

Dispenser's Implementation Guide

**Kansas State Board of Pharmacy
Kansas Tracking and Reporting of Controlled Substances**



December 2010

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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 Kansas who use RxSentry as a repository for the reporting of their Schedule II, III, and IV controlled substance prescriptions and designated drugs of concern dispensed in Kansas. It includes such topics as:

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

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2 Data Collection and Tracking

Data Collection Requirements

This guide provides information regarding the State of Kansas Tracking and Reporting of Controlled Substances (K-TRACS) program. The purpose of this program is to collect data on ALL Schedule II, III, and IV controlled substances and drugs of concern dispensed in the state of Kansas or dispensed to an address in the state of Kansas.

KSA 65-1683 requires the Kansas Board of Pharmacy to establish a Controlled Substances Prescription Electronic Reporting System. The statute requires a dispenser who delivers a controlled substance or drug of concern to report such dispensing to K-TRACS. The goal of the developing this electronic system for reporting the dispensing of these prescriptions is to make information from the K-TRACS database available to healthcare professionals who are seeking to improve patient care. Prescribers and pharmacists will have access to accurate and timely prescription history data to help determine appropriate medical treatment and interventions. In addition, the data may help to identify patients who could benefit from referral to a pain-management specialist of those who are at risk for addiction and may be in need of substance abuse treatment.

A dispenser who knowingly fails to submit prescription monitoring information to K-TRACS as required by this act or knowingly submits incorrect prescription monitoring information shall be guilty of a severity level 10, nonperson felony.

Waivers for electronic reports may be granted by board for the following reasons:

- Dispenser does not have automated recordkeeping system (must report on UCF)
- Hardship due to natural disaster or other emergency out of dispensers control
- Dispenser is in a controlled research project
- Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis, the quantity may not exceed a 48 hour supply.
- All waivers require written application, and must be submitted to the Kansas State Board of Pharmacy.

If a dispenser usually dispenses controlled substances or drugs of concern in Kansas but has no dispenses to report for the preceding seven day period, the dispenser must report this information to the Kansas State Board of Pharmacy by filing a Zero Report as described in the [Reporting Zero Dispensing](#) topic in this guide.

If a dispenser is registered or licensed in the state of Kansas to dispense controlled substances II, III, and IV in the State of Kansas, but does not dispense controlled substances II, III, and IV or drugs of concern in the state, then they are not required to report to K-TRACS. However, the dispenser must notify the Board in writing that they do not dispense controlled substances or drugs of concern in to state and therefore will not be reporting to K-TRACS. If this dispenser at any time decides to start dispensing controlled substances or drugs or concern in the state, the dispenser should notify the Board of Pharmacy immediately and begin reporting to K-TRACS.

Reporting Requirements

All dispensers of Schedule II, III and IV controlled substance prescriptions and designated drugs of concern are required to collect and report their prescribing information.

A "dispenser" is a practitioner or pharmacy who delivers a controlled substance or drug of concern to an ultimate user, but does not include:

- A licensed hospital pharmacy who distributes such substances for the purpose of inpatient hospital care
- A medical care facility as defined in K.S.A. 65-425
- A registered wholesale distributor
- A veterinarian licensed by the Kansas Board of Veterinary Medicine
- A practitioner who has been exempted from reporting

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.

"Drugs of concern" include the following:

- Any product that contains all three of these drugs: butalbital, acetaminophen, and caffeine
- Carisoprodol
- Tramadol

Note: Additions or deletions from the "Drugs of Concern" list may happen periodically. These changes must go through the regulatory process in order to be added or deleted from this list. You will be notified of any changes that are made in the future.

For detailed information about each of the fields required to be reported by K-TRACS (listed in the following table), please see [Appendix A: ASAP 2007 V4R1 Specifications](#).

| Field Name | Field ID |
|---|----------|
| Pharmacy Header | |
| National Provider Identifier (NPI) If Available | PHA01 |
| DEA Number | PHA03 |
| Pharmacy Name | PHA04 |
| Patient Information | |
| ID of Patient | PAT03 |
| Last Name | PAT07 |
| First Name | PAT08 |
| Address Information – 1 | PAT12 |

| Field Name | Field ID |
|---|----------|
| City Address | PAT14 |
| State Address | PAT15 |
| ZIP Code Address | PAT16 |
| Phone Number | PAT17 |
| Date of Birth | PAT18 |
| Dispensing Record | |
| Prescription Number | DSP02 |
| Date Written | DSP03 |
| Date Filled | DSP05 |
| Refill Number | DSP06 |
| Product ID | DSP08 |
| Quantity Dispensed | DSP09 |
| Days Supply | DSP10 |
| Classification Code for Payment Type | DSP16 |
| Prescriber Information | |
| National Provider Identifier (NPI) If Available | PRE01 |
| DEA Number | PRE02 |
| Last Name | PRE05 |
| First Name | PRE06 |

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

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3 Data Submission

About This Chapter

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

Timeline and Requirements

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

- You can begin submitting data as soon as your account has been established. You may create your account and begin submitting test data files on or after December 20, 2010. See [Creating Your Account](#) for more information.
- Beginning February 1, 2011 dispensers are required to report their data within seven (7) days of dispensing of the substance. However, dispensers are encouraged to report more frequently if they would like. On and after January 1, 2013 dispensers will be required to report their data within 24 hours of dispensing the substance.
- Dispensers will be required to report data retroactively from July 1, 2010. Dispensers will have until April 15, 2011 to report their retroactive data.

Upload Specifications

Files should be in ASAP 2007 format as defined in [Appendix A: ASAP 2007 V4R1 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 "20110415.dat". All of your upload files will be kept separate from the files of others.

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

Prescription information must be reported weekly for the preceding seven days, unless an exemption has been obtained from the Kansas State Board of Pharmacy.

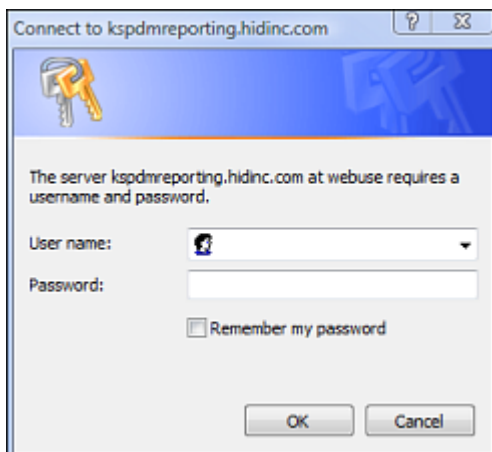
Creating Your Account

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

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

Perform the following steps to create an account:

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



- 2 Type *newacct* in the **User name** field.
- 3 Type *welcome* in the **Password** field, and then click **OK**. A window similar to the following is displayed:



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

- 5 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 6 Type your ZIP code in the **Zip Code** field, and then click **Next**. The next window in the account setup process is displayed:

- 7 Complete all required fields (indicated by an asterisk) on the **New Account Setup for 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. |

| Field | Description/Usage |
|--|--|
| 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 | Type the contact's e-mail address. The field to the right of the Contact Email field is used to select one of the following data upload notification options: <ul style="list-style-type: none"> ▪ Select Email Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. Note: Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select Email Edit Reports For All Uploads if you wish to have the results of all of your data uploads e-mailed to you. |
| Contact Phone | Type the contact's phone number, using the format <i>999-999-9999</i> . |

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

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

| |
|---|
| <i>New Account Setup for K-TRACS Upload Access (kspdm)</i> |
| Adding password for user AC1128859 |
| CORDOVA DRUG CO INC 516 FIRST STREET CORDOVA 99574 111222333 111222444 Signup |
| Thank you for completing this information. |
| Your access password for the account AC1128859 has been set to 85825. Please remember this password. |
| <small>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.</small> |

A randomly-assigned password for the FTP and SFTP processes is provided to you. Software vendors setting up multiple accounts may choose from the following options:

- Create each account separately by using the method listed above. After you finish one pharmacy's account, click Setup Upload Account on the home page, and repeat the process.

or

- Create multiple accounts using one pharmacy's DEA number and zip code. If you choose this method, select Set up 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 dispenses to report weekly for the preceding seven day period, you must report this information to the Kansas State Board of Pharmacy 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://kspdmreporting.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:

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

Notes:

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

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

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

4 Data Delivery Methods

About This Chapter

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

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

| Delivery Method | Page |
|--|------|
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Secure FTP over SSH

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2007 specifications described in [Appendix A: ASAP 2007 V4R1 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 *20110415.dat* if it is submitted on April 15, 2011.
- 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: *20110415a.dat*, *20110415b.dat*, and *20110415c.dat*.

- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20110415.zip* if it is submitted on April 15, 2011.
 - **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20110415.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., *20110415.dat*).
- 3** SFTP the file to <sftp://kspdmreporting.hidinc.com>.
 - 4** When prompted, type *kspdm* (lower case) in front of your DEA number (or Generic ID) as your user ID, and enter the password you supplied when creating your account.
 - 5** Place the file in the new directory.
 - 6** Log off when the file transfer/upload is complete.
 - 7** If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

Encrypted File with OpenPGP Via FTP

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

- 1** If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2** Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3** Prepare the data file for submission, using the ASAP 2007 specifications described in [Appendix A: ASAP 2007 V4R1 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 *20110415.pgp* if it is submitted on April 15, 2011.
- 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: *20110415a.pgp*, *20110415b.pgp*, and *20110415c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20110415.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., *20110415.pgp*).
- 4 Encrypt the file with the PGP software and using the public key supplied during account creation.
Note: PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
 - 5 FTP the file to <ftp://kspdmreporting.hidinc.com>.
 - 6 When prompted, type *kspdm* (lower case) in front of your DEA number (or Generic ID) as your user ID, and enter the password you supplied when creating your account
 - 7 Place the file in the new directory.
 - 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20110415.pgp*).
 - 9 Log off when the file transfer/upload is complete.
 - 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

SSL Web Site

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2007 specifications described in [Appendix A: ASAP 2007 V4R1 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 *20110415.dat* if it is submitted on April 15, 2011.
- 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: *20110415a.dat*, *20110415b.dat*, and *20110415c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20110415.zip* if it is submitted on April 15, 2011.

- 3 Open a Web browser and enter the following URL:
<https://kspdmreporting.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, *20110415.dat*.
- 8 Click to select the file, and then click **Open**.
- 9 Click **Send File**.

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

Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2007 specifications described in [Appendix A: ASAP 2007 V4R1 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 *20110415.dat* if it is submitted on April 15, 2011.
- 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: *20110415a.dat*, *20110415b.dat*, and *20110415c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20110415.zip* if it is submitted on February 2, 2011.

- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
- 4 Add a label to the outside of the media that contains the following information:
 - Pharmacy DEA (pharmacies) OR Physician DEA (practitioners)
 - Date of Submission
 - Contact Person

5 Mail the media to:

Health Information Designs, Inc.
KS PMP
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

The K-TRACS office may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided that all information required is submitted.

To request a K-TRACS Manual Report Waiver, please log on to and locate the waiver on the K-TRACS website at www.hidinc.com/kspmp.

If your waiver request is denied, please use the online UCF submission method as instructed in the [Online UCF Submission](#) topic in this section. If a waiver is granted, you may use the paper submission method following the instructions provided in the [Paper Submission](#) topic in this section.

Important notes:

- When using either the manual or online submission methods, the information provided must be complete and accurate; only complete and accurate submissions are entered into the K-TRACS database.
- Please use the information in the [Notes about NDC Numbers](#) topic below as a guideline for providing accurate NDC numbers.

Reporting Requirements for UCF Submissions

- ✓ Patient's Last Name
- ✓ Patient's First Name
- ✓ Patient's Identification Number
- ✓ Patient's Date of Birth
- ✓ Patient's Address
- ✓ Patient's Phone Number
- ✓ Pharmacy DEA Number
- ✓ Pharmacy NPI (if available)
- ✓ Prescriber DEA Number
- ✓ Prescriber NPI (if available)
- ✓ Prescriber Name
- ✓ National Drug Code (NDC) of Drug Dispensed

- ✓ The Prescription number
- ✓ Date the Prescription was Written
- ✓ Date the Prescription is Filled
- ✓ Quantity Dispensed
- ✓ Number of Days Supply
- ✓ Indicate if prescription is new or refill
- ✓ Indicate Method of Payment

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 |

Paper Submission

If you have been granted a waiver to report your prescription information on paper forms you can fax the completed forms to 1-866-651-8738 or mailed to:

Health Information Designs, Inc.
 ATTN: KS PMP
 P.O. Box 3210
 Auburn, AL 36832-3210

Online UCF Submission

If you have internet access and have been granted a waiver to submit your prescription information by paper form, you may submit prescription information 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

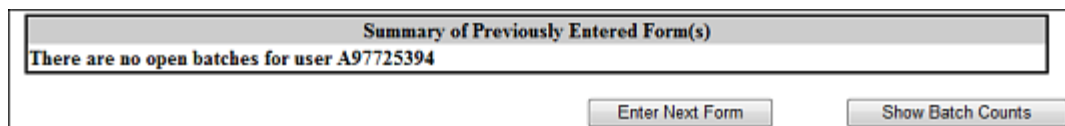
Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your 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://kspdmreporting.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 been submitted.
- 8 Click **Enter Next Form**.

A window similar to the following is displayed:

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

- **Patient Information** – Complete all fields in this section.
- **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is populated in the appropriate fields.
- **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.

If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.

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

Notes:

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

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

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

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

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

- 9** 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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5 Upload Reports and Edit Definitions

Upload Reports

HID provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You can specify if you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

```

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

A single claim may be rejected or, if a certain percentage of claims is 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

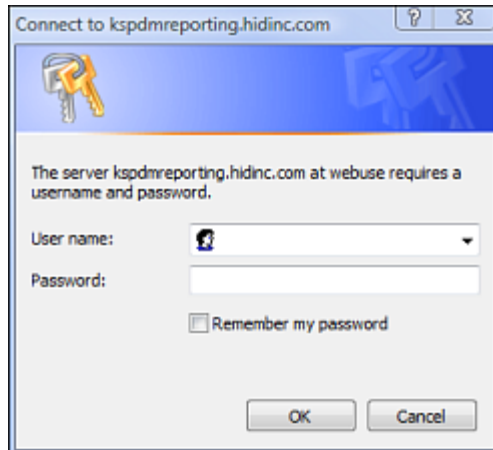
View Upload Reports

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

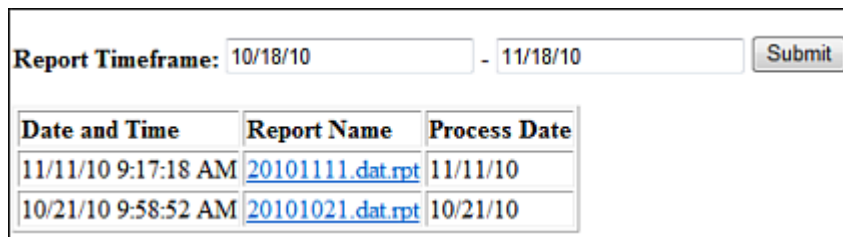
Perform the following steps to view upload reports:

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

A window similar to the following is displayed:



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



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

- 7 Click a hyperlink in the **Report Name** field to open an upload report for viewing.
To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

Error Correction

The ASAP 2007 4.1 standard requires a dispenser to select an indicator in the DSP01 (Reporting Status) field. Dispensers may submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the DSP01 field:

- 00 New Record – indicates a new record

- 01 Revise – indicates that one or more data elements in a previously-submitted record have been revised
- 02 Void – indicates that the original record should be removed

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

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

Submit a New Record

Perform the following steps to submit a new record:

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

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

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value 01 in the DSP01 field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - 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.

Import note: If any of the fields referenced in step 2 are part of the correction, the record must first be voided using the steps provided in the "[Void a Record](#)" section, and then you must re-submit the record using the value 00 in the DSP01 field.

Void a Record

Perform the following steps to void (delete) a record:

- 1 Send a record with the value 02 in the DSP01 field.

- 2 Fill in all other data identical to the original record. This will void the original record submission.

Edit Definitions

The following table describes the current list of edits:

| Edit Number | Message | Severity |
|-------------|---|----------|
| Edit 01 | Format of File Error | Fatal |
| Edit 02 | Pharmacy DEA is blank | Fatal |
| Edit 05 | Pharmacy ID not found | Fatal |
| Edit 07 | Customer ID must not be blank | Minor |
| Edit 09 | Invalid DOB | Serious |
| Edit 14 | Reporting status is 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 | Serious |
| Edit 19 | Days Supply is invalid | Minor |
| | Days Supply is 999 | Fatal |
| Edit 20 | Days Supply > 360 | Serious |
| Edit 21 | NDC not found | Serious |
| | NDC not found (used when CDI segment is used) | Fatal |
| Edit 22 | Product ID Qualifier is invalid | Fatal |
| Edit 25 | Prescriber ID not found | Minor |
| | Prescriber ID cannot be blank | Fatal |
| Edit 26 | Prescriber Last Name is blank | Minor |
| Edit 27 | Prescriber First Name is blank | Minor |
| Edit 28 | Date RX Written is invalid | Minor |
| Edit 31 | Classification Code for Payment Type is invalid | Serious |
| Edit 50 | Customer Last Name blank | Serious |
| Edit 51 | Customer First Name blank | Serious |

| Edit Number | Message | Severity |
|-------------|---|----------|
| Edit 52 | Customer Address blank | Serious |
| Edit 53 | Customer ZIP Code is blank | Serious |
| Edit 54 | Customer ZIP and State Code conflict | Serious |
| Edit 56 | Customer City is blank | Minor |
| Edit 60 | Customer State Code is blank | Serious |
| Edit 61 | Customer State Code is invalid | Serious |
| Edit 62 | Customer Phone Number is blank | Serious |
| Edit 100 | Pharmacy Name is blank | Minor |
| Edit 200 | Prescription Number is blank | Serious |
| 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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Appendix A: ASAP 2007 V4R1 Specifications

Below are the definitions for the specific contents of records to be sent to the Kansas State Board of Pharmacy to comply with K-TRACS. These definitions are just a clarification of the ASAP 2007 version 4 release 1 specification.

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 2007 format to comply with K-TRACS requirements.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*).

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

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

The Transaction Header is the only segment that has a Data Segment Terminator field built in. For all other segments, the last required field or the last field used in the segment should be followed by a backslash.

- **Field Usage**
 - R = Required by ASAP
 - N = Not used
 - RR = Required by K-TRACS
- Both "R" and "RR" fields must be reported.

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

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

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

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|---|-------------|
| | PAT02 | ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) | R |
| | PAT03 | ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number. | RR |
| | PAT04 | ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification. | N |
| | PAT05 | Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) | N |
| | PAT06 | Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required. | N |
| | PAT07 | Last Name Patient's last name. | RR |
| | PAT08 | First Name Patient's first name. | RR |
| | PAT09 | Middle Name Patient's middle name or initial if available. | N |
| | PAT10 | Name Prefix Patient's name prefix such as Mr. or Dr. | N |
| | PAT11 | Name Suffix Patient's name suffix such as Jr. or the III. | N |

| Segment | Field ID | Field Name | Field Usage |
|---------|--------------|--|-------------|
| | PAT12 | Address Information – 1 Free-form text for street address information. | RR |
| | PAT13 | Address Information – 2 Free-form text for additional address information. | N |
| | PAT14 | City Address Free-form text for city name. | RR |
| | PAT15 | State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S. | RR |
| | PAT16 | ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S. | RR |
| | PAT17 | Phone Number Complete phone number including area code. | RR |
| | 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 | N |
| | PAT20 | Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient | N |

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|--|-------------|
| | PAT21 | Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other | N |
| | PAT22 | Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank. | N |
| | PAT23 | Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription. | N |
| DSP: Dispensing Record | | | |
| Used to identify the basic components of a dispensing of a given prescription order including the date and quantity. | | | |
| | DSP01 | Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). | 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 | R |
| | 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) | N |
| | DSP12 | Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other | N |
| | DSP13 | Partial Fill Indicator To indicate whether it is a partial fill. <ul style="list-style-type: none"> • 01 Yes • 02 No | N |
| | DSP14 | Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication. | N |
| | DSP15 | Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board. | N |

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|--|----------------------|
| | DSP16 | Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other | RR |
| | DSP17 | Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information. | N |
| | DSP18 | RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification. | N |
| | DSP19 | Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions. | N |
| PRE: Prescriber Information | | | |
| Used to identify the prescriber of the prescription. | | | |
| | PRE01 | National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS. | RR (If Available) |
| | PRE02 | DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA). | RR |
| | PRE03 | DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number. | N |
| | PRE04 | Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board. | N |
| | PRE05 | Last Name Prescriber's last name. | RR |
| | PRE06 | First Name Prescriber's first name. | RR |
| | PRE07 | Middle Name Prescriber's middle name or initial. | N |

| Segment | Field ID | Field Name | Field Usage |
|--|--------------|--|-------------|
| CDI: Compound Drug Ingredient Detail | | | |
| <p>Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.</p> <p>Used to identify the individual ingredients that make up a compounded drug.</p> <p>If CDI is filled in, the NDC of DSP08 must be 9999999999</p> | | | |
| | CDI01 | Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1. | R |
| | CDI02 | Product ID Qualifier Code to identify the type of product ID contained in CDI03. • 01 NDC | R |
| | CDI03 | Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation. | R |
| | CDI04 | Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5 | R |
| | CDI05 | Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) | N |
| AIR: Additional Information Reporting | | | |
| <p>To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments.</p> <p>Note: If this segment is used, at least one of the data elements (fields) will be required.</p> | | | |
| | AIR01 | State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used. | N |
| | AIR02 | State Issued Rx Serial Number Number assigned to state issued serialized prescription blank. | N |
| | AIR03 | Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06. | N |

| Segment | Field ID | Field Name | Field Usage |
|---|--------------|--|-------------|
| | AIR04 | ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) | N |
| | AIR05 | ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription. | N |
| | AIR06 | Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other | N |
| | AIR07 | Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription. | N |
| | AIR08 | First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription. | N |
| | AIR09 | Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication. | N |
| | AIR10 | First Name of Pharmacist First name of pharmacist dispensing the medication. | N |
| TP: Pharmacy Trailer | | | |
| Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment. | | | |
| | TP01 | Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments. | R |
| TT: Transaction Trailer | | | |
| Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. | | | |
| | TT01 | Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02. | R |

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

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Appendix B: Universal Claim Form

The Universal Claim Form is provided on the following page.

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**KANSAS STATE BOARD OF PHARMACY
PRESCRIPTION MONITORING PROGRAM
K-TRACS UNIVERSAL CLAIM FORM**

The State of Kansas now requires that ALL Prescriptions for Schedule II-IV Controlled Substance and designated drugs of concern be reported to a data repository managed by the Kansas Board of Pharmacy

Fax: (866) 651-8738
Phone: (800) 225-6998

Fax or Mail to
Health Information Designs

391 Industry Dr
Auburn, AL 36832

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Identification Number _____

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

DOB ____/____/____ Gender M F Phone #: _____

Address _____ City _____ State ____ ZIP _____

DISPENSER INFORMATION

Dispenser Name _____ DEA # _____ NPI # _____

Phone # (____) _____ - _____ Fax # (____) _____ - _____

Address _____ City _____ State ____ Zip _____

PRESCRIPTION INFORMATION

Prescription # 1

Rx#: _____ Date Written: _____ Date Filled: _____ Reporting Status: New Record Revise Void

NDC [] [] [] [] [] - [] [] [] [] [] - [] [] Drug Name (Strength) _____

Quantity Dispensed _____ Days Supply _____ Refill # _____

Prescriber Name _____ DEA# _____ NPI# _____

Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____

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

PRESCRIPTION INFORMATION

Prescription # 2

Rx#: _____ Date Written: _____ Date Filled: _____ Reporting Status: New Record Revise Void

NDC [] [] [] [] [] - [] [] [] [] [] - [] [] Drug Name (Strength) _____

Quantity Dispensed _____ Days Supply _____ Refill # _____

Prescriber Name _____ DEA# _____ NPI# _____

Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____

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

PRESCRIPTION INFORMATION

Prescription # 3

Rx#: _____ Date Written: _____ Date Filled: _____ Reporting Status: New Record Revise Void

NDC [] [] [] [] [] - [] [] [] [] [] - [] [] Drug Name (Strength) _____

Quantity Dispensed _____ Days Supply _____ Refill # _____

Prescriber Name _____ DEA# _____ NPI# _____

Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____

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

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Glossary

AHFS

American Hospital Formulary Service

Ad hoc query

A database search based on user-specified criteria

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 physician authorized to dispense controlled substances

FTP

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

K-TRACS

Kansas Tracking and Reporting of Controlled Substances program

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 that upload a data file containing controlled
substance dispensing information

Assistance and Support

Technical Assistance

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

Contact HID at kspdm-info@hidinc.com

or

Call 1-800-225-6998, option 6

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

Administrative Assistance

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

Christina E. Morris, J.D.

Director, Kansas Prescription Monitoring Program

Kansas Board of Pharmacy

800 SW Jackson, Suite 1414

Topeka, KS 6 6612-1231

Phone: 785-296-6547

Fax: 785-296-8420

E-mail: pmpadmin@pharmacy.ks.gov

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Document Information

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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 |
|------------------|----------------|---|
| 11/19/2010 | 1.0 | Initial delivery |
| 11/30/2010 | 1.1 | E-mail address for Technical Assistance updated |
| 12/21/2010 | 1.2 | Site addresses updated in "Data Delivery Methods" chapter |

Change Log

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

| Version Number | Chapter/Section | Change |
|----------------|--------------------------------------|---|
| 1.0 | N/A | N/A |
| 1.1 | Assistance and Support | E-mail address for Technical Assistance updated |
| 1.2 | Secure FTP over SSH | Site address changed to sftp://kspdmreporting.hidinc.com |
| | Encrypted File with Open PGP Via FTP | Site address changed to ftp://kspdmreporting.hidinc.com |
| | SSL Web Site | Site address changed to https://kspdmreporting.hidinc.com |