

# TEXAS PRESCRIPTION PROGRAM (TPP)

## DATA COLLECTION MANUAL

Effective: September 2011



**Optimum Technology, Inc.**

**Contact Information:**

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## **TEXAS PRESCRIPTION MONITORING PROGRAM**

The Texas Department of Public Safety's Regulatory Services Division has established an electronic Prescription Monitoring Program (PMP) for the State of Texas. The Texas Prescription Program (TPP) will monitor and track all cashed prescription data in accordance with Chapter 481 of the Texas Health and Safety Code. All Controlled Substance data, Schedules II-V, filled by and dispensed from, pharmacies in the State of Texas, or delivered to Texas patients, will be collected.

This program is intended to monitor, prevent and detect the diversion and abuse of prescription controlled substances. Such programs have been identified as effective regulatory, law enforcement, and treatment tools. *"The Program seeks to control misuse by following controlled substances to the point of ultimate use. The Texas Prescription Program can be used by practitioners and pharmacists to verify their own records and inquire about patients. In addition, the program can be used to generate and disseminate information regarding prescription trends"* ([www.txdps.state.tx.us/](http://www.txdps.state.tx.us/)).

### **REPORTING THE DATA**

Pharmacies will report the required dispensing information to Optimum Technology, Inc. Optimum, a private contractor, will collect all data and manage the technical aspects of the program on behalf of the Texas Department of Public Safety (TXDPS).

Toll-free number for Optimum: [1-866-683-2476](tel:1-866-683-2476)

Email for technical assistance: [txrxreport@otech.com](mailto:txrxreport@otech.com)

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The TXDPS is a health oversight agency and Optimum will be acting as an agent of The TXDPS in the collection of this information.

### **IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES**

As of September 1, 2011, all reportable dispensed medications **must be reported no later than the seventh day after the prescription was completely filled**. Dispensers are encouraged to report prior to the deadlines given, to allow time for corrections on any rejected submissions. Dispensers may report more frequently. Dispensers may submit daily, if they choose.

## **REPORTING PROCEDURES and FILE TYPES**

Only **Schedule II-V** controlled substance information is required (carisoprodol is a Schedule IV in Texas). All dispensers, licensed or registered by the State of Texas, including registered out-of-state pharmacies are required to submit the information by one of the following data submission options:

### **1. Website Upload/Prescription File Upload**

The user will need to use the login credentials provided to sign into their user account at the following website: [www.txrxreport.com](http://www.txrxreport.com). You may also register for account access at this website.

This secure website address is provided for uploading data to Optimum, which utilizes 256-bit encryption. Dispensers are able to access the secure website via a web browser.

The file is required to be submitted in ASAP 95 or ASAP 2009/v4.1 format. Please inform your software vendor that you will need to be able to upload your data in one of these formats as a **.DAT or .TXT** file. If, for any reason, you determine that you must submit your file in an alternative ASAP format, please contact Optimum prior to transmission.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by **.DAT** or **.TXT**

Therefore, if your DEA number is *AB123456* and you are submitting on August 1, 2006, the file would look like this: ***AB123456080106.dat***.

***Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Optimum and will assist with locating this information in a timely and efficient manner, should this be necessary.***

**2. CD-Rom, CD-R, CD-RW, DVD, thumb drive (You MUST include a completed transmittal form with the CD.)**

Submit information in the American Society of Automation in Pharmacy ASAP 95 or ASAP 2009/v4.1 format.

The file name should be your pharmacy DEA number followed by .DAT (example: *AB123456.dat*).

**This file must also contain an external media label, with the following information: *Pharmacy/Submitter Name, DEA number, and the number of prescriptions.***

A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use or print a blank form from [www.txxreport.com](http://www.txxreport.com) . The dispenser may also wish to keep a copy of the completed form for its records.

The media submissions and forms must be mailed to:

**Optimum Technology, Inc.  
Attn: Data Collection  
100 E Campus View Blvd, Suite 380  
Columbus, OH 43235**

**3. Manual Entry/Universal Claim Form**

A dispenser who does not have an automated record keeping system capable of producing an electronic report in any of the formats described above may submit prescription information on the industry standard Universal Claim form. This is done via a link in the Data Collection menu, on the website: [www.txxreport.com](http://www.txxreport.com) . The link is titled 'Manual Entry', and any user that chooses to utilize this option will need to manually enter the required data records for each dispensed prescription.

*(A sample of the information required to fill out this form is found in Attachment 2, at the end of this manual.)*

#### 4. FTPs

**Chain Pharmacies and Community Pharmacies with multiple facilities** may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the FTP procedure. *If they wish to do so, during registration they must appoint one contact person for all of their data submissions.*

**Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported.** Corporate offices and their software vendors should register at [www.txrxreport.com](http://www.txrxreport.com), as a Pharmacy- FTP user, to obtain a user id and password. The URL for data transfer is [ftps.txrxreport.com](https://txrxreport.com).

*(Zero Reports can ONLY be submitted via FTPs in the ASAP2009/v4.1. Please see the section title 'zero reports' for additional information.)*

#### ZERO REPORTS

If a dispenser does not dispense any controlled substances in Schedules II- IV during a seven-day period, a “zero” report must be submitted. This may be done via a link on the prescription upload website: [www.txrxreport.com](http://www.txrxreport.com). The link is under the Data Collection Menu and is titled “Upload Pharmacy Zero Report”.

##### **To File a Zero Report in the Data collection portal:**

1. Login to [www.txrxreport.com](http://www.txrxreport.com) with your username and password.
2. Go to the **Data Collection menu**.
3. Click on the option **Upload Pharmacy Zero Report**.
4. Select the reporting period for zero report submission.
5. Click **Submit**.
6. Click the ‘View submitted reports’ tab to view a history of zero reporting for your pharmacy.

*Zero Reporting may also be done via FTPs file transfer. The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; DSP05; and IS03. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date sent; IS03 = Date range.*

*Required ASAP elements and example ASAP zero report on next page.*

## Prescription Monitoring Program Zero Reports - Summary of Required Data Elements

Ref. Code	Data Element Name	Format	Attributes*
<b>TH TRANSACTION HEADER – (TH01-TH09)</b>			Required Data
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~ or   or ::	Yes
<b>IS INFORMATION SOURCE – (IS01-IS03)</b>			
IS01	Unique Information Source	(Ex: Phone number)	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD# e.g. reporting for Sep 1 2011 to Sept 15 2011, report as #20110901#-#20110115#	Yes
<b>PHA DISPENSING PHARMACY – (PHA01-PHA12)</b>			
PHA03	DEA Number		Yes
<b>PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)</b>			
PAT07	Last Name	Zero	Yes
PAT08	First Name	Report	Yes
<b>DSP - DISPENSING DETAIL SEGMENT - REQUIRED</b>			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
<b>TP - PHARMACY TRAILER – REQUIRED</b>			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
<b>TT01</b>			
TT01	Transaction Control Number	Must match TH02	Yes
<b>TT02</b>			
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

### Example ASAP zero report for Jan 01 2012 to Jan 15 2012:

```

TH*4.1*1700121700*01**20110514*1700*P**\
IS*190256000*Pharmacy Name*#20120101#-#20120115#\
PHA***AB1234567\
PAT*****Report*Zero*****\
DSP*****20120116*****\
PRE**\
TP*5\
TT*1700121700*8\

```

## **ALTERNATIVE REPORTING/WAIVERS**

Under some circumstances, a pharmacy may obtain a waiver from electronic reporting of controlled substance prescription information. When a waiver is granted, the pharmacy is not exempted from complying with the law, but is required to report by an alternate method, approved by the Department.

Waivers must be requested from the Texas Prescription Program annually and in writing. The following circumstances have been identified as qualifications for waivers:

- Minimum prescription threshold
- Inadequate technology in the pharmacy

If pharmacists identify other issues, they may request a waiver by fully explaining the circumstances.

If you wish to submit a request for a waiver or alternate means of reporting, please submit a written request, detailing your reason(s) for the request, to:

**Texas Prescription Program**  
**PO Box 4087**  
**Austin, TX 78773-0439**

## **ERRORS, CORRECTIONS and TEST RUN UPLOAD**

### **Rejections**

The PMP application will validate each file submitted, record by record, and will only reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected.

If the records in a file do not meet the required data specifications, the entire file may be rejected. In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure. (A valid email address is required for email notification.)

Optimum is not authorized to modify any data, therefore, the dispenser will be required to correct and resubmit the rejected records or the entire file, if necessary.



## Corrections for File Uploads


If you have any rejected records, you may view them and correct them manually via the secure website or via a corrected file upload.

If you have errors in the submitted file, you may correct these errors in one of two ways:

**1. Correct the data in your prescription software, then regenerate the file and upload the data.**

- Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the dispenser.
- *You may also choose to correct only those records that were rejected and create a separate file to submit. This will eliminate any chance of your file being rejected for duplicate records.*

**2. Correct the data online via the Data Collection Portal. (This type of correction is manually performed and is preferred when there are minimal errors.)**

- a. To correct the errors using File Upload Errors, do the following:
  - Follow the steps described in the '[View File Upload Errors](#)' section.
  - Single click left mouse button on the Edit icon  located on the right.
  - Make the appropriate corrections to the prescription.
  - Single click left mouse on the Save button.
  - If additional errors exist, single click left mouse on the Back to Exceptions button.
  - Repeat the process for each error received.
- b. To confirm all errors are corrected, do the following:
  - Single click left mouse button on File Upload.
  - The Errors column should now be zero. If not, take appropriate actions.
  - Verify this by accessing the File Upload Errors screen and verify the records processed field.

## **Test Run Upload Feature**

This feature is provided to assist the user with identifying errors within a file, prior to submitting the information to Optimum for reporting purposes. It is located in the Data Collection menu within the Data Collection website. The feature can be used only for ASAP 2009/V4.1 files submitted directly through the [www.txrxreport.com](http://www.txrxreport.com) website.

The process is similar to submitting your completed file, but will allow the user to see any errors and correct those errors prior to your submission to the State reporting agency.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor with helping to identify any corrections that may be needed related to software or the format of your file.

## **EXEMPTIONS TO REPORTING**

The PMP reporting requirements apply to “prescriptions” – an order by a practitioner to a pharmacist for a controlled substance for a particular patient. In this manual, dispenser refers to a registered Texas pharmacy.

### **Exemptions**

- Dispensing by a prescriber to a patient
- Dispensing within an appropriately licensed narcotic treatment program
- Dispensing to inpatients in hospitals or in long term care facilities
- Dispensing by veterinarians to animals

### **Long Term Care Facilities (LTCF)**

Prescriptions dispensed to long term care facilities are exempt from reporting if the controlled substance is administered to an inpatient from the facility’s medical emergency kit, the controlled substance is administered by an authorized practitioner or an agent acting under the practitioners order and the facility maintains the proper records as required for an emergency medical kit in an LTCF.

### **Hospitals**

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

## REQUIRED INFORMATION AND FORMATTING

Please see the below formatting requirements for controlled substance reporting. Texas allows submission of either ASAP 95 or ASAP 2009/v4.1 formats.

### ASAP 95 release

<u>Field Name</u>	<u>Field Format</u>	<u>Field Length</u>	<u>Positions</u>
<b>Identifier</b>	A/N	3	001 - 003
<b>Bin</b>	N	6	004 - 009
<b>Version Number</b>	N	2	010 - 011
<b>Transaction Code</b>	N	2	012 - 013
<b>Pharmacy DEA Number*</b>	N	12	014 - 025
<b>Customer ID Number</b>	A/N	20	026 - 045
<b>Zip Code</b>	A/N	3	046 - 048
<b>Birth Date *</b>	N	8	049 - 056
<b>Sex Code</b>	N	1	057 - 057
<b>Date Filled *</b>	N	8	058 - 065
<b>Rx Number *</b>	N	7	066 - 072
<b>New - Refill Code</b>	N	2	073 - 074
<b>Metric Quantity *</b>	N	5	075 - 079
<b>Days Supply</b>	N	3	080 - 082
<b>Compound Code *</b>	N	1	083 - 083
<b>NDC Number *</b>	N	11	084 - 094
<b>Prescriber DEA Number *</b>	A/N	10	095 - 104
<b>DEA Suffix</b>	A/N	4	105 - 108
<b>Date Rx Written *</b>	N	8	109 - 116
<b>Number of Refills Authorized</b>	N	2	117 - 118
<b>Rx Origin Code ***</b>	N	1	119 - 119
<b>Customer Location</b>	N	2	120 - 121
<b>Diagnosis Code</b>	A/N	7	122 - 128
<b>Alternate Prescriber #</b>	A/N	10	129 - 138
<b>Patient Last Name *</b>	A/N	15	139 - 153
<b>Patient First Name *</b>	A/N	15	154 - 168
<b>Patient Street Address *</b>	A/N	30	169 - 198
<b>Patient State*</b>	A/N	2	199 - 200
<b>Patient Zip Code (Extended) *</b>	A/N	9	201 - 209
<b>Triplicate Serial Number **</b>	A/N	12	210 - 221
<b>Payment Method</b>	A/N	1	222 - 222

**NOTE: All A/N fields must be left justified, right blank filled. All N fields are right justified, left zero filled.**

#### **\*Required Fields**

\*\*Required Field if the Schedule II prescription was issued by a Texas practitioner

\*\*\*Required Field if the Schedule II prescription was written electronically

Field Name	Definition	Values	R/O*
Identifier	Transmission Type Identifier		O
BIN	Bank Identification Number		O
Version Number			O
Transaction Code			O
Pharmacy DEA Number	Pharmacy DEA number		R
Customer ID Number	A number to identify the patient receiving the Rx		O
Zip Code	3 digit US Postal Code identifying the state code		O
Birth Date	Customer's Birth Date	MMDDYY format	R
Sex Code	Sex / Gender of the patient	1=Male 2=Female	O
Date Filled	Date the prescription was filled	MMDDYY format	R
Rx Number	Prescription number assigned by the pharmacy		R
New-Refill Code	Code indicating whether the prescription is new or refill	00 = New 01-99 = Refill number	O
Metric Quantity	Number of metric units of drug being dispensed		R
Days Supply	Estimated number of days the prescription will last		O
Compound Code	Code indicating whether or not the prescription is a compound medication	0=Not specified, 1=Not a compound, 2=Compound	R
NDC Number	National Drug Code of the drug dispensed (found on medication bottle)	11 digits	R
Prescriber ID Number	DEA Number of the prescriber		R
DEA Suffix	DEA Suffix		O
Date Rx Written	Date the Rx was written	MMDDYY format	R
Number of Refills Authorized	Number of refills authorized by Prescriber		O
Rx Origin Code	Code indicating the origin of the prescription (written, telephone, etc.)	1 Written 2 Telephone 3 Telephone Emergency 4 Fax 5 Electronic 6 Use Reported by Patient	O***
Customer Location	Code indicating location of patient (home, hospice, LTCF, etc)	01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility	O

		<b>09 Acute-Care Facility</b> <b>10 Outpatient</b> <b>11 Hospice</b> <b>98 Unknown</b> <b>99 Other</b>	
<b>Diagnosis Code</b>	ICD-9 or CPT code provided by Prescriber		O
<b>Alternate Prescriber</b>	State license number or HIN. To be included if DEA number field is for an institution rather than the prescriber		O
<b>Patient Last Name</b>	Patient last name up to 15 characters		R
<b>Patient First Name</b>	Patient first name up to 15 characters. Include middle initial and suffix if available		R
<b>Patient Street Address</b>	Physical address of patient – street # or PO Box #	Physical Address	R
<b>Patient State</b>	Standard 2-character State abbreviation	Example: IA	R
<b>Patient Zip Code</b>	Full zip code (including 4-digit suffix if available)	Report as 5 or 9 digits without hyphen	R
<b>Triplicate Serial Number</b>	Number assigned to Triplicate Rx document by States with triplicate program		O**

**R = Required Field; O = Optional Field**

\*\*Required Field if the Schedule II prescription was issued by a Texas practitioner

\*\*\* Required Field if the Schedule II prescription was written electronically

**ASAP 2009/V4.1**
**Bold = mandatory**

Ref. Code	Data Element Name	Format	Required Data
<b>HEADER SEGMENTS</b>			
<b>TH - TRANSACTION HEADER</b>			
TH01	Version/Release Number	4.1	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Data Segment Terminator	Examples: ~~ or    or ::	Yes
<b>IS - INFORMATION SOURCE</b>			
IS01	Unique Information Source	(Ex: Phone number)	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message	Date range for which the transactions are reported: #CCYYMMDD#-#CCYYMMDD# e.g. reporting for Sep 1 2011 to Sept 15 2011, report as #20110901#-#20110115#	Yes
<b>PHA - DISPENSING PHARMACY</b>			
PHA03	DEA Number		Yes
<b>DETAIL SEGMENTS</b>			
<b>PAT - PATIENT SEGMENT</b>			
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT12	Address Information – 1		Yes
PAT14	City Address		Yes
PAT15	State Address		Yes
PAT16	ZIP Code Address	“00000” Non-US	Yes
PAT18	Date of Birth	CCYYMMDD	Yes
PAT19	Gender Code	“F” or “M” or “U”	Yes
<b>DSP - DISPENSING RECORD</b>			
DSP01	Reporting Status	“00” New record	Yes
DSP02	Prescription Number		Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP07	Product ID Qualifier	“01” NDC# or “02” UPC or “06” compound	Yes
DSP08	Product ID	NDC# or UPC# or “9999999999” compound	Yes
DSP09	Quantity Dispensed		Yes



DSP12	Transmission Form of Rx Origin Code	01 Written Prescription 02 Telephone Prescription 03 Telephone Emergency Prescription 04 Fax Prescription 05 Electronic Prescription 99 Other	***
DSP19	Electronic Prescription Reference Number		***
<b>PRE PRESCRIBER INFORMATION</b>			
PRE02	DEA Number		Yes
<b>CDI - COMPOUND DRUG INGREDIENT DETAIL (If DSP07 is "compound" or '06')</b>			
CDI01	Compound Drug Ingredient Number		
CDI02	Product ID Qualifier	"01" = NDC#	
CDI03	Product ID	NDC# with leading zeros	
CDI04	Compound Ingredient Quantity		
<b>AIR - ADDITIONAL INFORMATION REPORTING - Situational</b>			
AIR01	State Issuing Rx Serial Number		**
AIR02	State Issued Rx Serial Number		**
<b>TP PHARMACY TRAILER</b>			
TP01	Detail Segment Count		Yes
<b>TT TRANSACTION SET TRAILER</b>			
TT01	Transaction Control Number		Yes
TT02	Segment Count		Yes

\*\*Required Field if the Schedule II prescription was issued by a Texas practitioner

\*\*\* Required Field if the Schedule II prescription was written electronically

## **FREQUENTLY ASKED QUESTIONS**

### **Passwords and sign-in information**

#### **What are the minimum password requirements?**

For security purposes, passwords must be a minimum of eight characters, containing at least one uppercase letter, one lowercase letter, one special character and one number.

#### **Does my password expire?**

For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

*Please note that your account will require you to update your password upon your initial sign-in. At that time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.*

#### **I have entered my password numerous times, I am sure that it is correct. Why is this happening?**

Please go to the link 'Forgot my password'. If you have answered the security questions provided, you will be able to reset your password using this function.

*(Please note that passwords are case sensitive. You will need to be sure that your 'number lock' button is on, and that your 'Caps Lock' button is turned off. )*

If you are attempting to view patient information or prescription history, please verify that you are using the correct login ID and password. Each authorized requestor will need an individual login ID and password to access patient information, please verify that you are attempting access with the correct login ID.

### **Prescription Data and Reporting requirements:**

#### **What is the NDC Code?**

The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

#### **What drugs should be reported?**

Drug Schedules II-V will be reported (carisoprodol is a Schedule IV in Texas).

#### **How often should I submit data?**

You are required to submit data no later than the seventh day after the prescription was completely filled, but reporting may also be done on a daily basis (The program prefers more



frequent submissions). There is no limit to how frequently data is reported. The more often you submit data, the more current patient history reports will be.

### **How are compounded prescriptions to be recorded?**

Requirements to submit a compound vary according to the ASAP standard in which you are submitting. Below is a description of ASAP 2009/V4.1 compound RX. Please see the respective tables for more information.

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 99999999999. By reporting the value in DSP07 as '06', a few of the CDI segments then become mandatory or required segments (please see table on pg 12).

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

### **Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?**

Extensions are not granted. In circumstances of natural disaster or other unforeseen extraordinary emergency, please contact the Texas Prescription Program.

### **What should I do if I believe I am exempt from reporting?**

You may submit a waiver to the TPP for approval. This does not necessarily exempt a pharmacy from reporting. Please see pages 6 & 9 titled: "Alternative Reporting Methods/Waivers" and "Exemptions".

### **I use a common login for multiple locations (FTPs), but one location did not dispense any controlled substances. How do I submit a Zero Report?**

Zero Reports can be submitted using the account which uses the DEA number as the username. Zero Reports may also be submitted electronically in the ASAP 2009/v4.1 format ONLY. Please email [txrxreport@otech.com](mailto:txrxreport@otech.com) for assistance.

### **I received a Delinquency Letter; what should I do?**

If you received a Delinquency Letter and would like to check the status of your data, please send an email to [txrxreport@otech.com](mailto:txrxreport@otech.com) with the following information:

1. Username
2. Reporting period(s) in question

(If you are unsure if your data was submitted, resubmit the data for the time period in question. The data will take one day to process before we are able to review the submission.)

If a confirmation is required, you may forward our email response to the Administrator as confirmation your data was received.

### **How are Schedule II CDS prescriptions and triplicate serial numbers to be reported?**

All Schedule II CDS prescriptions must include triplicate serial numbers when reported, unless the prescription was written electronically or the prescribing doctor is not a Texas DEA resident. Triplicate serial numbers will be validated to insure that they match the prescriber DEA number to whom the prescription pad was issued.

For ASAP 95 reporting, Schedule II CDS prescriptions must include the Triplicate Serial Number field, unless the prescription was written electronically. If the prescription was written electronically, then the RX Origin Code field must be populated with '05', for electronic.

For ASAP 2009/v4.1 reporting, Schedule II CDS prescriptions must include AIR01 and AIR02 fields (State Issuing RX Serial Number and State Issued RX Serial Number), unless the prescription was written electronically. If the prescription was written electronically, then DSP12 field (Transmission Form of RX Origin) must be populated with '05' and DSP19 (Electronic Prescription Reference Number) must be populated with the Electronic Reference Number for the prescription.

### **File issues and Error Corrections**

#### **What should the filename be?**

The filename should be the DEA number, followed by the date of submission, followed by .DAT or .TXT. Chain pharmacies may use the chain name, followed by the date of submission. If multiple files are uploaded on the same day, you may add additional numbers / words to the end of the filename (ex: 2, March 1-15, etc.). The filename is less important than the contents of the file.

#### **What does the file status 'Pending' mean?**

Files will process overnight (usually) and, therefore, they will be in a 'Pending' status until the day following an upload. You will receive a notification of the status of your processed file in the 'Message Center' in your account. If you have set up email notification in your 'My Account' section, you will also receive notification messages in your email inbox.

**I do not work with a software vendor; how should I submit controlled substance data?**

If you do not work with a software vendor, you will need to manually enter controlled substance data. To do this, go to the Data Collection Menu → Manual Entry. Complete all required fields and click 'Save'; no further action is required.

**I accidentally sent the incorrect reporting period. Should the file be deleted?**

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

**What should I do if my file was rejected?**

If your file was rejected, do a Test Run Upload. To do this, go to Data Collection Menu → Test Run Upload → Click Browse → Open File → Click Test Run Upload. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

**The file I uploaded states there are errors, but when I try to view them there are no records listed. What are the errors?**

Errors are viewed by going to Data Collection Menu → View Uploaded Files and then clicking on the number of errors. Duplicate records are records that have already been processed by the system. *Duplicate records cannot be edited.*

**When I try to edit 'Unable to Parse Record' errors, there is no data on the page. How do I edit these errors?**

'Unable to Parse Record' errors occur when files contain a blank or unreadable line of data. These also occur when a prescription record has a special character such as \* or # in a field. If after pushing edit, no data displays, you may disregard this error message, as there is no data to correct.

**How do I know if my file uploaded?**

To receive a confirmation after your file has processed, you will need to change your response type. Go to My Account → Notification method; enter your email address and click Save. You will still continue to receive these confirmations in the 'Message Center' of your account as well.

You will receive notifications for each file submission and again once that file processes. An email will be sent (the following day) confirming the file's status and any errors.

**I have submitted prescription data that must be revised or deleted. Can I do that online?**

No. After prescription data has been successfully uploaded, it can no longer be modified or deleted through the online system. Instead, please submit a written request to the Texas Prescription Program, Texas Department of Public Safety, PO Box 4087, Austin, TX 78773-0439. Revisions and deletions must be submitted within 30 days of the initial upload.

You must include the following information: DPS number, DEA number, Rx Number and another verification element, i.e. Date Filled, DOB, or Date Issued and the items to be corrected or deleted. Also, if the deleted information is from the Texas Official Prescription Form for a Schedule II medication, please write “VOID” across the face of the original prescription and return it along with your written request.

**How do I fix “duplicate” error messages?**

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action by the dispenser.*

**Other Questions****How do I setup an FTP account?**

FTP's account requests can be made from the home page on [www.txrxreport.com](http://www.txrxreport.com). Simply click the link “Register as a new user” and choose account type FTPs – Pharmacy. Complete the required information and your login credentials will be emailed to the email address indicated. Note: There can only be one point of contact per FTP's account.

**Should a suffix be included in the Last Name Field?**

No, The ASAP Standard calls for just the last name of the patient to be included in the “last name” field when reporting controlled substance data to the PMP. The middle name and suffix should be entered in the “first name” field (FN MN SFX), if applicable.

**How should the address for a patient, not from the U.S., be entered to be accepted by the program?**

Patients residing outside of the USA should be identified by a zip code entered as all zero's or '00000'.

## **ASSISTANCE AND SUPPORT**

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

TXDPS will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the TXDPS.



**Attachment 1**  
**Program Transmittal Form – Floppy discs/CD’s only**

File Name: \_\_\_\_\_ Date: \_\_\_\_\_  
The file name should be the DEA, date submitted followed by .DAT (example: DEA AB1234567 submitted on August 8, 2011 is AB12345676080811.DAT)

Pharmacy/Dispenser Name: \_\_\_\_\_

Board of Pharmacy License Number: \_\_\_\_\_

Number of Prescriptions in File: \_\_\_\_\_

Name of person submitting report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

External/diskette label must contain: Pharmacy/Submitter Name, Board of Pharmacy License Number and Number of Prescriptions



**Attachment 2  
Universal Claim Form**

Texas Pharmacy DEA # \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Prescriber DEA</b>	<b>New/Change/Purge</b>	<b>RX #</b>	<b>Date written</b>	<b>Date Filled</b>		
<b>Days Supply</b>	<b>Qty</b>	<b>NDC/UPC/CMPD</b>			<b>Each/Gm/ml</b>	

<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Prescriber DEA</b>	<b>New/Change/Purge</b>	<b>RX #</b>	<b>Date written</b>	<b>Date Filled</b>		
<b>Days Supply</b>	<b>Qty</b>	<b>NDC/UPC/CMPD</b>			<b>Each/Gm/ml</b>	

<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Prescriber DEA</b>	<b>New/Change/Purge</b>	<b>RX #</b>	<b>Date written</b>	<b>Date Filled</b>		
<b>Days Supply</b>	<b>Qty</b>	<b>NDC/UPC/CMPD</b>			<b>Each/Gm/ml</b>	

**NOTE : The above form serves as an example only. Schedule II prescriptions issued by Texas practitioners must include the Official Prescription control number. Do not submit this form for reporting purposes.**