HEALTH INFORMATION DESIGNS

RxSENTRY®

Data Submitter's Implementation Guide

ASAP 4.2

Office of Substance Abuse and Mental Health Services
Maine Department of Health and Human Services
Prescription Monitoring Program

July 2013

This document is formatted for duplex printing.

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

Contents

1 Document Overview 1
Purpose and Contents 1

2 Data Collection and Tracking 3
Data Collection Requirements 3
Reporting Requirements 3

3 Data Submission 7
About This Chapter 7
Timeline and Requirements 7
Accessibility 7
Upload Specifications 7
Creating Your Account 7
Reporting Zero Dispensing 12
Report Zero Activity – RxSentry 12
Report Zero Activity – File Upload 16

4 Data Delivery Methods 17
About This Chapter 17
Secure FTP over SSH 17
Encrypted File with OpenPGP via FTP 18
SSL Website 19
Physical Media (Tape, Diskette, CD, DVD) 20

5 Upload Reports and Edit Definitions 21
Upload Reports 21
View Upload Reports 22
View Zero Reports 23
Error Correction 24
Edit Definitions 24

6 Assistance and Support 27
Technical Assistance 27
Administrative Assistance 27

7 Document Information 29
Version History 29
Change Log 30

Appendix A: ASAP 4.2 Specifications A-1

Appendix B: Zero Report Specifications B-1

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

1 Document Overview

Purpose and Contents

The *RxSentry® Data Submitter's Implementation Guide* serves as a step-by-step implementation and training guide for data submitters in the State of Maine who use RxSentry as a repository for the reporting of their Schedule II, III, and IV controlled substance prescriptions dispensed in Maine. It includes such topics as:

- Reporting requirements for data submitters in the State of Maine
- 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 Maine data submitters and is intended for use by all data submitters required by the State of Maine to report their dispensing of controlled substances.

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

2 Data Collection and Tracking

Data Collection Requirements

Data submitters will continue to report their schedule II, III, and IV prescriptions on a weekly basis.

New data submitters will use the information in this guide to create an upload account and perform the steps required to report their data.

Notes:

- "Data Submitter" is a pharmacist who is licensed or registered under Title 32, Chapter 117 of Maine Revised Statutes Annotated or a licensed health care professional with authority to dispense or administer prescription drugs.
- If you are employed by 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 other entity, please forward the reporting requirements to your software vendor. They will need 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.

Reporting Requirements

All dispensers of Schedule II, III, and IV controlled substance prescriptions are required to collect and report the information in the following table. For detailed information for each of the fields required by the State of Maine and the fields required by the American Society for Automation in Pharmacy (ASAP), please see Appendix A: ASAP 4.2 Specifications.

Note: Data submitters are required to begin submitting files in the ASAP 4.2 format beginning **September 1, 2013**.

The following fields are required for collection by the State of Maine:

Field Name	Field ID
Transaction Header	
Transaction Type	TH03
Pharmacy Header	
National Provider Identifier (NPI)	PHA01 (if available)
NCPDP/NABP Provider ID	PHA02
DEA Number	PHA03
Patient Information	
ID Qualifier	PAT02

Copyright © 2010-2013 Health Information Designs, LLC

Field Name	Field ID
ID of Patient	PAT03
Last Name	PAT07
First Name	PAT08
Middle Name	PAT09 (if available)
Name Prefix	PAT10 (if available)
Name Suffix	PAT11 (if available)
Address Information – 1	PAT12
Address Information – 2	PAT13 (if available)
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
Species Code	PAT20
Patient Location Code	PAT21 (if available)
Dispensing Record	
Prescription Number	DSP02
Date Written	DSP03
Refills Authorized	DSP04
Date Filled	DSP05
Refill Number	DSP06
Product ID Qualifier	DSP07
Product ID	DSP08
Quantity Dispensed	DSP09
Days Supply	DSP10
Drug Dosage Units Code	DSP11
Partial Fill Indicator	DSP13
Pharmacist National Provider Identifier (NPI)	DSP14 (if available)
Pharmacists State License Number	DSP15 (if available)
Classification Code for Payment Type	DSP16 (if available)
Prescriber Information	
National Provider Identifier (NPI)	PRE01 (if available)

Copyright © 2010-2013 Health Information Designs, LLC

Field Name	Field ID
DEA Number	PRE02
DEA Number Suffix	PRE03 (if available)
Last Name	PRE05
First Name	PRE06
Compound Drug Ingredient Detail	
Compound Drug Dosage Units Code **Note**: Used if CDI01, CDI02, CDI03, and CDI04 are used.	CDI05

Note: "A dispenser who knowingly submits false information or fails to submit prescription monitoring information to the office as required by this chapter is subject to discipline by the Maine Board of Pharmacy pursuant to Title 32, Chapter 117, subchapter 4 or by the applicable professional licensing entity."

The Data Submission chapter provides all the instructions necessary to submit the required information.

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

3 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the RxSentry repository.

Timeline and Requirements

Data submitters are required to report their data at least weekly; however, shorter intervals are permitted and encouraged. Data reporting to RxSentry began on February 1, 2011.

Beginning September 1, 2013, data submitters are required to submit their data files using the ASAP 4.2 format.

Accessibility

Although RxSentry is accessible to screen readers, it may be beneficial for visually impaired users to receive training from a user who is already familiar with RxSentry.

Upload Specifications

Files should be in 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 "*20130601.dat*". **All of your upload files will be kept separate from the files of others**.

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

Creating Your Account

Prior to submitting data, you must either create an account or verify your existing account information.

Multiple pharmacies can be uploaded in the same file. For example, Walmart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

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

- Create each account separately by using the account creation method described below. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process;

Copyright © 2010-2013 Health Information Designs, LLC

Or

- Create a group account by using one pharmacy's DEA number and ZIP code. If you choose this method, click **Setup Upload Account** and then select **Create an account using {*account name*} as my ID for uploading more than one dispenser's data** on the **New Account Setup for ME PDM Upload Access** window.

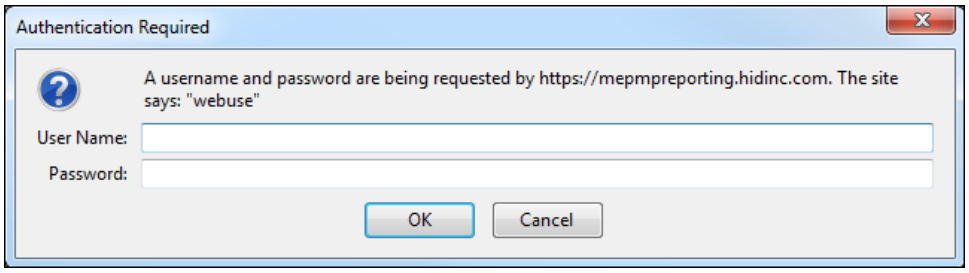
If you create a group account and plan to send separate files for each pharmacy, ensure that the files are uniquely named, for example, include the store or DEA number with the date in the file name.

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/mainepmp.

2 Click **RxSentry Data Submitter Site**.

A login window is displayed:



3 Type *newacct* in the **User Name** field.

Note: Existing users must also enter *newacct* in the **User Name** field. Do not use your current user name; you will be prompted to enter it in a subsequent step.

4 Type *welcome* in the **Password** field, and then click **OK**.

Note: Existing users must also enter *welcome* in the **Password** field. Do not use your current password.

A window similar to the following is displayed:

5 Click **Setup Upload Account**.

6 Select one of the following options:

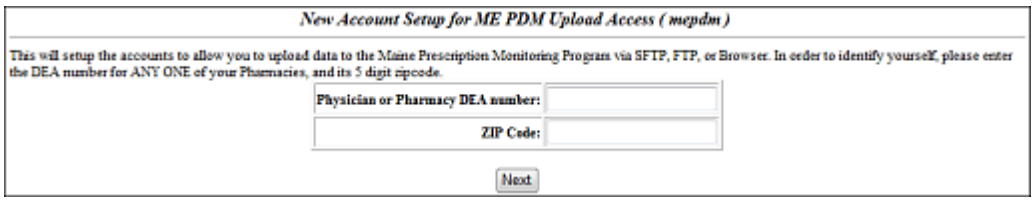
- Existing ME PMP data submitter
- New ME PMP data submitter

7 Click **Next**.

8 If you selected **Existing ME PMP data submitter**, proceed to step 9 to verify your account information;

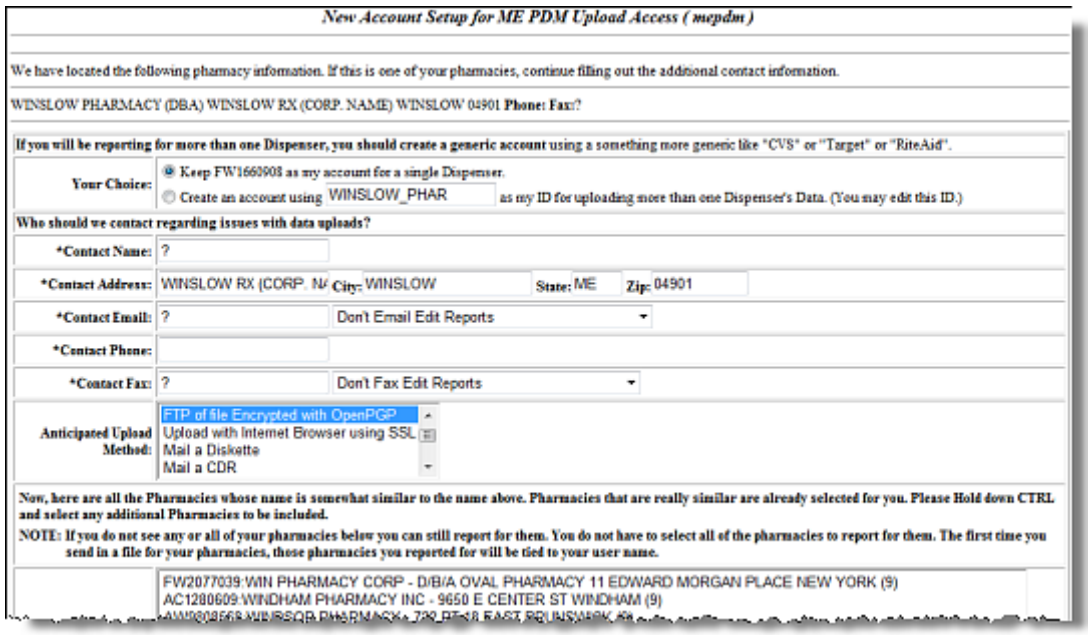
Or

If you selected **New ME PMP data submitter**, the following window is displayed:



Enter your DEA number in the **Physician or Pharmacy DEA number** field, type your ZIP code in the **ZIP Code** field, and then click **Next**.

The next window in the account setup process is displayed:



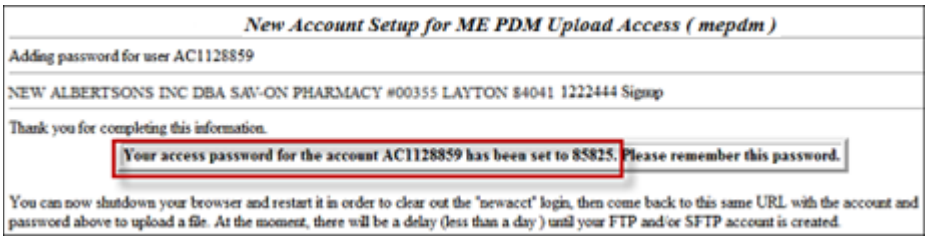
9 Complete or verify the accuracy of all required fields (indicated by an asterisk) on the **New Account Setup for ME PDM Upload Access** window, using the information in the following table as a guideline:

Field	Description/Usage
Account selection	▪ Choose **Keep <*account number*> as my account for a single Dispenser** 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 Dispenser'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 **Note**: Information in this section is used for contact purposes in the event a problem occurs with a data upload.	
Contact Name	Type the first and last name of the contact person.
Contact Address	Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	Type the contact's e-mail address. The address supplied here will receive data upload reports following data submission. The field to the right of the **Contact Email** field is used to select one of the following data upload notification options: ▪ Select **Email Edit Reports Only If Any Errors** if you wish to view the results of your data uploads that contain minor errors. **Note**: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select **Email Edit Reports Only If Any Serious Errors** if you wish view the results of your data uploads that contain serious errors. **Note**: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select **Email Edit Reports Only If Any Fatal Errors** if you wish to view the results of your data uploads that contain fatal errors. **Note**: Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select **Email Edit Reports For All Uploads** if you wish to have the results of all of your data uploads e-mailed to you.
Contact Phone	Type the contact's phone number, using the format *999-999-9999*.

Copyright © 2010-2013 Health Information Designs, LLC

Field	Description/Usage
Contact Fax	Type the contact's fax number, using the format *999-999-9999.* The field to the right of the **Contact Fax** field is used to select one of the following upload notification options: ▪ Select **Fax Edit Reports Only If Any Errors** if you wish to view the results of your data uploads that contain minor errors. **Note**: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select **Fax Edit Reports Only If Any Serious Errors** if you wish view the results of your data uploads that contain serious errors. **Note**: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select **Fax Edit Reports Only If Any Fatal Errors** if you wish to view the results of your data uploads that contain fatal errors. **Note**: Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select **Fax Edit Reports For All Uploads** if you wish to have the results of all of your data uploads faxed to you.
Anticipated Upload Method	Select the method of data upload you plan to use to report your data.
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.

10 After completing or verifying the information in all required fields, click **Next**. A window similar to the following is displayed:



A randomly-assigned password is provided to you.

Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding seven-day reporting period, you must report this information to the Maine Prescription Monitoring Program.

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.

Note: If you dispense very little or no controlled substances in or into Maine, you may qualify for a waiver from reporting. For more information on waivers, please contact the Office of Substance Abuse. See the Administrative Assistance topic in this document for contact information.

Report Zero Activity – RxSentry

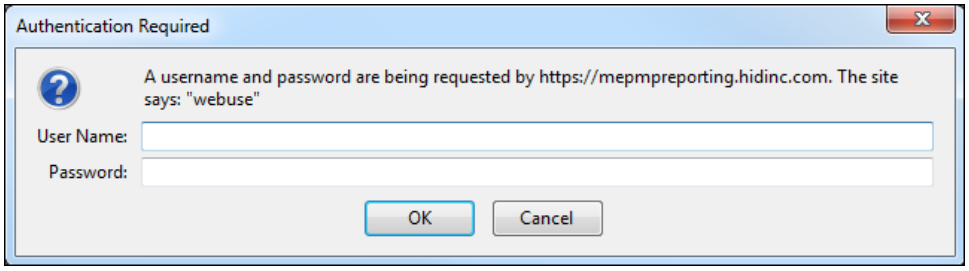
The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's Report Zero Activity menu item.

Single Dispensers

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

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/mainepmp.
3. Click **RxSentry Data Submitter Site**.

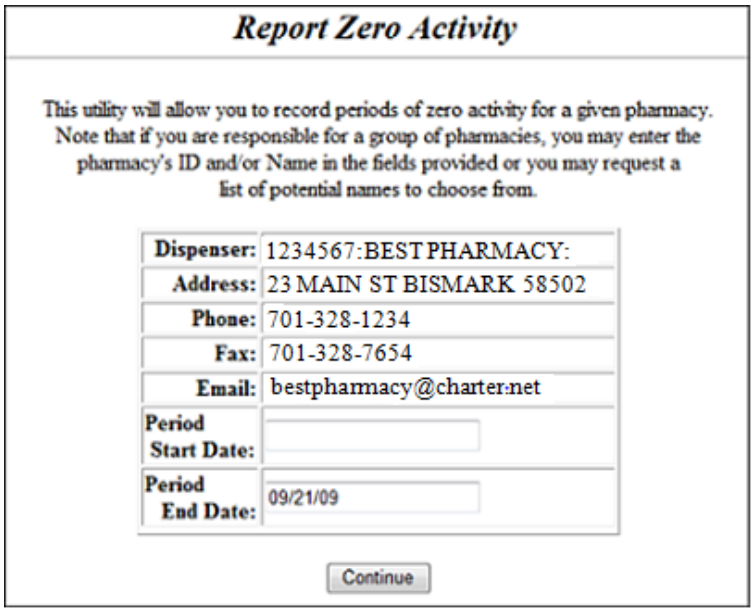
   A login window is displayed:



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**.

Copyright © 2010-2013 Health Information Designs, LLC

A window similar to the following is displayed:



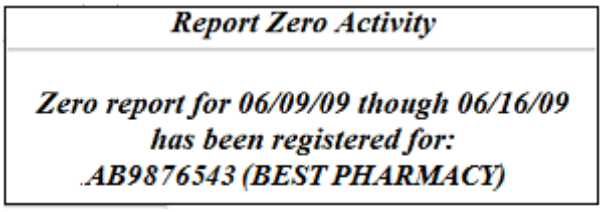
8 Type the start date for this report in the **Period Start Date** field, using the *dd/mm/yy* format.

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- 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:



Group Pharmacies

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

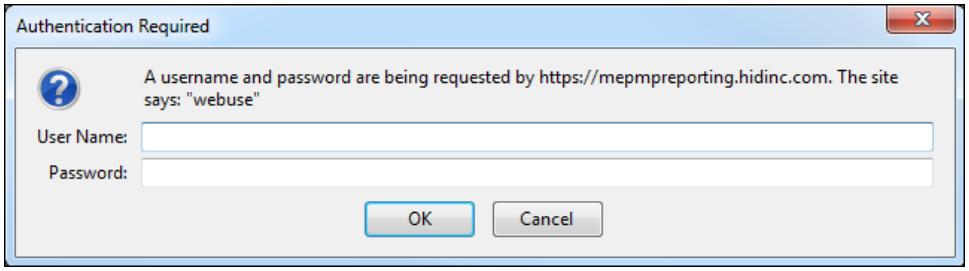
Note: You are required to repeat this process for every pharmacy for which you are responsible for reporting.

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/mainepmp.

3 Click **RxSentry Data Submitter Site**.

A login window is displayed:



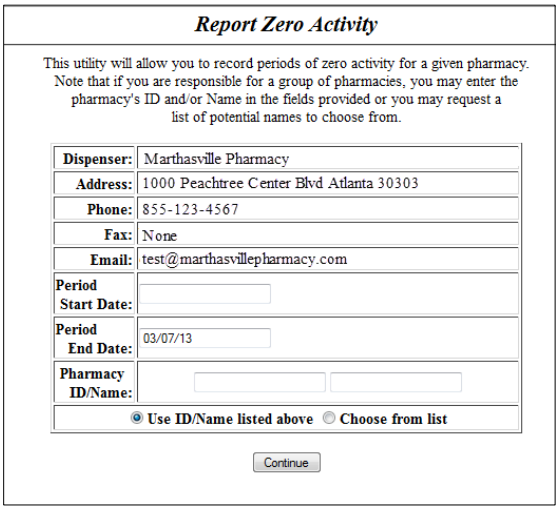
4 Type your user name in the **User Name** field.

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:



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, if necessary.
- 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.

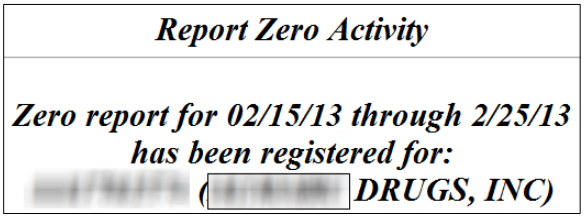
Copyright © 2010-2013 Health Information Designs, LLC

Or

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

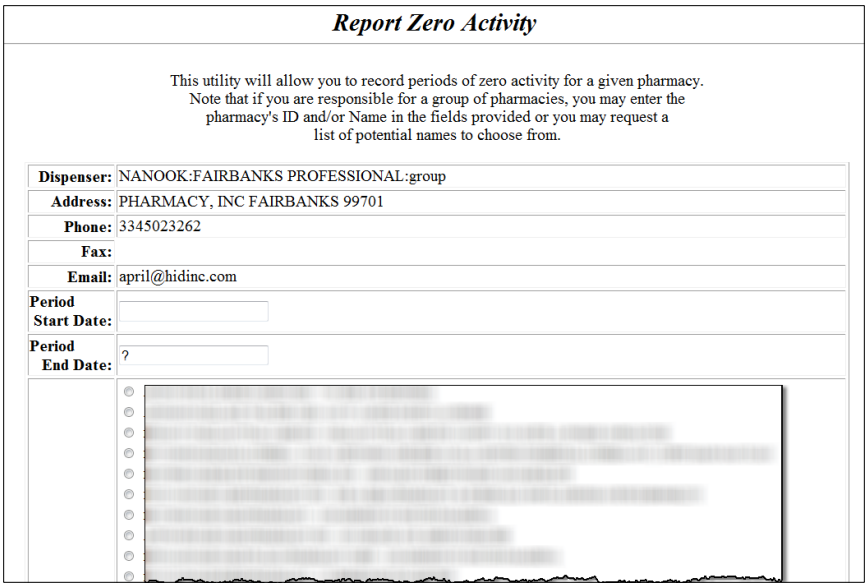
10 Click **Continue**.

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



Or

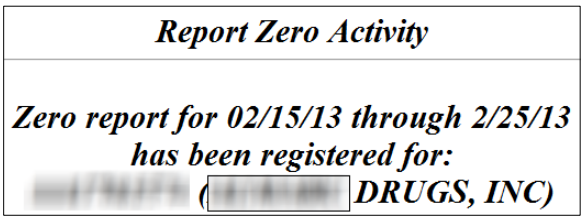
If you selected the **Choose from list** option, a window similar to the following is displayed:



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

12 Click **Continue**.

A window similar to the following is displayed:



Copyright © 2010-2013 Health Information Designs, LLC

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 *20130601.dat* if you submit it on June 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: *20130601a.dat*, *20130601b.dat*, and *20130601c.dat*.
   - The system will accept zipped files and you should name them using the date of submission to HID. For example, name the file *20130601.zip* if you submit it on June 1, 2013.
   - Before transmitting your file, rename it to include the suffix *.up* (e.g., *20130601.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., *20130601.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.

Copyright © 2010-2013 Health Information Designs, LLC

4 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	17
Encrypted File with OpenPGP via FTP	18
SSL Website	19
Physical Media (Tape, Diskette, CD, DVD)	20

Secure FTP over SSH

There are many free software products that support secure FTP. Neither the Office of Substance Abuse 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 4.2 specifications described in Appendix A: ASAP 4.2 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 *20130601.dat* if it is submitted on June 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: *20130601a.dat*, *20130601b.dat*, and *20130601c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130601.zip* if it is submitted on June 1, 2013.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130601.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., *20130601.dat*).

Copyright © 2010-2013 Health Information Designs, LLC

3. SFTP the file to sftp://mepmpreporting.hidinc.com.
4. When prompted, add *mepdm* (lower case) in front of your user ID and then enter the password supplied when you created your account.
5. Place the file in the new directory.
6. If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
7. 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 the Maine Department of Health and Human Services 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 account creation, into your PGP key ring.
3. Prepare the data file for submission, using the ASAP 4.2 specifications described in Appendix A: ASAP 4.2 Specifications.

   Important notes:

   - The file name should be constructed using the date of submission to HID as the file name and should have a *.pgp* extension. For example, name the file *20130601.pgp* if it is submitted on June 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: *20130601a.pgp*, *20130601b.pgp*, and *20130601c.pgp*.
   - **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130601.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., *20130601.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.

Copyright © 2010-2013 Health Information Designs, LLC

5 FTP the file to ftp://mepmpreporting.hidinc.com.

6 When prompted, add *mepdm* (lower case) in front of your user ID and then 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., *20130601.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 4.2 specifications described in Appendix A: ASAP 4.2 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 *20130601.dat* if it is submitted on June 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: *20130601a.dat*, *20130601b.dat*, and *20130601c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130601.zip* if it is submitted on June 1, 2013.

3 Open a Web browser and enter the following URL: https://mepmpreporting.hidinc.com.

4 When prompted, type the user ID and password supplied when the account was created.

5 Click **Upload a File**.

6 Click **Browse** to navigate to the location where you saved the file created in step 2.

7 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20130601.dat.*

Copyright © 2010-2013 Health Information Designs, LLC

8 Click to select the file, and then click **Open**.

9 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.

Physical Media (Tape, Diskette, CD, DVD)

Uploading data via physical media requires the following:

- A waiver from the Office of Substance Abuse. See the Administrative Assistance topic in this document for contact information.
- Monthly data uploads.

Perform the following steps to submit your data via physical media:

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 4.2 specifications described in Appendix A: ASAP 4.2 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 *20130601.dat* if it is submitted on June 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: *20130601a.dat*, *20130601b.dat*, and *20130601c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130601.zip* if it is submitted on June 1, 2013.

3 Write the file to the preferred media (tape, diskette, CD, or DVD).

4 Add a label to the outside of the media that contains the following information:
- Pharmacy NCPDP (pharmacies) OR Physician DEA (practitioners)
- Date of Submission
- Contact Person

5 Mail the media to:

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

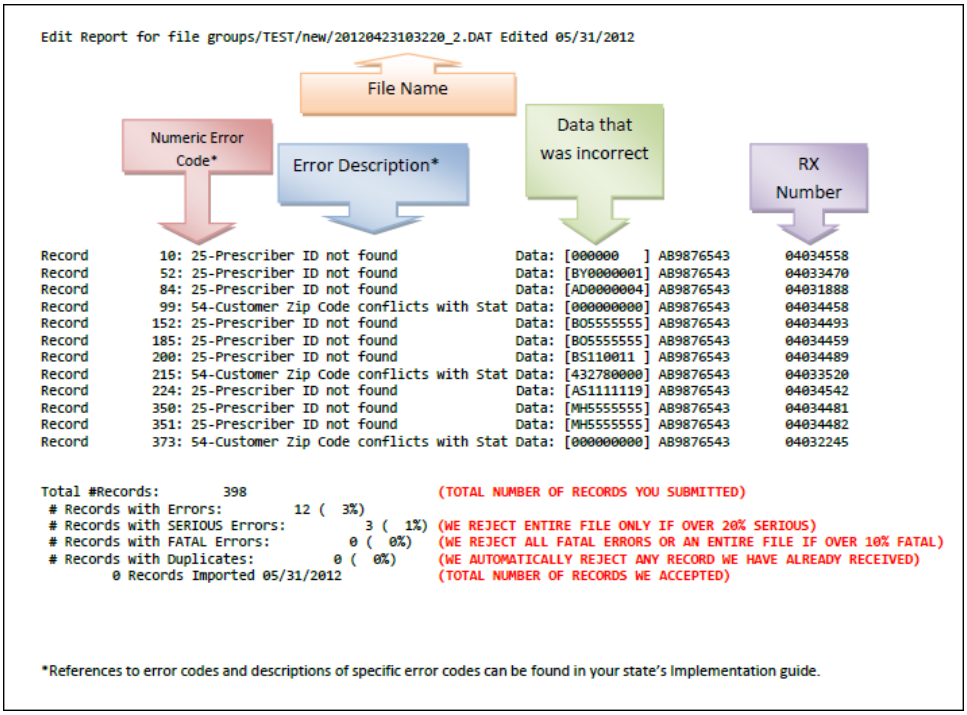
Copyright © 2010-2013 Health Information Designs, LLC

5 Upload Reports and Edit Definitions

Upload Reports

HID 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 can specify if you wish to receive your upload report by either of these methods. 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

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: [BO5555555] AB9876543      04034493
Record       185: 25-Prescriber ID not found              Data: [BO5555555] 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 claim may be rejected or, if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

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

An entire batch may be rejected if:

- ALL records have Fatal or Serious errors
- More than 10% of the records have Fatal errors
- More than 20% of the records have Serious errors

Copyright © 2010-2013 Health Information Designs, LLC

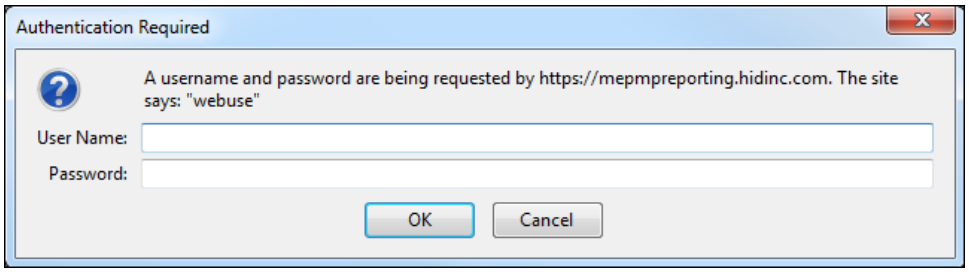
View Upload Reports

This function provides dispensers 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, dispensers 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/mainepmp.

2 Click **RxSentry Data Submitter Site**. A login window is displayed:

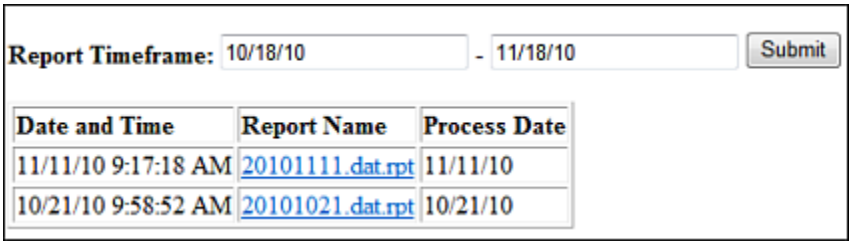


3 Type your user name in the **User Name** field.

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:



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**.

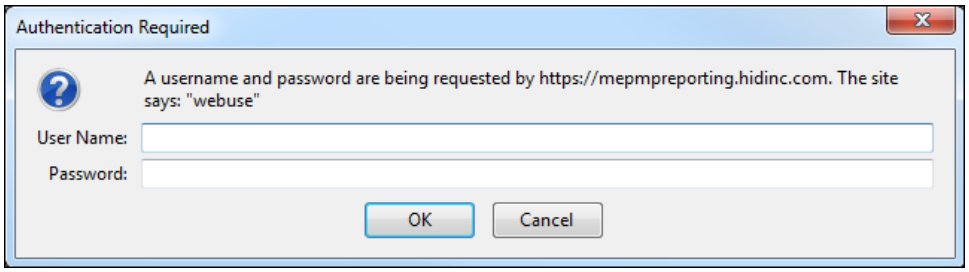
Copyright © 2010-2013 Health Information Designs, LLC

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.

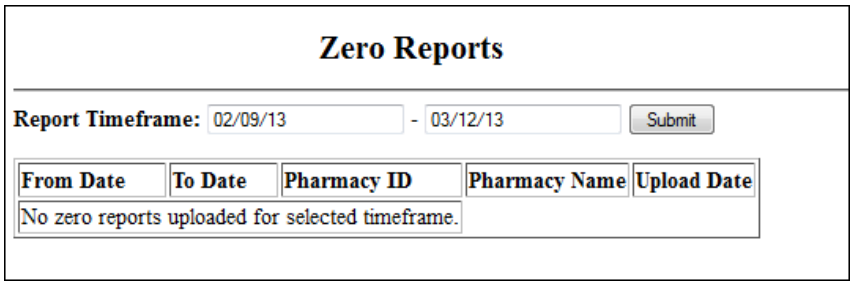
Perform the following steps to view zero reports:

1. Open an Internet browser window and type the following URL in the address bar: www.hidinc.com/mainepmp.
2. Click **RxSentry Data Submitter Site**. 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:



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.

If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values. The ASAP 4.2 standards are designed to allow data submitters to submit records that indicate a record reversal is needed. When data is received using DSP01 data fields, HID is alerted that the record is an error correction and that the record should be removed from the database.

Perform the following steps to correct an erroneous record:

1. Send a record with the **DSP01** values filled in.
2. Fill in all other data identical to the previous (erroneous) record; this will delete the erroneous record.
3. Submit the corrected record without the **DSP01** values filled in.

Example: This feature may be used to correct a DEA number submitted in error.

Perform the following steps to delete an erroneous record (without replacing it):

1. Send a record with the **DSP01** values filled in.
2. Fill in all other data identical to the previous erroneous record.

Example: This feature may be used if a prescription is filled but not picked up, and the drugs are returned to stock.

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 04	NCPDP/NABP Provider ID is blank	Minor
Edit 05	Pharmacy ID Not found	Fatal
Edit 07	Customer ID must not be blank	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender is invalid	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 16	Partial Fill Indicator is not valid	Minor
Edit 17	Refill Code must be a valid number	Minor

Copyright © 2010-2013 Health Information Designs, LLC

Edit Number	Message	Severity
Edit 18	Quantity is invalid	Serious
Edit 19	Days Supply is invalid	Minor
	Days Supply is 999	Fatal
Edit 20	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
	NDC not found (used when CDI segment is used)	Fatal
Edit 25	Prescriber ID not found	Minor
	Prescriber ID cannot be blank	Fatal
Edit 26	Prescriber Last Name is blank	Minor
Edit 27	Prescriber First Name is blank	Minor
Edit 28	Date RX Written is invalid	Minor
Edit 29	Number Refill Authorized Invalid	Minor
Edit 31	Classification Code for Payment Type invalid	Serious
Edit 50	Customer Last Name blank	Serious
Edit 51	Customer First Name blank	Serious
Edit 52	Customer Address blank	Serious
Edit 53	Customer Zip Code is blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 56	Customer City is blank	Minor
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit 150	Species Code is blank	Minor
Edit 200	Prescription Number is blank	Serious
Edit 201	Drug Dosage Units Code is blank	Minor
Edit 300	Compound Drug Dosage Units Code must not be blank if CDI03 is filled in	Minor
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

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

6 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 mepmp-info@hidinc.com

OR

Call the HID Help Desk at 1-866-792-3149

Technical assistance is available Monday through Friday (except for holidays) from 8:00 a.m. – 5:00 p.m. ET (Eastern Time).

Administrative Assistance

If you have non-technical questions regarding the Maine PMP, please contact:

PMP Project Coordinator
Maine Office of Substance Abuse
41 Anthony Avenue, SHS #11
Augusta, Maine 04333-0111
E-mail: osa.ircosa@maine.gov
Phone: 207-287-2595
Fax: 207-287-8910

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

7 Document Information

Copyright Notice

Copyright © 2010-2013 Health Information Designs, LLC. All rights reserved.

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

Trademarks

RxSentry is a registered trademark of Health Information Designs, LLC (HID). Microsoft and Internet Explorer are registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries. All other product names may be trademarks or registered trademarks of their respective companies.

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.

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
07/10/2013	1.0	Initial publication

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

Copyright © 2010-2013 Health Information Designs, LLC

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) 4.2 format to comply with Maine Prescription Monitoring Program requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example, *PHA*.
- **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 (~).

  Note: The Transaction Header is the only segment that has a Data Segment Terminator field built in.

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
- **Field Usage**
  - R = Required by ASAP and the Maine PMP
  - N = Not used by the Maine PMP
  - RR = Required by Maine PMP
- Fields labeled "if available" are encouraged to be submitted although they are not mandatory.

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.

Copyright © 2010-2013 Health Information Designs, LLC

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. • 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)	RR
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	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 • T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	N
	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
	IS03	**Message** Free-form text message.	N

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
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.	RR (if available)
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	RR
	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.	N
	PHA05	**Address Information – 1** Free-form text for address information.	N
	PHA06	**Address Information – 2** Free-form text for address information.	N
	PHA07	**City Address** Free-form text for city name.	N
	PHA08	**State Address** U.S. Postal Service state code.	N
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	N
	PHA10	**Phone Number** Complete phone number including area code.	N
	PHA11	**Contact Name** Free-form name.	N
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	N
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.	N

Copyright © 2010-2013 Health Information Designs, LLC

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. • 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 PMP requires such identification.	N
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. • 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)	N
	PAT06	**Additional ID** Identification that might be required by the PMP 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.	N
	PAT07	**Last Name** Patient's last name.	R
	PAT08	**First Name** Patient's first name.	R
	PAT09	**Middle Name** Patient's middle name or initial if available.	RR (if available)
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	RR (if available)

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
	PAT11	**Name Suffix** Patient's name suffix such as *Jr*. or *the III*.	RR (if available)
	PAT12	**Address Information – 1** Free-form text for street address information.	R
	PAT13	**Address Information – 2** Free-form text for additional address information.	RR (if available)
	PAT14	**City Address** Free-form text for city name.	R
	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.	R
	PAT17	**Phone Number** Complete phone number including area code.	N
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	R
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	RR
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	RR

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 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	RR (if available)
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N
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: • 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 PMP 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.	R
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	R
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. • 01 NDC • 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)	R
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation.	R
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 **Note**: For compounds show the first quantity in CDI04.	R
	DSP10	**Days Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	RR
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	N
	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. • 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.	RR

Copyright © 2010-2013 Health Information Designs, LLC

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.	RR (if available)
	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.	RR (if available)
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). • 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.	N
	DSP18	**RxNorm Product Qualifier** • 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.	N
	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.	N
	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.	N
	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.	N

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
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.	RR (if available)
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	RR (if available)
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the State Licensing Board.	N
	PRE05	**Last Name** Prescriber's last name.	RR
	PRE06	**First Name** Prescriber's first name.	RR
	PRE07	**Middle Name** Prescriber's middle name or initial.	N
	PRE08	**Phone Number**	N
CDI: Compound Drug Ingredient Detail Use of this segment is situational; required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription monitoring program 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. • 01 NDC • 02 UPC • 03 HRI • 04 UPN • 05 DIN • 06 Compound (this code is not used in this segment)	R
	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

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
	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)	RR
AIR: Additional Information Reporting Use of this segment is situational; 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.	N
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	N
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR05.	N
	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. • 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)	N
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	N
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	N

Copyright © 2010-2013 Health Information Designs, LLC

Segment	Field ID	Field Name	Field Usage
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	N
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	N
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	N
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	N
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 • 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.	N
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

Copyright © 2010-2013 Health Information Designs, LLC

This page intentionally left blank.

Copyright © 2010-2013 Health Information Designs, LLC

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 ME PMP.

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 ME PMP are sent, only the Patient First Name, Last Name, and Date Filled fields are populated. The values populating these fields are:

- First Name = Zero
- Last Name = Report
- 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:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **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 (~).
- **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 Monitoring Programs Zero Reports*.

Copyright © 2010-2013 Health Information Designs, LLC

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.			

Copyright © 2010-2013 Health Information Designs, LLC

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

Copyright © 2010-2013 Health Information Designs, LLC

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

Copyright © 2010-2013 Health Information Designs, LLC