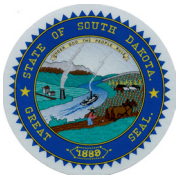
HEALTH INFORMATION DESIGNS

RxSENTRY®

Dispenser's Implementation Guide

Kentucky Cabinet for Health and Family Services
Prescription Drug Monitoring Program



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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 or licensed pharmacies and dispensing practitioners in the State of Kentucky. It includes such topics as:

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

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2 Program Overview

Purpose

The Enhanced Kentucky All Schedule Prescription Electronic Reporting (eKASPER) program is the Kentucky Prescription Drug Monitoring Program (PDMP) solution for monitoring Schedule II-V controlled substances dispensed in Kentucky. Kentucky Revised Statutes chapter 218A.202 and Kentucky Administrative Regulations 902 KAR 55:110 set forth the legal requirements for reporting Schedule II-V controlled substances dispensed in Kentucky as follows:

> *KRS 218A.202(1) directs the Cabinet for Health and Family Services to establish an electronic system for monitoring Schedule II, III, IV, and V controlled substances that are dispensed in the Commonwealth by a practitioner or pharmacist or dispensed to an address within the Commonwealth by a pharmacy that has obtained authorization to operate from the Kentucky Board of Pharmacy. KRS 218A.250 requires the cabinet to promulgate administrative regulations pursuant to KRS Chapter 13A for carrying out the provisions of KRS Chapter 218A. The purpose of this administrative regulation is to establish criteria for reporting prescription data, providing reports to authorized persons, and a waiver for a dispenser who does not have an automated recordkeeping system.*

The Kentucky Cabinet for Health and Family Services (CHFS) has selected Health Information Designs (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Kentucky and Federal Schedules II, III, IV, and V. 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.

RxSentry complies with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations. The information collected in the system will be used by CHFS to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the State of Kentucky.

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3 Data Collection and Tracking

Data Collection Requirements

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the authorized data collection vendor for Kentucky using a format approved by CHFS 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 Kentucky Administrative Regulation 902 KAR 55:110 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, online universal claim form, or diskette/CD-ROM.

Reporting Requirements

Pharmacies and other dispensers that dispense controlled substances in Kentucky are required to report KASPER data to Kentucky's authorized vendor every seven days as provided for under KRS 218A.202 and 902 KAR 55:110.

Following is the protocol for dispenser reporting to KASPER:

1. All dispensers licensed by the Kentucky Board of Pharmacy must register with HID.
2. All prescribing providers who dispense a controlled substance must register with HID, except those excluded by statute.
3. A prescribing provider who never dispenses a controlled substance has no duty to register with HID.
4. All registered dispensers must report each dispensed controlled substance within the timeframe required.
5. If a dispenser has not dispensed a controlled substance, there is no requirement to report.

For detailed information on each of the fields required by Kentucky's PDMP and the fields required by the American Society for Automation in Pharmacy (ASAP), please see Appendix A: ASAP 4.1 Specifications.

Exemptions

Under KRS 218A.202, reporting shall not be required for:

- A drug administered directly to a patient

  Or
- A drug dispensed by a practitioner at a facility licensed by CHFS, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours

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Required Prescription Information

The table below describes the dispensed controlled substance prescription fields that the Kentucky system requires and accepts, and specific settings for Kentucky data submission. The table does not include some ASAP 4.1 technical fields that are required to meet the file format specifications. Please refer to the ASAP 4.1 standards guide in Appendix A for other technical fields that must be included to meet the ASAP 4.1 formatting standards.

Notes:

- Required and conditionally required fields (compound-related fields are required only if reporting a compound) are shaded in the table below. Remaining fields are optional.
- Appendix A lists all data fields identified in the ASAP 4.1 standard for reference purposes. However, for purposes of reporting data to Kentucky, dispensers should provide only the following fields, and only in the sequence and format specified in this table.
- In the **Field Usage** column:
  - "R" indicates a field required by ASAP
  - "RR" indicates a field required by the KY PDMP
  - "S" indicates a situational field
- Both "R" and "RR" fields must be reported.

Field	ASAP 4.1 Field ID	Field Usage	Comments	Max Field Length
Version/Release Number	TH01	R	Always populate with "4.1"	4
Transaction Control Number	TH02	R	Unique transaction identifier	40
Creation Date	TH05	R	Formatting = CCYYMMDD	8
Creation Time	TH06	R	Formatting = HHMMSS, HHMM	6
File Type	TH07	R	▪ P = Production ▪ T = Test	1
Segment Terminator Character	TH09	R	Required character is a tilde, "~". Indicates to the system that this segment has ended, this character will indicate the end for the rest of the segments as well.	1
Unique Info Source ID	IS01	R	Always populate with "KY"	10
Info Receiver Entity Name	IS02	R	Always populate with "PMP Program"	60
Pharmacy NPI	PHA01	S	Used if supplied but not required.	10
NCPDP Provider ID	PHA02	S	Used if supplied but not required.	7
Pharmacy DEA#	PHA03	RR	Required as the Pharmacy ID.	9

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Field	ASAP 4.1 Field ID	Field Usage	Comments	Max Field Length
ID Qualifier of Patient Identifier	PAT01	S	Used if supplied but not required. Identifies the jurisdiction of ID used in PAT03	2
Patient ID Qualifier	PAT02	RR	Qualifies ID type used in PAT03 ▪ 01 = Military ID ▪ 02 = State Issued ID ▪ 03 = Unique System ID ▪ 04 = Permanent Resident (Green Card) ▪ 05 = Passport ▪ 06 = Driver's License ▪ 07 = Social Security ▪ 08 = Tribal ID ▪ 99 = Other Agreed Upon ID	2
Patient ID	PAT03	RR	ID as specified in PAT02	20
Patient Last Name	PAT07	RR	Cannot be blank.	50
Patient First Name	PAT08	RR	Cannot be blank.	50
Patient Middle Name	PAT09	S	Used if supplied but not required.	30
Prefix	PAT10	S	Used if supplied but not required.	10
Suffix	PAT11	S	Used if supplied but not required.	10
Patient Address 1	PAT12	RR	Cannot be blank. **Note:** This should ***not*** be a P. O. Box – must be physical address.	30
Patient Address 2	PAT13	S	Used if supplied but not required.	30
City	PAT14	RR	Cannot be blank.	20
State	PAT15	RR	Cannot be blank. Two character postal code.	10
Zip Code	PAT16	RR	Cannot be blank. 5 or 9 digit patient ZIP	9
Phone	PAT17	S	Used if supplied but not required	10
DOB	PAT18	RR	CCYYMMDD format. Cannot be future and must be greater than 1900.	8
Gender	PAT19	RR	▪ M = Male ▪ F = Female ▪ U = Unknown	1
Country of Non-U.S. Resident	PAT22	S	Used to identify a patient's country of origin.	20
Reporting Status	DSP01	R	▪ 00 = New Record ▪ 01 = Revised Record ▪ 02 = Void	2

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Field	ASAP 4.1 Field ID	Field Usage	Comments	Max Field Length
Prescription Number	DSP02	R	RX Number	25
Date Written	DSP03	RR	CCYYMMDD	8
Refills Authorized	DSP04	R	# of refills authorized	2
Date Filled	DSP05	RR	CCYYMMDD	8
Refill Number	DSP06	RR	0 = first fill || 01-99 = refills	2
Product ID Qualifier	DSP07	RR	▪ Use 01 to indicate State required NDC ▪ Use 06 to indicate compound that will be identified with CDI fields	2
Product ID	DSP08	RR	NDC with leading zeros and no dashes	15
Quantity Dispensed	DSP09	RR		11
Days Supply	DSP10	RR	Estimation	3
Classification Code for Payment Type	DSP16	RR	Identifies type of payment rendered ▪ 01 = Private Pay ▪ 02 = Medicaid ▪ 03 = Medicare ▪ 04 = Commercial Insurance ▪ 05 = Military Installations and VA ▪ 06 = Workers Comp ▪ 07 = Indian Nations ▪ 99 = Other	2
Prescriber DEA Number	PRE02	RR		9
Compound Drug Ingredient Sequence Number	CDI01	R (Conditional)	First ingredient must begin with "1" and be incremented by 1 thereafter	2
Product ID Qualifier	CDI02	R (Conditional)	Use 01 to indicate State Required NDC	2
Product ID	CDI03	R (Conditional)	Product NDC	15
Component Ingredient Quantity	CDI04	R (Conditional)	Metric Decimal Quantity Dispensed	11
Detail Segment Count	TP01	R	Number of detail segments included for the pharmacy (includes PHA and TP)	10
Transaction Control Number	TT01	R	Unique transaction number used in TH02	40
Segment Count	TT02	R	Total segments in file in including header and trailer	10

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

Reporting Noncompliance

Intentional failure by a dispenser to transmit data to the KASPER program as required shall be a Class A misdemeanor for the first offense and a Class D felony for each subsequent offense.

Zero Reports

The KASPER program no longer requires zero reporting. Dispensers are only required to report to the KASPER program when they have dispensed a controlled substance as defined by KRS 218A.202 and 902 KAR 55:110.

Veterinarian Reporting

Veterinarians who dispense controlled substances in the State of Kentucky are required to report to the KY PDMP. Veterinarians may submit data using any of the approved electronic reporting methods described in Chapter 5, Data Delivery Methods. Please note the following requirements when preparing your data for submission:

- When submitting electronic files, the following patient segment fields must be reported as specified in the table below:

Field	ASAP 4.1 Field ID	Comments
Patient ID Qualifier	PAT02	ID type must be 07 – Social Security
Patient ID	PAT03	Fill in with all zeros (000000000)
Patient's First Name	PAT08	Pet's name
DOB	PAT18	Pet's date of birth
Gender	PAT19	Pet's gender
Note: The Patient Address (PAT12, PAT13), City (PAT14), State (PAT15), and ZIP code (PAT16) fields should reflect the pet owner's address information.		

- When submitting data using RxSentry's Online Universal Claim Form (UCF), the following information must be supplied as specified in the table below:

Field	Comments
Identification Number	Fill in with nine zeros (000000000)
Identification Type	Select **Social Security Number**
DOB	Pet's date of birth
First Name	Pet's name
Last Name	Owner's last name
Gender	Pet's gender
Note: All address information (Address, City, State, and Zip) must reflect the pet owner's address.	

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Reporting Waivers

No Reporting Waiver

A dispenser who is permitted or licensed in the State of Kentucky but does not dispense any controlled substances directly to Kentucky residents is not required to report to KASPER. However, the dispenser must maintain current registration information with HID, notify CHFS in writing that they do not dispense controlled substances in Kentucky, and notify CHFS before initiating or resuming any controlled substance dispensing in Kentucky.

Electronic Reporting Waiver

CHFS may grant a dispenser a waiver of the electronic data submission requirement for good cause as determined by the CHFS. "Good cause" includes financial hardship and lack of an automated recordkeeping system. The dispenser must request, in writing, a waiver from CHFS. The request must clearly document the hardship that underlies the electronic reporting waiver request. CHFS will work with the dispenser 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 Kentucky Prescription Drug Monitoring Program (KY PDMP).

Timeline and Requirements

Pharmacies or software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are provided in the Creating Your Account topic in this chapter.

Note: Dispensers who have an account with the prior Kentucky data collection vendor will not need to create a new account. Your existing account information will be preloaded. You will simply need to follow the instructions in the Creating Your Account topic, specifying that you are an existing KY PDMP data uploader.

- Beginning April 2, 2012, dispensers can begin creating or verifying their accounts and sending files.
- Beginning May 1, 2012, dispensers are required to report their data within seven (7) days of dispensing a controlled substance. However, pharmacies are encouraged to report more frequently if possible.

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 "20120501.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.

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Creating Your Account

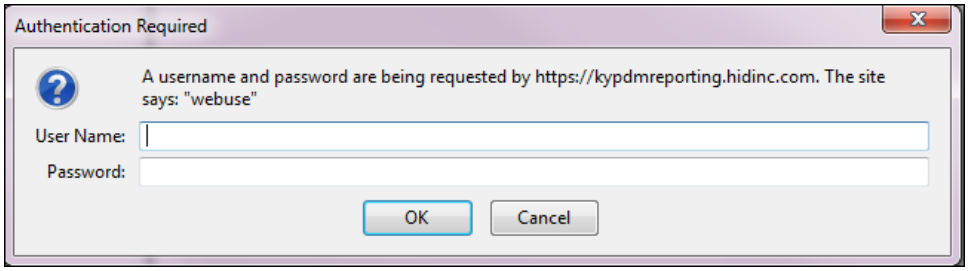
Prior to submitting data, you must create an upload account. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to upload your data. Dispensers who currently have an account with the prior Kentucky data collection vendor will not need to create a new account. Your existing account information will be preloaded. You will simply need to follow the instructions below for existing KY PDMP data uploaders.

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 Kentucky. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

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

1 Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:



2 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.

3 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.

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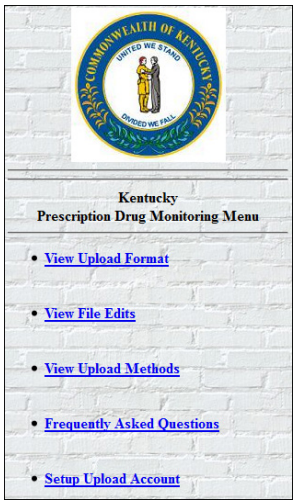
A window similar to the following is displayed:



4 Click **Setup Upload Account**.

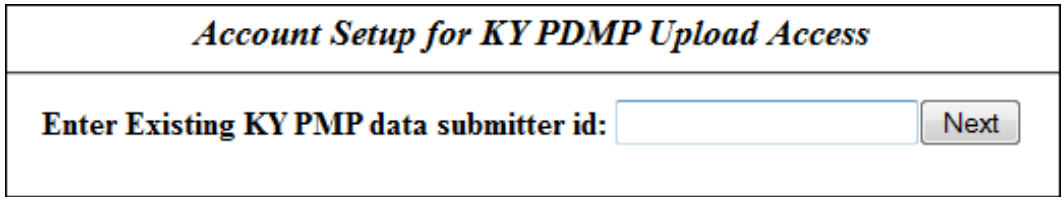
5 Select one of the following options:

- **Existing KY PMP data submitter**
- **New KY PMP data submitter**

6 Click **Next**.

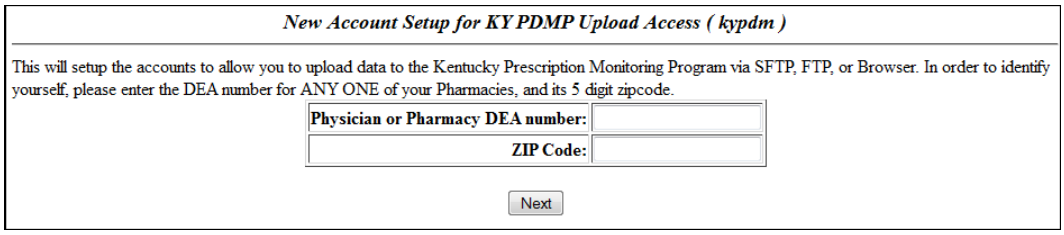
Note: If you are a new user, please proceed to step 9.

7 If you selected **Existing KY PMP data submitter**, a window similar to the following is displayed:



8 Enter your existing user ID, and then proceed to step 12 to verify your account information.

9 If you selected **New KY PMP data submitter**, a window similar to the following is displayed:



10 Enter your DEA number in the **Physician or Pharmacy DEA number** field.

11 Type your ZIP code in the **ZIP Code** field, and then click **Next**.

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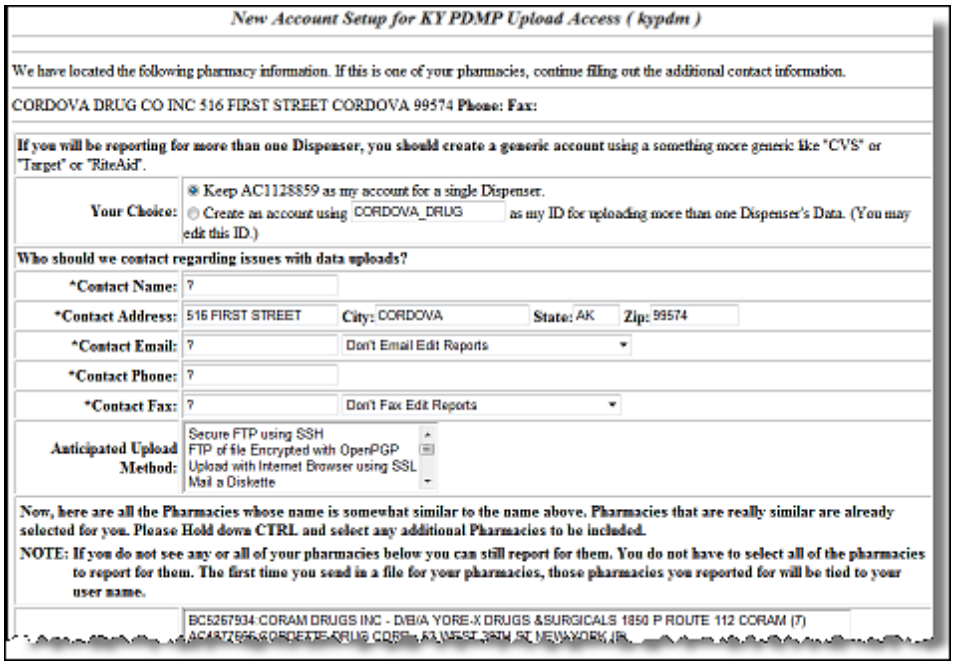
A window similar to the following is displayed:



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

Field	Description/Usage
Account selection	▪ Choose **Keep <*account number*> as my account for a single pharmacy** if you wish to use the suggested account name. ▪ Choose **Create an account using <*suggested account name*> as my ID for uploading more than one Pharmacy's Data** if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.
Contact Information **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.

Field	Description/Usage
Contact Email	Type the contact's e-mail address. The field to the right of the **Contact Email** field is used to select one of the following data upload notification options: ▪ Select **Email Edit Reports Only If Any Errors** if you wish to view the results of your data uploads that contain any errors: minor, serious, or fatal. **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 and fatal 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 only 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*.

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Field	Description/Usage
Contact Fax	Type the contact's fax number, using the format *999-999-9999.* The field to the right of the **Contact Fax** field is used to select one of the following upload notification options: ▪ Select **Fax Edit Reports Only If Any Errors** if you wish to view the results of your data uploads that contain minor errors. **Note:** Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select **Fax Edit Reports Only If Any Serious Errors** if you wish view the results of your data uploads that contain serious errors. **Note:** Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select **Fax Edit Reports Only If Any Fatal Errors** if you wish to view the results of your data uploads that contain fatal errors. **Note:** Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select **Fax Edit Reports For All Uploads** if you wish to have the results of all of your data uploads faxed to you.
Anticipated Upload Method	Select the method of data upload you plan to use to report your data: ▪ Secure FTP over SSH ▪ Encrypted File with OpenPGP Via FTP ▪ SSL Web Site ▪ Physical Media (Tape, Diskette, CD, DVD) ▪ Online Universal Claim Form (UCF) Submission
Pharmacies I will be reporting	A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field. To select additional pharmacies for which you will be reporting, press the **[CTRL]** key and then click the name of each pharmacy you wish to select. The pharmacies you select will be "tied" to your user name.

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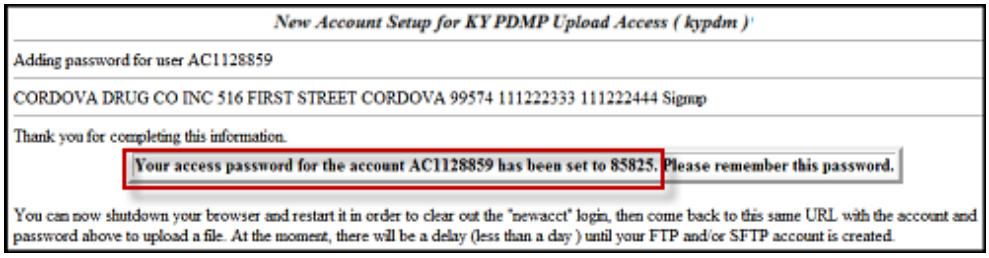
13 After completing all required fields, click **Next**. A window similar to the following is displayed:


New Account Setup for KY PDMP Upload Access (kypdm)

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 **Setup 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/kasper.

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.

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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:

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Secure FTP over SSH

There are many free software products that support Secure FTP. Neither the CHFS 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 Required Prescription Information table in Chapter 3: Data Collection and Tracking, and 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 KASPER as the file name, and should have a *.dat* extension. For example, name the file *20120501.dat* if it is submitted on May 1, 2012.
- 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: *20120501a.dat*, *20120501b.dat*, and *20120501c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20120501.zip* if it is submitted on May 1, 2012.

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- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20120501.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., *20120501.dat*).

3. SFTP the file to sftp://kypdmreporting.hidinc.com.
4. When prompted, type *kypdm* (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. Once the transmission is complete, rename the file without the *.up* extension (e.g., *20120501.dat*).
7. Log off when the file transfer/upload is complete.
8. 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 CHFS 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 Required Prescription Information table in Chapter 3: Data Collection and Tracking, and 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 KASPER as the file name, and should have a *.pgp* extension. For example, name the file *20120501.pgp* if it is submitted on May 1, 2012.
- 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: *20120501a.pgp*, *20120501b.pgp*, and *20120501c.pgp*.

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- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20120501.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., *20120501.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://kypdmreporting.hidinc.com.

6 When prompted, type *kypdm* (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., *20120501.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 Required Prescription Information table in Chapter 3: Data Collection and Tracking, and 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 KASPER as the file name, and should have a *.dat* extension. For example, name the file *20120501.dat* if it is submitted on May 1, 2012.
- 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: *20120501a.dat*, *20120501b.dat*, and *20120501c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20120501.zip* if it is submitted on May 1, 2012.

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3 Open a Web browser and enter the following URL: https://kypdmreporting.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, *20120501.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 Required Prescription Information table in Chapter 3: Data Collection and Tracking, and 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 KASPER as the file name, and should have a *.dat* extension. For example, name the file *20120501.dat* if it is submitted on May 1, 2012.
- 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: *20120501a.dat*, *20120501b.dat*, and *20120501c.dat*.
- Zipped files can be accepted and should be named using the date of submission. For example, name the file *20120501.zip* if it is submitted on May 1, 2012.

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

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5 Mail the media to:

Health Information Designs, LLC
Attn: KY PDMP
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

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

When submitting information using the online UCF, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the Kentucky PDMP 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

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.1 format, you may submit prescription information using RxSentry's online UCF.

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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

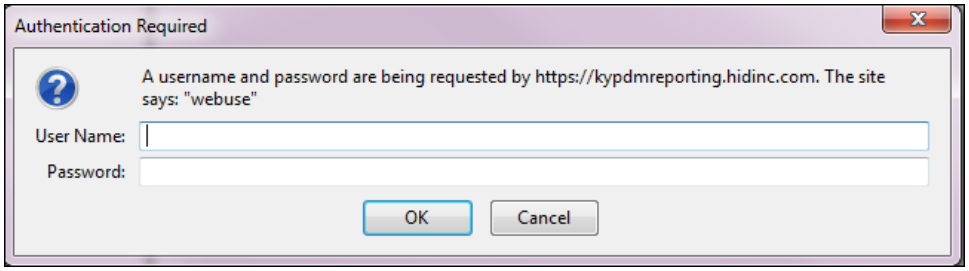
Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you must submit and close batches in accordance with the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

3 Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:

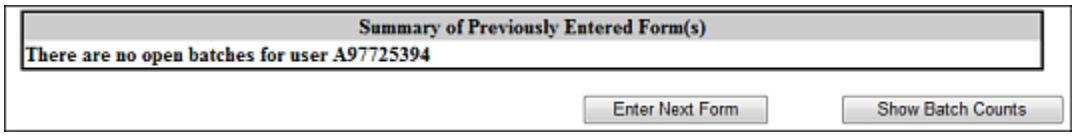


4 Type your user name in the **User Name** field.

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

6 Click **OK**.

7 From the RxSentry home page, click **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 been submitted.

8 Click **Enter Next Form**.

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A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

Identification Number (ex 1234567890)

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

First Name **Middle Initial** **Last Name**

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

Address **City**

State **Zip**

Dispenser Information

NPI **DEA#** **Dispenser Name**

Phone **Fax**

Address **City**

State **Zip**

Prescription Information

Prescription #1

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

NDC **Drug Name (Strength)**

Quantity **Days Supply** **Refill #**

Prescriber DEA **Prescriber NPI**

Name

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

Reporting Status: New Revise Void **Refills Authorized**

Prescription #2 Use Presciber Information from above

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

NDC **Drug Name (Strength)**

Quantity **Days Supply** **Refill #**

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.

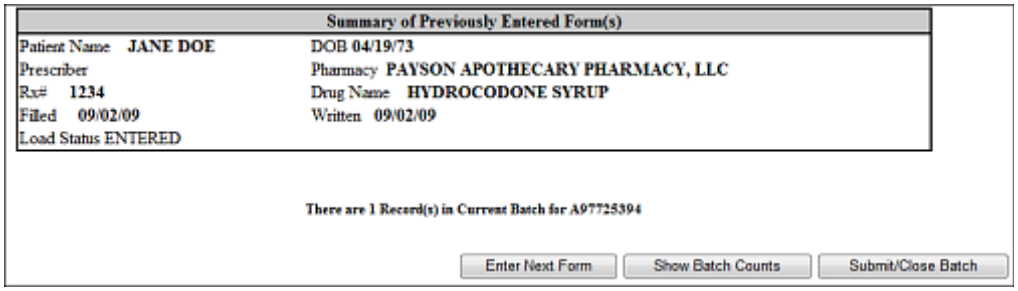
9 Once all information has been entered, click **Submit**.

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.

1 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
Filled 09/02/09	Written 09/02/09
Load Status ENTERED	

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

Enter Next Form | Show Batch Counts | Submit/Close Batch

2 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.

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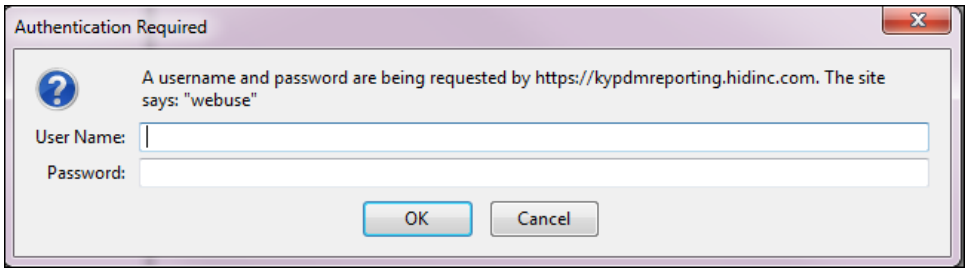
View Upload Reports

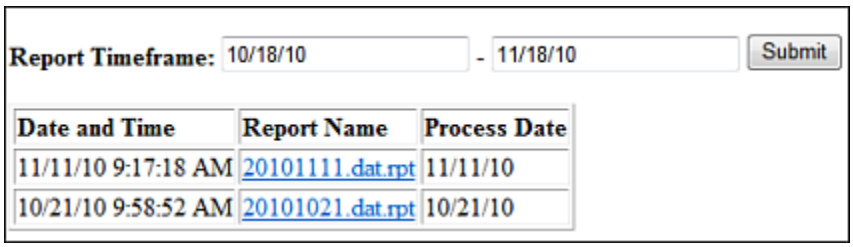
This function provides uploaders access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering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



7. Click a hyperlink in the **Report Name** field to open an upload report for viewing.
8. 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 again. Fatal error corrections must be

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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.

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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 15	Date Dispensed is invalid or irrational	Serious
Edit 18	Quantity is invalid	Serious
Edit 19	Days' supply is invalid	Minor
	Days' supply is 999	Fatal
Edit 20	Days' supply > 360	Serious
Edit 21	NDC not found	Serious
	NDC not found (used when CDI segment is used)	Fatal
Edit 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 29	Number refill authorized invalid	Minor
Edit 31	Classification code for payment type invalid	Serious
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
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

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Edit Number	Message	Severity
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 **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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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 kypdmp@hidinc.com;

OR

Call the HID Help Desk at 855-263-6402.

Administrative Assistance

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

KY Office of Inspector General
Phone: (502) 564-2815
E-mail: eKASPER.admin@ky.gov

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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

Dispenser
Pharmacy, dispensing pharmacist, or dispensing health care practitioner which dispenses controlled substances

eKASPER
The Enhanced Kentucky All Schedule Prescription Electronic Reporting program; the name of Kentucky's Prescription Drug monitoring Program

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

HID
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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
A practitioner who is authorized by state and federal agencies to prescribe controlled substances

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RxSentry

Prescription drug monitoring system developed by Health Information Designs, LLC

SFTP

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

SSL

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

Universal Claim Form (UCF)

Form used by someone who does not have electronic capability to send data; must be approved by KASPER

Uploader

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

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9 Document Information

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391 Industry Drive
Auburn, AL 36832

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

Please refer to the Kentucky PDMP website, http://www.hidinc.com/kasper, for the most current version of this document.

Formatting Conventions

Format	Used to Designate…
Bold	References to execution buttons, windows, file names, menus, icons, or options
Times New Roman Italic	Text you must type in a field or window, for example, ||*server_name*|*printer_name for a network printer*
Blue underlined text	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
04/02/2012	1.0	Initial publication

Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A

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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) 2009 format to comply with the Kentucky 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 (~).

  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
  - RR = Required by the KY PDMP
  - 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. This guide includes field lengths, acceptable attributes, and examples.

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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** Code uniquely identifying the transaction. Format = xx.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. • 01 Send/Request Transaction • 02 Acknowledgement (used in Response only) • 03 Error Receiving (used in Response only) • 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	S
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** • 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.	S
	TH09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source 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.	S

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

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Segment	Field ID	Field Name	Field Usage
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	RR
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	RR
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	S
	PAT06	**Additional ID** Identification that might be required by the 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
	PAT07	**Last Name** Patient's last name.	RR
	PAT08	**First Name** Patient's first name.	RR
	PAT09	**Middle Name** Patient's middle name or initial if available.	S
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	S
	PAT11	**Name Suffix** Patient's name suffix such as Jr. or the III.	S

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Segment	Field ID	Field Name	Field Usage
	PAT12	**Address Information – 1** Free-form text for street address information.	RR
	PAT13	**Address Information – 2** Free-form text for additional address information.	S
	PAT14	**City Address** Free-form text for city name.	RR
	PAT15	**State Address** U.S. Postal Service state code **Note:** Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	**Phone Number** Complete phone number including area code.	S
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	RR
	PAT19	**Gender Code** Code indicating the sex of the patient. • F Female • M Male • U Unknown	RR
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. • 01 Human • 02 Veterinary Patient	S

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Segment	Field ID	Field Name	Field Usage
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other	S
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	R
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R

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Segment	Field ID	Field Name	Field Usage
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. • 01 NDC • 06 Compound	RR
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	**Days Supply** Estimated number of days the medication will last.	RR
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. • 01 Each • 02 Milliliters (ml) • 03 Grams (gm)	S
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other	S
	DSP13	**Partial Fill Indicator** To indicate whether it is a partial fill. • 01 Yes • 02 No	S
	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S

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Segment	Field ID	Field Name	Field Usage
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment, i.e. how it was paid for. • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other	RR
	DSP17	**Date Sold** Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP19	**Electronic Prescription Reference Number** Used to provide an audit trail for electronic prescriptions.	S
PRE: Prescriber Information Used to identify the prescriber of the prescription.			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	S
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	**Prescriber State License Number** Identification assigned to the Prescriber by the State Licensing Board.	S
	PRE05	**Last Name** Prescriber's last name.	S
	PRE06	**First Name** Prescriber's first name.	S
	PRE07	**Middle Name** Prescriber's middle name or initial.	S

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Segment	Field ID	Field Name	Field Usage
CDI: Compound Drug Ingredient Detail 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. Used to identify the individual ingredients that make up a compounded drug. If CDI is filled in, the NDC of DSP08 must be 99999999999			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. • 01 NDC	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
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	S
AIR: Additional Information Reporting 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. **Note:** If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	S
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S

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Segment	Field ID	Field Name	Field Usage
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID)	S
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other	S
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	S
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	S
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	S
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	S
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

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

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