

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**



November 2013

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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.

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2 Data Collection and Tracking

About This Chapter

This chapter provides information regarding the data collection and reporting requirements established by the Maine Prescription Monitoring Program (ME PMP).

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)

Field Name	Field ID
NCPDP/NABP Provider ID	PHA02
DEA Number	PHA03
Patient Information	
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)

Field Name	Field ID
Prescriber Information	
National Provider Identifier (NPI)	PRE01 (if available)
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.

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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.

Data from 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;

Or

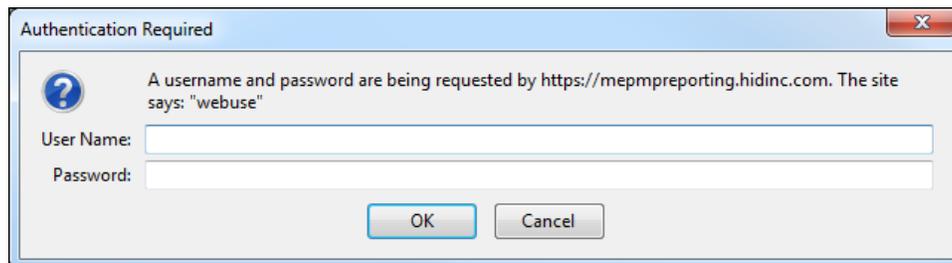
- Create a group account by using one pharmacy's DEA number and ZIP code. If you choose this method, click **Setup Upload Account** and then select **Create an account using {account name} as my ID for uploading more than one dispenser's data** on the **New Account Setup for ME PDM Upload Access** window.

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:



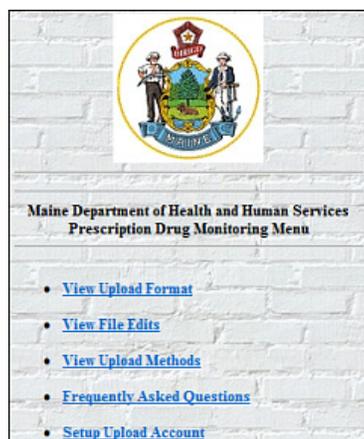
- 3 Type *newacct* in the **User Name** field.

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**.

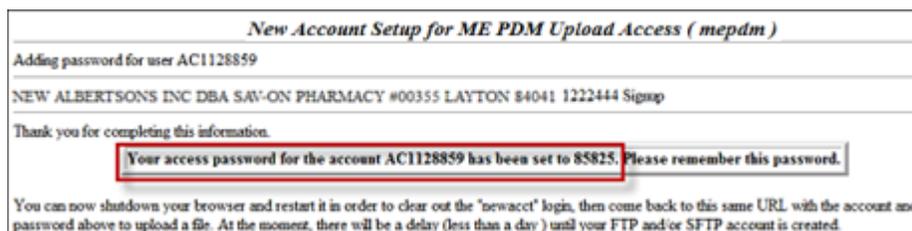
The next window in the account setup process is displayed:

- 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	<ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ 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.

Field	Description/Usage
Contact Fax	<p>Type the contact's fax number, using the format 999-999-9999.</p> <p>The field to the right of the Contact Fax field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"> ▪ 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	<p>A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field.</p> <p>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.</p> <p>The pharmacies you select will be tied to your user name.</p>

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

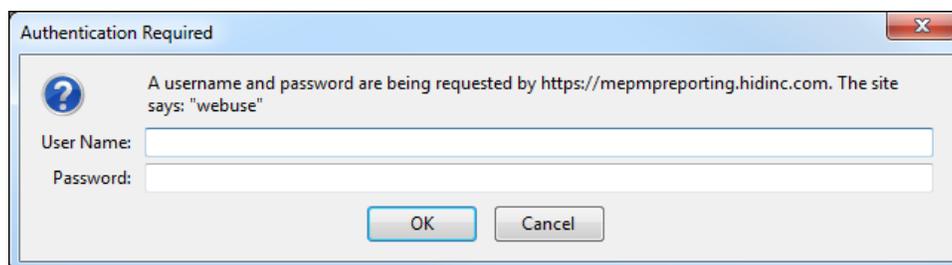
The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's Report Zero Activity menu item.

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**.

A window similar to the following is displayed:

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

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

Notes:

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

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

Group Pharmacies

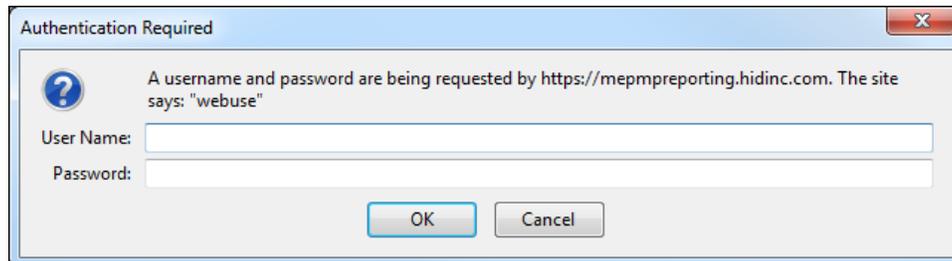
If you are responsible for reporting for a group of pharmacies, perform the following steps to report zero activity using RxSentry.

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

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).

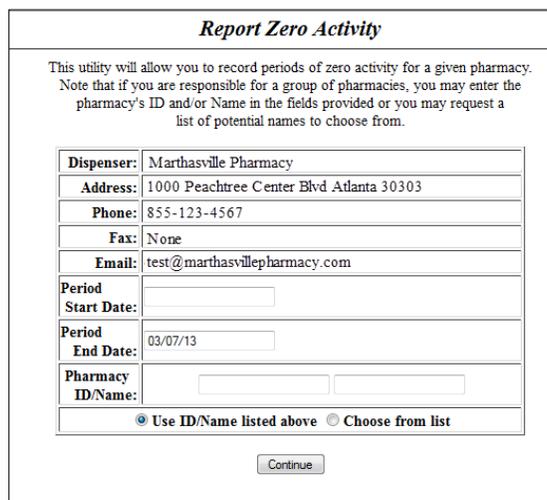
- 2 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mainepmp.
- 3 Click **RxSentry Data Submitter Site**.

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:

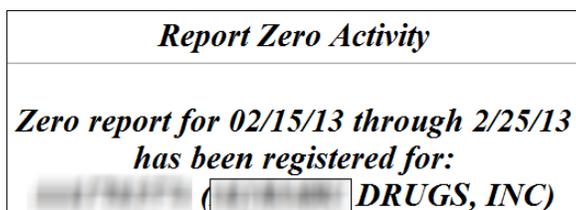
- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
 - All other pharmacy information is populated with the information provided when you created your account.
- 9 Select the **Use ID/Name listed above** option to manually enter the pharmacy ID whose information you are reporting. If you choose to enter the pharmacy ID manually, type the pharmacy ID in the **Pharmacy ID/Name** field.

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

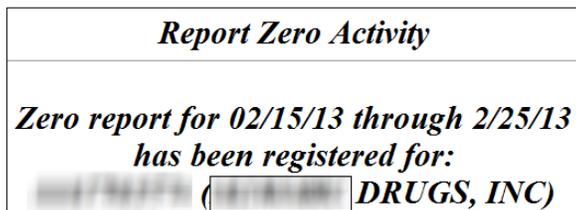
If you selected the **Choose from list** option, a window similar to the following is displayed:

A screenshot of a form titled "Report Zero Activity". The form contains the following text: "This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from." Below this text are several input fields: "Dispenser: NANOOK-FAIRBANKS PROFESSIONAL:group", "Address: PHARMACY, INC FAIRBANKS 99701", "Phone: 3345023262", "Fax:", "Email: april@hidinc.com", "Period Start Date:", "Period End Date: ?". At the bottom, there is a list of radio buttons next to a list of pharmacy names, with the first one selected.

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

12 Click Continue.

A window similar to the following is displayed:



Report Zero Activity – File Upload

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

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *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.

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*).

- 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.

- 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*.

- 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

5 Upload Reports and Edit Definitions

About This Chapter

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

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

	Numeric Error Code*	Error Description*	Data that was incorrect	RX Number
Record	10:	25- Prescriber ID not found	Data: [000000]	AB9876543 04034558
Record	52:	25- Prescriber ID not found	Data: [BY0000001]	AB9876543 04033470
Record	84:	25- Prescriber ID not found	Data: [AD0000004]	AB9876543 04031888
Record	99:	54- Customer Zip code conflicts with Stat	Data: [000000000]	AB9876543 04034458
Record	152:	25- Prescriber ID not found	Data: [005555555]	AB9876543 04034493
Record	185:	25- Prescriber ID not found	Data: [005555555]	AB9876543 04034459
Record	200:	25- Prescriber ID not found	Data: [85110011]	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

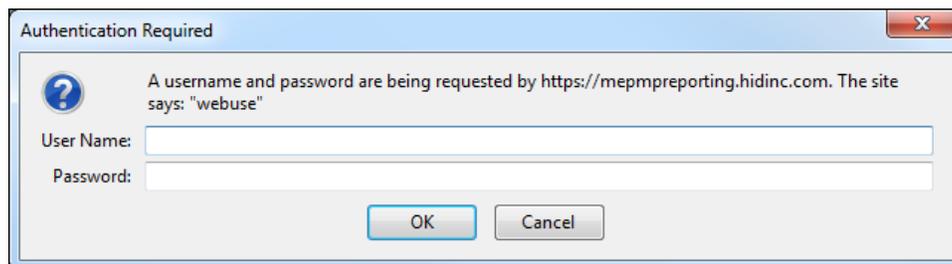
View Upload Reports

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:

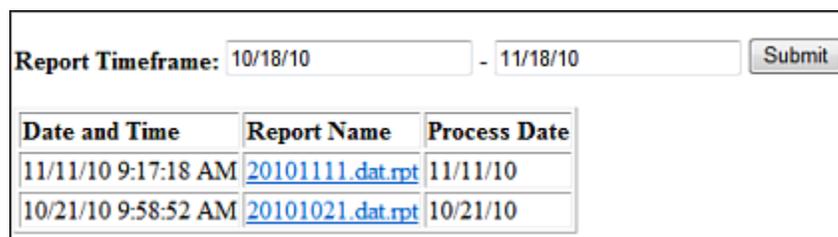
- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mainepmp.
- 2 Click **RxSentry Data Submitter Site**.

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:



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

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

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

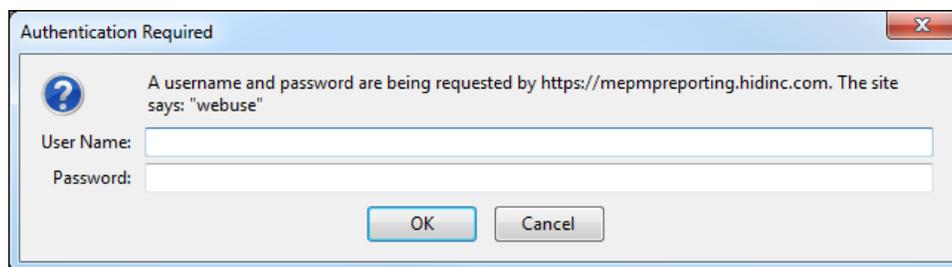
View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view zero reports:

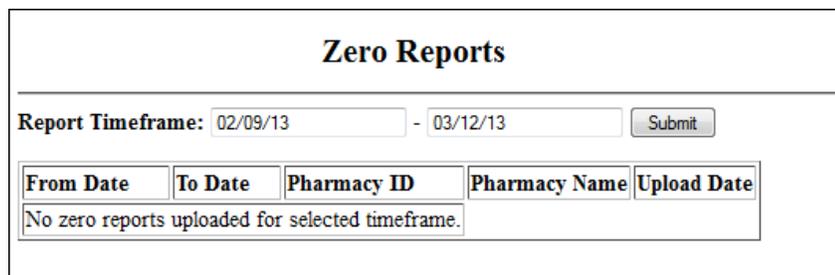
- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/mainepmp.
- 2 Click **RxSentry Data Submitter Site**.

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 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
Edit 18	Quantity is invalid	Serious

Edit Number	Message	Severity
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

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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

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7 Document Information

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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
11/01/2013	1.1	Updated 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
1.1	Chapter 2/Reporting Requirements	Removed PAT02 and PAT03 from the list of required fields
	Chapter 5/Edit Definitions	Removed Edit 07, as PAT02 and PAT03 are no longer required fields
	Appendix A/ASAP 4.2 Specifications Table	Changed the field usage for PAT02 and PAT03 from "RR" to "N"

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.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted) 	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 <ul style="list-style-type: none"> • P = Production • T = Test 	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state 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

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

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	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. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	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)

Segment	Field ID	Field Name	Field Usage
	PAT11	Name Suffix Patient's name suffix such as <i>Jr.</i> or <i>the III.</i>	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. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	RR

Segment	Field ID	Field Name	Field Usage
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	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: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the 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

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. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 01 Each 02 Milliliters (ml) 03 Grams (gm) 	RR
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other 	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. <ul style="list-style-type: none"> 00 Not a Partial Fill 01 First Partial Fill Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	RR

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). <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	N
	DSP18	RxNorm Product Qualifier <ul style="list-style-type: none"> • 01 Semantic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	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

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. <ul style="list-style-type: none"> • 01 NDC • 02 UPC • 03 HRI • 04 UPN • 05 DIN • 06 Compound (this code is not used in this segment) 	R
	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

Segment	Field ID	Field Name	Field Usage
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID) 	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. <ul style="list-style-type: none"> 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other 	N
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N

Segment	Field ID	Field Name	Field Usage
	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 <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.	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

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Appendix B: Zero Report Specifications

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

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

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

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