RelayHealth

MS PMP

Data Submission Dispenser Guide

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Additional information at http://pmp.relayhealth.com/MS

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Introduction

MS PMP

The Mississippi Prescription Monitoring Program, MS PMP, is the Mississippi solution for monitoring Schedule II-V controlled substances dispensed in Mississippi. Mississippi State Statutes 73-21-127, 73-21-97 and 73-21-103 set forth the legal requirements for reporting Schedule II-V controlled substances dispensed in Mississippi for use in the PMP system, and specified non-controlled substances, such as Soma (carisoprodol), tramadol, and butalbital.

The MS PMP solution has two main elements:

- **Data Submission.** Information about controlled substance dispensing activities is reported regularly to the state of Mississippi through their authorized data collection vendor. Any dispensing entity dispensing controlled substances, or specified non-controlled substances, in or into Mississippi are required by law to provide such information to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

- **Information Retrieval.** Mississippi's online reporting application allows authorized users to generate customized reports 24 hours a day, seven days a week. A report shows information for all the scheduled prescriptions a specified patient has had for a specified period. An authorized user can be a prescriber for medical treatment of an existing patient, a pharmacist for pharmaceutical treatment, a law enforcement officer with an active investigation, or Mississippi licensure boards.

This *MS PMP Data Submission Dispenser Guide* describes procedures and other information related to submitting information about controlled substance dispensing activity, including use of the MS PMP Data Collection website. The separate *MS PMP Reporting Site User Guide* describes procedures for creating reports using the MS PMP Report Request website.

Data Submission Overview

Controlled substance dispensing activity is reported regularly to Mississippi via the authorized data collection vendor, RelayHealth. Dispensers are required by law to provide such reporting to the data collection vendor (RelayHealth) in approved formats and frequencies.

In addition to in-state dispensers, it is required that out-of-state entities be licensed with the Mississippi Board of Pharmacy, such as mail order pharmacies, that ship orders into Mississippi. These entities are also required to submit information to RelayHealth for controlled substances dispensed in Mississippi.

Reporting Requirements and Exceptions

Dispensers of schedule II-V controlled substances are required to submit their controlled substance dispensing information to Mississippi (via RelayHealth). Dispensing (administering) drugs to inpatients in hospitals and nursing homes is exempt from MS PMP reporting. Any quantity of drug dispensed that is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours, or less, does not need reporting. Any drug dispensed at a healthcare facility does not need reporting. Reporting rules and exceptions are defined in Mississippi State Statutes 73-21-127, 73-21-97 and 73-21-103.

Submission of Data

Reporting data required by Mississippi can be provided in three ways.

Online Internet Submission

- **Electronic Batch Files**
  Batch files with weekly (or daily) dispensing data can be submitted directly to RelayHealth for MS PMP reporting. The simplest approach is to upload batch files via our secure submission website. Mississippi law requires dispensing information to be received by RelayHealth **within seven (7) days of dispensing**.

- **Online Dispensing Activity Forms**
  Instead of (or in conjunction with) submitting batch files as described above, you can use the convenient online forms on our secure data collection website to submit dispensing information. This method is suitable for veterinary or other small clinics dispensing low volumes, or other facilities that lack the software to create ASAP 2005 batch files. Even if you do submit batch files, this method may be useful for entering corrected information to replace rejected batch records (rather than sending a replacement batch file). In either case, note that **Mississippi law requires that dispensing information must be received by RelayHealth within seven (7) days of dispensing**.

Batch Files via US Mail

If you do not have Internet access, you can submit MS PMP batch files to RelayHealth with weekly dispensing data by U.S. Mail on CD, DVD, or 3.5" diskette. Mississippi law requires dispensing information to be received by RelayHealth within seven (7) days of dispensing.

Paper Submission Forms

Only if authorized by Mississippi PMP, you can submit MS PMP data on paper forms. Paper forms are typically submitted by veterinary or other small clinics that have a very low volume of reportable drugs and lack Internet access (and thus are unable to use the online forms). Forms may be sent by FAX or U.S. Mail to RelayHealth for input. Mississippi law requires dispensing information to be received by RelayHealth within seven (7) days of dispensing.

IMPORTANT. *You will need written exemption authorization from Mississippi PMP before you may submit using the paper forms.*

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Registration

Before You Register

To ensure proper security, tracking, and notifications for your supplied data, you must register with RelayHealth before you can submit dispensing information.

Prior to registration, you must consider your preferred data submission method.

The types of submission methods are summarized in *Chapter 1 – Introduction* and detailed in *Chapter 3 – Data Submission*.
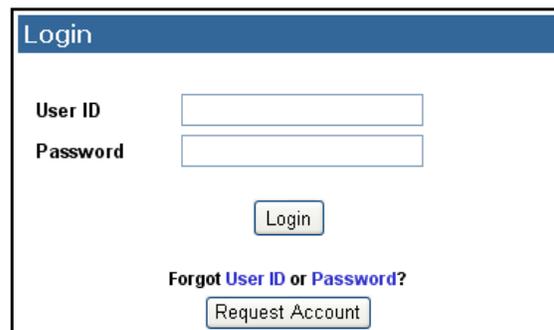
Registration Process

Two methods of registering are available, depending on your situation.

Note. If you need to register to submit for a chain of stores or to submit centrally as a vendor for your customer stores, special registration is required. Please contact RelayHealth MS PMP Customer Care at 1-800-892-0333 for assistance.

Online Registration

If you plan to use Online Internet Submission to supply batch files and/or use the online submission forms, the quickest way to register is via the online account registration form, as follows:

1. Using your Web browser (Internet Explorer 6), go to this Internet site: **https://dc.pmp.relayhealth.com/MS**

2. The site Login window displays. Select the **Request Account** button.

3. A validation screen displays that lists information about the process and requests your Facility ID (which is your dispensing facility DEA number).

Mississippi Prescription Monitoring Program

MCKESSON
Empowering Healthcare

Request an Account :

If you already have an Account, you can sign in here.

Request an Account : This will setup an account which will allow you to upload data to the Prescription Drug Monitoring Program.

Facility ID:

If you want to use automatic extract as your Submission Method, please call Support. Otherwise you will submit batch through internet upload, media, or web form (enter each transaction manually).

Next   Cancel

4. Enter your dispensing facility DEA number and click **Next**.

5. *If your Facility ID is recognized, the Account Setup form displays.*

    Note. *If the facility DEA number that you enter is already registered or is not found in the expected DEA list, an error message displays. If you typed the number incorrectly, please reenter it. Otherwise, call RelayHealth MS PMP Customer Care at 1-800-892-0333 for assistance in creating your account.*

Mississippi Prescription Monitoring Program

MCKESSON
Empowering Healthcare

Request an Account :

If you already have an Account, you can sign in here.

Request an Account : This will setup an account which will allow you to upload data to the Prescription Drug Monitoring Program.

Facility ID: AA7777777

If you want to use automatic extract as your Submission Method, please call Support. Otherwise you will submit batch through internet upload, media, or web form (enter each transaction manually).

Profile Information

* First Name	* Last Name	-- Select Type -- / * Facility Type
NPI Validate	NCPDP	
* Facility Name	* Address 1	Address 2
* City	-- Select State -- / * State	* Zip
* Phone	* Email	Fax

* Select User ID

User ID

Hint Question and Answer

If you forget your password, we will verify your identity with the answer to the following question and email you a new password.

Hint Question   Hint Answer

Request Account   Cancel

6. Type information into all required fields (those marked with an asterisk "*"), plus any optional fields you wish to complete (see Note below). Be sure to create a User Name that you will remember.

    *Note. We **require** an email address so that we can easily communicate with you regarding the status of your submitted files and other important information related to MS Data Submission. If you do not enter a valid email address, you will be required to contact Customer Support to complete your registration process.*

7. Click **Request Account** to submit the form.

    If all required fields were correctly completed, the Terms of Service dialog displays. (Otherwise, a message will indicate any errors that need corrected. Correct the issues and select **Request Account** again.)
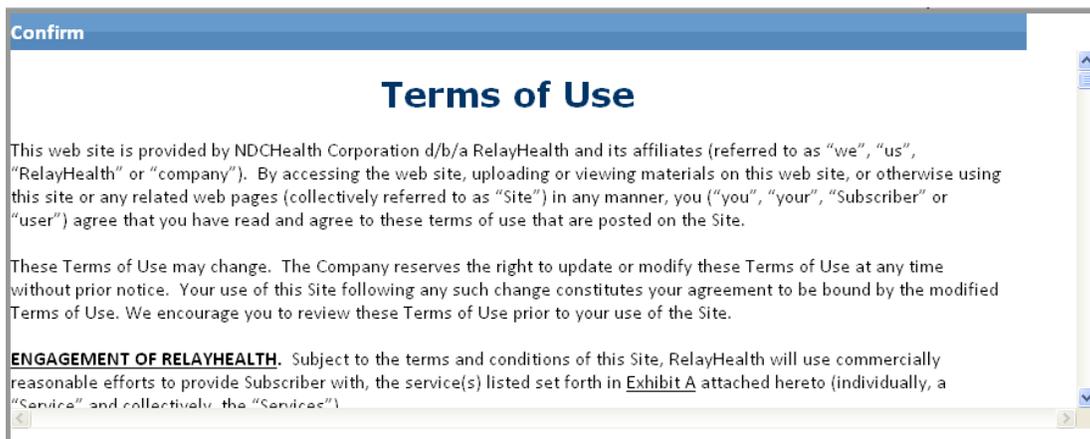
8. Scroll down and read through the Terms of Use until you get to the agreement buttons at the bottom of the text. You must click the **Yes** button there to accept the terms in order to complete registration successfully.
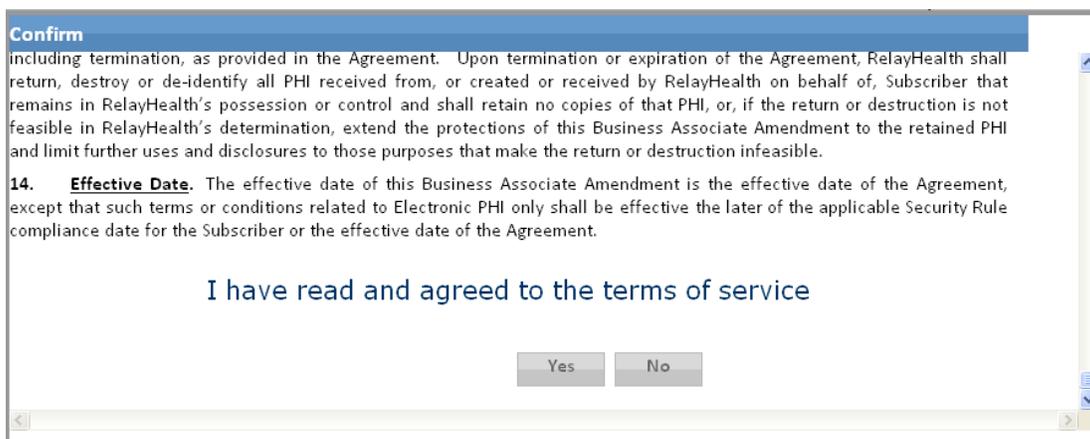
9. After clicking the **Yes** button, a success messages displays. Click **OK** to acknowledge the message and the Login window re-displays.

You have successfully requested an account. Two emails will be sent to the email address that you entered in the registration screen. You will need to use those emails to complete the registration process, as described next.

Using Automatic Emails to Complete Registration

To verify that you requested an account and to test the email address you supplied, a confirmation email will be sent to you at that email address.

Note. If the confirmation email does not arrive within 10 minutes, it is possible you entered an incorrect email address when you registered. Please contact RelayHealth Mississippi PMP Customer Care at 1-800-892-0333 for assistance.

To activate your account, click the link in that first email, which will take you back to the site Login window. Your account is then activated and a second email is sent to you with your temporary password.

Congratulations! You can now use the temporary one-time password in that second email to log into the site.

When you log in that first time, you will be required to create a new password that you will use for subsequent logins, similar to the screen below.

Mississippi Prescription Monitoring Program	My Profile | Help | Logout

| Home | Data Submission | |

Change Password

User ID	rodgersje
Current Password	
New Password	
Confirm Password	
	Save

Password Rules

Your password must contain:

- One lower case letter
- One upper case letter
- One number
- Minimum of 6 characters
- Two character cannot be repeated in succession (for instance, "Asset1" is not a valid password due to the repeating "ss")
- New password and confirm passwords must match

Special characters such as the following are not required but are accepted.

- + (plus sign)
- " (quotes)
- ? (question mark)
- , (comma)
- = (equal sign)

Note. If Customer Support had to register on your behalf, after you define a new password, your profile management screen will appear. You must define your User Hint Question and Answer on that screen and save those changes to finish your first login.

Registration by Paper (or Microsoft Word) Form

If you are unable to register yourself online, you will have to register through RelayHealth PMP Customer Care. You also need to register through Customer Care if you: plan to submit information using one of the following options (instead of Online Internet Submission):

- Batch files via US Mail
- Paper forms

For these submission options, you may register by completing a Microsoft Word or paper form. You may have already completed the registration form, but if not, a copy is included in *Appendix A - Forms* of this guide, and the Word version is available at http://pmp.relayhealth.com/MS. The completed form should be emailed or faxed to RelayHealth using the email address or fax number on the form.

Note. *If you are registering multiple facilities (for example, for a chain), you may also register by filling out a Microsoft Excel spreadsheet with the required information. The spreadsheet template is available from the RelayHealth Implementations team. Contact RelayHealth MS PMP Customer Care at 1-800-892-0333 for assistance. Note that Pharmacy chains or vendors handling MS PMP reporting for multiple stores will enter all stores in one spreadsheet.*

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Data Submission

Submission Methods

When you register to submit MS PMP data to RelayHealth, you specify your data submission method: online Internet submission (using batch files and/or online forms), mailing in batch files, or paper forms. It *is* possible to change to a different submission method later, but RelayHealth must be notified and provide you confirmation that the appropriate changes have been made and that you can now submit using the new method.

Consistency of Patient ID Formats

MS PMP prefers six forms of Patient ID in PMP data -- Driver's License, other State Issued ID, Military ID, Passport, Social Security Number, and Cardholder ID. To ensure consistency of data across sources, MS PMP requests that information for each ID type be submitted in particular formats. See Appendix B for details. If these numbers are inaccessible, phone numbers will be accepted.

Batch File Submission
File Format

To report via batch files, you submit batch files with a MS PMP reporting record for each controlled substance fill directly to RelayHealth. The simplest way to supply these files is using secure upload to the data collection website. Alternatively, you can send files via US Mail on a CD, DVD, or 3.5" Diskette.

All PMP data files must be supplied in ASAP 2005 format. ASAP 2005 defines a large number of supported fields, but data is required in only some of those fields for PMP reporting for Mississippi. See the table on the next two pages for details.

IMPORTANT. The ASAP (American Society of Automation in Pharmacy) 2005 format required now by Mississippi is different from the previously required ASAP 95 format. This new format provides enhanced data submission capabilities to improve the quality of submitted data and the resulting reports created from that data. Changing to the new format will probably require a one-time setup change in your pharmacy management system to use ASAP 2005 instead of ASAP 95. If needed, contact your pharmacy system vendor for assistance in completing the setup change.

Note. Unless the entire file is unreadable or otherwise unusable, only records with missing required fields or invalid data (e.g. a future date) are rejected; the remaining valid records are accepted. You need to promptly resubmit corrected replacement data for any rejected records (as described later).

ASAP 2005 Fields of Interest

Note. Some ASAP 2005 fields are technically required to meet the file format specificatons (for example, TH03 Tx Set Control # is required in the Header for ASAP 2005). The table below does not describe such fields, but instead only describes dispensing-related fields of interest to Mississippi and other fields that require specific settings for Mississipi data submission. Refer to the ASAP 2005 standards guide for other technically required fields that must also be present to meet ASAP 2005 formatting requirements.

Fields shaded below are Required or Conditional (compound-related fields are conditional and required only if reporting a compound). Other listed fields are optional, but are useful to MS BOP if supplied.

Field	2005 Field ID	MS Required or Optional	Comments	Max Field Length
Version/Release Number	TH01	Required	Always populate with "3.0"	**4**
Unique Info Receiver ID	IR01	Required	Always populate with "MS"	**10**
Info Receiver Entity Name	IR02	Required	Always populate with "PMP Program"	**60**
Pharmacy NPI	PHA01	Optional	Used if supplied but not required.	**10**
NCPDP Provider ID	PHA02	Optional	Used if supplied but not required.	**10**
Pharmacy DEA#	PHA03	Required	Required as the Pharmacy ID.	**10**
Patient ID Number Must supply one of these fields SSN PAT04 Alternate ID PAT06 *(if present need Qualifier)* (PAT05) Drivers License PAT27		One of these is required. See Comments	A form of ID is required. Permitted types are: • Social Security Number (use field PAT04) • Driver's License (use PAT27 or use PAT05=06 and Driver's License value in PAT06) • Military ID (use PAT05=01 and PAT06) • State Issued ID (use PAT05=02 and PAT06) *Also use this for MS State Medicaid ID* • Passport (use PAT05=05 and PAT06) • Cardholder ID (use PAT05=99 and PAT06) Driver's License is currently preferred. See Appendix B for more details.	**PAT04=10** **PAT05=2** **PAT06=20**
Patient Last Name	PAT07	Required	Cannot be blank.	**15**
Patient First Name	PAT08	Required	Cannot be blank.	**12**
Patient Middle Name	PAT09	Optional	Used if supplied but not required.	**12**
Prefix	PAT10	Optional	Used if supplied but not required.	**10**
Suffix	PAT11	Optional	Used if supplied but not required.	**10**
Patient Address 1	PAT12	Required	Cannot be blank. Note. This should ***not*** be a P. O. Box. – must be physical address.	**30**
Patient Address 2	PAT13	Optional	Used if supplied but not required.	**30**
City	PAT14	Required	Cannot be blank.	**20**
State	PAT15	Required	Cannot be blank. Two character postal code.	**2**
Zip Code	PAT16	Required	Cannot be blank. 5 or 9 digit patient ZIP	**9**
Phone	PAT17	Optional	Used if supplied but not required.	**10**
DOB	PAT19	Required	CCYYMMDD format. Cannot be future and must be greater than 1900.	**8**

Field	2005 Field ID	MS Required or Optional	Comments	Max Field Length
Gender	PAT20	Required	**M** = Male, **F** = Female	**1**
Rx Number (1st instance)	RX03	Not used.	Only Rx # supplied in DSP03 is used by the state.	**25**
Date Written	RX08	Required	CCYYMMDD format. Cannot be later than Date Filled AND cannot be future.	**8**
Diagnosis Code *(If present, requires qualifier)*	RX12 (RX11)	Optional	Used if supplied but not required.	**Rx11=2 Rx12=10**
Refills Authorized	RX20	Required		**2**
Rx Number (2nd instance)	DSP03	Required (see comment)	Supply Rx # in this field. If also populated in RX03, only the value in DSP03 is used as the Rx#.	**25**
Refill Number	DSP04	Required	0 = first fill, 1= first refill, etc.	**2**
Date Filled	DSP09	Required	CCYYMMDD format. Cannot be earlier than Date Written AND cannot be future.	**8**
Product ID *(requires qualifier)*	DSP12 (DSP11)	Required	Qualifier (DSP11) must always = 01 (NDC) and value in DSP12 should be an NDC11 (5-4-2).	**DSP11=2 DSP12=15**
Quantity Dispensed	DSP14	Required	Negative quantities as well as decimal points are allowed, such as -4.25. The negative sign and decimal point count as one position each in the quantity field length.	**11**
Days Supplied	DSP15	Required	Must be numeric	**3**
Prescriber NPI #	PRE03	Optional (unless PRE04 not supplied – see Comment)	Used if supplied but usually not required. Required only if PRE04 (Prescriber DEA) is not supplied. See comment below for PRE04.	**10**
Prescriber DEA#	PRE04	Required	Generally required as a Prescriber ID. If (and only if) the drug dispensed is *not* Federally scheduled **and** the prescriber does not have a DEA, then it is acceptable to supply the Prescriber's NPI instead in PRE03. If both PRE03 and PRE04 are blank, the record will be rejected -- one or the other is required.	**10**
DEA Suffix	PRE05	Optional	Used if supplied but not required.	**7**
Prescriber State License #	PRE06	Optional	Used if supplied but not required.	**10**
Pharmacist NPI	RPH03	Optional	Used if supplied but not required.	**10**
Pharmacist State Lic #	RPH04	Optional	Used if supplied but not required.	**10**
Pharmacist Last Name	RPH06	Optional	Used if supplied but not required.	**15**
Pharmacist First Name	RPH07	Optional	Used if supplied but not required.	**12**
Pharmacist Middle Name	RPH08	Optional	Used if supplied but not required.	**10**

Field	2005 Field ID	MS Required or Optional	Comments	Max Field Length
Plan Type	PLN04	Required	Values of interest are: 01 – Cash only 02 – Medicaid (use only for Mississippi Medicaid) 04 – Commercial Third Party (insurance other than Mississippi Medicaid) **Note.** Codes 03 (Medicare), 05 (Major Medical), and 06 (Worker's Comp) are also accepted, but are treated like code 04 (Commercial Third Party).	**2**
Compound Drug Ing Seq#	CDI01	Conditional (see comment)	This and other CDI Compound codes are required if reporting the dispensing of a compound with controlled substance ingredients. If CDI01 is present, the other CDI fields below are also required.	**2**
Component Ingredient Product ID *(requires qualifier)*	CDI03 *(CDI02)*	Conditional (see comment)	This is required if reporting the dispensing of a compound with controlled substance ingredients. Qualifier (CDI02) must always = 01 (NDC). The value in CDI03 should be in the form of an NDC11 (5-4-2).	**CDI02=2** **CDI03=15**
Component Ingredient Quantity *(requires qualifier)*	CDI05	Conditional (see comment)	This is required if reporting the dispensing of a compound with controlled substance ingredients.. Negative quantities as well as decimal points are allowed, such as -4.25. The negative sign and decimal point count as one position each in the quantity field length.	**11**
Detail Segment Count	TP01	Required	Number of detail segments included for the pharmacy including the pharmacy header (PHA) and trailer segments.	**10**
Transaction Set Control Number	TT01	Required	Identifying control number that must be unique. Assigned by the originator of the transaction set. Must match the header	**10**
Segment Count	TT02	Required	Total number of segments included in the transaction set including the header and trailer segments.	**10**

File Name Format

The filename format is extremely important in the security and processing of your MS PMP batch files. An incorrect filename may result in a **reject of your file** and require you to edit the file and resubmit.

Note. As a convenience, if you use the Data Collection Website to upload your batch files, the site will check the name of the original file that you select for submission and automatically rename the uploaded version to meet the naming standard below. This is useful if your pharmacy management system does not have the ability to create batch files with names that match the standard.

Batch files that you submit should use the following file name format:

PMP_MS_*SubmitterID_RegKey_YYYYMMDDHHMMSS*.dat

where

SubmitterID is the unique identifier of the entity submitting the report. For an independent dispenser submitting only for themselves, this is the DEA. For a chain or other Collective Entity that reports for a group of dispensers, this is the unique ID (e.g. Chain ID) assigned to that collective entity at the time they registered with RelayHealth.

RegKey is a unique security key value assigned to each individual store or chain that will submit batch files. This key serves as an additional security precaution and is uniquely assigned at the time the store or chain registers with RelayHealth.

YYYYMMDDHHMMSS is the date and time (to the nearest second) when the file was created by the submitter; for example, March 11, 2009at 3:23PM would be **20090311152300**. The timestamp portion prevents duplicate filenames if multiple files are submitted in a day.

An actual file name would be similar to the example below.

PMP_MS_AB1234567_900004_20090315202826.dat

Submitter ID/DEA:	AB1234567
RegKey:	900004
Date:	March 15, 2009
Time:	8:28:26 PM

Secure Website Upload

If you have Internet access, you may upload batch files using a secure RelayHealth website.

1. Open your Internet browser and go to location:
   https://dc.pmp.relayhealth.com/MS

2. Enter your User Name (that you chose at registration) and your password. Click **Login**.

Note. *The first time you log in, use the temporary password that was sent to you by RelayHealth. You will then be asked to specify a new password. Once you have created that new password, you will use it log in subsequently.*

3. The Data Collection home page displays.

4. Select the Data Submission menu and the Batch File option.

5. The Upload screen displays, similar to the screen below. Click **Browse** and then locate the batch file on your system that you want to upload.

6. After you have browsed to select the file, click **Upload**. When the file upload process finishes, if it was successful, an upload confirmation message displays.

    Note. *This message indicates the filename assigned to the uploaded version of the file, which may differ from your original filename in order to meet file naming requirements. That new name will be the one that appears on reports and emails regarding the file.*

    If your file is not uploaded successfully, a screen will display indicating the failure cause.

    IMPORTANT. *The confirmation indicates that the file was accepted for subsequent processing and content validation. After the file is processed, RelayHealth will notify you by email or fax of the validation results (successful or otherwise). If one or more records were rejected, the notification message will identify the records rejected and the reason for each. You should promptly fix the associated problems and resubmit the rejected records.*

Adding a Favorite

It may help your workflow to add a favorite pointing to the Data Collection website. To add a favorite in Microsoft Internet Explorer 6:

1. Go to the Data Collection website **https://dc.pmp.relayhealth.com/MS**

2. In Internet Explorer 6, click on **Favorites.**

3. Click **Add a Favorite.**

You can adjust the name of the favorite to something you will easily recognize.

Mailing Batch Files on Media (CD, DVD, or Diskette)

Batch files may also be mailed to RelayHealth for capture and reporting to Mississippi.

Note: As with all healthcare information, due care must be taken in order to comply with HIPAA regulations and protect patient healthcare privacy.

In general, the steps to mail batch files are as follows:

1. Generate an ASAP2005-formatted batch file via your pharmacy system. The file name of the batch file being submitted must follow the specifications detailed in section *File Name Format* previously in this chapter.

2. Copy or "burn" correctly formatted and named batch file to DVD, CD, or 3.5" diskette. These are the only accepted media types.

3. Label the media with the facility DEA number, store name, and date.
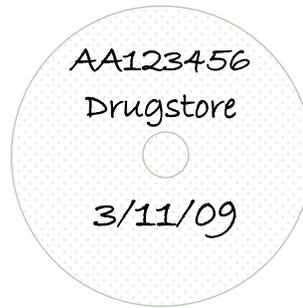
4. Along with each piece of media, include a transmittal form. A blank copy of this transmittal form is included in *Appendix A - Forms*. You may also request a copy of this form in Microsoft Word format from the RelayHealth support team.

5. Enclose the media and transmittal form in an appropriate envelope. Mail the media using the U.S. Postal Service to the following address (the Mailstop is very important to ensure proper processing):

   Mailstop HQ 2.3.5.1
   RelayHealth
   1564 Northeast Expressway
   Atlanta, GA 30329

Using the Online Dispensing Activity Form

Instead of (or in conjunction with) submitting batch files as described previously in this chapter, you can use the convenient online web forms on the secure Data Collection website to submit dispensing information. This is suitable as the primary submission method for dispensers with a very low volume of class II-V dispensing or who lack the software to create ASAP 2005 batch files. Even if you do submit batch files, this method may be useful for entering corrected information to replace rejected batch records (rather than sending a replacement batch file).

To submit dispensing activity information using the online web form on the Data Collection site, do the following:

1. Open you Internet browser and go to data collection site:
   https://dc.pmp.relayhealth.com/MS

2. Log in as usual.

3. When the Data Collection home page displays, select the **Data Submission** menu and the **Dispensing Form** option.

The Dispensing Activity web form displays, similar to the screen below.

4. To identify the Prescriber, enter their DEA in the Prescriber ID field.

5. Click **Check ID**. The system validates the DEA and displays the first and last name of the matching prescriber.

   Note. *If the DEA is not found, an invalid id message appears. If you mistyped the DEA, re-enter and click Check ID again. Otherwise, if you are certain that the DEA you entered is correct, proceed to step 6.*

6. Click **OK** .

7. In the **Patient** area of the screen, enter all information about the patient.

8. In the **Prescription** area of the screen, enter the information for the patient's first prescription.

Note: You can click **Check NDC** to validate the NDC before the form is submitted.

9. If you have no more prescriptions for this same patient, click the **Submit** button and continue to Step 10. Otherwise, if you do have more prescriptions for this same patient, do the following:

   a. Click the **Add Prescription** button. The prescription you just entered displays below the **Add Prescription** button with an Edit link, and the entry fields become blank, similar to the example below:

   b. Enter the information for the patient's next prescription.
   c. Repeat steps 9a and 9b until you have entered all prescriptions for the patient. When finished, click **Submit** and continue to Step 10.

10. The system validates all prescription information you entered. If there is an issue, a message displays the cause and Rx# needing editing. Click the **Edit** button by that prescription to display it in the prescription entry fields for editing. Correct the invalid data and click **Submit** again. Repeat this process until all prescriptions are accepted.

11. Once all entered prescriptions are accepted, a success message appears. In addition, the Prescription and Patient fields are cleared but the Prescriber information remains. If you have more prescriptions to enter for this same Prescriber, repeat the procedures from Step 7 to begin entry for the next Patient and their prescription(s). If you instead need to begin entry of prescriptions for a different Prescriber, click the **Change Prescriber** button and then repeat the procedures from Step 4.

12. When you have finished entering all prescriptions for all prescribers, either select a different item from the website menu or logout.

Using the Prescription Edit Function

When you click the **Add Prescription** button, the prescription you were entering gets moved to the entered prescriptions list below the **Add Prescription** button. If needed, you can edit a prescription in that list by clicking the **Edit** link by the Prescription you wish to modify, which will then display in the prescription entry fields for editing. Correct any invalid data and click the **Add Prescription** button again to put the modified prescription back into the list.

NOTE. *Any prescription information currently displayed in the prescription edit boxes will be lost when you click* ***Edit*** *by an item in the list.*

Removing a Prescription from the Added List

If needed, you can remove a prescription from the entered prescriptions list below the **Add Prescription** button. To do this, click the ✖ in the Delete column and a confirmation dialog box asks if you are sure you want to delete the item. Click OK.

Entering Compounds (With Multiple Controlled Substance Ingredients)

If you need to report a compound with only one controlled substance ingredient, you can report it by simply entering it as a single prescription with that one controlled substance ingredient as the product dispensed (as described in the previous few pages).

You can also use the form to enter information for a compound prescription with multiple controlled substance ingredients, as follows:

1. In the **Prescription** area of the screen, enter the information for the first ingredient in the compound.

2. *Do not* click **Add Prescription**, but instead click the **Create** button in the Compound column. The **Compound Editor** window displays:

3. Enter the NDC and Quantity of the next ingredient in the compound and then click **Add Ingredient** button.

4. Repeat Step 3 above as needed to add additional ingredients. The system will keep a list of the added ingredients, similar to the following:

5. When you have finished adding all ingredients, click **Save**. The Compound column changes from Create to Edit Compounds to indicate that the prescription is a compound.

6. If you have no more prescriptions for this same patient, click the **Submit** button. Otherwise, if you do have more prescriptions for this same patient, do the following:

   a. Click the **Add Prescription** button. The added compound will now appear in the added prescription list with a Compound dropdown list on the right indicating that it is a compound. Clicking that dropdown list displays the NDCs of the additional ingredients in the Compound (the first ingredient is listed in the NDC column of the listing), similar to the example below.

   b. Enter the information for the patient's next prescription.

7. When you have finished entering all prescriptions for the patient, click **Submit**.

Editing a Compound

If needed, you can edit the general prescription information or ingredients for a previously created compound, as follows:

1. If prescription is in the entered prescriptions list below the Add Prescription button, click the **Edit** link by the Prescription you wish to modify, which will then display in the prescription entry fields for editing.

2. If you need to make changes in the displayed information, correct any invalid data and click the **Add Prescription** button to put the modified prescription back into the list.

   If you need to make changes in the additional ingredients in the compound, instead click the **Edit Compounds link** (at the right of the entry fields to display the **Compound Editor** window similar to the following:

3. To *Edit* an ingredient, click **Edit** by the item you wish to modify. This puts the ingredient information in edit boxes where you can enter changes.

Note: To *delete* an ingredient, click **Delete** by the item you wish to remove

4. Correct the NDC or Quantity and click the **Add Ingredient** button to put the modified compound back into the list.

5. When you have finished all changes, click **Save**.

Submitting on Paper

In some instances, Mississippi PMP will authorize low volume submitters to use a paper form to report dispensing information for MS PMP. If you have been authorized by Mississippi PMP to submit using paper, contact Please contact RelayHealth MS PMP Customer Care at 1-800-892-0333 for proper registration and to receive a copy of the required paper form.

Completed forms can be submitted via fax or US Mail as described below:

- **FAX (Preferred Method)**
  Fax completed forms with a cover sheet to:

  404-728-3205

  A sample cover sheet is included in *Appendix A – Forms* and must be filled out completely to ensure data is entered accurately. It is also important that all fields be filled out legibly to ensure your data is accurately input.

- **Mail**
  You may also mail completed forms to:

  Mailstop HQ 2.3.5.1
  RelayHealth
  1564 Northeast Expressway
  Atlanta, GA 30329

Common Error and Warning Messages

Whether you upload batch files using the secure website, or mail them on media, each file will be processed and checked for errors. If errors are detected, RelayHealth will notify you by email or fax of the reason(s).

The most common error and warning messages are in the table below.

Error	Action
ASAP format: 'ASAP 95' is not an allowed format for the state of MS at /ds/env/qaqc/CS/common/bin/import.asap.pl line 350.	Resubmit your file in ASAP 2005 format. You may need to contact your vendor to change a system setting for this.
Rec # (226), Segment (PAT), Element (12), Date Filled (20091028), Rx # (042070336) : Field Value matches Regular Expression '^\S*P\.?\S*O\.?\S*B?'	Submitted a P.O. Box for the PatientAddress 1 (PAT12 Segment). WARNING - P.O. Box submitted but record accepted. If possible consider changing to physical address in future.
Rec # (967), Segment (PAT), Element (20), Date Filled (20091009), Rx # (010865123) : Required Field Value is Empty	Resubmit record with a value in the Gender field (PAT20)

How to Read Error Messages

Sample Error Message

Rec # (389), Segment (PAT), Element (20), Date Filled (20091026), Rx # (042070336) : Required Field Value is Empty

REC# - record # 389 in your file
Segment – ASAP 2005 segment PAT (see ASAP 2005 Fields of Interest table on page 13 for all segment element fields)
Element – 20th field within the PAT segment (In this example, this would mean Field ID PAT20 in the table below, which is "Gender")
Date Filled – the date the prescription was filled
Rx # - This and Date Filled serve as an easy reference point to make sure you have the correct record.

Error Meaning ---- The PAT segment, field #20 (Gender) has an empty value and it is a required field for the State of Mississippi processing.

Supplying Corrected Information

Email or fax notification of errors allows you to correct the issues with the file and resubmit. It is very important that you make corrections and resubmit promptly.

It is also possible to have a prescription reporting record accepted but later discover that some information in it was incorrect (for example, an incorrect quantity) and you need to supply a replacement record with updated information.

There are two ways you can supply a resubmission of prescription information previously rejected in a batch file or an update for a record previously accepted but with incorrect information:

▪ Create and submit a new batch file that includes a record with the corrected information.

or

▪ Enter the correct information for the prescription into the online web form (see the earlier section, "Using the Online Dispensing Activity Form")

Nothing to Report (Zero Report)

Mississippi PMP requests dispensers who have not dispensed schedule II-V drugs during a reporting period to submit a "Nothing to Report" form. This should be submitted following any week that no controlled substance dispensing took place. The form indicates that you have no need for further reporting that week.

The recommended way to do this is using the online web form on the Data Collection site, as follows:

1. Open you Internet browser and go to location:
   https://dc.pmp.relayhealth.com/MS

2. Log in as usual.

3. When the Data Collection home page displays, select the **Data Submission** menu and the **Nothing to Report** option.
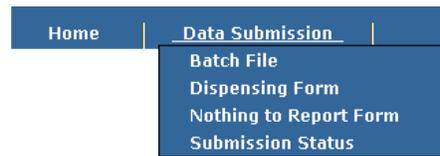
4. The Nothing to Report web form displays, similar to the screen below. Complete all fields and select Submit.

5. If all required fields were completed and entered values were in a valid format, a success message displays. (Otherwise, a message will indicate the errors that need corrected.)

Submission on Paper

Alternatively, you can fax in a paper version of the form, located in *Appendix A – Forms* of this guide. FAX the completed form to RelayHealth using the FAX number at the bottom of the form.

Data Submission Status

Dispensers have the ability to query the status (by days, months, years) of previously submitted files for a logged in Facility ID. The query results include:

- Submitted Date
- File Name
- Processed Date

- File Start Date
- File End Date
- Status

- # Records in file
- # Valid Records

▪ Open you Internet browser and go to location:
  https://dc.pmp.relayhealth.com/MS

▪ Log in as usual.

▪ When the Data Collection home page displays, select the **Data Submission** menu and the **Submission Status** option.

▪ The Submission Status screen displays, similar to the screen below. Select a period or specific date and click Submit.

▪ If a submitted file(s) exists for the given period or specified dates, then the results display in a grid, as shown on the following page. Otherwise, a message will indicate no data found for the date range.

Submitted Date ⇕	File Name ⇕	Processed Date ⇕	Start Date ⇕	End Date ⇕	Status ⇕	Records in File ⇕	Valid Records ⇕
03 / 28 / 2010	AB_123_21_20100328.dat	03 / 28 / 2010	03 / 21 / 2010	03 / 27 / 2010	ACCEPT	500	480
04 / 04 / 2010	AB_456_21_20100404.dat	04 / 04 / 2010	03 / 28 / 2010	04 / 03 / 2010	ACCEPT	630	614
04 / 11 / 2010	AB_789_21_20100411.dat	04 / 11 / 2010	04 / 04 / 2010	04 / 10 / 2010	FILE FAILED		

Submission Details

This screen is used to view the rejection reason detail for each rejected record in a specified file from the **Data Submission Status Results** screen. There are two statuses that may display – File Failed or Accept.

- A file that failed was not able to be processed and will need to be resubmitted.

- Accepted files where the valid records are less than the records in the file contain rejects and possibly warnings.

- Accepted files where records in file match the valid records may contain warnings or all records were accepted.

The submission details for warning and rejected records include:

- Facility ID
- Refill Code
- Rx Number
- Date Filled
- NDC Number
- Reject Reason

The sample below contains rejected records and warnings. The files that contain warnings were accepted.

The sample below contains a record that was accepted but contained a warning because the Patient address was a PO Box.

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4	# Monthly Submission Recap Reports

Overview

A MS PMP submission recap report is sent to you once per month. This report shows the number of controlled substance prescriptions reported to Mississippi by date range, for your records.

If your facility provides RelayHealth with an email address on your initial registration, we will email the monthly report to that address. Otherwise, we will send it to your facility address via fax or U.S. Mail.

Column Descriptions

Each monthly report you will receive summarizes the submissions to MS PMP for the previous month. The report columns are defined below.

DEANumber: Facility 9 digit DEA number.

ProcessDate: Date file was processed by RelayHealth.

SubmissionDate: Date file was received by RelayHealth.

RecordCount: Total number of fills in the submission period.

MinFillDate/MaxFillDate: The date range covered by the file submitted. These dates are the earliest and latest fill dates contained within the file. There may not be fills reported for all dates between min and max.

ProcessFileName: Name of the file submitted to RelayHealth.

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<table>
<tr><td>**5**</td><td style="text-align:right"># Support</td></tr>
</table>

Website Support

RelayHealth has a special website just for the MS PMP program with information for pharmacies/dispensers, pharmacy chains, and pharmacy software vendors.

http://pmp.relayhealth.com/MS

You will find the latest versions of this guide and other documentation available.

Telephone Support

RelayHealth MS PMP Customer Care

Toll-Free:	**1-800-892-0333**	Monday – Friday
		8:00 A.M. – 5:00 P.M. Eastern
Email:	**MSPMP@relayhealth.com**	

Forgotten User ID or Password

If you forget your User ID or Password for the Data Collection website, it is not necessary to call Support to restore it. Instead, you can use the Forgot **User ID** or **Password** link on the login screen to recover the information yourself.

Follow the simple onscreen instructions for each process to have your User ID emailed to you or to reset your password after answering the hint question that you created in your user profile.

FAQs (Frequently Asked Questions)

What is PMP?

PMP stands for "Prescription Monitoring Program." This is a commonly used term for the programs implemented by various states to monitor the dispensing of controlled substances within their borders. For this purpose, Schedule II through V drugs are typically considered "controlled."

From a dispenser standpoint, the legal requirement to submit data for use in a state's PMP program is sometimes called "Controlled Substance Reporting."

What is Mississippi PMP?

Mississippi Prescription Monitoring Program is Mississippi's solution for monitoring Schedule II-V controlled substances dispensed in Mississippi. Mississippi State Statutes 73-21-127, 73-21-97 and 73-21-103 set forth the legal requirements for reporting Schedule II-V controlled substances dispensed in Mississippi for use in the PMP system, plus a few additional drugs specified by the state, such as Soma (carisoprodol), tramadol, and butalbital.

The solution has two main elements:

- **Data Collection.** Information about controlled substance dispensing activities is reported regularly to the state of Mississippi through their authorized data collection vendor. Pharmacies and other dispensers (clinics, etc.) that are licensed by the Mississippi Board of Pharmacy are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that routinely mail orders into the state.

- **Reporting.** Mississippi's online reporting application allows authorized users to generate customized reports 24 hours a day, seven days a week. A report shows information for all the scheduled prescriptions a specified patient has had for a specified period. An authorized user can be a prescriber for medical treatment of an existing or prospective patient, a pharmacist for pharmaceutical treatment, a law enforcement officer with an active investigation, a licensure board for a licensee, Medicaid for a Medicaid recipient, a grand jury by subpoena, or a judge, probation or parole officer administering a drug diversion or probation program.

The primary beneficiaries of Mississippi PMP are patients throughout Mississippi. Because of Mississippi PMP, healthcare providers can make better and more informed treatment decisions that allow them to provide the most appropriate medical care for their patients. However all Mississippi citizens ultimately benefit through improved medical care and reductions in the abuse and diversion of controlled substance prescription drugs.

Who is RelayHealth?

RelayHealth was formerly the pharmacy network piece of NDCHealth and then Per-Se. In June 2009, the Mississippi Board of Pharmacy awarded RelayHealth an exclusive contract to enhance and begin managing data collection and web based reporting for the PMP system.

RelayHealth's Intelligent Network provides connectivity to more than 90% of US pharmacies and over 1,000 payer plans and third-party processors, handling more than 8.5 billion healthcare transactions each year. RelayHealth has built its reputation on the reliability, speed, and accuracy of its Intelligent Network. We have been a leader in healthcare technology and claims processing for over 30 years. We are recognized experts in claims processing and now leverage our leadership position to benefit state prescription monitoring programs.

What is the goal of the new data collection approaches?

The primary goal is to improve the value of the Mississippi PMP by populating it with cleaner and timelier data and providing enhanced reporting. This includes an option to use RelayHealth's existing pharmacy claims processing network to automatically transfer required reporting data into the Mississippi PMP system within one day of dispensing. This will allow data to appear in Mississippi PMP system in as few as two days after dispensing, which will make the reports much more valuable to users.

At the same time, the new processes reflect our continued efforts to minimize the impact of controlled substance reporting on your workflow and operating costs. The new processes are designed to help pharmacies by enabling them to:

- reduce operating costs (this is a no-cost program to pharmacies);
- centralize and streamline the controlled substance reporting process;
- meet Mississippi Practice Act Regulations ; and
- take advantage of delivery options with superior security over batch submission, with data protected through all phases of transmission.

Will I still be able to use my old data collection vendor instead?

Once the statewide go-live rollout is successfully completed (planned to occur by the end of 2009), RelayHealth will become the exclusive vendor managing data collection for the Mississippi PMP system. At that point, the state will no longer accept data from the current data collection vendor, so you will need to arrange with RelayHealth before then to begin accepting your controlled substance reporting data for Mississippi.

What will this vendor change mean for me and the way I submit Mississippi PMP information?

For data submission modes, our goal is to change as few of your procedures as possible while ensuring that proper security and privacy protections are in place, including written data authorization from you or your approved representative. We also plan to provide you with enhanced support and service.

Will the data submission formats remain the same?

The State is moving to ASAP 2005 instead of currently ASAP 95. Contact your pharmacy vendor to configure for this new format.

How much will your data collection services cost?

PMP data collection services we provide to you are paid by Mississippi. We do not charge you anything for these services, regardless of your submission method.

How often am I required to report?

You are required to report every 7 days, but RelayHealth can accept data more often.

Do I need to sign up or just start submitting data?

You will need to sign up with RelayHealth through a simple registration process in which you will verify basic information about your facility, and also indicate the submission method you will be using. This registration step also enhances the security of the submission process.

Will I receive a submissions report?

Yes, but it will be monthly and you will have an option to receive your report electronically via email instead of on paper via fax. If you choose to submit batch files and a problem occurs with one of your submission files, a notification will be emailed to you. This typically occurs minutes after you submit.

What about Cash transactions? How will you get the dispensing information since there is not a claim?

Cash transactions are captured using a special "mock" third party plan for cash patients and transactions. To use this, your system is set up to send transactions for the special "Cash Capture" plan to a special Cash-Only BIN on our network. There is no transaction fee for these special Cash BIN transactions.

If you currently use our PPE (Pre and Post Editing) services to do editing on your Cash transactions, you may already have this capability set up in your system. If not, we will assist you (or your chain administrator or system vendor, if appropriate) with the one-time Cash Capture setup (if they support this option).

Note. For claims sent to the Cash BIN, our network returns a response with 100% patient copay. The result is that the transaction moves through your system with the patient owing the full amount – just as they would if you did not use the Cash Capture mock plan. Also, there is no transaction fee for these Cash Bin transactions.

> *In addition, we will be glad to discuss this process directly with you in more detail if you are interested.* At your request, we can also provide information about the valuable optional Cash transaction PPE edits that we offer that use the same Cash Capture setup described above. Those Cash Edits are outside the Mississippi PMP program, and thus are not free, but you may find the opportunities they offer for increased revenues, decreased costs, and improved patient care to have value well above the nominal costs.

What if my system vendor (or chain) sets up these kinds of things for me?

We will gladly work with your vendor (or chain) to assist them with the setup process if they are able to support this option. Call our Customer Care team with

your vendor's contact information or provide your pharmacy system vendor with our support information.

Where can I go for more information?

All updated information is posted on the PMP website at http://pmp.relayhealth.com/MS.

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A

Forms
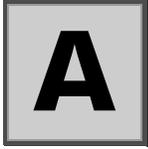
Registration Form

The registration form is used to provide necessary information to RelayHealth so you can begin submitting MS PMP data to us. Use this form only if you are unable to use the online registration method.

Batch File on Media Transmittal Form

The transmittal form must accompany every batch file sent on CD, DVD, or 3.5" diskette by U.S. Mail.

Nothing to Report Form

For each week no schedule II-V controlled substances are dispensed, Mississippi BOP requests you submit a Nothing to Report Form. Use the paper form only if you are unable to use the online web form and send to us via FAX.

FAX Cover Sheet

Use this cover sheet with submitting by FAX any paper forms.

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RelayHealth

Registration Form

MS PMP Data Submission

Facility DEA#	
Pharmacy/Facility Name	
Address	
City	
State	MS
Zip Code	
Contact Name	
Contact Phone	Ext:
Contact Email	
FAX	
NPI#	
NABP/NCPDP# *Not required if NPI included*	
Software Vendor or Chain Name	If your facility is independent (non-chain), please enter your pharmacy software vendor below (if any). Otherwise, please enter your chain.

Submission Mode
Choose one submission mode

☐   Batch or Online Forms:

Submit ASAP95-formatted batch files via secure Web upload or mailed-in media (CD, DVD, or 3.5" Diskette) and/or use online web forms to report activity.

☐   Paper:

Submit paper forms only (requires prior authorization from Mississippi BOP)

Note: You may only use one submission mode above. You may change submission mode later by contacting RelayHealth.

Return completed form to RelayHealth via email MSPMP@relayhealth.com or FAX 404-728-3205

Questions? Call Customer Care at 800-892-0333

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RelayHealth

Batch File on Media
Transmittal Form

MS PMP Data Submission

Today's Date _____ / ____ / _____

Batch File Date Range ____ / ____ / _____ to ____ / ____ / _____

Facility DEA _____

Pharmacy Name _____

Address _____

City _____

State/ZIP _____ ZIP: _____

Contact Name _____

Contact Phone _____ Ext: _____

Contact Email _____

Media Type ☐ CD/DVD

☐ Diskette

Complete this form and return with your CD, DVD, or 3.5" Diskette.

Mail to:

Mailstop HQ 2.3.5.1
RelayHealth
1564 Northeast Expressway
Atlanta, GA 30329

Return completed form to RelayHealth via email
MSPMP@relayhealth.com or FAX 404-728-3205
Questions? Call Customer Care at 800-892-0333

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RelayHealth

Nothing to Report Form (Zero Report)

MS PMP Data Submission

Today's Date   ____/____/_____

Date Range
For period of no activity   ____/____ to ____/____/_____

Facility DEA   _____

Pharmacy Name   _____

Contact Name   _____

Contact Phone   _____ Ext: _____

Contact Email   _____

I affirm that this information is correct to the best of my knowledge. I swear that I have not dispensed any controlled substances in the data range shown above.

Signature   _____

Complete this form and return FAX back to RelayHealth.

FAX: 404-728-3205

Return completed form to RelayHealth via email
MSPMP@relayhealth.com or FAX 404-728-3205
Questions? Call Customer Care at 800-892-0333

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FAX Cover Sheet

MS PMP Data Submission

Today's Date   /   /

Facility DEA

Pharmacy Name

Address

City

State/ZIP   ZIP:

Contact Name

Contact Phone   Ext:

Contact Email

Complete this cover sheet and FAX with MS PMP forms.

FAX: 404-728-3205

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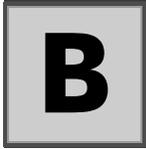
B   Acceptable Patient ID Formats

Acceptable Patient Identification Types

MS PMP accepts six forms of Patient ID in PMP data -- Driver's License, other State Issued ID, Military ID, Passport, Social Security Number, and Cardholder ID. To ensure consistency of data across sources, MS PMP requests that information for each ID type be submitted in particular formats as described in this appendix.

IDs for Non-US Citizens (Aliens)

Aliens are required to show a valid passport. No other form of identification from a foreign source is acceptable for an alien *unless* the alien is registered in the United States and has social security numbers for work.

Driver's License Numbers

For a Driver's License, submit the Drivers License number (or code, including any letters), followed immediately by the two character United States/US Territory/US Possession abbreviation (see Table 1 later in this Appendix). *Do not* input spaces, dashes, quotations or comments with a Driver's License number. Foreign driver's licenses are not acceptable.

For example a Driver's License 1234567 from Alabama Drivers License number should be entered as 1234567AL. Any other designations such as 1234567 only, AL1234567, or other formats a person might devise are not acceptable.

Other State-Issued Identification Card Numbers

Input and submit the State Identification Card number, followed immediately by the two character United States/US Territory/US Possession abbreviation (see Table 1 later in this Appendix). *Do not* input spaces, dashes, quotations or comments with a State Identification Card number.

For example an Alabama State ID 1234567 should be entered as 1234567AL. Any other designations such as 1234567 only, AL1234567, or other formats a person might devise are not acceptable.

Military Identification Cards

Input and submit the United States Military Identification Card number, followed immediately by "MIL". A valid identification card will have nine numbers. Thus, input of a US Military Identification Card number will be xxxxxxxxxMIL.

Do not input spaces, dashes, quotations or comments with a Military Identification Card number. Any other designations such as xxxxxxxxx only, MILxxxxxxxxx, or other formats a person might devise are not acceptable.

No other country's military identification is acceptable.

Passports

With regards to passports, look at it carefully and copy the numbers and note the *country* name. There is no such thing as an "Asian passport", "Caribbean passport", "European passport" or an "African passport".

Input and submit a valid passport number, followed immediately by the 3-character Country abbreviation (see Table 2 later in this Appendix). For example, for a United States passport, input of a valid passport number will be xxx…….xxUSA.

Do not input spaces, dashes, quotations or comments with a passport number. Any other designations such as passport number only, Country abbreviation first, or other formats a person might devise are not acceptable.

Social Security Numbers

Input and submit just the nine numbers. Do not add any dashes, comments or any other designations.

Presently, the highest number that a social security numbers begins with is 772 (i.e. 772-xx-xxxx). So, a social security number that begins with 773 or higher, is not a valid number. A valid social security number cannot begin with an 8 or 9.

Also, there cannot be all zeros in any of the sub-sections (i.e. 000-xx-xxxx or xxx-00-xxxx or xxx-xx-0000) **The use of dashes here are for illustration only**. *Do not* submit social security numbers with dashes.

All United States citizens and registered aliens who have social security numbers to work in the United States may use it for identification purposes with MS PMP.

Table 1 - Standard Abbreviations for United States and Possessions/Territories

Alabama	AL		Montana	MT
Alaska	AK		Nebraska	NE
American Samoa	AS		Nevada	NV
Arizona	AZ		New Hampshire	NH
Arkansas	AR		New Jersey	NJ
California	CA		New Mexico	NM
Colorado	CO		New York	NY
Connecticut	CT		North Carolina	NC
Delaware	DE		North Dakota	ND
District of Columbia	DC		Northern Mariana Islands	MP
Federated States of Micronesia	FM		Ohio	OH
Florida	FL		Oklahoma	OK
Georgia	GA		Oregon	OR
Guam	GU		Palau	PW
Hawaii	HI		Pennsylvania	PA
Idaho	ID		Puerto Rico	PR
Illinois	IL		Rhode Island	RI
Indiana	IN		South Carolina	SC
Iowa	IA		South Dakota	SD
Kansas	KS		Tennessee	TN
Kentucky	KY		Texas	TX
Louisiana	LA		Utah	UT
Maine	ME		Vermont	VT
Marshall Islands	MH		Virgin Islands	VI
Maryland	MD		Virginia	VA
Massachusetts	MA		Washington	WA
Michigan	MI		West Virginia	WV
Minnesota	MN		Wisconsin	WI
Mississippi	MS		Wyoming	WY
Missouri	MO			

Table 2 - Standard Abbreviations for Countries

Afghanistan	AFG	China	CHN
Aland Islands	ALA	Christmas Island	CXR
Albania	ALB	Cocos Islands (Keeling)	CCK
Algeria	DZA	Colombia	COL
American Samoa	ASM	Comoros	COM
Andorra	AND	Congo	COG
Angola	AGO	Congo (The Democratic Republic of)	COD
Anguilla	AIA	Cook Islands	COK
Antarctica	ATA	Costa Rica	CRI
Antigua and Barbuda	ATG	Cote D'Ivoire	CIV
Argentina	ARG	Croatia	HRV
Armenia	ARM	Cuba	CUB
Aruba	ABW	Cyprus	CYP
Australia	AUS	Czech Republic	CZE
Austria	AUT	Denmark	DNK
Azerbaijan	AZE	Djibouti	DJI
Bahamas	BHS	Dominica	DMA
Bahrain	BHR	Dominican Republic	DOM
Bangladesh	BGD	Ecuador	ECU
Barbados	BRB	Egypt	EGY
Belarus	BLR	El Salvador	SLV
Belgium	BEL	Equatorial Guinea	GNQ
Belize	BLZ	Eritrea	ERI
Benin	BEN	Estonia	EST
Bermuda	BMU	Ethiopia	ETH
Bhutan	BTN	Falkland Islands (Malvinas)	FLK
Bolivia	BOL	Faroe Islands	FRO
Bosnia and Herzegovina	BIH	Fiji	FJI
Botswana	BWA	Finland	FIN
Bouvet Island	BVT	France	FRA
Brazil	BRA	French Guiana	GUF
British Indian Ocean Territory	IOT	French Polynesia	FYF
Brunei Darussalam	BRN	French Southern Territories	ATF
Bulgaria	BGR	Gabon	GAB
Burkina Faso	BFA	Gambia	GMB
Burundi	BDI	Georgia	GEO
Cambodia	KHM	Germany	DEU
Cameroon	CMR	Ghana	GHA
Canada	CAN	Gibraltar	GIB
Cape Verde	CPV	Greece	GRC
Cayman Islands	CYM	Greenland	GRL
Central African Republic	CAF	Grenada	GRD
Chad	TCD	Guadeloupe	GLP
Chile	CHL	Guam	GUM

Table 2 - Standard Abbreviations for Countries (Continued)

Guatemala	GTM	Mauritania	MRT
Guernsey	GGY	Maritius	MUS
Guinea	GIN	Mayotte	MYT
Guinea-Bissau	GNB	Mexico	MEX
Guyana	GUY	Micronesia (Federated States of)	FSM
Haiti	HTI	Moldova (Republic of)	MDA
Heard Island and McDonald Islands	HMD	Monaco	MCO
Holy See (Vatican City State)	VAT	Mongolia	MNG
Honduras	HND	Montenegro	MNE
Hong Kong	HKG	Montserrat	MSR
Hungary	HUN	Morocco	MAR
Iceland	ISL	Mozambique	MOZ
India	IND	Myanmar	MMR
Indonesia	IDN	Namibia	NAM
Iran	IRN	Nauru	NRU
Iraq	IRQ	Nepal	NPL
Ireland	IRL	Netherlands	NLD
Israel	ISR	Netherlands Antilles	ANT
Italy	ITA	New Caledonia	NCL
Jamaica	JAM	New Zealand	NZL
Japan	JPN	Nicaragua	NIC
Jordan	JOR	Niger	NER
Kazakhstan	KAZ	Nigeria	NGA
Kenya	KEN	Niue	NIU
Kiribati	KIR	Norfolk Island	NFK
Korea (Democratic People's Republic of)	PRK	Northern Mariana Islands	MNP
Korea (Republic of)	KOR	Norway	NOR
Kuwait	KWT	Oman	OMN
Kyrgyzstan	KGZ	Pakistan	PAK
Laos	LAO	Palau	PLW
Latvia	LVA	Panama	PAN
Lebanon	LBN	Papua New Guinea	PNG
Lesotho	LSO	Paraguay	PRY
Liberia	LBR	Peru	PER
Libyan Arab Jamahiriya	LBY	Philippines	PHL
Liechtenstein	LIE	Pitcairn	PCN
Lithuania	LTU	Poland	POL
Luxembourg	LUX	Portugal	PRT
Macau	MAC	Puerto Rico	PRI
Macedonia	MKD	Qatar	QAT
Madagascar	MDG	Reunion	REU
Malawi	MWI	Romania	ROU
Malaysia	MYS	Russian Federation	RUS
Maldives	MDV	Rwanda	RWA
Mali	MLI	Saint Helena	SHN
Malta	MLT	Saint Kitts and Nevis	KNA
Marshall Islands	MHL	Saint Lucia	LCA
Martinique	MTQ	Saint Pierre and Miquelon	SPM

Table 2 - Standard Abbreviations for Countries (Continued)

Country	Code	Country	Code
Saint Vincent and the Grenadines	VCT	Togo	TGO
Samoa	WSM	Tokelau	TKL
San Marino	SMR	Tonga	TON
Sao Tome and Principe	STP	Trinidad and Tobago	TTO
Saudi Arabia	SAU	Tunisia	TUN
Senegal	SEN	Turkey	TUR
Serbia	SRB	Turkmenistan	TKM
Seychelles	SYC	Turks and Caicos Islands	TCA
Sierra Leone	SLE	Tuvalu	TUV
Singapore	SGP	Uganda	UGA
Slovakia	SVK	Ukraine	UKR
Slovenia	SVN	United Arab Emirates	ARE
Solomon Islands	SLB	United Kingdom	GBR
Somalia	SOM	United States	USA
South Africa	ZAF	United States Minor Islands	UMI
South Georgia and the South Sandwich Isles	SGS	Uruguay	URY
Spain	ESP	Uzbekistan	UZB
Sri Lanka	LKA	Vanuatu	VUT
Sudan	SDN	Venezuela	VEN
Suriname	SUR	Viet Nam	VNM
Svalbard and Jan Mayen	SJM	Virgin Islands (British)	VGB
Swaziland	SWZ	Virgin Islands (U.S.)	VIR
Sweden	SWE	Wallis and Futuna	WLF
Switzerland	CHE	Western Sahara	ESH
Syrian Arab Republic	SYR	Yemen	YEM
Taiwan (Province of China)	TWN	Yugoslavia	YUG
Tajikistan	TJK	Zambia	ZMB
Tanzania (United Republic of)	TZA	Zimbabwe	ZWE
Thailand	THA		