



HI PMP

Data Submission Dispenser Guide

V1rC
February 1, 2012

Additional information at <http://pmp.relayhealth.com/Hi>



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Changes and updates are periodically made to the software and may be reflected in future publications. This publication does not intend to document every feature and function of Hawaii PMP Data Collection System but provides a general guide for use of the system. Please consult related documentation in addition to this guide. Information in this document is subject to change without notice and does not represent a commitment on the part of RelayHealth.

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HI PMP

Hawaii Prescription Monitoring Program (HI PMP) is Hawaii's solution for monitoring Schedule II-IV controlled substances dispensed in Hawaii. Hawaii Revised Statute (HRS) Chapter 329, Part VIII, Electronic Prescription Accountability Program (EPAS) requires the Narcotics Enforcement Division (NED) to develop a computerized program to track controlled substance prescriptions for scheduled II, III or IV drugs that are dispensed by a registered Hawaii pharmacy or dispenser.

The HI PMP solution has two main elements:

- **Data Submission.** Information about controlled substance dispensing activities is reported regularly to the state of Hawaii through their authorized data collection vendor. Any dispensing entity dispensing controlled substances, or specified non-controlled substances, in or into Hawaii are required by law to provide such information to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.
- **Report Information Retrieval.** Hawaii's online reporting application allows authorized users to generate customized reports 24 hours a day, seven days a week. A report shows information for all the scheduled prescriptions a specified patient has had for a specified period. An authorized user can be a prescriber for medical treatment of an existing patient, a pharmacist for pharmaceutical treatment, a law enforcement officer with an active investigation, or Hawaii licensure boards.

This *HI PMP Report Retrieval Guide* describes procedures for retrieving patient drug usage reports using the HI PMP Report Access website. The separate *HI PMP Data Submission Dispenser Guide* describes procedures and other information related to submitting information about controlled substance dispensing activity, including use of the HI PMP Data Collection website.

Data Submission Overview

Controlled substance dispensing activity is reported weekly to Hawaii via the authorized data collection vendor, RelayHealth. Dispensers are required by law to provide such reporting to the data collection vendor (RelayHealth) in approved formats and frequencies.

In addition to in-state dispensers, it is required that out-of-state entities be licensed with the Hawaii Department of Public Safety (Narcotics Enforcement Division), such as mail order pharmacies, that ship orders into Hawaii. These entities are also

required to submit information to RelayHealth for controlled substances dispensed in Hawaii.

Reporting Requirements and Exceptions

Dispensers of schedule II-IV controlled substances are required to submit their controlled substance dispensing information to Hawaii (via RelayHealth). Dispensing (administering) drugs to inpatients in hospitals and nursing homes is exempt from HI PMP reporting. Any drug dispensed at a healthcare facility does not need reporting. Reporting rules and exceptions are defined in Hawaii Revised Statute (HRS) Chapter 329, Part VIII.

Submission of Data

Reporting data required by Hawaii can be provided in two ways.

Online Internet Submission

- **Electronic Batch Files**

Batch files with weekly (or daily) dispensing data can be submitted directly to RelayHealth for HI PMP reporting. The simplest approach is to upload batch files via our secure submission website. Hawaii law requires dispensing information to be received by RelayHealth **within seven (7) days of dispensing**.

- **Online Dispensing Activity Forms**

Instead of (or in conjunction with) submitting batch files as described above, you can use the convenient online forms on our secure data collection website to submit dispensing information. This method is suitable for veterinary or other small clinics dispensing low volumes, or other facilities that lack the software to create ASAP 4.1 (2009) batch files. Even if you do submit batch files, this method may be useful for entering corrected information to replace rejected batch records (rather than sending a replacement batch file). In either case, note that **Hawaii law requires that dispensing information must be received by RelayHealth within seven (7) days of dispensing**.

Batch Files via US Mail

If you do not have Internet access, you can submit HI PMP batch files to RelayHealth with weekly dispensing data by U.S. Mail on CD, DVD, or 3.5" diskette. Hawaii law requires dispensing information to be received by RelayHealth within seven (7) days of dispensing.

Paper Submission Forms

Only if authorized by Hawaii PMP, you can submit HI PMP data on paper forms. Paper forms are typically submitted by veterinary or other small clinics that have a very low volume of reportable drugs and lack Internet access (and thus are unable to use the online forms). Forms may be sent by FAX or U.S. Mail to RelayHealth for input. Hawaii law requires dispensing information to be received by RelayHealth within seven (7) days of dispensing.

IMPORTANT. *You will need written exemption authorization from Hawaii PMP before you may submit using the paper forms.*

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Before You Register

To ensure proper security, tracking, and notifications for your supplied data, you must register with RelayHealth before you can submit dispensing information.

Prior to registration, you must consider your preferred data submission method.

The types of submission methods are summarized in *Chapter 1 – Introduction* and detailed in *Chapter 3 – Data Submission*.

Registration Process

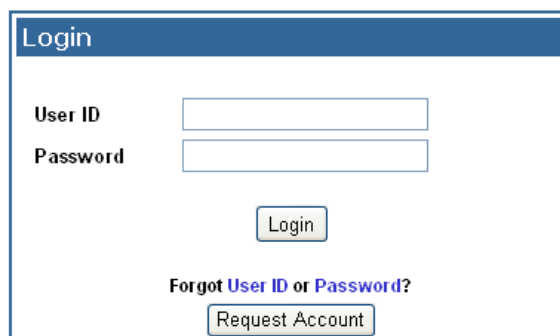
Two methods of registering are available, depending on your situation.

Note. If you need to register to submit for a chain of stores or to submit centrally as a vendor for your customer stores, special registration is required. Please contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance.

Online Registration

If you plan to use Online Internet Submission to supply batch files and/or use the online submission forms, the quickest way to register is via the online account registration form, as follows:


1. Using your Web browser (Internet Explorer 6), go to this Internet site:
<https://dc.pmp.relayhealth.com/HI>
2. The site Login window displays. Select the **Request Account** button.



The screenshot shows a web browser window titled "Login". It contains two input fields: "User ID" and "Password". Below the fields are two buttons: "Login" and "Request Account". A link "Forgot User ID or Password?" is also visible above the "Request Account" button.

3. A validation screen displays that lists information about the process and requests your Facility ID (which is your dispensing facility DEA number).

Prescription Monitoring Program - Data Submission



Request an Account :
 If you already have an Account, you can [sign in here](#).

Request an Account : This will setup an account which will allow you to upload data to the Prescription Drug Monitoring Program.

Facility ID:


If you want to use automatic extract as your Submission Method, please call Support. Otherwise you will submit batch through internet upload, media, or web form (enter each transaction manually).

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4. Enter your dispensing facility DEA number and click **Next**.
5. If your Facility ID is recognized, the Account Setup form displays.

***Note.** If the facility DEA number that you enter is already registered or is not found in the expected DEA list, an error message displays. If you typed the number incorrectly, please reenter it. Otherwise, call RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance in creating your account.*

Prescription Monitoring Program - Data Submission



Request an Account :
 If you already have an Account, you can [sign in here](#).

Request an Account : This will setup an account which will allow you to upload data to the Prescription Drug Monitoring Program.

Facility ID:

If you want to use automatic extract as your Submission Method, please call Support. Otherwise you will submit batch through internet upload, media, or web form (enter each transaction manually).

Profile Information

<input type="text"/>	<input type="text"/>	<input type="text" value="-- Select Type --"/>
* First Name	* Last Name	* Facility Type
<input type="text"/>	<input type="text"/>	
NPI Validate	NCPDP	
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Facility Name	* Address 1	Address 2
<input type="text"/>	<input type="text"/>	<input type="text"/>
* City	<input type="text" value="-- Select State --"/>	* Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Phone	Fax	
<input type="text"/>	<input type="text"/>	
* Email	* Re-Enter Email	
<input type="text"/>	<input type="text"/>	
* Select User ID		
<input type="text"/>		
User ID		
Hint Question and Answer		
If you forget your password, we will verify your identity with the answer to the following question and email you a new password.		
<input type="text"/>	<input type="text"/>	
Hint Question	Hint Answer	

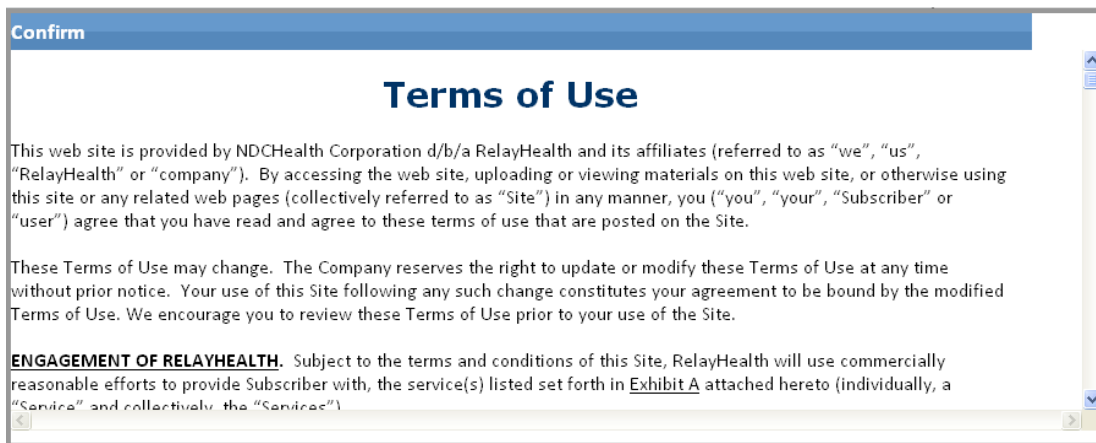
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- Type information into all required fields (those marked with an asterisk “*”), plus any optional fields you wish to complete (see Note below). Be sure to create a User Name that you will remember.

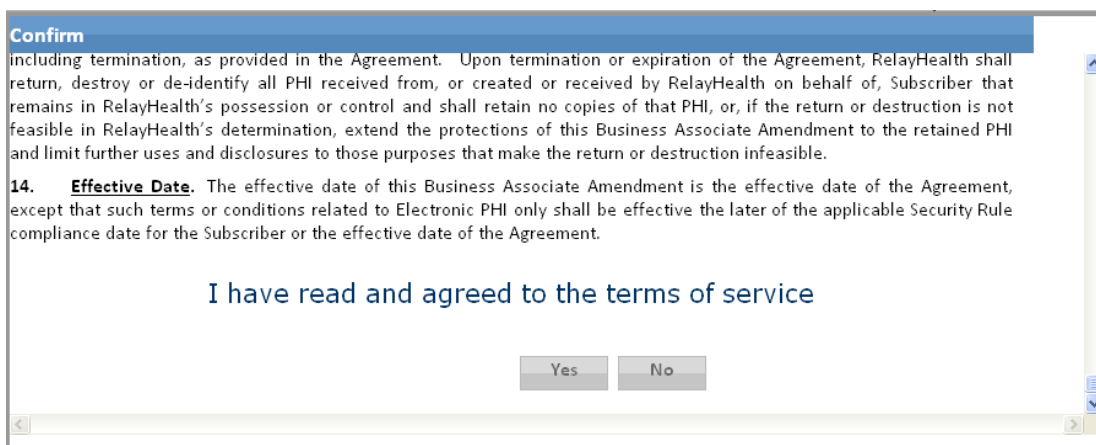
Note. We **require** an email address so that we can easily communicate with you regarding the status of your submitted files and other important information related to HI Data Submission. If you do not enter a valid email address, you will be required to contact Customer Support to complete your registration process.

- Click **Request Account** to submit the form.

If all required fields were correctly completed, the Terms of Service dialog displays. (Otherwise, a message will indicate any errors that need corrected. Correct the issues and select **Request Account** again.)



- Scroll down and read through the Terms of Use until you get to the agreement buttons at the bottom of the text. You must click the **Yes** button there to accept the terms in order to complete registration successfully.



- After clicking the **Yes** button, a success messages displays. Click **OK** to acknowledge the message and the Login window re-displays.

You have successfully requested an account. Two emails will be sent to the email address that you entered in the registration screen. You will need to use those emails to complete the registration process, as described next.

Using Automatic Emails to Complete Registration

To verify that you requested an account and to test the email address you supplied, a confirmation email will be sent to you at that email address.

Note. *If the confirmation email does not arrive within 10 minutes, it is possible you entered an incorrect email address when you registered. Please contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance.*

To activate your account, click the link in that first email, which will take you back to the site Login window. Your account is then activated and a second email is sent to you with your temporary password.

Congratulations! You can now use the temporary one-time password in that second email to log into the site.

When you login that first time, you will be required to create a new password that you will use for subsequent logins, similar to the screen below.

The screenshot shows a web interface for the Prescription Monitoring Program - Data Submission. At the top, there is a blue navigation bar with the text "Prescription Monitoring Program - Data Submission" on the left and "My Profile | Help | Logout" on the right. Below the navigation bar, there are two tabs: "Home" and "Data Submission", with "Data Submission" being the active tab. The main content area is titled "Change Password" and contains a form with the following fields and a button:

- User ID: A text input field containing the value "jennifer".
- Current Password: A text input field.
- New Password: A text input field.
- Confirm Password: A text input field.
- Save: A blue button.

Password Rules

Your password must contain:

- One lower case letter
- One upper case letter
- One number
- Minimum of 6 characters
- Two character cannot be repeated in succession (for instance, "Asset1" is not a valid password due to the repeating "ss")
- New password and confirm passwords must match

Special characters such as the following are not required but are accepted.

- + (plus sign)
- " (quotes)
- ? (question mark)
- , (comma)
- = (equal sign)

Note. *If Customer Support had to register on your behalf, after you define a new password, your profile management screen will appear. You must define your User Hint Question and Answer on that screen and save those changes to finish your first login.*

Registration by Paper (or Microsoft Word) Form

If you are unable to register yourself online, you will have to register through RelayHealth PMP Customer Care. You also need to register through Customer Care if you: plan to submit information using one of the following options (instead of Online Internet Submission):

- Automatic PMP Data Extract
- Batch files via US Mail
- Paper forms

For these submission options, you may register by completing a Microsoft Word or paper form. You may have already completed the registration form, but if not, a copy is included in *Appendix A - Forms* of this guide, and the Word version is available at <http://pmp.relayhealth.com/HI>. The completed form should be emailed or faxed to RelayHealth using the email address or fax number on the form.

Note. *If you are registering multiple facilities (for example, for a chain), you may also register by filling out a Microsoft Excel spreadsheet with the required information. The spreadsheet template is available from the RelayHealth Implementations team. Contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance. Note that Pharmacy chains or vendors handling HI PMP reporting for multiple stores will enter all stores in one spreadsheet.*

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Submission Methods

When you register to submit HI PMP data to RelayHealth, you specify your data submission method: online Internet submission (using batch files and/or online forms), mailing in batch files, or paper forms. It is possible to change to a different submission method later, but RelayHealth must be notified and provide you confirmation that the appropriate changes have been made and that you can now submit using the new method.

Consistency of Patient ID Formats

HI PMP accepts six forms of Patient ID in PMP data -- Driver's License, other State Issued ID, Military ID, Passport, Social Security Number, and Cardholder ID. To ensure consistency of data across sources, HI PMP requests that information for each ID type be submitted in particular formats. See Appendix B for details.

Batch File Submission

File Format

To report via batch files, you submit batch files with a HI PMP reporting record for each controlled substance fill directly to RelayHealth. The simplest way to supply these files is using secure upload to the data collection website. Alternatively, you can send files via US Mail on a CD, DVD, or 3.5" Diskette.

All PMP data files must be supplied in ASAP 4.1 (2009) format. ASAP 4.1 (2009) defines a large number of supported fields, but data is required in only some of those fields for PMP reporting for Hawaii. See the table on the next two pages for details.

Note. *Unless the entire file is unreadable or otherwise unusable, only records with missing required fields or invalid data (e.g. a future date) are rejected; the remaining valid records are accepted. You need to promptly resubmit corrected replacement data for any rejected records (as described later).*

ASAP 4.1 (2009) Fields of Interest

Note. Some ASAP 4.1 (2009) fields are technically required to meet the file format specifications (for example, TH03 Tx Set Control # is required in the Header for ASAP 4.1 (2009)). The table below does not describe such fields, but instead only describes dispensing-related fields of interest to Hawaii and other fields that require specific settings for Hawaii data submission. Refer to the ASAP 4.1 (2009) standards guide for other technically required fields that must also be present to meet ASAP 4.1 (2009) formatting requirements.

Fields shaded below are Required or Conditional (compound-related fields are conditional and required only if reporting a compound). Other listed fields are optional, but are useful to Hawaii if supplied.

Field	4.1 (2009) Field ID	HI Required or Optional	Comments	Max Field Length	
Version/Release Number	TH01	Required	Always populate with "4.1"	4	
Transaction Control Number	TH02	Required	Unique transaction identifier	40	
Creation Date	TH05	Required	Formatting = CCYYMMDD	8	
Creation Time	TH06	Required	Formatting = HHMMSS, HHMM	6	
File Type	TH07	Required	P = Production, T = Test	1	
Segment Terminator Character	TH09	Required	Indicates to the system that this segment has ended, this character will indicate the end for the rest of the segments as well.	1	
Unique Info Source ID	IS01	Required	Always populate with "HI"	10	
Info Receiver Entity Name	IS02	Required	Always populate with "PMP Program"	60	
Pharmacy NPI	PHA01	Optional	Used if supplied but not required.	10	
NCPDP Provider ID	PHA02	Optional	Used if supplied but not required.	7	
Pharmacy DEA#	PHA03	Required	Required as the Pharmacy ID.	9	
ID Qualifier of Patient Identifier	PAT01	Optional	Used if supplied but not required. Identifies the jurisdiction of ID used in PAT03	2	
Patient ID Qualifier	PAT02	Required	Qualifies ID type used in PAT03	2	
			01 – Military ID		06 – Driver's License
			02 – State Issued ID		07 – Social Security
			03 – Unique System ID		08 – Tribal ID
			04 – Permanent Resident (Green)Card		99 – Other agreed upon ID (cardholder)
			05 – Passport		
Patient ID	PAT03	Required	ID as specified in PAT02	20	
Patient Last Name	PAT07	Required	Cannot be blank.	50	
Patient First Name	PAT08	Required	Cannot be blank.	50	
Patient Middle Name	PAT09	Optional	Used if supplied but not required.	30	
Prefix	PAT10	Optional	Used if supplied but not required.	10	
Suffix	PAT11	Optional	Used if supplied but not required.	10	
Patient Address 1	PAT12	Required	Cannot be blank. Note. This should not be a P. O. Box. – must be physical address.	30	
Patient Address 2	PAT13	Optional	Used if supplied but not required.	30	
City	PAT14	Required	Cannot be blank.	20	
State	PAT15	Required	Cannot be blank. Two character postal code.	10	
Zip Code	PAT16	Required	Cannot be blank. 5 or 9 digit patient ZIP	9	
Phone	PAT17	Optional	Used if supplied but not required.	10	

Field	4.1 (2009) Field ID	HI Required or Optional	Comments	Max Field Length
DOB	PAT18	Required	CCYYMMDD format. Cannot be future and must be greater than 1900.	8
Gender	PAT19	Required	M = Male, F = Female, U = Unknown	1
Country of Non-U.S. Resident	PAT22	Optional	Used to identify a patient's country of origin.	20
Reporting Status	DSP01	Required	00 = New Record 01 = Revised Record	2
Prescription Number	DSP02	Required	RX Number	25
Date Written	DSP03	Required	CCYYMMDD	8
Refills Authorized	DSP04	Required	# of refills authorized	2
Date Filled	DSP05	Required	CCYYMMDD	8
Refill Number	DSP06	Required	0 = first fill 01-99 = refills	2
Product ID Qualifier	DSP07	Required	Use 01 to indicate State required NDC	2
Product ID	DSP08	Required	NDC with leading zeros and no dashes	15
Quantity Dispensed	DSP09	Required		11
Days Supply	DSP10	Required	Estimation	3
Classification Code for Payment Type	DSP16	Required	Identifies type of payment redereed for drug. 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial Insurance 05 Military Installations and VA 06 Workers Comp 07 Indian Nations 99 Other	2
Prescriber DEA Number	PRE02	Required		9
Compound Drug Ingredient Sequence Number	CDI01	Situationally Required	First ingredient must begin with "1" and incremented by 1 thereafter	2
Product ID Qualifier	CDI02	Situationally Required	Use 01 to indicate State Required NDC	2
Product ID	CDI03	Situationally Required	Product NDC	15
Component Ingredient Quantity	CDI04	Situationally Required	Metric Decimal Quantity Dispensed	11
Detail Segment Count	TP01	Required	Number of detail segments included for the pharmacy (includes PHA and TP)	10
Transaction Control Number	TT01	Required	Unique transaction number used in TH02	40
Segment Count	TT02	Required	Total segments in file in including header and trailer	10

File Name Format

The filename format is extremely important in the security and processing of your HI PMP batch files. An incorrect filename may result in a **reject of your file** and require you to edit the file and resubmit.

***Note.** As a convenience, if you use the Data Collection Website to upload your batch files, the site will check the name of the original file that you select for submission and automatically rename the uploaded version to meet the naming standard below. This is useful if your pharmacy management system does not have the ability to create batch files with names that match the standard.*

Batch files that you submit should use the following file name format:

PMP_HI_SubmitterID_RegKey_YYYYMMDDHHMMHIS.dat

where

SubmitterID is the unique identifier of the entity submitting the report. For an independent dispenser submitting only for themselves, this is the DEA. For a chain or other Collective Entity that reports for a group of dispensers, this is the unique ID (e.g. Chain ID) assigned to that collective entity at the time they registered with RelayHealth.

RegKey is a unique security key value assigned to each individual store or chain that will submit batch files. This key serves as an additional security precaution and is uniquely assigned at the time the store or chain registers with RelayHealth.

YYYYMMDDHHMMHIS is the date and time (to the nearest second) when the file was created by the submitter; for example, March 11, 2010 at 3:23PM would be **20100311152300**. The timestamp portion prevents duplicate filenames if multiple files are submitted in a day.

An actual file name would be similar to the example below.

PMP_HI_AB1234567_900004_20100315202826.dat

Submitter ID/DEA:	AB1234567
RegKey:	900004
Date:	March 15, 2010
Time:	8:28:26 PM

Secure Website Upload

If you have Internet access, you may upload batch files using a secure RelayHealth website.

1. Open your Internet browser and go to location:
https://dc.pmp.relayhealth.com/HI
2. Enter your User Name (that you chose at registration) and your password. Click **Login**.

***Note.** The first time you log in, use the temporary password that was sent to you by RelayHealth. You will then be asked to specify a new password. Once you have created that new password, you will use it log in subsequently.*

3. The Data Collection home page displays.
4. Select the Data Submission menu and the Batch File option.

5. The Upload screen displays, similar to the screen below. Click **Browse** and then locate the batch file on your system that you want to upload.

6. After you have browsed to select the file, click **Upload**. When the file upload process finishes, if it was successful, an upload confirmation message displays.

Note. This message indicates the filename assigned to the uploaded version of the file, which may differ from your original filename in order to meet file naming requirements. That new name will be the one that appears on reports and emails regarding the file.

If your file is not uploaded successfully, a screen will display indicating the failure cause.

IMPORTANT. The confirmation indicates that the file was accepted for subsequent processing and content validation. After the file is processed, RelayHealth will notify you by email or fax of the validation results (successful or otherwise). If one or more records were rejected, the notification message will identify the records rejected and the reason for each. You should promptly fix the associated problems and resubmit the rejected records.

Adding a Favorite

It may help your workflow to add a favorite pointing to the Data Collection website. To add a favorite in Microsoft Internet Explorer 6:

1. Go to the Data Collection website <https://dc.pmp.relayhealth.com/HI>
2. In Internet Explorer 6, click on **Favorites**.
3. Click **Add a Favorite**.

You can adjust the name of the favorite to something you will easily recognize.

Mailing Batch Files on Media (CD, DVD, or Diskette)

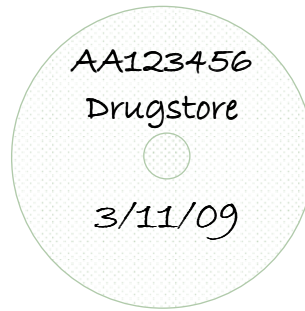
Batch files may also be mailed to RelayHealth for capture and reporting to Hawaii.

Note: As with all healthcare information, due care must be taken in order to comply with HIPAA regulations and protect patient healthcare privacy.

In general, the steps to mail batch files are as follows:

1. Generate an ASAP4.1 (2009)-formatted batch file via your pharmacy system. The file name of the batch file being submitted must follow the specifications detailed in section *File Name Format* previously in this chapter.
2. Copy or “burn” correctly formatted and named batch file to DVD, CD, or 3.5” diskette. These are the only accepted media types.

- Label the media with the facility DEA number, store name, and date.



- Along with each piece of media, include a transmittal form. A blank copy of this transmittal form is included in *Appendix A - Forms*. You may also request a copy of this form in Microsoft Word format from the RelayHealth support team.
- Enclose the media and transmittal form in an appropriate envelope. Mail the media using the U.S. Postal Service to the following address (the Mailstop is very important to ensure proper processing):

Mailstop HQ 2.3.5.1
RelayHealth
1564 Northeast Expressway
Atlanta, GA 30329

Using the Online Dispensing Activity Form

Instead of (or in conjunction with) submitting batch files as described previously in this chapter, you can use the convenient online web forms on the secure Data Collection website to submit dispensing information. This is suitable as the primary submission method for dispensers with a very low volume of class II-IV dispensing or who lack the software to create ASAP 4.1 (2009) batch files. Even if you do submit batch files, this method may be useful for entering corrected information to replace rejected batch records (rather than sending a replacement batch file).

To submit dispensing activity information using the online web form on the Data Collection site, do the following:

- Open your Internet browser and go to data collection site:
<https://dc.pmp.relayhealth.com/HI>
- Log in as usual.
- When the Data Collection home page displays, select the **Data Submission** menu and the **Dispensing Form** option.

The Dispensing Activity web form displays, similar to the screen below.

Prescription Monitoring Program - Data Submission
My Profile | Help | Logout

Home
Data Submission

User ID : > rodgersje

Dispensing Activity Form

Date: 04/22/2010 Pharmacy Name: DRUGSTORE INC Pharmacy Address: 1234 MAIN STREET, Pharmacy State: HI Contact Name: JENNIFER RODGERS	Facility ID: AA777777 Registration Key: 444 Pharmacy City: Honolulu Zip Code: 99601 Phone: 9075867000
--	--

Prescriber

* Prescriber ID [Check ID](#)

Patient

<input style="width: 95%;" type="text"/> <small>* ID Number</small>	<div style="border: 1px solid #ccc; padding: 2px; font-size: small;">Select Type</div> <small>* Identification Type</small>	<input style="width: 95%;" type="text"/> <small>* Date of Birth (MM/DD/YYYY)</small>
<input style="width: 95%;" type="text"/> <small>* First Name</small>	<input style="width: 95%;" type="text"/> <small>Middle Name</small>	<input style="width: 95%;" type="text"/> <small>* Last Name</small>
<div style="border: 1px solid #ccc; padding: 2px; font-size: small;">Select Gender</div> <small>* Gender</small>	<input style="width: 95%;" type="text"/> <small>* Address 1</small>	<input style="width: 95%;" type="text"/> <small>Address 2</small>
<input style="width: 95%;" type="text"/> <small>* City</small>	<div style="border: 1px solid #ccc; padding: 2px; font-size: small;">-- Select State --</div> <small>* State</small>	<input style="width: 95%;" type="text"/> <small>* Zip Code</small>
<input style="width: 95%;" type="text"/> <small>Phone</small>		

Prescription

Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compound
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px; font-size: x-small;">Create</div>
Check NDC									

Submit

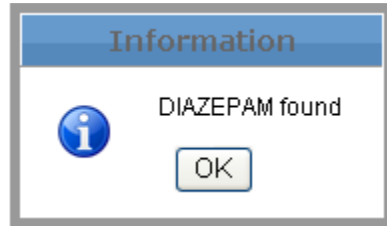
Cancel

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4. To identify the Prescriber, enter their DEA in the Prescriber ID field.
5. Click **Check ID**. The system validates the DEA and displays the first and last name of the matching prescriber.

***Note.** If the DEA is not found, an invalid id message appears. If you mistyped the DEA, re-enter and click Check ID again. Otherwise, if you are certain that the DEA you entered is correct, proceed to step 6.*
6. Click **OK**.
7. In the **Patient** area of the screen, enter all information about the patient.
8. In the **Prescription** area of the screen, enter the information for the patient's first prescription.

Note: You can click **Check NDC** to validate the NDC before the form is submitted.



9. If you have no more prescriptions for this same patient, click the **Submit** button and continue to Step 10. Otherwise, if you do have more prescriptions for this same patient, do the following:
 - a. Click the **Add Prescription** button. The prescription you just entered displays below the **Add Prescription** button with an **Edit** link, and the entry fields become blank, similar to the example below:

 The screenshot shows a web interface for entering prescriptions. At the top is a blue header with the word "Prescription". Below the header is a form with several input fields: "Date Rx Filled", "Rx Number", "Fill Number", "Refills Auth", "NDC", "Qty", "Days Supply", "Date Written", "Payment Source", and "Compound". A "Create" button is located to the right of the "Payment Source" field. Below the form is a blue button labeled "Add Prescription". Underneath the button is a table with the following columns: "Delete", "Date Rx Filled", "Rx Number", "Fill Number", "Refills Auth", "NDC", "Qty", "Days Supply", "Date Written", "Payment Source", and "Compounds". The table contains two rows of data. At the bottom of the form are two buttons: "Submit" and "Cancel".

Delete	Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compounds
	20100420	78945632159	2	2	00024033502	30,000	30	20100420	Third party	
	20100421	99879636431	1	1	00005312823	30,000	30	20100421	Third party	

- b. Enter the information for the patient's next prescription.
 - c. Repeat steps 9a and 9b until you have entered all prescriptions for the patient. When finished, click **Submit** and continue to Step 10.
10. The system validates all prescription information you entered. If there is an issue, a message displays the cause and Rx# needing editing. Click the **Edit** button by that prescription to display it in the prescription entry fields for editing. Correct the invalid data and click **Submit** again. Repeat this process until all prescriptions are accepted.
11. Once all entered prescriptions are accepted, a success message appears. In addition, the Prescription and Patient fields are cleared but the Prescriber information remains. If you have more prescriptions to enter for this same Prescriber, repeat the procedures from Step 7 to begin entry for the next Patient and their prescription(s). If you instead need to begin entry of prescriptions for a different Prescriber, click the **Change Prescriber** button and then repeat the procedures from Step 4.
12. When you have finished entering all prescriptions for all prescribers, either select a different item from the website menu or logout.

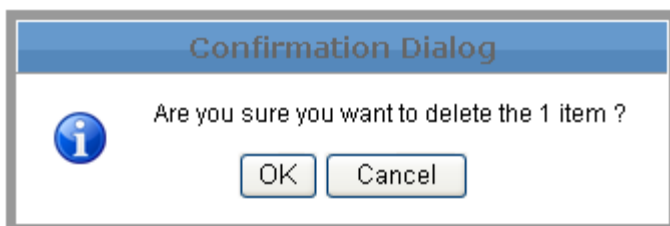
Using the Prescription Edit Function

When you click the **Add Prescription** button, the prescription you were entering gets moved to the entered prescriptions list below the **Add Prescription** button. If needed, you can edit a prescription in that list by clicking the **Edit** link by the Prescription you wish to modify, which will then display in the prescription entry fields for editing. Correct any invalid data and click the **Add Prescription** button again to put the modified prescription back into the list.

NOTE. Any prescription information currently displayed in the prescription edit boxes will be lost when you click **Edit** by an item in the list.

Removing a Prescription from the Added List

If needed, you can remove a prescription from the entered prescriptions list below the **Add Prescription** button. To do this, click the **X** in the Delete column and a confirmation dialog box asks if you are sure you want to delete the item. Click **OK**.

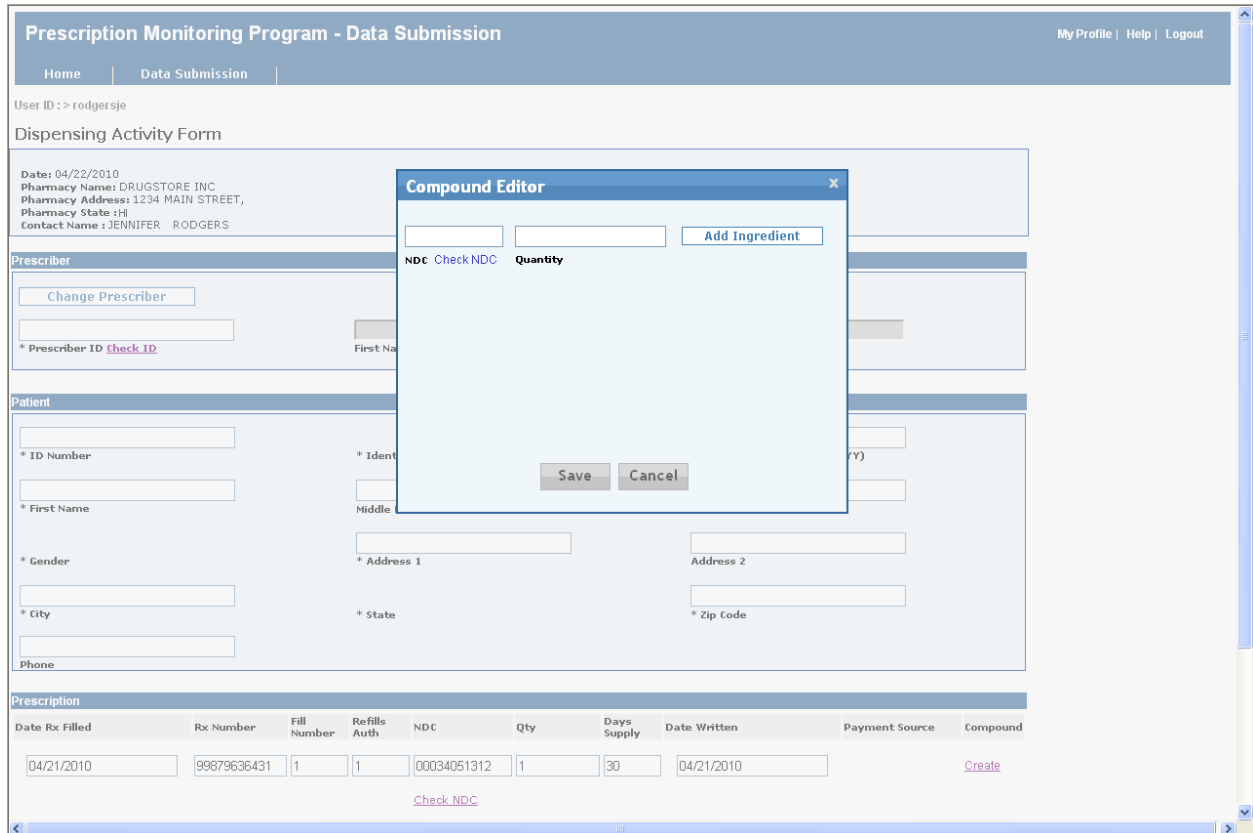


Entering Compounds (With Multiple Controlled Substance Ingredients)

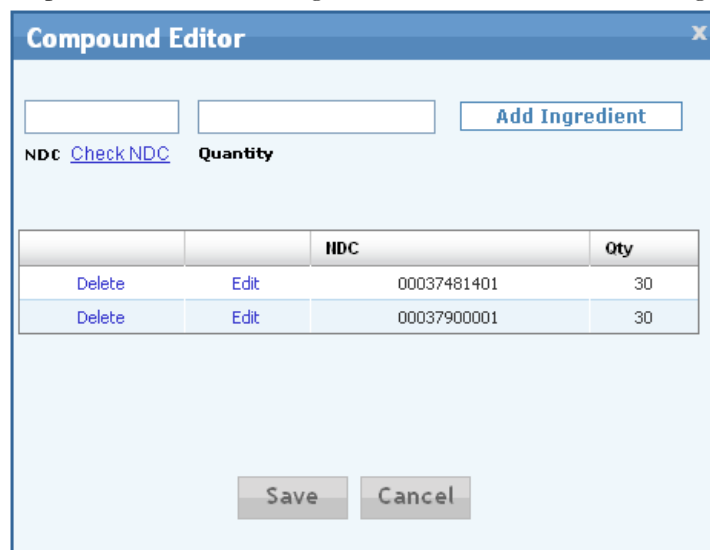
If you need to report a compound with only one controlled substance ingredient, you can report it by simply entering it as a single prescription with that one controlled substance ingredient as the product dispensed (as described in the previous few pages).

You can also use the form to enter information for a compound prescription with multiple controlled substance ingredients, as follows:

1. In the **Prescription** area of the screen, enter the information for the first ingredient in the compound.
2. **Do not** click **Add Prescription**, but instead click the **Create** button in the Compound column. The **Compound Editor** window displays:



3. Enter the NDC and Quantity of the next ingredient in the compound and then click **Add Ingredient** button.
4. Repeat Step 3 above as needed to add additional ingredients. The system will keep a list of the added ingredients, similar to the following:



5. When you have finished adding all ingredients, click **Save**. The Compound column changes from Create to Edit Compounds to indicate that the prescription is a compound.

Prescription										
Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compound	
<input type="text" value="04/21/2010"/>	<input type="text" value="99879636431"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="00034051312"/>	<input type="text" value="30"/>	<input type="text" value="30"/>	<input type="text" value="04/21/2010"/>	Third party	<input type="button" value="Edit Compounds"/>	
Check NDC										
<input type="button" value="Add Prescription"/>										
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>										

6. If you have no more prescriptions for this same patient, click the **Submit** button. Otherwise, if you do have more prescriptions for this same patient, do the following:
 - a. Click the **Add Prescription** button. The added compound will now appear in the added prescription list with a Compound dropdown list on the right indicating that it is a compound. Clicking that dropdown list displays the NDCs of the additional ingredients in the Compound (the first ingredient is listed in the NDC column of the listing), similar to the example below.

Prescription											
Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compound		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="button" value="Create"/>		
Check NDC											
<input type="button" value="Add Prescription"/>											
Delete	Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compounds	
<input type="button" value="✖"/>	Edit	20100421	99879636431	1	1	00034051312	30.000	30	20100421	Third party	<input type="text" value="00037481401 30"/> <input type="text" value="00037481401 30"/> <input type="text" value="00037900001 30"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>											

- b. Enter the information for the patient's next prescription.
7. When you have finished entering all prescriptions for the patient, click **Submit**.

Editing a Compound

If needed, you can edit the general prescription information or ingredients for a previously created compound, as follows:

1. If prescription is in the entered prescriptions list below the Add Prescription button, click the **Edit** link by the Prescription you wish to modify, which will then display in the prescription entry fields for editing.

Prescription

Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compound
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Create

[Check NDC](#)

Add Prescription

Delete	Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compounds
Edit	20100421	99879636431	1	1	00034051312	30.000	30	20100421	Third party	<input type="text" value="00037481401 30"/> <input type="text" value="00037481401 30"/> <input type="text" value="00037900001 30"/>

[Submit](#) [Cancel](#)

Prescription

Date Rx Filled	Rx Number	Fill Number	Refills Auth	NDC	Qty	Days Supply	Date Written	Payment Source	Compound
<input type="text" value="04/21/2010"/>	<input type="text" value="99879636431"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="00034051312"/>	<input type="text" value="30.000"/>	<input type="text" value="30"/>	<input type="text" value="04/21/2010"/>	<input type="text" value="Third party"/>	<input type="text"/> Edit Compounds

[Check NDC](#)

Add Prescription

[Submit](#) [Cancel](#)

2. If you need to make changes in the displayed information, correct any invalid data and click the **Add Prescription** button to put the modified prescription back into the list.
If you need to make changes in the additional ingredients in the compound, instead click the **Edit Compounds link** (at the right of the entry fields to display the **Compound Editor** window similar to the following:

Compound Editor

[Add Ingredient](#)

NDC [Check NDC](#) Quantity

		IIDC	Qty
Delete	Edit	00037481401	30
Delete	Edit	00037900001	30

[Save](#) [Cancel](#)

3. To **Edit** an ingredient, click **Edit** by the item you wish to modify. This puts the ingredient information in edit boxes where you can enter changes.

The screenshot shows a window titled "Compound Editor" with a close button (X) in the top right corner. At the top, there are two input fields: the first contains "00037481401" and the second contains "30". To the right of these fields is a blue button labeled "Add Ingredient". Below the input fields, the text "NDC" is followed by a blue link "Check NDC", and "Quantity" is positioned to the right. A table with a red header row and one data row is displayed. The header row has columns for "Delete", "Edit", "NDC", and "Qty". The data row contains "Delete", "Edit", "00037900001", and "30". At the bottom of the window are two buttons: "Save" and "Cancel".

Delete	Edit	NDC	Qty
		00037900001	30

Note: To *delete* an ingredient, click **Delete** by the item you wish to remove

4. Correct the NDC or Quantity and click the **Add Ingredient** button to put the modified compound back into the list.
5. When you have finished all changes, click **Save**.

Submitting on Paper

In some instances, Hawaii PMP will authorize low volume submitters to use a paper form to report dispensing information for HI PMP. If you have been authorized by Hawaii PMP to submit using paper, please contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for proper registration and to receive a copy of the required paper form.

Completed forms can be submitted via fax or US Mail as described below:

- **FAX (Preferred Method)**

Fax completed forms with a cover sheet to:

404-728-3205

A sample cover sheet is included in *Appendix A – Forms* and must be filled out completely to ensure data is entered accurately. It is also important that all fields be filled out legibly to ensure your data is accurately input.

- **Mail**

You may also mail completed forms to:

Mailstop HQ 2.3.5.1

RelayHealth

1564 Northeast Expressway

Atlanta, GA 30329

Common Error and Warning Messages

Whether you upload batch files using the secure website, or mail them on media, each file will be processed and checked for errors. If errors are detected, RelayHealth will notify you by email or fax of the reason(s).

The most common error and warning messages are in the table below.

Error	Action
Rec # (226), Segment (PAT), Element (12), Date Filled (20091028), Rx # (042070336) : Field Value matches Regular Expression '^\S*P\.\?\S*O\.\?\S*B?'	Submitted a P.O. Box for the PatientAddress 1 (PAT12 Segment). WARNING - P.O. Box submitted but record accepted. If possible consider changing to physical address in future.
Rec # (967), Segment (PAT), Element (20), Date Filled (20091009), Rx # (010865123) : Required Field Value is Empty	Resubmit record with a value in the Gender field (PAT20)

How to Read Error Messages

Sample Error Message

Rec # (389), Segment (PAT), Element (20), Date Filled (20091026), Rx # (042070336) :
Required Field Value is Empty

REC# - record # 389 in your file

Segment – ASAP 4.1 (2009) segment PAT (see ASAP 4.1 (2009) Fields of Interest table on page 13 for all segment element fields)

Element – 20th field within the PAT segment (In this example, this would mean Field ID PAT20 in the table below, which is “Gender”)

Date Filled – the date the prescription was filled

Rx # - This and Date Filled serve as an easy reference point to make sure you have the correct record.

Error Meaning ---- The PAT segment, field #20 (Gender) has an empty value and it is a required field for the State of Hawaii processing.

Supplying Corrected Information

Email or fax notification of errors allows you to correct the issues with the file and resubmit. It is very important that you make corrections and resubmit promptly.

It is also possible to have a prescription reporting record accepted but later discover that some information in it was incorrect (for example, an incorrect quantity) and you need to supply a replacement record with updated information.

There are two ways you can supply a resubmission of prescription information previously rejected in a batch file or an update for a record previously accepted but with incorrect information:

- Create and submit a new batch file that includes a record with the corrected information.
- or*
- Enter the correct information for the prescription into the online web form (see the earlier section, “Using the Online Dispensing Activity Form”)

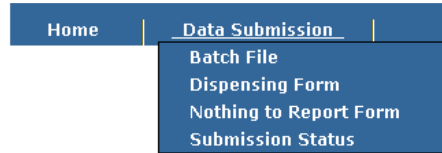
Nothing to Report (Zero Report)

Hawaii PMP requests dispensers who have not dispensed schedule II-IV drugs during a reporting period to submit a “Nothing to Report” form. This should be submitted following any week that no controlled substance dispensing took place. The form indicates that you have no need for further reporting that week.

The recommended way to do this is using the online web form on the Data Collection site, as follows:

1. Open your Internet browser and go to location:
<https://dc.pmp.relayhealth.com/HI>
2. Log in as usual.

- When the Data Collection home page displays, select the **Data Submission** menu and the **Nothing to Report** option.



- The Nothing to Report web form displays, similar to the screen below. Complete all fields and select Submit.

Prescription Monitoring Program - Data Submission
My Profile | Help | Logout

Home
Data Submission

User ID : > rodgersje

Nothing to Report (Zero Report)

Date: 06/22/2010 Pharmacy Name: DRUGSTORE INC Pharmacy Address: 1234 MAIN STREET, Pharmacy State : HI Contact Name : JENNIFER RODGERS	Facility ID : AA7363550 Registration Key : 444 Pharmacy City: Honolulu Zip Code : 89501 Phone : 7758502200
--	---

I hereby swear that I have not dispensed any controlled substances in the previous seven days

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
*Name of Submitter	*No Activity From	*No Activity To

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- If all required fields were completed and entered values were in a valid format, a success message displays. (Otherwise, a message will indicate the errors that need corrected.)

Submission on Paper

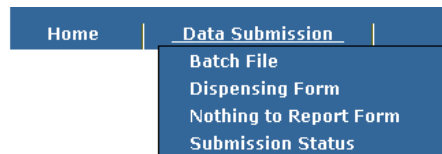
Alternatively, you can fax in a paper version of the form, located in *Appendix A – Forms* of this guide. FAX the completed form to RelayHealth using the FAX number at the bottom of the form.

Data Submission Status

Dispensers have the ability to query the status (by days, months, years) of previously submitted files for a logged in Facility ID. The query results include:

- Submitted Date
- File Name
- Processed Date
- File Start Date
- File End Date
- Status
- # Records in file
- # Valid Records

1. Open you Internet browser and go to location:
<https://dc.pmp.relayhealth.com/HI>
2. Log in as usual.
3. When the Data Collection home page displays, select the **Data Submission** menu and the **Submission Status** option.



4. The Submission Status screen displays, similar to the screen below. Select a period or specific date and click Submit.

Prescription Monitoring Program - Data Submission - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Prescription Monitoring Program - Data Submission My Profile Help Logout

Home Data Submission

User ID : > rodgersje

Data Submission Status

Date: 04/26/2010 Chain Id: Pharmacy Name: DRUGSTORE INC Pharmacy Address: 1234 MAIN STREET, Pharmacy State: HI Contact Name: JENNIFER RODGERS	Facility ID: AA7530666 Chain Name: Registration Key: 444 Pharmacy City: Honolulu Zip Code: 395340000 Phone: 4047282288
--	---

Period 60 Days

 Specified Dates Start Date: _____ End Date: _____

Submit Cancel

Print

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Done Internet

5. If a submitted file(s) exists for the given period or specified dates, then the results display in a grid, as shown on the following page. Otherwise, a message will indicate no data found for the date range.

Print

Submitted Date	File Name	Processed Date	Start Date	End Date	Status	Records in File	Valid Records
03 / 28 / 2010	AB_123_21_20100328.dat	03 / 28 / 2010	03 / 21 / 2010	03 / 27 / 2010	ACCEPT	500	480
04 / 04 / 2010	AB_456_21_20100404.dat	04 / 04 / 2010	03 / 28 / 2010	04 / 03 / 2010	ACCEPT	630	614
04 / 11 / 2010	AB_789_21_20100411.dat	04 / 11 / 2010	04 / 04 / 2010	04 / 10 / 2010	FILE FAILED		

Submission Details

This screen is used to view the rejection reason detail for each rejected record in a specified file from the **Data Submission Status Results** screen. There are two statuses that may display – File Failed or Accept.

- A file that failed was not able to be processed and will need to be resubmitted.
- Accepted files where the valid records are less than the records in the file contain rejects and possibly warnings.
- Accepted files where records in file match the valid records may contain warnings or all records were accepted.

The submission details for warning and rejected records include:

- Facility ID
- Refill Code
- Rx Number
- Date Filled
- NDC Number
- Reject Reason

The sample below contains rejected records and warnings. The files that contain warnings were accepted.

Facility ID	Refill Code	Rx Number	Date Filled	NDC Number	Reject Reason
AA3137777	0	100932303766	20091120	50458009405	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	1	200118923699	20091118	00555003302	PAT_PATIENT_ADDRESS_1 : PO Box is not allowed. Resubmit with Physical Address.
AA3137777	0	209932003355	20091117	00115133101	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	0	129932110556	20091119	00115133101	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	1	39924424344	20091120	00071101368	PAT_PATIENT_ADDRESS_1 : PO Box is not allowed. Resubmit with Physical Address.
AA3137777	1	129922242444	20091116	00071101468	PAT_PATIENT_ADDRESS_1 : PO Box is not allowed. Resubmit with Physical Address.
AA3137777	0	39932202366	20091118	00115133301	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	0	129932310655	20091120	00115133301	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	0	79932002622	20091118	00115132901	DIS_PRODUCT_ID : NDC Number is not in State specified Drug List
AA3137777	0	39931814044	20091120	00071101468	PAT_PATIENT_ADDRESS_1 : PO Box is not allowed. Resubmit with Physical Address.

Done

The sample below contains a record that was accepted but contained a warning because the Patient address was a PO Box.

Submission Details					
Facility ID ▲	Refill Code ◆	Rx Number ◆	Date Filled ◆	HDC Number ◆	Reject Reason ◆
AA3337477	0		20090508	63874023010	PAT_PATIENT_ADDRESS_1 : PO Box is not allowed, Resubmit with Physical Address.
<input type="button" value="Done"/>					

4

Monthly Submission Recap Reports

Overview

An HI PMP submission recap report is sent to you once per month. This report shows the number of controlled substance prescriptions reported to Hawaii by date range, for your records.

If your facility provides RelayHealth with an email address on your initial registration, we will email the monthly report to that address.

Column Descriptions

Each monthly report you will receive summarizes the submissions to HI PMP for the previous month. The report columns are defined below.

DEANumber: Facility 9 digit DEA number.

ProcessDate: Date file was processed by RelayHealth.

SubmissionDate: Date file was received by RelayHealth.

RecordCount: Total number of fills in the submission period. For automatic data extract, this will be the count for that day.

MinFillDate/MaxFillDate: The date range covered by the file submitted. These dates are the earliest and latest fill dates contained within the file. There may not be fills reported for all dates between min and max.

For automatic data extract, this period will usually be one day.

ProcessFileName: Name of the file submitted to RelayHealth. For automatic data extract, this file name is automatically generated.

Page intentionally left blank.

Website Support

RelayHealth has a special website just for the HI PMP program with information for pharmacies/dispensers, pharmacy chains, and pharmacy software vendors.

<http://pmp.relayhealth.com/HI>

You will find the latest versions of this guide and other documentation available.

Telephone Support

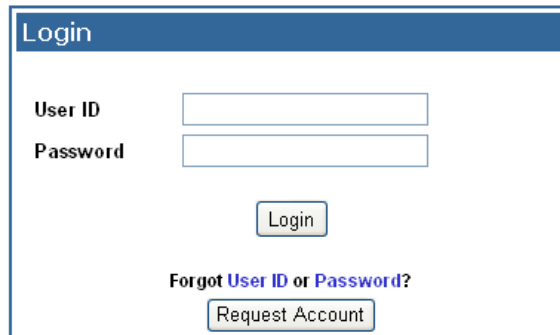
RelayHealth HI PMP Customer Care

Toll-Free: **1-800-892-0333** Monday – Friday
8:00 A.M. – 5:00 P.M. Pacific

Email: **HIPMP@relayhealth.com**

Forgotten User ID or Password

If you forget your User ID or Password for the Data Collection website, it is not necessary to call Support to restore it. Instead, you can use the **Forgot User ID** or **Password** link on the login screen to recover the information yourself.



The screenshot shows a web form titled "Login". It contains two text input fields labeled "User ID" and "Password". Below these fields is a "Login" button. At the bottom of the form, there is a link "Forgot User ID or Password?" and a "Request Account" button.

Follow the simple onscreen instructions for each process to have your User ID emailed to you or to reset your password after answering the hint question that you created in your user profile.

FAQs (Frequently Asked Questions)

What is PMP?

PMP stands for “Prescription Drug Monitoring Program.” This is a commonly used term for the programs implemented by various states to monitor the dispensing of controlled substances within their borders. For this purpose, Schedule II through IV drugs are typically considered “controlled.”

From a dispenser standpoint, the legal requirement to submit data for use in a state’s PMP program is sometimes called “Controlled Substance Reporting.”

What is Hawaii PMP?

On June 20, 2011, the State of Hawaii, Department of Public Safety, Narcotics Enforcement Division (NED), entered into a contract to manage the reporting and data collection for the Hawaii Prescription Monitoring Program referred to as the Electronic Prescription Accountability Program (EPAS) with McKesson Corporation and its division RelayHealth. Hawaii Revised Statute (HRS) Chapter 329, Part VIII, Electronic Prescription Accountability Program requires the NED to develop a computerized program to track controlled substance prescriptions for scheduled II, III or IV drugs that are dispensed by a registered Hawaii pharmacy or dispenser.

The solution has two main elements:

- **Data Submission.** Information about controlled substance dispensing activities is reported regularly to the state of Hawaii through their authorized data collection vendor. Any dispensing entity dispensing controlled substances, or specified non-controlled substances, in or into Hawaii are required by law to provide such information to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.
- **Report Information Retrieval.** Hawaii’s online reporting application allows authorized users to generate customized reports 24 hours a day, seven days a week. A report shows information for all the scheduled prescriptions a specified patient has had for a specified period. An authorized user can be a prescriber for medical treatment of an existing patient, a pharmacist for pharmaceutical treatment, a law enforcement officer with an active investigation, or Hawaii licensure boards.

The primary beneficiaries of Hawaii PMP are patients throughout Hawaii. Because of Hawaii PMP, healthcare providers can make better and more informed treatment decisions that allow them to provide the most appropriate medical care for their patients. However all Hawaii citizens ultimately benefit through improved medical care and reductions in the abuse and diversion of controlled substance prescription drugs.

Who is RelayHealth?

RelayHealth was formerly the pharmacy network piece of NDCHealth and then Per-Se. The Hawaii Department of Public Safety, Narcotics Enforcement Division

(NED), awarded RelayHealth an exclusive contract to enhance and begin managing data collection and web based reporting for the PMP system.

RelayHealth's Intelligent Network provides connectivity to more than 90% of US pharmacies and over 1,000 payer plans and third-party processors, handling more than 8.5 billion healthcare transactions each year. RelayHealth has built its reputation on the reliability, speed, and accuracy of its Intelligent Network. We have been a leader in healthcare technology and claims processing for over 30 years. We are recognized experts in claims processing and now leverage our leadership position to benefit state prescription monitoring programs.

What is the goal of the new data collection approaches?

The primary goal is to improve the value of the Hawaii PMP by populating it with cleaner and timelier data and providing enhanced reporting. This includes an option to use RelayHealth's existing pharmacy claims processing network to automatically transfer required reporting data into the Hawaii PMP system within one day of dispensing. This will allow data to appear in Hawaii PMP system in as few as two days after dispensing, which will make the reports much more valuable to users.

At the same time, the new processes reflect our continued efforts to minimize the impact of controlled substance reporting on your workflow and operating costs. The new processes are designed to help pharmacies by enabling them to:

- reduce operating costs (this is a no-cost program to pharmacies);
- centralize and streamline the controlled substance reporting process;
- take advantage of delivery options with superior security over batch submission, with data protected through all phases of transmission.

Will the data submission formats remain the same?

Hawaii is using ASAP 4.1 (2009). Contact your pharmacy vendor for any questions.

How much will your data collection services cost?

PMP data collection services we provide to you are paid by Hawaii. We do not charge you anything for these services, regardless of your submission method.

How often am I required to report?

Hawaii law requires dispensing information to be received by RelayHealth within seven (7) days of dispensing.

Do I need to sign up or just start submitting data?

You will need to sign up with RelayHealth through a simple registration process in which you will verify basic information about your facility, and also indicate the submission method you will be using. This registration step also enhances the security of the submission process.

Will I receive a submissions report?

Yes, but it will be monthly and you will receive your report electronically via email. If you choose to submit batch files and a problem occurs with one of your submission

files, a notification will be emailed to you. This typically occurs minutes after you submit.

Do I already send you all of the information in my claims that you need for PMP?

You will also need to submit Cash transaction information (see below). In addition, there are a few patient information fields that are needed for controlled substance reporting that you may not currently include in your claims. We can assist you (or your chain administrator or system vendor, if appropriate) with the one-time payer setup changes that will cause your system to include that information in claims (if supported by your chain or vendor).

What about Cash transactions? How will you get the dispensing information since there is not a claim?

Cash transactions are captured using a special “mock” third party plan for cash patients and transactions. To use this, your system is set up to send transactions for the special “Cash Capture” plan to a special Cash-Only BIN on our network. There is no transaction fee for these special Cash BIN transactions.

If you currently use our PPE (Pre and Post Editing) services to do editing on your Cash transactions, you may already have this capability set up in your system. If not, we will assist you (or your chain administrator or system vendor, if appropriate) with the one-time Cash Capture setup (if they support this option).

Note. For claims sent to the Cash BIN, our network returns a response with 100% patient copay. The result is that the transaction moves through your system with the patient owing the full amount – just as they would if you did not use the Cash Capture mock plan. Also, there is no transaction fee for these Cash Bin transactions.

In addition, we will be glad to discuss this process directly with you in more detail if you are interested. At your request, we can also provide information about the valuable optional Cash transaction PPE edits that we offer that use the same Cash Capture setup described above. Those Cash Edits are outside the Hawaii PMP program, and thus are not free, but you may find the opportunities they offer for increased revenues, decreased costs, and improved patient care to have value well above the nominal costs.

What if my system vendor (or chain) sets up these kinds of things for me?

We will gladly work with your vendor (or chain) to assist them with the setup process if they are able to support this option. Call our Customer Care team with your vendor’s contact information or provide your pharmacy system vendor with our support information.

Where can I go for more information?

All updated information is posted on the PMP website at <http://pmp.relayhealth.com/HI>.

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Registration Form

The registration form is used to provide necessary information to RelayHealth so you can begin submitting HI PMP data to us. Use this form only if you are unable to use the online registration method.

Batch File on Media Transmittal Form

The transmittal form must accompany every batch file sent on CD, DVD, or 3.5" diskette by U.S. Mail.

Nothing to Report Form

For each week no schedule II-IV controlled substances are dispensed, Hawaii Department of Public Safety requests you submit a Nothing to Report Form. Use the paper form only if you are unable to use the online web form and send to us via FAX.

FAX Cover Sheet

Use this cover sheet with submitting by FAX any paper forms.

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Registration Form

HI PMP Data Submission

Facility DEA#	_____
Pharmacy/Facility Name	_____
Address	_____
City	_____
State	HI
Zip Code	_____
Contact Name	_____
Contact Phone	_____ Ext: _____
Contact Email	_____
FAX	_____
NPI#	_____
NABP/NCPDP#	_____
<i>Not required if NPI included</i>	
Software Vendor or Chain Name	If your facility is independent (non-chain), please enter your pharmacy software vendor below (if any). Otherwise, please enter your chain. _____

Submission Mode
Choose one submission mode

- Batch or Online Forms:**
Submit ASAP4.1 (2009)-formatted batch files via secure Web upload or mailed-in media (CD, DVD, or 3.5" Diskette) and/or use online web forms to report activity.
- Paper:**
Submit paper forms only (requires prior authorization from Hawaii Department of Public Safety)

Note: You may only use one submission mode above. You may change submission mode later by contacting RelayHealth.

***Return completed form to RelayHealth via email
HIPMP@relayhealth.com or FAX 404-728-3205***

Questions? Call Customer Care at 800-892-0333

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Batch File on Media Transmittal Form

HI PMP Data Submission

Today's Date _____ / ____ / ____

Batch File Date Range _____ / ____ / ____ to _____ / ____ / ____

Facility DEA _____

Pharmacy Name _____

Address _____

City _____

State/ZIP _____ ZIP: _____

Contact Name _____

Contact Phone _____ Ext: _____

Contact Email _____

Media Type CD/DVD
 Diskette

Complete this form and return with your CD, DVD, or 3.5" Diskette.

Mail to:

**Mailstop HQ 2.3.5.1
RelayHealth
1564 Northeast Expressway
Atlanta, GA 30329**

***Return completed form to RelayHealth via email
HIPMP@relayhealth.com or FAX 404-728-3205
Questions? Call Customer Care at 800-892-0333***

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Nothing to Report Form (Zero Report)

HI PMP Data Submission

Today's Date _____ / ____ / ____

Date Range _____

For period of no activity _____ / ____ / ____ to ____ / ____ / ____

Facility DEA _____

Pharmacy Name _____

Contact Name _____

Contact Phone _____ Ext: _____

Contact Email _____

I affirm that this information is correct to the best of my knowledge. I swear that I have not dispensed any controlled substances in the data range shown above.

Signature _____

Complete this form and return FAX back to RelayHealth.

FAX: 404-728-3205

***Return completed form to RelayHealth via email
HIPMP@relayhealth.com or FAX 404-728-3205
Questions? Call Customer Care at 800-892-0333***

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B

Acceptable Patient ID Formats

Acceptable Patient Identification Types

HI PMP accepts six forms of Patient ID in PMP data -- Driver's License, other State Issued ID, Military ID, Passport, Social Security Number, and Cardholder ID. To ensure consistency of data across sources, HI PMP requests that information for each ID type be submitted in particular formats as described in this appendix.

NOTE: All information relating to the jurisdictional origin of US issued identification must be conveyed in the PAT01 field. International jurisdiction must be conveyed in the PAT22 field.

IDs for Non-US Citizens (Aliens)

Aliens are required to show a valid passport. No other form of identification from a foreign source is acceptable for an alien *unless* the alien is registered in the United States and has social security numbers for work.

Driver's License Numbers

For a Driver's License, submit the Drivers License number (or code, including any letters), followed immediately by the two character United States/US Territory/US Possession abbreviation (see Table 1 later in this Appendix). *Do not* input spaces, dashes, quotations or comments with a Driver's License number. Foreign driver's licenses are not acceptable.

Other State-Issued Identification Card Numbers

Input and submit the State Identification Card number (see Table 1 later in this Appendix). *Do not* input spaces, dashes, quotations, or comments with a State Identification Card number.

Military Identification Cards

A valid identification card will have nine numbers.

Do not input spaces, dashes, quotations, or comments with a Military Identification Card number. No other country's military identification is acceptable.

Passports

With regards to passports, look at it carefully and copy the numbers and note the *country* name. There is no such thing as an “Asian passport”, “Caribbean passport”, “European passport” or an “African passport”.

Input and submit a valid passport number.

Do not input spaces, dashes, quotations, or comments with a passport number. Any other designations such as passport number only, Country abbreviation first, or other formats a person might devise are not acceptable.

Social Security Numbers

Input and submit just the nine numbers. Do not add any dashes, comments or any other designations.

Presently, the highest number that a social security numbers begins with is 772 (i.e. 772-xx-xxxx). So, a social security number that begins with 773 or higher, is not a valid number. A valid social security number cannot begin with an 8 or 9.

Also, there cannot be all zeros in any of the sub-sections (i.e. 000-xx-xxxx or xxx-00-xxxx or xxx-xx-0000) **The use of dashes here are for illustration only.** *Do not* submit social security numbers with dashes.

All United States citizens and registered aliens who have social security numbers to work in the United States may use it for identification purposes with HI PMP.

Table 1 - Standard Abbreviations for United States and Possessions/Territories

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
American Samoa	AS	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	North Carolina	NC
Delaware	DE	North Dakota	ND
District of Columbia	DC	Northern Mariana Islands	MP
Federated States of Micronesia	FM	Ohio	OH
Florida	FL	Oklahoma	OK
Georgia	GA	Oregon	OR
Guam	GU	Palau	PW
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Puerto Rico	PR
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Marshall Islands	MH	Virgin Islands	VI
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		

Table 2 - Standard Abbreviations for Countries

Afghanistan	AFG	China	CHN
Aland Islands	ALA	Christmas Island	CXR
Albania	ALB	Cocos Islands (Keeling)	CCK
Algeria	DZA	Colombia	COL
American Samoa	ASM	Comoros	COM
Andorra	AND	Congo	COG
Angola	AGO	Congo (The Democratic Republic of)	COD
Anguilla	AIA	Cook Islands	COK
Antarctica	ATA	Costa Rica	CRI
Antigua and Barbuda	ATG	Cote D'Ivoire	CIV
Argentina	ARG	Croatia	HRV
Armenia	ARM	Cuba	CUB
Aruba	ABW	Cyprus	CYP
Australia	AUS	Czech Republic	CZE
Austria	AUT	Denmark	DNK
Azerbaijan	AZE	Djibouti	DJI
Bahamas	BHS	Dominica	DMA
Bahrain	BHR	Dominican Republic	DOM
Bangladesh	BGD	Ecuador	ECU
Barbados	BRB	Egypt	EGY
Belarus	BLR	El Salvador	SLV
Belgium	BEL	Equatorial Guinea	GNQ
Belize	BLZ	Eritrea	ERI
Benin	BEN	Estonia	EST
Bermuda	BMU	Ethiopia	ETH
Bhutan	BTN	Falkland Islands (Malvinas)	FLK
Bolivia	BOL	Faroe Islands	FRO
Bosnia and Herzegovina	BIH	Fiji	FJI
Botswana	BWA	Finland	FIN
Bouvet Island	BVT	France	FRA
Brazil	BRA	French Guiana	GUF
British Indian Ocean Territory	IOT	French Polynesia	FYF
Brunei Darussalam	BRN	French Southern Territories	ATF
Bulgaria	BGR	Gabon	GAB
Burkina Faso	BFA	Gambia	GMB
Burundi	BDI	Georgia	GEO
Cambodia	KHM	Germany	DEU
Cameroon	CMR	Ghana	GHA
Canada	CAN	Gibraltar	GIB
Cape Verde	CPV	Greece	GRC
Cayman Islands	CYM	Greenland	GRL
Central African Republic	CAF	Grenada	GRD
Chad	TCD	Guadeloupe	GLP
Chile	CHL	Guam	GUM

Table 2 - Standard Abbreviations for Countries (Continued)

Guatemala	GTM	Mauritania	MRT
Guernsey	GGY	Maritius	MUS
Guinea	GIN	Mayotte	MYT
Guinea-Bissau	GNB	Mexico	MEX
Guyana	GUY	Micronesia (Federated States of)	FSM
Haiti	HTI	Moldova (Republic of)	MDA
Heard Island and McDonald Islands	HMD	Monaco	MCO
Holy See (Vatican City State)	VAT	Mongolia	MNG
Honduras	HND	Montenegro	MNE
Hong Kong	HKG	Montserrat	MSR
Hungary	HUN	Morocco	MAR
Iceland	ISL	Mozambique	MOZ
India	IND	Myanmar	MMR
Indonesia	IDN	Namibia	NAM
Iran	IRN	Nauru	NRU
Iraq	IRQ	Nepal	NPL
Ireland	IRL	Netherlands	NLD
Israel	ISR	Netherlands Antilles	ANT
Italy	ITA	New Caledonia	NCL
Jamaica	JAM	New Zealand	NZL
Japan	JPN	Nicaragua	NIC
Jordan	JOR	Niger	NER
Kazakhstan	KAZ	Nigeria	NGA
Kenya	KEN	Niue	NIU
Kiribati	KIR	Norfolk Island	NFK
Korea (Democratic People's Republic of)	PRK	Northern Mariana Islands	MNP
Korea (Republic of)	KOR	Norway	NOR
Kuwait	KWT	Oman	OMN
Kyrgyzstan	KGZ	Pakistan	PAK
Laos	LAO	Palau	PLW
Latvia	LVA	Panama	PAN
Lebanon	LBN	Papua New Guinea	PNG
Lesotho	LSO	Paraguay	PRY
Liberia	LBR	Peru	PER
Libyan Arab Jamahiriya	LBY	Philippines	PHL
Liechtenstein	LIE	Pitcairn	PCN
Lithuania	LTU	Poland	POL
Luxembourg	LUX	Portugal	PRT
Macau	MAC	Puerto Rico	PRI
Macedonia	MKD	Qatar	QAT
Madagascar	MDG	Reunion	REU
Malawi	MWI	Romania	ROU
Malaysia	MYS	Russian Federation	RUS
Maldives	MDV	Rwanda	RWA
Mali	MLI	Saint Helena	SHN
Malta	MLT	Saint Kitts and Nevis	KNA
Marshall Islands	MHL	Saint Lucia	LCA
Martinique	MTQ	Saint Pierre and Miquelon	SPM

Table 2 - Standard Abbreviations for Countries (Continued)

Saint Vincent and the Grenadines	VCT	Togo	TGO
Samoa	WSM	Tokelau	TKL
San Marino	SMR	Tonga	TON
Sao Tome and Principe	STP	Trinidad and Tobago	TTO
Saudi Arabia	SAU	Tunisia	TUN
Senegal	SEN	Turkey	TUR
Serbia	SRB	Turkmenistan	TKM
Seychelles	SYC	Turks and Caicos Islands	TCA
Sierra Leone	SLE	Tuvalu	TUV
Singapore	SGP	Uganda	UGA
Slovakia	SVK	Ukraine	UKR
Slovenia	SVN	United Arab Emirates	ARE
Solomon Islands	SLB	United Kingdom	GBR
Somalia	SOM	United States	USA
South Africa	ZAF	United States Minor Islands	UMI
South Georgia and the South Sandwich Isles	SGS	Uruguay	URY
Spain	ESP	Uzbekistan	UZB
Sri Lanka	LKA	Vanuatu	VUT
Sudan	SDN	Venezuela	VEN
Suriname	SUR	Viet Nam	VNM
Svalbard and Jan Mayen	SJM	Virgin Islands (British)	VGB
Swaziland	SWZ	Virgin Islands (U.S.)	VIR
Sweden	SWE	Wallis and Futuna	WLF
Switzerland	CHE	Western Sahara	ESH
Syrian Arab Republic	SYR	Yemen	YEM
Taiwan (Province of China)	TWN	Yugoslavia	YUG
Tajikistan	TJK	Zambia	ZMB
Tanzania (United Republic of)	TZA	Zimbabwe	ZWE
Thailand	THA		