

Dispenser's Implementation Guide

**North Dakota Board of Pharmacy
Prescription Drug Monitoring Program**



February 2012

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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 is customized for the North Dakota Board of Pharmacy and is intended for use by all dispensers reporting their dispensing of controlled substances, tramadol, and carisoprodol to the State of North Dakota.

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2 Data Collection and Tracking

Data Collection Requirements

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 19-03.5 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 information in the following table. For detailed information for each of these fields, please see [Appendix A: ASAP 4.1 Specification](#).

Field Name	Field ID
Pharmacy Header	
NCPDP/NABP Provider ID	PHA02
Patient Information	
Last Name	PAT07
First Name	PAT08
Middle Name	PAT09
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
Dispensing Record	
Reporting Status	DSP01
Prescription Number	DSP02
Date Filled	DSP05

Field Name	Field ID
Refill Number	DSP06
Product ID Qualifier * Note: NDC is required	DSP07
Product ID	DSP08
Quantity Dispensed	DSP09
Days Supply	DSP10
Transmission Form of Rx Origin Code	DSP12
Pharmacy National Provider Identifier	DSP14
Classification Code for Payment Type	DSP16
Prescriber Information	
DEA Number	PRE02
Last Name	PRE05
First Name	PRE06

Each dispenser shall submit the required fields 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:

- the dispenser suffers a mechanical or electronic failure or cannot report within the required time for other reasons beyond the dispenser's control; or
- 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 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 for the North Dakota Prescription Drug Monitoring Program.

Timeline and Requirements

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

- See [Creating Your Account](#) for more information.
- Required data submissions begin three (3) years from the date you initiate submissions (as we retain our records for three (3) years). Daily submissions are required beyond this point.

Upload Specifications

Files should be in ASAP 4.1 format as defined in [Appendix A: ASAP 4.1 Specification](#). 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. To obtain a waiver form, please go to <http://www.nodakpharmacy.com/PDMP-index.asp> and click **Request a Waiver**.

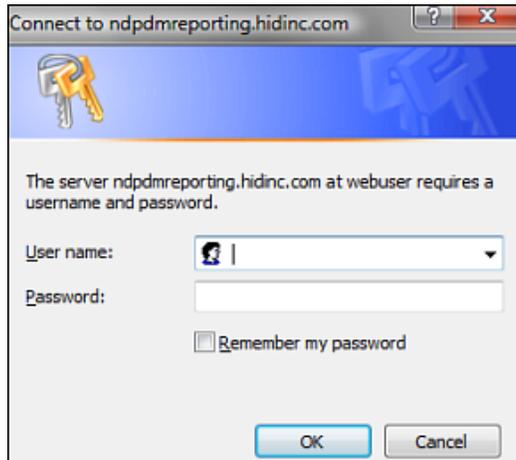
Creating Your Account

Prior to submitting data, you must create an account. If you have already created your account, proceed to the appropriate section of this document that provides the steps you must follow to upload your data.

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:

<i>New Account Setup for ND PDM Upload Access (ndpdm)</i>	
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:	<input type="text"/>
Physician or Pharmacy DEA number:	<input type="text"/>
ZIP Code:	<input type="text"/>
<input type="button" value="Next"/>	

- 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**.

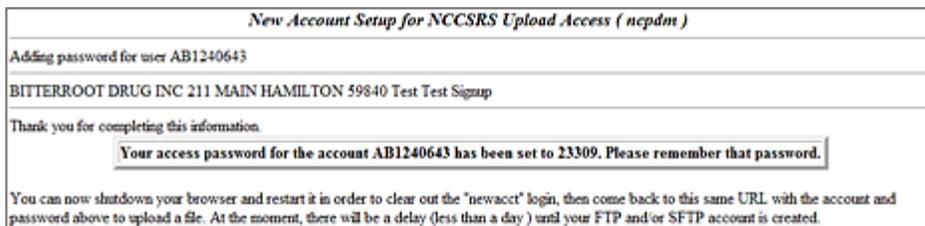
The **New Account Setup for ND PDM Upload Access (ndpdm)** window is displayed.

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.
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: <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. Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors.

Field	Description/Usage
	<p>Note: Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> <ul style="list-style-type: none"> ▪ 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.
Contact Fax	<p>Type the contact's fax number, using the format 999-999-9999.</p> <p>The field to the right of the Contact Fax field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"> ▪ Select 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. <p>Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</p> <ul style="list-style-type: none"> ▪ Select Fax Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. <p>Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</p> <ul style="list-style-type: none"> ▪ Select Fax Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. <p>Note: Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> <ul style="list-style-type: none"> ▪ Select Fax Edit Reports For All Uploads if you wish to have the results of all of your data uploads faxed to you.
Anticipated Upload Method	Select the method of data upload you plan to use to report your data.
Pharmacies I will be reporting	<p>A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field.</p> <p>To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select.</p> <p>The pharmacies you select will be "tied" to your user name.</p>

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



New Account Setup for NCCSRS Upload Access (nepdm)

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) or fax number supplied for the account(s).

Modify Upload Account

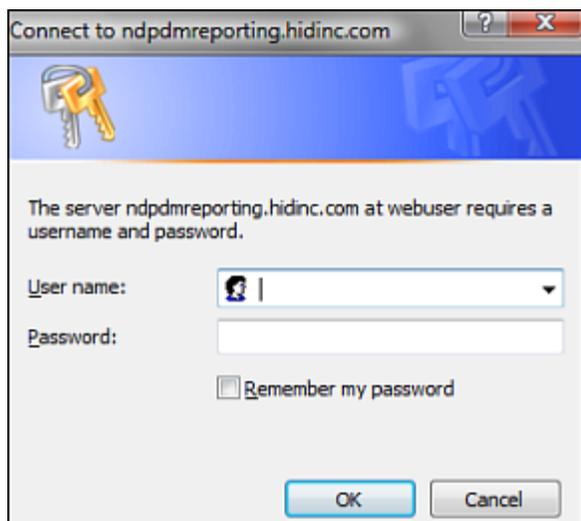
Use this function if you need to modify the information supplied when you originally created your account.

- 1 Open an Internet browser window, type <https://ndpdmreporting.hidinc.com> in the address bar, and then press [Enter].
- 2 Type your user name in the **User name** field.
- 3 Type your password in the **Password** field.
- 4 Click **OK**.
- 5 From the RxSentry home page, click **Modify Upload Account**.
- 6 Update the information as necessary, using the field descriptions provided in the [Creating Your Account](#) topic as a guideline.
- 7 Click **Next**. A message displays that your account information was successfully updated.

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:

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

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

Notes:

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

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

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

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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:

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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 4.1 specification described in [Appendix A: ASAP 4.1 Specification](#).

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 Log off when the file transfer/upload is complete.
- 7 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

Encrypted File with OpenPGP Via FTP

There are many free software products which support file encryption using the PGP standard. Neither the 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 4.1 specification described in [Appendix A: ASAP 4.1 Specification](#).

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., *20100104.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 4.1 specification described in [Appendix A: ASAP 4.1 Specification](#).

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 4.1 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: ndbophpdmp@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

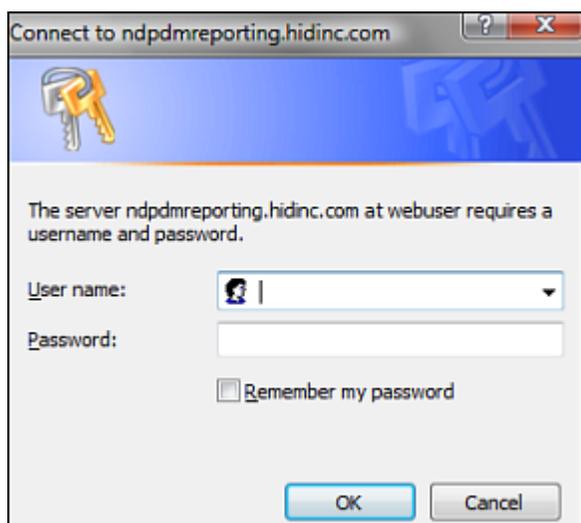
Prescription information may be submitted using RxSentry's online UCF. The following new terms are introduced in this topic:

- **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.

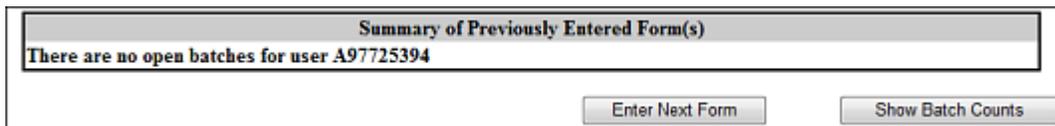
Perform the following steps to use the online UCF to submit prescription information:

- 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:



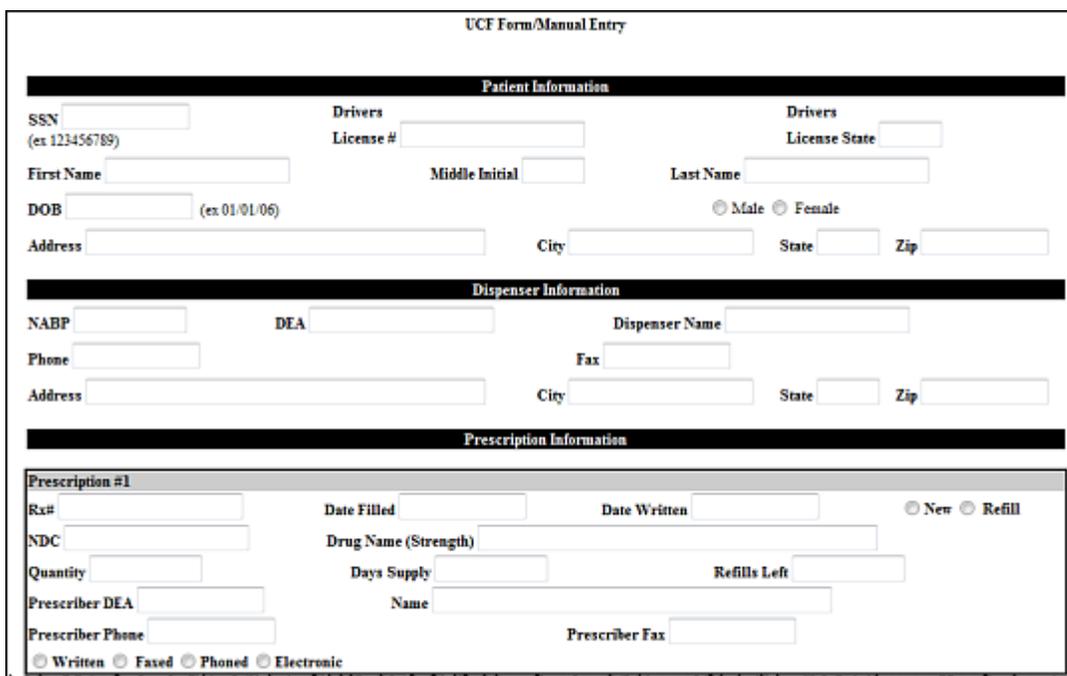
- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.

- 7 From the RxSentry home page, click **UCF Form Entry**. A window similar to the following is displayed:



A summary window titled "Summary of Previously Entered Form(s)" with a message: "There are no open batches for user A97725394". Below the message are two buttons: "Enter Next Form" and "Show Batch Counts".

- **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**. A window similar to the following is displayed:



The "UCF Form/Manual Entry" form is divided into three main sections: Patient Information, Dispenser Information, and Prescription Information. Each section contains various text input fields and radio buttons for data entry.

Patient Information

SSN (ex 123456789) Drivers License # Drivers License State
First Name Middle Initial Last Name
DOB (ex 01/01/06) Male Female
Address City State Zip

Dispenser Information

NABP DEA Dispenser Name
Phone Fax
Address City State Zip

Prescription Information

Prescription #1
Rx# Date Filled Date Written New Refill
NDC Drug Name (Strength)
Quantity Days Supply Refills Left
Prescriber DEA Name
Prescriber Phone Prescriber Fax
 Written Faxed Phoned Electronic

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 [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.

This page intentionally left blank.

5 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.

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 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 four 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
- Duplicate – Record is not loaded but an error is logged in the error report

An entire batch may be rejected if:

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

View Upload Reports

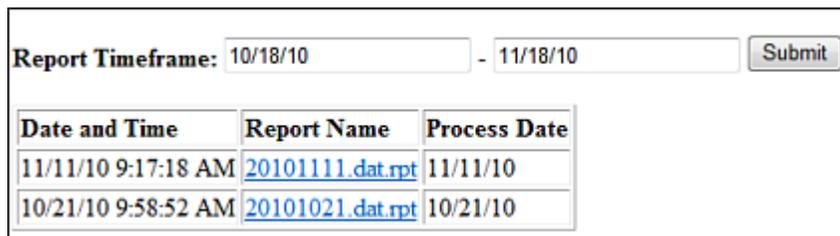
This function provides to dispensers access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, dispensers can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://ndpdmreporting.hidinc.com>.
- 2 Press **[Enter]**. 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:



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

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

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

Error Correction

The ASAP 4.1 standard requires a dispenser to select an indicator in the DSP01 (Reporting Status) field. Dispensers 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 have been revised
- 02 Void – indicates that the original record should be removed

Note: A V1 error, defined in the [Edit Definitions](#) table on the following page, should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are hit. Error thresholds are defined in the previous section of this document.

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:
 - **PHA02** (NCPDP/NABP 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.

Important 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 03	NPI number blank	Minor
Edit 05	Pharmacy ID Not found	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed is invalid or Irrational	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
Edit 19	Days Supply is 999	Fatal
Edit 20	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Minor
Edit 25	Prescriber ID cannot be blank	Fatal
Edit 28	Date RX Written is invalid	Minor
Edit 29	Number Refill Authorized Invalid	Minor
Edit 30	Transmission of RX origin invalid	Minor
Edit 31	Classification Code for Payment Type invalid	Serious
Edit 50	Customer Last Name blank	Serious
Edit 51	Customer First Name blank	Serious
Edit 52	Customer Address blank	Serious

Edit Number	Message	Severity
Edit 53	Customer Zip Code is blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 55	Customer Middle Name blank	Minor
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit V1	Record already exists	Duplicate

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6 Assistance and Support

Technical Assistance

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

Contact HID at ndpdminfo@hidinc.com

Or

Call 1-866-792-3149

Technical assistance is available from 8:00 am – 5:00 pm CST (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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7 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

PDMP

Prescription Drug 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

8 Document Information

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Formatting Conventions

The following formatting conventions are used throughout this document.

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

Table 1 – Text Formats

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
04/17/2009	1.0	Initial publication
05/04/2009	1.1	Revised publication
10/12/2009	2.0	Revised publication
02/15/2010	3.0	Revised publication
04/22/2010	3.1	Revised publication
06/15/2010	3.2	Revised publication
05/12/2011	3.3	Revised publication
02/02/2012	3.4	Revised publication

Table 2 – Document Version History

Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Appendix 1: ASAP 95 Specification	ASAP 95 specification updated to include format for NDC when using a compound
2.0	Chapter 4/Universal Claim Form (UCF) Submission	New topic added
	Chapter 3/Reporting Zero Dispensing	New topic added
	Chapter 4/All topics	Additional notes for file upload preparation added
	Chapter 4/Notes About NDC Numbers	New topic added
	Universal Claim Form	Updated to remove "Prescriber License Number" field
	Chapter 4/ Encrypted File Transmission with Open PGP Via FTP	Steps updated

Version Number	Chapter/Section	Change
	Glossary	Added
3.0	Appendix 1: ASAP 95 Specification	ASAP 95 specification removed and replaced with ASAP 2007 specification
3.1	Appendix 1: ASAP 2007 4.0 Specification	ASAP 2007 4.0 specification replaced with ASAP 2007 4.1 specification
3.2	Chapter 5/Error Correction	Topic updated
3.3	Global	<i>ASAP 2007 4.1</i> reference changed to <i>ASAP 4.1</i>
	Chapter 5/View Upload Reports	New topic added
3.4	ASAP 4.1 Specification	06 Compound added to DSP07

Table 3 – Document Change Log

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Appendix A: ASAP 4.1 Specification

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 version 4 release 1 specification.

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.1 format to comply with the North Dakota Prescription Drug Monitoring Program requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).
 - Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.
 - If the last field in the segment is blank, it should contain an asterisk and a tilde (~).
- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
 - The Transaction Header is the only segment that has a Data Segment Terminator field built in. For all other segments, the last required field or the last field used in the segment should be followed by a backslash.
- **Field Usage**
 - R = Required by ASAP
 - N = Not used
 - RR = Required by the ND PMP

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

Note: For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

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

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.			
	PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	RR
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	N
	PHA04	Pharmacy Name Free-form name of the pharmacy.	N
	PHA05	Address Information – 1 Free-form text for address information.	N
	PHA06	Address Information – 2 Free-form text for address information.	N
	PHA07	City Address Free-form text for city name.	N
	PHA08	State Address U.S. Postal Service state code.	N
	PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	N
	PHA10	Phone Number Complete phone number including area code.	N
	PHA11	Contact Name Free-form name.	N
	PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	N
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.	N

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

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.	N
	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.	N
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	RR
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	N

Segment	Field ID	Field Name	Field Usage
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other 	N
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	N
DSP: Dispensing Record			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	RR
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	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. <ul style="list-style-type: none"> • 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 CDIO4.	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. <ul style="list-style-type: none"> • 01 Each • 02 Milliliters (ml) • 03 Grams (gm) 	N
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other 	RR
	DSP13	Partial Fill Indicator To indicate whether it is a partial fill. <ul style="list-style-type: none"> • 01 Yes • 02 No 	N
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	RR
	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.	N

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. <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	N
	DSP18	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N
	DSP19	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions.	N
PRE: Prescriber Information			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	N
	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.	N
	PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	N
	PRE05	Last Name Prescriber's last name.	RR
	PRE06	First Name Prescriber's first name.	RR
	PRE07	Middle Name Prescriber's middle name or initial.	N

Segment	Field ID	Field Name	Field Usage
CDI: Compound Drug Ingredient Detail			
<p>Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.</p> <p>Used to identify the individual ingredients that make up a compounded drug.</p> <p>If CDI is filled in, the NDC of DSP08 must be 9999999999.</p>			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment 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)	N
AIR: Additional Information Reporting			
<p>To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments.</p> <p>Note: If this segment is used, at least one of the data elements (fields) will be required.</p>			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	N
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N

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. <ul style="list-style-type: none"> • 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) 	N
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	N
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	N
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N
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

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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