

# Dispenser's Implementation Guide

Pharmacy Examining Board  
Wisconsin Department of Safety and Professional Services



**WI** PRESCRIPTION DRUG  
MONITORING PROGRAM

August 2014

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# Contents

<b>1</b>	<b>Document Overview.....</b>	<b>1</b>
	Introduction .....	1
<b>2</b>	<b>Introduction to the PDMP .....</b>	<b>3</b>
	Program Purpose.....	3
	Data Collection Requirements.....	3
	Data Submission Requirements.....	4
	Waiver of the Electronic Submission Requirements .....	4
<b>3</b>	<b>Required Data.....</b>	<b>5</b>
	Notes about State License Numbers .....	7
	Zero Reports .....	7
	Reporting Noncompliance.....	7
	Timeline and Requirements.....	7
<b>4</b>	<b>Account Creation.....</b>	<b>9</b>
	Creating Your PDMP Upload Account .....	9
	Modifying Your PDMP Upload Account .....	14
<b>5</b>	<b>Data Submission Methods.....</b>	<b>15</b>
	About This Chapter .....	15
	Approved Submission Methods.....	15
	Electronic Submission Specifications.....	15
	Approved Electronic Methods .....	16
	1. Secure FTP Over SSH .....	16
	2. Encrypted File with Open PGP via FTP .....	17
	3. SSL Website.....	18
	4. Direct Secure Messaging.....	19
	5. Physical Media (CD or DVD) .....	20
	6. Online Claim Form .....	21
	Approved Paper Submission Formats .....	24
	1. Paper Claim Form.....	24
	Reporting Requirements for Paper Claim Form Submissions.....	24
<b>6</b>	<b>Reporting Zero Dispensing .....</b>	<b>25</b>
	Report Zero Activity – RxSentry .....	25
	Single Dispensers.....	25
	Group Pharmacies.....	26
	Report Zero Activity – File Upload.....	28
<b>7</b>	<b>Upload Reports and Edit Definitions.....</b>	<b>29</b>
	Upload Reports .....	29
	View Upload Reports.....	30
	View Zero Reports .....	30

---

Error Correction .....	31
Submit a New Record .....	32
Revise a Record.....	32
Void a Record .....	32
Edit Definitions .....	33
<b>8 Assistance and Support .....</b>	<b>35</b>
Technical Assistance.....	35
Administrative Assistance.....	35
<b>9 Glossary.....</b>	<b>37</b>
<b>10 Document Information .....</b>	<b>39</b>
Copyright Notice and Trademarks.....	39
Disclaimer .....	39
Formatting Conventions .....	39
Version History.....	40
Change Log .....	40
<b>Appendix A: ASAP 4.2 Specifications.....</b>	<b>A-1</b>
<b>Appendix B: Zero Report Specifications .....</b>	<b>B-1</b>
<b>Appendix C: Claim Form.....</b>	<b>C-1</b>

# 1 Document Overview

## Introduction

This *RxSentry® Dispenser's Implementation Guide* serves as a step-by-step implementation and training guide for dispensers licensed by the state of Wisconsin who must submit data about dispensed monitored prescription drugs. It includes such topics as:

- Reporting requirements for dispensers in the state of Wisconsin
- Data file submission guidelines and methods
- Creating an upload account
- Creating a data file
- Uploading or submitting data
- Understanding upload error codes and definitions

This guide has been customized to target the specific training needs of Wisconsin dispensers and is intended for use by all dispensers licensed by the state of Wisconsin.

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## 2 Introduction to the PDMP

### Program Purpose

In June 2010, the Legislature directed the Pharmacy Examining Board (PEB) to create a Prescription Drug Monitoring Program, commonly referred to as a PDMP (see [Wis. Stat. § 450.19](#)). The PEB created the PDMP through the administrative rule-writing process. The administrative rules are codified as [Chapter Phar 18](#) of the Wisconsin Administrative Code. The PEB governs the PDMP, and the Wisconsin Department of Safety and Professional Services (DSPS) oversees the operation of the PDMP in accordance with the policies established by the PEB.

The purpose of the PDMP is to improve patient care and safety by providing practitioners and pharmacists with 24/7 access to accurate and timely prescription history data in order to help them determine appropriate medical treatment and interventions. In addition, other people may obtain information from the PDMP for legally authorized purposes.

### Data Collection Requirements

Wisconsin law requires dispensers to collect and submit information to the PDMP within seven (7) days of dispensing a monitored prescription drug.

Dispensers are:

- Pharmacies from which a pharmacist dispenses a monitored prescription drug, and
- Practitioners who dispense a monitored prescription drug, including physicians, dentists, podiatrists, advanced practice nurse prescribers, and others.

Monitored prescription drugs are:

- State Controlled Substances in Schedule II, III, IV, or V that require a prescription order to be lawfully dispensed;
- Federally Controlled Substances in Schedule II, III, IV, or V that require a prescription order to be lawfully dispensed; and
- Tramadol, a drug identified by the Pharmacy Examining Board as having a substantial potential for abuse.

**Note:** The Pharmacy Examining Board may amend the list of monitored prescription drugs in accordance with the law. All changes would be made through the administrative rule-writing process, which includes several requirements for public notice.

Dispensers must collect and submit information about all dispensing of monitored prescription drugs, including starter packs and samples. The only exception to the data collection and submission requirements is for monitored prescription drugs that are directly administered to a patient. Wisconsin law does not have any exceptions based on the frequency of dispensing or the quantity or dosage form of the drug dispensed.

## Data Submission Requirements

Wisconsin law requires dispensers to compile and electronically submit information to the PDMP each time a monitored prescription drug is dispensed. The information must be submitted to the PDMP **within seven (7) days of the dispensing of the monitored prescription drug**. If a dispenser is unable to submit information within seven (7) days, it may apply for an emergency waiver and, if approved, be given an additional seven (7) days to submit the information. Please see the [PDMP website](#) for the application for an emergency waiver.

Dispensers are encouraged to submit more frequently, if possible.

The PEB has identified version 4.2 of the American Society for Automation in Pharmacy (ASAP) as the electronic format for data submission. For detailed information for each of the fields required by the state of Wisconsin and the fields required by ASAP, please see [Appendix A: ASAP 4.2 Specifications](#).

The PEB has also identified the Online Claim Form as an alternate electronic format for data submission. For more information about the Online Claim Form, please see the [Online Claim Form](#) topic in this document.

## Waiver of the Electronic Submission Requirements

As mentioned, Wisconsin law requires dispensers to submit their data to the PDMP in an identified electronic format. Dispensers who are unable to submit data electronically may apply to submit information on paper. Once a dispenser's application for a waiver of the electronic reporting requirements is approved, the dispenser is required to use the Claim Form located in [Appendix C](#) of this guide to submit information to the PDMP on paper. Please see the [PDMP website](#) for the application for a waiver of the electronic reporting requirements.

### 3 Required Data

In accordance with Wisconsin law, all dispensers of monitored prescription drugs are required to collect and submit the information in the following table. For detailed information for each of these fields, please see [Appendix A: ASAP 4.2 Specifications](#).

Field Name	Field ID
Pharmacy Header	
NPI Number * <b>Note:</b> Dispensers may supply the NPI number if they do not have a DEA number.	PHA01
DEA Number * <b>Note:</b> Dispensers must supply the DEA number if they have one.	PHA03
Pharmacy or Dispensing Prescriber Name	PHA04
Patient Information	
Last Name * <b>Note:</b> If the patient is an animal, dispensers should use the owner's last name.	PAT07
First Name * <b>Note:</b> If the patient is an animal, dispensers should use the animal's name.	PAT08
Address Information – 1 * <b>Note:</b> If the patient is an animal, dispensers should use the owner's address.	PAT12
City Address * <b>Note:</b> If the patient is an animal, dispensers should use the owner's city.	PAT14
State Address * <b>Note:</b> If the patient is an animal, dispensers should use the owner's state.	PAT15
ZIP Code Address * <b>Note:</b> If the patient is an animal, dispensers should use the owner's ZIP code.	PAT16
Date of Birth * <b>Note:</b> If the patient is an animal, dispensers should use the owner's date of birth.	PAT18
Gender Code * <b>Note:</b> If the patient is an animal, dispensers should use the animal's gender.	PAT19

Field Name	Field ID
<b>Dispensing Record</b>	
Prescription Number	DSP02
Date Written	DSP03
Refills Authorized	DSP04
Date Filled	DSP05
Refill Number	DSP06
Product ID Qualifier * <b>Note:</b> NDC is required	DSP07
Product ID	DSP08
Quantity Dispensed	DSP09
Days Supply	DSP10
Partial Fill Indicator	DSP13
Classification Code for Payment Type	DSP16
<b>Prescriber Information</b>	
National Provider Identifier (NPI) * <b>Note:</b> Dispensers may supply the NPI number if the prescriber does not have a DEA number.	PRE01
DEA Number * <b>Note:</b> Dispensers must supply the DEA number if the prescriber has one.	PRE02
Prescriber State License Number * <b>Note:</b> Dispensers may supply the WI License number if the prescriber does not have a DEA number. See <a href="#">Notes about State License Numbers</a> for information about entering state license numbers.	PRE04
Last Name	PRE05
First Name	PRE06

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

## Notes about State License Numbers

Use the following information when entering Wisconsin State License numbers:

- License numbers are made up of 2 segments and use the format *9999999-999*.
- Include a single dash between the segments when entering a State License Number.
- Do not include any leading zeros, for example, *999-99*.

If the State License Number is...	Enter it this way ...	Do NOT Enter it any of these ways...
123-20	123-20	123-020 0123-20 12320 WI123-20

## Zero Reports

If a dispenser has no dispensing transactions to report for the preceding seven (7)-day reporting period, the dispenser must submit a zero report, as described in the [Reporting Zero Dispensing](#) topic in this guide.

## Reporting Noncompliance

Any dispenser who fails to submit prescription information and zero reports to the PDMP as required by Wisconsin law or knowingly submits incorrect prescription information may be disciplined by the board that issued the dispenser's license. All disciplinary decisions regarding an individual's failure to satisfy requirements of the PDMP and breaches of confidentiality will be made by the board that has jurisdiction over the individual. Additionally, breaches of state and/or federal confidentiality laws may be referred to the Wisconsin Department of Justice or another agency for further action.

## Timeline and Requirements

Dispensers or software vendors may establish submission accounts upon receipt of this guide and the date listed below. Instructions for setting up an account are provided in the [Account Creation](#) chapter.

- You may create your account and begin submitting test files beginning March 25, 2013.
- Dispensers should begin to report their data April 1, 2013, including all data collected since January 1, 2013.
- Dispensers are required to report their data **within seven (7) days** of the dispensing of the monitored prescription drug beginning on April 29, 2013.

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## 4 Account Creation

### Creating Your PDMP Upload Account

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

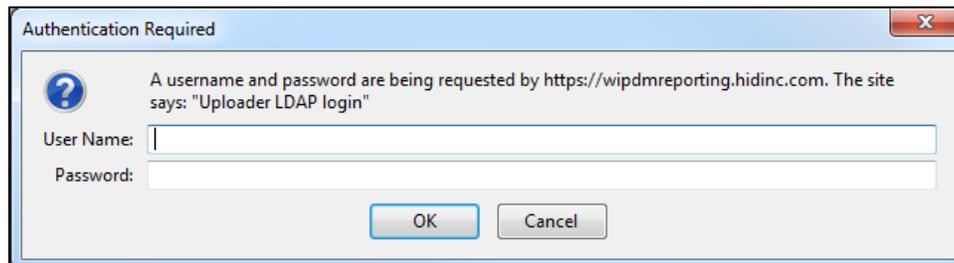
**Note:** Data from multiple dispensers can be uploaded in the same file. For example, chain pharmacies may send in one file containing monitored prescription drug dispensing information for all of their pharmacies licensed by the state of Wisconsin. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create a PDMP upload account:

- 1 Open an Internet browser window and type the following URL in the address bar:  
<http://dsps.wi.gov/pdmp>.
- 2 Click **Dispenser Portal**. A window similar to the following is displayed:



- 3 Click **Dispenser and Uploader Site**. A window similar to the following is displayed:

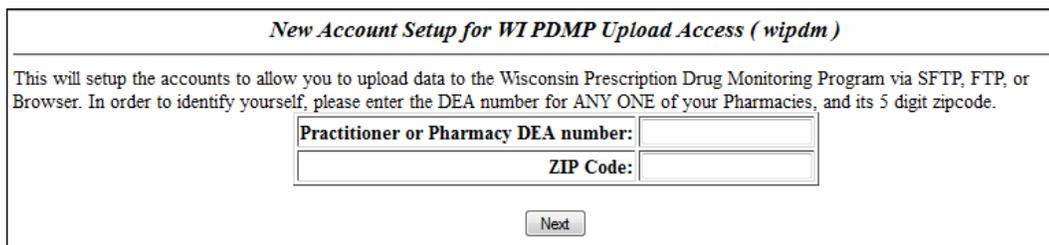


- 4 Type *newacct* in the **User Name** field.  
5 Type *welcome* in the **Password** field.  
6 Click **OK**.

A window similar to the following is displayed:



- 7 Click **Setup Upload Account**. A window similar to the following is displayed:



- 8 Enter your DEA number, if you have one, in the **Physician or Pharmacy DEA number** field. If you do not have a DEA number, enter your NPI number or Wisconsin state license number.

**9** Type your ZIP code in the **ZIP Code** field.

**10** Click **Next**. A window similar to the following is displayed:

*New Account Setup for WIPDMP Upload Access ( wipdm )*

---

We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.

ACHORN'S PHARMACY INC ACHORN'S PHARMACY INC Phone: Fax:?

---

**If you will be reporting for more than one Dispenser, you should create a generic account** using something more generic like "CVS" or "Target" or "RiteAid".

**Your Choice:**  Keep ACHORN'S PHA as my account for a single Dispenser.  
 Create an account using ACHORN'S\_PHA as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

**Who should we contact regarding issues with data uploads?**

\*Contact Name:

\*Contact Address:  City:  State:  Zip:

\*Contact Email:  @hidinc.com Don't Email Edit Reports

\*Contact Phone:  2223334445

\*Contact Fax:  1112223334 Fax Edit Reports Only If Any Errors

**Anticipated Upload Method:**  Secure FTP using SSH  
 FTP of file Encrypted with OpenPGP  
 Upload with Internet Browser using SSL  
 Mail a CDR

Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies to be included.

**NOTE:** If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.

**Pharmacies I will be Reporting:**(If you created a generic ID above)

**Or Manually Enter List of Ids Reporting for:**   
 Comma seperated list

\*Dispenser Type:  Pharmacy  
 Dispensing Practitioner

\*Dispenser Location:  In-State  
 Out-of-State

\*Required Fields

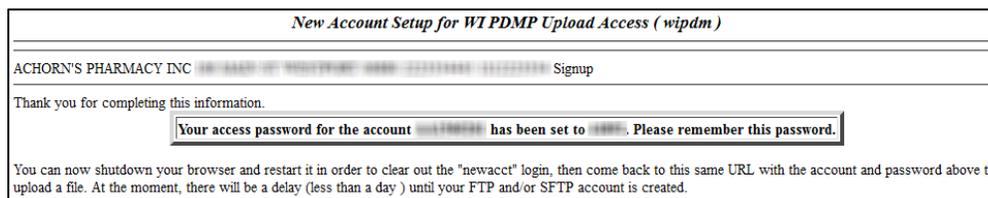
**11** Complete all required fields (indicated by an asterisk) on the **New Account Setup for Upload Access** window, using the information in the following table as a guideline:

Field	Description/Usage
Account selection	<ul style="list-style-type: none"> <li>▪ Choose <b>Keep &lt;account number&gt; as my account for a single Dispenser</b> if you wish to use the suggested account name.</li> <li>▪ Choose <b>Create an account using &lt;suggested account name&gt; as my ID for uploading more than one Dispenser's Data</b> if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.</li> </ul>

Field	Description/Usage
Contact Information <b>Note:</b> Information in this section is used for contact purposes in the event a problem occurs with a data upload.	
Contact Name	Type the first and last name of the contact person.
Contact Address	Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	(Required) Type the contact's e-mail address. Click the down arrow in the field to the right of the <b>Contact Email</b> field to select <b>Email Edit Reports for All Uploads</b> .
Contact Phone	Type the contact's phone number, using the format <i>999-999-9999</i> .
Contact Fax	(Required) Type the contact's fax number, using the format <i>999-999-9999</i> . Click the down arrow in the field to the right of the <b>Contact Fax</b> field to select <b>Fax Edit Reports for All Uploads</b> .
Anticipated Upload Method	Select the method of data upload you plan to use to report your data.
Pharmacies I will be Reporting	A list of all dispensers with names similar to the name you entered is displayed in this field. To select additional dispensers for which you will be reporting, press the <b>[CTRL]</b> key and then click the name of each dispenser you wish to select. The dispensers you select will be tied to your user name.
Or Manually Enter List of Ids Reporting for: Comma Separated List	You may use this field to manually enter a list of pharmacy IDs you will be reporting for, rather than selecting from the list in the field above. When manually entering multiple pharmacy IDs, separate each ID with a comma.
Dispenser Type	(Required) Select whether you are a <b>Pharmacy</b> or a <b>Dispensing Practitioner</b> . Note: If you select the wrong dispenser type, you will be required to re-enter all of your account setup information once the dispenser type has been corrected.

Field	Description/Usage				
Dispenser Sub-Type	<p>(Required) Select the appropriate dispenser sub-type.                      Note: The options that display in this field are dependent on whether you answered "Pharmacy" or "Dispensing Practitioner" in the Dispenser Type field.</p> <table border="1"> <thead> <tr> <th>Pharmacy Sub-types</th> <th>Dispensing Practitioner Sub-types</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>▪ Pharmacy (Chain)</li> <li>▪ Pharmacy (Community)</li> <li>▪ Pharmacy (Hospital)</li> <li>▪ Non-Resident Pharmacy</li> <li>▪ Mail Order Pharmacy</li> <li>▪ Mfg/Wholesalers/Distributors</li> <li>▪ Mfg/Whse/Dist. Oxygen Pharmacy</li> <li>▪ Medical Oxygen Retailers Pharmacy</li> <li>▪ Nuclear Pharmacy</li> <li>▪ Parenteral Pharmacy</li> <li>▪ Precursor Pharmacy</li> <li>▪ Veterinary Pharmacy</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>▪ Dentist/Oral Surgeon</li> <li>▪ Medical Doctor</li> <li>▪ Optometrist</li> <li>▪ Podiatrist</li> <li>▪ Veterinarian</li> </ul> </td> </tr> </tbody> </table>	Pharmacy Sub-types	Dispensing Practitioner Sub-types	<ul style="list-style-type: none"> <li>▪ Pharmacy (Chain)</li> <li>▪ Pharmacy (Community)</li> <li>▪ Pharmacy (Hospital)</li> <li>▪ Non-Resident Pharmacy</li> <li>▪ Mail Order Pharmacy</li> <li>▪ Mfg/Wholesalers/Distributors</li> <li>▪ Mfg/Whse/Dist. Oxygen Pharmacy</li> <li>▪ Medical Oxygen Retailers Pharmacy</li> <li>▪ Nuclear Pharmacy</li> <li>▪ Parenteral Pharmacy</li> <li>▪ Precursor Pharmacy</li> <li>▪ Veterinary Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dentist/Oral Surgeon</li> <li>▪ Medical Doctor</li> <li>▪ Optometrist</li> <li>▪ Podiatrist</li> <li>▪ Veterinarian</li> </ul>
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Dispenser Location	(Required) Select whether you are an <b>In-State</b> or <b>Out-of-State</b> dispenser.				

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



RxSentry will randomly generate a password for you to use for the FTP and SFTP delivery methods described below. Please keep it for your records.

**Note:** If you forget your password, please call the HID help desk. After five (5) unsuccessful login attempts, your account will be locked for 30 minutes.

Software vendors setting up multiple accounts may choose from the following options:

- Create each account separately by using the method described above. After you finish one dispenser's account, click **Setup Upload Account** on the home page, and repeat the process;  
 Or
- Create multiple accounts using one pharmacy's DEA number and ZIP code. If you choose this method, select **Set up user name as a group**.

**Note:** Data error reports are submitted to the e-mail address(es) supplied for the account(s).

## Modifying Your PDMP Upload Account

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

- 1** Open an Internet browser window and type the following URL in the address bar:  
<http://dsps.wi.gov/pdmp/dispenser>.
- 2** Click **Dispenser and Uploader Site**.  
A login 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 **Modify Upload Account**.
- 7** Update the information as necessary, using the field descriptions provided in the [Creating Your Upload Account](#) topic as a guideline.
- 8** Click **Next**.

A message displays that your account information was successfully updated.

## 5 Data Submission Methods

### About This Chapter

This chapter provides information about data delivery methods you can use to submit your data to the Wisconsin PDMP.

### Approved Submission Methods

Wisconsin law requires dispensers to submit data to the PDMP in an approved electronic format. There are several approved electronic submission methods that dispensers may use to deliver the data to the PDMP. However, if a dispenser is unable to submit the data electronically, it may apply for a waiver of the requirement and deliver information to the PDMP in the approved paper format.

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

Delivery Method	Page
<b>Approved Electronic Methods</b>	
1. <a href="#">Secure FTP over SSH</a>	16
2. <a href="#">Encrypted File with OpenPGP Via FTP</a>	17
3. <a href="#">SSL Website</a>	18
4. <a href="#">Direct Secure Messaging</a>	19
5. <a href="#">Physical Media (CD or DVD)</a>	20
6. Online Claim Form	
<a href="#">Online Claim Form Submission</a>	21
<a href="#">Notes about NDC Numbers</a>	23
<b>Approved Paper Method</b>	
<b>Note:</b> This method is available only to those dispensers who have applied to waive the electronic reporting requirements.	
1. <a href="#">Wisconsin PDMP Claim Form</a>	24

### Electronic Submission Specifications

All of the approved electronic methods, except the Online Claim Form, require the creation of data files. The files should be in the ASAP 4.2 format, as defined in [Appendix A: ASAP 4.2 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 "20130401.dat". All of your upload files will be kept separate from the files of others.

**Note:** If you are a low-volume dispenser and choose to submit your data through the Online Claim Form, you do not need to create files and may skip to the [Online Claim Form](#) topic.

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

After a monitored prescription drug has been dispensed, the data must be submitted to the PDMP within seven (7) days, as detailed in the [Timeline and Requirements](#) topic, unless an emergency waiver has been obtained from the DSPS.

## Approved Electronic Methods

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 a practitioner, 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 this chapter to submit the data another way.

### 1. Secure FTP Over SSH

One approved electronic method for data submission is Secure FTP over SSH. There are many free software products that support Secure FTP. Neither DSPS 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 dispensers.

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

#### Important notes:

- Use the date of submission to HID as the file name; the file should have a *.dat* extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
- 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: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130401.dat.up*). This will ensure that we do not try to load the file while you

are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130401.dat*).

- 3** SFTP the file to <sftp://wipdmreporting.hidinc.com>.
- 4** When prompted, type *wipdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created your account.
- 5** Place the file in the new directory.
- 6** Once the transmission is complete, rename the file without the *.up* extension (e.g., *20130401.dat*).
- 7** If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
- 8** Log off when the file transfer/upload is complete.

Incoming files are date stamped, and 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.

## 2. Encrypted File with Open PGP via FTP

Another approved electronic method for data submission is Encrypted File with Open PGP via FTP. There are many free software products that support file encryption using the PGP standard. Neither DSPS 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 you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2** Import the PGP public key into your PGP key ring. Please call or e-mail the HID help desk to obtain a PGP public key if you do not yet have one.
- 3** Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

### **Important notes:**

- Use the date of submission to HID as the file name; the file should have a *.pgp* extension. For example, name the file *20130401.pgp* if it is submitted on April 1, 2013.
- 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: *20130401a.pgp*, *20130401b.pgp*, and *20130401c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130401.pgp.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130401.pgp*).
- 4 Encrypt the file with the PGP software, using the public key you received from HID.  
**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://wipdmreporting.hidinc.com>.
  - 6 When prompted, type *wipdm* (lower case) in front of your DEA number (or Generic ID) as your user ID and enter the password supplied when you created 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., *20130401.pgp*).
  - 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
  - 10 Log off when the file transfer/upload is complete.

Incoming files are date stamped, and 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.

### 3. SSL Website

Another approved electronic method for data submission is the SSL website.

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

#### **Important notes:**

- Use the date of submission to HID as the file name; the file should have a *.dat* extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
- 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: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.

- 3 Open a Web browser and enter the following URL:  
<http://dsps.wi.gov/pdmp/dispenser>.
- 4 Click **Dispenser and Uploader Site**.  
A login window is displayed.
- 5 When prompted, type the user ID and password supplied when you created your account.
- 6 Click **Upload a File**.
- 7 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 8 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20130401.dat*.
- 9 Click to select the file, and then click **Open**.
- 10 Click **Send File**.

Incoming files are date stamped, and 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.

#### 4. Direct Secure Messaging

Another approved electronic method for data submission is Direct Secure Messaging, such as Wisconsin Statewide Health Information Network (WISHIN) Direct+ Messaging. The WISHIN Direct+ Messaging application enables dispensers to send a secure message, with its dispensing file attached, directly to the PDMP in much the same way that they send regular e-mails. However, the WISHIN Direct+ Messaging application provides the extra security needed to protect a patient's health information. This application also allows providers, pharmacies, and other healthcare professionals to send a secure message directly to other providers and pharmacists, and exchange files such as test results, scans, and continuity of care documents.

WISHIN Direct+ Messaging contains the following features:

- **Provider Directory:** The WISHIN Direct+ Messaging application uses a provider directory that allows users to search for a specific Direct address when composing a new message. The directory fields are searchable by location, provider, and specialty.
- **Message Status:** WISHIN Direct+ Messaging allows its users to view the status of messages, such as "sent," "received," and "read."
- **Attach files:** Similar to regular e-mail, WISHIN Direct+ Messaging users can attach files to their messages to ensure the message recipient is getting the appropriate information about the patient.

WISHIN Direct+ Messaging is based on the standards defined as part of the [National Direct Project](#), which was launched in March of 2009 by the Office of the National Coordinator for Health IT. The National Direct Project was launched in response to the

growing need for a single standard for exchanging health information electronically. The National Direct Project set the stage for collaboration within the private sector to create a secure, simple, cost effective mechanism to send health information directly to a known, trusted recipient using the Internet.

For more information about WISHIN Direct+ Messaging, including the yearly cost of the application and how to register for WISHIN Direct+ Messaging if you choose to do so, visit the Wisconsin State Health Information Network's website:

<http://www.wishin.org/Products/WISHINDirect/GetWISHINDirect.aspx>

- 1 If you do not have a Direct Secure Messaging address, such as a WISHIN Direct+ Messaging address, perform the steps necessary to create an address with your Direct Secure Messaging provider.
- 2 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 3 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

**Important notes:**

- Use the date of submission to HID as the file name; the file should have a *.dat* extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
  - 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: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
  - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.
- 4 Prepare a message in your Direct Secure Messaging application and type your DEA number (or Generic ID) in the message's **Subject** field.
  - 5 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20130401.dat*.
  - 6 Attach the data file created in step 3 to the message.
  - 7 Send the file to [WIPDMP@wishinplus.org](mailto:WIPDMP@wishinplus.org).

## 5. Physical Media (CD or DVD)

Another approved electronic method for data submission is physical media, such as CD or DVD.

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).

- 2 Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 Specifications](#).

**Important notes:**

- Use the date of submission to HID as the file name; the file should have a *.dat* extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
- 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: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20130401.zip* if it is submitted on April 1, 2013.

- 3 Write the file to the preferred media (CD or DVD).
- 4 Add a label to the outside of the media that contains the following information:
  - DEA Number (or Generic ID)
  - Date of Submission
  - Contact Person
- 5 Mail the media to:  
Health Information Designs, LLC  
WI PDMP Program  
391 Industry Drive  
Auburn, AL 36832

## 6. Online Claim Form

Another approved electronic method for data submission is the Online Claim Form.

The following new terms are introduced in this topic:

- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the Online Claim Form
- **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 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 at least every seven (7) days in accordance with the law.

When submitting information using the Online Claim Form, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the PDMP database. Please use the information in the [Notes about NDC Numbers](#) topic as a guideline for providing accurate NDC numbers.

## Reporting Requirements for Online Claim Form Submissions

See the [Required Data](#) topic for details for reporting requirements.

Perform the following steps to use the Online Claim Form to submit prescription information:

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <http://dsps.wi.gov/pdmp/dispenser>.
- 3 Click **Dispenser and Uploader Site**. A login window 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 **Online Claim Form Entry**. A window similar to the following is displayed:

- **Enter Next Form** allows you to prepare one or more records for submission.
  - **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously been submitted.
- 8 Click **Enter Next Form**. A window similar to the following is displayed:

- 9** The Online Claim Form contains three sections—Patient Information, Dispenser Information, and Prescription Information. Refer to the following information to complete these sections of the Online Claim Form:
- **Patient Information** – Complete all fields in this section.
  - **Dispenser Information** – In this section, supply your DEA number in the **DEA** field if you have one. If you do not have a DEA number, you must supply either your NPI number or WI state license number. Once this information is provided, all associated dispenser information available within the RxSentry database is automatically populated in the appropriate fields.
  - **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.

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

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

**Notes:**

- If information is missing from any required fields on the Online Claim Form, the Claim Form 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, NPI, WI state license, or the NDC number you have provided is invalid, and you are certain you have provided the correct numbers, contact HID using the information supplied in [Assistance and Support](#).

- 11** The Online Claim Form 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

- 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.

### Notes about NDC Numbers

Use the following information when entering NDC numbers on the Online Claim Form:

- 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.
- NDCs are 11 digits and use the format 99999-9999-99.
- When entering the NDC, do not include the dashes, for example, 99999999999.
- 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

## Approved Paper Submission Formats

### 1. Paper Claim Form

After applying for a waiver of the electronic reporting requirements and obtaining approval, dispensers may submit information on the paper using the Wisconsin PDMP Claim Form.

To request a waiver, navigate to the PDMP website (<http://dsps.wi.gov/pdmp>) and click on the **Applications and Forms** link, located near the bottom of the page. For additional assistance, please contact the PDMP staff at 608-266-2112.

If your waiver request is denied, please use the Online Claim Form submission method as instructed in the [Online Claim Form Submission](#) topic.

If a waiver has been submitted and approved, your completed Wisconsin PDMP Claim Form may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, LLC  
ATTN: WI PDMP Program  
P.O. Box 3210  
Auburn, AL 36832-3210

**Note:** Beginning April 1, 2013, you must use the Wisconsin PDMP Claim Form provided in [Appendix C](#) of this guide. You may submit information collected between January 1, 2013 and March 31, 2013 on the Temporary Data Collection Form and the Temporary Compound Drug Data Collection Form.

### Reporting Requirements for Paper Claim Form Submissions

See the [Required Data](#) topic for details for reporting requirements.

## 6 Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding seven (7)-day reporting period, you must submit a zero report to the Wisconsin PDMP.

You may report zero dispensing by using the functionality provided within RxSentry via the Report Zero Activity menu item, or by creating and uploading a zero report data file. The steps you must perform for each method are provided in the following sections.

### Report Zero Activity – RxSentry

The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's Report Zero Activity menu item.

#### Single Dispensers

If you are a single dispenser, perform the following steps to report zero activity using RxSentry:

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <http://dsps.wi.gov/pdmp/dispenser>
- 3 Click **Dispenser and Uploader Site**. A login window is displayed.
- 4 Type your user name in the **User Name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**. A window similar to the following is displayed:

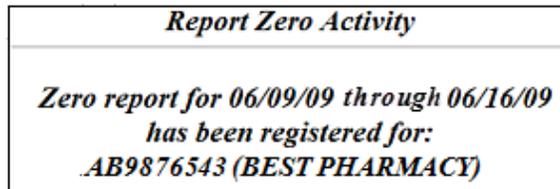
<i>Report Zero Activity</i>	
This utility will allow you to record periods of zero activity for a given pharmacy. Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.	
Dispenser:	1234567: BEST PHARMACY:
Address:	23 MAIN ST BISMARCK 58502
Phone:	701-328-1234
Fax:	701-328-7654
Email:	bestpharmacy@charter.net
Period Start Date:	<input type="text"/>
Period End Date:	09/21/09
<input type="button" value="Continue"/>	

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

**Notes:**

- The **Period End Date** field is populated with the current date. You may adjust this date to reflect the dates during which no dispensing occurred.
- All other pharmacy information is populated with the information provided when you created your account.

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



## Group Pharmacies

If you are responsible for reporting for a group of pharmacies, perform the following steps to report zero activity using RxSentry.

**Note:** You are required to repeat this process for every pharmacy for which you are responsible for reporting.

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <http://dsps.wi.gov/pdmp/dispenser>
- 3 Click **Dispenser and Uploader Site**. A login window is displayed.
- 4 Type your user name in the **User Name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**. 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:	NANOOK:FAIRBANKS PROFESSIONAL:group
Address:	PHARMACY, INC FAIRBANKS 99701
Phone:	3345023262
Fax:	
Email:	april@hidinc.com
Period Start Date:	
Period End Date:	04/01/13
Pharmacy ID/Name:	

Use ID/Name listed above  Choose from list

- 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 to reflect the dates during which no dispensing occurred.
- All other pharmacy information is populated with the information provided when you created your account.

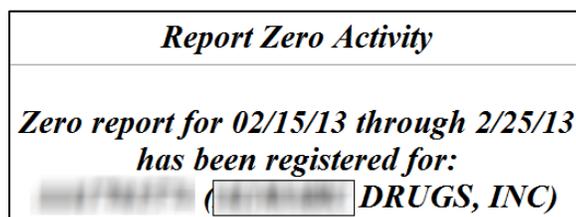
- 8 Select the **Use ID/Name listed above** option to manually enter the pharmacy ID whose information you are reporting. If you choose to enter the pharmacy ID manually, type the pharmacy ID in the **Pharmacy ID/Name** field.

Or

Select the **Choose from list** option to select the pharmacy ID whose information you are reporting from a list of pharmacies with a name similar to your pharmacy.

- 9 Click **Continue**.

If you selected the **Use ID/Name listed above** option, a message similar to the following is displayed:

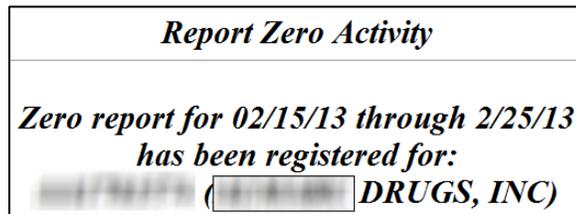


Or

If you selected the **Choose from list** option, a window similar to the following is displayed:

A screenshot of a form titled "Report Zero Activity". The form contains the following text: "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." Below this text are several input fields: "Dispenser: NANOOK:FAIRBANKS PROFESSIONAL:group", "Address: PHARMACY, INC FAIRBANKS 99701", "Phone: 3345023262", "Fax:", "Email: april@hidinc.com", "Period Start Date:", "Period End Date: ?". At the bottom, there is a list of radio buttons next to a blurred list of pharmacy names.

- 10 Click the radio button next to the correct pharmacy ID.
- 11 Click **Continue**. A window similar to the following is displayed:



## Report Zero Activity – File Upload

- 1 If you have not yet created a PDMP upload account, perform the steps in [Creating Your PDMP Upload Account](#).
- 2 Prepare the zero report data file for submission, using the specifications described in [Appendix B: Zero Report Specifications](#).

### Important Notes:

- Use the date of submission to HID as the file name; the file should have a *.dat* extension. For example, name the file *20130401.dat* if it is submitted on April 1, 2013.
  - Do not include spaces in the file name.
  - If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: *20130401a.dat*, *20130401b.dat*, and *20130401c.dat*.
  - The system will accept zipped files and you should name them using the date of submission to HID. For example, name the file *20130401.zip* if you submit it on April 1, 2013.
  - **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20130401.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20130401.dat*).
- 3 Upload the file using the steps provided in one of the following data delivery topics:
    - [Secure FTP over SSH](#)
    - [Encrypted File with OpenPGP via FTP](#)
    - [SSL Website](#)
    - [Direct Secure Messaging](#)

Incoming files are date stamped, and 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.

## 7 Upload Reports and Edit Definitions

### Upload Reports

HID provides an upload report to all data submitters. 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 submit the data via FTP/SFTP, 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: [000000000] 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

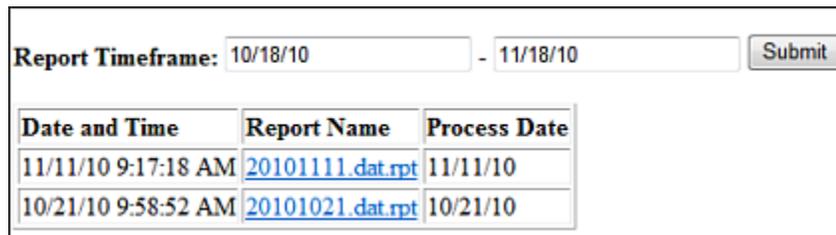
**Pharmacies are required to correct fatal errors and resubmit the records within seven (7) days of the initial record submission.**

## View Upload Reports

This function provides 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:  
<http://dsps.wi.gov/pdmp/dispenser>.
- 2 Click **Dispenser and Uploader Site**.  
A login 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 **View Upload Reports**. A window similar to the following is displayed:



The screenshot shows a web interface for viewing upload reports. At the top, there is a 'Report Timeframe' section with two input fields containing the dates '10/18/10' and '11/18/10', separated by a hyphen, and a 'Submit' button to the right. Below this is a table with three columns: 'Date and Time', 'Report Name', and 'Process Date'. The table contains two rows of data, each with a hyperlink in the 'Report Name' column.

Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	<a href="#">20101111.dat.rpt</a>	11/11/10
10/21/10 9:58:52 AM	<a href="#">20101021.dat.rpt</a>	10/21/10

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

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

## View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view zero reports:

- 1 Open an Internet browser window and type the following URL in the address bar:  
<http://dsps.wi.gov/pdmp/dispenser>.
- 2 Click **Dispenser and Uploader Site**.  
A login 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 **View Zero Reports**.

A window similar to the following is displayed:

<b>Zero Reports</b>					
<b>Report Timeframe:</b>		<input type="text" value="02/09/13"/>	-	<input type="text" value="03/12/13"/>	<input type="button" value="Submit"/>
<b>From Date</b>	<b>To Date</b>	<b>Pharmacy ID</b>	<b>Pharmacy Name</b>	<b>Upload Date</b>	
No zero reports uploaded for selected timeframe.					

## 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. Dispensers must correct fatal errors and resubmit the data within seven (7) days of the initial record submission. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

**Note:** Edit Number V1 as shown in the [Edit Definitions](#) table should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the [Upload Reports](#) section.

The ASAP 4.2 standard requires a dispenser to select an indicator in the **DSP01** (Reporting Status) field. Dispensers may submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the **DSP01** field:

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

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

## Submit a New Record

Perform the following steps to submit a new record:

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

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

## Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value **01** in the **DSP01** field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
  - PHA03 (Pharmacy DEA Number)
  - DSP02 (Prescription Number)
  - DSP05 (Date Filled)
- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4 Submit the record.

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

## Void a Record

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

- 1 Send a record with the value **02** in the **DSP01** field.
- 2 Fill in all other data identical to the original record. This will void the original record submission.

## Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error	Fatal
Edit 02	Pharmacy ID is blank (No DEA or NPI number provided)	Fatal
Edit 09	Invalid DOB	Fatal
Edit 10	Gender must be valid	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed is Invalid or Irrational	Serious
Edit 17	Refill Code must be a valid number	Serious
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
	Days Supply is 999	Fatal
Edit 20	Days Supply > 150	Minor
	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Minor
	Prescriber ID cannot be blank	Fatal
Edit 26	Prescriber Last Name is blank	Minor
Edit 27	Prescriber First Name is blank	Minor
Edit 28	Date RX Written is irrational	Serious
	Date RX Written is invalid	Fatal
Edit 29	Number of Refills Authorized is invalid	Serious
Edit 31	Classification Code for Payment Type is invalid	Serious
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
Edit 52	Customer Address blank	Fatal
Edit 53	Customer Zip Code is blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 56	Customer City is blank	Serious
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit 100	Pharmacy Name is blank	Minor
Edit 200	Prescription Number is blank	Serious
Edit 300	Compound Drug Dosage Units Code must not be blank if CDI03 is filled in	Minor

Edit Number	Message	Severity
Edit V1	Record already exists <b>Note:</b> Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.	Minor

## 8 Assistance and Support

### Technical Assistance

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

Contact HID at [wjpdmp-info@hidinc.com](mailto:wjpdmp-info@hidinc.com)

Or

Call the HID Help Desk at 855-729-8918.

Technical assistance is available from 8:00 a.m. – 5:00 p.m. CT (Central Time).

### Administrative Assistance

If you have any non-technical questions regarding the Wisconsin Prescription Drug Monitoring Program, please contact the PDMP staff at:

**E-mail:** [PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov)

**Phone:** 608-266-2112

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## 9 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

### **Dispense**

To deliver a prescribed drug to an ultimate user or research subject by or pursuant to the prescription order of a practitioner, including the compounding, packaging, or labeling necessary to prepare the prescribed drug or device for delivery

### **Dispenser**

A pharmacy from which a pharmacist dispenses a monitored prescription drug or a practitioner who dispenses a monitored prescription drug

### **DSPS**

Wisconsin Department of Safety and Professional Services

### **FTP**

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

### **HID**

Health Information Designs, LLC

### **NDC**

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

### **PEB**

Pharmacy Examining Board

### **PDMP**

Prescription Drug Monitoring Program

**Practitioner**

A person licensed in the state of Wisconsin to prescribe and administer drugs or licensed in another state and recognized by the state of Wisconsin as a person authorized to prescribe and administer drugs

**Prescriber**

A practitioner that prepares and prescribes a monitored prescription drug and prepares a prescription order

**RxSentry**

Prescription drug monitoring program developed by Health Information Designs, LLC

**SFTP**

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

**SSL**

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

**Uploader**

A dispenser or dispenser delegate that uploads a data file containing the data required by law

**Wisconsin PDMP Claim Form**

Paper form used by a dispenser who does not have electronic capability to send data; must be approved by governing agency

## 10 Document Information

### Copyright Notice and Trademarks

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Auburn, AL 36832

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### Disclaimer

HID has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

### Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate...
<b>Bold</b>	References to execution buttons, windows, file names, menus, icons, or options
<i>Arial Italic</i>	Text you must type in a field or window, for example, "type <i>Tho</i> to display a list of recipients..."
<a href="#">Blue underlined text</a>	Hyperlinks to other sections of this document or external websites

**Table 1 – 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
03/07/2013	1.0	Initial publication
03/28/2013	1.1	Updated publication
04/02/2013	1.2	Updated publication
04/24/2013	1.3	Updated publication
05/24/2013	1.4	Updated publication
12/04/2013	1.5	Updated publication
08/13/2014	1.6	Updated publication

**Table 2 – Document Version History**

## Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Ch. 3/Notes about State License Numbers	Added new topic
1.2	Ch. 6/Report Zero Activity – RxSentry	Separated topic into two sub-topics, Single Dispensers and Group Pharmacies, to clarify the way zero reports must be submitted for each group
	Global	Updated screen shots
1.3	Chapter 7/Edit Definitions	Added "Date RX Written is irrational" to edit 28 as a serious error
1.4	Chapter 4/Creating Your PDMP Upload Account	Added a note explaining that the user will be locked out of his/her account for 30 minutes after 5 unsuccessful login attempts
1.5	Chapter 7/Revise a Record	Changed the description of PHA03 from "DEA Provider ID" to "Pharmacy DEA Number" to clarify what information should be provided

Version Number	Chapter/Section	Change
1.6	Chapter 3/Required Data	Added the following fields to the Required Data table: <ul style="list-style-type: none"> <li>▪ Refills Authorized (DSP04)</li> <li>▪ Refill Number (DSP06)</li> <li>▪ Classification Code for Payment Type (DSP16)</li> </ul>
	Chapter 7/Edit Definitions	Added the following edits for the additional required fields; all are classified as "Serious": edit 17, edit 29, edit 31
	Appendix A/ASAP Specifications Table	Changed the field usage code to "RR" for additional required fields
	Appendix C/Claim Form	Added the additional required fields to the paper claim form

**Table 3 – Document Change Log**

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## Appendix A: ASAP 4.2 Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) version 4.2 format to comply with the Wisconsin Prescription Drug Monitoring Program requirements.

The following elements are used in each upload file:

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

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

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

**Note:** The Transaction Header is the only segment that has a Data Segment Terminator field built in.

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
- Field Usage
  - R = Required by ASAP
  - S = Situational
  - RR = Required by the WI PDMP

Both "R" and "RR" fields must be reported.

**Note:** For more information regarding ASAP 4.2 specifications, contact the American Society for Automation in Pharmacy at [www.asapnet.org](http://www.asapnet.org) for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

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

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 04 Permanent Resident Card (Green Card)</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	S
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 04 Permanent Resident Card (Green Card)</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	S
	<b>PAT06</b>	<b>Additional ID</b> Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	RR
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	RR
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial if available.	S
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	S

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>▪ 01 Home</li> <li>▪ 02 Intermediary Care</li> <li>▪ 03 Nursing Home</li> <li>▪ 04 Long-Term/Extended Care</li> <li>▪ 05 Rest Home</li> <li>▪ 06 Boarding Home</li> <li>▪ 07 Skilled-Care Facility</li> <li>▪ 08 Sub-Acute Care Facility</li> <li>▪ 09 Acute Care Facility</li> <li>▪ 10 Outpatient</li> <li>▪ 11 Hospice</li> <li>▪ 98 Unknown</li> <li>▪ 99 Other</li> </ul>	S
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	<b>PAT23</b>	<b>Name of Animal</b> Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
<b>DSP: Dispensing Record</b>			
Required segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>▪ 00 New Record (indicates a new prescription dispensing transaction)</li> <li>▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>▪ 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul>	R
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	RR
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>▪ 01 NDC</li> <li>▪ 06 Compound (indicates a compound; if used, the CDI segment becomes a required segment)</li> </ul>	RR
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 <b>Note:</b> For compounds show the first quantity in CDI04.	RR
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	RR
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>▪ 01 Each</li> <li>▪ 02 Milliliters (ml)</li> <li>▪ 03 Grams (gm)</li> </ul>	S
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>▪ 01 Written Prescription</li> <li>▪ 02 Telephone Prescription</li> <li>▪ 03 Telephone Emergency Prescription</li> <li>▪ 04 Fax Prescription</li> <li>▪ 05 Electronic Prescription</li> <li>▪ 99 Other</li> </ul>	S
	<b>DSP13</b>	<b>Partial Fill Indicator</b> Used when the quantity dispensed (DSP09) is less than the quantity prescribed. <ul style="list-style-type: none"> <li>▪ 00 Not a Partial Fill</li> <li>▪ 01 First Partial Fill</li> </ul> <b>Note:</b> For each additional fill (for a specific prescription), increment by "1"; for example, the second partial fill for a prescription would be reported as "02", up to a maximum of "99".	RR

Segment	Field ID	Field Name	Field Usage
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>▪ 01 Private Pay</li> <li>▪ 02 Medicaid</li> <li>▪ 03 Medicare</li> <li>▪ 04 Commercial Insurance</li> <li>▪ 05 Military Installations and VA</li> <li>▪ 06 Workers' Compensation</li> <li>▪ 07 Indian Nations</li> <li>▪ 99 Other</li> </ul>	RR
	<b>DSP17</b>	<b>Date Sold</b> Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	<b>DSP18</b>	<b>RxNorm Product Qualifier</b> <ul style="list-style-type: none"> <li>▪ 01 Semantic Clinical Drug (SCD)</li> <li>▪ 02 Semantic Branded Drug (SBD)</li> <li>▪ 03 Generic Package (GPCK)</li> <li>▪ 04 Branded Package (BPCK)</li> </ul> <b>Note:</b> DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	<b>DSP19</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification. <b>Note:</b> DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	<b>DSP20</b>	<b>Electronic Prescription Reference Number</b> Used to provide an audit trail for electronic prescriptions. <b>Note:</b> DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	<b>DSP21</b>	<b>Electronic Prescription Order Number</b> <b>Note:</b> DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S

Segment	Field ID	Field Name	Field Usage
<b>PRE: Prescriber Information</b>			
Required segment; used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	S
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	S
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	RR
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	RR
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	S
	<b>PRE08</b>	<b>Phone Number</b>	S
<b>CDI: Compound Drug Ingredient Detail</b>			
Use of this segment is situation; required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none"> <li>▪ 01 NDC</li> <li>▪ 02 UPC</li> <li>▪ 03 HRI</li> <li>▪ 04 UPN</li> <li>▪ 05 DIN</li> <li>▪ 06 Compound (this code is not used in this segment)</li> </ul>	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R

Segment	Field ID	Field Name	Field Usage
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> <li>▪ 01 Each (used to report as package)</li> <li>▪ 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)</li> <li>▪ 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)</li> </ul>	S
<b>AIR: Additional Information Reporting</b>			
Use of this segment is situation; used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.			
<b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	S
	<b>AIR03</b>	<b>ID Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR05.	
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 04 Permanent Resident Card (Green Card)</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	S
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	S
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>▪ 01 Patient</li> <li>▪ 02 Parent/Legal Guardian</li> <li>▪ 03 Spouse</li> <li>▪ 04 Caregiver</li> <li>▪ 99 Other</li> </ul>	S
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	S

Segment	Field ID	Field Name	Field Usage
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	S
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	S
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	S
	<b>AIR11</b>	<b>Dropping Off/Picking Up Identifier Qualifier</b> Additional qualifier for the ID contained in AIR05 01 Person Dropping Off 02 Person Picking Up 98 Unknown/Not Applicable <b>Note:</b> Both 01 and 02 cannot be required by a prescription drug monitoring program.	S
<b>TP: Pharmacy Trailer</b> Required segment; used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b> Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R

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## Appendix B: Zero Report Specifications

The information on the following pages contains the definitions for the specific contents required by the American Society for Automation in Pharmacy (ASAP) to comply with zero dispense reporting for the WI PDMP.

The zero report specification is a complete transaction that includes the information that would normally be sent with a batch file filled out as it would be for reporting the dispensing of controlled substances. However, for the detail segments, while all the segments and data elements that are required by the WI PDMP are sent, only the Patient First Name, Last Name, and Date Filled fields are populated. The values populating these fields are:

- First Name = Zero
- Last Name = Report
- Date Filled = Date that the report is sent

All other fields in the detail segments would be left blank.

The following elements are used in each upload file:

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (\*).  
Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.  
If the last field in the segment is blank, it should contain an asterisk and a tilde (~).
- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

**Note:** Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it should contain two tildes (~~).

For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription Monitoring Programs Zero Reports*.

Segment	Field ID	Field Name	Field Usage
<b>TH: Transaction Header</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	<b>TH01</b>	<b>Version/Release Number</b>	R
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	R
	<b>TH04</b>	<b>Response ID</b>	N
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R
	<b>TH07</b>	<b>File Type</b> P = Production	R
	<b>TH08</b>	<b>Routing Number</b>	N
	<b>TH09</b>	<b>Segment Terminator Character</b> TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
<b>IS: Information Source</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number.	R
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	R
	<b>IS03</b>	<b>Message</b> Enter the date range in the following format: #yyyymmdd#- #yyyymmdd#~.	R
<b>PHA: Pharmacy Header</b>			
Used to identify the pharmacy.			
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	N
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
<b>PAT: Patient Information</b>			
Used to report the patient's name and basic information as contained in the pharmacy record.			

Segment	Field ID	Field Name	Field Usage	
	PAT01	ID Qualifier of Patient Identifier	N	
	PAT02	ID Qualifier	N	
	PAT03	ID of Patient	N	
	PAT04	ID Qualifier of Additional Patient Identifier	N	
	PAT05	Additional Patient ID Qualifier	N	
	PAT06	Additional ID	N	
	PAT07	Last Name Required value = Report	R	
	PAT08	First Name Required value = Zero	R	
	PAT09	Middle Name	N	
	PAT10	Name Prefix	N	
	PAT11	Name Suffix	N	
	PAT12	Address Information – 1	N	
	PAT13	Address Information – 2	N	
	PAT14	City Address	N	
	PAT15	State Address	N	
	PAT16	ZIP Code Address	N	
	PAT17	Phone Number	N	
	PAT18	Date of Birth	N	
	PAT19	Gender Code	N	
<b>DSP: Dispensing Record</b>				
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.				
	DSP01	Reporting Status	N	
	DSP02	Prescription Number	N	
	DSP03	Date Written	N	
	DSP04	Refills Authorized	N	
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R	
	DSP06	Refill Number	N	
	DSP09	Quantity Dispensed	N	
	DSP10	Days Supply	N	
	<b>PRE: Prescriber Information</b>			
	Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI)	N	
	PRE02	DEA Number	N	

Segment	Field ID	Field Name	Field Usage
<b>TP: Pharmacy Trailer</b>			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b>			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	<b>TT02</b>	<b>Segment Count</b> Total number of segments included in the transaction including the header and trailer segments.	R

## Appendix C: Claim Form

The Wisconsin PDMP Claim Form is provided on the following page.

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The State of Wisconsin now requires that ALL prescriptions for monitored prescription drugs (Schedule II-V State and Federal Controlled Substances and Tramadol) be reported to a data repository managed by the Wisconsin Department of Safety and Professional Services (DSPS). If the dispensed drug is a compound and one or more of the components is a monitored prescription drug, dispensers should only collect information on the components that are monitored prescription drugs. This form may be used with permission from the DSPS.

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

Fax or Mail to:
Health Information Designs, LLC

391 Industry Dr.
Auburn, AL 36832

PATIENT INFORMATION

First Name MI Last Name\*
DOB\* / / Gender Female Male Unknown
Address\* City\* State\* ZIP\*

\*If the patient is an animal, the owner of the animal's information should be collected.

DISPENSER INFORMATION

Dispenser Name DEA\* NPI (if available)
Phone Number State License # (if available)

\*DEA number must be provided if the dispenser has one.

PRESCRIPTION INFORMATION

Prescription # 1 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA\* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

\*DEA number must be provided if the prescriber has one.

PRESCRIPTION INFORMATION

Prescription # 2 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA\* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

\*DEA number must be provided if the prescriber has one.

PRESCRIPTION INFORMATION

Prescription # 3 Reporting Status New Record Revise Void
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Dispensed Days Supply
Refills Authorized Refill Number
Prescriber Name DEA\* NPI (if available)
Prescriber State License # (if available)
Classification Code for Payment Type Private Pay Medicaid Medicare Commercial Insurance
Military Installations/VA Workers' Compensation Indian Nations Other

\*DEA number must be provided if the prescriber has one.

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