

Dispenser's Implementation Guide

**Vermont Department of Health
Prescription Drug Monitoring Program**



October 2012

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1 Document Overview

Purpose and Contents

The *RxSentry® Dispenser's Implementation Guide* for the Vermont Department of Health (VDH) serves as a step-by-step implementation and training guide for dispensers who use RxSentry as a repository for the reporting of their Schedule II, III, and IV controlled substances. It includes such topics as:

- Reporting requirements for dispensers in the State of Vermont
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

This guide is intended to supplement the training sessions you received from Health Information Designs (HID). It has been customized to target the specific training needs of the Vermont Department of Health and is intended for use by all dispensers in the State of Vermont required to report their dispensing of controlled substances.

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2 Data Collection and Tracking

Data Collection Requirements

In 2006, the Vermont Legislature authorized the Department of Health to establish "an electronic database and reporting system for monitoring Schedules II, III and IV controlled substances." This program is known as the Vermont Prescription Monitoring System (VPMS).

The primary goals of the VPMS are to (a) assist providers and pharmacists in identifying patients who are abusing, or at risk for abusing, controlled substance prescription drugs, and (b) discourage fraud and illicit or inappropriate distribution of these controlled substances.

Every pharmacy-manager of a pharmacy licensed by the Vermont Department of Health, including those located outside of Vermont, shall submit a Report of Controlled Substances, Class II, III, and IV, to the VPMS database of all reportable prescriptions dispensed from the pharmacy to a patient in Vermont in the immediately preceding seven (7) days.

Dispensers are required to report their eligible transactions electronically to the program on a frequency set by the Vermont Department of Health which shall be no greater than every seven (7) days; however, shorter intervals are permitted and encouraged.

If the pharmacy does not dispense controlled substances, an exemption may be obtained from the Vermont Department of Health. The Department may grant an exemption to that dispenser; if so, the exemption shall state the format and frequency with which the dispenser shall submit the required information. The exemption shall expire one year after the date of issue, unless terminated sooner by the Vermont Department of Health.

A dispenser who fails to submit prescription monitoring information to the board as required shall be referred to the appropriate professional licensing, certification, or regulatory agency for administrative sanctions as deemed appropriate by that agency.

"Reportable prescriptions" means each controlled substance, Class II, III, and IV, dispensed from a pharmacy to a patient in Vermont during the reporting period, except the following:

- A controlled substance administered directly to a patient.
- A controlled substance dispensed by a health care provider at a facility licensed by the Vermont Department of Health, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.

A dispenser who intentionally fails to comply with the reporting requirements specified above shall be subject to discipline by the Vermont Board of Pharmacy or other appropriate licensing authority.

Reporting Requirements for VPMS

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

- Patient's full name
- Patient's date of birth
- Patient's complete address; including city, state, and zip code
- Prescriber's name
- Prescriber's DEA number
- Pharmacy's DEA number
- Generic or brand name of drug dispensed
- National Drug Code for the drug dispensed
- Quantity of drug dispensed
- Dosage
- Number of days supply dispensed
- Number of refills authorized
- Date drug dispensed

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

Notes:

- "Dispenser" is a pharmacy that is authorized to dispense controlled substances.
- If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

3 Data Submission

About This Chapter

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

Timeline and Requirements

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

- You can begin submitting data as soon as your account has been established. See [Creating Your Account](#) for more information.
- Dispensers are required to report their data at least every seven (7) days; however, shorter intervals are permitted and encouraged. Data collection shall began on January 5, 2009, and reporting began on or before January 12, 2009. Dispensers were required to report their controlled substance data retroactively to June 1, 2008. Dispensers had until March 31, 2009 to report this retroactive data.

Upload Specifications

Files should be in ASAP 2005 format as defined in [Appendix A: ASAP 2005 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 "20090101.dat". **All of your upload files will be kept separate from the files of others.**

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

Prescription information must be reported weekly for the preceding seven days, unless an exemption has been obtained from the Vermont Department of Health.

Create Your Account

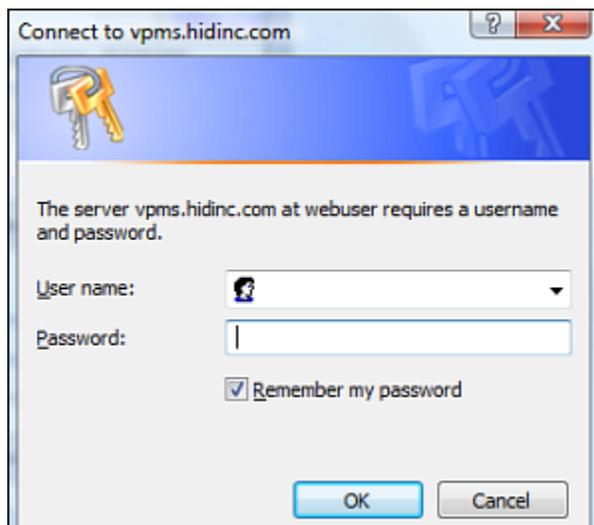
Prior to submitting data, an account must be created by the dispenser.

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.

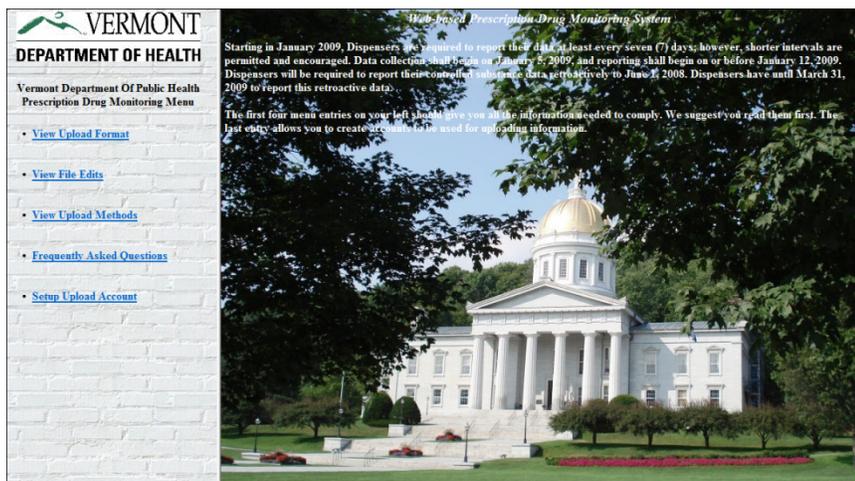
Perform the following steps to create an account:

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

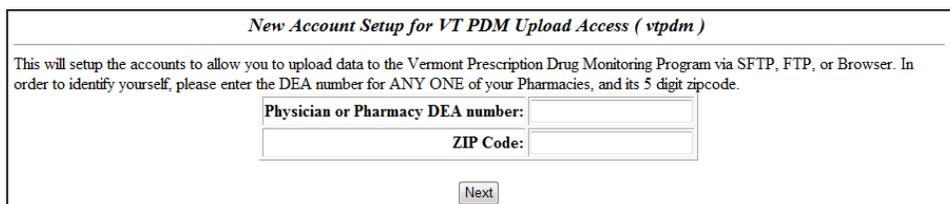
A window similar to the following is displayed:



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



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



- 6 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 7 Type your ZIP code in the **ZIP Code** field, and then click **Next**.

The **New Account Setup for PDM Upload Access (vtpdm)** window is displayed.

8 Complete all required fields (indicated by an asterisk) on the **New Account Setup for PDM Upload Access (vtpdm)** window, using the information in the following table as a guideline:

Field	Description/Usage
Account selection	<ul style="list-style-type: none"> ▪ Choose Keep <account number> as my account for a single Dispenser if you wish to use the suggested account name. ▪ Choose Create an account using <suggested account name> as my ID for uploading more than one Dispenser's Data if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.
<p>Contact Information Note: Information in this section is used for contact purposes in the event a problem occurs with a data upload.</p>	
Contact Name	Type the name of the contact person.
Contact Address	Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	<p>Type the contact's e-mail address.</p> <p>The field to the right of the Contact Email field is used to select one of the following data upload notification options:</p> <ul style="list-style-type: none"> ▪ Select Don't Email Edit Reports if you do not wish to have the results of your data uploads e-mailed to you. ▪ Select Email Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select Email Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. Note: Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select Email Edit Reports For All Uploads if you wish to have the results of all of your data uploads e-mailed to you.

Field	Description/Usage
Contact Phone	Type the contact's phone number, using the format <i>999-999-9999</i> .
Contact Fax	<p>Type the contact's fax number, using the format <i>999-999-9999</i>.</p> <p>The field to the right of the Contact Fax field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"> ▪ Select Don't Fax Edit Reports if you do not wish to have the results of your data uploads faxed to you. ▪ Select Fax Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded. ▪ Select Fax Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded. ▪ Select Fax Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. Note: Fatal errors are those that prevent information from being uploaded and that must be corrected. ▪ Select Fax Edit Reports For All Uploads if you wish to have the results of all of your data uploads faxed to you.
Pharmacy Manager and Store Information	
Pharmacy Manager's Name	Type the name of the store manager.
Pharmacy Manager's Address	Type the store's street address, city, state, and ZIP code in the appropriate fields.
Pharmacy Manager's Email	Type the store's e-mail address.
Pharmacy Manager's Phone	Type the store's phone number, using the format <i>999-999-9999</i> .
Pharmacy Manager's Fax	Type the store's fax number, using the format <i>999-999-9999</i> .
Days and hours of operation	Type the store's days and hours of operation, for example, <i>M-F 8am-5pm, Saturday 8am-12pm, Sunday 12pm-6pm</i> .
Is this store part of a chain, or independent?	<ul style="list-style-type: none"> ▪ Choose Part of a chain of stores if your store is part of a chain of stores, for example, Walgreens. ▪ Choose Independent if your store is not part of a chain of stores.

Field	Description/Usage
Parent Chain Information Note: Ignore this section if your store is independent.	
Home Office Manager's Name	Type the name of the home office manager.
Home Office Address	Type the home office's street address, city, state, and zip code in the appropriate fields.
Home Office Email	Type the home office's e-mail address.
Home Office Phone	Type the home office's phone number, using the format <i>999-999-9999</i> .
Home Office Fax	Type the home office's fax number, using the format <i>999-999-9999</i> .
How will you be reporting your updates?	<ul style="list-style-type: none"> ▪ Choose Individually if you will be uploading data for one store at a time. ▪ Choose Batch with other chain or location data if you will be grouping store data and sending one file for numerous stores.
Supplemental Information Note: For information about how to determine your Internet Browser, Firewall, and Virus Scan information, see the Instructions for Supplying Supplemental Information section of this document.	
Internet Browser	Type the name and version number of the Internet browser you use.
Computer	<ul style="list-style-type: none"> ▪ Type PC if you are using a Windows-based computer. ▪ Type MAC if you are using an Apple computer.
Firewall(s)	If applicable, type the name of the firewall used on your computer.
Virus Scan	If applicable, type the name of the virus scan software used on your computer.
Technical Contact	Type the name, e-mail address, phone number, and fax number of your technical (IT) contact person.
Pharmacies I will be reporting	<p>A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field.</p> <p>To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select.</p> <p>The pharmacies you select will be "tied" to your user name.</p>

Table 1 - New Account Setup Window Field Descriptions

9 After completing all required fields, click **Next**.

A window similar to the following is displayed:

<i>New Account Setup for VT PDM Upload Access (vtpdm)</i>	
Adding password for user AC1128859	
CORDOVA DRUG CO INC 516 FIRST STREET CORDOVA 99574 111222333 111222444 Signup	
Thank you for completing this information.	
Your access password for the account AC1128859 has been set to 85825. Please remember this password.	
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 will be submitted to the e-mail address(es) supplied for the account(s).

Modify 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, type <https://vpms.hidinc.com> in the address bar, and then press [**Enter**].

A logon window is displayed.

- 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 [Create Your Account](#) topic as a guideline.
- 7** Click **Next**. A message displays that your account information was successfully updated.

Report Zero Dispensing

If you have no dispenses to report weekly for the preceding seven day period, you must report this information to the Vermont Department of Health by performing the following steps:

- 1 If you do not have an account, perform the steps in [Create Your Account](#).
- 2 Open an Internet browser window, type <https://vpms.hidinc.com> in the address bar, and then press [**Enter**]. A logon window 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 **Report Zero Activity**. A window similar to the following is displayed:

Report Zero Activity

This utility will allow you to record periods of zero activity for a given pharmacy.
Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.

Dispenser:	FH0825313:HUMANA PHARMACY INC DBA RIGHTSOURCE:
Address:	4302 WEST BUCKEYE ROAD PHOENIX 85043
Phone:	602-477-5034
Fax:	210-451-4972
Email:	RightSourceRxCSUB@humana.com
Period Start Date:	<input type="text"/>
Period End Date:	03/23/12

- 7 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.

- 8 Click **Continue**.

A message similar to the following is displayed:

<p><i>Report Zero Activity</i></p>
<p><i>Zero report for 07/01/08 though 07/07/08 has been registered for: A90777889 (405 86TH ST PHARMACY INC, GLOBE PHARMACY)</i></p>

4 Data Delivery Methods

About This Chapter

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

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

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Secure FTP over SSH

There are many free software products which support Secure FTP. Neither the VDH 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 [Create Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2005 specifications described in [Appendix A: ASAP 2005 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have a ".up" extension. For example, name the file *20100104.up* if it is submitted on January 4, 2010. Using this file extension will ensure that we do not try to load the file while you are transmitting it.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20100104a.up*, *20100104b.up*, and *20100104c.up*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.

- 3 SFTP the file to <sftp://vpms.hidinc.com>.

- 4 When prompted, use *vpms* (lower case) in front of your DEA number (or Generic ID) as your user ID and password supplied when creating your account.
- 5 Place the file in the new directory.
- 6 Log off when the file transfer/upload is complete.
- 7 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 VDH 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 [Create 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 2005 specifications described in [Appendix A: ASAP 2005 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have a ".up" extension. For example, name the file *20100104.up* if it is submitted on January 4, 2010. Using this file extension will ensure that we do not try to load the file while you are transmitting it.
 - Do not include spaces in the file name.
 - If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20100104a.up*, *20100104b.up*, and *20100104c.up*.
 - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.
- 4 Encrypt the file with the PGP software and using the public key supplied during account creation.
- Note:** PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
- 5 FTP the file to <ftp://vpms.hidinc.com>.

- 6 When prompted, use *vpms* (lower case) in front of your DEA number (or Generic ID) as your user ID and password 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., *20100104.pgp*).
- 9 Log off when the file transfer/upload is complete.

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 [Create Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2005 specifications described in [Appendix A: ASAP 2005 Specifications](#).

Important notes:

- The file name is to be constructed using the date of submission to HID as the file name, and should have a ".dat" extension. For example, name the file *20100104.dat* if it is submitted on January 4, 2010.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20100104a.dat*, *20100104b.dat*, and *20100104c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.

- 3 Open a Web browser and enter the following URL: <https://vpms.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, *20090101.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 [Create Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 2005 specifications described in [Appendix A: ASAP 2005 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a ".dat" extension. For example, name the file *20100104.dat* if it is submitted on January 4, 2010.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20100104a.dat*, *20100104b.dat*, and *20100104c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20100104.zip* if it is submitted on January 4, 2010.

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

- 5 Mail the media to:

Health Information Designs, LLC
ATTN: VPMS Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 2005 format, prescription information may be submitted on the Universal Claim Form (UCF) after obtaining approval from the VDH. For information about requesting a waiver to submit prescription information by paper form, please see the [Manual Submission](#) section of this document.

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

Important notes:

- When using either the manual or online submission methods, you **must** provide the information requested in the [Reporting Requirements](#) topic in this document. The information provided must be complete and accurate; only complete and accurate submissions are entered into the VPMS database.
- Please use the information in the [Notes about NDC Numbers](#) topic below as a guideline for providing accurate NDC numbers.

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

Manual UCF Submission

A dispenser who has approval from the VPMS may submit prescription information on the Universal Claim Form, which is located in [Appendix B](#) of this document. For information about requesting an exemption to submit prescription information by paper form, please contact:

Meika DiPietro, MS.
 Program Manager, Vermont Prescription Monitoring System
 108 Cherry Street, P.O. Box 70
 Burlington, VT 05402-0070
 Telephone: (802) 652-4147
 Fax: (802) 651-1573
 E-mail: Meika.DiPietro@state.vt.us

Completed forms may be faxed to 1-866-422-3761 or mailed to:

Health Information Designs, LLC
 ATTN: VPMS Program
 391 Industry Drive
 Auburn, AL 36832

Online UCF Submission

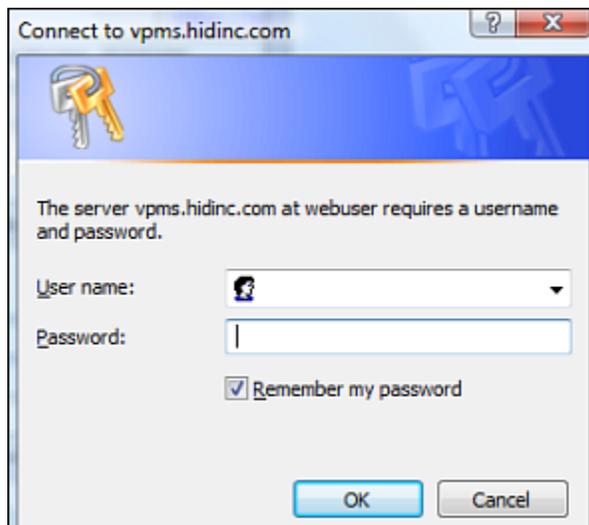
Prescription information may be submitted using RxSentry's online UCF. The following new terms are introduced in this topic:

- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

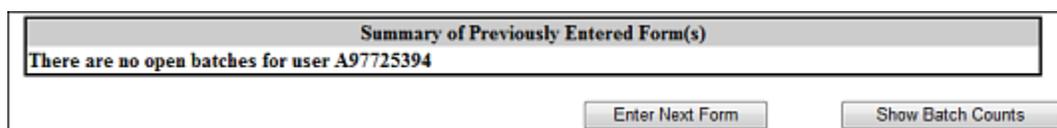
Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your state's reporting time frame.

Perform the following steps to use the online UCF to submit prescription information:

- 1 If you do not have an account, perform the steps in [Create Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <https://vpms.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 previously been submitted.

8 Click **Enter Next Form**. A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

First Name Middle Initial Last Name

DOB
(ex 01/01/2006) Male Female

Address City State Zip

Dispenser Information

DEA# Dispenser Name

Phone Fax

Address City State Zip

Prescription Information

Prescription #1

Rx# Date Filled Date Written New Refill
(ex 01/25/2008) (ex 01/25/2008)

NDC Drug Name (Strength)

Quantity Days Supply Refill #

Prescriber DEA Name

Prescriber Phone Prescriber Fax

PvtPay Mdcmaid Mdcare PBM ins Maj Med Wk Cmp

Prescription #2 Use Prescriber Information from above

Rx# Date Filled Date Written New Refill
(ex 01/25/2008) (ex 01/25/2008)

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

- **Patient Information** – Complete all fields in this section.
- **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is populated in the appropriate fields.
- **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.
- If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box in subsequent **Prescription Information** sections of this window to auto-populate each prescription with the previously-used prescriber information.

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

Notes:

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

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

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

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

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

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

12 Perform one of the following functions:

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

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 groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012

	File Name		
	Numeric Error Code*	Error Description*	Data that was incorrect
			RX Number
Record 10:	25-Prescriber ID not found		Data: [000000] AB9876543 04034558
Record 52:	25-Prescriber ID not found		Data: [BY0000001] AB9876543 04033470
Record 84:	25-Prescriber ID not found		Data: [AD0000004] AB9876543 04031888
Record 99:	54-Customer Zip Code conflicts with Stat		Data: [00000000] AB9876543 04034458
Record 152:	25-Prescriber ID not found		Data: [B05555555] AB9876543 04034493
Record 185:	25-Prescriber ID not found		Data: [B05555555] AB9876543 04034459
Record 200:	25-Prescriber ID not found		Data: [B5110011] AB9876543 04034489
Record 215:	54-Customer Zip Code conflicts with Stat		Data: [432780000] AB9876543 04033520
Record 224:	25-Prescriber ID not found		Data: [AS1111119] AB9876543 04034542
Record 350:	25-Prescriber ID not found		Data: [MH5555555] AB9876543 04034481
Record 351:	25-Prescriber ID not found		Data: [MH5555555] AB9876543 04034482
Record 373:	54-Customer Zip code conflicts with Stat		Data: [000000000] AB9876543 04032245

Total #Records:	398	(TOTAL NUMBER OF RECORDS YOU SUBMITTED)
# Records with Errors:	12 (3%)	
# Records with SERIOUS Errors:	3 (1%)	(WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS)
# Records with FATAL Errors:	0 (0%)	(WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL)
# Records with Duplicates:	0 (0%)	(WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED)
0 Records Imported 05/31/2012 (TOTAL NUMBER OF RECORDS WE ACCEPTED)		

*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.

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

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

An entire batch may be rejected if:

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

View Upload Reports

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

Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://vpms.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:

Report Timeframe: 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	20101111.dat.rpt	11/11/10		
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10		

- 7 Click a hyperlink in the **Report Name** field to open an upload report for viewing.

To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

Error Correction

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

Note: Edit V1, as described in the [Edit Definitions](#) table, should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are hit. Error thresholds are defined in the previous section.

If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the error correction feature. The steps for performing error correction are provided below.

Correcting an Uploaded Data File

Correcting erroneous records in an uploaded data file involves the following steps:

- Reviewing the e-mailed or faxed upload results report to locate the errors that must be corrected
- Uploading a "backout file" to remove the original data file
- Correcting the records that contain errors
- Creating and uploading a corrected data file

Note: The term "backout file" is introduced in this topic and refers to the data file created to "back out" (or remove) erroneous records.

Before You Start

If you did not supply an e-mail address or fax number and choose your error report option when you created your account, click [Modify Upload Account](#) and provide:

- An e-mail address and select the "E-mail Edit Reports for All Uploads" option
- Or
- A fax number and select the "Fax Edit Reports for All Uploads" option

Continue to step 1.

Review the Error Report

Review the upload results report you received via e-mail or fax that contains information about any errors that should be corrected.

Upload a Backout File

Note: If an upload data file exists for your account that has not yet been processed, you will be unable to upload a backout file. Once you receive an e-mail or fax notification that the file has been processed, you may upload your backout file.

- 1 Open an Internet browser window and type the following URL in the address bar:
<https://vpms.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 **Upload File**. A window similar to the following is displayed:

<i>Data File Upload</i>	
Dispenser:	FH0825313-HUMANA PHARMACY INC DBA RIGHTSOURCE
Address:	4302 WEST BUCKEYE ROAD PHOENIX 85043
Phone:	602-477-5034
Fax:	210-451-4972 (fax reports for these errors: none)
Email:	RightSourceRxCSUB@humana.com (email reports for these errors: none)
File Name:	<input type="text"/> <input type="button" value="Browse..."/>
	(This can be either a text file with a .dat suffix, or a text file which has been zipped with a .zip suffix.)
Import Options:	<input checked="" type="radio"/> Import Records Into the System <input type="radio"/> Back Records Out of the System
Review Options:	<input checked="" type="radio"/> Show me All Records <input type="radio"/> Show Errors Only <input type="radio"/> Show 1ST 200 Errors Only
<input type="button" value="Send File"/>	

- 7 Click **Browse** in the **File Name** field.
- 8 Navigate to and select the file you originally uploaded, or to the file you created containing the records you want to back out of the system.
- 9 Select the **Back Records Out of the System** option:

Import Options:	<input type="radio"/> Import Records Into the System	<input checked="" type="radio"/> Back Records Out of the System
------------------------	-------------------------------------------------------------	------------------------------------------------------------------------

- 10 Click **Send File**.

Correct Erroneous Records

- 11 Use your pharmacy claims system to correct all erroneous records.
- 12 Create a new upload file containing the corrected records.

Upload a Corrected Data File

- 13 Upload the file created in step 12, ensuring the default option of importing records into the system is selected:



- 14 Click **Send File**.
- 15 An e-mail or fax containing the results of your upload is delivered to you. If necessary, repeat the steps 6 through 14 to back out and correct any additional errors.
- 16 To determine the records to correct, HID checks for existing records containing the following information and compares it to the uploaded backout file:
 - Dispenser ID
 - Recipient DOB
 - Date Dispensed
 - Date Written
 - NDC #
 - Prescriber ID
 - Recipient Last Name
 - Recipient First Name
 - Prescription Number
 - Quantity Dispensed
 - Days Supply

When matching records are found, those records are removed from the system.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format or file error	Fatal
Edit 05	Must Find Pharmacy ID Number in RxSentry by DEA NUMBER	Fatal
Edit 06	Pharmacy State ne State X & Recip State ne State X	Fatal
Edit 09	Birth Date must be a valid date and plausible (1890 < Birth-Date < * today) Accurate Birth-Date is essential to identifying near matches of patients	Serious
Edit 15	Date Dispensed must be a valid date and plausible (a month ago < Date-Dispensed < today).	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	QTY Dispensed must be a valid number and plausible	Minor
Edit 19	Days Supply must be a valid number and plausible	Minor
Edit 20	Days Supply > 360	Serious
Edit 21	NDC Number must be a valid number and found in our database (Not Fatal, since it is possible a new NDC MIGHT not be in our database, and it is better to import the record anyway.)	Serious
Edit 25	Prescriber ID Number must be found in our DEA table (Not Fatal, since it is possible a new Prescriber MIGHT not be in our database, and it is better to import the record anyway.)	Serious
Edit 28	Date RX Written must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious
Edit 29	Number Refill Authorized invalid	Minor
Edit 50	Customer Last Name must not be blank	Serious
Edit 51	Customer First Name must not be blank	Serious
Edit 52	Customer Address must not be blank	Serious
Edit 53	Customer Zip Code must not be blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit V1	Should not be an existing record for same patient Name/DOB/dates/NDC/Prescriber Apparent Duplicate	Fatal

6 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 or practitioner authorized to dispense controlled substances.

FTP

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

NABP

National Association of Boards of Pharmacy

NDC

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

PMP

Prescription Monitoring Program

Prescriber

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

RxSentry

Prescription drug monitoring program developed by Health Information Designs

SFTP

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

SSL

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

Universal Claim Form

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

Uploader

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

7 Assistance and Support

Technical Assistance

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

Contact HID at vpms-info@hidinc.com

Or

Call 1-866-792-3149

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

Administrative Assistance

If you have any non-technical questions regarding the Vermont Prescription Monitoring System, please contact:

Meika DiPietro, MS.

Program Manager, Vermont Prescription Monitoring System

108 Cherry Street, PO Box 70

Burlington, VT 05402-0070

Telephone: (802) 652-4147

Fax: (802) 651-1573

E-mail: Meika.DiPietro@state.vt.us

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8 Document Information

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Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate...
Bold	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
Blue underlined text	Hyperlinks to other sections of this document or external websites
<i>Italic text</i>	Reference to this document, external document, or external resource

Table 2 – Text Formats

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
03/20/2009	1.0	Initial version
07/02/2010	1.1	Revised to include additional information
09/15/2011	1.2	Updated publication
03/23/2012	1.3	Updated publication
10/10/2012	1.4	Updated publication

Table 3 – Document Version History

Change Log

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

Version Number	Chapter/Section	Change
.01	N/A	N/A
1.1	Chapter 5/Error Correction	New topic added
	Chapter 3/Modify Upload Account	New topic added
	Chapter 4/Universal Claim Form (UCF) Submission	New topic added
	Chapter 4/Notes About NDC Numbers	New topic added
	Chapter 5/Edit Definitions	Content updated
	Chapter 4/Encrypted File with Open PGP Via FTP	Steps 8 and 9 updated
	Chapter 4, all topics	Additional notes for file upload preparation added
	Glossary	Added
1.2	View Upload Reports	New topic added
	Appendix B: Universal Claim Form	Fax number changed to 888-288-0337
1.3	Global	Updated screen shots

Version Number	Chapter/Section	Change
	<ul style="list-style-type: none"> ▪ Chapter 4/Manual UCF Submission ▪ Chapter 7/Administrative Assistance 	Updated e-mail address
1.4	<ul style="list-style-type: none"> ▪ Chapter 4/Manual UCF Submission ▪ Chapter 7/Administrative Assistance 	Updated contact information

Table 4 – Document Change Log

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Appendix A: ASAP 2005 Specifications

Below are definitions for the specific contents required of uploaded records to comply with the Vermont Prescription Monitoring System. Many of the data elements are required by the Standards, and HID has provided examples of how to provide the data.

Important notes:

Those areas indicated with ** are required by the VPMS program; the dispenser must collect and report the appropriate data.

Do not enter the following characters in any data field:

- * (asterisk)
- \ (backslash)
- :
- " (quote)
- ' (apostrophe)

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
TH: Transaction Set Header			R	TH*	4
	TH01	Version/Release Number	R	3.0*	4
	TH02	Business Partner Implementation Version	N	*	4
	TH03	Transaction Set Control Number	R	123456*	10
	TH04	Transaction Type	N	*	2
	TH05	Message Type	N	*	2
	TH06	Response ID	N	*	10
	TH07	Project ID	N	*	30
	TH08	Creation Date	R	20080702*	8
	TH09	Creation Time	R	1521*	6
	TH10	File Type (P=Production T=Test)	R	P*	1
	TH11	Message	N	*	60
	TH12	Composite Element Separator	R	:	1
	TH13	Data Segment Terminator Character	R	\	1

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
IS: Information Source			R	IS*	4
	IS01	Unique Information Source	R	3452325678*	10
	IS02	Information Source Entity Name	R	Pharmacy*	60
	IS03	Address Information - 1	N	*	30
	IS04	Address Information - 2	N	*	30
	IS05	City Address	N	*	20
	IS06	State Address	N	*	2
	IS07	Zip Code Address	N	*	9
	IS08	Phone Number	N	*	10
	IS09	Contact Name	N	*	30
	IS10	Message Type	N	*	60
	IS11	Data Entry Terminal ID	N	*	16
	IS12	Data Segment Terminator Character	R	\	1
IR: Information Receiver			R	IR*	4
	IR01	Unique Information Receiver ID	R	7564*	10
	IR02	Information Receiver Entity Name	R	Health Information Designs*	60
	IR03	Address Information - 1	N	*	30
	IR04	Address Information - 2	N	*	30
	IR05	City Address	N	*	20
	IR06	State Address	N	*	2
	IR07	Zip Code Address	N	*	9
	IR08	Phone Number	N	*	10
	IR09	Contact Name	N	*	30
	IR10	Message	N	*	60
	IR11	Data Segment Terminator Character	R	\	1
PHA: Pharmacy Header			R	PHA*	4

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PHA01	National Provider Identifier (NPI)	N	*	10
	PHA02	NCPDP Provider ID	N	*	10
	PHA03	DEA Number **	R**	AB1234567*	10
	PHA04	Pharmacy Name	S	*	60
	PHA05	Address Information - 1	S	*	30
	PHA06	Address Information - 2	S	*	30
	PHA07	City Address	S	*	20
	PHA08	State Address	S	*	2
	PHA09	Zip Code Address	S	*	9
	PHA10	Phone Number	S	*	10
	PHA11	Contact Name	S	*	30
	PHA12	Reporting Frequency	N	*	3
	PHA13	Message	N	*	60
	PHA14	Data Segment Terminator Character	R	\	1
PAT: Patient Information			R	PAT*	4
	PAT01	Reporting Status	N	*	2
	PAT02	Program Participation Status	N	*	2
	PAT03	Unique System ID - Patient	N	*	12
	PAT04	Social Security Number	S	111111111*	10
	PAT05	Alternate ID Qualifier	S	02*	2
	PAT06	Alternate ID	S	04323432*	20
	PAT07	Last Name **	R**	Miller*	15
	PAT08	First Name**	R**	JoAnne*	12
	PAT09	Middle Name	S	*	10
	PAT10	Name Prefix	S	*	10
	PAT11	Name Suffix	S	*	30
	PAT12	Address Information-1**	R**	334 Oak Hill Ave*	30
	PAT13	Address Information - 2	S	Apt 21*	20
	PAT14	City Address**	R**	Somewhere*	20
	PAT15	State Address**	R**	VT*	2

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PAT16	Zip Code Address**	R**	76543*	9
	PAT17	Phone Number	R	5555555555*	10
	PAT18	Email Address	N	*	70
	PAT19	Date of Birth**	R**	19750505*	8
	PAT20	Gender Code	R	F*	1
	PAT21	Patient Location Code	N	*	2
	PAT22	Primary Prescription Coverage Type	N	*	2
	PAT23	Secondary Prescription Coverage Type	N	*	2
	PAT24	Language Code	N	*	3
	PAT25	Work Phone Number	N	*	10
	PAT26	Alternate Phone Number	N	*	10
	PAT27	Driver's License Number	N	*	17
	PAT28	Facility Code	N	*	10
	PAT29	Unit Identifier	N	*	10
	PAT30	Room Number	N	*	10
	PAT31	Bed	N	*	2
	PAT32	Medical Record Number	N	*	20
	PAT33	Admission Date	N	*	8
	PAT34	Admission Time	N	*	6
	PAT35	Discharge Date	N	*	8
	PAT36	Discharge Time	N	*	6
	PAT37	Primary Coverage Start Date	N	*	8
	PAT38	Primary Coverage Stop Date	N	*	8
	PAT39	Secondary Coverage Start Date	N	*	8
	PAT40	Secondary Coverage Stop Date	N	*	8
	PAT41	Data Segment Terminator Character	R	\	1
RX: Prescription Order				RX*	4
	RX01	Reporting Status	N	*	2

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	RX02	Program Participation Status	N	*	2
	RX03	Prescription number	R	12345678*	25
	RX04	Unique System ID - RPh	N	*	12
	RX05	Unique System ID - Patient	N	*	12
	RX06	Unique System ID - Prescriber	N	*	12
	RX07	Unique System ID - Drug	N	*	12
	RX08	Date written	R	20080708*	8
	RX09	Rx Start Date	N	*	8
	RX10	Rx End Date	N	*	8
	RX11	Diagnosis Code Qualifier	S	*	2
	RX12	Diagnosis Code	S	*	10
	RX13	Product ID Qualifier	N	*	2
	RX14	Product ID	N	*	15
	RX15	Product Description	N	*	60
	RX16	DAW Code	N	*	2
	RX17	Quantity prescribed	N	*	11
	RX18	Days supply	N	*	3
	RX19	Basis of Days Supply Determination 1 = Explicit Directions 2 = PRN Directions (Take as Needed Pharmacist Estimate) 3 = As Directed by Physician	N	*	1
	RX20	Refills Authorized **	R**	3*	2
	RX21	Refills Authorized Through Date	N	*	8
	RX22	DEA Schedule	N	*	2
	RX23	Unit Dose Indicator	N	*	1
	RX24	Compound Indicator	N	*	1
	RX25	Origin Code	N	*	2
	RX26	Brand Versus Generic Indicator	N	*	1

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	RX27	Original Fill Date	N	*	8
	RX28	Alternate Rx Identifier	N	*	20
	RX29	Previous Rx Number	N	*	25
	RX30	Data Segment Terminator Character	R	\	1
DSP: Dispensing Record			R	DSP*	4
	DSP01	Reporting Status	N	*	2
	DSP02	Program Participation Status	N	*	2
	DSP03	Prescription number	R	12345678*	25
	DSP04	Refill number (0 indicates new prescription)	R	0*	2
	DSP05	Unique System ID - RPh	N		12
	DSP06	Unique System ID - Patient	N	*	12
	DSP07	Unique System ID - Prescriber	N	*	12
	DSP08	Unique System ID - Drug	N	*	12
	DSP09	Date Filled**	R**	20080708*	8
	DSP10	Time Filled	N	*	6
	DSP11	Product ID qualifier	R	1	2
	DSP12	Product ID** If compound fill with 9999999999* Then fill in CDI segment	R**	000111111*	15
	DSP13	Product Description	N	*	60
	DSP14	Quantity Dispensed**	R**	60*	11
	DSP15	Days Supply**	R**	30*	3

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	DSP16	Basis of Days Supply Determination 1 = Explicit Directions 2 = PRN Directions (Take as Needed Pharmacist Estimate) 3 = As Directed by Physician	R	3*	1
	DSP17	Refills Remaining	N	*	2
	DSP18	Refills Authorized Through Date	N	*	7
	DSP19	Previous Fill Date	N	*	7
	DSP20	Previous Fill Quantity Dispensed	N	*	11
	DSP21	Level of Service Code	N	*	2
	DSP22	Brand or Generic Indicator	N	*	1
	DSP23	Patient Advisory Leaflet	N	*	1
	DSP24	Warning/Auxiliary Labels	N	*	100
	DSP25	Warning/Auxiliary Labels	N	*	100
	DSP26	Warning/Auxiliary Labels	N	*	100
	DSP27	Warning/Auxiliary Labels	N	*	100
	DSP28	Warning/Auxiliary Labels	N	*	100
	DSP29	Bar Code on Vial Label	N	*	20
	DSP30	Group Identifier	N	*	25
	DSP31	Group Rx Count	N	*	2
	DSP32	Partial Fill Indicator	N	*	1
	DSP33	Priority	N	*	8
	DSP34	Data Segment Terminator Character	R	\	1
PRE: Prescriber Information			R	PRE*	4
	PRE01	Reporting Status	N	*	2
	PRE02	Unique System ID - Prescriber	N	*	12

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PRE03	National Provider Identifier (NPI)	S	*	10
	PRE04	DEA Number **	R**	AB1234567*	10
	PRE05	DEA Number Suffix	S	*	7
	PRE06	Prescriber State License Number	S	*	10
	PRE07	Prescriber Alternate ID	N	*	20
	PRE08	Last Name**	R**	Welby*	15
	PRE09	First Name**	R**	Marcus*	12
	PRE10	Middle Name	N	*	12
	PRE11	Name Prefix	N	*	10
	PRE12	Name Suffix	N	*	10
	PRE13	Address Information - 1	N	*	30
	PRE14	Address Information - 2	N	*	30
	PRE15	City Address	N	*	20
	PRE16	State Address	N	*	2
	PRE17	Zip Code Address	N	*	9
	PRE18	Phone Number	N	*	10
	PRE19	Prescriber Specialty	N	*	10
	PRE20	Prescriber Fax Number	N	*	10
	PRE21	Data Segment Terminator Character	R	\	1
RPH: Pharmacist Information			R	RPH*	4
	RPH01	Reporting Status	N	*	2
	RPH02	Unique system ID - RPh	N	*	12
	RPH03	National Provider Identifier (NPI)	N	*	10
	RPH04	Pharmacist State License Number	N	*	10
	RPH05	Pharmacist Alternate ID	N	*	20
	RPH06	Last Name	N		15
	RPH07	First Name	N		12
	RPH08	Middle Name	N	*	12
	RPH09	Name Prefix	N	*	10

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	RPH10	Name Suffix	N	*	10
	RPH11	Pharmacist Title	N	*	30
	RPH12	Data Segment Terminator Character	R	\	1
PLN: Patent Third Party Plans			R	PLN*	4
	PLN01	Reporting Status	N	*	2
	PLN02	Plan Coverage Status to Patient	N	*	2
	PLN03	Unique System ID - Plan	N	*	12
	PLN04	Classification Code for Plan Type 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial PBM Insurance 05 Major Medical 06 Worker's Compensation	N	*	2
	PLN05	Plan Name	N	*	30
	PLN06	Processor BIN	N	*	6
	PLN07	Processor Control Number	N	*	10
	PLN08	Plan ID	N	*	10
	PLN09	Group Number	N	*	15
	PLN10	Cardholder ID	N	*	18
	PLN11	Person Code	N	*	3
	PLN12	Relationship Code	N	*	1
	PLN13	Data Segment Terminator Character	R	\	1
CDI: Compound Drug Ingredient Detail			R	CDI*	4
	CDI01	Compound Ingredient Sequence Number	R	01*	2
	CDI02	Product Id Qualifier	R	01*	2
	CDI03	Compound Ingredient Product ID - NDC	R	38779067903*	15

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	CDI04	Component Ingredient Product Description	N	*	60
	CDI05	Compound Ingredient Quantity	R	3*	11
	CDI06	Component Ingredient Cost	N	*	8
	CDI07	Component Ingredient Basis of Cost Determination	N	*	2
	CDI08	Compound Drug Dosage Units Code	N	*	2
	CDI09	Data Segment Terminator Character	R	\	1
CSR: Controlled Substance Reporting			R	CSR*	4
	CSR01	State Issuing Rx Serial Number	S	VT*	2
	CSR02	State Issued Rx Serial Number	S	567845890*	20
	CSR03	ID Qualifier	S	VT*	2
	CSR04	ID of Person Picking up Rx	S	04323432*	20
	CSR05	Relationship of Person Picking up Rx	S	01*	2
	CSR06	Last Name of Person Picking up Rx	S	Miller*	15
	CSR07	First Name of Person Picking up Rx	S	Jo Anne	12
	CSR08	Data Segment Terminator Character	R	\	1
TP: Pharmacy Trailer			R	TP*	4
	TP01	Detail Segment Count	R	10	10
	TP02	Data Segment Terminator Character	R	\	1
TT: Transaction Set Trailer			R	TT*	4
	TT01	Transaction Set Control Number	R	857463*	10
	TT02	Segment Count	R	14	10

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	TT03	Data Segment Terminator Character	R	\	1

R = Required; * = use data information provided; ** = data provided by pharmacy; S = Situational; N = Not Used

Example:

TH*3.0**123456*****20050722*1521*P**:\IS*3452325678*Acme Pharmacy
 Central*****\IR*7564*Acme Pharmacy
 System*****\PHA***AB1234567*****\PAT****11111111*02*04323432*Miller*Jo
 Anne****334 Oak Hill Lane*Apt
 21*Somewhere*VT*76543*5555555555**19700515*F*****\RX*****20080908****
 01*000111111111*30*30**0*****\DSP***8765432*0*****20050705**01*00123876510**
 60*30*3*****\PRE****AB1234567*****\RPH*****\PLN*****
 *****\CDI*01*01*38779067903**3*****\CSR*TX*567845890*TX*04323432*01*Miller*Jo
 Anne\TP*10\TT*857463*14\

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Appendix B: Universal Claim Form

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

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HEALTH INFORMATION DESIGNS, INC
PRESCRIPTION MONITORING PROGRAM
VTPMS-UNIVERSAL CLAIM FORM

Please use this form to report the dispensing of a controlled substance to the Vermont Prescription Monitoring System.

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

Fax or Mail to
Health Information Designs

391 Industry Dr
Auburn, AL 36832

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

DOB ____/____/____

Gender M F

Address _____ City _____ State ____ Zip _____

PHARMACY INFORMATION

Pharmacy Name _____ NABP _____ DEA _____

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

Address _____ City _____ State ____ Zip _____

PRESCRIPTION INFORMATION

Prescription # 1

Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill

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

Quantity Dispensed _____ Days Supply _____ # Refills Left _____

Prescriber Name _____ State License # _____ DEA _____

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

Prescription # 2

Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill

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

Quantity Dispensed _____ Days Supply _____ # Refills Left _____

Prescriber Name _____ State License # _____ DEA _____

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

Prescription # 3

Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill

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

Quantity Dispensed _____ Days Supply _____ # Refills Left _____

Prescriber Name _____ State License # _____ DEA _____

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

FOR HID USE ONLY

Date Received ____/____/____

Date Entered ____/____/____

Comments _____

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Appendix C: Instructions for Supplying Supplemental Information

The information in the following topics describes how to gather information about your computer's Internet browser, firewall, and virus scan software. You will need this information to complete the **Supplemental Information** entry fields on the **New Account Setup** window. Please note that this section uses examples, as shown in the screen shots. Your computer's information will most likely differ from the examples shown.

Internet Browser

- 1 Open your Internet browser.
- 2 On the main menu, click **Help**, and then **About** <name of browser>. A window similar to the following is displayed:



In this example, Internet Explorer 7 is used as the Internet browsing software, and this information would be recorded in the **Supplemental Information** section of the **New Account Setup** window.

Firewall and Virus Scan Software

Note: The following steps apply *only if* your computer is Windows-based (a PC) and is using either the Windows XP or Windows Vista operating systems.

- 1 If using Windows XP, click **Start** and then **Run**;
Or
If using Windows Vista, from the Windows desktop, click the **Start** button.
- 2 Type `wscui.cpl`, and then press **[Enter]**.

The **Windows Security Center** window is displayed:



- 3 Click the down arrow in the **Firewall** section of this window. If firewall software is active on your computer, a window similar to the following is displayed:



In this example, Windows Firewall is used as the firewall software, and this information would be recorded in the **Supplemental Information** section of the **New Account Setup** window.

- 4 Click the down arrow in the **Virus Protection** (Windows XP) or **Malware** (Windows Vista) section of **Microsoft Security Center** window. If virus scan software is active on your computer, a window similar to the following is displayed:



In this example, VirusScan Enterprise is used as the virus protection software, and this information would be recorded in the **Supplemental Information** section of the **New Account Setup** window.