1, 2013 and also begin periodic reporting as often as once per day. Dispensers may submit test files (to test compliance with the required data standard) or actual dispensing records for inclusion in the production database.
2. **The periodic reporting requirement will become effective on August 20, 2013.** Dispensers must begin reporting their data not more than three (3) business days after the CDS prescription drug was dispensed. However, dispensers are encouraged to report more frequently if possible.
3. **The estimated date to initiate PDMP query access for pharmacists is November 2013.** DHMH will notify pharmacists and other healthcare providers of the requirements and procedures for accessing PDMP data at a later date.

Upload Specifications

Files must be in the ASAP 4.2 format, as defined in [Appendix A: ASAP 4.2 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20130801.dat". All of your upload files will be kept separate from the files of others.

Reports for multiple dispensers can be in the same upload file in any order.

Creating Your Account

Prior to submitting data, you must create an upload account. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to upload your data.

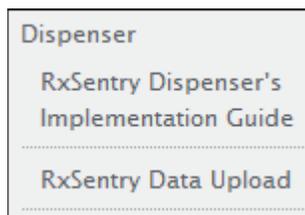
Note: Dispensing data from multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing CDS dispensing information for all of their pharmacies licensed in the state of Maryland. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.

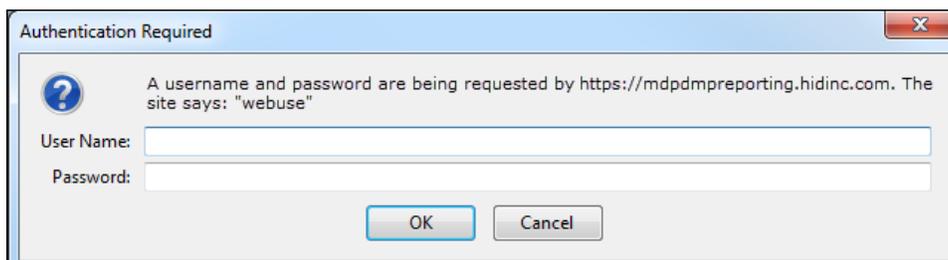
- 2 Click **Dispenser**.

A window similar to the following is displayed:



- 3 Click **RxSentry Data Upload**.

A window similar to the following is displayed:



- 4 Type *newacct* in the **User Name** field.

- 5 Type *welcome* in the **Password** field.

6 Click OK.

A window similar to the following is displayed:



7 Click Setup Upload Account.

A window similar to the following is displayed:

| <i>New Account Setup for MD PDMP Upload Access (mdpdm)</i> | |
|--|----------------------|
| This will setup the accounts to allow you to upload data to the Maryland Prescription Drug Monitoring Program via SFTP, FTP, or Browser. In order to identify yourself, please enter the DEA number for ANY ONE of your Pharmacies, and its 5 digit zipcode. | |
| Physician or Pharmacy DEA number: | <input type="text"/> |
| ZIP Code: | <input type="text"/> |
| <input type="button" value="Next"/> | |

8 Enter your DEA number in the Physician or Pharmacy DEA number field.

9 Enter your ZIP code in the ZIP Code field.

10 Click Next.

The **New Account Setup for MD PDMP Upload Access** window is displayed as shown on the following page.

New Account Setup for MD PDMP Upload Access (mdpdm)

We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.

NEW ALBERTSONS INC DBA SAV-ON PHARMACY #00355 LAYTON 84041 Phone: Fax:?

If you will be reporting for more than one Dispenser, you should create a generic account using something more generic like "CVS" or "Target" or "RiteAid".

Your Choice:

Keep **NEW_ALBERTSONS** as my account for a single Dispenser.

Create an account using **NEW_ALBERTSONS** as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

Who should we contact regarding issues with data uploads?

*Contact Name: ?

*Contact Address: DBA SAV-ON PHARMAC City: LAYTON State: UT Zip: 84041

*Contact Email: ? Don't Email Edit Reports

*Contact Phone: ?

*Contact Fax: ? Don't Fax Edit Reports

Anticipated Upload Method:

Secure FTP using SSH
 FTP of file Encrypted with OpenPGP
 Upload with Internet Browser using SSL
 Mail a CDR

Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies to be included.

NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.

Pharmacies I will be Reporting:(If you created a generic ID above)

Or Manually Enter List of Ids Reporting for: Comma separated list

*Dispenser Type:

Pharmacy
 Dispensing Practitioner

*Dispenser Location:

In-State
 Out-of-State

*Required Fields

Next

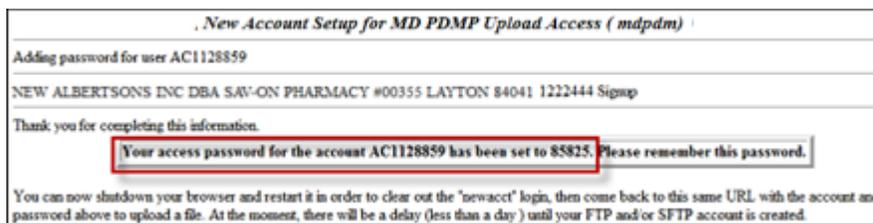
11 Complete all required fields (indicated by an asterisk) on the **New Account Setup for MD PDMP Upload Access** window, using the information in the following table as a guideline:

| Field | Description/Usage |
|---------------------|---|
| Account selection | <ul style="list-style-type: none"> ▪ Choose Keep <account number> as my account for a single Pharmacy if you wish to use the suggested account name. ▪ Choose Create an account using <suggested account name> as my ID for uploading more than one Pharmacy's Data if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field. |
| Contact Information | <ul style="list-style-type: none"> ▪ Note: Information in this section is used for contact purposes in the event a problem occurs with a data upload. |

| Field | Description/Usage |
|--|--|
| Contact Name | (Required) Type the first and last name of the contact person. |
| Contact Address | (Required) Type the contact's street address, city, state, and ZIP code in the appropriate fields. |
| Contact Email | (Required) Type the contact's e-mail address. Click the down arrow in the field to the right of the Contact Email field to select Email Edit Reports for All Uploads . |
| Contact Phone | (Required) Type the contact's phone number, using the format <i>999-999-9999</i> . |
| Contact Fax | (Required) Type the contact's fax number, using the format <i>999-999-9999</i> . Click the down arrow in the field to the right of the Contact Fax field to select Fax Edit Reports for All Uploads . |
| Anticipated Upload Method | Select the method of data upload you plan to use to report your data: <ul style="list-style-type: none">▪ Secure FTP using SSH▪ FTP of file Encrypted with OpenPGP▪ Upload with Internet browser using SSL▪ UCF Submission |
| Pharmacies I will be reporting | A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field. To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select. The pharmacies you select will be tied to your user name. |
| Or Manually Enter List of Ids Reporting for: Comma Separated List | You may use this field to manually enter a list of pharmacy IDs you will be reporting for, rather than selecting from the list in the field above. When manually entering multiple pharmacy IDs, separate each ID with a comma. |
| Dispenser Type | (Required) Select whether you are a Pharmacy or a Dispensing Practitioner . Note: If you select the wrong dispenser type, you will be required to re-enter all of your account setup information once the dispenser type has been corrected. |

| Field | Description/Usage | | | | |
|---|---|--------------------|-----------------------------------|---|--|
| Dispenser Sub-Type | <p>(Required) Select the appropriate dispenser sub-type. Note: The options that display in this field are dependent on whether you answered "Pharmacy" or "Dispensing Practitioner" in the Dispenser Type field.</p> <table border="1"> <thead> <tr> <th>Pharmacy Sub-types</th> <th>Dispensing Practitioner Sub-types</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> ▪ Pharmacy (Chain) ▪ Pharmacy (Independent) ▪ Pharmacy (Hospital) ▪ Non-Resident Pharmacy ▪ Mail Order Pharmacy ▪ Nuclear Pharmacy ▪ Infusion Pharmacy ▪ Sterile Compounding Pharmacy ▪ Non-sterile Compounding Pharmacy ▪ Veterinary Pharmacy </td> <td> <ul style="list-style-type: none"> ▪ Dentist/Oral Surgeon ▪ Medical Doctor ▪ Podiatrist </td> </tr> </tbody> </table> | Pharmacy Sub-types | Dispensing Practitioner Sub-types | <ul style="list-style-type: none"> ▪ Pharmacy (Chain) ▪ Pharmacy (Independent) ▪ Pharmacy (Hospital) ▪ Non-Resident Pharmacy ▪ Mail Order Pharmacy ▪ Nuclear Pharmacy ▪ Infusion Pharmacy ▪ Sterile Compounding Pharmacy ▪ Non-sterile Compounding Pharmacy ▪ Veterinary Pharmacy | <ul style="list-style-type: none"> ▪ Dentist/Oral Surgeon ▪ Medical Doctor ▪ Podiatrist |
| Pharmacy Sub-types | Dispensing Practitioner Sub-types | | | | |
| <ul style="list-style-type: none"> ▪ Pharmacy (Chain) ▪ Pharmacy (Independent) ▪ Pharmacy (Hospital) ▪ Non-Resident Pharmacy ▪ Mail Order Pharmacy ▪ Nuclear Pharmacy ▪ Infusion Pharmacy ▪ Sterile Compounding Pharmacy ▪ Non-sterile Compounding Pharmacy ▪ Veterinary Pharmacy | <ul style="list-style-type: none"> ▪ Dentist/Oral Surgeon ▪ Medical Doctor ▪ Podiatrist | | | | |
| Dispenser Location | (Required) Select whether you are an In-State or Out-of-State dispenser. | | | | |

12 After completing all required fields, click **Next**. A window similar to the following is displayed:



A randomly-assigned password for the FTP, SFTP, and SSL website upload processes is provided to you.

Note: If you forget your password, please contact the HID help desk. After five (5) unsuccessful login attempts, your account will be locked for 30 minutes.

Software vendors setting up multiple accounts may choose from the following options:

- Create each account separately by using the method listed above. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process;
- Or
- Create multiple accounts using one pharmacy's DEA number and ZIP code. If you choose this method, select **Set up user name as a group**.

Note: Data error reports are submitted to the e-mail address(es) supplied for the account(s).

Modifying Your Upload Account

Use this function if you need to modify the information supplied when you originally created your account.

Perform the following steps to update your information:

- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.
- 2 Click **Dispenser**, and then click **RxSentry Data Upload**.
A login window is displayed.
- 3 Type your user name in the **User Name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **Modify Upload Account**.
- 7 Update the information as necessary, using the field descriptions provided in the [Creating Your Account](#) topic as a guideline.
- 8 Click **Next**.
A message displays that your account information was successfully updated.

Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding reporting period, you may report this information to the MD PDMP.

You may report zero dispensing by using the functionality provided within RxSentry via the Report Zero Activity menu item, or by creating and uploading a zero report data file. The steps you must perform for each method are provided in the following sections.

Report Zero Activity – RxSentry

The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's Report Zero Activity menu item.

Single Dispensers

If you are a single dispenser, perform the following steps to report zero activity using RxSentry:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.

- 3 Click **Dispenser**, and then click **RxSentry Data Upload**.

A login window is displayed.

- 4 Type your user name in the **User Name** field.

- 5 Type your password in the **Password** field.

- 6 Click **OK**.

- 7 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

| <i>Report Zero Activity</i> | |
|---|-------------------------------|
| This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from. | |
| Dispenser: | 1234567: BEST PHARMACY: |
| Address: | 23 MAIN ST BISMARCK 58502 |
| Phone: | 701-328-1234 |
| Fax: | 701-328-7654 |
| Email: | bestpharmacy@charter.net |
| Period Start Date: | <input type="text"/> |
| Period End Date: | 09/21/09 <input type="text"/> |
| <input type="button" value="Continue"/> | |

- 8 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date to reflect the dates during which no dispensing occurred.
- All other pharmacy information is populated with the information provided when you created your account.

- 9 Click **Continue**. A message similar to the following is displayed:

| <i>Report Zero Activity</i> |
|---|
| <i>Zero report for 06/09/09 through 06/16/09 has been registered for: AB9876543 (BEST PHARMACY)</i> |

Group Pharmacies

If you are responsible for reporting for a group of pharmacies, perform the following steps to report zero activity using RxSentry.

Note: You are required to repeat this process for every pharmacy for which you are responsible for reporting.

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.
- 3 Click **Dispenser**, and then click **RxSentry Data Upload**.
A login window is displayed.
- 4 Type your user name in the **User Name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

| Report Zero Activity | |
|--|-------------------------------------|
| This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from. | |
| Dispenser: | NANOOK:FAIRBANKS PROFESSIONAL:group |
| Address: | PHARMACY, INC FAIRBANKS 99701 |
| Phone: | 3345023262 |
| Fax: | |
| Email: | april@hidinc.com |
| Period Start Date: | |
| Period End Date: | 04/01/13 |
| Pharmacy ID/Name: | |
| <input checked="" type="radio"/> Use ID/Name listed above <input type="radio"/> Choose from list | |
| <input type="button" value="Continue"/> | |

- 8 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

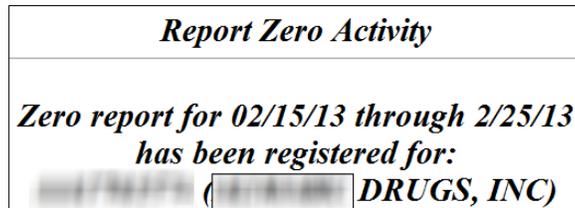
- The **Period End Date** field is populated with the current date. You may adjust this date to reflect the dates during which no dispensing occurred.
 - All other pharmacy information is populated with the information provided when you created your account.
- 9 Select the **Use ID/Name listed above** option to manually enter the pharmacy ID whose information you are reporting. If you choose to enter the pharmacy ID manually, type the pharmacy ID in the **Pharmacy ID/Name** field.

Or

Select the **Choose from list** option to select the pharmacy ID whose information you are reporting from a list of pharmacies with a name similar to your pharmacy.

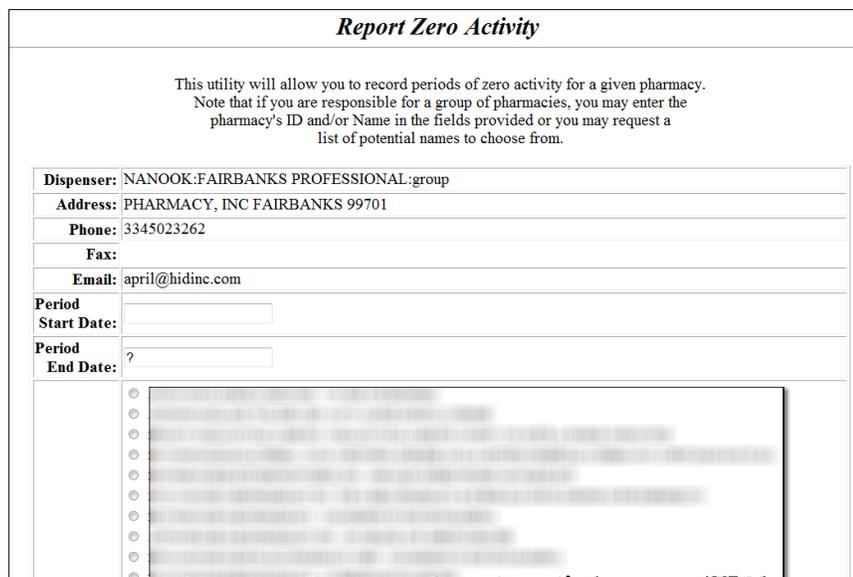
10 Click Continue.

If you selected the **Use ID/Name listed above** option, a message similar to the following is displayed:



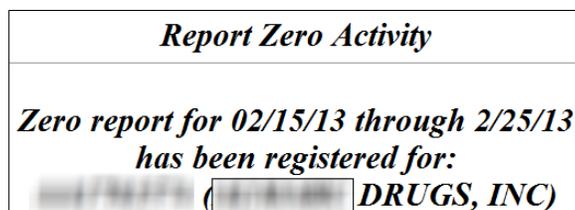
Or

If you selected the **Choose from list** option, a window similar to the following is displayed:



11 Click the radio button next to the correct pharmacy ID.

12 Click Continue. A window similar to the following is displayed:



Report Zero Activity – File Upload

- 1 If you have not created an account, perform the steps in [Creating Your Account](#).
- 2 Prepare the zero report data file for submission, using the specifications described in [Appendix B: Zero Report Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20130801.dat* if you submit it on August 1, 2013.
 - Do not include spaces in the file name.
 - If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: *20130801a.dat*, *20130801b.dat*, and *20130801c.dat*.
 - The system will accept zipped files and you should name them using the date of submission to HID. For example, name the file *20130801.zip* if you submit it on August 1, 2013.
 - Before transmitting your file, rename it to include the suffix *.up* (e.g., *20130801.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130801.dat*).
- 3 Upload the file using the steps provided in one of the following data delivery topics:
 - [Secure FTP over SSH](#)
 - [Encrypted File with OpenPGP Via FTP](#)
 - [SSL Website](#)

HID tracks the use of the Web-based tool, date stamps incoming files, and notifies you of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

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5 Data Delivery Methods

About This Chapter

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s).

For quick reference, click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

| Delivery Method | Page |
|--|------|
| Secure FTP over SSH | 27 |
| Encrypted File with OpenPGP Via FTP | 28 |
| SSL Website | 29 |
| Universal Claim Form (UCF) Submission | |
| Reporting Requirements for UCF Submissions | 30 |
| Notes about NDC Numbers | 30 |
| Online UCF Submission | 31 |

Secure FTP over SSH

There are many free software products that support Secure FTP. Neither DHMH nor HID is in a position to direct or support your installation of operating system software for Secure FTP; however, we have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to the MD PDMP as the file name and should have a *.dat* extension. For example, name the file *20130801.dat* if it is submitted on August 1, 2013.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130801a.dat*, *20130801b.dat*, and *20130801c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20130801.zip* if it is submitted on August 1, 2013.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130801.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130801.dat*).
- 3 SFTP the file to <sftp://mdpdmpreporting.hidinc.com>.
 - 4 When prompted, type *mdpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created your account.
 - 5 Place the file in the new directory.
 - 6 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20130801.dat*).
 - 7 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
 - 8 Log off when the file transfer/upload is complete.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Encrypted File with OpenPGP Via FTP

There are many free software products that support file encryption using the PGP standard. Neither DHMH nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission as the file name and should have a *.pgp* extension. For example, name the file *20130801.pgp* if it is submitted on August 1, 2013.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130801a.pgp*, *20130801b.pgp*, and *20130801c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130801.pgp.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130801.pgp*).
- 4 Encrypt the file with the PGP software, using the public key supplied during account creation.
- Note:** PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
- 5 FTP the file to <ftp://mdpdmpreporting.hidinc.com>.
 - 6 When prompted, type *mdpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created your account.
 - 7 Place the file in the new directory.
 - 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20130801.pgp*).
 - 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
 - 10 Log off when the file transfer/upload is complete.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

SSL Website

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to the MD PDMP as the file name and should have a *.dat* extension. For example, name the file *20130801.dat* if it is submitted on August 1, 2013.
- Do not include spaces or parentheses in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130801a.dat*, *20130801b.dat*, and *20130801c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20130801.zip* if it is submitted on August 1, 2013.

- 3 Open a Web browser and enter the following URL: www.hidinc.com/mdpdmp.
- 4 Click **Dispenser**, and then click **RxSentry Data Upload**.
- 5 When prompted, enter the user ID and password supplied when you created your account.
- 6 Click **Upload a File**.
- 7 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 8 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20130801.dat*.
- 9 Click to select the file, and then click **Open**.
- 10 Click **Send File**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Universal Claim Form (UCF) Submission

If you have Internet access, but are unable to submit your data in a batch upload, you may submit prescription information using RxSentry's online universal claim form (UCF).

When submitting information using the online UCF, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the MD PDMP database. Please use the information in the [Notes about NDC Numbers](#) section below as a guideline for providing accurate NDC numbers.

Reporting Requirements for UCF Submissions

See the [Required Prescription Information](#) topic for details for reporting requirements.

Notes about NDC Numbers

Use the following information when entering NDC numbers on the UCF:

- NDCs are 11 digits and use the format *99999-9999-99*.
- When adding an NDC, do not include the dashes, for example, *99999999999*.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC-" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

| If the NDC appears this way ... | Enter it this way ... |
|---|-----------------------|
| 1234-5678-90 (missing 0 in first segment) | 01234568790 |
| 54321-123-98 (missing 0 in 2nd segment) | 54321012398 |

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.2 format, you may submit prescription information using RxSentry's online UCF.

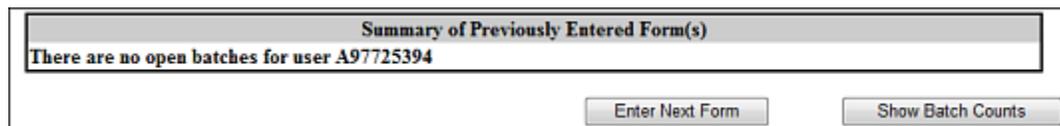
The following new terms are introduced in this topic:

- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you must submit and close batches in accordance with the required reporting time frame.

Perform the following steps to use the online UCF to submit prescription information:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: www.hidinc.com/mdpdmp.
- 3 Click **Dispenser**, and then click **RxSentry Data Upload**.
A login window is displayed.
- 4 Type your user name in the **User Name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **UCF Form Entry**. A window similar to the following is displayed:



The screenshot shows a window titled "Summary of Previously Entered Form(s)". Inside the window, there is a message: "There are no open batches for user A97725394". At the bottom of the window, there are two buttons: "Enter Next Form" and "Show Batch Counts".

- **Enter Next Form** allows you to prepare one or more records for submission.
 - **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously been submitted.
- 8 Click **Enter Next Form**.

A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

Identification Number (ex 1234567890)

Identification Number Identifier
 Military ID State Issued ID Unique System ID Passport ID Driver's License ID Social Security Number Tribal ID Other

First Name Middle Initial Last Name

DOB
 (ex 01/01/2006) Male Female Unknown

Address City

State Zip

Dispenser Information

NPI DEA# Dispenser Name

Phone Fax

Address City

State Zip

Prescription Information

Prescription #1

Rx# Date Filled Date Written
 (ex 01/25/2008) (ex 01/25/2008)

NDC Drug Name (Strength)

Quantity Days Supply Refill #

Prescriber DEA Prescriber NPI

Name

Payment Type: Private Pay Medicaid Medicare Commercial Insurance Military
 Installations/VA Workers' Compensation Indian Nations Other

Reporting Status: New Revise Void Refills Authorized

Prescription #2 Use Prescriber Information from above

Rx# Date Filled Date Written
 (ex 01/25/2008) (ex 01/25/2008)

NDC Drug Name (Strength)

Quantity Days Supply Refill #

The UCF contains three sections—Patient Information, Dispenser Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:

- Patient Information – Complete all fields in this section.
- Dispenser Information – In this section, supply your DEA number in the DEA field. Once this information is provided, all associated pharmacy information available within the RxSentry database is auto-populated in the appropriate fields.
- Prescription Information – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.

If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.

9 Once all information has been entered, click **Submit**.

Notes:

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.
- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Assistance and Support](#).

10 The UCF is displayed for your review. If all information is correct, click **Submit**. If you need to modify any information, click **Modify**.

Once you click **Submit**, a window similar to the following is displayed:

| Summary of Previously Entered Form(s) | |
|---------------------------------------|--|
| Patient Name JANE DOE | DOB 04/19/73 |
| Prescriber | Pharmacy PAYSON APOTHECARY PHARMACY, LLC |
| Rx# 1234 | Drug Name HYDROCODONE SYRUP |
| Filed 09/02/09 | Written 09/02/09 |
| Load Status ENTERED | |

There are 1 Record(s) in Current Batch for A97725394

11 Perform one of the following functions:

- Click **Enter Next Form** to add additional records to this batch.
- Click **Show Batch Counts** to display the number of records in the current batch.
- Click **Submit/Close Batch** to upload this batch of records.

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6 Upload Reports and Edit Definitions

About This Chapter

This chapter explains how to view upload reports and zero reports, how to correct and resubmit records, and provides an explanation of the error codes you may see on your upload report.

Upload Reports

RxSentry provides all data submitters with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You must also specify the method by which you wish to receive your upload report. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

Edit Report for file groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012

| | Numeric Error Code* | Error Description* | Data that was incorrect | RX Number |
|--------|---------------------|--|-------------------------|--------------------|
| Record | 10: | 25-Prescriber ID not found | Data: [000000] | AB9876543 04034558 |
| Record | 52: | 25-Prescriber ID not found | Data: [BY0000001] | AB9876543 04033470 |
| Record | 84: | 25-Prescriber ID not found | Data: [AD0000004] | AB9876543 04031888 |
| Record | 99: | 54-Customer Zip Code conflicts with Stat | Data: [000000000] | AB9876543 04034458 |
| Record | 152: | 25-Prescriber ID not found | Data: [B05555555] | AB9876543 04034493 |
| Record | 185: | 25-Prescriber ID not found | Data: [B05555555] | AB9876543 04034459 |
| Record | 200: | 25-Prescriber ID not found | Data: [BS110011] | AB9876543 04034489 |
| Record | 215: | 54-Customer Zip Code conflicts with Stat | Data: [432780000] | AB9876543 04033520 |
| Record | 224: | 25-Prescriber ID not found | Data: [AS1111119] | AB9876543 04034542 |
| Record | 350: | 25-Prescriber ID not found | Data: [MH5555555] | AB9876543 04034481 |
| Record | 351: | 25-Prescriber ID not found | Data: [MH5555555] | AB9876543 04034482 |
| Record | 373: | 54-Customer Zip Code conflicts with Stat | Data: [000000000] | AB9876543 04032245 |

| | | |
|--------------------------------|-------------------------------|--|
| Total #Records: | 398 | (TOTAL NUMBER OF RECORDS YOU SUBMITTED) |
| # Records with Errors: | 12 (3%) | |
| # Records with SERIOUS Errors: | 3 (1%) | (WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS) |
| # Records with FATAL Errors: | 0 (0%) | (WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL) |
| # Records with Duplicates: | 0 (0%) | (WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED) |
| | 0 Records Imported 05/31/2012 | (TOTAL NUMBER OF RECORDS WE ACCEPTED) |

*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.

A single record may be rejected, or if a certain percentage of records are rejected in an individual file, the entire file may be rejected. We track three types of errors:

1. Minor – Incorrect data in non-vital field
2. Serious – Record can be loaded with missing or inappropriate data
3. Fatal – Record cannot be loaded

A single record will be rejected if it contains a fatal error.

An entire batch will be rejected if:

1. ALL records have Fatal or Serious errors
2. More than 10% of the records have Fatal errors
3. More than 20% of the records have Serious errors

Pharmacies are required to correct fatal errors and resubmit the records within three (3) business days of the initial record submission.

View Upload Reports

This function provides uploaders access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view upload reports:

- 1** Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.

- 2** Click **Dispenser**, and then click **RxSentry Data Upload**.

A login window is displayed.

- 3** Type your user name in the **User Name** field.

- 4** Type your password in the **Password** field.

- 5** Click **OK**.

- 6** From the RxSentry home page, click **View Upload Reports**. A window similar to the following is displayed:

| Report Timeframe: | | 10/18/10 | - | 11/18/10 | Submit |
|---------------------|----------------------------------|--------------|---|----------|--------|
| Date and Time | Report Name | Process Date | | | |
| 11/11/10 9:17:18 AM | 20101111.dat.rpt | 11/11/10 | | | |
| 10/21/10 9:58:52 AM | 20101021.dat.rpt | 10/21/10 | | | |

- 7** Click a hyperlink in the **Report Name** field to open an upload report for viewing.

To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period.

However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view zero reports:

- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mdpdmp.
- 2 Click **Dispenser**, and then click **RxSentry Data Upload**.
A login window is displayed.
- 3 Type your user name in the **User Name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **View Zero Reports**.

A window similar to the following is displayed:

| Zero Reports | | | | | |
|--|---------|---------------------------------------|---------------|---------------------------------------|---------------------------------------|
| Report Timeframe: | | <input type="text" value="02/09/13"/> | - | <input type="text" value="03/12/13"/> | <input type="button" value="Submit"/> |
| From Date | To Date | Pharmacy ID | Pharmacy Name | Upload Date | |
| No zero reports uploaded for selected timeframe. | | | | | |

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record. Fatal error corrections must be resubmitted within three (3) days of the initial record submission. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

Note: Edit Number V1 as shown in the [Edit Definitions](#) table should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the [Upload Reports](#) section.

The ASAP 4.2 standard requires a dispenser to select an indicator in the **DSP01** (Reporting Status) field. Dispensers may submit new records, revise and resubmit records, and void (delete) erroneous records.

These actions are indicated by supplying one of the following values in the **DSP01** field:

- 00 New Record – indicates a new record
- 01 Revise – indicates that one or more data elements in a previously-submitted record has been revised
- 02 Void – indicates that the original record should be voided

Use the information in the following topics to create, revise/resubmit, or void an erroneous record.

Submit a New Record

Perform the following steps to submit a new record:

- 1 Create a record with the value **00** in the **DSP01** field.
- 2 Populate all other required fields and submit the record.

Note: These steps are used to submit new records *or* to submit records that were previously submitted but received a fatal status on your error report. **Records with fatal errors are not loaded to the system.** The errors in these records must be corrected in your system and resubmitted using the **00** status in the **DSP01** field.

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value **01** in the **DSP01** field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - PHA03 (DEA Provider ID)
 - DSP02 (Prescription Number)
 - DSP05 (Date Filled)
- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4 Submit the record.

Important note: If any of the fields referenced in step 2 are part of the correction, the record must first be voided using the steps provided in the [Void a Record](#) section, and then you must re-submit the record using the value **00** in the **DSP01** field.

Void a Record

Perform the following steps to void (delete) a record:

- 1 Send a record with the value **02** in the **DSP01** field.
- 2 Fill in all other data identical to the original record. This will void the original record submission.

Edit Definitions

The following table describes the current list of edits:

| Edit Number | Message | Severity |
|-------------|---|----------|
| Edit 01 | Format of File Error | Fatal |
| Edit 02 | Pharmacy DEA is blank | Fatal |
| Edit 05 | Pharmacy ID not found | Fatal |
| Edit 09 | Invalid DOB | Fatal |
| Edit 10 | Gender is invalid | Minor |
| Edit 14 | Reporting status is invalid | Fatal |
| Edit 15 | Date Dispensed is invalid or irrational | Serious |
| Edit 18 | Quantity is invalid | Serious |
| Edit 20 | Days Supply > 360 | Serious |
| Edit 21 | NDC not found | Serious |
| | NDC not found (used when CDI segment is used) | Serious |
| Edit 22 | Product ID Qualifier is invalid | Fatal |
| Edit 25 | Prescriber ID not found | Minor |
| | Prescriber ID is blank | Fatal |
| Edit 26 | Prescriber Last Name is blank | Minor |
| Edit 28 | Date Rx Written is invalid | Minor |
| Edit 31 | Classification Code for Payment Type is invalid | Minor |
| Edit 50 | Patient Last Name blank | Fatal |
| Edit 51 | Patient First Name blank | Fatal |
| Edit 52 | Patient Address blank | Serious |
| Edit 53 | Patient ZIP Code is blank | Serious |
| Edit 54 | Patient ZIP and State Code conflict | Serious |
| Edit 56 | Patient City is blank | Minor |
| Edit 60 | Patient State Code is blank | Serious |
| Edit 61 | Patient State Code is invalid | Serious |
| Edit 200 | Prescription Number is blank | Fatal |

| Edit Number | Message | Severity |
|-------------|---|----------|
| Edit V1 | Record already exists Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed. | Minor |

7 Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID by e-mail at mdpdmp-info@hidinc.com

OR

Call the HID Help Desk at 1-855-729-8920.

Technical assistance is available Monday through Friday (except for holidays) from 9:00 a.m. to 5:00 p.m. Eastern Time.

Administrative Assistance

If you have non-technical questions regarding the Maryland PDMP, please send an email to dhmh.pdmp@maryland.gov or call 410-402-8686.

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8 Glossary

ASAP

American Society for Automation in Pharmacy

Batch

Group of files (report or query requests) that are processed in the background while other work is continued

CRISP

Chesapeake Regional Information System for our Patients

DHMH

Maryland Department of Health and Mental Hygiene

Dispense

The procedure that results in the receipt of a prescription or nonprescription drug or device by a patient or the patient's agent, and which entails the:

1. Interpretation of an authorized prescriber's prescription for a drug or device;
2. Selection and labeling of the drug or device prescribed pursuant to that prescription; and
3. Measuring and packaging of the prescribed drug or device in accordance with State and federal laws

Dispenser

A person authorized by law to dispense a monitored prescription drug to a patient or a patient's agent in the State, including a nonresident pharmacy so authorized

FTP

File Transfer Protocol; commonly-used protocol for exchanging files over any network

HID

Health Information Designs, LLC

NDC

National Drug Code; describes specific drugs by drug manufacturer and package size

PDMP

Prescription Drug Monitoring Program

Prescriber

A practitioner who is:

1. Lawfully authorized to prescribe a monitored prescription drug; and
2. Registered with:
 - a. The federal Drug Enforcement Administration in accordance with 21 USC 822 Part C and 21 CFR Part 1301; and
 - b. For those practitioners licensed to practice in the State, the State Division of Drug Control in accordance with Criminal Law Article, §5-301 et seq., Annotated Code of Maryland and COMAR 10.19.03.03

RxSentry

Prescription drug monitoring system developed by Health Information Designs, LLC

SFTP

Secure File Transfer Protocol (also referred to as "SSH File Transfer Protocol"); provides file transfer and manipulation functionality over any reliable data stream

SSL

Secure Sockets Layer; cryptographic protocol that provides secure communications for data transfers

Universal Claim Form (UCF)

Electronic form used by a pharmacy that has Internet access, but is unable to submit its data in a batch upload

Uploader

A dispenser that uploads a data file containing controlled substance dispensing information

9 Document Information

Copyright Notice and Trademarks

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Health Information Designs, LLC
391 Industry Drive
Auburn, AL 36832

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Disclaimer

HID has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

Please refer to the Maryland PDMP website, www.hidinc.com/mdpdmp, for the most current version of this document.

Formatting Conventions

The following formatting conventions are used throughout this document.

| Format | Used to Designate... |
|--------------------------------|--|
| Bold | References to execution buttons, windows, file names, menus, icons, or options |
| <i>Arial Italic</i> | Text you must type in a field or window, for example, \\server_name\printer_name for a network printer |
| Blue underline | Hyperlinks to other sections of this document or external websites |

Table 1 – Text Formats

Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

| Publication Date | Version Number | Comments |
|------------------|----------------|---------------------|
| 05/29/2013 | 1.0 | Initial publication |
| 06/05/2013 | 1.1 | Updated publication |
| 11/08/2013 | 1.2 | Updated publication |
| 11/08/2013 | 1.3 | Updated publication |

Table 2 – Document Version History

Change Log

The Change Log records the changes and enhancements included in each version.

| Version Number | Chapter/Section | Change |
|----------------|---|--|
| 1.0 | N/A | N/A |
| 1.1 | Chapter 4/Creating Your Account | Updated pharmacy sub-types |
| 1.2 | Chapter 3/Required Prescription Information Chapter 6/Edit Definitions | <ul style="list-style-type: none"> ▪ Added language to the fields for patient first and last name, DOB, and gender on the need to enter information for the human recipient when dispensing a drug for use by an animal ▪ Added PAT20 to the table as a Situational field ▪ Changed Edit 09 "Invalid DOB" from a Serious to a Fatal error |
| 1.3 | Chapter 3/Required Prescription Information | Removed language from the fields for patient first and last name, DOB, and gender on the need to enter information for the human recipient when dispensing a drug for use by an animal |

Table 3 – Document Change Log

Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) version 4, release 2 format to comply with the Maryland Prescription Drug Monitoring Program's requirements.

The following elements are used in each upload file:

1. **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
2. **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).
Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.
If the last field in the segment is blank, it should contain an asterisk and a tilde (~).
3. **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

4. **Field Usage**
 - R = Required by ASAP
 - RR = Required by the MD PDMP
 - S = Situational (not required; however, supply if available)

Both "R" and "RR" fields must be reported.

Note: For more information regarding ASAP 4.2 specifications, contact the American Society for Automation in Pharmacy at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

| Segment | Field ID | Field Name | Field Usage |
|--|-------------|---|-------------|
| TH: Transaction Header | | | |
| Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. | | | |
| | TH01 | Version/Release Number Code uniquely identifying the transaction. Format = xx.x | R |
| | TH02 | Transaction Control Number Sender assigned code uniquely identifying a transaction. | R |
| | TH03 | Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> ▪ 01 Send/Request Transaction ▪ 02 Acknowledgement (used in Response only) ▪ 03 Error Receiving (used in Response only) ▪ 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) | R |
| | TH04 | Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only. | S |
| | TH05 | Creation Date Date the transaction was created. Format: CCYYMMDD. | R |
| | TH06 | Creation Time Time the transaction was created. Format: HHMMSS or HHMM. | R |
| | TH07 | File Type <ul style="list-style-type: none"> ▪ P = Production ▪ T = Test | R |
| | TH08 | Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PDMP the transaction should be routed to. | S |
| | TH09 | Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction. | R |
| IS: Information Source | | | |
| Required segment; used to convey the name and identification numbers of the entity supplying the information. | | | |
| | IS01 | Unique Information Source ID Reference number or identification number. (Example: phone number) | R |
| | IS02 | Information Source Entity Name Entity name of the Information Source. | R |

| Segment | Field ID | Field Name | Field Usage |
|---|--------------|---|-------------|
| | IS03 | Message Free-form text message. | S |
| PHA: Pharmacy Header | | | |
| Required segment; used to identify the pharmacy. | | | |
| Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03. | | | |
| | PHA01 | National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS. | S |
| | PHA02 | NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. | S |
| | PHA03 | DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration. | RR |
| | PHA04 | Pharmacy Name Free-form name of the pharmacy or dispensing practitioner's name. | S |
| | PHA05 | Address Information – 1 Free-form text for address information. | S |
| | PHA06 | Address Information – 2 Free-form text for address information. | S |
| | PHA07 | City Address Free-form text for city name. | S |
| | PHA08 | State Address U.S. Postal Service state code. | S |
| | PHA09 | ZIP Code Address U.S. Postal Service ZIP Code. | S |
| | PHA10 | Phone Number Complete phone number including area code. | S |
| | PHA11 | Contact Name Free-form name. | S |
| | PHA12 | Chain Site ID Store number assigned by the chain to the pharmacy location. Used when the PDMP needs to identify the specific pharmacy from which information is required. | S |
| PAT: Patient Information | | | |
| Required segment; used to report the patient's name and basic information as contained in the pharmacy record. | | | |
| | PAT01 | ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03. | S |

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|---|-------------|
| | PAT02 | ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> ▪ 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 (agreed upon ID) | RR |
| | PAT03 | ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number. | RR |
| | PAT04 | ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PDMP requires such identification. | S |
| | PAT05 | Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PDMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) | S |
| | PAT06 | Additional ID Identification that might be required by the PDMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required. | S |
| | PAT07 | Last Name Patient's last name. | RR |
| | PAT08 | First Name Patient's first name. | RR |
| | PAT09 | Middle Name Patient's middle name or initial if available. | S |

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|--|-------------|
| | PAT10 | Name Prefix Patient's name prefix such as Mr. or Dr. | S |
| | PAT11 | Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i> | S |
| | PAT12 | Address Information – 1 Free-form text for street address information. | RR |
| | PAT13 | Address Information – 2 Free-form text for additional address information. | S |
| | PAT14 | City Address Free-form text for city name. | RR |
| | PAT15 | State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S. | RR |
| | PAT16 | ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S. | RR |
| | PAT17 | Phone Number Complete phone number including area code. | S |
| | PAT18 | Date of Birth Date patient was born. Format: CCYYMMDD | RR |
| | PAT19 | Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> ▪ F Female ▪ M Male ▪ U Unknown | RR |
| | PAT20 | Species Code Used if required by the PDMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> ▪ 01 Human ▪ 02 Veterinary Patient | S |

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|---|-------------|
| | PAT21 | Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> ▪ 01 Home ▪ 02 Intermediary Care ▪ 03 Nursing Home ▪ 04 Long-Term/Extended Care ▪ 05 Rest Home ▪ 06 Boarding Home ▪ 07 Skilled-Care Facility ▪ 08 Sub-Acute Care Facility ▪ 09 Acute Care Facility ▪ 10 Outpatient ▪ 11 Hospice ▪ 98 Unknown ▪ 99 Other | S |
| | PAT22 | Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. | S |
| | PAT23 | Name of Animal Used if required by the PDMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription. | S |
| DSP: Dispensing Record | | | |
| Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity. | | | |
| | DSP01 | Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> ▪ 00 New Record (indicates a new prescription dispensing transaction) ▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) ▪ 02 Void (message to the PDMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). | R |
| | DSP02 | Prescription Number Serial number assigned to the prescription by the pharmacy. | RR |
| | DSP03 | Date Written Date the prescription was written (authorized). Format: CCYYMMDD | RR |
| | DSP04 | Refills Authorized The number of refills authorized by the prescriber. | RR |

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|---|-------------|
| | DSP05 | Date Filled Date prescription was filled. Format: CCYYMMDD | RR |
| | DSP06 | Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number. | RR |
| | DSP07 | Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment) | RR |
| | DSP08 | Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. | RR |
| | DSP09 | Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04. | RR |
| | DSP10 | Days Supply Estimated number of days the medication will last. | RR |
| | DSP11 | Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> ▪ 01 Each ▪ 02 Milliliters (ml) ▪ 03 Grams (gm) | S |
| | DSP12 | Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> ▪ 01 Written Prescription ▪ 02 Telephone Prescription ▪ 03 Telephone Emergency Prescription ▪ 04 Fax Prescription ▪ 05 Electronic Prescription ▪ 99 Other | S |
| | DSP13 | Partial Fill Indicator Used when the quantity in DSP 09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. <ul style="list-style-type: none"> ▪ 00 Not a Partial Fill ▪ 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99. | S |

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|---|-------------|
| | DSP14 | Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication. | S |
| | DSP15 | Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board. | S |
| | DSP16 | Classification Code for Payment Type Code identifying the type of payment (i.e., how it was paid for). <ul style="list-style-type: none"> ▪ 01 Private Pay ▪ 02 Medicaid ▪ 03 Medicare ▪ 04 Commercial Insurance ▪ 05 Military Installations and VA ▪ 06 Workers' Compensation ▪ 07 Indian Nations ▪ 99 Other | RR |
| | DSP17 | Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information. | S |
| | DSP18 | RxNorm Product Qualifier <ul style="list-style-type: none"> ▪ 01 Semantic Clinical Drug (SCD) ▪ 02 Semantic Branded Drug (SBD) ▪ 03 Generic Package (GPCK) ▪ 04 Branded Package (BPCK) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time. | S |
| | DSP19 | RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time. | S |
| | DSP20 | Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture. | S |

| Segment | Field ID | Field Name | Field Usage |
|---|--------------|--|-------------|
| | DSP21 | Electronic Prescription Order Number Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture. | S |
| PRE: Prescriber Information | | | |
| Required segment; used to identify the prescriber of the prescription. | | | |
| | PRE01 | National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS. | S |
| | PRE02 | DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). | RR |
| | PRE03 | DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. Note: This field is required only when institutional DEA # is used to identify the prescribing practitioner. | RR |
| | PRE04 | Prescriber State License Number Identification assigned to the prescriber by the State Licensing Board. | S |
| | PRE05 | Last Name Prescriber's last name. | RR |
| | PRE06 | First Name Prescriber's first name. | S |
| | PRE07 | Middle Name Prescriber's middle name or initial. | S |
| | PRE08 | Phone Number | S |
| CDI: Compound Drug Ingredient Detail | | | |
| Use of this segment is situational; however, it is required when medication dispensed is a compound and one of the ingredients is a PDMP reporting drug. If more than one ingredient is for a PDMP reporting drug, then this would be incremented by one for each compound ingredient being reported. | | | |
| | CDI01 | Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is incremented by 1. | R |
| | CDI02 | Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 02 UPC ▪ 03 HRI ▪ 04 UPN ▪ 05 DIN ▪ 06 Compound (this code is not used in this segment) | R |

| Segment | Field ID | Field Name | Field Usage |
|---|--------------|--|-------------|
| | CDI03 | Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation. | R |
| | CDI04 | Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5 | R |
| | CDI05 | Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) | S |
| AIR: Additional Information Reporting | | | |
| Use of this segment is situational; it is used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments. | | | |
| Note: If this segment is used, at least one of the data elements (fields) will be required. | | | |
| | AIR01 | State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used. | S |
| | AIR02 | State Issued Rx Serial Number Number assigned to state issued serialized prescription blank. | S |
| | AIR03 | Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05. | S |
| | AIR04 | ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> ▪ 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 (agreed upon ID) | S |
| | AIR05 | ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription. | S |

| Segment | Field ID | Field Name | Field Usage |
|---|--------------|--|-------------|
| | AIR06 | Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> ▪ 01 Patient ▪ 02 Parent/Legal Guardian ▪ 03 Spouse ▪ 04 Caregiver ▪ 99 Other | S |
| | AIR07 | Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription. | S |
| | AIR08 | First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription. | S |
| | AIR09 | Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication. | S |
| | AIR10 | First Name of Pharmacist First name of pharmacist dispensing the medication. | S |
| | AIR11 | Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> ▪ 01 Person Dropping Off ▪ 02 Person Picking Up ▪ 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program. | S |
| TP: Pharmacy Trailer | | | |
| Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment. | | | |
| | TP01 | Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments. | R |
| TT: Transaction Trailer | | | |
| Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. | | | |
| | TT01 | Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02. | R |
| | TT02 | Segment Count Total number of segments included in the transaction including the header and trailer segments. | R |

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Appendix B: Zero Report Specifications

The information on the following pages contains the definitions for the specific contents required by the American Society for Automation in Pharmacy (ASAP) to comply with zero dispense reporting for the MD PDMP.

The zero report specification is a complete transaction that includes the information that would normally be sent with a batch file filled out as it would be for reporting the dispensing of controlled substances. However, for the detail segments, while all the segments and data elements that are required by the MD PDMP are sent, only the Patient First Name, Last Name, and Date Filled fields are populated. The values populating these fields are:

1. First Name = Zero
2. Last Name = Report
3. Date Filled = Date that the report is sent

All other fields in the detail segments would be left blank.

The following elements are used in each upload file:

1. **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
2. **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).
Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.
If the last field in the segment is blank, it should contain an asterisk and a tilde (~).
3. **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription Drug Monitoring Programs Zero Reports*.

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|---|-------------|
| TH: Transaction Header | | | |
| Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. | | | |
| | TH01 | Version/Release Number | R |
| | TH02 | Transaction Control Number Sender assigned code uniquely identifying a transaction. | R |
| | TH03 | Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction | R |
| | TH04 | Response ID | N |
| | TH05 | Creation Date Date the transaction was created. Format: CCYYMMDD. | R |
| | TH06 | Creation Time Time the transaction was created. Format: HHMMSS or HHMM. | R |
| | TH07 | File Type P = Production | R |
| | TH08 | Routing Number | N |
| | TH09 | Segment Terminator Character TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~). | R |
| IS: Information Source | | | |
| Used to convey the name and identification numbers of the entity supplying the information. | | | |
| | IS01 | Unique Information Source ID Reference number or identification number. | R |
| | IS02 | Information Source Entity Name Entity name of the Information Source. | R |
| | IS03 | Message Enter the date range in the following format: #yyyymmdd#- #yyyymmdd#~. | R |
| PHA: Pharmacy Header | | | |
| Used to identify the pharmacy. | | | |
| | PHA01 | National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS. | N |
| | PHA02 | NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. | N |
| | PHA03 | DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration. | R |
| PAT: Patient Information | | | |
| Used to report the patient's name and basic information as contained in the pharmacy record. | | | |

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|--|-------------|
| | PAT01 | ID Qualifier of Patient Identifier | N |
| | PAT02 | ID Qualifier | N |
| | PAT03 | ID of Patient | N |
| | PAT04 | ID Qualifier of Additional Patient Identifier | N |
| | PAT05 | Additional Patient ID Qualifier | N |
| | PAT06 | Additional ID | N |
| | PAT07 | Last Name Required value = Report | R |
| | PAT08 | First Name Required value = Zero | R |
| | PAT09 | Middle Name | N |
| | PAT10 | Name Prefix | N |
| | PAT11 | Name Suffix | N |
| | PAT12 | Address Information – 1 | N |
| | PAT13 | Address Information – 2 | N |
| | PAT14 | City Address | N |
| | PAT15 | State Address | N |
| | PAT16 | ZIP Code Address | N |
| | PAT17 | Phone Number | N |
| | PAT18 | Date of Birth | N |
| | PAT19 | Gender Code | N |
| DSP: Dispensing Record | | | |
| Used to identify the basic components of a dispensing of a given prescription order including the date and quantity. | | | |
| | DSP01 | Reporting Status | N |
| | DSP02 | Prescription Number | N |
| | DSP03 | Date Written | N |
| | DSP04 | Refills Authorized | N |
| | DSP05 | Date Filled Date prescription was filled. Format: CCYYMMDD | R |
| | DSP06 | Refill Number | N |
| | DSP09 | Quantity Dispensed | N |
| | DSP10 | Days Supply | N |
| PRE: Prescriber Information | | | |
| Used to identify the prescriber of the prescription. | | | |
| | PRE01 | National Provider Identifier (NPI) | N |
| | PRE02 | DEA Number | N |

| Segment | Field ID | Field Name | Field Usage |
|---|-------------|--|-------------|
| TP: Pharmacy Trailer | | | |
| Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment. | | | |
| | TP01 | Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments. | R |
| TT: Transaction Trailer | | | |
| Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. | | | |
| | TT01 | Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02. | R |
| | TT02 | Segment Count Total number of segments included in the transaction including the header and trailer segments. | R |