

# **Dispenser's Implementation Guide**

**South Dakota State Board of Pharmacy  
Prescription Drug Monitoring Program**



**September 2011  
v.03**

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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 permitted pharmacies and dispensing practitioners in the State of South Dakota. It includes such topics as:

- Reporting requirements for practitioners in the State of South Dakota
- 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 South Dakota pharmacists and dispensing health care practitioners. It is intended for use by all health care practitioners in the State of South Dakota required to report dispensing of controlled substances.

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## 2 Program Overview

### Purpose

In 2010, South Dakota enacted Codified Law 34-20E.1-20 to establish a prescription drug monitoring program. This program was created to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; and to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances.

South Dakota's State Board of Pharmacy (SD Board of Pharmacy) has selected Health Information Designs, Inc., (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV (controlled substances) and any other drugs specified by South Dakota law as amended. HID's RxSentry® is a web-based program that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of controlled substance prescription drugs. RxSentry® leads the industry in flexibility, functionality, and ease of use.

South Dakota Codified Law 34-20E.1-20 requires that each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. Each dispenser shall submit the information required by chapter 34-20E.1-20 to the central repository at least once each week unless the board waives this requirement for good cause shown by the dispenser.

The board 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 provided in § 34-20E-7.

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## 3 Data Collection and Tracking

### Data Collection Requirements

This guide provides information regarding the South Dakota Prescription Drug Monitoring Program (SD PDMP). The program was established to collect data on all Schedules II, III, and IV controlled substances and drugs of concern dispensed in the State of South Dakota or dispensed to an individual in the State of South Dakota.

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the SD PDMP using a format approved by the South Dakota Board of Pharmacy (SD Board of Pharmacy), as soon thereafter as possible, but not more than seven (7) days after the date the controlled substance was dispensed. All dispensers of controlled substances must meet the reporting requirements set forth by South Dakota Codified Law 34-20E.1-20, in a secure methodology and format. Such approved formats may include, but are not limited to, secure FTP over SSH, FTP of a PGP-encrypted file, SSL website, universal claim form (online or paper), or diskette/CD-ROM. To submit dispensing information via a paper universal claim form, an electronic reporting waiver must first be granted by the SD Board of Pharmacy. For more information, see the "[Electronic Reporting Waiver](#)" topic in this document.

**Note:** A "dispenser" is identified as a pharmacy, a dispensing pharmacist, or a dispensing health care practitioner.

### Reporting Requirements

All dispensers of Schedules II, III and IV controlled substance prescriptions are required to collect and report their prescribing information.

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 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.

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

For detailed information for each of the fields required by the State of South Dakota and the fields required by the American Society for Automation in Pharmacy (ASAP), please see [Appendix A: ASAP 4.1 Specifications](#).

## Exemptions

A dispenser does not include:

- A licensed hospital pharmacy that provides a controlled substance for the purpose of inpatient hospital care;
- A licensed health care provider or other authorized individual in those instances when the practitioner administers a controlled substance to a patient; or
- A licensed veterinarian

## Required Prescription Information

The following information must be reported for each controlled substance dispensed to a patient:

Field Name	Field ID
<b>Pharmacy Header</b>	
DEA Number	PHA03
<b>Patient Information</b>	
Last Name	PAT07
First Name	PAT08
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
<b>Dispensing Record</b>	
Prescription Number	DSP02
Date Written	DSP03
Refills Authorized	DSP04
Date Filled	DSP05
Refill Number	DSP06
Product ID *Note: NDC is required	DSP08
Quantity Dispensed	DSP09
Days Supply	DSP10
Pharmacist National Provider Identifier (NPI) (if available)	DSP14
Classification Code for Payment Type (if available)	DSP16

Field Name	Field ID
Prescriber Information	
DEA Number	PRE02

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

## Reporting Noncompliance

Any dispenser who knowingly fails to submit prescription monitoring information to the board as required by Chapter 34-20E.1-20 or knowingly submits incorrect prescription information may be reported by the board to the dispenser's licensing board.

## Zero Reports

If a pharmacy usually dispenses controlled substances in South Dakota but has no dispensing transactions to report for the preceding seven (7) day period, the pharmacy must report this information to the SD PDMP by filing a zero report, as described in the [Reporting Zero Dispensing](#) topic in this guide.

## Reporting Waivers

### No Reporting Waiver

If a pharmacy is licensed in the State of South Dakota but does not dispense any controlled substances directly to South Dakota residents, they are not required to report to the SD PDMP. However, the pharmacy must notify the SD Board of Pharmacy in writing by completing a waiver form provided by the SD Board of Pharmacy stating that they do not dispense controlled substances in the state.

### Electronic Reporting Waiver

The SD Board of Pharmacy may grant a pharmacy a waiver of the electronic submission requirement for good cause as determined by the SD Board of Pharmacy. The pharmacy must notify the SD Board of Pharmacy in writing by completing an electronic reporting waiver form provided by the SD Board of Pharmacy. The SD Board of Pharmacy will work with the pharmacy to determine the format, method, and frequency of the alternative non-electronic submissions.

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## 4 Data Submission

### About This Chapter

This chapter provides information and instructions for submitting data to the South Dakota Prescription Drug Monitoring Program (SD PDMP).

### Timeline and Requirements

Pharmacies 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.

- You can begin submitting data as soon as your account has been established. You may create your account and begin submitting test data files on or after November 21, 2011.
- Beginning December 5, 2011 dispensers are required to report their data within seven (7) days of dispensing of the substance. However, dispensers are encouraged to report more frequently if they would like.
- The SD Board of Pharmacy requests that dispensers report retroactive data from July 1, 2011. Dispensers will have until February 15, 2012 to report their retroactive data.

### Electronic Reporting Extension

The Board may grant an extension of the time in which a dispenser must report the information required by § 34-20E-2 to any dispenser that is unable to submit prescription information by electronic means because of one of the following occurrences:

- The dispenser suffers a mechanical or electronic failure or cannot report within the required time for other reasons beyond the dispenser's control.
- The central repository is unable to receive electronic submissions; or
- Good cause is shown by a dispenser.

### Upload Specifications

Files must be in the ASAP 4.1 format, as defined in [Appendix A: ASAP 4.1 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 "20111201.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.

Controlled substance prescription information must be reported within seven (7) days of dispensing a controlled substance, unless a waiver has been obtained from the SD Board of Pharmacy.

## 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:** Multiple pharmacies can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all of their pharmacies licensed in the State of South Dakota. 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/sdpmp](http://www.hidinc.com/sdpmp).
- 2 Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:



- 3 Type *newacct* in the **User name** field.
- 4 Type *welcome* in the **Password** field, and then click **OK**. A window similar to the following is displayed:



- 5 Click **Setup Upload Account**.

A window similar to the following is displayed:

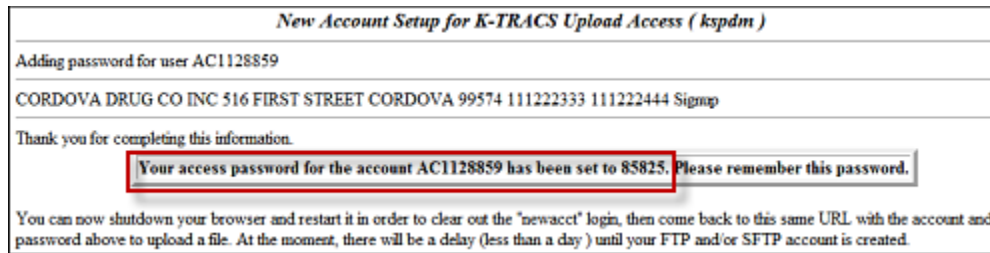
- 6 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 7 Type your ZIP code in the **Zip Code** field, and then click **Next**. A window similar to the following is displayed:

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

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

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 <b>Contact Email</b> field to select <b>Email Edit Reports for All Uploads</b> .
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 <b>Contact Fax</b> field and select <b>Fax Edit Reports for All Uploads</b>
Anticipated Upload Method	Select the method of data upload you plan to use to report your data: <ul style="list-style-type: none"> <li>▪ Secure FTP over SSH</li> <li>▪ Encrypted File with OpenPGP Via FTP</li> <li>▪ SSL Web Site</li> <li>▪ Physical Media (Tape, Diskette, CD, DVD)</li> <li>▪ Uniform Claim Form (UCF) – Online</li> <li>▪ Uniform Claim Form (UCF) – Paper</li> </ul> <p><b>Note:</b> You must have received a waiver from the SD Board of Pharmacy to use the paper UCF method.</p>
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 <b>[CTRL]</b> key and then click the name of each pharmacy you wish to select. The pharmacies you select will be "tied" to your user name.

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



*New Account Setup for K-TRACS Upload Access ( kspdm )*

Adding password for user AC1128859

CORDOVA DRUG CO INC 516 FIRST STREET CORDOVA 99574 111222333 111222444 Signup

Thank you for completing this information.

Your access password for the account AC1128859 has been set to 85825. Please remember this password.

You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day ) until your FTP and/or SFTP account is created.

A randomly-assigned password for the FTP and SFTP upload process is provided to you.

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.

- 1 Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/sdpmp](http://www.hidinc.com/sdpmp).
- 2 Click **RxSentry Dispenser's Upload Site**.
- 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.

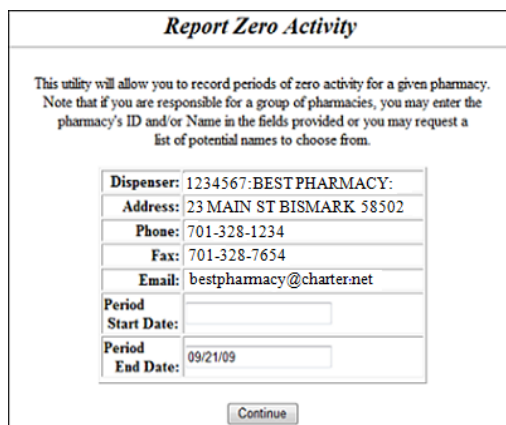
## Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding seven day period, you must report this information to the SD PDMP by performing the following steps:

- 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/sdpmp](http://www.hidinc.com/sdpmp).
- 3 Click **RxSentry Dispenser's Upload Site**. A window similar to the following 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 Click **Continue**. A message similar to the following is displayed:

<p><i>Report Zero Activity</i></p> <hr/> <p><i>Zero report for 06/09/09 though 06/16/09 has been registered for: .AB9876543 (BEST PHARMACY)</i></p>
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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
<a href="#">Secure FTP over SSH</a>	15
<a href="#">Encrypted File with OpenPGP Via FTP</a>	16
<a href="#">SSL Web Site</a>	17
<a href="#">Physical Media (Tape, Diskette, CD, DVD)</a>	18
<a href="#">Universal Claim Form (UCF) Submission</a>	
<a href="#">Reporting Requirements for UCF Submissions</a>	19
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<a href="#">Online UCF Submission</a>	20

### Secure FTP over SSH

There are many free software products that support Secure FTP. Neither the SD Board of Pharmacy 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 4.1 Specifications](#).

#### Important Notes:

- The file name should be constructed using the date of submission to the SD PDMP as the file name and should have a *.dat* extension. For example, name the file *20111201.dat* if it is submitted on December 1, 2011.
- 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: *20111201a.dat*, *20111201b.dat*, and *20111201c.dat*.

- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20111201.zip* if it is submitted on December 1, 2011.
  - **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20111201.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., *20111201.dat*).
- 3 SFTP the file to <sftp://sdpdmreporting.hidinc.com>
  - 4 When prompted, type *sdpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password you supplied when creating your account.
  - 5 Place the file in the new directory.
  - 6 Log off when the file transfer/upload is complete.
  - 7 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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 which support file encryption using the PGP standard. Neither the SD Board of Pharmacy 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 4.1 Specifications](#).

### Important notes:

- The file name should be constructed using the date of submission as the file name and should have a *.dat* extension. For example, name the file *20111201.pgp* if it is submitted on December 1, 2011.
- 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: *20111201a.pgp*, *20111201b.pgp*, and *20111201c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20111201.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., *20111201.pgp*).
- 4 Encrypt the file with the PGP software and 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://sdpdmreporting.hidinc.com>
  - 6 When prompted, type *sdpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password you supplied when creating 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., *20111201.pgp*).
  - 9 Log off when the file transfer/upload is complete.
  - 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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 Web Site

- 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 4.1 Specifications](#).

### Important notes:

- The file name should be constructed using the date of submission to the SD PDMP as the file name and should have a *.dat* extension. For example, name the file *20111201.dat* if it is submitted on December 1, 2011.
- 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: *20111201a.dat*, *20111201b.dat*, and *20111201c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20111201.zip* if it is submitted on December 1, 2011.

- 3 Open a Web browser and enter the following URL:  
<https://sdpdmreporting.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, *20111201.dat*.
- 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)

- 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 4.1 Specifications](#).

### Important Notes:

- The file name should be constructed using the date of submission to the SD PDMP as the file name and should have a *.dat* extension. For example, name the file *20111201.dat* if it is submitted on December 1, 2011.
  - 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: *20111201a.dat*, *20111201b.dat*, and *20111201c.dat*.
  - Zipped files can be accepted and should be named using the date of submission. For example, name the file *20111201.zip* if it is submitted on December 1, 2011.
- 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 DEA (pharmacies) or Physician DEA (practitioners)
    - Date of Submission
    - Contact Person

- 5** Mail the media to:  
Health Information Designs, Inc.  
Attn: SD PDMP  
391 Industry Drive  
Auburn, AL 36832

## Universal Claim Form (UCF) Submission

The SD Board of Pharmacy may issue a waiver to a pharmacy that is unable to submit controlled substance prescription information by electronic means. Such a waiver may permit the pharmacy to submit prescription information by paper form or other means, provided that all required information is submitted.

To request an electronic reporting waiver, please log on to and locate the waiver form on the South Dakota PDMP website at [www.hidinc.com/sdpmp](http://www.hidinc.com/sdpmp).

If your waiver request is denied, please use the online UCF submission method as instructed in the [Online UCF Submission](#) topic in this section. If a waiver is granted, you may use the paper submission method following the instructions provided in the [Paper Submission](#) topic in this section.

### Important notes:

- When using either the manual or online submission methods, the information provided must be complete and accurate; only complete and accurate submissions are entered into the SDPMP database.
- Please use the information in the [Notes about NDC Numbers](#) topic 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

## Paper UCF Submission

If you have been granted a waiver to report your controlled substance prescription information on a paper UCF, you may fax the completed forms to 1-888-288-0337 or mail to:

Health Information Designs, Inc.  
Attn: SD PDMP  
P.O. Box 3210  
Auburn, AL 36832-3210

A copy of the UCF is provided in [Appendix B: Universal Claim Form](#). The form is also available on the SD PDMP website at [www.hidinc.com/sdpmp](http://www.hidinc.com/sdpmp).

## Online UCF Submission

If you have Internet access and have been granted a waiver to submit your prescription information by paper form, you may submit prescription information using RxSentry's online UCF.

The following new terms are introduced in this topic:

- **Record** – the patient, pharmacy, 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 seven (7) day reporting time frame.

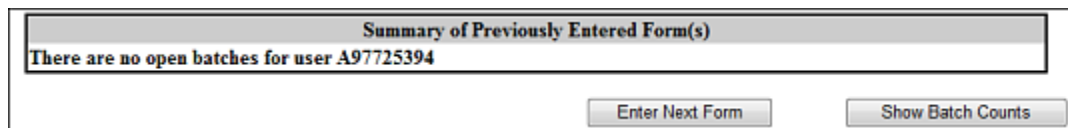
Perform the following steps to use the online UCF to submit prescription information:

- 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/sdpmp](http://www.hidinc.com/sdpmp).
- 3 Click **RxSentry Dispenser's Upload Site**.

A window similar to the following 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 **UCF Form Entry**. A window similar to the following is displayed:



- 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 submitted.
- 8 Click **Enter Next Form**.

A window similar to the following is displayed:

**Oregon Health Authority**  
Prescription Drug Monitoring Program  
Universal Claim Form

The State of Oregon requires that ALL prescriptions dispensed, pursuant to ORS 431.961, for Schedule II-IV controlled substance be reported to the Oregon Health Authority Prescription Drug Monitoring Program.

Fax: (353) 288-0337      Fax or Mail to      391 Industry Dr.  
Phone: (800) 225-6998      Health Information Design, Inc.      Auburn, AL 36832

**PATIENT INFORMATION**

First Name      MI      Last Name  
DOB      /      /  
Address      City      State      ZIP

**PHARMACY INFORMATION**

Pharmacy Name      DEA  
Phone # (      ) -      Fax # (      ) -  
Address      City      State      Zip

**PRESCRIPTION INFORMATION**

Prescription #      Reporting Status       New Record       Revise       Void  
NDC:      -      -      Drug Name (strength)  
Quantity Dispensed (number of medic units)  
Prescriber Name      DEA      Date Written  
Prescriber Phone # (      ) -      Date Filled

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

- Patient Information – Complete all fields in this section.
- Pharmacy 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 **Submit** is clicked, 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

### Upload Reports

RxSentry provides all submitters of data 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 which method you wish to receive your upload report by. 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 1/010038 Edited 07/11/07
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 ]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      4: 10-Sex Code Invalid                      Data: [3        ]
Record      5: 15-Date Filled Invalid                  Data: [20070631]
Record      5: 18-Qty Invalid                           Data: [00two    ]
Record      6: 19-Days Supply Invalid                  Data: [one      ]
Record      7: 21-NDC Invalid                          Data: [99914057]
Record      8: 25-Prescriber Invalid                   Data: [98356    ]
Record      9: 28-Date Written Invalid                 Data: [20050900]
Record     10: 86-Diagnosis Code Invalid                Data: [4240AA   ]
Record     11: 15-Date Filled Irrational                Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1
  
```

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:

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

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

An entire batch will 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

**Pharmacies are required to correct fatal errors and resubmit the records within seven (7) 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/sdpmp](http://www.hidinc.com/sdpmp).
- 2 Click **RxSentry Dispenser's Upload Site**. A window similar to the following 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

Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	<a href="#">20101111.dat.rpt</a>	11/11/10
10/21/10 9:58:52 AM	<a href="#">20101021.dat.rpt</a>	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**.

## 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 seven (7) 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 table below 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 previous section.

The ASAP 4.1 standard requires a pharmacy to select an indicator in the DSP01 (Reporting Status) field. Pharmacies 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.

**Import 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	Serious
Edit 10	Gender must be valid	Serious
Edit 14	Reporting status is invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 17	Refill Code must be a valid number	Minor
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)	Fatal
Edit 21	NDC not found	Serious
	NDC not found (used when CDI segment is used)	Fatal
Edit 22	Product ID Qualifier is invalid	Fatal
Edit 25	Prescriber ID not found	Minor
	Prescriber ID cannot be blank	Fatal
Edit 28	Date RX Written is invalid	Minor
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal

Edit Number	Message	Severity
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 is blank	Serious
Edit 61	Customer State Code is invalid	Serious
Edit 200	Prescription Number is blank	Serious
Edit 360	Date dispensed prior to December 1, 2010	Fatal
Edit V1	Record already exists <b>Note:</b> 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

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## 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 [sdpmp-info@hidinc.com](mailto:sdpmp-info@hidinc.com)

OR

Call the HID Help Desk at 877-719-3122

### Administrative Assistance

If you have non-technical questions regarding the South Dakota PDMP, please contact:

Ron Huether, PDMP Director

South Dakota Board of Pharmacy

3701 West 49<sup>th</sup> Street, Suite 204

Sioux Falls, SD 57106

605-362-2737

[ronald.huether@state.sd.us](mailto:ronald.huether@state.sd.us)

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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

### **Board**

South Dakota Board of Pharmacy (SD Board of Pharmacy)

### **Dispense**

To deliver a controlled substance to an ultimate user by or pursuant to the lawful order of a health care provider, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for delivery

### **Dispenser**

Any person who delivers a controlled substance to the ultimate user

### **FTP**

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

### **HID**

Health Information Designs, Inc.

### **NDC**

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

### **PDMP**

Prescription Drug Monitoring Program

### **PMP**

Prescription Monitoring Program; term used by ASAP

### **EPS**

Electronic Prescription System

**Prescriber**

An individual licensed, registered, or otherwise authorized by the jurisdiction in which the individual is practicing to prescribe drugs in the course of professional practice. The term does not include a veterinarian

**RxSentry**

Prescription drug monitoring system developed by Health Information Designs, Inc.

**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)**

Form used by someone who does not have electronic capability to send data; must be approved by the SD Board of Pharmacy

**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, Inc.

391 Industry Drive

Auburn, AL 36832

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### Disclaimer

Health Information Designs, Inc. 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 South Dakota PDMP website, [www.hidinc.com/sdpmp](http://www.hidinc.com/sdpmp), for the most current version of this document.

### Formatting Conventions

Format	Used to Designate...
<b>Bold</b>	References to execution buttons, windows, file names, menus, icons, or options
<i>Times New Roman Italic</i>	Text you must type in a field or window, for example, <code> server_name printer_name for a network printer</code>
<a href="#">Blue underlined text</a>	Hyperlinks to other sections of this document or external websites

## 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
08/30/2011	.01	Initial draft delivery
09/06/2011	.02	Updated publication
09/20/2011	.03	Updated publication

## Change Log

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

Version Number	Chapter/Section	Change
.01	N/A	N/A
.02	Throughout	Updated with feedback received from SD BOP on 09/06/2011
.03	Throughout	Updated with feedback received via e-mail from Ron Huether on 09/19/2011

## Appendix A: ASAP 4.1 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) 2007 format to comply with the South Dakota Prescription Drug Monitoring Program's 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 (~).

- **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 (~~).

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

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

**Note:** For more information regarding ASAP 4.1 specifications, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs* at [www.asapnet.org](http://www.asapnet.org). This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
<b>TH: Transaction Header</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	<b>TH01</b>	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = xx.x	R
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>01 Send/Request Transaction</li> <li>02 Acknowledgement (used in Response only)</li> <li>03 Error Receiving (used in Response only)</li> <li>04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	S
	<b>TH04</b>	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R
	<b>TH07</b>	<b>File Type</b> <ul style="list-style-type: none"> <li>P = Production</li> <li>T = Test</li> </ul>	R
	<b>TH08</b>	<b>Routing Number</b> 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.	S
	<b>TH09</b>	<b>Segment Terminator Character</b> TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
<b>IS: Information Source</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	R
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	R
	<b>IS03</b>	<b>Message</b> Free-form text message.	S

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	S
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	S
	<b>PAT06</b>	<b>Additional ID</b> Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	RR
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	RR
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial if available.	S
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	S
	<b>PAT11</b>	<b>Name Suffix</b> Patient's name suffix such as Jr. or the III.	S

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 98 Unknown</li> <li>• 99 Other</li> </ul>	S
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	<b>PAT23</b>	<b>Name of Animal</b> 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.	S
<b>DSP: Dispensing Record</b>			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> 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"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 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).</li> </ul>	R
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	RR
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>• 01 NDC</li> <li>• 06 Compound</li> </ul>	R
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	RR
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>• 01 Each</li> <li>• 02 Milliliters (ml)</li> <li>• 03 Grams (gm)</li> </ul>	S
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>• 01 Written Prescription</li> <li>• 02 Telephone Prescription</li> <li>• 03 Telephone Emergency Prescription</li> <li>• 04 Fax Prescription</li> <li>• 05 Electronic Prescription</li> <li>• 99 Other</li> </ul>	S
	<b>DSP13</b>	<b>Partial Fill Indicator</b> To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>• 01 Yes</li> <li>• 02 No</li> </ul>	S
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S

Segment	Field ID	Field Name	Field Usage
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>• 01 Private Pay</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul>	S
	<b>DSP17</b>	<b>Date Sold</b> 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
	<b>DSP18</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	S
	<b>DSP19</b>	<b>Electronic Prescription Reference Number</b> Used to provide an audit trail for electronic prescriptions.	S
<b>PRE: Prescriber Information</b>			
Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	S
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	S
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	S
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	S
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	S

Segment	Field ID	Field Name	Field Usage
<b>CDI: Compound Drug Ingredient Detail</b>			
<p>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.</p> <p>Used to identify the individual ingredients that make up a compounded drug.</p> <p>If CDI is filled in, the NDC of DSP08 must be 9999999999</p>			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. • 01 NDC	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> 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
<b>AIR: Additional Information Reporting</b>			
<p>To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments.</p> <p><b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.</p>			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	S
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S

Segment	Field ID	Field Name	Field Usage
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> 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"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	S
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	S
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>• 01 Patient</li> <li>• 02 Parent/Legal Guardian</li> <li>• 03 Spouse</li> <li>• 04 Caregiver</li> <li>• 99 Other</li> </ul>	S
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	S
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	S
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	S
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	S
<b>TP: Pharmacy Trailer</b>			
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.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b>			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R

<b>Segment</b>	<b>Field ID</b>	<b>Field Name</b>	<b>Field Usage</b>
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R

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## Appendix B: Universal Claim Form

The Universal Claim Form is provided on the following page.

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[PLACEHOLDER FOR UCF]

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