



Massachusetts Prescription Monitoring Program Frequently Asked Questions

Frequently Asked Questions about implementation of 2008 amendments to regulations at 105 CMR 700.000, 105 CMR 701.000, 247 CMR 2.00 and 247 CMR 5.04 to enhance the Massachusetts Prescription Monitoring Program.

FAQ last updated on December 31, 2008.

Note: This FAQ contains references to names and code values of data elements from the *ASAP 2005* and *ASAP 2007 Implementation Guide for the ASAP Standard for Prescription Monitoring Programs*. The names and code values are technical references for software providers. It is expected that data entry screens will be customized to display more user-friendly terminology and choices for pharmacists and technicians. The software will translate the user-friendly codes to the ASAP values for submission to the PMP.

1 GENERAL IMPLEMENTATION QUESTIONS

1.1 REGULATION CHANGES

1.1.1 Q) What changes are there to existing Prescription Monitoring Program (PMP) regulations?

A) Briefly, the amendments:

- Authorize the Massachusetts Department of Public Health (DPH) to provide dispensing information on Schedule II controlled substances to practitioners and pharmacies for clinical assessment and harm reduction;
- Require pharmacies to report to the DPH additional information about Schedule II prescriptions to increase utility of the database; and
- Change the previous customer identification provision from a request to a requirement that positive identification be presented before the dispensing of Schedule II drugs to reduce opportunities for prescription fraud.

For additional information, visit www.mass.gov/dph/dcp.

1.2 Copies of Regulations

1.2.1 Q) Is it possible to obtain a copy of the new regulation?

- A) To obtain official copies of the regulations, you can go to the Massachusetts State Bookstore on the web at <http://www.sec.state.ma.us/spr/sprcat/catidx.htm>.

The Prescription Monitoring Program (PMP) is authorized by joint regulations of the DPH Drug Control Program (DCP) and the Massachusetts Board of Registration in Pharmacy (Board). The DCP and Board regulations were amended in calendar year 2008 at 105 CMR 700.000, 105 CMR 701.000, 247 CMR 2.00 and 247 CMR 5.04 to enhance the PMP, including the provision that requires pharmacies to inspect customers' IDs.

1.3 Effective date for changes

1.3.1 Q) When do the amendments to the PMP regulations become effective?

- A) Amendments to the PMP regulations were made jointly by the DCP and the Board during 2008. Both sets of regulations are in effect as of January 1, 2009 for purposes of compliance.

Beginning January 1, 2009, for every Schedule II prescription dispensed, pharmacies are required to record all the prescription information mandated in the 2008 amended PMP regulations. The requirement for the pharmacy to obtain and record positive identification from the customer also begins on that date.

Effective February 1, 2009, pharmacies are required to submit to Atlantic Associates Inc., the Department's contracted data collector, all information mandated in the 2008 amended PMP regulations (i.e., beginning with records of prescriptions dispensed in January, 2009).

1.4 Guidance for pharmacies

1.4.1 Q) What guidance is available on the information the pharmacy will be required to report?

- A) Follow the "Prescription Monitoring Program (PMP)" link at <http://www.mass.gov/dph/dcp> for the guidance document *Prescription Monitoring Program (PMP) Handbook for the Pharmacist and Pharmacy Software Provider*.

1.5 *Guidance for software providers*

1.5.1 Q) How can software providers obtain technical guidance for implementing the regulation?

A) The above-mentioned *Handbook* contains the technical guidance information for pharmacy software providers. For additional information, software providers can contact:

Atlantic Associates, Inc.
Prescription Collection
8030 S. Willow Street
Bldg III, UNIT 3
Manchester, NH 03103
(800) 539-3370
data@aainh.com

1.6 *Dispensing Information for practitioners and pharmacies*

1.6.1 Q) When will dispensing information be provided to practitioners and pharmacies?

A) Reports will be provided to practitioners and pharmacies at the initiative of the Department based upon detection of questionable prescription activity.

An analyzable database, incorporating the new information required by the amendments, is a necessary first step. There will be significant lead time until this new program is up and running and dispensing information can be provided to practitioners and pharmacies. For further information, see the links below.

2 **ADDITIONAL INFORMATION AND CONTACTS**

2.1 *Additional Information*

2.1.1 Q) Is there a website or update document that we can receive or access?

A) Updates to the *PMP Handbook* and *Frequently Asked Questions (FAQ)* and other background information from the Drug Control Program are available by following the "Prescription Monitoring Program (PMP)" link at website <http://mass.gov/dph/dcp>.

The Board of Registration in Pharmacy website is at:
<http://www.mass.gov/dph/boards/ph>.

2.2 *Contact Information*

2.2.1 Q) Can you provide contact information?

A) E-mails can be sent to: dcp.dph@state.ma.us.

For general questions, call: Adele D. Audet 617-983-6721.

or for technical questions call: Arnold Bilansky 617-983-6712.

For software or submission of data questions, contact Atlantic Associates, Inc.; their contact information is in 1.5.1 above.

3 PRESCRIPTION RECORDS THAT MUST BE SUBMITTED TO THE MA PMP

3.1 Dispensed prescriptions to non-residents of Massachusetts

- 3.1.1 Q) When a pharmacy in Massachusetts dispenses a Schedule II prescription to a non-resident of Massachusetts, does the pharmacy have to submit the prescription information to the PMP?
- A) Yes. Information on all Schedule II prescriptions dispensed by a pharmacy located in Massachusetts must be submitted to the PMP regardless of the location or residence of the patient or the prescriber.

3.2 Registered Massachusetts Health Care Facilities

- 3.2.1 Q) What is considered a registered health care facility that must submit data on Schedule II prescriptions to the MA PMP?
- A) It is a facility, i.e., a hospital or clinic, that 1) has a Massachusetts Controlled Substances Registration from the DCP; and 2) has a pharmacy that dispenses Schedule II controlled substances pursuant to a prescription.

3.3 Prescriptions for inpatients

- 3.3.1 Q) Are hospital or clinic inpatient pharmacies required to submit data if they only fill medication orders for their inpatients?
- A) Pharmacies in registered health care facilities where prescribers only write medication orders that are filled and administered within the facility (i.e., inpatients) are not affected by this regulation.

3.4 Long term care facility reporting

- 3.4.1 Q) Do long term care facilities have to report to the PMP?
- A) There are no pharmacies in long term care facilities (nursing homes and rest homes) in Massachusetts, therefore such facilities are not required to report to the PMP. However, see question 4.5.1 for requirements affecting pharmacies that dispense prescriptions for residents of long term care facilities.

3.5 Mail Order Pharmacies

3.5.1 Q) Are mail order pharmacies located in Massachusetts required to submit data on prescriptions for Schedule II drugs shipped to patients in other states?

A) Pharmacies located in Massachusetts are required to report all the prescriptions for Schedule II drugs they dispense, regardless of the location of the patients to whom the prescriptions are dispensed. Thus, mail order pharmacies located within Massachusetts are required to report all prescriptions for Schedule II drugs they dispense.

3.5.2 Q) Are mail order pharmacies located in other states required to submit data to the MA PMP when they ship prescriptions for Schedule II drugs to patients in Massachusetts?

A) Mail order pharmacies located in other states are not required to report to the Massachusetts PMP, even when they dispense for patients located in Massachusetts.

4 CUSTOMER IDENTIFICATION

4.1 Requiring customer to show identification

4.1.1 Q) When do pharmacies have to start requiring identification when customers present Schedule II prescriptions at the pharmacy?

A) Pharmacies must require identification for Schedule II prescriptions as of January 1, 2009.

Pharmacies must inspect customer identification and collect ID information for all prescriptions for Schedule II drugs dispensed on and after January 1, 2009. Pharmacies have the option of inspecting customer ID and collecting information either when the customer presents the written prescription at the pharmacy or when the customer receives the filled prescription, whichever works better for the work flow.

Note 1: The customer is the person presenting the written prescription to the pharmacy or the person receiving the filled prescription. The customer and patient may be the same individual, but need not be the same. For example, the customer may be a parent presenting a written prescription for a child, or a relative receiving a filled prescription for a housebound family member, or a pet owner.

Note 2: Many pharmacies may routinely inspect customer identification and record the information when written prescriptions for Schedule II drugs are presented at the pharmacy. However, there may be circumstances that make this impractical, for example when a physician mails a prescription to the pharmacy. In such instances, the pharmacy would, instead, inspect the customer ID and collect the information when the customer receives that filled prescription.

- 4.1.2 Q) When a customer presents a written prescription at the pharmacy, will the pharmacist or technician have to check the prescription to see if it is for Schedule II drugs before the person can leave, in case identification is required?
- A) If a pharmacy routinely inspects customer identification at the time written prescriptions for Schedule II drugs are presented at the pharmacy it would be necessary for the pharmacist or technician to determine if the prescription is for a Schedule II drug before the customer leaves the counter.
- Otherwise, if the pharmacy determines the prescription is for a Schedule II drug after the person leaves, the pharmacy will have to inspect the identification and enter the data of the person who later comes back to receive the prescription.

4.2 Issuing Jurisdiction of Customer ID data element

- 4.2.1 Q) Where is there a list of valid country codes to enter into data element AIR03 [Issuing Jurisdiction (of AIR05 ID)]. For example, for a Japanese passport, would we enter JP or JAP?
- A) The List of Jurisdictions is published as Appendix A of the ASAP 2007 standard, i.e., the *Implementation Guide for the ASAP Standard for Prescription - Monitoring Programs 2007*. Most of the codes are the United States Postal System codes for US states and Canadian Provinces. For a federally issued ID, use "US."
- Very few foreign countries are listed. For any jurisdiction not explicitly listed in the List of Jurisdictions, use the code "OT" for *Other*.
- To purchase a copy of the *ASAP Implementation Guide*, visit www.ASAPnet.org.

4.3 ID Qualifier data element

- 4.3.1 Q) When using the MA Registry of Motor Vehicles Identification in the Customer ID (AIR05), what value do we use in the ID Qualifier (AIR04)?
- A) Use "02" for *State issued ID*.

4.4 Customer ID data element

- 4.4.1 Q) If the patient drops off/picks up the prescription and the pharmacy already has an identifier entered for that patient (e.g. Drivers License Number), is it permissible for the pharmacy system to automatically populate the ID entered for the patient or must the ID be manually entered for each prescription?
- A) The ID should not be automatically entered because the pharmacist or technician must:

- Examine the ID presented (should be a photo ID whenever possible).
- Confirm that the person on the ID is the same as the person presenting the written prescription or receiving the filled prescription.
- Determine if this person is the patient or someone else, and enter the correct code in the Relationship of Person Picking up Rx field.
- Determine if the type of ID presented is a driver license or which other acceptable form of ID and enter the correct code in ID Qualifier field.
- Enter into the Customer ID field the driver's license number or other acceptable ID number from the ID presented (this is the only way to assure that the ID number entered into the customer ID field is current and the one shown to the pharmacist or technician).

4.4.2 Q) Do we need to store both the drop off and pick up persons' information?

A) No.

4.5 Customer ID for residents in Long Term Care Facilities and other DPH Licensed Health Care Facilities

4.5.1 Q) When pharmacies deliver residents' medications to facilities licensed by the DPH, such as nursing homes and rest homes, how do the pharmacies fill in the Customer ID data fields? Is this the pharmacy's delivery person or the person who receives the prescription at the facility? How does the pharmacy inspect the customer's identification?

A) In such instances, DPH permits the pharmacy to consider the licensed facility as the "Customer" because the facility is the patient's agent, with respect to transmitting prescriptions to the pharmacy, receiving the medications, administering them to the resident, and safeguarding the medications.

Pharmacies providing Schedule II drugs to DPH licensed facilities should submit data in the ASAP 2007 format because it has the data elements required for properly recording the patient's location and the customer ID data elements. Pharmacies should populate the relevant ASAP 2007 fields as follows:

- PAT21 [Patient Location Code] – Enter "03" for *Nursing Home*, "04" for *Long-Term/Extended care*, or "05" for *Rest Home*.
- AIR03 [Issuing Jurisdiction (of the AIR05 ID)] – Enter "MA" for *Massachusetts*.
- AIR04 [ID Qualifier of the AIR05 ID] – Enter "02" for *State issued ID*.
- AIR05 [ID of Person Dropping Off or Picking Up Rx (Customer ID)] - Enter the DPH issued Division of Health Care Quality license number of the facility. Contact Atlantic Associates for a copy of the list of the

Division of Health Care Quality license numbers – see contact information above.

- AIR06 [Relationship of Person Dropping Off or Picking Up Rx] – Enter “99” for *Other* person.

4.6 *Customer ID for residents in Assisted Living Residences and Community Programs*

4.6.1 Q) Some pharmacies deliver residents’ medications to assisted living residences (ALRs) that are certified by the Executive Office of Elder Affairs (EOEA) where residents may be in a Self Administered Medication Management or Limited Medication Administration program. Can the pharmacy use a facility’s EOEA certification as the customer ID, similar to the provision described in this FAQ regarding DPH licensed health care facilities? If not, how does the pharmacy fill in the Customer ID data fields? How does the pharmacy inspect the customer’s identification?

A) The pharmacy may not use the facilities’ EOEA certification to fulfill the Customer ID requirements because ALR’s relationships to their residents, regarding safeguarding and use of Schedule II Controlled Substances, is not comparable to DPH licensed health care facilities. The ALR residents retain ultimate legal responsibility for their Schedule II medications.

Nonetheless, the MA PMP recognizes that 1) ALRs have staff members who receive the medications delivered by pharmacies; 2) it would be impractical for pharmacies to inspect each resident’s ID; and 3) the residences provide a controlled environment in which staff provide supervision for multiple residents, oversee each other’s work, and provide oversight on access to medications.

Therefore, the MA PMP will permit pharmacies to fulfill the Customer ID requirement by having the staff person who receives the prescriptions print his or her name, sign and date a document that lists the patient’s name and prescription number. When multiple Schedule II filled prescriptions are delivered to one facility in a single delivery, the staff person may sign and date a manifest or other single document that lists all the residents’ names and prescription numbers for that single delivery.

The pharmacy’s courier must return the completed and signed document to the pharmacy for filing. Upon receipt of the signed document, the pharmacy will enter information into the computer record for each prescription.

Pharmacies providing Schedule II drugs to ALRs should submit data in the ASAP 2007 format because it has the data elements required for properly recording the patient’s location and the customer ID data elements.

Pharmacies should populate the relevant ASAP 2007 fields as follows:

- PAT21 [Patient Location Code] – Enter “02” for Intermediary Care.
- AIR03 [Issuing Jurisdiction (of the AIR05 ID)] – “MA”.

- AIR04 [ID Qualifier of the AIR05 ID] – "99" for Other.
- AIR05 [ID of Person Dropping Off or Picking Up Rx (Customer ID)] - Enter "ALR signed"
- AIR06 [Relationship of Person Dropping Off or Picking Up Rx] – Enter "99" for Other person.

4.6.2 Q) Some pharmacies deliver residents' medications to community programs funded, operated, or licensed by the Department of Mental Health (DMH) or Department of Mental Retardation (DMR) that are part of the Medication Administration Program (MAP). Can the pharmacy use a program's DPH registration number or another number as the Customer ID number? If not, how does the pharmacy fill in the Customer ID data fields? How does the pharmacy inspect the customer's identification?

A) The DPH registration number or other agency numbers may not be used as "Customer ID" for the same reasons as described in 4.6.1 above.

Pharmacies may follow the same procedures for DMH and DMR facilities as described in 4.6.1 above, except the data entry for one data element will be different, i.e.:

- AIR05 [ID of Person Dropping Off or Picking Up Rx (Customer ID)] - Enter "MAP signed"

The other data elements should be entered into ASAP 2007 format the same way as in 4.6.1 above.

4.7 Customer ID for hospital outpatients

4.7.1 Q) A large portion of our hospital outpatient population fall into categories making it unlikely they would possess one of the approved forms of ID, for example indigent persons, foreign speaking, illegal, under age non-drivers, and others. Can we use the hospital issued identification card or other form of ID?

A) No. The pharmacy may not use the hospital issued identification card to enter into the customer ID data element. To meet the DPH regulations, the pharmacy will have to use the exception to the Customer ID requirements for such persons, which include the patient printing their name and signing on the reverse of the prescription, and the pharmacy recording of the reason for the exception, and entering "cust signed rx" in the Customer ID field – see 4.11.1 and 4.11.2 below.

Note: For a person who doesn't have one of the four specified forms of identification, the pharmacy may want to require that person to show a hospital issued ID when he or she picks up the prescription, in order to verify this is the person for whom the Schedule II prescription is intended.

4.7.2 Q) Quite often, prescriptions are dropped off at the hospital pharmacy by physicians, nurses, or office assistants, or received via pneumatic tube. Our

process operationally will be to utilize identification at drop-off; however, this may be problematic for hospital staff. Could we use the patient Hospital ID or other alternative?

A Hospital Patient ID cannot be recorded in the Customer ID data element.

While the pharmacy's routine practice may be to inspect customer ID and enter the information into the computer when the written prescription is presented, the pharmacy is not required to do this for all prescriptions, i.e. for some prescriptions the pharmacy can inspect the customer ID and enter the information when the customer receives the filled prescription.

To help identify potential drug diversion, it would be preferable for the hospital pharmacy to provide ID information regarding the person who receives the filled prescription, rather than hospital staff who present the prescription to the pharmacy.

4.8 Customer ID when pharmacies deliver medications to residences

4.8.1 Q) When pharmacies deliver medications to persons' residences, how do they inspect Customer ID and fill in the data fields for Customer ID?

A) For pharmacies delivering prescriptions for Schedule II drugs to a patient's residence, the pharmacy may obtain identification information from either the person who had presented the prescription to the pharmacy or the person who receives the prescription at the residence.

If a pharmacy has not inspected the ID and obtained the information when the written prescription is presented to the pharmacy, the pharmacy's courier must inspect the ID of the person who receives the prescription at the residence, record all the customer ID information, and bring the information back to the pharmacy for data entry.

If no one is home when the courier attempts delivery, the prescription can be left at the residence, in order to avoid disruption of patient care. However, the courier should leave a form to be completed and mailed back to the pharmacy by the person who receives the filled prescription. The courier should write onto the form the patient's name and address and the prescription number (or, if the pharmacy prefers, they could photocopy the prescription onto one side of the form). The form should provide spaces for the person receiving the prescription to complete:

- Printed name of person receiving the prescription.
- Address of person receiving the prescription.
- Signature of person receiving the prescription.

A note should be left with the form requesting the person receiving the filled prescription to complete, sign and put the completed form in the mail within

72 hours and advising that if this is not done, the pharmacy will be unable to leave filled prescriptions at the residence in the future when no one is there.

Upon receipt of the mailed-in form, the pharmacy should enter information in the Customer ID data elements as explained in “Exception: when customer ID cannot be presented” see 4.11.1 and 4.11.2 below.

Note: A pharmacy may choose to inspect the ID and collect the ID information when the customer presents the written prescription to the pharmacy for some prescriptions and when the customer receives the filled prescription for other prescriptions, but for every Schedule II prescription they must inspect and obtain the Customer ID information, with only one exception, as described in 4.11.1 and 4.11.2 below.

4.9 Customer ID for hospice patients who reside in their own home or other dwelling not licensed by the Department of Public Health.

4.9.1 Q) Some pharmacies deliver Schedule II Controlled Substances to enrollees in a hospice program (licensed under 105 CMR 141.000) who reside in their own homes or other dwelling not licensed by the Department of Public Health. Can the pharmacy use a hospice program’s license numbers as the customer ID numbers? If not, how does the pharmacy fill in the Customer ID data fields? How does the pharmacy inspect the customer’s identification?

A) The pharmacies may not use a hospice program’s license number as the “Customer” ID because the program’s relationship to individuals under their care, regarding safeguarding and use of Schedule II Controlled Substances, is not comparable to DPH licensed health care facilities, in ALRs or registered community programs. The hospice patients are not being treated as part of a congregate group under the same level of staff supervision and observation.

The pharmacies should follow the procedure described in 4.8.1 above.

4.10 Customer ID for home infusion patients

4.10.1 Q) Our company is a home infusion provider. Prescriptions for parenteral Schedule II drugs are typically faxed to our facility [in accordance with 21 CFR – Part 1306.11(e)], prepared and delivered to the patient in conjunction with one of our nurses visiting the patient. In our admission process we obtain patient demographics and would typically collect the patient's social security number as an identifier. Is this acceptable?

A) No. The patient’s social security number would not meet the new requirements. Nor would another ID collected at time of admission be acceptable, except for the initial prescription. The regulation requires that a customer ID be inspected and data entered for each prescription.

At the time of delivering the Schedule II prescription to the patient, the pharmacy's representative (nurse or other courier) would be responsible for 1] inspecting the identification of the person to whom the prescription is delivered (care giver, patient, or other patient agent), 2] collecting the identification information, and 3] bringing the information back to the pharmacy for data entry.

If, for some reason, no one is home when the nurse or courier attempts delivery, the pharmacy may use the procedure outlined in 4.8.1 above

4.11 Exception: when customer ID cannot be presented

4.11.1 Q) When a customer cannot show an ID, where does the pharmacist document the reason (as required in the regulations) for dispensing a Schedule II prescription?

A) Each pharmacy may develop its own internal method for documenting (in a readily retrievable format) the reason the pharmacist determined that failure to dispense the controlled substance would result in a serious hardship for the ultimate user or agent of the ultimate user. Examples of where to record the documentation would be: on the prescription; or in the pharmacy software system.

In addition, the pharmacy must:

- Have the customer (the ultimate user or agent of the ultimate user) print his or her name and address on the reverse side of the prescription and must sign his or her name thereto.
- Enter "cust signed rx" in the Customer ID field rather than leaving the field blank.

4.11.2 Q) When utilizing the Exception, what will pharmacists enter into the other required fields regarding the Customer? We know the pharmacist will enter "cust signed rx" in the Customer ID field, but other fields are required.

A) For pharmacies using ASAP 2007 format, populate the relevant fields as follows:

- AIR03 [Issuing Jurisdiction (of AIR05 ID)] - Leave blank
- AIR04 [ID Qualifier of Person Dropping Off or Picking Up Rx] – Leave blank.
- AIR05 [ID of Person Dropping Off or Picking Up Rx (Customer ID)] - Enter "cust signed rx"
- AIR06 [Relationship of Person Dropping Off or Picking Up Rx] – Enter "01" if the person is the *Patient* or "99" for any *Other* person

For pharmacies using the ASAP 2005 format, populate the relevant fields as follows:

- CSR03 [ID Qualifier (of person picking up Rx)] – Leave blank

- CSR04 [ID of Person Picking up Rx (Customer ID)] - Enter "cust signed rx"
- CSR05 [Relationship of Person Picking up Rx] - Enter "01" if the person is the *Patient* or "05" for any *Other* person

4.11.3 Q) Does the exact wording – “cust signed rx” -- need to be populated in the Customer ID field if an exception is allowed? Our Customer ID field is currently 12 characters wide and “cust signed rx” is 14 characters wide.

A) Yes, the exact wording, “cust signed rx,” is required. In order for pharmacies to comply with the ASAP standards, the Customer ID data element must be 20 characters. Because the pharmacy’s data element field needs to be widened to comply with the ASAP standard, the full text “cust signed rx” must be used.

Note: This 20 character width has been the standard in all versions of ASAP because the Customer ID may be issued by one of a large number of jurisdictions (including foreign countries) with a variety of widths.

4.11.4 Q) What is the Massachusetts regulation referring to as the “ultimate user or agent of ultimate user” in the “The Only Exception to the Customer ID Requirement” box of the *Handbook*? “

A) The ultimate user is the person who consumes the Schedule II controlled substances. The agent of the ultimate user is a person who presents the prescription or receives the filled prescription on behalf of the ultimate user. The “ultimate user or agent of ultimate user” is the language used in the amended Massachusetts PMP regulations to refer to the customer (i.e., the person who presents the written prescription to the pharmacy or the person who receives the filled prescription).

4.11.5 Q) If the customer only has a passport ID, does the PMP have a preference as to whether the pharmacy should enter “cust signed rx” in the customer ID field or entering the passport ID.

A) If a customer has any of the PMP approved ID’s (driver’s license, RMV ID, military ID, or passport), that ID must be used for data entry. Therefore, the answer to this question is that the passport ID should be data entered.

4.12 *Customer ID for MassHealth recipients who do not have any of the required forms of ID.*

4.12.1 Q) Can the MassHealth Recipient Identification card number or the Recipient Eligibility Verification System (REVS) be inspected by pharmacies and be entered in the Customer ID data fields, especially for non-citizens who obtain prescription drug coverage under the Commonwealth's Health Safety Net Trust fund pursuant to 114.6 CMR 13.00?

A) No. If the customer cannot show one of the four approved forms of identification, then the exception procedure must be followed, see 4.11.1 above and 4.11.2 above.

The purpose of the Customer ID requirements is to inhibit fraud at the point of dispensing of Schedule II Controlled Substances drugs by requiring individuals to be positively identified through showing picture IDs to pharmacists. If they have none of the PMP approved forms of customer ID, to provide identifying information the customer must print his or her name and address and sign the back of the prescription before they receive the medication.

The MassHealth Recipient Identification cards lack photographs and may be subject to fraudulent use and forgery for the purposes of obtaining of Schedule II Controlled Substances.

5 OTHER DATA ELEMENTS

5.1 *Patient Location Code*

5.1.1 Q) What are the descriptions and acceptable values used to report PAT21 [Patient Location Code] in the ASAP 2007 format?

A) The code values that the MA PMP requires are provided in the Implementation Guide for the ASAP Standard for Prescription - Monitoring Programs 2007. To purchase a copy of the *ASAP Implementation Guide*, visit www.ASAPnet.org.

5.2 *Method of Payment*

5.2.1 Q) If a Third Party Payer returns a paid response for a controlled substance prescription but that response states that the patient pays the cost because of a deductible plan, should the value used be "01" (Private Pay) or "99" (Other)?

A) If a Third Party Plan is adjudicating this prescription, even though the result is that the patient pays the full cost of the prescription, then the value "99" (Other) is to be used. This applies to both:

- PLN04 [Classification Code for Plan Type] when submitting PMP data in ASAP 2005 format.

- DSP16 [Classification Code for Payment Type] when submitting PMP data in ASAP 2007

5.3 Transaction Set Control Number

- 5.3.1 Q) How should pharmacies' software fill in the TH02 and TT01 Transaction Set Control Number data elements in ASAP 2007 (TH03 and TT01 in ASAP 2005) which ASAP defines as a maximum of ten characters wide? The question arises because the Handbook says to use the file name (DEA number plus date stamp plus ".txt") to fill the data elements. Since the PMP Handbook now specifies that the filename include a stamp the file names are longer than ten characters.
- A) Use only one transaction batch per file, i.e., only one opening Transaction Header segment and only one closing Transaction Trailer segment:
- TH02 and TT01, the Transaction Set Control Number data elements in ASAP 2007 (TH03 and TT01 in ASAP 2005) should be the first ten characters of the file name.
 - If the file contains data for only one pharmacy, the Transaction Set Control Number data elements can contain just the pharmacy's DEA number.
 - Submitters sending data for multiple pharmacies in a single file should contact Atlantic Associates to agree upon a file naming convention other than utilizing a DEA number.

6 OTHER ISSUES

6.1 Schedule II prescriptions not picked up.

- 6.1.1 Q) Data for prescriptions for Schedule II drugs might be submitted to the MA PMP that the customer never comes back to pick up, resulting in the pharmacy returning the medication to their stock. How should the pharmacy proceed to reverse or cancel the submitted MA PMP data? Should the transaction be re-sent with a negative quantity? Should these transactions be sent separately from the pharmacy's normal submission?
- A) Pharmacies submitting data in ASAP 2007 format will use the DSP01 [Reporting Status] data element and enter "02" *Cancel* (Rx not picked up and returned to stock). The other data elements must be entered exactly as initially reported. (i.e., If the metric quantity initially reported as dispensed was 30, in the cancel record also report it as 30). Do not use negative numbers.

Please alert Atlantic Associates through e-mail, phone call or letter to tell them to expect a change batch. Also, be sure to batch together only records with the same DSP01 code value.

Pharmacies submitting data in ASAP 2005 format should contact Atlantic Associates for guidance in canceling or reversing data submission records.

6.2 Schedule II prescriptions changed or incorrectly sent to the PMP

6.2.1 Q) After submitting information to the MA PMP, what should a pharmacy do if they find that a prescription record must be changed or that they submitted one or more prescriptions that should not have been submitted?

A) Pharmacies submitting data in ASAP 2007 format will use the DSP01 [Reporting Status] data element and enter "01" *Change* or "03" *Purged* (Rx reported in error) and then follow the procedure described above.

Pharmacies submitting data in ASAP 2005 format should contact Atlantic Associates for guidance in canceling or reversing data submission records.

6.3 Stop Time

6.3.1 Q) Is there a "stop time" for using the ASAP 2005 format, or, can pharmacies continue to use it indefinitely?

A) There is no stop time built in. ASAP 2005 and ASAP 2007 will be used until either do not provide the needed functionality.