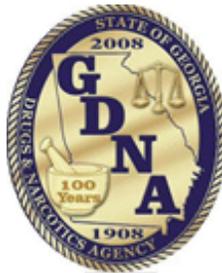


Dispenser's Implementation Guide

Georgia Drugs and Narcotics Agency Prescription Drug Monitoring Program



March 2013

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1 Document Overview

Purpose and Contents

The *RxSentry*[®] *Dispenser's Implementation Guide* serves as a step-by-step implementation and training guide for dispensers in the State of Georgia who are required to report data for dispensed Schedule II, III, IV, and V controlled substances to the Georgia Prescription Drug Monitoring Program. RxSentry will receive this data and serve as its repository on behalf of the Georgia PDMP. This guide includes such topics as:

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

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

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2 Program Overview

Purpose

In 2012, Georgia Code, Title 16, Chapter 13 was signed into law, authorizing the Georgia Drugs and Narcotics Agency (Agency) to establish a prescription drug monitoring program (PDMP):

Subject to funds as may be appropriated by the General Assembly or otherwise available for such purpose, the Agency shall, in consultation with members of the Georgia Composite Medical Board, establish and maintain a program to electronically record into an electronic data base prescription information resulting from the dispensing of Schedule II, III, IV, or V controlled substances and to electronically review such prescription information that has been entered into such a data base.

The purpose of the PDMP shall be to assist in the reduction of the abuse of controlled substances; to improve, enhance, and encourage a better quality of healthcare by promoting the proper use of medications to treat pain and terminal illness; and to reduce duplicative prescribing and overprescribing of controlled substances practices. The data collected will be used to enhance patient care by providing prescription drug monitoring information that will ensure legitimate use of controlled substances in healthcare, including palliative care, research, and other medical pharmacological uses.

Each time a monitored prescription drug is dispensed, that information must be reported to the PDMP. Dispensers must compile and electronically submit their controlled substance dispensing information to the PDMP at least weekly and no later than ten (10) days after dispensing the prescription; however, dispensers are encouraged to submit more frequently, if they so choose.

Note: A "dispenser" is a pharmacy that delivers a Schedule II, III, IV, or V controlled substance to the ultimate user.

For each seven (7)-day period during which the pharmacy does not dispense a monitored prescription drug, the pharmacy must submit a zero report to the PDMP.

The Agency shall establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as provided for by law.

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3 Data Collection and Tracking

About This Chapter

This chapter provides information regarding the data collection and reporting requirements established by the GA PDMP, as well as information regarding those who are exempt from reporting.

Data Collection Requirements

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the GA PDMP, using a format approved by the Georgia Drugs and Narcotics Agency (Agency) at least weekly and no later than ten (10) days after dispensing the monitored controlled substance; however, dispensers are encouraged to submit more frequently, if they so choose. All dispensers of controlled substances must meet the reporting requirements set forth by Georgia law in a secure methodology and format. Such approved formats may include secure FTP over SSH, SSL website, physical media (CD or DVD), online universal claim form, or another agreed-upon method.

Note: A "dispenser" is a pharmacy that delivers a Schedule II, III, IV, or V controlled substance to the ultimate user.

Reporting Requirements

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

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

For detailed information for each of the fields required by the State of Georgia and the fields required by the American Society for Automation in Pharmacy (ASAP), please see [Appendix A: ASAP 4.2 Specifications](#).

Exemptions

The following entities are exempt from reporting data:

- A pharmacy licensed as a hospital pharmacy by the Georgia Board of Pharmacy pursuant to Code Section 26-4-110;
- An institutional pharmacy that serves only a healthcare facility, including, but not limited to, a nursing home, an intermediate care home, a personal care home, or a

- hospice program, which provides patient care and which pharmacy dispenses such substances to be administered and used by a patient on the premises of the facility;
- A practitioner or other authorized person who administers such a substance; or
 - A pharmacy operated by, on behalf of, or under contract with the Department of Corrections for the sole and exclusive purpose of providing services in a secure environment to prisoners within a penal institution, penitentiary, prison, detention center, or other secure correctional institution. This shall include correctional institutions operated by private entities in this state which house inmates under the Department of Corrections.

Required Prescription Information

All dispensers of Schedule II, III, IV, and V controlled substances 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 4.2 Specifications](#).

Field Name	Field ID
Pharmacy Header	
DEA Number	PHA03
Pharmacy (Dispenser) Name	PHA04
Address Information – 1	PHA05
City Address	PHA07
State Address	PHA08
ZIP Code Address	PHA09
Patient Information	
Last Name	PAT07
First Name	PAT08
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
Dispensing Record	
Prescription Serial Number	DSP02
Date Issued by the Prescriber	DSP03
Date Dispensed	DSP05

Field Name	Field ID
Prescription New or Refill	DSP06
Product ID Qualifier *Note: NDC is required	DSP07
Product ID	DSP08
Quantity Dispensed	DSP09
Days Supply	DSP10
Classification Code for Payment Type	DSP16
Prescriber Information	
DEA Number	PRE02
Last Name	PRE05
First Name	PRE06

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

Reporting Noncompliance

Any dispenser who knowingly and intentionally fails to submit prescription information to the Agency as required by Georgia law or knowingly and intentionally submits incorrect prescription information shall be guilty of a felony and, upon conviction thereof, shall be punished for each such offense by imprisonment for not less than one year nor more than five years, a fine not to exceed \$50,000, or both, and such actions shall be reported to the licensing board responsible for issuing such dispenser's dispensing license for action to be taken against such dispenser's license.

Zero Reports

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

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4 Data Submission

About This Chapter

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

Timeline and Requirements

Dispensers or software vendors can establish submission accounts as of the date listed below. Instructions for setting up an account are provided in the [Creating Your Account](#) topic in this chapter.

- You may create your account and begin submitting **test** data files on or after April 29, 2013.
- Beginning May 8, 2013, dispensers are required to report their data at least weekly and no later than ten (10) days after dispensing the monitored controlled substance. However, dispensers are encouraged to report more frequently if they would like.
- The Agency requests that dispensers report retroactive data from September 1, 2012. Dispensers will have until June 1, 2013 to report their retroactive data.
- If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant.

Upload Specifications

Files should be in ASAP format as defined in [Appendix A: ASAP 4.2 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20130508.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.

Daily prescription information must be reported on at least a weekly basis unless an exemption has been obtained from the Agency.

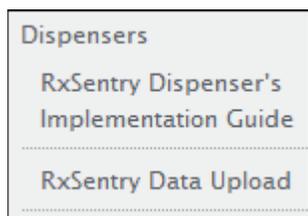
Creating Your Account

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.

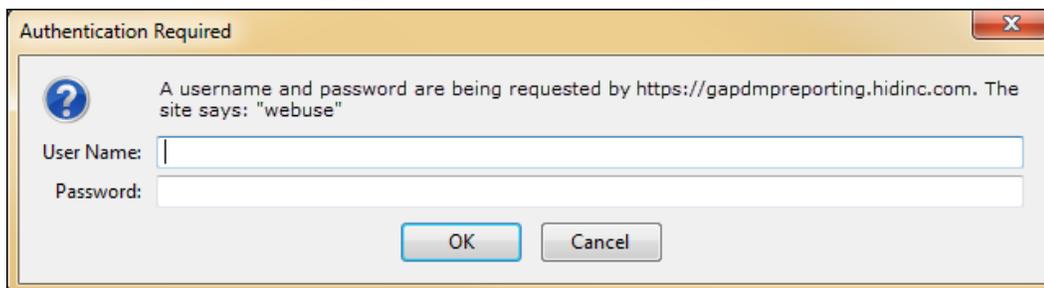
Note: Multiple pharmacies can be uploaded in the same file. For example, Walmart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar:
www.hidinc.com/gapdmp.
- 2 Click **Dispensers**. A window similar to the following is displayed:

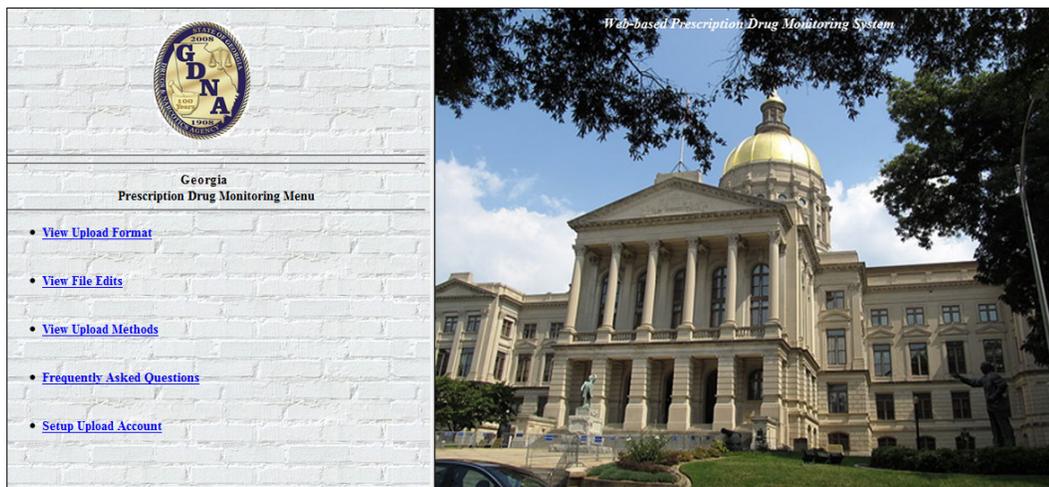


- 3 Click **RxSentry Data Upload**. A window similar to the following is displayed:



- 4 Type *newacct* in the **User name** field.
- 5 Type *welcome* in the **Password** field
- 6 Click **OK**.

A window similar to the following is displayed:



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

New Account Setup for GA PDMP Upload Access (gapdm)

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

Physician or Pharmacy DEA number:	
ZIP Code:	

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

9 Enter your ZIP code in the **ZIP Code** field

10 Click **Next**.

A window similar to the one shown on the following page is displayed.

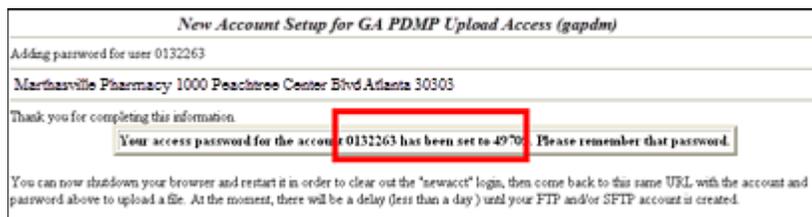
<i>New Account Setup for GA PDMP Upload Access (gapdm)</i>	
Help	
We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.	
Marthasville Pharmacy 1000 Peachtree Center Blvd Atlanta 30303 Phone: 8777193121 Fax: ?	
If you will be reporting for more than one Dispenser, you should create a generic account using something more generic like "CVS" or "Target" or "RiteAid".	
Your Choice:	<input checked="" type="radio"/> Keep AB9876543 as my account for a single Dispenser. <input type="radio"/> Create an account using <input type="text" value="HID"/> as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)
Who should we contact regarding issues with data uploads?	
*Contact Name:	<input type="text" value="George Clark"/>
*Contact Address:	<input type="text" value="140 Mitchell Street"/> City: <input type="text" value="Dudley"/> State: <input type="text" value="GA"/> Zip: <input type="text" value="31022"/>
*Contact Email:	<input type="text" value="gclark@test.com"/> <input type="text" value="Email Edit Reports For All Uploads"/>
*Contact Phone:	<input type="text" value="8777193121"/>
*Contact Fax:	<input type="text" value="Don't Fax Edit Reports"/>
Anticipated Upload Method:	<input checked="" type="checkbox"/> Secure FTP using SSH <input type="checkbox"/> Upload with Internet Browser using SSL <input type="checkbox"/> Mail a Diskette <input type="checkbox"/> Mail a CDR
<p>Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies to be included.</p> <p>NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.</p>	
Pharmacies I will be Reporting: (IF you created a generic ID above)	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>
*Dispenser Type:	<input type="radio"/> Pharmacy <input type="radio"/> Dispensing Practitioner
*Dispenser Location:	<input type="radio"/> In-State <input type="radio"/> Out-of-State
*Required Fields	
<input type="button" value="Next"/>	

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

Field	Description/Usage
Account selection	<ul style="list-style-type: none"> ▪ Choose Keep <account number> as my account for a single Dispenser if you wish to use the suggested account name. ▪ Choose Create an account using <suggested account name> as my ID for uploading more than one Dispenser's Data if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.
Contact Information Note: Information in this section is used for contact purposes in the event a problem occurs with a data upload.	
Contact Name	Type the first and last name of the contact person.
Contact Address	Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	(Required) Type the contact's e-mail address. Click the down arrow in the field to the right of the Contact Email field to select Email Edit Reports for All Uploads .
Contact Phone	Type the contact's phone number, using the format <i>999-999-9999</i> .
Contact Fax	(Required) Type the contact's fax number, using the format <i>999-999-9999</i> . Click the down arrow in the field to the right of the Contact Fax field and select Fax Edit Reports for All Uploads .
Anticipated Upload Method	Select the method of data upload you plan to use to report your data.
Pharmacies I will be reporting	A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field. To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select. The pharmacies you select will be tied to your user name.
Dispenser Type	(Required) Select whether you are a Pharmacy or a Dispensing Practitioner .

Field	Description/Usage
Dispenser Sub-type	(Required) Once you select your Dispenser Type , the Dispenser Sub-type field is displayed. Select the appropriate dispenser sub-type. Note: The options that display in this field are dependent on whether you answered Pharmacy or Dispensing Practitioner in the Dispenser Type field.
Dispenser Location	(Required) Select whether you are an In-State or Out-of-State dispenser.

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



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 two 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 **Setup user name as a group**.

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

Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding reporting period, you must report this information to the GA PDMP.

You may report zero dispensing by using the functionality provided within RxSentry via the Report Zero Activity menu item, or by creating and uploading a zero report data file. The steps you must perform for each method are provided in the following sections.

Report Zero Activity – RxSentry

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: www.hidinc.com/gapdmp.
- 3 Click **Dispensers**, and then click **RxSentry Data Upload**.
A login window is displayed.
- 4 Type your user name in the **User Name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**. A window similar to the following is displayed:

Report Zero Activity

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:	Marthasville Pharmacy
Address:	1000 Peachtree Center Blvd Atlanta 30303
Phone:	855-123-4567
Fax:	None
Email:	test@marthasvillepharmacy.com
Period Start Date:	<input type="text"/>
Period End Date:	03/07/13
Pharmacy ID/Name:	<input type="text"/> <input type="text"/>

Use ID/Name listed above Choose from list

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

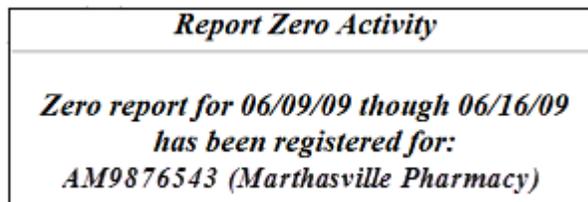
Notes:

- 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:



Report Zero Activity – File Upload

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

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20130508.dat* if you submit it on May 8, 2013.
 - Do not include spaces in the file name.
 - If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: *20130508a.dat*, *20130508b.dat*, and *20130508c.dat*.
 - The system will accept zipped files and you should name them using the date of submission to HID. For example, name the file *20130508.zip* if you submit it on May 8, 2013.
 - Before transmitting your file, rename it to include the suffix *.up* (e.g., *20130508.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130508.dat*).
- 3** Upload the file using the steps provided in one of the following data delivery topics:
 - [Secure FTP over SSH](#)
 - [Encrypted File with OpenPGP via FTP](#)
 - [SSL Website](#)

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

5 Data Delivery Methods

About This Chapter

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s).

For quick reference, click the desired hyperlink in the following table to view the step-by-step instructions for your chosen data delivery method:

Delivery Method	Page
Secure FTP over SSH	17
Encrypted File with OpenPGP Via FTP	18
SSL Website	19
Physical Media (CD or DVD)	20
Universal Claim Form (UCF) Submission	
Notes about NDC Numbers	21
Online UCF Submission	21

Secure FTP Over SSH

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20130508.dat* if it is submitted on May 8, 2013.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130508a.dat*, *20130508b.dat*, and *20130508c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130508.zip* if it is submitted on May 8, 2013.

- Before transmitting your file, rename it to include the suffix *.up* (e.g., *20130508.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130508.dat*).
- 3 SFTP the file to <sftp://gapdmpreporting.hidinc.com>.
 - 4 When prompted, type *gapdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created your account.
 - 5 Place the file in the new directory.
 - 6 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
 - 7 Log off when the file transfer/upload is complete.

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

Encrypted File with OpenPGP via FTP

There are many free software products that support file encryption using the PGP standard. Neither the Agency nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.pgp* extension. For example, name the file *20130508.pgp* if it is submitted on May 8, 2013.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130508a.pgp*, *20130508b.pgp*, and *20130508c.pgp*.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130508.pgp.up*). This will ensure that we do not try to load the file while you

are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130508.pgp*).

- 4 Encrypt the file with the PGP software, using the public key supplied during account creation.

Note: PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.

- 5 FTP the file to <ftp://gapdmpreporting.hidinc.com>.
- 6 When prompted, type *gapdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created your account.
- 7 Place the file in the new directory.
- 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20130508.pgp*).
- 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
- 10 Log off when the file transfer/upload is complete.

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

SSL Website

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20130508.dat* if it is submitted on May 8, 2013.
 - Do not include spaces in the file name.
 - If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130508a.dat*, *20130508b.dat*, and *20130508c.dat*.
 - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130508.zip* if it is submitted on May 8, 2013.
- 3 Open a Web browser and type the following URL in the address bar:
www.hidinc.com/gapdmp.

- 4** Click **Dispensers**, and then click **RxSentry Data Upload**.
- 5** When prompted, type the user ID and password supplied when you created your account.
- 6** Click **Upload a File**.
- 7** Click **Browse** to navigate to the location where you saved the file created in step 2.
- 8** If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20130508.dat*.
- 9** Click to select the file, and then click **Open**.
- 10** Click **Send File**.

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

Physical Media (CD or DVD)

- 1** If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2** Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20130508.dat* if it is submitted on May 8, 2013.
 - Do not include spaces in the file name.
 - If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20130508a.dat*, *20130508b.dat*, and *20130508c.dat*.
 - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130508.zip* if it is submitted on May 8, 2013.
- 3** Write the file to the preferred media (CD or DVD).
 - 4** Add a label to the outside of the media that contains the following information:
 - DEA Number
 - Date of Submission
 - Contact Person

- 5** Mail the media to:
Health Information Designs, LLC
GA PDMP Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

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

When submitting information using the online UCF, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the Georgia PDMP database. Please use the information in the [Notes about NDC Numbers](#) topic as a guideline for providing accurate NDC numbers.

Notes about NDC Numbers

Use the following information when entering NDC numbers on the UCF:

- NDCs are 11 digits and use the format *99999-9999-99*.
- When adding an NDC, do not include the dashes, for example, *99999999999*.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC-" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

If the NDC appears this way ...	Enter it this way ...
1234-5678-90 (missing 0 in first segment)	01234568790
54321-123-98 (missing 0 in 2nd segment)	54321012398

Online UCF Submission

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

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 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:
www.hidinc.com/gapdmp.
- 3 Click **Dispensers**, and then click **RxSentry Data Upload**.
- 4 When prompted, type the user ID and password supplied when you created your account.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **UCF Form Entry**.

A window similar to the following is displayed:

- **Enter Next Form** allows you to prepare one or more records for submission.
 - **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have previously been submitted.
- 7 Click **Enter Next Form**.

A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

Telephone# (ex 1234567890)

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 State License # Name

Prescriber Phone Prescriber Fax

PvtPay MdcAid Mdcare PBM ins Maj Med Wk Cmp

- 8 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 you click **Submit**, a window similar to the following is displayed:

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

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

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

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6 Upload Reports and Edit Definitions

About This Chapter

This chapter provides information about viewing existing upload reports and correcting erroneous records.

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 whether you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

Edit Report for file groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012

	Numeric Error Code*	Error Description*	Data that was incorrect	RX Number
Record	10:	25-Prescriber ID not found	Data: [000000]	A89876543 04034558
Record	52:	25-Prescriber ID not found	Data: [BY0000001]	A89876543 04034470
Record	84:	25-Prescriber ID not found	Data: [AD0000004]	A89876543 04031888
Record	99:	54-Customer Zip Code conflicts with Stat	Data: [000000000]	A89876543 04034458
Record	152:	25-Prescriber ID not found	Data: [B05555555]	A89876543 04034493
Record	185:	25-Prescriber ID not found	Data: [B05555555]	A89876543 04034459
Record	200:	25-Prescriber ID not found	Data: [B5110011]	A89876543 04034489
Record	215:	54-Customer Zip Code conflicts with Stat	Data: [432780000]	A89876543 04033520
Record	224:	25-Prescriber ID not found	Data: [AS1111115]	A89876543 04034542
Record	350:	25-Prescriber ID not found	Data: [MHS555555]	A89876543 04034481
Record	351:	25-Prescriber ID not found	Data: [MHS555555]	A89876543 04034482
Record	373:	54-Customer Zip Code conflicts with Stat	Data: [000000000]	A89876543 04032245

Total #Records:	398	(TOTAL NUMBER OF RECORDS YOU SUBMITTED)
# Records with Errors:	12 (3%)	
# Records with SERIOUS Errors:	3 (1%)	(WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS)
# Records with FATAL Errors:	0 (0%)	(WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL)
# Records with Duplicates:	0 (0%)	(WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED)
	0 Records Imported 05/31/2012	(TOTAL NUMBER OF RECORDS WE ACCEPTED)

*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.

A single claim may be rejected or, if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

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

An entire batch may be rejected if:

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

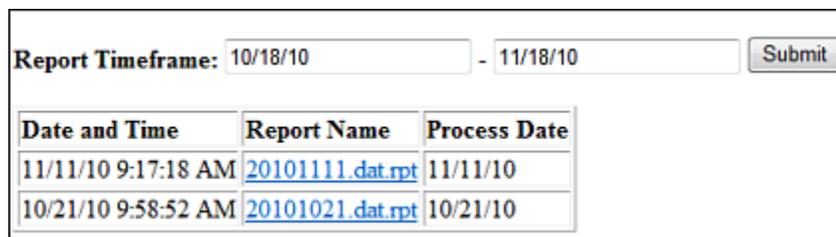
Pharmacies are required to correct fatal errors and resubmit the records within seven (7) days of the initial record submission.

View Upload Reports

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

Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar: www.hidinc.com/gapdmp.
- 2 Click **Dispensers**, and then click **RxSentry Data Upload**.
- 3 When prompted, type the user ID and password supplied when you created your account.
- 4 Click **OK**.
- 5 From the RxSentry home page, click **View Upload Reports**. A window similar to the following is displayed:



The screenshot shows a web interface for viewing upload reports. At the top, there is a 'Report Timeframe' section with two input fields containing the dates '10/18/10' and '11/18/10', separated by a hyphen, and a 'Submit' button to the right. Below this is a table with three columns: 'Date and Time', 'Report Name', and 'Process Date'. The table contains two rows of data.

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

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

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

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record. Fatal error corrections must be resubmitted within seven (7) days of the initial record submission. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

Note: Edit Number V1 as shown in the [Edit Definitions](#) table should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the [Upload Reports](#) section.

The ASAP 4.2 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 has been revised
- 02 Void – indicates that the original record should be voided

Use the information in the following topics to create, revise/resubmit, or void an erroneous record.

Submit a New Record

Perform the following steps to submit a new record:

- 1 Create a record with the value **00** in the **DSP01** field.
- 2 Populate all other required fields and submit the record.

Note: These steps are used to submit new records *or* to submit records that were previously submitted but received a fatal status on your error report. **Records with fatal errors are not loaded to the system.** The errors in these records must be corrected in your system and resubmitted using the 00 status in the **DSP01** field.

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value **01** in the **DSP01** field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - PHA03 (DEA Provider ID)
 - DSP02 (Prescription Number)
 - DSP05 (Date Filled)
- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4 Submit the record.

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 02	Pharmacy DEA is blank	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 09	Invalid DOB	Fatal
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
	Days Supply is 999	Fatal
Edit 20	Days Supply > 150	Minor
	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
Edit 22	Product ID Qualifier is invalid	Fatal
Edit 25	Prescriber ID not found	Minor
	Prescriber ID cannot be blank	Fatal
Edit 26	Prescriber Last Name is blank	Minor
Edit 28	Date RX Written is invalid	Fatal
Edit 31	Classification Code for Payment Type invalid	Serious
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
Edit 52	Customer Address blank	Fatal
Edit 53	Customer ZIP Code is blank	Serious
Edit 54	Customer ZIP and State Code conflict	Serious

Edit Number	Message	Severity
Edit 56	Customer City is blank	Serious
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit 100	Pharmacy Name is blank	Minor
Edit 101	Pharmacy Address Information is blank	Minor
Edit 102	Pharmacy City Address is blank	Minor
Edit 103	Pharmacy State Address is blank	Minor
Edit 104	Pharmacy ZIP Code Address is blank	Minor
Edit 200	Prescription Number is blank	Serious
Edit 300	Compound Drug Dosage Units Code must not be blank if CDI03 is filled in	Minor
Edit V1	Record already exists Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.	Minor

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7 Assistance and Support

Technical Assistance

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

Contact HID at gapdmp-info@hidinc.com

Or

Call the HID Help Desk at 1-855-729-8919.

Technical assistance is available Monday through Friday (except for holidays) from 8:00 a.m. – 5:00 p.m. Eastern Time.

Administrative Assistance

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

Ronnie Higgins, RPh

Title: Special Agent

Georgia Drugs and Narcotics Agency

40 Pryor Street SW, Suite 2000

Atlanta, GA 30303

Telephone: (404) 656-5100

Fax: (404) 651-8210

Email: GAPDMP@gdna.ga.gov

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8 Glossary

Agency

Georgia Drugs and Narcotics Agency

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

Dispense

To deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery, or the delivery of a controlled substance by a practitioner, acting in the normal course of his or her professional practice and in accordance with Georgia law, or to a relative or representative of the person for whom the controlled substance is prescribed

Dispenser

A pharmacy that delivers a Schedule II, III, IV, or V controlled substance to the ultimate user

FTP

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

HID

Health Information Designs, LLC

NDC

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

PDMP

Prescription Drug Monitoring Program

RxSentry

Prescription drug monitoring program developed by Health Information Designs, LLC

SFTP

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

SSL

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

Universal Claim Form

Form used by a dispenser who does not have the capability to submit batch data

Ultimate User

A person who lawfully possesses a controlled substance for:

- The person's own use;
- The use of a member of the person's household; or
- Administering to an animal owned by a person or by a member of the person's household

9 Document Information

Copyright Notice and Trademarks

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391 Industry Drive
Auburn, AL 36832

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Disclaimer

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

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>Arial Italic</i>	Text you must type in a field or window, for example, "type <i>Tho</i> to display a list of recipients..."
<u>Blue underlined text</u>	Hyperlinks to other sections of this document or external websites

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
03/12/2013	1.0	Initial 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

Table 3 – Document Change Log

Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) version 4.2 format to comply with the Georgia 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 (~).

Note: The Transaction Header is the only segment that has a Data Segment Terminator field built in.

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
- Field Usage
 - R = Required by ASAP
 - S = Situational
 - RR = Required by the GA PDMP

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

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

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. This is a required segment.			
	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) 	S
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <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.	S
	TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source			
Required segment; used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

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

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	Last Name Patient's last name.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	S
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	S
	PAT12	Address Information – 1 Free-form text for street address information.	RR
	PAT13	Address Information – 2 Free-form text for additional address information.	S
	PAT14	City Address Free-form text for city name.	RR
	PAT15	State Address U.S. Postal Service state code. Note: Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	Phone Number Complete phone number including area code.	S
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	RR
	PAT19	Gender Code Code indicating the sex of the patient. <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 	S

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 	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> ▪ 00 New Record (indicates a new prescription dispensing transaction) ▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) ▪ 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	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 (indicates a compound; if used, the CDI segment becomes a required segment) 	RR
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days Supply Estimated number of days the medication will last.	RR
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> ▪ 01 Each ▪ 02 Milliliters (ml) ▪ 03 Grams (gm) 	S
	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 	S
	DSP13	Partial Fill Indicator Used when the quantity dispensed (DSP09) is less than the quantity prescribed. <ul style="list-style-type: none"> ▪ 00 Not a Partial Fill ▪ 01 First Partial Fill Note: For each additional fill (for a specific prescription), increment by "1"; for example, the second partial fill for a prescription would be reported as "02", up to a maximum of "99".	S

Segment	Field ID	Field Name	Field Usage
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	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.	S
	DSP18	RxNorm Product Qualifier <ul style="list-style-type: none"> ▪ 01 Semantic Clinical Drug (SCD) ▪ 02 Semantic Branded Drug (SBD) ▪ 03 Generic Package (GPCK) ▪ 04 Branded Package (BPCK) Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. Note: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	
	DSP21	Electronic Prescription Order Number Note: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information			
Required segment; used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	S
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	RR
	PRE06	First Name Prescriber's first name.	S
	PRE07	Middle Name Prescriber's middle name or initial.	S
	PRE08	Phone Number	S
CDI: Compound Drug Ingredient Detail			
Use of this segment is situation; required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 02 UPC ▪ 03 HRI ▪ 04 UPN ▪ 05 DIN ▪ 06 Compound (this code is not used in this segment) 	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

Segment	Field ID	Field Name	Field Usage
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> ▪ 01 Each (used to report as package) ▪ 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) ▪ 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	S
AIR: Additional Information Reporting			
Use of this segment is situation; used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	S
	AIR03	ID Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR05.	
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> ▪ 01 Patient ▪ 02 Parent/Legal Guardian ▪ 03 Spouse ▪ 04 Caregiver ▪ 99 Other 	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	S

Segment	Field ID	Field Name	Field Usage
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	S
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	S
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	S
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable Note: Both 01 and 02 cannot be required by a prescription drug monitoring program.	S
TP: Pharmacy Trailer Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

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Appendix B: Zero Report Specifications

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

The zero report specification is a complete transaction that includes the information that would normally be sent with a batch file, filled out as it would be for reporting the dispensing of controlled substances. However, for the detail segments, while all the segments and data elements that are required by the GA PDMP are sent, only the Patient First Name, Last Name, and Date Filled fields are populated. The values populating these fields are:

- First Name = Zero
- Last Name = Report
- Date Filled = Date that the report is sent

All other fields in the detail segments would be left blank.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).
Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.
If the last field in the segment is blank, it should contain an asterisk and a tilde (~).
- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription Monitoring Programs Zero Reports*.

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

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

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