



RxSENTRY[®]

North Dakota Prescription Drug Monitoring Program

**Dispenser's Implementation Guide
v2.0**

November 2009

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1 Document Overview

Purpose and Contents

The RxSentry® Dispenser's Implementation Guide for the North Dakota Board of Pharmacy serves as a step-by-step implementation and training guide for dispensers who use RxSentry as a repository for the reporting of their Schedule II, III, IV, and V controlled substances. It includes such topics as:

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

This guide been customized to target the specific training needs of the North Dakota Board of Pharmacy and is intended for use by all dispensers in the State of North Dakota required to report their dispensing of controlled substances.

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2 Data Collection and Tracking

Data Collection Requirements

This information in this document provides information about the Prescription Drug Monitoring Program (PDMP) in the state of North Dakota. The purpose of this program is to collect data on ALL Schedule II, III, IV and V controlled substances, which for the purpose of this law includes tramadol and carisoprodol, dispensed in the state of North Dakota or for patients residing in North Dakota. This is authorized by North Dakota Century Code chapter 9-03.5 and rules of the North Dakota Board of Pharmacy.

NDAC: Section 61-12-01-02 (1) Each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient shall submit to the central repository by electronic means information regarding each prescription dispensed for a controlled substance.

Reporting Requirements for the PDMP

All dispensers of controlled substances, as defined by this Act, are required to collect and report the following information to the data repository:

- Recipient's full name
- Recipient's date of birth
- Recipient's gender
- Recipient's address
- Pharmacy NABP/NCPDP number
- Prescriber's DEA number
- Prescriber's name
- National Drug Code (NDC) of drug dispensed
- Date the prescription was dispensed
- Quantity dispensed
- The number of days supply
- Indication as to the origin of prescription (written, phoned, faxed, electronic, etc.)

Each dispenser shall submit the information required by this chapter to the data repository at least once every day unless the board waives this requirement for good cause shown by the dispenser. An extension of the time in which a dispenser must report the information required by this chapter may be granted to a dispenser that is unable to submit prescription information by electronic means if:

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

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

Notes:

- "Dispenser" is a pharmacy that is authorized to dispense controlled substances.
- If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

3 Data Submission

About This Chapter

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

Timeline and Requirements

Pharmacies or software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- Pharmacies or software vendors can establish submission accounts beginning August 1, 2007. See [Creating Your Account](#) for more information.
- Required data submissions begin Wednesday, September 5. You have until Wednesday, September 26 to submit all data from January 1, 2007 through the present day. Daily submissions are required beyond this point.

Upload Specifications

Files should be in ASAP 95 format as defined in [Appendix A: ASAP 95 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 "20070101.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.

Prescription information must be reported at least daily, unless a waiver has been obtained from the ND Board of Pharmacy.

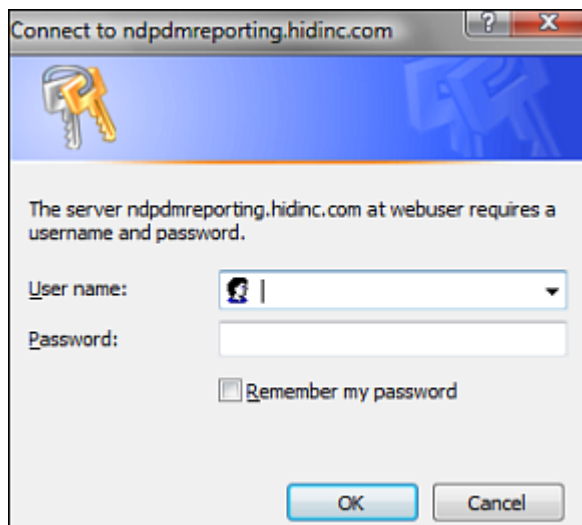
Creating Your Account

Prior to submitting data, you must create an account.

Note: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, 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.

Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://ndpdmreporting.hidinc.com>. A window similar to the following is displayed:



- 2 Type *newacct* in the **User name** field.
- 3 Type *welcome* in the **Password** field, and then click **OK**.

A window similar to the following is displayed:



- 4 Click **Setup Upload Account**. The following window is displayed:

New Account Setup for ND PDM Upload Access (ndpdm)

This will setup the accounts to allow you to upload data to the North Dakota Prescription Drug Monitoring System via SFTP, FTP, or Browser. In order to identify yourself, please enter the NABP/NCPDP number for ANY ONE of your Pharmacies, and its 5 digit zipcode.

If you are a non-pharmacy dispenser, and therefore don't have an NABP/NCPDP number, then leave that field blank and enter the DEA number where asked.

Pharmacy NABP/NCPDP number:	
Physician or Pharmacy DEA number:	
ZIP Code:	

- 5 Enter your pharmacy NABP/NCPDP number in the **Pharmacy NABP/NCPDP number** field.
- 6 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 7 Type your zip code in the **Zip Code** field, and then click **Next**.

The **New Account Setup for ND PDM Upload Access (ndpdm)** window is displayed.

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

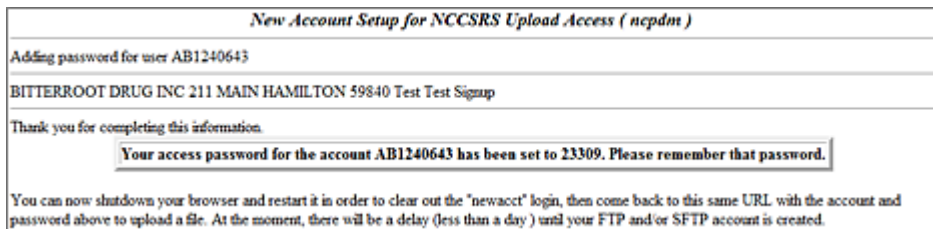
Field	Description/Usage
Account selection	<ul style="list-style-type: none"> Choose Keep <account number> as my account for a single Dispenser if you wish to use the suggested account name. Choose Create an account using <suggested account name> as my ID for uploading more than one Dispenser's Data if 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 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	<p>Type the contact person's e-mail address.</p> <p>The field to the right of the Contact Email field is used to select one of the following data upload notification options:</p> <ul style="list-style-type: none"> • Select Don't Email Edit Reports if you do not wish to have the results of your data uploads e-mailed to you. • Select Email Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain all errors, including minor errors. <p>Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</p> • Select Email Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. <p>Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</p> • Select Email Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. <p>Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> • 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 person's phone number, using the format 999-999-9999.

Field	Description/Usage
Contact Fax	<p>Type the contact person's fax number, using the format <i>999-999-999</i>.</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 Don't Fax Edit Reports if you do not wish to have the results of your data uploads faxed to you. • Select Fax Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. 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. 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. 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.
Pharmacy Manager and Store Information	
Pharmacy Manager's Name	Type the name of the pharmacy.
Pharmacy Manager's Address	Type the pharmacy's street address, city, state, and ZIP code in the appropriate fields.
Pharmacy Manager's Email	Type the pharmacy's e-mail address.
Pharmacy Manager's Phone	Type the store's phone number, using the format <i>999-999-999</i> .
Pharmacy Manager's Fax	Type the pharmacy's fax number, using the format <i>999-999-9999</i> .
Days and hours of operation	Type the store's days and hours of operation, for example, <i>M-F 8am-5pm, Saturday 8am-12pm, Sunday 12pm-6pm</i> .
Is this store part of a chain, or independent?	<ul style="list-style-type: none"> • Choose Part of a chain of stores if your store is part of a chain of stores, for example, Walgreens. • Choose Independent if your store is not part of a chain of stores.

Field	Description/Usage
Parent Chain Information Note: Ignore this section if your store is independent.	
Home Office Manager's Name	Type the name of the home office manager.
Home Office Address	Type the home office's street address, city, state, and zip code in the appropriate fields.
Home Office Email	Type the home office's e-mail address.
Home Office Phone	Type the home office's phone number, using the format 999-999-9999.
Home Office Fax	Type the home office's fax number, using the format 999-999-9999.
How will you be reporting your updates?	<ul style="list-style-type: none"> Choose Individually if you will be uploading data for one store at a time Choose Batch with other chain or location data if you will be grouping store data and sending one file for numerous stores.
Supplemental Information Note: For information about how to determine your Internet Browser, Firewall, and Virus Scan information, see Instructions for Supplying Supplemental Information in this document.	
Internet Browser	Type the name and version number of the Internet browser you use.
Computer	<ul style="list-style-type: none"> Type PC if you are using a Windows-based computer. Type MAC if you are using an Apple computer.
Firewall(s)	If applicable, type the name of the firewall used on your computer.
Virus Scan	If applicable, type the name of the virus scan software used on your computer.
Technical Contact	Type the name, e-mail address, phone number, and fax number of your technical (IT) contact person.
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>

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



New Account Setup for NCCSRS Upload Access (ncpdm)

Adding password for user AB1240643

BITTERROOT DRUG INC 211 MAIN HAMILTON 59840 Test Test Signup

Thank you for completing this information.

Your access password for the account AB1240643 has been set to 23309. Please remember that 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 processes is provided to you.

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

1. 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

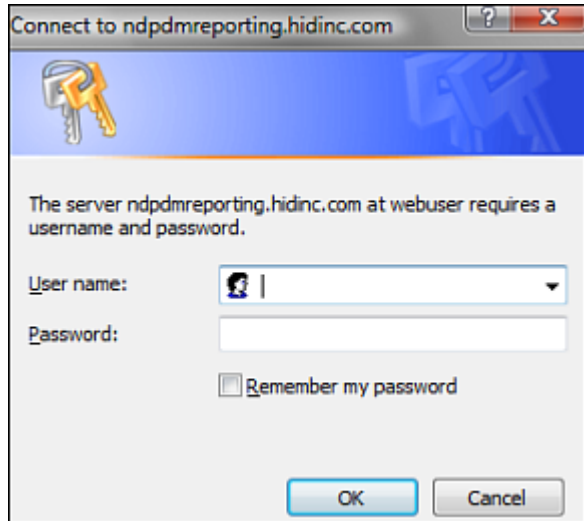
2. Create multiple accounts using one pharmacy's DEA number and zip code. If you choose this method, select **Set up user name as a group**.

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

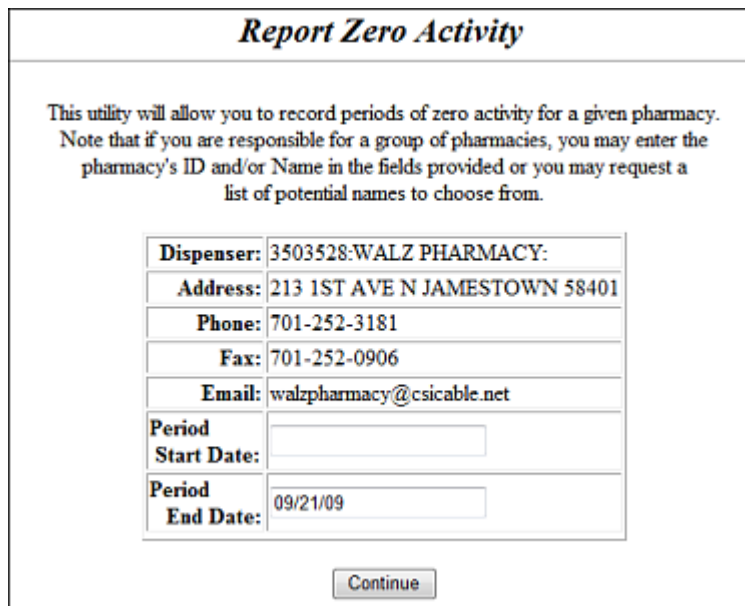
Reporting Zero Dispensing

Dispensers who do not issue controlled substances in a given week are required to submit a "zero report" not less than every seven (7) days by performing the following steps:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <https://ndpdmreporting.hidinc.com>.
- 3 Press **[Enter]**. A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**. A window similar to the following is displayed:



Dispenser:	3503528:WALZ PHARMACY:
Address:	213 1ST AVE N JAMESTOWN 58401
Phone:	701-252-3181
Fax:	701-252-0906
Email:	walzpharmacy@csicable.net
Period Start Date:	
Period End Date:	09/21/09

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

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- All other pharmacy information is populated with the information provided when you created your account.

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

<p><i>Report Zero Activity</i></p> <hr/> <p><i>Zero report for 06/09/09 though 06/16/09 has been registered for: FD1234323 (DESERT SKY PHARMACY)</i></p>
--

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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	15
Encrypted File with OpenPGP Via FTP	16
SSL Web Site	17
UCF Submission	
Notes About NDC Numbers	19
Online UCF Submission	19

Secure FTP over SSH

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have an .up extension. For example, name the file *20070101.up* if it is submitted on January 1, 2007. Using this file extension will ensure that we do not try to load the file while you are transmitting it.
- 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: *20070101a.up*, *20070101b.up*, and *20070101c.up*.
 - Zipped files can be accepted and are to be named using the date of submission to HID. For example, name the file *20070101.zip* if it is submitted on January 1, 2007.
- 3 SFTP the file to <sftp://ndpdmreporting.hidinc.com>.
 - 4 When prompted, use *ndpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and password 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., *20070101.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 North Dakota Board of Pharmacy nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have an .up extension. For example, name the file

20070101.up if it is submitted on January 1, 2007. Using this file extension will ensure that we do not try to load the file while you are transmitting it.

- 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: *20070101a.up*, *20070101b.up*, and *20070101c.up*.
- Zipped files can be accepted and are to be named using the date of submission to HID. For example, name the file *20070101.zip* if it is submitted on January 1, 2007.

- 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://ndpdmreporting.hidinc.com>.
- 6 When prompted, use *ndpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user ID and password supplied when creating your account.
- 7 Place the file in the new directory.
- 8 Log off when the file transfer/upload is complete.
- 9 Once the transmission is complete, rename the file without the .up extension (e.g., *20070101.pgp*).
- 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

SSL Web Site

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have an .up extension. For example, name the file *20070101.dat* if it is submitted on January 1, 2007. Using this file extension will ensure that we do not try to load the file while you are transmitting it.
- 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: *20070101a.dat*, *20070101b.dat*, and *20070101c.dat*.
- Zipped files can be accepted and are to be named using the date of submission to HID. For example, name the file *20070101.zip* if it is submitted on January 1, 2007.

- 3 Open a Web browser and enter the following URL:
<https://ndpdmreporting.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, *20070101.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.

Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 95 format, prescription information may be submitted on the Universal Claim Form (UCF) after obtaining approval from the North Dakota Prescription Drug Monitoring Program. For more information, please contact:

North Dakota Board of Pharmacy, PDMP

Phone: 701-328-9537

E-mail: ndbophdmp@btinet.net

Note: When e-mailing, you must include "UCF Request" in the subject line.

The UCF may be submitted electronically using the online UCF submission function in RxSentry. These methods are described in the following topics.

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)	01234567890
54321-123-98 (missing 0 in 2nd segment)	54321012398

Online UCF Submission

Prescription information may be submitted using RxSentry's online UCF. The following new terms are introduced in this topic:

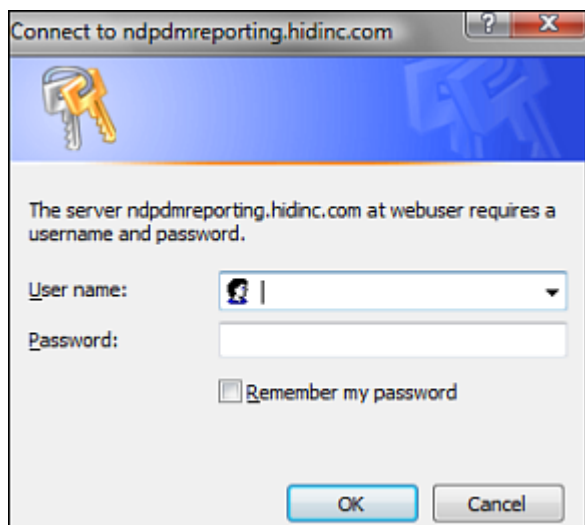
- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that

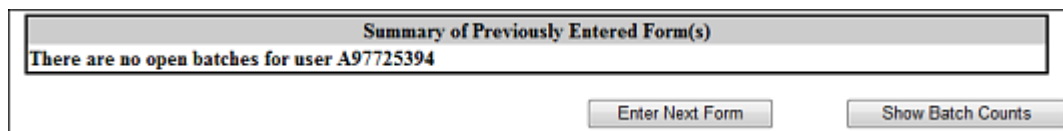
you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your state's reporting time frame.

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: <https://ndpdmreporting.hidinc.com>.
- 3 Press **[Enter]**. A window similar to the following is displayed:

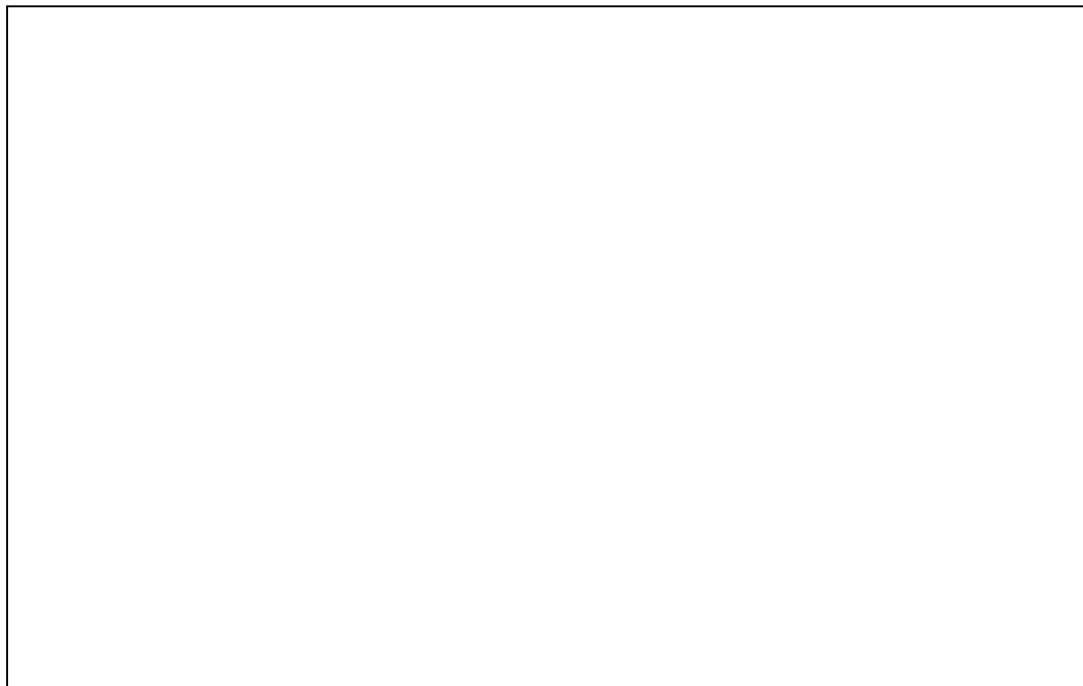


- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **UCF Form Entry**. A window similar to the following is displayed:



- **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 submitted.

- 8 Click **Enter Next Form**. A window similar to the following is displayed:



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

- **Patient Information** – Complete all fields in this section.
- **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is 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 [Appendix C: Assistance and Support](#).

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

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

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

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

11 Perform one of the following functions:

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

Appendix A: ASAP 95 Specifications

Below are the definitions for the specific contents of records to be sent to North Dakota Board of Pharmacy to comply with the Prescription Drug Monitoring Project. These definitions are just a clarification of the ASAP 95 specification.

Note: An asterisk indicates a required field.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed identifier
bin	N*	6	4-9	"NDBOPh"	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed version
trans-code	N*	2	12-13	"01"	Fixed value
pharm-number	A*	12	14-25	"0125999"	NABP/NCPDP number of dispenser.
customer-id	A	20	26-45	"214546143"	ID for customer (NOT REQUIRED - pharmacy can use their internal patient identifier or zeros)
zip-code	A	3	46-48	"302"	First three digits of customer ZIP code.
birth-date	D*	8	49-56	"19550420"	Customer birth date, <i>YYYYMMDD</i> format.
sex-code	A*	1	57-57	"1"	Sex code - 1 =Male, 2=Female
date-filled	D*	8	58-65	"20050103"	Date claim was filled, <i>YYYYMMDD</i> format.
rx-number	A*	7	66-72	"2239557"	Your internal Rx number.
new-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill.
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML
days-supply	N	3	80-82	"030"	Days of supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound, 2=Compound

Field Name	Type	Len	Cols	Sample	Meaning
ndc-number	A*	11	84-94	"53014057507" for NDC Code OR "99999999999" for a compound	NDC Code (e.g.: METADATE CD 20 MG CAPSULE) Note: If using a compound the format for NDC must be all 9s (99999999999)
presc-id	A*	10	95-104	"AA99999999"	DEA Number of prescribing physician
dea-suffix	A	4	105-108	"0123"	If above DEA number is a facility, a unique identifier established by that facility to identify specific prescribers.
date-rx-written	D*	8	109-116	"20050102"	Date Rx written, <i>YYYYMMDD</i> format.
num-refill-auth	N*	2	117-118	"00"	Number refills authorized
rx-origin-code	A*	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Facsimile, 4=Electronic/Eprescription)
cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (e.g., MITRAL VALVE DISORDERS)
alt-presc-id	A	10	129-138		State license number of prescriber if presc-id above is an Institutional DEA Number.
pat-last-name	A*	15	139-153	"Harris"	Patient last name
pat-first-name	A*	15	154-168	"Jason"	Patient first name
pat-street-addr	A*	30	169-198	"124 West 34th Street"	Patient street address

Field Name	Type	Len	Cols	Sample	Meaning
state-code	A*	2	199-200	"ND"	State code of patient address
zip-code-extd	A*	9	201-209	"58502"	Extended ZIP code of patient address (5-digit ZIP is acceptable)
trip-serial-num	A	12	210-221		Triplicate serial number. This does not apply to North Dakota at present. Leave blank.
filler-stuff	A	1	222-222		

* Denotes a required field.

** Do not submit a file if you have no data to report.

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Appendix B: Upload Reports and Edit Definitions

Upload Reports

HID 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 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.

The following 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 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

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
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	Serious
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Serious
Edit 28	Date RX Written is invalid	Serious
Edit 86	Diagnosis Code is invalid	Minor
Edit V1	Record already exists	Fatal

Appendix C: Assistance and Support

Technical Assistance

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

Contact HID at ndpdminfo@hidinc.com

or

Call 1-866-792-3149

Technical assistance is available from 8:00 am – 5:00 pm EST (Central Standard Time).

Administrative Assistance

If you have any non-technical questions regarding the North Dakota Prescription Drug Monitoring Program, please contact:

Kathy R. Zahn, Program Assistant
Prescription Drug Monitoring Program
North Dakota State Board of Pharmacy
1906 E. Broadway Avenue
P.O. Box 1354
Bismarck, ND 58502-1354
(701) 328-9537
www.nodakpharmacy.com

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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 or practitioner authorized to dispense controlled substances.

FTP

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

NABP

National Association of Boards of Pharmacy

NDC

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

PMP

Prescription Monitoring Program

Prescriber

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

RxSentry

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

SFTP

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

SSL

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

Universal Claim Form

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

Uploader

A pharmacy or group of pharmacies, a practitioner, or a group of practitioners
that upload a data file containing controlled substance dispensing information