

# **Uploader's Implementation Guide**

**Oregon Health Authority  
Prescription Drug Monitoring Program**



**March 2012**

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# 1 Document Overview

## Purpose and Contents

The *RxSentry*<sup>®</sup> *Uploader's Implementation Guide* serves as a step-by-step implementation and training guide for pharmacies in the State of Oregon who use RxSentry as a repository for the reporting of their Schedule II, III, and IV controlled substance prescriptions dispensed in Oregon. It includes such topics as:

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

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## 2 Data Collection and Tracking

### Data Collection Requirements

This guide provides information regarding the State of Oregon Prescription Drug Monitoring Program (Oregon PDMP). The program was established to collect data on all Schedule II, III, and IV controlled substances dispensed in the state of Oregon or dispensed to an address in the state of Oregon.

### Purpose of the Oregon PDMP

ORS 431.962 requires the Oregon Health Authority (OHA) to establish an electronic system for the Oregon PDMP. The statute requires a pharmacy that delivers a controlled substance to electronically report such dispensing to the Oregon PDMP database. The purpose of the program is to promote public health and welfare and to help improve patient care. The goal is to provide practitioners and pharmacists 24/7 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 or those who are at risk for addiction and may be in need of substance abuse treatment.

### Reporting Noncompliance

A pharmacy that knowingly fails to submit their controlled substance dispensing as required by this statute may be subject to disciplinary action.

### Zero Reports

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

### HIPAA Compliance

Disclosure of prescription monitoring information must comply with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517, and 192.518 to 192.529.

## Patient Advisory Notice

Using language provided by the OHA, pharmacies must notify each patient receiving a controlled substance about the Prescription Drug Monitoring Program before or when the controlled substance is dispensed to the patient. The notification must include that the prescription will be entered into the system. [Appendix A](#) contains a copy of the patient advisory notice and a copy of the notification language. Electronic copies of the notice and notification language are also located at [www.orpdmp.com](http://www.orpdmp.com).

## Reporting Waivers

### No Reporting Waiver

If a pharmacy is registered or licensed in the State of Oregon to dispense controlled substances II, III, and IV in the State of Oregon, but does not dispense any controlled substances II, III, and IV or any controlled substances II, III, and IV directly to Oregon residents, then they are not required to report to the PDMP. However, the pharmacy must notify OHA in writing by completing a no reporting waiver form provided by OHA stating that they do not dispense controlled substances in the state. The duration of the no reporting waiver shall be two years, at which time the pharmacy must reapply. If the pharmacy at any time decides to start dispensing controlled substances in the state, the pharmacy must notify OHA immediately and begin reporting to the Oregon PDMP.

### Electronic Reporting Waiver

OHA may grant a pharmacy a waiver of the electronic submission requirement for good cause as determined by OHA. "Good cause" includes financial hardship and not having an automated recordkeeping system. The pharmacy must notify OHA in writing by filling out an electronic reporting waiver form provided by OHA. OHA will work with the pharmacy to determine the format, method, and frequency of the alternative non-electronic submissions. The duration of the electronic reporting waiver shall be two years, at which time the pharmacy must reapply.

**All waivers require written application and must be submitted to OHA for consideration.**

## Reporting Requirements

All pharmacies dispensing Schedule II, III, and IV controlled substances are required to collect and report their dispensing information.

A "pharmacy" is an institution that delivers a controlled substance to an ultimate user, but does not include:

- Pharmacies in institutions defined in ORS 179.10 (Blue Mountain Recovery Center, The Eastern Oregon Training Center, and the Oregon State Hospital).

- Pharmacies in institutions defined as Department of Corrections institutions in ORS 421.005.

Also excluded are any controlled substances administered directly to a patient or dispensed to a patient pursuant to ORS 127.800 (Death with Dignity Act).

For detailed information for each of the fields required by the State of Oregon and the fields required by the American Society for Automation in Pharmacy (ASAP), please see [Appendix B: ASAP V4R1 Specifications](#).

The following fields are required for collection by the State of Oregon:

Field Name	Field ID
Pharmacy Header	
DEA Number	PHA03
Patient Information	
Last Name	PAT07
First Name	PAT08
Middle Initial	PAT09
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Dispensing Record	
Date Written	DSP03
Date Filled	DSP05
Product ID Qualifier *Note: NDC is required	DSP07
Product ID	DSP08
Quantity Dispensed	DSP09
Prescriber Information	
DEA Number	PRE02
Last Name	PRE05
First Name	PRE06

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

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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.

- See [Creating Your Account](#) for more information.
- Beginning June 1, 2011 pharmacies are required to report their data within seven (7) days of dispensing of the substance. However, pharmacies are encouraged to report more frequently if they would like.

### Upload Specifications

Files should be in ASAP format as defined in [Appendix B: ASAP 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 a waiver has been obtained from the Oregon Health Authority.

## 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.

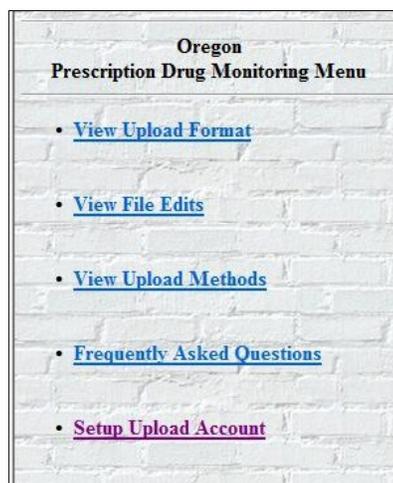
**Note:** Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://orpdmpreporting.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**. A window similar to the following 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**. A window similar to the following 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"> <li>Choose <b>Keep &lt;account number&gt; as my account for a single Pharmacy</b> if you wish to use the suggested account name.</li> <li>Choose <b>Create an account using &lt;suggested account name&gt; as my ID for uploading more than one Pharmacy's Data</b> if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.</li> </ul>

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

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 <b>Contact Fax</b> field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"> <li>▪ Select <b>Fax Edit Reports Only If Any Errors</b> if you wish to view the results of your data uploads that contain minor errors.  <b>Note:</b> Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</li> <li>▪ Select <b>Fax Edit Reports Only If Any Serious Errors</b> if you wish view the results of your data uploads that contain serious errors.  <b>Note:</b> Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</li> <li>▪ Select <b>Fax Edit Reports Only If Any Fatal Errors</b> if you wish to view the results of your data uploads that contain fatal errors.  <b>Note:</b> Fatal errors are those that prevent information from being uploaded and that must be corrected.</li> <li>▪ Select <b>Fax Edit Reports For All Uploads</b> if you wish to have the results of all of your data uploads faxed to you.</li> </ul>
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 <b>[CTRL]</b> 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:

*New Account Setup for OR PDMP Upload Access ( orpdm )*

Adding password for user BT6065696

TARGET STORES A DIV.OF TARGET CORP., A D TARGET STORE T-0345 TIGARD 97223 800 225 6998 800 225 6971 Signup

Thank you for completing this information.

**Your access password for the account BT6065696 has been set to 84530. Please remember this password.**

You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day ) until your FTP and/or SFTP account is created.

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

- 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).

## Modifying Your Upload Account

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

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

## Reporting Zero Dispensing

If you have no dispenses to report weekly for the preceding seven day period, you must report this information to the Oregon Health Authority 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://orpdmpreporting.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:



## 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
<a href="#">Secure FTP over SSH</a>	15
<a href="#">Encrypted File with OpenPGP Via FTP</a>	16
<a href="#">SSL Web Site</a>	17
<a href="#">Physical Media (Tape, Diskette, CD, DVD)</a>	18
<a href="#">Universal Claim Form (UCF) Submission</a>	
<a href="#">Reporting Requirements for UCF Submissions</a>	19
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<a href="#">Online UCF Submission</a>	20

### Secure FTP over SSH

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix B: ASAP 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://orpdmpreporting.hidinc.com>.
  - 4 When prompted, type *orpdm* (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 Oregon Health Authority nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP specifications described in [Appendix B: ASAP 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://orpdmpreporting.hidinc.com>.
- 6 When prompted, type *orpdm* (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 specifications described in [Appendix B: ASAP 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://orpdmpreporting.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 specifications described in [Appendix B: ASAP 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, LLC  
Attn: OR PDMP  
391 Industry Drive  
Auburn, AL 36832

## Universal Claim Form (UCF) Submission

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

To request an Oregon PDMP Electronic Reporting Waiver, please log on to and locate the waiver form on the Oregon PDMP website at <http://orpdmp.hidinc.com>.

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 Oregon PDMP 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 middle initial
- ✓ Patient's date of birth
- ✓ Patient's address
- ✓ Pharmacy DEA number
- ✓ Prescriber DEA number
- ✓ Prescriber name
- ✓ National Drug Code (NDC) of drug dispensed

- ✓ Prescription number
- ✓ Date prescription was written
- ✓ Date prescription is filled
- ✓ Quantity dispensed

## Notes about NDC Numbers

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

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

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

## Paper Submission

If you have been granted a waiver to report your prescription information on paper forms you can fax the completed forms to 1-888-288-0337 or mail to:

Health Information Designs, LLC  
 Attn: OR PDMP  
 P.O. Box 3210  
 Auburn, AL 36832-3210

A copy of the UCF is provided in [Appendix C: Universal Claim Form](#).

## 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, pharmacy, 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

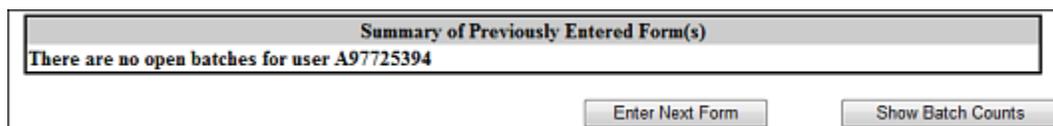
**Note:** Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with 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://orpdmpreporting.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, Pharmacy Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:

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

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

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

**Notes:**

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

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

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

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

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

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

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

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

A single record will be rejected if it contains a fatal error.

An entire batch will be rejected if:

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

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

## View Upload Reports

This function provides uploaders 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, uploaders 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://orpdmpreporting.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:

<b>Report Timeframe:</b> 10/18/10		-	11/18/10	<input type="button" value="Submit"/>
Date and Time	Report Name	Process Date		
11/11/10 9:17:18 AM	<a href="#">20101111.dat.rpt</a>	11/11/10		
10/21/10 9:58:52 AM	<a href="#">20101021.dat.rpt</a>	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

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

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

The ASAP 4.1 standard requires a pharmacy to select an indicator in the DSP01 (Reporting Status) field. Pharmacies 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

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 09	Invalid DOB	Serious
Edit 14	Reporting status is invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 18	Quantity is invalid	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 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
Edit 52	Customer Address blank	Serious
Edit 53	Customer ZIP Code is blank	Serious

Edit Number	Message	Severity
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 200	Prescription Number is blank	Serious
Edit 360	Date dispensed prior to June 1, 2011	Fatal
Edit V1	Record already exists <b>Note:</b> 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: Patient Advisory Notice and Language

A copy of the Patient Advisory Notice and notification language are provided on the following pages.

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## Patient Advisory

# New law will help health care providers give you better care

A new program will help your pharmacist and health care provider give you better care in managing your prescriptions. They will now have complete information to promote the appropriate use of certain controlled medications.\* This new program is called the Oregon Prescription Drug Monitoring Program (PDMP).

**Beginning June 1, 2011**, pharmacies will report to the program controlled medications\* dispensed to patients. You can obtain a free copy of your PDMP record and request a correction if your record contains errors. **For more information or questions, visit [www.orpdmp.com](http://www.orpdmp.com) or call 971-673-0741.**

\* Controlled medications are drugs that state or federal law does not allow to be sold or used, except with a prescription. PDMP only collects data for Schedule II through IV controlled medications. For more information, talk to your health care provider.

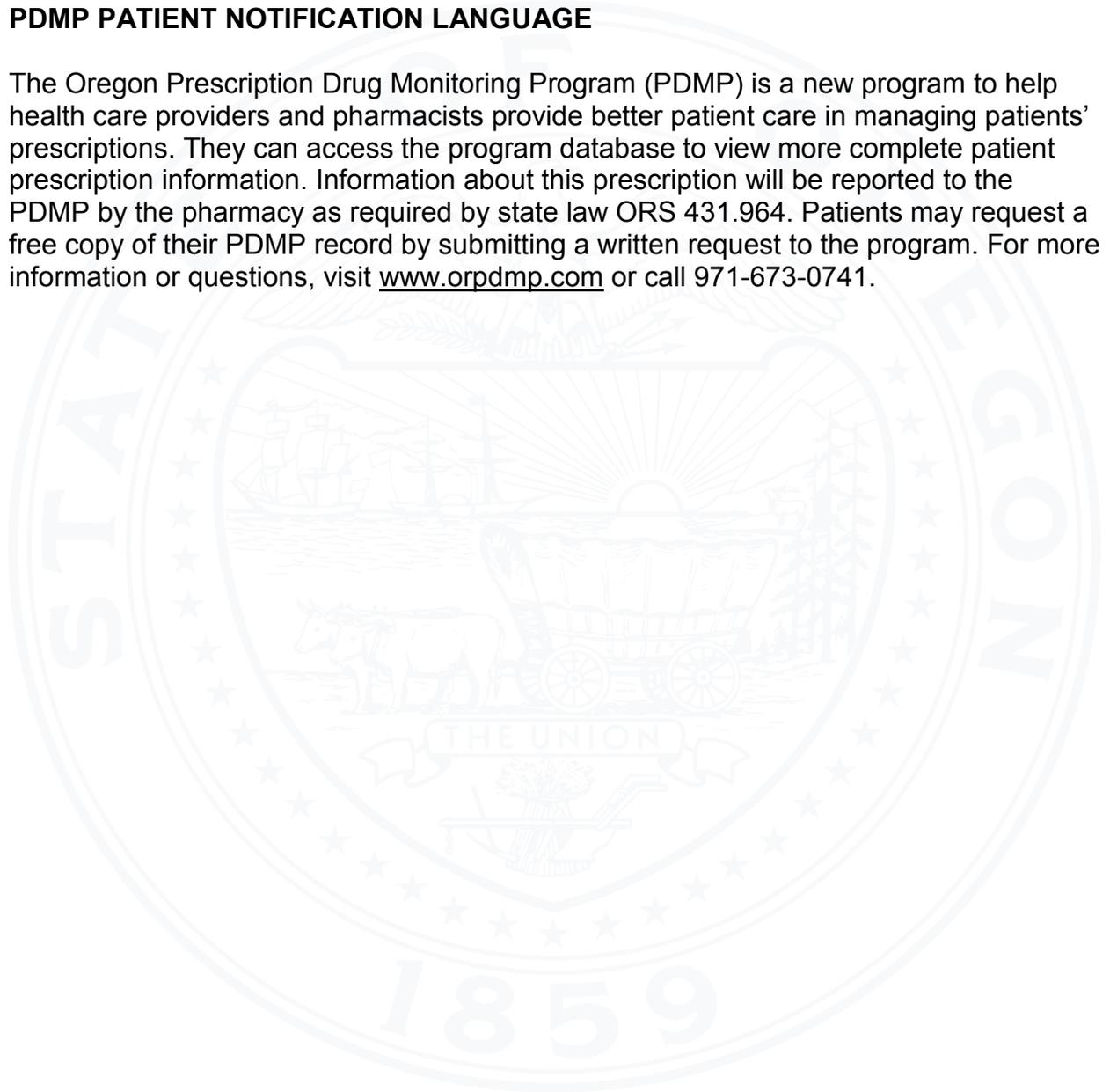
**Oregon Health Authority**  
PUBLIC HEALTH DIVISION  
Prescription Drug Monitoring Program



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## PDMP PATIENT NOTIFICATION LANGUAGE

The Oregon Prescription Drug Monitoring Program (PDMP) is a new program to help health care providers and pharmacists provide better patient care in managing patients' prescriptions. They can access the program database to view more complete patient prescription information. Information about this prescription will be reported to the PDMP by the pharmacy as required by state law ORS 431.964. Patients may request a free copy of their PDMP record by submitting a written request to the program. For more information or questions, visit [www.orpdmp.com](http://www.orpdmp.com) or call 971-673-0741.



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## Appendix B: ASAP V4R1 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with Oregon PDMP 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 Oregon PDMP
- S = Situational (not required; however, supply if available)
- Both "R" and "RR" fields must be reported.

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

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

Segment	Field ID	Field Name	Field Usage
<b>PHA: Pharmacy Header</b>			
Used to identify the pharmacy.			
<b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.			
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	N
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	<b>PHA04</b>	<b>Pharmacy Name</b> Free-form name of the pharmacy.	N
	<b>PHA05</b>	<b>Address Information – 1</b> Free-form text for address information.	N
	<b>PHA06</b>	<b>Address Information – 2</b> Free-form text for address information.	N
	<b>PHA07</b>	<b>City Address</b> Free-form text for city name.	N
	<b>PHA08</b>	<b>State Address</b> U.S. Postal Service state code.	N
	<b>PHA09</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code.	N
	<b>PHA10</b>	<b>Phone Number</b> Complete phone number including area code.	N
	<b>PHA11</b>	<b>Contact Name</b> Free-form name.	N
	<b>PHA12</b>	<b>Chain Site ID</b> Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	N
<b>PAT: Patient Information</b>			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT03.	N

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

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 98 Unknown</li> <li>• 99 Other</li> </ul>	N
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	<b>PAT23</b>	<b>Name of Animal</b> 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
<b>DSP: Dispensing Record</b>			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> 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"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 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).</li> </ul>	R
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	R
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>• 01 NDC</li> <li>• 06 Compound</li> </ul>	R
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	R
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>• 01 Each</li> <li>• 02 Milliliters (ml)</li> <li>• 03 Grams (gm)</li> </ul>	N
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>• 01 Written Prescription</li> <li>• 02 Telephone Prescription</li> <li>• 03 Telephone Emergency Prescription</li> <li>• 04 Fax Prescription</li> <li>• 05 Electronic Prescription</li> <li>• 99 Other</li> </ul>	N
	<b>DSP13</b>	<b>Partial Fill Indicator</b> To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>• 01 Yes</li> <li>• 02 No</li> </ul>	N
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	N

Segment	Field ID	Field Name	Field Usage
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	N
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>• 01 Private Pay</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul>	N
	<b>DSP17</b>	<b>Date Sold</b> 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
	<b>DSP18</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	N
	<b>DSP19</b>	<b>Electronic Prescription Reference Number</b> Used to provide an audit trail for electronic prescriptions.	N
<b>PRE: Prescriber Information</b>			
Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	N
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	N
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	N
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	RR
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	RR

Segment	Field ID	Field Name	Field Usage
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	N
<b>CDI: Compound Drug Ingredient Detail</b> Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. Used to identify the individual ingredients that make up a compounded drug. If CDI is filled in, the NDC of DSP08 must be 9999999999			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> <li>01 NDC</li> </ul>	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)</li> </ul>	N
<b>AIR: Additional Information Reporting</b> To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments. <b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	N
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N

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

Segment	Field ID	Field Name	Field Usage
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R

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## Appendix C: Universal Claim Form

The Universal Claim Form is provided on the following page.

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**Oregon Health Authority**  
**Prescription Drug Monitoring Program**  
**Universal Claim Form**

The State of Oregon requires that ALL prescriptions dispensed, pursuant to ORS 431.962, for Schedule II-IV controlled substance be reported to the Oregon Health Authority Prescription Drug Monitoring Program.

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

**Fax or Mail to**  
**Health Information Designs, Inc.**

**391 Industry Dr**  
**Auburn, AL 36832**

**PATIENT INFORMATION**

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

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

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

**PHARMACY INFORMATION**

Pharmacy Name \_\_\_\_\_ DEA \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PRESCRIPTION INFORMATION**

**Prescription #** \_\_\_\_\_ **Reporting Status** New Record Revise Void

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

Quantity Dispensed (number of metric units) \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA \_\_\_\_\_ Date Written \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Filled \_\_\_\_\_

**Prescription #** \_\_\_\_\_ **Reporting Status** New Record Revise Void

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

Quantity Dispensed (number of metric units) \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA \_\_\_\_\_ Date Written \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Filled \_\_\_\_\_

**Prescription #** \_\_\_\_\_ **Reporting Status** New Record Revise Void

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

Quantity Dispensed (number of metric units) \_\_\_\_\_

Prescriber Name \_\_\_\_\_ DEA \_\_\_\_\_ Date Written \_\_\_\_\_

Prescriber Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Filled \_\_\_\_\_

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## Glossary

**ASAP**

American Society for Automation in Pharmacy

**Batch**

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

**Dispenser**

Pharmacy authorized to dispense controlled substances as defined in ORS 689.005 but does not include a pharmacy in an institution as defined in ORS 179.010

**FTP**

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

**NDC**

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

**PDMP**

Prescription Drug Monitoring Program

**Prescriber**

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

**RxSentry**

Prescription drug monitoring program developed by Health Information Designs, LLC

**SFTP**

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

**SSL**

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

**Universal Claim Form**

Form used by 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 by e-mail at [orpdmp-info@hidinc.com](mailto:orpdmp-info@hidinc.com)

**OR**

Call the HID Help Desk at 866-205-1222

## Administrative Assistance

If you have non-technical questions regarding the Oregon PDMP, please contact:

Prescription Drug Monitoring Program

800 NE Oregon St., Suite 772

Portland, OR 97232

Phone: 971-673-0741

Fax: 971-673-0990

E-mail: [pdmp.health@state.or.us](mailto:pdmp.health@state.or.us)

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 391 Industry Drive  
 Auburn, AL 36832

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### Formatting Conventions

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

## 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
02/09/2011	1.0	Initial delivery
03/25/2011	1.1	Updated with comments received from OHA on 03/25/2011; miscellaneous changes noted in Change Log
05/13/2011	1.2	Changes made based on modified reporting requirements; reporting date changed to June 1, 2011
03/05/2012	1.3	Updated screen shots

## Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Appendix A	Added copy of Patient Advisory Notice and information leaflet
	Global	<ul style="list-style-type: none"> <li>Document name changed from "Dispenser's Implementation Guide" to "Uploader's Implementation Guide"</li> <li>"Dispenser" changed to "pharmacy" where indicated by OHA</li> </ul>
	Universal Claim Form (UCF)	UCF updated to change the name of the "Dispenser Information" section to the "Pharmacy Information" section; screen shots of UCF replaced where applicable
	Appendix B: ASAP V4R1 Specifications	Updated DSP07 to include 06 Compound
	Data Submission/Modifying Your Upload Account	New topic added

Version Number	Chapter/Section	Change
1.2	Data Collection and Tracking/Reporting Requirements	The following fields were removed from the list of fields required by Oregon for reporting: <ul style="list-style-type: none"> <li>▪ Gender Code (PAT19)</li> <li>▪ Refills Authorized (DSP04)</li> <li>▪ Refill Number (DSP06)</li> <li>▪ Days Supply (DSP10)</li> <li>▪ Classification Code for Payment Type (DSP16)</li> </ul>
	Data Submission/Timeline and Requirements	<ul style="list-style-type: none"> <li>▪ Reporting date changed from May 2, 2011 to June 1, 2011</li> <li>▪ Retroactive reporting requirement removed</li> </ul>
	Data Delivery Methods/Reporting Requirements for UCF Submissions	The following fields were removed: <ul style="list-style-type: none"> <li>▪ Patient's gender</li> <li>▪ Days supply</li> <li>▪ Number of refills ordered</li> <li>▪ New or refill prescription indicator</li> <li>▪ Method of payment indicator</li> </ul>
	Upload Reports and Edit Definitions/Edit Definitions	The following edits were removed: <ul style="list-style-type: none"> <li>▪ Edit 17</li> <li>▪ Edit 19</li> <li>▪ Edit 20</li> <li>▪ Edit 29</li> <li>▪ Edit 31</li> </ul>
	Upload Reports and Edit Definitions/Edit Definitions	Edit 360 (date dispensed prior to June 1, 2011) added
	Appendix B: ASAP V4R1 Specifications	<ul style="list-style-type: none"> <li>▪ Gender Code field usage changed to "N"</li> <li>▪ Refills Authorized field usage changed to "R"</li> <li>▪ Refill Number field usage changed to "R"</li> <li>▪ Days Supply field usage changed to "R"</li> <li>▪ Classification Code for Payment Type field usage changed to "N"</li> </ul>
1.3	Global	<ul style="list-style-type: none"> <li>▪ Updated screen shots to match the screens on the OR PDMP Uploaders' website</li> </ul>

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