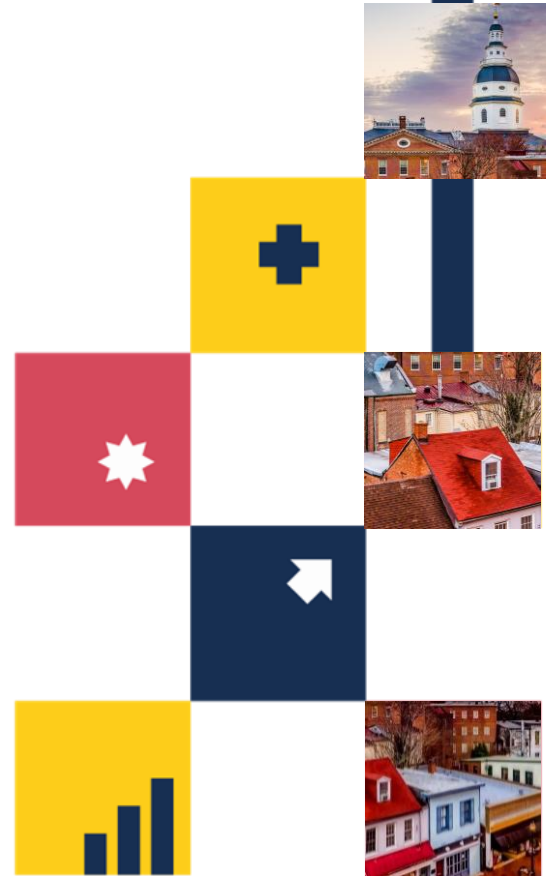


**DRAFT**  
**FOR THE JUNE 12, 2025 COMMISSION MEETING**

**Noncontrolled  
Prescription Drugs  
Dispenser Data  
Submission Manual**

Version: 1.0  
June 12, 2025



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**For questions about this manual, please contact [mhcc.noncds@maryland.gov](mailto:mhcc.noncds@maryland.gov).**



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## I. Background

### Maryland Law

During the 2022 legislative session, the Maryland General Assembly passed Chapter 296 (House Bill 1127), *Public Health – State Designated Exchange – Health Data Utility* (“State law”). The law requires the State-Designated Health Information Exchange (“HIE”), the Chesapeake Regional Information System for our Patients (or “CRISP”), to operate a Health Data Utility (“HDU”)<sup>1</sup> and mandates dispensers<sup>2</sup> to submit noncontrolled prescription drug<sup>3</sup> (“non-CDS”) dispense information to CRISP.<sup>4</sup> The HDU will assist in the evaluation of public health interventions, advance health equity, facilitate communication of data between public health officials and health care providers, and enhance interoperability of health information throughout the State.

### MHCC

The Maryland Health Care Commission (“MHCC”) is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

### CRISP

Maryland law (2009) charged MHCC and the Health Services Cost Review Commission with designating a statewide health information exchange, a process that occurs every three years. The State-Designated HIE is responsible for building and maintaining technical infrastructure and an efficient and effective data management strategy that can support the secure statewide exchange of electronic health information. CRISP was competitively

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<sup>1</sup> An HDU offers advanced technical services to support electronic exchange of clinical, non-clinical, administrative, and public health data to address challenges and achieve greater value for State agencies, payers, providers, community partners, and the public.

<sup>2</sup> “Dispenser” means a person authorized by law to dispense, as defined in the Health Occupations Article § 12-101, a prescription drug to a patient or the patient’s agent in the State, including a nonresident pharmacy so authorized. See COMAR 10.25.18.02 for exceptions.

<sup>3</sup> Noncontrolled Prescription Drug means a prescription drug, as defined in §21-201 of Health General Article, which is not a controlled dangerous substance designated under Title 5, Subtitle 4 of the Criminal Law Article.

<sup>4</sup> CRISP is a 501(c)(3) independent non-stock Maryland membership corporation.



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selected to serve in this role in 2009 and has been chosen at each designation cycle based on its performance. CRISP offers a variety of tools and services to meet the needs of health care facilities, providers, patients, and State agencies. For more information about CRISP services, click [here](#).

As the HDU for Maryland, CRISP shall electronically collect non-CDS dispense information from dispensers; not impose fees or other assessments on dispensers to support its operation; implement information technology necessary for dispensers to report non-CDS prescription data; and retain non-CDS dispense for at least five years from the date of receipt. CRISP will facilitate access to dispense data, as permitted by law, to assist health care providers, care managers, the Maryland Department of Health, and local health departments to facilitate the treatment and care coordination of patients and understand and promote matters of health equity and treatment efficacy.

## RxGov

CRISP has contracted with Leap Orbit to securely collect and store dispense information. Leap Orbit's RxGov is a web-based program that records and tracks medication dispenses. RxGov is a comprehensive system designed to facilitate communication between multiple user groups to ensure patient confidentiality, data security, and the presentation of accurate dispense information. The RxGov application operates in an online environment that does not require any special hardware or software. As part of the medication history hosting service, RxGov provides appropriate infrastructure to accept data supplied by dispensers. RxGov is used by the Maryland Prescription Drug Monitoring Program ("PDMP") to collect controlled dangerous substance ("CDS") dispense data, as required by §21-2A-03 of the Health – General Article.

## COMAR 10.25.18

COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* is the regulatory framework to support implementation and compliance with the law. The regulations require that MHCC annually publish a *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* ("manual") to inform reporting of non-CDS dispense information to CRISP. The manual must specify the non-CDS prescription drug information that must be submitted by dispensers to CRISP, timeframe and frequency of data submission, electronic reporting specifications, and the process for dispensers who are unable to submit data due to mechanical, electrical, or other technical failure. All required data to be submitted to CRISP is described in Appendix A. The MHCC must publish a draft manual on the Commission's website and provide at least 20 days for the



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submission of public comments before the Commission considers the manual for final approval. The Commission shall publish the final manual in a prominent location on its website within five days of its approval. The Commission may correct incomplete or erroneous information in the manual as necessary and shall provide notice of each correction on its website and by email to the designated dispenser contact person. This manual was developed in coordination with CRISP and Leap Orbit with guidance from stakeholders.

## II. Reporting Requirements

### Dispensers

State law requires dispensers to electronically submit non-CDS prescription drug information to CRISP. “Dispenser” is “a person authorized by law to dispense, as defined in 12-101 of the Health Occupations Article, a prescription drug to a patient or the patient’s agent in the State.”<sup>5</sup> Dispensers may request a time-limited waiver from MHCC for reporting non-CDS dispense information to CRISP. Please visit MHCC’s website for more information.

### Timeframe and Frequency

**Dispensers are required to electronically report non-CDS dispense information based on the specifications detailed in this manual to CRISP by September 1, 2025.**

Dispensers must minimally report non-CDS dispense information daily, including the submission of a ‘zero report’ on days when no prescriptions were dispensed. Dispense information should be reported no later than the end of the next business day after the prescription is sold. Data is encouraged to be provided as close to real-time<sup>6</sup> as possible.

### Reporting Specifications

Non-CDS means a prescription drug, as defined in §21-201 of Health General Article, which is not a CDS designated under Title 5, Subtitle 4 of the Criminal Law Article. Information related to the direct administration of medications to patients and the provision of patient drug samples at no charge<sup>7</sup> are not required to be reported with the non-CDS dispense information.

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<sup>5</sup> COMAR 10.25.18.02B(24)

<sup>6</sup> Real-time means within 5 minutes of dispensing a prescription drug.

<sup>7</sup> Drug samples in accordance with Health Occupations Article, Section 12-102(d), Annotated Code of Maryland.



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**All dispense information must be submitted at minimum in the American Society for Automation in Pharmacy (ASAP) 4.2B Standard.** If desired, dispensers may submit dispense information in a more recent ASAP standard than 4.2b, including 5.0, however, dispense information should at minimum align with the 4.2b standard. As new versions of the ASAP standard become available, changes to the format, including new data fields, will be considered in consultation with the Maryland PDMP. Notification will be provided in advance of any change in the ASAP standard.

Required and optional fields are defined in Appendix A. Validation rules are described in further detail below. For each dispense, dispensers must submit all fields labeled “R” for “required”. Dispensers are expected to submit fields labeled “S” for “situational” when they have the information available, or when it is relevant for the dispense. CRISP may reject submissions if required fields are missing or inaccurate. If CRISP rejects the data submitted by a dispenser, the dispenser is required to correct and resubmit the data no later than seven (7) business days after receiving notification of receipt of incomplete or inaccurate data.

If a dispenser has no dispensing transactions to report for the day, the dispenser must submit a zero report. Steps for submitting a zero report are described in section **VII. Zero Reports** and further detail is available in Appendix B.

## **Mechanical, Electrical, or Other Technical Failure**

In the event of a mechanical, electrical, or other technical failure that, as a direct consequence, precludes the dispenser’s ability to submit an electronic report, the dispenser should report data on each drug dispensed during the period of technical failure as soon as possible, but no later than the end of the next business day following re-establishment of the means of electronic reporting.

To report a mechanical, electrical, or other technical failure, email [mhcc.noncds@maryland.gov](mailto:mhcc.noncds@maryland.gov).

## **III. Submitter Account**

The following sections describe RxGov’s processes for account creation, modification, and lockout; updates to profile details; and viewing of system notifications. Dispensers contracting with a pharmacy vendor or practice management system vendor should forward the reporting requirements to the vendor to comply with the requirements set forth in COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting*.



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## Creating an Account

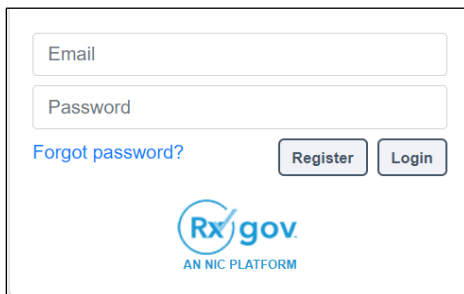
Complete the following steps to create a new Submitter account:

1. Go to the RxGov homepage at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com)

**Note:** Dispensers who need to report both non-CDS and CDS dispenses may submit one file with all dispenses through the method they are currently using. This applies to both SFTP submission and manual submission through [mdpdpmp.rxgov.com](http://mdpdpmp.rxgov.com). No new account needs to be created for the submission of data for those who are currently reporting. Non-CDS dispense information submitted alongside CDS information to RxGov will be separated by RxGov.

One submitter may submit on behalf of multiple dispensers (i.e. if your pharmacy has multiple locations, a submitter may submit on behalf of all locations). Dispensers are encouraged to coordinate with their corporate or central office. However, dispensers who use a third-party system to submit dispense information may need to create an account to address warnings and errors.

2. On the RxGov homepage, click **Register**.



The screenshot shows a registration form with the following elements:

- An input field labeled "Email".
- An input field labeled "Password".
- A link labeled "Forgot password?".
- Two buttons: "Register" and "Login".
- The RxGov logo, which includes the text "RxGov" and "AN NIC PLATFORM" below it.

3. Enter the following information:
  - a. Email\*: This email will become your username; use the email that will be best for receiving error reports and correspondence
  - b. Password\*: Passwords must be at least 8 characters in length and contain uppercase and lowercase characters and at least one special character and one digit
  - c. Confirm Password\*
  - d. First Name\*
  - e. Last Name\*
  - f. State\*
  - g. Phone Number\*
  - h. Address

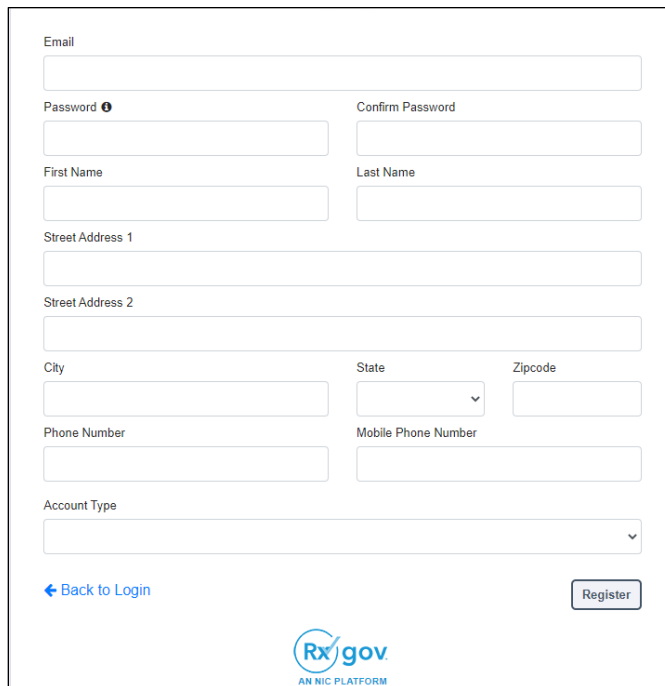


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- i. In the Account Type menu, select Submitter\*
- j. Submitter Name

*\*Fields marked with an asterisk indicate required fields when creating a Submitter account.*

Dispensers who have an existing account in which they report CDS information to the Maryland PDMP are not required to create a new account.



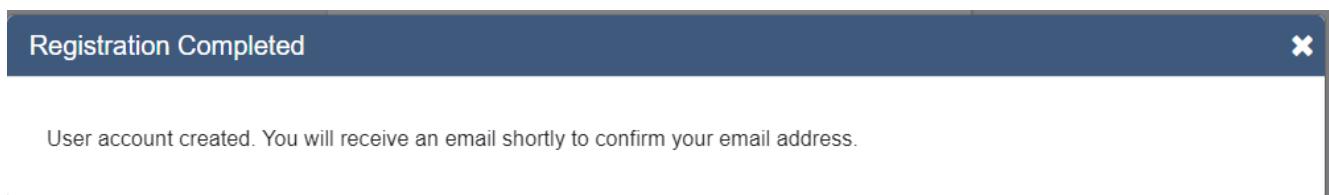
The registration form includes the following fields and controls:

- Email: Text input field
- Password: Text input field with an eye icon for visibility toggle
- Confirm Password: Text input field
- First Name: Text input field
- Last Name: Text input field
- Street Address 1: Text input field
- Street Address 2: Text input field
- City: Text input field
- State: Dropdown menu
- Zipcode: Text input field
- Phone Number: Text input field
- Mobile Phone Number: Text input field
- Account Type: Dropdown menu
- Navigation: "Back to Login" link and "Register" button
- Logo: Rx.gov AN NIC PLATFORM

Click **Register**.

If needed, contact Support ([rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or 1-844-767-4767).

4. View the displayed **Registration Complete message** and verify that a message was sent to the email address associated with the account.



5. Click the link provided in the confirmation email to confirm the email address. If a confirmation message is not received, check your email Spam folder. If the



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message is not found, contact [rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or 1-844-767-4767 to have the confirmation resent.

6. Wait for an RxGov Administrator to activate the account. Newly-created accounts must be activated by an RxGov Administrator before the user can proceed to log in. After the RxGov Administrator activates the new account, you will receive another email letting you know that your account has been activated. Once an Administrator has approved the account, open the RxGov URL and use the email address (username) and previously created password to log into RxGov.

## Password Maintenance

In the event a dispenser forgets a password, complete the followings steps:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. Select **Forgot password?**

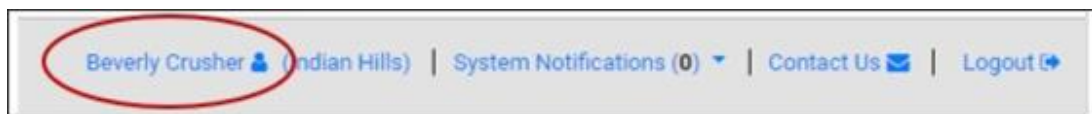


The screenshot shows the RxGov login interface. It includes input fields for 'Email' and 'Password', and buttons for 'Register' and 'Login'. The 'Forgot password?' link is circled in red. To the right, a 'Password Reset' banner is visible, with text indicating that an email regarding password reset has been sent to the user's registered email address.

An email with a link to reset the password will be sent to the email address associated with the account.

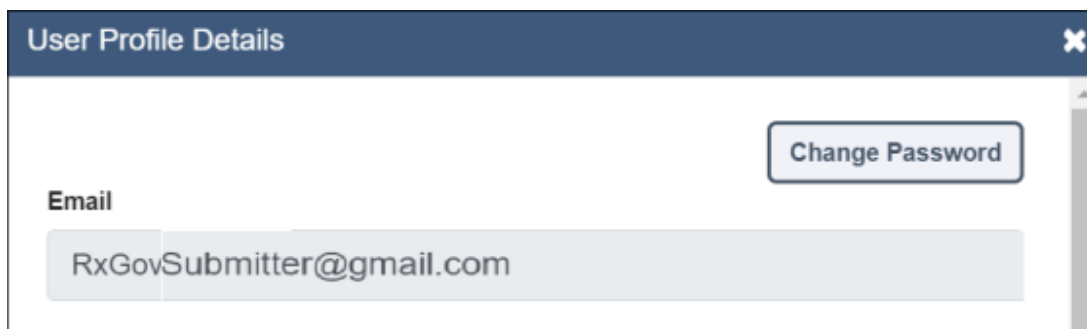
In the event a dispenser needs to change a password, complete the followings steps:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. On the top menu bar, select your username.



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3. On the User Profile Details page, click **Change Password**.



The screenshot shows a window titled "User Profile Details" with a close button (X) in the top right corner. On the right side, there is a button labeled "Change Password". Below it, the "Email" field is displayed with the text "RxGovSubmitter@gmail.com".

4. Enter your current password in the **Current Password** field.
5. Enter your new password in the **New Password** field.
6. Enter your new password in the **Confirm New Password** field.
7. Click **Change Password**.



The screenshot shows the "User Profile Details" window with the "Change Password" button clicked. The form contains three input fields: "Current Password", "New Password", and "Confirm New Password". A "Back" button is located in the top right corner, and a "Change Password" button is at the bottom right.

### Account Lockout

User accounts are locked out after five failed login attempts. The account remains locked for 30 minutes. After 30 minutes, the user can attempt to log in again. If needed, contact Support ([rxgovsupport@leaporbit.com](mailto:rxgovsupport@leaporbit.com) or 1-844-767-4767).

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## Update Profile Details

Complete the following steps to modify or update information in an existing account:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. On the top menu bar, click your **username**.
3. On the **User Profile Details** page, update any of the following information:
  - a. First Name
  - b. Last Name
  - c. Address
  - d. Phone Number
4. Click **Save**.

Complete the following steps to update the Submitter Name:

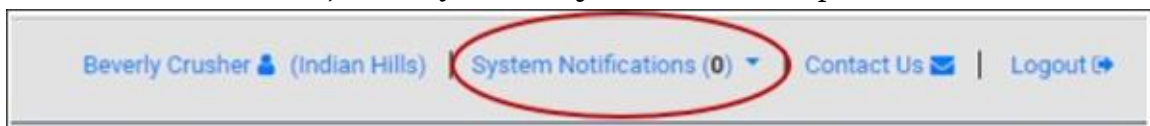
1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. On the top menu bar, click your **username**.
3. On the **User Profile Details** page, click **Change Identifier** fields.
4. On the **Create User Identifier Change Request Ticket** page, provide an explanation for the change in the comment box.
5. Enter a new submitter name in the **Submitter Name** field.
6. Click **Submit**.

Note: This change initiates an approval request sent to an administrator and is not updated until the administrator completes the approval.

## System Notifications

Notifications are set by administrators and contain information regarding updates, system outages, planned downtime, and other information relevant to the use of the system.

To view the notifications, select **System Notifications** on the top menu bar.



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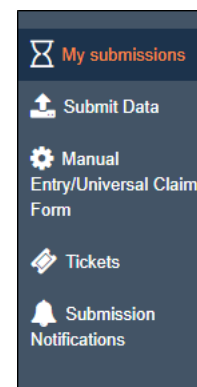
## IV. Data Submission Methods

Dispensers may submit non-CDS dispense information in RxGov using the following methods: secure simple file transfer protocol (SFTP) over secure shell (SSH), RxGov website portal, and manual entry.

### Submission Method: Secure FTP Over SSH

Complete the following steps to submit files to RxGov using the SFTP method.

1. Prepare the data file for submission using the ASAP specifications described in Appendix A.
2. Send the file to the following:
  - a. Hostname: [sftp-mdpdmp.rxgov.com](https://sftp-mdpdmp.rxgov.com)
  - b. Address: 20.44.82.99
  - c. Port:17730
3. When prompted, enter your data submitter credentials (i.e. username and password). The username and password will be the same username and password you would use to login to the **RxGov Portal** site.
4. Route the file to the Root Directory.
5. If desired, view the results of the submission by selecting **My Submissions** on the left menu. (For more information on the **My Submissions** section, please refer to the “View and Update Submitted Reports” portion of the manual).
6. Log off when the file submission is complete.



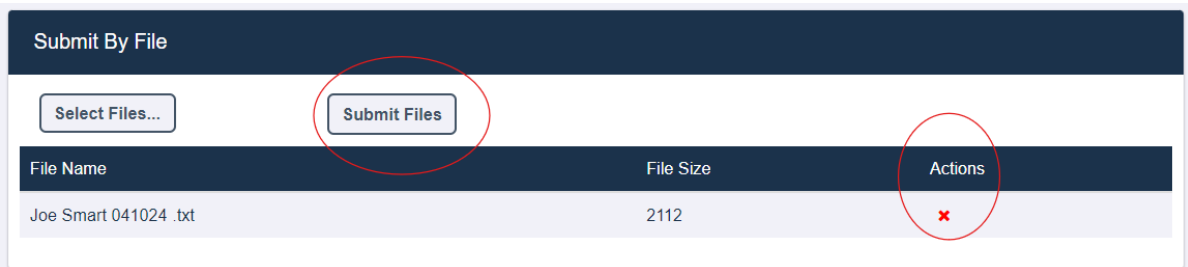
### Submission Method: SSL Website (RxGov Portal) File Submission

Complete the following steps to submit files to RxGov using the SSL Website (RxGov Portal) method:

1. Prepare the data file for submission using the ASAP specifications described in Appendix A.
2. Log on to RxGov at [mdnoncds.rxgov.com](https://mdnoncds.rxgov.com).
3. Upon logging in, users will see two tile options, one for CDS and one for non-CDS:
  - a. For files containing both CDS and non-CDS submissions either tile may be chosen. Once submitted, RxGov will automatically separate the CDS from

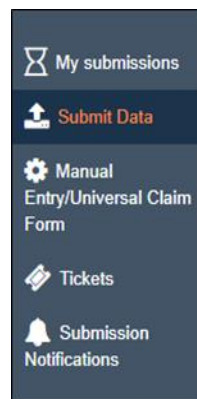


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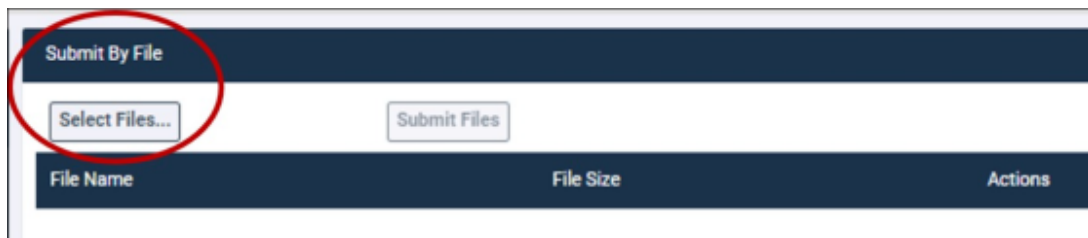


non-CDS dispenses, so files submitted under either tile will be handled appropriately.

- b. For best practice, users should use the CDS tile to submit files containing CDS only submissions.
  - c. For files containing non-CDS only submissions, click the non-CDS tile.
4. On the left menu, click **Submit Data**.

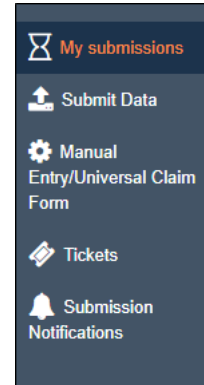


5. In the **Submit By File** section, click **Select Files**.
6. Select the file to be submitted from the stored file location and click **Open**.
- a. If a file was selected by mistake, select the red “x” in the **Actions** column to remove the file.
  - b. When all desired files are listed, click **Submit Files**.



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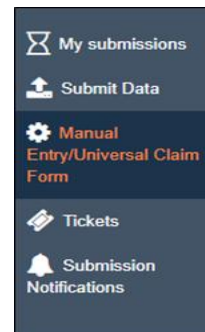
7. If desired, view the results of the submission by selecting, on the left menu, ***My Submissions***.
8. Log off when the file submission is complete.



## Submission Method: SSL Website (RxGov Portal) Manual Prescription Entry

Complete the following steps to submit files to RxGov using the Manual Prescription Entry method:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com)
2. Upon logging in, users will see two tile options, one for CDS and one for non-CDS:
  - a. For best practice, users should use the CDS tile to submit information pertaining to CDS dispenses.
  - b. To submit information pertaining to non-CDS dispenses, click the non-CDS tile.
3. On the left menu, select ***Manual Entry/Universal Claim Entry Form***.



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4. In the **Pharmacy/Dispenser** information section, enter the required information in the text fields. Required information is notated by red asterisks (entering an identifier may auto-populate other fields).

The screenshot shows the 'Pharmacy/Dispenser' form in the Rx.gov system. The left sidebar contains navigation options: 'My submissions', 'Submit Data', 'Manual Entry/Universal Claim Form', 'Tickets', and 'Submission Notifications'. The main content area is titled 'Pharmacy / Dispenser' and includes a note: 'denotes required fields \*'. Below this, a sub-header reads 'Pharmacy Information'. A warning message states: 'To begin, please provide at least one of the following identifications for the Dispenser and the Dispenser information available will auto-fill the fields below. For the dispense of a controlled substance, DEA Number is required.\*'. The form consists of several input fields:

- National Provider Identifier (NPI) [PHA01] \***: ex: 1234567890
- DEA Number [PHA03]**: ex: ab1234567
- NCPDP/NABP Provider ID [PHA02]**: ex: 1234567
- Pharmacy Name [PHA04] \***: pharmacy name
- Chain Site ID [PHA12]**: chain store number
- Phone Number [PHA10]**: 10-digit number
- Pharmacy Permit/License Number [PHA13]**: ex: a12345
- Contact Name for Pharmacy [PHA11]**: contact for pharmacy
- Pharmacy Address - 1 [PHA05] \***: street address
- Pharmacy Address - 2 [PHA06]**: suite, apartment, etc
- City [PHA07] \***: city
- State [PHA08] \***: select state
- Zip Code [PHA09] \***: zip code



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5. In the **Patient** section, enter the required information in the text fields. Required information is notated by red asterisks.

**Patient 1**

( Animal  Human ) (  Non-U.S. Resident )

---

Patient Information

<b>Patient Name Prefix [PAT10]</b> select prefix ▼	<b>Patient Last Name [PAT07]</b> * last name	<b>Patient First Name [PAT08]</b> * first name	<b>Patient Middle Name [PAT09]</b> middle name	<b>Patient Name Suffix [PAT11]</b> select suffix ▼
<b>Date of Birth [PAT18]</b> mm-dd-yyyy format	<b>Gender [PAT19]</b> * select gender ▼	<b>Patient Address - 1 [PAT12]</b> * street address		<b>Patient Address - 2 [PAT13]</b> suite, apartment, etc
<b>City [PAT14]</b> * city	<b>State [PAT15]</b> * select state ▼	<b>Zip Code [PAT16]</b> * zip code	<b>Phone Number [PAT17]</b> * 10-digit number	
<b>Patient Location Code [PAT21]</b> select id type ▼				

---

Patient Identification

[+ Add Additional Id](#)

<b>Identification Type [PAT02]</b> * select id type ▼
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6. In the **Dispense** section, enter the required information in the text fields. Required information is notated by red asterisks. Areas to submit information for compound drugs are available if required.

### Dispense 1

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Prescription Information

<b>Reporting Status [DSP01] *</b> New Record ▾	<b>Prescription Number [DSP02] *</b> prescription number	<b>Date Written [DSP03] *</b> 11-01-2023 ▾	<b>Quantity Prescribed [DSP22]</b> 0 or more	<b>Refills Prescribed [DSP04] *</b> 0 or more
<b>Date Filled [DSP05] *</b> 11-01-2023 ▾	<b>Prescription Origin/Transmission Type [DSP12]</b> Written Prescription ▾	<b>Refill Number [DSP06] *</b> refill number	<b>Partial Fill Indicator [DSP13]</b> partial fill indicato	<b>Date Sold [DSP17] *</b> 11-01-2023 ▾
<b>Payment Type [DSP16] *</b> Private Pay (Cash, Charge, Credit Card) ▾	<b>Product ID Type [DSP07] *</b> NDC ▾	<b>Product ID [DSP08] *</b> ex: 01234567890	<b>Quantity Dispensed [DSP09] *</b> 0 or more	<b>Dose Unit [DSP11] *</b> Each ▾
<b>Days Supply [DSP10] *</b> 0 or more	<b>Treatment Type [DSP24]</b> select treatment type ▾	<b>Rx Sig [DSP23]</b> directions on prescription label, will truncate after 200 characters		
<b>Pharmacist Last Name [AIR09]</b> last name	<b>Pharmacist First Name [AIR10]</b> first name	<b>Diagnosis Code [DSP25]</b> ex: a12-123-0		



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7. In the **Rx Prescriber**, **Rx Serial Number**, and **Non-Patient Rx Pick Up/Drop Off** sections, enter the required information in the text fields as appropriate. Required information is notated by red asterisks.

Rx Prescriber

You may enter a NPI or DEA Number for the Prescriber and the Prescriber information available will auto-fill the fields below. For the dispense of a controlled substance, DEA Number is required. \*


<b>Prescriber National Provider Identifier (NPI) [PRE01] *</b> ex: 1234567890	<b>Prescriber DEA Number [PRE02]</b> ex: ab1234567	<b>Prescriber DEA Number - Suffix [PRE03]</b> ex: 123
<b>Issuer of Prescriber License Number [PRE10]</b> select issuer ▼	<b>Prescriber State License Number [PRE04]</b> ex: abc1234	<b>Prescriber Last Name [PRE05] *</b> last name
<b>Prescriber First Name [PRE06] *</b> first name	<b>Prescriber Middle Name [PRE07]</b> middle name	<b>Prescriber Phone Number [PRE08]</b> 10-digit number

Rx Serial Number

<b>State Issuing Rx Serial Number [AIR01]</b> select state ▼	<b>Rx Serial Number [AIR02]</b> ex: abc123456789
---	---

Non-Patient Rx Pick Up/Drop Off

<b>Non-Patient Pick Up or Drop Off [AIR11]</b> select action ▼	<b>Non-Patient Identification Type [AIR04]</b> select id type ▼
---	--





# DRAFT

- Use the green “+” icons to add additional **Dispensers, Patients, and/or Dispenses** as necessary.

denotes required fields \*

**Pharmacy / Dispenser**

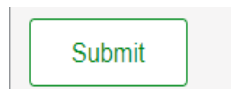
To begin, please provide at least one of the following fields below. For the dispense of a controlled substance, you must provide a National Provider Identifier (NPI).

**National Provider Identifier (NPI) [PHA01] \***  
ex: 1234567890

**Pharmacy Name [PHA04] \***  
pharmacy name

**Contact Name for Pharmacy [PHA11]**

- After all dispenses have been entered, click **Submit** to submit the dispenses and return to the **Submission History Page**.



- If a manually submitted report contains an error or needs to be voided, on the **Submission History Page**, click **Manual Entry/Universal Claim Form** and repeat the entire process.

## V. Validation Rules

Data submitted may be accepted, flagged with a warning, or rejected. Data submitted incorrectly will result in either a ‘warning’ or an ‘error.’ Appendix A lists required fields with an ‘R’ and provides additional detail on when ‘warnings’ and ‘errors’ are triggered. All required fields need to be reported for each non-CDS dispense.

Dispensers are required to correct and resubmit the data no later than seven (7) business days after receiving an ‘error.’ Dispenses that produce an ‘error’ are rejected, meaning information submitted (for the individual dispense) will not be available for providers to view when querying a patient.



# DRAFT

Dispensers are encouraged but not required to correct and resubmit the data after receiving a ‘warning.’ Dispenses that have a ‘warning’ are not rejected, meaning information submitted will be available for providers to view when querying a patient.

**It is imperative that dispensers routinely address ‘errors’ and ‘warnings’ to ensure accurate and quality data.**

Some fields have additional validation rules or context, as described below. Those fields are marked with an ‘R\*’ in Appendix A. Some validation rules differ for CDS dispenses; variations are described below. Please see the [Maryland PDMP RxGov Data Submitter User Guide](#) for a complete list of required and situational fields for CDS dispenses.

- **Dispenser Identifier:**
  - Either DEA or NPI is required to identify the dispenser (PHA01 or PHA03), even when submitting zero reports. When either number is entered it must be in a valid format. An ‘error’ will generate if it is missing; a number submitted in a valid format but does not match DEA or NPI file data will trigger a ‘warning.’ Please note, CDS dispenses will continue to require a DEA number to be entered for dispenser identifier (PHA01).
- **Prescriber Identifier:**
  - Either DEA or NPI is required to identify the prescriber (PRE01 or PRE02); when either number is entered it must be in a valid format. An ‘error’ will generate if it is missing; a number submitted in a valid format but does not match DEA or NPI file data will trigger a ‘warning.’ Please note, CDS dispenses will continue to require a DEA number to be entered for prescriber identifier (PRE02).
- **Patient Identifier:**
  - If PAT01 is submitted, PAT02 is required. An ‘error’ will generate if it is missing; a ‘warning’ will generate if it is in the incorrect format. PAT01 is not required.
- **Species:**
  - Species code PAT20 is required. If the species code indicates ‘02’ for ‘veterinary patient’, no other validation rules will be enforced. Please note, for CDS dispenses, other validation rules will be enforced if the species code indicates ‘02’ for ‘veterinary patient.’



# DRAFT

- **Dispense information:**

- Product ID and Product ID qualifier (DSP 07 and DSP 08) are required fields and will trigger an ‘error’ if missing or entered in the incorrect format; a ‘warning’ will be produced if the Product ID does not match CRISP’s file.
- Compound drugs have a specific set of fields that are either required (‘R’) or situational (‘S’) if the dispense medication is a compound. See Appendix A for more information.

Additional submission information, including minimum and maximum values, is further defined by the reporting standard.

## Errors and Warnings

Notifications indicating the presence of an error or warning are emailed to the Submitter after submission, regardless of the submission method. Subsequent reminder emails will be sent regularly until the issue is addressed. The Submitter must log into the RxGov portal to review errors and warnings. Errors and warnings may be corrected by the Submitter or by the Submitter’s Uploader Vendor, either within the RxGov **My Submission** page or within a newly submitted file. Error and warning corrections for CDS and non-CDS dispenses may be submitted by SFTP using the same process as the original data submission. If using the manual error correction option, users must log in to the portal and select the “CDS” or “non-CDS” tile prior to entering the correct information addressing the error or warning.

A notification email continues to be sent until the file is updated to a resolved status, either by resubmitting a fully validated file, correcting all errors in the RxGov My Submission page, or marking the file as Resolved in the RxGov portal. Users can manually resolve files to update the file status.

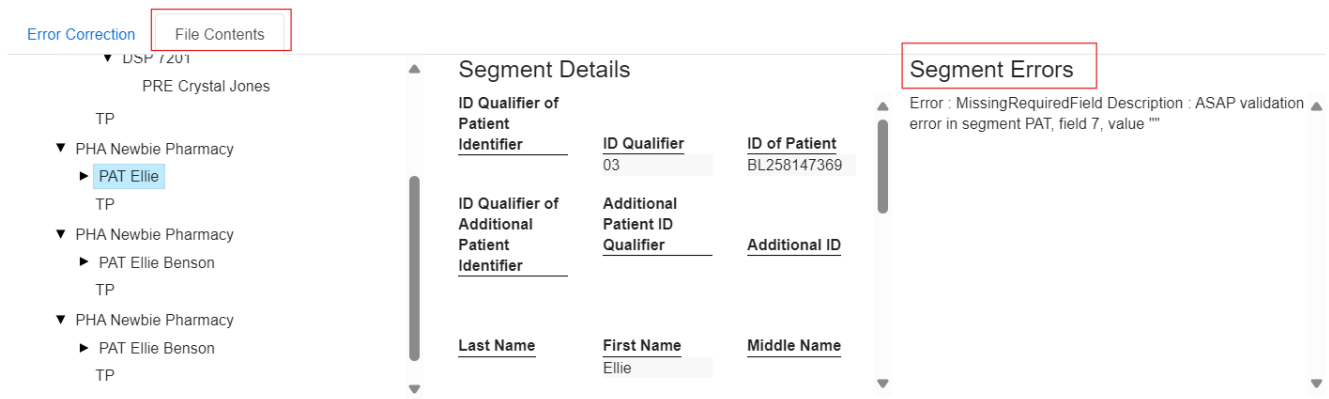
\*Note: All errors in the previously submitted file must be corrected before manually changing the file status to ‘Resolved.’ If files are resolved manually without correcting the error in the data, the dispenses containing errors will not be loaded. In addition to manually correcting errors, dispensers may submit a new file with corrected information to “override” the errors. See “Revise a Record” below for more information. If corrections are submitted more than six months after the original reporting, dispensers will need to resubmit data as a new dispense.



# DRAFT

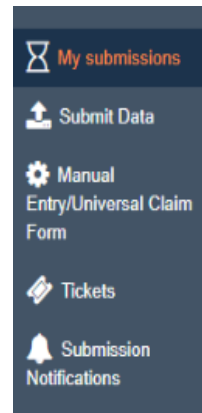
Errors and warnings are displayed in the **Submission History** page under the **My Submissions** menu. If allowed, corrections can be made in the **Correction** text box under the **Error Correction** tab.

To view further details regarding the errors listed, view the **Segment Errors** section under the **File Contents** tab on the **Submission History** page under the **My Submissions** menu.



Complete the following steps to manually resolve an error.

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. On the main dashboard, select **My Submissions** in the left menu.

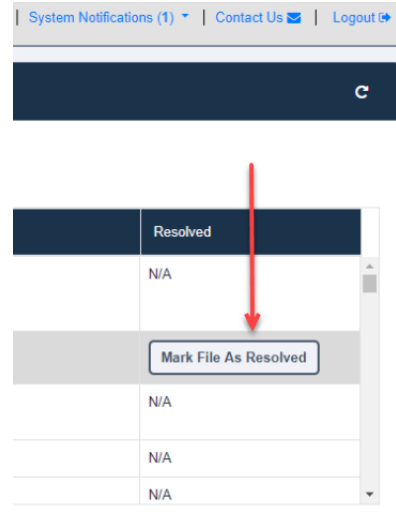


3. On the **Submission History** page, use the “Start Date” and “End Date” calendar menus to select the dates for viewing data. Refine the search by selecting one or more of the following checkboxes:
  - \*Note: After selections are made, the submission history search runs automatically.
  - a. Only Show Files w/ Errors
  - b. Hide Resolved Files
  - c. Hide Files w/ Fatal Errors



# DRAFT

4. In the **Submission History** section, select the **Mark File as Resolved** button in the corresponding row of an unresolved file.



5. Select one of the following options on the display confirmation window:
  - a. **OK** – Updates file unresolved status to “resolved” and provides a date and time stamp for the update.
  - b. **Cancel** – Confirmation window closes, and the file status remains unchanged.

In the **My Submissions** section, under the **Error Correction** tab, select the file to display the details of the error on the bottom half of the screen.

6. Click the **Correction** text box to display more information in the **Dispense Context**. The **Dispense Context** drop-down menu contains options for searching through the submitted prescription.

The screenshot shows the 'Error Correction' tab selected. It features a table with columns for Segment, Field, Error, Current Value, and Correction. The table lists several errors, all of which are 'MissingRequiredField'. To the right of the table is the 'Dispense Context' section, which includes a dropdown menu for 'DSP (Dispensing Record)' and several data fields: Reporting Status (01), Prescription Number (313273), Date Written (20240401), Refills Authorized (01), Date Filled (20240401), and Refill Number (00). A 'Submit Corrections' button is located at the bottom right of the error table.

Segment	Field	Error	Current Value	Correction
DSP	Quantity Dispensed	MissingRequiredField		<input type="text"/>
DSP	Days Supply	MissingRequiredField		<input type="text"/>
PAT	First Name	MissingRequiredField		<input type="text"/>
PAT	Last Name	MissingRequiredField		<input type="text"/>
DSP	Quantity Dispensed	MissingRequiredField		<input type="text"/>

Dispense Context

DSP (Dispensing Record)

Reporting Status	Prescription Number	Date Written
01	313273	20240401

Refills Authorized	Date Filled	Refill Number
01	20240401	00

Errors must be corrected. Warnings may be ignored


Submit Corrections



# DRAFT

7. (Optional) Scroll down to view content in the **Dispense Context** screen.

\*Note: **Submit Corrections** is not an option until the error is addressed. A correct value must be entered. Once a corrected value is entered, a green check mark is displayed in the Correction column.

Error Correction		File Contents		
Segment	Field	Error	Current Value	Correction
PAT	Phone Number	 ExceededMaxFieldLength	71255505621	<input type="text" value="7125550562"/> 
DSP	Product ID	 NDCNotFound	6050502510A	<input type="text"/>

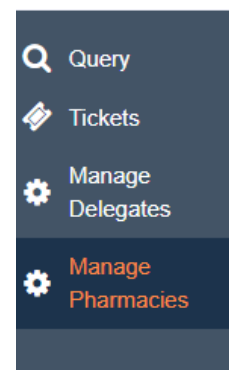
8. When the error has been corrected, click **Submit Corrections**. A success box is displayed. After the file has been corrected, the system creates a new file with the corrected information and resolves the file.

## Delegate Access to Correct Errors and Warnings

Submitters may grant access to other individuals to assist with error correction. Individuals with the user role of “Submitter” will automatically be given “Store Admins” functions. Store Admins can approve or deny requests for others to become “Store Admins” or “Submitter Delegates” in addition to correcting errors, whereas “Submitter Delegates” can only perform error correction.

All users that have a role type of Submitter, Submitting Prescriber, Dispenser, Dispenser Delegate, Submitting Dispenser, or Admin will have a **Manage Pharmacies** menu item on the main menu of RxGov.

Click on **Manage Pharmacies** to view the **My Pharmacies** tab and the green **Add New Pharmacy** button.



# DRAFT

To request access to the 'errors' from a pharmacy, click on the **Add New Pharmacy** button in the upper right corner.

My Pharmacies Add New Pharmacy

Name	Location	Pharmacy DEA #	Pharmacy NPI #	Role	Request Admin Role	Leave Pharmacy
Current Connections						
Pending Connections						
Name	Location	Pharmacy DEA #	Pharmacy NPI #	Role	Status	

Add New Pharmacy

Search for a pharmacy to add to My Pharmacies by using any of the following pharmacy information:

Pharmacy or Dispenser Name     DEA Number     NPI Number

No matching pharmacies found.

Cancel   Submit

Pharmacies may be searched by name, DEA number, or NPI number. If you are unable to locate your pharmacy, please check with the administrator. Names are case sensitive, so if you are unable to locate the pharmacy by name, please use the DEA or NPI number. Once a valid entry is detected, the matching pharmacy will display. Choose a pharmacy by clicking the open box to the left and choose the requested role. Click the desired role and the **Submit** button will be available to submit the request.

Add New Pharmacy

Search for a pharmacy to add to My Pharmacies by using any of the following pharmacy information:

Pharmacy or Dispenser Name     DEA Number     NPI Number

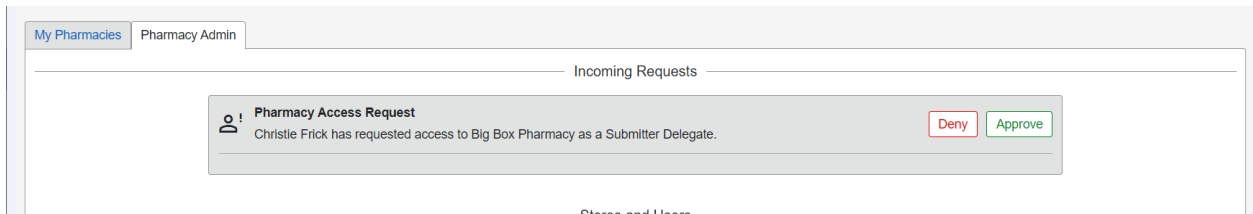
Name	Location	Store DEA #	Store NPI #	Role Requested
Big Box Pharmacy	...	ZZ9999994	999999994	Choose role Submitter Delegate Store Admin

Cancel   Submit



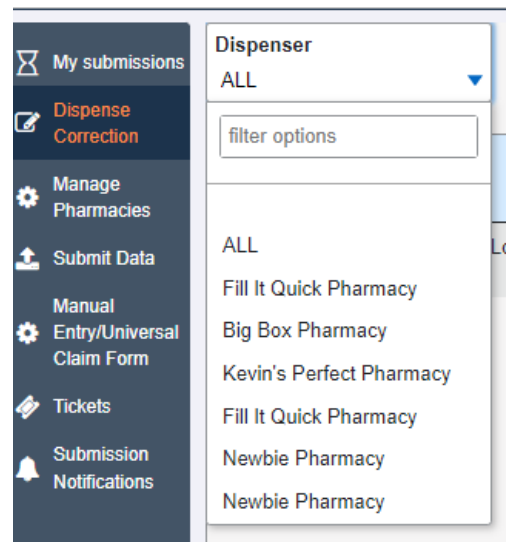
# DRAFT

Pending requests will appear on the **Pharmacy Admin** page.

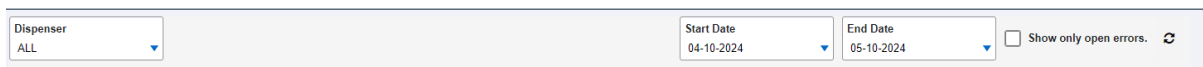


Once approved by the “Store Admin,” the **Dispense Correction** menu item will appear on the main menu and provide access to the errors and warnings for that pharmacy.

Click on **Dispense Correction** to display dispenses with Errors and Warnings. Users with access to more than one pharmacy will see a drop-down box at the top of the **Dispense Correction** to select the desired pharmacy for a given submission. Leaving it on ALL will show all dispenses with Errors/Warnings from all associated pharmacies.



After selecting one pharmacy, or multiple pharmacies, all dispenses will be displayed. There are filters at the top for Start and End Dates, as well as an option to display only dispenses with open (noncorrected) errors.



# DRAFT

If a dispense has no errors or warnings, the **Dispenses** button will be grayed out. Only dispenses with errors or warnings can be opened.

File Name	Submitter	Submission Date	Dispenses With Errors / Warnings	
Oliver Ambulatory MPE 05072022.txt	Christie Rx MD	05/07/2024 07:42 AM (3 days ago)	0 / 0	<a href="#">Dispenses</a>
Damon MyChart 05072024 Lot of errors multiple pharmcales.txt	Christie Rx MD	05/07/2024 07:42 AM (3 days ago)	4 / 0	<a href="#">Dispenses</a>
Peg Carter 042924.txt	Christie's Drug	04/29/2024 02:33 PM (11 days ago)	0 / 0	<a href="#">Dispenses</a>
Virginia Sparks suboxone 0402 test.txt	Christie's Drug	04/29/2024 11:16 AM (11 days ago)	0 / 0	<a href="#">Dispenses</a>
Virginia Sparks suboxone 04052022.txt	Christie's Drug	04/29/2024 11:10 AM (11 days ago)	0 / 4	<a href="#">Dispenses</a>
Peggy Carter suboxone 0401 and 0416.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	<a href="#">Dispenses</a>
william taylor suboxone 0417 and 0423.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	<a href="#">Dispenses</a>
william taylor suboxone 0401 and 0416.txt	Christie's Drug	04/29/2024 11:08 AM (11 days ago)	0 / 0	<a href="#">Dispenses</a>

Clicking on the **Dispenses** button will display each dispense with an error or warning individually. Dispenses can be corrected one at a time and submitted separately during multiple sessions, or during a single session.

#	ID	Dispenser	Pharmacy ID #s	Rx Info	Errors / Warnings	
1	9757	Big Box Pharmacy	NPI: 9999999994 DEA: ZZ99999994	Rx: 55 Refills: 00	1 / 0	<a href="#">Correct</a>
2	9758	Fill It Quick Pharmacy	NPI: 9999999932 DEA: BC9991111	Rx: 347 Refills: 00	1 / 0	<a href="#">Correct</a>
3	9759	Kevin's Perfect Pharmacy	NPI: 9999999992 DEA: ZZ9999992	Rx: 5289 Refills: 00	1 / 0	<a href="#">Correct</a>

**Dispense 9757**  
 Dispenser: Big Box Pharmacy  
 Submitted Date: 05/07/2024 07:42 AM

Errors Remaining: 1  
 Warnings Remaining: 0

Show Only Errors  
[Next Issue](#)

DSP09 - Quantity Dispensed	Amended Value enter corrected value	Segment: DSP. Error Type: MissingRequiredField, Description: ASAP validation error in segment DSP, field 9, value ""
----------------------------	--	--

[Back](#) [Cancel](#) [Submit Corrections](#)



# DRAFT

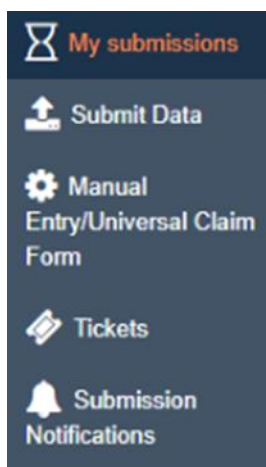
## VI. View and Update Submitted Reports

The following sections provide information regarding how a submitter may view reports, correct errors, and submit zero reports from the RxGov application.


### View Submitted Reports

Submitted data and the status of submitted information can be viewed in the RxGov platform. Complete the following steps to view submitted reports in RxGov:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. For CDS dispenses, click the CDS tile. For non-CDS submissions, click the non-CDS tile.
3. On the main dashboard, select **My Submissions** in the left menu.



4. On the **Submission History** page, use the **Start Date** and **End Date** calendar menus to select the dates for viewing data. Refine the search by selecting one or more of the following checkboxes:
  - \*Note: After selections are made, the submission history search runs automatically.
  - a. Only Show Files w/ Errors
  - b. Hide Resolved Files
  - c. Hide Files w/ Fatal Errors

Click the Refresh  icon to update the displayed data.

For each submitted file, the **Submission History** page displays:

- File name

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- Number of records submitted in each file
- Number of dispenses with errors in each file
- Number of dispenses with uncorrected errors in each file
- Number of dispenses with warnings in each file
- Date the file was submitted
- The number of days since the file was submitted (as a reminder, dispensers should correct errors within 7 business days)
- File status:
  - N/A indicates no action is needed
  - “Mark File As Resolved” indicates action is needed; submitters can click **Mark File As Resolved** when errors are manually addressed

Submission History <span style="float: right;">↻</span>							
Start Date	End Date	Only Show Files w/ Errors <input type="checkbox"/>	Hide Resolved Files <input type="checkbox"/>	Hide Files w/ Fatal Errors <input type="checkbox"/>			
05-02-2024	08-02-2024						
File Name	# of Records	# of Dispenses with Errors	# of Dispenses with Uncorrected Errors	# of Dispenses with Warnings	Date ▼	Age (days)	Resolved
Joe Smart 041024 .txt	5	0	0	0	05/24/2024, 10:29 AM (CDT)	70	N/A
zero_report_BC9999101_20240502_3c471c2-5dff-4774-9b7f-f3fd4a37c348.txt	1	0	0	0	05/22/2024, 08:27 AM (CDT)	72	N/A
zero_report_BC9999101_20240501_82data8f-12ea-4a03-96ca-193baa540a0d.txt	1	0	0	0	05/22/2024, 08:27 AM (CDT)	72	N/A
Peggy Carter Butrans 05212024.txt	2	0	0	0	05/21/2024, 08:13 PM (CDT)	72	N/A
B Jennings 04192022.txt	6	2	1	1	05/21/2024, 05:47 PM (CDT)	73	<button>Mark File As Resolved</button>
Peggy Carter suboxone 11 day gap.txt	2	0	0	0	05/21/2024, 06:07 AM (CDT)	73	N/A



# DRAFT

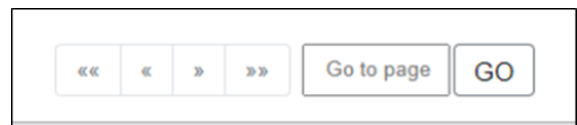
5. (Optional) Use the icons to select a display option.



6. (Optional) Select the “Rows per page” drop-down menu at the bottom of the page to adjust the number of displayed rows.



7. (Optional) Use the buttons to jump to the next page, previous page, first page, or last page, or enter a specific page number in the **Go to page** field and click **GO** to immediately open the page desired.



8. Click anywhere in the row containing the data to view the submitted data.
9. On the **Submission History** page, in the **File Contents** section, click the menu arrow next to a patient name to expand and view details about the patient.
10. View additional dispensing information in the **Segment Details** section and the **Segment Errors** section.

The screenshot shows a "File Contents" section on the left, which is a tree view of pharmacy data. A red box highlights the "File Contents" label. A red arrow points from the "PAT Joe Smart" entry in the tree to the "Segment Details" section on the right. The "Segment Errors" section on the far right shows a message: "This segment has no errors."

Identifier	ID Qualifier	ID of Patient
SC	06	SC950PP

ID Qualifier of Additional Patient Identifier	Additional Patient ID Qualifier	Additional ID

Last Name	First Name	Middle Name
Smart	Joe	

Address Information



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11. (Optional) Click the menu arrows in the **File Content** section to display further information.
  - Patient information is displayed in the **Segment Details** section when the PAT line is highlighted.
  - Prescription information is displayed in the **Segment Details** section when the DSP line is highlighted. Prescriber information is displayed in the **Segment Details** section when the PRE line is highlighted.

### Revise a Record

Complete 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 on the erroneous record:
  - a. PHA03 (Dispenser DEA number)
  - b. DSP02 (Prescription Number)
  - c. DSP05 (Date Filled)

\*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 below, and then resubmitted using the value 00 in the DSP01 field.

3. Fill in all other data fields with the correct information. This information overrides the original data linked to the fields referenced in step 2.
4. Submit the record.

### Void a Record

Complete the following steps to void a record:

1. Create a record with the value 02 in the DSP01 field.
2. Fill in all other data identical to the original record. This voids the original record submission.
3. Submit the record.

## VII. Zero Reports

The Zero Reports function in RxGov allows data submitters to submit zero reports and to view previously submitted zero reports. Zero report information is displayed on the



## DRAFT

Submission History page with other submitted data for a selected time. See Appendix B for more information.

### Submission of Zero Report in RxGov Portal

Users can submit zero reports via SFTP or manually in the RxGov portal. Please refer to TH08 in Appendix A and Appendix B for how to indicate a zero report when submitting a file via SFTP. Please refer to page 5 for more information on the timeline for submitting zero reports.

Complete the following steps to submit a zero report manually in the RxGov portal:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. To submit a zero report for CDS dispenses, click the CDS tile. To submit a zero report for non-CDS submissions, click the non-CDS tile.
3. Select **Submit Data** from the left menu.
4. In the **Submit Zero Report** section, enter the date for Zero Report.
5. Enter the DEA or NPI information.
6. Click **Submit**.

### View Previously Entered Zero Reports

Complete the following steps in RxGov to view previously entered zero reports:

1. Log on to RxGov at [mdnoncds.rxgov.com](http://mdnoncds.rxgov.com).
2. Select **My Submissions** in the left menu.
3. On the **Submission History** page, use the Start Date and End Date calendar menus to select the date range of the report to be viewed.

\*Note: Zero reports and full data upload files are displayed in the same list within the My Submissions section.

4. (Optional) Enter search parameters or select checkboxes to refine the search as necessary.
5. Sort by file name and scroll through the alphabetical list until reaching the report in the Zero Report section.
6. Click the report name to open the report and view details.



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## VIII. Assistance and Support

If you have questions regarding data submission, please contact the Maryland RxGov Help Desk at [rxgovsupport@egov.com](mailto:rxgovsupport@egov.com) or call 1-844-767-4767 (24/7/365).

### Appendix A. Data Standard

**R** = required fields

**R\*** = required fields with additional validation rules (see Validation Rules section)

**S** = situational fields

**E** = error

**W** = warning

**Fields highlighted in yellow indicate a different required status from the PDMP.**

In the following table, the 'Missing' column indicates potential responses when a submission is missing a certain field. Either nothing occurs, an 'error' is triggered, or a 'warning' is triggered. The 'Incorrect Format' column indicates potential responses when a submission includes a field entered in the incorrect format. Either nothing occurs, an 'error' is triggered, or a 'warning' is triggered.

Some validation rules differ for CDS dispenses; fields highlighted in yellow indicate variations in the non-CDS vs. CDS required fields. Please see the [Maryland PDMP RxGov Data Submitter User Guide](#) for a complete list of required and situational fields for CDS dispenses.

*For more information regarding ASAP specifications, please reference the ASAP website at [asapnet.org/](http://asapnet.org/) for the full Implementation Guide for the ASAP Standard.*



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### Appendix A

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
<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.						
TH01	Version/Release Number	AN4	Code uniquely identifying the transaction. Value = 4.2, 4.2A, 4.2B, or 5.0	R	E	W
TH02	Transaction Control Number	AN40	Sender assigned code uniquely identifying a transaction. This number must be used in TT01. Recommendation: Use a Globally Unique Identifier (GUID) or other non-repeating alphanumeric combination to populate this field.	R	E	W
TH03	Transaction Type	N2	Identifies the purpose of initiating the transaction.	S		W
			01 = Send/Request Transaction.			
			02 = Acknowledgement (in Response only).			
			03 = Error Receiving (in Response only).			
04 = Void (Used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted. When 04 is used, the appropriate control number in TH02 for the specific transaction or batch file must be included. When 04 is used only, the TH Header Segment and the Transaction Trailer Segment are used).						
TH04	Response ID	AN40	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S		
TH05	Creation Date	DT8	Date the transaction was created: CCYYMMDD	R	E	W
TH06	Creation Time	TM6	Time the transaction was created: HHMMSS or HHMM	R	E	E
TH07	File Type	AN1	Code specifying the type of transaction. P = Production; T = Test	R	E	W

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
TH08	CDS or Non-CDS Zero Report Indicator	N2	Used for indicating type of zero report submission. 01 indicates CDS, 02 indicates non-CDS. If left blank, zero reports will go to both the CDS and non-CDS data systems	S		
TH09	Segment Terminator Character	AN1	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R	E	W
<b>IS: Information Source:</b> Required segment; used to convey the name and identification numbers of the entity supplying the information.						
IS01	Unique Information Source ID	AN10	Reference number or identification number as defined by the business partners.	R	E	W
IS02	Information Source Entity Name	AN60	Entity name of the Information Source.	R	E	W
IS03	Message	AN60	Freeform text message.	S		
<b>PHA: Pharmacy Header:</b> Required segment; used to identify the pharmacy.						
PHA01	National Provider Identifier (NPI)	AN10	Identifier assigned to the pharmacy by CMS. <i>A dispenser may submit either PHA01 or PHA03, dispenser identification is required.</i>	R*	E	E
PHA02	NCPDP/NABP Provider ID	AN7	Identifier assigned to the pharmacy by the National Council for Prescription Drug Programs (NCPDP).	S		
PHA03	DEA Number	AN9	Identifier assigned to the pharmacy by the Drug Enforcement Administration (DEA). Must be reported if any prescriptions are controlled substances. <i>A dispenser may submit either PHA01 or PHA03, dispenser identification is required.</i>	R*	E	E

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
PHA04	Pharmacy or Dispensing Prescriber Name	AN60	Name of the Pharmacy or Dispensing Prescriber. Note: If a dispensing prescriber, the prescriber's name and professional degree should be entered, such as John Doe MD.	S		
PHA05	Address Information – 1	AN55	Free-Form Address information.	S		
PHA06	Address Information - 2	AN55	Free-Form Address information.	S		
PHA07	City Address	AN35	City name.	S		
PHA08	State Address	AN2	US postal service state code.	S		
PHA09	Zip Code	AN9	US postal zip code. Exclude hyphen.	S		
PHA10	Phone Number	AN10	Complete phone number including area code. Exclude hyphens or other punctuation.	S	W	W
PHA11	Contact name	AN30	Contact person name.	S		
PHA12	Chain Site ID	AN10	Store number assigned by the chain to the pharmacy location.	S		
PHA13	Pharmacy Permit/License #	AN20	Use to help identify sending pharmacy	S		
<b>PAT: Patient Information:</b> Required segment; used to report the patient's name and basic information as contained in the pharmacy record.						
PAT01	ID Qualifier of Patient Identifier	AN2	Code identifying the jurisdiction that issues the ID in PAT03.	S		
PAT02	ID Qualifier	N2	Code to identify the type of ID in PAT03. <i>If PAT03 is submitted, PAT02 is required.</i>	R*	E	W
			01 = Military ID			
			02 = State Issued ID			
			03 = Unique System ID			
			04 = Permanent Resident Card			
05 = Passport ID						

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			06 = Driver's License ID			
			07 = Social Security Number			
			08 = Tribal ID			
			09 = Vendor Specific (such as Appriss Health, Experian, LexisNexis)			
			10 = Veterinary Patient Microchip Number			
			99 = Other (agreed upon ID)			
PAT03	ID of Patient	AN20	Identification number for the patient as indicated in PAT02. <i>If PAT03 is submitted, PAT02 is required.</i>	S		
PAT04	ID Qualifier of Additional Patient Identifier	AN2	Code identifying the jurisdiction that issues the ID in PAT06.	S		
PAT05	Additional Patient ID Qualifier	N2	Code to identify the type of ID in PAT06. If PAT05 is used, PAT06 is required.	S		
			01 = Military ID			
			02 = State Issued ID			
			03 = Unique System ID			
			04 = Permanent Resident Card			
			05 = Passport ID			
			06 = Driver's License ID			
			07 = Social Security Number			
			08 = Tribal ID			
			09 = Vendor Specific (such as Appriss Health, Experian, LexisNexis)			
			10 = Veterinary Patient Microchip Number			
			99 = Other (agreed upon ID)			
PAT06	Additional ID	AN20	Identification number for the patient as indicated in PAT05. For PAT05 Codes 09 & 10, this field can only	S		

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			be populated when this identifier is provided on the prescription.			
PAT07	Last Name	AN50	Patient's last name. If a patient has one name, list it as both the first and last name. Hyphenated last names are acceptable, i.e. Jennings-Smith.	R	E	E
PAT08	First Name	AN50	Patient's first name. If a patient has one name, list it as both the first and last name.	R	E	E
PAT09	Middle Name	AN30	Patient's middle name.	S		
PAT10	Name Prefix	AN10	Patient's name prefix, such as Mr or Dr.	S		
PAT11	Name Suffix	AN10	Patient's name suffix, such as Jr or the III.	S		
PAT12	Address Information – 1	AN55	Address Line 1 of the patient.	S		
PAT13	Address Information - 2	AN55	Address Line 2 of the patient.	S		
PAT14	City Address	AN35	City of residence of the patient.	S		
PAT15	State/Jurisdiction Code	AN10	Valid state/jurisdiction code.	S		
PAT16	Zip Code	AN9	US postal zip code of the patient. Populate with zeros ('00000') if patient address is outside the U.S. Exclude hyphen.	S		
PAT17	Phone Number	AN10	Complete phone number including area code.	S		
PAT18	Date of Birth	DT8	Date of birth of the patient: CCYYMMDD; If the prescription is written by a veterinarian, enter owner or handler's DOB.	R	E	W
PAT19	Gender Code	AN1	Value: F = Female; M = Male; U = Unknown/Undisclosed	R	E	W
PAT20	Species Code	N2	Value: 01 = Human; 02 = Veterinary Patient	R	E	W

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
PAT21	Patient Location Code	N2	Code indicating where the patient is located when receiving pharmacy services.	S		W
			01 = Home			
			02 = Intermediary Care			
			03 = Nursing Home			
			04 = Long-Term/Extended Care			
			05 = Rest Home			
			06 = Boarding Home			
			07 = Skilled-Care Facility			
			08 = Sub-Acute Care Facility			
			09 = Acute-Care Facility			
			10 = Outpatient			
			11 = Hospice			
			98 = Unknown			
99 = Other						
PAT22	Country of Non-U.S. Resident	AN20	Used when the patient's address is in a foreign country, and PAT12 through PAT16 are left blank. This is a freeform text field.	S		
PAT23	Name of Animal	AN30	Applicable only if PAT20 = 02 Veterinary Patient.	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.						
DSP01	Reporting Status	N2	DSP01 requires one of the following codes. An empty or blank field no longer indicates a new prescription transaction. 00 = New Record (indicates a new prescription dispensing transaction) 01 = Revise (indicates that one or more data element values in a previously submitted transaction	R	E	E

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			are being revised) 02 = Void (message to the PDMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored)			
DSP02	Prescription Number	AN25	Unique Serial number assigned to the prescription by the pharmacy.	R	E	W
DSP03	Date Written	DT8	Date the prescription written (authorized): CCYYMMDD	R	E	W
DSP04	Refills Authorized	N2	Number of prescriber authorized refills.	R	E	W
DSP05	Date Filled	DT8	Date prescription was prepared: CCYYMMDD	R	E	W
DSP06	Fill Number	N2	Number of the fill of the prescription. 0 = original dispensing; refills = 01-99	R	E	W
DSP07	Product ID Qualifier	N2	Type of product ID contained in DSP08. 01 = NDC 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound (See DSP08) (CDI segment required if used)	R	E	E
DSP08	Product ID	AN15	Full product identification as indicated in DSP07, including leading zeros without punctuation. NDC must be 11-digits. If the product is a compound, populate with 99999 as the first five characters of the product code. The remaining six digits are assigned by the pharmacy. The CDI then becomes a required segment.	R	E	W

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			Note: If a controlled substance is part of a kit, the NDC of the kit should be reported as long as it is a legitimate manufacturer's NDC. If not, the NDC of the controlled substance within the kit should be reported. Also, if the multiple controlled substances are in the kit, use the CDI segment to report it as a compound.			
DSP09	Quantity Dispensed	D11	Number of metric units dispensed in metric decimal format. Example: 2.5. Note: For compounds, show the first quantity in CDI04. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999).	R	E	W
DSP10	Days Supply	N3	The calculated or estimated number of days the medication will cover. Warning if response is above 360 Error if response is below 1	R	E	W/E
DSP11	Drug Dosage Units Code	N2	Identifies the unit of measure for the quantity dispensed in DSP09.	R	E	W
			01 = Each (used to report solid dosage units or indivisible package).			
			02 = Milliliters (ml) (adjust liters to the decimal milliliter equivalent).			
			03 = Grams (gm) (adjust milligrams to the decimal gram equivalent).			
DSP12	Transmission Form of Rx Origin Code	N2	Code indicating how the pharmacy received the prescription.	S	W	W
			01 = Written Prescription.			
			02 = Telephone Prescription.			
			03 = Telephone Emergency Prescription.			
			04 = Fax Prescription.			
05 = Electronic Prescription.						

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			06 = Transferred/Forwarded. 99 = Other.			
DSP13	Partial Fill Indicator	N2	Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. 00 = Not a partial fill 01 = First partial fill Note: For additional fills per prescription, increment by 1 so the second partial fill would be reported as 02, up to a maximum of 99.	S		
DSP14	Pharmacist National Provider Identifier (NPI)	AN10	Identifier assigned to the pharmacist/dispenser by CMS. This number can be used to identify the pharmacist dispensing the medication.	S		
DSP15	Pharmacist State License Number	AN10	Assigned to the pharmacist/dispenser by the State Licensing Board. This data element can be used to identify the pharmacist dispensing the medication.	S		
DSP16	Classification Code for Payment Type	N2	Code identifying the type of payment. 01 = Private Pay (Cash, Charge, Credit Card). 02 = Medicaid. 03 = Medicare. 04 = Commercial Insurance. 05 = Military Installations and VA. 06 = Workers' Compensation. 07 = Indian Nations. 99 = Other.	R	E	W
DSP17	Date Sold	DT8	Date prescription was dispensed (left the pharmacy). <i>If point of sale system is separate from reporting system, please indicate best possible date for date sold.</i>	R	E	W

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
DSP18	RxNorm Product Qualifier	N2	RxNorm code that is populated in the DRU-010-09 field in the SCRIPT transaction (electronic prescription transmitted to the pharmacy). DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard.	S		W
			01 = Semantic Clinical Drug (SCD).			
			02 = Semantic Branded Drug (SBD).			
			03 = Generic Package (GPK).			
			04 = Branded Package (BPK).			
DSP19	RxNorm Code	AN15	Used for electronic prescriptions to capture the prescribed drug product identification.	S	W	
DSP20	Electronic Prescription Reference Number	AN35	Transaction Message ID value sent from field UIH-030-01 in the SCRIPT standard in the electronic prescription transmitted to the pharmacy.	S		
DSP21	Electronic Prescription Order Number	AN35	Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy.	S		
DSP22	Quantity Prescribed	N15	Used to add clarity to the value reported in DSP13 Partial Fill Indicator.	S		
DSP23	Rx SIG	AN200	The actual directions printed on the prescription label. ASAP standard requirements require 200 or less characters. If greater than 200 characters truncation would be allowed.	S		
DSP24	Treatment Type	N2	This field is used to explain the reason for an opioid prescription. If the prescription is not an opioid, then this field is not used.	N/A		
			01 = Not used for opioid dependency treatment.			
			02 = Used for opioid dependency treatment.			

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
			03 = Pain associated with active/aftercare cancer treatment.			
			04 = Palliative Care in conjunction with a serious illness.			
			05 = End-of-Life and Hospice Care.			
			06 = Pregnant individual with preexisting Rx for opioids.			
			07 = Acute pain with existing opioid for Chronic pain.			
			08 = Active taper of opioid.			
			09 = Patient under Pain Management Contract.			
			10 = Acute Opioid Therapy			
			11 = Chronic Opioid Therapy			
			99 = Other.			
DSP25	Diagnosis Code	AN7	ICD-10 Code. Exclude decimal point.	S		
<b>PRE: Prescriber Information:</b> Required segment; used to identify the prescriber of the prescription.						
PRE01	National Provider Identifier (NPI)	AN10	Must be populated with a valid NPI number. <i>Prescriber identifier is required, dispensers are required to submit either PRE01 or PRE02.</i>	R*	E	W
PRE02	DEA Number	AN9	Must be populated with a valid DEA number if the reported medication is a controlled substance. <i>Prescriber identifier is required, dispensers are required to submit either PRE01 or PRE02.</i>	R*	E	W
PRE03	DEA Number Suffix	AN7	Identifying number assigned to a prescriber by an institution when the Institution's DEA number is used. <b>Note:</b> This field is required only when institutional DEA # is used to identify the prescribing practitioner.	S		W
PRE04	Prescriber Jurisdiction or	AN20	Identification assigned to the Prescriber by the State Licensing Board.	S		

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
	State License Number					
PRE05	Last Name	AN50	Prescriber's last name.	R	E	
PRE06	First Name	AN50	Prescriber's first name.	R	E	
PRE07	Middle Name	AN30	Prescriber's middle name or initial. Error if asterisk '*' submitted	S		E
PRE08	Phone Number	N10	Prescriber's primary phone number; include area code; do not use hyphens.	S		
PRE09	XDEA Number	AN9	XDEA# (NADEAN) in the PRE Segment when prescription is for opioid dependency.	N/A		
PRE10	Jurisdiction or State Issuing the Prescriber Number in PRE04	AN2	Jurisdiction or State issuing license in PRE04.	S		E
<b>CDI: Compound Drug Ingredient Detail:</b> Use of this segment is situational; however, it is **required when medication dispensed is a compound.						
CDI01	Compound Drug Ingredient Sequence Number	N2	Submit a separate CDI per ingredient. The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1. <i>If medication is a compound drug, CDI01 is required.</i>	R*	E	W
CDI02	Product ID Qualifier	N2	Code to identify the type of product ID contained in CDI03. <i>If medication is a compound drug, CDI02 is required.</i>	R*	E	E
			01 = NDC			
			02 = UPC			
			03 = HRI			
			04 = UPN			
05 = DIN						

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
CDI03	Product ID	AN15	Product identifier. If the ingredient does not have an NDC, the recommended entry is 99999999999. <i>If medication is a compound drug, CDI03 is required.</i>	R*	E	W
CDI04	Component Ingredient Quantity	D11	Metric decimal quantity of the ingredient identified in CDI03. The format allows for 5 digits to the left and right of the decimal (i.e., 99999.99999). This field is separate from DSP22. <i>If medication is a compound drug, CDI04 is required.</i>	R*	E	W
CDI05	Compound Drug Dosage Units Code	N2	Identifies the unit of measure for the quantity dispensed in CDI04. <i>If medication is a compound drug, CDI05 is required.</i>	R*	E	W
			01 = Each (used to report solid dosage units or indivisible package).			
			02 = Milliliters (ml) (for liters adjust to the decimal milliliter equivalent).			
			03 = Grams (gm) (for milligrams adjust to the decimal gram equivalent).			
<b>AIR: Additional Information Reporting:</b> Use of this segment is situational. However, if this segment is used, at least one of the data elements (fields) are required.						
AIR01	State Issuing Rx Serial Number	AN2	State issuing serialized prescription blank.	S		
AIR02	State Issued Rx Serial Number	AN20	Number assigned to state issued serialized prescription blank.	S		
AIR03	ID Issuing Jurisdiction	AN2	Code identifying the jurisdiction that issues the ID contained in AIR05.	S		
AIR04	ID Qualifier of Person Dropping	N2	Code indicating the type of ID in AIR05 if required by the PMP.	S		W
			01 = Military ID.			

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
	Off or Picking Up Rx		02 = State Issued ID. 03 = Unique System ID. 04 = Permanent Resident Card. 05 = Passport ID. 06 = Driver's License ID. 07 = Social Security Number. 08 = Tribal ID. 09 = Vendor Specific (such as Apriss Health, Experian, LexisNexis) 10 = Veterinary Patient Microchip Number 99 = Other (agreed upon ID).			
AIR05	ID of Person Dropping Off or Picking Up Rx	AN20	ID number of the person dropping off or picking up the prescription.	S		
AIR06	Relationship of Person Dropping Off or Picking Up Rx	N2	Code indicating the relationship to the person dropping off or picking up Rx. 01 = Patient. 02 = Parent/Legal Guardian. 03 = Spouse. 04 = Caregiver. 99 = Other.	S		W
AIR07	Last Name of Person Dropping Off or Picking Up Rx	AN50	Last name of the person dropping off or picking up Rx.	S		
AIR08	First Name of Person Dropping Off or Picking Up Rx	AN50	First name of the person dropping off or picking up Rx.	S		

## DRAFT

Field	Field Name	Size	Description	Field Usage	Missing	Incorrect Format
AIR09	Last Name or Initials of Pharmacist	AN50	Last name or initials of the pharmacist dispensing the medication.	S		
AIR10	First Name of Pharmacist	AN50	First name of the pharmacist dispensing the medication.	S		
AIR11	Dropping Off/Picking Up Identifier Qualifier	N2	Additional qualifier for the ID contained in AIR05.	S		W
			01 = Person Dropping Off.			
			02 = Person Picking Up.			
			98 = Unknown/Not Applicable.			
<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.						
TP01	Detail Segment Count	N10	Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R	E	
<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.						
TT01	Transaction Control Number	AN40	Unique identifying control number assigned by the originator of the transaction. Must match the number in TH02.	R	E	
TT02	Segment Count	N10	Total number of segments included in the transaction including the header and trailer segments.	R	E	

# DRAFT

## Appendix B: Zero Report Specifications (U.S. Only)

The following information contains the definitions for the specific contents required of uploading zero reports in the American Society for Automation in Pharmacy (“ASAP”) format to comply with State requirements.

The zero report specification is a complete transaction that includes the information that would normally be sent with a batch, but of the required detail segments, only the patient first name, last name, and date filled fields are populated. The following values are used to populate these fields:

- First name = Zero
- Last name = Report
- Date filled = Date report sent
- TH08: 01 indicates CDS, 02 indicates non-CDS. If left blank, zero reports will go to both the CDS and non-CDS data systems

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

### Sample of zero reporting – *parsed to be legible:*

*\*Note: The following examples use sample data for presentation only. For actual use, valid data must be used.*

### Single pharmacy in transaction.

```
TH*4.2*2b72d952-9f89-4f42-a059-3e5d5e73476c*01**20161001*031535*T**~~~
IS*DF001*NIC Test*#20161001#-#20161001#~
PHA*9876543210*9876543*FA9999999*NIC Test Pharmacy *987654321 Any Street**Any
City*{your state}*98765*9999876543*9876543~
PAT*****Report*Zero*****~
DSP*****20190601*****~
PRE**~
TP*5~
TT*2b72d952-9f89-4f42-a059-3e5d5e73476c*8~
```

# DRAFT

## Multiple pharmacies in one transaction.

TH\*4.2\*2b72d952-9f89-4f42-a059-3e5d5e73476c\*01\*\*20161001\*031535\*T\*\*~  
IS\*DF001\*NIC Test\*#20161001#-#20161001#~  
PHA\*9876543210\*9876543\*FA9999999\*NIC Test Pharmacy 1\*987654321 A Street\*\*Any  
City\*{your state}\*98765\*5559876543\*9876543~  
PAT\*\*\*\*\*Report\*Zero\*\*\*\*\*~  
DSP\*\*\*\*\*20190602\*\*\*\*\*~  
PRE\*\*~  
TP\*5~  
PHA\*0123456789\*3456789FA9999998\*NIC Test Pharmacy 2\*987654321 B Street\*\*Any  
City\*{your state}\*98765\*5553456789\*9876544~  
PAT\*\*\*\*\*Report\*Zero\*\*\*\*\*~  
DSP\*\*\*\*\*20190602\*\*\*\*\*~  
PRE\*\*~  
TP\*5~  
TT\*2b72d952-9f89-4f42-a059-3e5d5e73476c\*13~



**DRAFT**

