



**RxSENTRY**<sup>®</sup>

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**Minnesota Prescription Monitoring Program**

**Dispenser's Implementation Guide  
v2.4**

**January 2010**

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## Version Control Log

Version	Date	Author	Comments
1.0	10/22/2009	Espy/McCollough/Trawick	Initial version
2.0	11/13/2009	McCollough/Trawick	<ul style="list-style-type: none"> <li>ASAP 2007 specifications updated</li> <li>URL updated in "Online Submission" topic</li> </ul>
2.1	11/23/2009	McCollough/Trawick	Gender Code (PAT19) in ASAP 2007 specifications - field usage updated to RR
2.2	12/08/2009	McCollough/Trawick	Patient Location Code (PAT21) in ASAP 2007 specifications – "unknown" code changed from 12 to 99.
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# 1 Document Overview

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## Purpose and Contents

The RxSentry® Dispenser's Implementation Guide serves as a step-by-step guide for dispensers in the State of Minnesota who dispense schedule II through schedule IV controlled substances and use RxSentry as a repository for the reporting of their dispensed prescriptions. It includes such topics as:

- Reporting requirements for dispensers in the State of Minnesota
- 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 intended for use by all dispensers in the State of Minnesota required to report their dispensing of controlled substances.

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## 2 Data Collection and Tracking

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### Data Collection Requirements

The Minnesota Legislature passed a law (M.S. § 152.126) requiring the Minnesota Board of Pharmacy (MN BOP) to establish a Prescription Monitoring Program (PMP) for schedule II, III and IV controlled substance prescriptions. A dispenser is required by law to report to the PMP the dispensing of all schedule II, III, and IV controlled substances.

The PMP will be an essential tool for addressing the problem of prescription drug diversion. It will utilize an electronic monitoring system to facilitate the transmission of data concerning controlled substance prescriptions from dispensers to a central database maintained by the vendor. "Dispenser" is defined on page 4 of this guide.

Dispensers are required to report on a daily basis, unless a waiver has been obtained from the MN BOP. Data reporting was required to begin on January 4, 2010. Dispensers who do not issue controlled substances in a given week are required to submit a "zero report" at least every seven (7) days. Instructions for zero reporting are available on page 10 of this guide.

In your reporting, please note that M.S. § 152.02 has designated certain drugs as schedule III controlled substances in Minnesota. These drugs are either in a different federal schedule or are not federally scheduled; they include certain codeine-containing cough syrups and human growth hormones. A more complete listing of these additional controlled substances is available in the "What's New" section of the PMP web site at <http://www.phcybrd.state.mn.us/Main-PMP.htm>.

### Reporting Requirements

Data collected from the dispensers shall include, for each schedule II, III, and IV prescription, the following information:

- Name of the prescriber
- Prescriber's DEA number
- Name of the dispenser
- Dispenser's DEA number
- Prescription number
- Patient's name
- Patient's full address, including city, state, and ZIP code
- Patient's date of birth

- Date the prescription was written
- Date the prescription was filled
- Name and strength of the controlled substance (or NDC number)
- Quantity of controlled substance dispensed
- Number of days supply

When the recipient of a controlled substance is an animal, the requirements shown above are to be modified as follows:

- Animal's first name is to be entered for patient's first name
- Owner's last name is to be entered for patient's last name
- Animal's date of birth (DOB) is to be included for patient's DOB (if not known, provide best estimate of DOB)
- Animal's gender is to be entered for patient's gender
- Owner's full address, including city, state, and ZIP code

Chapter 3, [Data Submission](#), provides all the instructions necessary to submit the required information.

**Notes:**

- "Dispenser" includes:
  - All outpatient pharmacies that provide controlled substances to patients in Minnesota, including pharmacies located within the state and those nonresidential pharmacies that regularly ship into the state and are licensed by the MN BOP.
  - Practitioners (physicians, dentists, podiatrists, physician assistants, advanced nurse practitioners and optometrists) who dispense controlled substances.
- Veterinarians are excluded from reporting to the PMP.
- Methadone clinics are excluded from reporting to the PMP

**Dispensers are not required to submit reports for:**

- Individuals residing in licensed skilled nursing or intermediate care facilities;
- Individuals receiving assisted living services under chapter 114G or through medical assistance home and community-based waiver;
- Individuals receiving medication intravenously;
- Individuals receiving hospice and other palliative or end-of-life care; and

- Individuals receiving services from a home care provider regulated under chapter 144A.

Pharmacies that do not dispense controlled substances must forward a written request to the MN BOP for an exemption using the "Exemption from PMP Reporting" form that is available on the PMP Web site ([www.phcybrd.state.mn.us/main-pmp.htm](http://www.phcybrd.state.mn.us/main-pmp.htm)).

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 Chapter 3, [Data Submission](#), to submit the data.

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## 3 Data Submission

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### About This Chapter

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

### Timeline and Requirements

Dispensers can establish an account upon receipt of this document. Instructions are provided in the [Creating Your Account](#) section below.

You can begin submitting data as soon as your account has been established.

Data reporting shall begin no later than Monday, January 4, 2010.

### Upload Specifications

Files are to be submitted in ASAP 2007 format as defined in [Appendix A: ASAP 2007 Specifications](#). Files for upload must 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 "20100104.dat."

**Note:** All of your uploaded PMP files will be kept separate from the files of other reporting entities.

Reports for multiple dispensers/pharmacies can be included in the same upload file in any order.

Prescription information is to be reported daily, unless a waiver has been obtained from the MN BOP. If you are a pharmacy that does not dispense controlled substances, submit a written request to the MN BOP for an exemption using the "Exemption from PMP Reporting" form that is available on the PMP Web site ([www.phcybrd.state.mn.us/main-pmp.htm](http://www.phcybrd.state.mn.us/main-pmp.htm)).

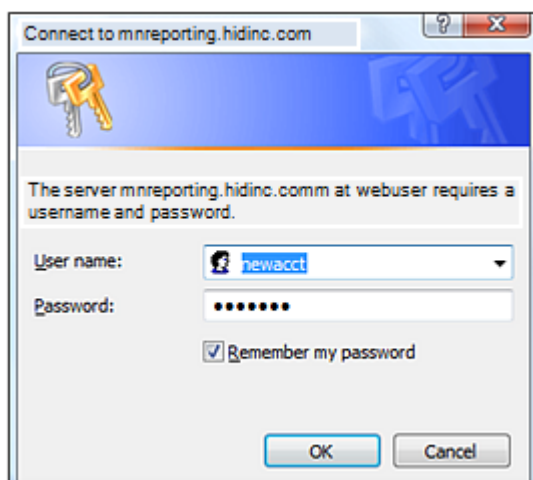
## Creating Your Account

Prior to submitting data, you must create an account.

**Note:** Data from multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, etc. can 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 their files.

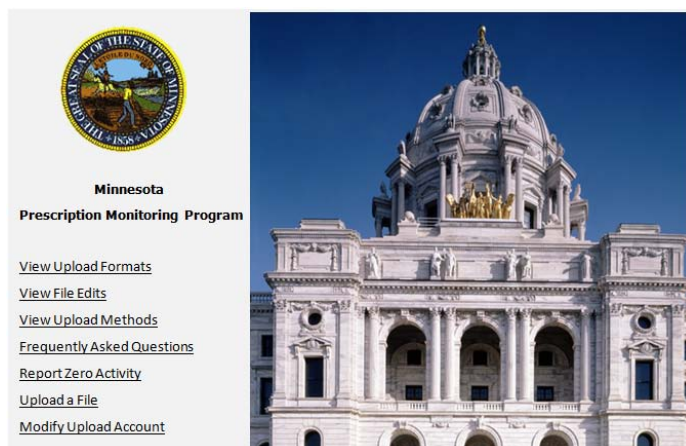
Perform the following steps to create an account:

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



- 2 Type *newacct* in the **User name** field. This user name is required for the first logon.
- 3 Type *welcome* in the **Password** field, and then click **OK**. This password is required for the first logon.

A window similar to the following is displayed:



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

New Account Setup for MPMP Upload Access	
This will setup the accounts to allow you to upload data to the Minnesota Prescription Monitoring Program via SFTP, FTP, or Browser. In order to identify yourself, please enter a DEA number for ANY ONE of your pharmacies, and its 5-digit ZIP code.	
Physician or Pharmacy DEA number:	<input type="text"/>
ZIP Code:	<input type="text"/>
<input type="button" value="Next"/>	

- 5 Enter your DEA number in the **Pharmacy DEA number** field.
- 6 Type your ZIP code in the **Zip Code** field, and then click **Next**. A window similar to the following is displayed:

New Account Setup for MPMP Upload Access	
We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.	
6122 PHARMACY 6122 WHITTIER BLVD LOS ANGELES 90022 Phone: Fax:?	
If you will be reporting for more than one Dispenser, you should create a generic account using a something more generic like "CVS" or "Target" or "RateAid".	
Your Choice:	<input checked="" type="radio"/> Keep A91955650 as my account for a single Dispenser. <input type="radio"/> Create an account using 6122 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:	Joe Smith
*Contact Address:	6122 WHITTIER BLD City: LOS ANGELES State: CA Zip: 90022
*Contact Email:	joe.smith@cvx.com Email Edit Reports For All Uploads
*Contact Phone:	3345023262
*Contact Fax:	Don't Fax Edit Reports
Anticipated Upload Method:	<input checked="" type="radio"/> Upload with Internet Browser using SSL <input type="radio"/> Mail a Diskette <input type="radio"/> Mail a CDR <input type="radio"/> Mail a DVD
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.	
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.	

- 7 Complete the form in its entirety, and then click **Next**. A window similar to the following is displayed:

New Account Setup for MPMP Upload Access	
Updating password for user A91955650	
6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 3345023262 signup	
Thank you for completing this information.	
<b>Your access password for the account A91955650 has been set to 53092. Please remember this password.</b>	
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 (displayed on this window).

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

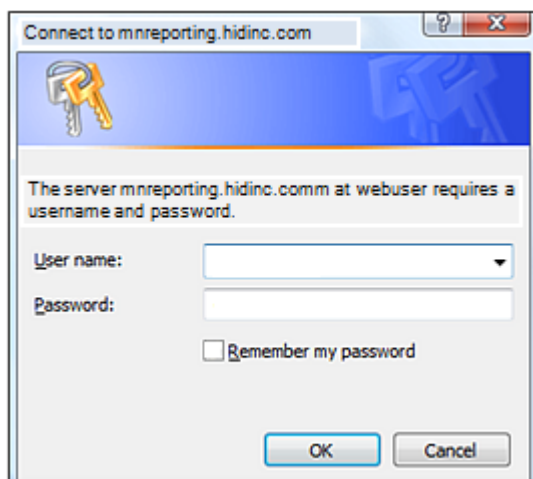
2. Create multiple accounts using one pharmacy's DEA number and ZIP code. If you choose this method, select **Set up user name as a group**.

**Note:** When data error reports are generated, they will be forwarded to the e-mail address(es) supplied for the account(s).

## Reporting Zero Dispensing

If you have no dispensed controlled substance prescriptions to report for the preceding seven day period, you must report this information 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://mnreporting.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.	
<b>Dispenser:</b>	FD1234323-DESERT SKY PHARMACY:
<b>Address:</b>	6750 WEST THUNDERBIRD ROAD PEORIA 85381
<b>Phone:</b>	6232090870
<b>Fax:</b>	6232090872
<b>Email:</b>	TAIPHAM2100@YAHOO.COM
<b>Period Start Date:</b>	<input type="text"/>
<b>Period End Date:</b>	06/16/09
<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: FD1234323 (DESERT SKY PHARMACY)</i>

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## 4 Data Delivery Methods

### About This Chapter

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

If you are using an electronic version of this document, you can quickly locate step-by-step instructions for a particular data delivery method by clicking the hyperlink in the following table:

Delivery Method	Page
<a href="#">Secure FTP Over SSH</a>	13
<a href="#">Encrypted File with OpenPGP Via FTP</a>	14
<a href="#">SSL Web Site</a>	16
<a href="#">Physical Media (Tape, Diskette, CD, DVD)</a>	17
<a href="#">UCF Submission</a>	
<a href="#">Manual UCF Submission</a>	18
<a href="#">Online UCF Submission</a>	19

### Secure FTP Over SSH

Many free software products support Secure FTP. Neither the MN BOP 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 2007 specifications described in [Appendix A: ASAP 2007 Specifications](#).

#### Important Notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have an .up extension. For example, name the file *20100104.up* if it is submitted on January 4, 2010. 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: *20100104a.up*, *20100104b.up*, and *20100104c.up*.
  - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.
- 3 SFTP the file to <ftp://mnreporting.hidinc.com>.
  - 4 When prompted, use *mnpdm* (lower case) in front of your DEA number 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 Once the transmission is complete, rename the file without the .up extension (e.g., *20100104.dat*).
  - 8 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

## Encrypted File Transmission with Open PGP Via FTP

Many free software products support file encryption using the PGP standard. Neither the MN BOP 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>) is 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 2007 specifications described in [Appendix A: ASAP 2007 Specifications](#).

### Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have an .up extension. For example, name the file *20100104.up* if it is submitted on January 4, 2010. 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: *20100104a.up*, *20100104b.up*, and *20100104c.up*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.

- 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://mnreporting.hidinc.com>.
- 6 When prompted, use *mnpdm* (lower case) in front of your DEA number 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 each 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 2007 specifications described in [Appendix A: ASAP 2007 Specifications](#).

### Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20100104.dat* if it is submitted on January 4, 2010.
  - 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: *20100104a.dat*, *20100104b.dat*, and *20100104c.dat*.
  - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.
- 3 Open a Web browser and enter the following URL: <https://mnreporting.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, *20100104.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 each successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

## Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2007 specifications described in [Appendix A: ASAP 2007 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 *20100104.dat* if it is submitted on January 4, 2010.
  - 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: *20100104a.dat*, *20100104b.dat*, and *20100104c.dat*.
  - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.
- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
  - 4 Add a label to the outside of the media that contains the following information:
    - Pharmacy DEA Number
    - Date of Submission
    - Contact Person
  - 5 Mail the media to:

Health Information Designs, Inc.  
ATTN: MN PMP Program  
391 Industry Drive  
Auburn, AL 36832

## Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 2007 format, prescription information may be submitted on the Universal Claim Form (UCF) after obtaining approval from the MN BOP. For information about requesting a waiver to submit prescription information by paper form, please contact:

Minnesota Board of Pharmacy  
 Prescription Monitoring Program  
 2829 University Ave. SE, Suite 530  
 Minneapolis, MN 55414  
 E-mail: [minnesota.pmp@state.mn.us](mailto:minnesota.pmp@state.mn.us).

**Note:** When e-mailing, include "PMP Waiver" in the subject line.

Phone: 651-201-2825, press "0," and then ask for the PMP contact person.

The UCF may be submitted manually by faxing or mailing it to the MN PMP program; or it may be submitted electronically using the online UCF submission function in RxSentry. Manual submission and online submission methods are described below.

### 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 a 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

### Manual UCF Submission

Create a manual data submission by completing the UCF located in [Appendix B: Universal Claim Form](#).

Completed forms may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, Inc.  
ATTN: MN PMP Program  
391 Industry Drive  
Auburn, AL 36832

## Online UCF Submission

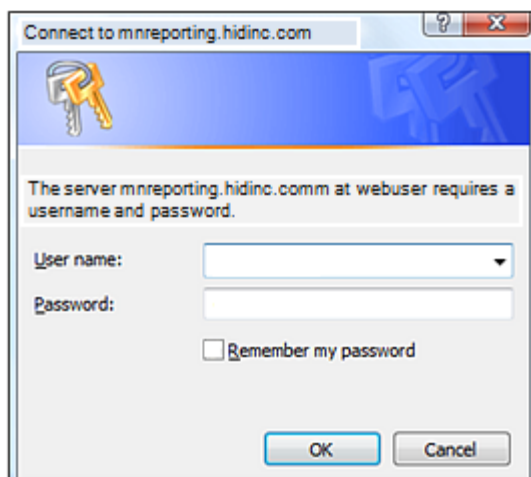
Prescription information may be submitted using RxSentry's online UCF. The following new terms are introduced in this topic:

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



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

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

- **Enter Next Form** allows you to prepare one or more records for submission.
  - **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously submitted.
- 8 Click **Enter Next Form**. A window similar to the following is displayed:

- 9 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 in subsequent

**Prescription Information** sections of this window to auto-populate each prescription with the previously-used prescriber information.

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

**Notes:**

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.
- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Appendix D: Assistance and Support](#).

**11** 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

This window displays the submitted information and confirms that it has been accepted for processing.

**12** 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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## Appendix A: ASAP 2007 Specifications

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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) 2007 format to comply with the Minnesota Prescription Monitoring Program (MN PMP) 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 backslash.

- **Segment Terminator** – character used to mark the end of a segment, for example, the backslash (\).

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 MN 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
<b>TH: Transaction Header</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = xx.x	R
	TH02	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R
	TH03	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>• 01 Send/Request Transaction</li> <li>• 02 Acknowledgement (used in Response only)</li> <li>• 03 Error Receiving (used in Response only)</li> </ul>	N
	TH04	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R
	TH06	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	<b>File Type</b> <ul style="list-style-type: none"> <li>• P = Production</li> <li>• T = Test</li> </ul>	R
	TH08	<b>Composite Element Separator</b> The delimiter used to separate component data elements within a composite data structure. <b>Note:</b> Do not add an asterisk following the colon in this field.	R
	TH09	<b>Data Segment Terminator Character</b> This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction. This document uses the “\” in all examples.	R
<b>IS: Information Source</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	R

Segment	Field ID	Field Name	Field Usage
	IS02	<b>Information Source Entity Name</b> Entity name of the Information Source.	R
	IS03	<b>Message</b> Free-form text message.	N
<b>PHA: Pharmacy Header</b>			
Used to identify the pharmacy.			
<b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.			
	PHA01	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	N
	PHA02	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	PHA03	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	<b>Pharmacy Name</b> Free-form name of the pharmacy.	RR
	PHA05	<b>Address Information – 1</b> Free-form text for address information.	N
	PHA06	<b>Address Information – 2</b> Free-form text for address information.	N
	PHA07	<b>City Address</b> Free-form text for city name.	N
	PHA08	<b>State Address</b> U.S. Postal Service state code.	N
	PHA09	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code.	N
	PHA10	<b>Phone Number</b> Complete phone number including area code.	N
	PHA11	<b>Contact Name</b> Free-form name.	N
	PHA12	<b>Chain Site ID</b> 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
<b>PAT: Patient Information</b>			
Used to report the patient's name and basic information as contained in the pharmacy record.			

Segment	Field ID	Field Name	Field Usage
	<b>PAT01</b>	<b>ID Qualifier of Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in PAT03. Used if the PMP requires such identification and PAT02 is equal to 02 or 06.	N
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 99 Other (agreed upon ID)</li> </ul>	N
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	N
	<b>PAT04</b>	<b>Additional ID Qualifier of Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification and PAT05 is equal to 02 or 06.	N
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> 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"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 99 Other (agreed upon ID)</li> </ul>	N
	<b>PAT06</b>	<b>Additional ID</b> 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
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	RR
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	RR

Segment	Field ID	Field Name	Field Usage
	PAT09	<b>Middle Name</b> Patient's middle name or initial if available.	N
	PAT10	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	N
	PAT11	<b>Name Suffix</b> Patient's name suffix such as Jr. or the III.	N
	PAT12	<b>Address Information – 1</b> Free-form text for street address information.	RR
	PAT13	<b>Address Information – 2</b> Free-form text for additional address information.	N
	PAT14	<b>City Address</b> Free-form text for city name.	RR
	PAT15	<b>State Address</b> U.S. Postal Service state code <b>Note:</b> Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	<b>ZIP Code Address</b> U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	<b>Phone Number</b> Complete phone number including area code.	N
	PAT18	<b>Date of Birth</b> Date patient was born. Format: CCYYMMDD.	RR
	PAT19	<b>Gender Code</b> Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>• F Female</li> <li>• M Male</li> <li>• U Unknown</li> </ul>	RR
	PAT20	<b>Species Code</b> 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"> <li>• 01 Human</li> <li>• 02 Veterinary Patient</li> </ul>	N

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 99 Unknown</li> </ul>	N
<b>DSP: Dispensing Record</b>			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> Required when reporting a change or cancellation of a previously transmitted prescription record. 01 would be used when information on the original prescription, including patient information, has been changed. 02 would be used when the prescription was not picked up and returned to stock. <ul style="list-style-type: none"> <li>• 01 Change</li> <li>• 02 Cancel (Rx not picked up and returned to stock)</li> <li>• 03 Purged (Rx reported in error)</li> </ul>	N
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	RR
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R

Segment	Field ID	Field Name	Field Usage
	DSP07	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>01 NDC</li> <li>06 CDP (used for compounds)</li> </ul>	RR
	DSP08	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	<b>Days Supply</b> Estimated number of days the medication will last.	RR
	DSP11	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>01 Each</li> <li>02 Milliliters (ml)</li> <li>03 Grams (gm)</li> </ul>	N
	DSP12	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>01 Written Prescription</li> <li>02 Telephone Prescription</li> <li>03 Telephone Emergency Prescription</li> <li>04 Fax Prescription</li> <li>99 Other</li> </ul>	N
	DSP13	<b>Partial Fill Indicator</b> To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>01 Yes</li> <li>02 No</li> </ul>	N
	DSP14	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS if the pharmacist applies for a number. This number can be used to identify the pharmacist dispensing the medication.	N
	DSP15	<b>Pharmacist State License Number</b> 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
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>• 01 Private Pay</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul>	N
<b>PRE: Prescriber Information</b>			
Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	N
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	N
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	N
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	RR
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	RR
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	N
<b>CDI: Compound Drug Ingredient Detail</b>			
Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.			
Used to identify the individual ingredients that make up a compounded drug.			
If CDI is filled in, the NDC of DSP08 must be 9999999999			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> Increment by 1 for each compounding ingredient being reported.	R

Segment	Field ID	Field Name	Field Usage
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> <li>01 NDC</li> </ul>	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)</li> </ul>	N
<b>AIR: Additional Information Reporting</b>			
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.			
<b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	N
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> 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
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> 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"> <li>01 Military ID</li> <li>02 State Issued ID</li> <li>03 Unique System ID</li> <li>05 Passport ID</li> <li>06 Driver's License ID</li> <li>07 Social Security Number</li> <li>99 Other (agreed upon ID)</li> </ul>	N

Segment	Field ID	Field Name	Field Usage
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	N
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>• 01 Patient</li> <li>• 02 Parent/Legal Guardian</li> <li>• 03 Spouse</li> <li>• 04 Caregiver</li> <li>• 99 Other</li> </ul>	N
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	N
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	N
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	N
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	N
<b>TP: Pharmacy Trailer</b>			
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.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b>			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R

---

## **Appendix B: Universal Claim Form**

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The Universal Claim Form (UCF) is provided on the following page.



# Minnesota Prescription Monitoring Program (MN PMP): Universal Claim Form

The State of Minnesota now requires that ALL Prescriptions for Schedule II-IV Controlled Substances be reported to a data repository managed by the Minnesota Board of Pharmacy. This form may be used with permission from the Minnesota Board of Pharmacy.

Fax: (888) 288-0337  
Phone: (800) 225-6998

Fax or Mail to  
Health Information Designs

391 Industry Dr  
Auburn, AL 36832

## PATIENT INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## DISPENSER INFORMATION

Dispenser Name \_\_\_\_\_ DEA# \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## PRESCRIPTION INFORMATION

Indicate reporting status

Prescription # 1 Reporting Status Submit (new data) Change (for corrections) Cancel (Rx not p/u; drug returned to stock) Purged (Reported in error)

Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_

NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name(Strength) \_\_\_\_\_

Quantity Written \_\_\_\_\_ Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA# \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Prescription # 2 Reporting Status Submit (new data) Change (for corrections) Cancel (Rx not p/u; drug returned to stock) Purged (Reported in error)

Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_

NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name (Strength) \_\_\_\_\_

Quantity Written \_\_\_\_\_ Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA# \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Prescription # 3 Reporting Status Submit (new data) Change (for corrections) Cancel (Rx not p/u; drug returned to stock) Purged (Reported in error)

Rx # \_\_\_\_\_ Date Filled \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Written \_\_\_\_/\_\_\_\_/\_\_\_\_

NDC [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] Drug Name(Strength) \_\_\_\_\_

Quantity Written \_\_\_\_\_ Quantity Dispensed \_\_\_\_\_ Days Supply \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA# \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Prescriber Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## FOR HID USE ONLY

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments \_\_\_\_\_

## Appendix C: 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 to HID, a report will be placed in your home directory on the FTP server.

The following is an example of an error report:

```

Edit Report for file 1/010038 Edited 07/11/07
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 ]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      4: 10-Sex Code Invalid                      Data: [3        ]
Record      5: 15-Date Filled Invalid                  Data: [20070631]
Record      5: 18-Qty Invalid                           Data: [00two    ]
Record      6: 19-Days Supply Invalid                  Data: [one       ]
Record      7: 21-NDC Invalid                          Data: [99914057]
Record      8: 25-Prescriber Invalid                   Data: [98356     ]
Record      9: 28-Date Written Invalid                 Data: [20050900]
Record     10: 86-Diagnosis Code Invalid                Data: [4240AA    ]
Record     11: 15-Date Filled Irrational                Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1

```

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. HID tracks 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

## Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record again.

**Note:** Edit Numbers 02 and V1 as shown in the table below should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are hit. Error thresholds are defined in the previous section.

If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values. The ASAP 2007 standards are designed to allow dispensers to submit records that indicate a record reversal is needed. When data is received using DSP01 data fields, HID is alerted that the record is an error correction and that the record should be removed from the database. To correct an erroneous record:

1. Send a record with the DSP01 values filled in.
2. Fill in all other data identical to the previous (erroneous) record; this will delete the erroneous record.
3. Then, submit the corrected record without the DSP01 values filled in.

Example: This feature may be used to correct a DEA number submitted in error.

To simply delete an erroneous record (without replacing it):

1. Send a record with the DSP01 values filled in.
2. Fill in all other data identical to the previous erroneous record.

**Note:** This feature may be used if a prescription is filled but not picked up and the drugs are returned to stock.

## Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error ASAP 07 Only	Fatal
Edit 02	Date dispensed prior to Jan 4, 2010	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 15	Date Dispensed is invalid	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	Quantity is invalid	Minor

<b>Edit Number</b>	<b>Message</b>	<b>Severity</b>
Edit 19	Days Supply is invalid	Minor
Edit 20	Days Supply >360	Serious
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Serious
Edit 25	Prescriber ID cannot be blank	Fatal
Edit 28	Date RX Written is invalid	Serious
Edit 50	Customer Last Name blank	Serious
Edit 51	Customer First Name blank	Serious
Edit 52	Customer Address blank	Serious
Edit 53	Customer Zip Code blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit V1	Record already exists	Fatal

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## Appendix D: Assistance and Support

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### Technical Assistance

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

Contact HID by e-mail at [mnpdm-info@hidinc.com](mailto:mnpdm-info@hidinc.com)

OR

Call the HID Help Desk at 1-866-792-3149

Technical assistance is available Monday through Friday (except for holidays) from 9:00 am – 5:00 pm CT (Central Time).

### Administrative Assistance

If you have non-technical questions regarding the Minnesota PMP, please contact:

PMP Administrator  
Minnesota Board of Pharmacy  
2829 University Ave. SE, Suite 530  
Minneapolis, MN 55414

E-mail: [minnesota.pmp@state.mn.us](mailto:minnesota.pmp@state.mn.us).

Phone: 651-201-2825, press "0"; ask for the PMP contact person.

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## Glossary

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**ASAP**

American Society for Automation in Pharmacy

**Batch**

Group of files (report or query requests) that are processed in the background while other work is continued

**Dispenser**

Pharmacy or practitioner authorized to dispense controlled substances.

**FTP**

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

**NABP**

National Association of Boards of Pharmacy

**NDC**

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

**PMP**

Prescription Monitoring Program

**Prescriber**

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

**RxSentry**

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

**SFTP**

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

**SSL**

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

**Universal Claim Form**

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

**Uploader**

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