

# **Ontario Public Drug Programs Network**

## **Technical Specifications Manual**

**Version: 5.3**

**Version Date: September 3, 2025**

## **Introduction to this manual**

The Ministry of Health (hereinafter referred to as MOH) operates the Health Network System (hereinafter referred to as HNS) for administering Ontario Public Drug Programs. This manual provides detailed technical information necessary to communicate with HNS.

## Revision history

| Version | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.3     | This version updates the Ontario Public Drug Programs (OPDP) Network Technical Specifications Manual with revisions to existing content and new additions.                                                                                                                                                                                                                                                                                                                                        |
| 5.0     | This version contains specifications for communicating with the Narcotics Monitoring System (hereinafter referred to as the NMS)                                                                                                                                                                                                                                                                                                                                                                  |
| 5.1     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5.2     | <p>The sections that have most recently been changed are:</p> <ul style="list-style-type: none"> <li>• Section One – which now contains message interface specifications for the NMS</li> <li>• Section Three – which addresses Pharmacy Software Conformance Specifications</li> <li>• Section Nine – new section for Narcotics Monitoring System Monitored Drugs List</li> </ul>                                                                                                                |
| 4.1     | This version covers communication using the TCP/IP protocol and the new electronic mail communication using eHealth Ontario Agency's ONEMail product. Note that the previous version's sections regarding connectivity via Datapac and the old Pharmacy Email/Bulletin Board System have been removed and are no longer supported. In addition, the old Section Two addressed direct connection by a pharmacy. This is no longer supported – all connections are to be made via an Acquirer Host. |
| 4.0     | This version has been expanded to include communication using the TCP/IP protocol in addition to connectivity via Datapac                                                                                                                                                                                                                                                                                                                                                                         |
| 3.1     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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## **SECTION ONE : PHARMACY MESSAGE INTERFACE SPECIFICATION**

### **1.1. Introduction**

#### **1.1.1. Overview**

Section One describes the message interface between the Ontario Public Drug Programs' Online Claims Adjudication System and pharmacy computer systems, and additionally the Ontario Public Drug Programs Narcotics Monitoring System and pharmacy computer systems. Connectivity is provided via the Ontario Health's ONE™ Enterprise high speed TCP/IP Network.

#### **1.1.2. Purpose and Scope**

Provided here is detailed information about the message format used for all types of access methods. The format of the transaction request and response messages exchanged between the pharmacy and the Ontario Public Drug Programs Online Adjudication System and/or the Ontario Public Drug Programs NMS, are provided along with the corresponding field contents and the Ministry's interpretations.

This material is to serve as a specification for Pharmacy Software Vendors or Developers to create a programmatic interface to the HNS.

**1.1.3. Assumptions**

1. All System Developer/Software Vendors who are supporting operational installations in the province of Ontario are in receipt of the Ministry's standard.
2. All System Developer/Software Vendors who are supporting operational installations in Ontario also have Version 3 of the Canadian Pharmaceutical Association Pharmacy Claim Standard and Asynchronous Communications Standard. To receive a copy, contact:

**Canadian Pharmacists Association**

851 Industrial Avenue

Mailbox M035

Ottawa, ON K1G 4L3

Tel: 1-800-917-9489 or 613-523-7877

Fax: 613-523-0445

**Customer Service:** [service@pharmacists.ca](mailto:service@pharmacists.ca)**General Inquiries:** [info@pharmacists.ca](mailto:info@pharmacists.ca)**1.1.4. References**

The document used in the preparation of this material:

Canadian Pharmaceutical Association Pharmacy Claim Standard and Asynchronous Communications Standard, Version 3, April 1995 under ISBN 0-919115-52-7. Content has been updated as Version 3.237, May 13, 2025.

## **1.2. General Message Formats**

Described here is the format for both the transaction request and the response messages exchanged between the Pharmacy Application System and the Ontario Public Drug Programs' Online Claims Adjudication and Narcotics Monitoring System. The message formats are based on version 3.0 of the CPhA message standard.

### **1.2.1. Rules**

#### **Message Rules**

The Ministry has adopted the CPhA Version 3 as a minimum standard, and has made some optional CPhA defined fields mandatory to assist in the processing of host functions.

As the CPhA standard is based on fixed length records, every field must be transmitted to the host. Fields marked as "Not Applicable" are not used in the adjudication process by the Ministry and must contain either zeroes or spaces, as specified in CPhA Version 3, or the transaction will not be processed.

#### **Business Rules Examples**

Claims submitted for prescriptions filled for recipient(s) in a long-term care facility will be submitted in Real Time mode. All Real Time claims submitted with a Provider Transaction Date (Field # B.22.03) older than seven days from the processing date will be rejected at the host. Claims in this category must be submitted on paper.

Extemporaneous mixtures which do not have an assigned PIN are submitted by identifying the highest total cost active DIN from within the mixture and indicating that DIN in the DIN/GP#/PIN field (Field # D.56.03)

## 1.2.2. Supported Transaction Codes

The following transaction codes are supported in the Ontario Public Drug Programs' On- line Claims Adjudication System and supported in the NMS where specified:

| Transaction Code (Request) | Explanation                                                                                                         | Processor Code (Response) | Explanation                                                                                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01                         | Transaction with one (1) pay provider claim, or narcotic information transaction                                    | 51                        | Response to a pay provider claim for real-time adjudication, or response to a narcotic information transaction.                                                   |
| 11                         | Transaction for reversal of a pay provider claim, or narcotic information transaction reversal.                     | 61                        | Response to request for reversal of a pay provider claim which has been adjudicated, or response to a request for reversal of a narcotic information transaction. |
| 30                         | Transaction requesting the accumulated totals for a specific adjudication date.                                     | 80                        | Response to a transaction requesting the accumulated totals for a specific adjudication date.                                                                     |
| 31                         | Transaction requesting detailed record of claims for a specific adjudication date. (Max 14)                         | 81                        | Response to a request for detailed record of accepted claims.                                                                                                     |
| 32                         | Transaction requesting detailed record of reversals, of claims processed for a specific adjudication date. (Max 14) | 82                        | Response to a request for a detailed record of reversals of same date claims.                                                                                     |

|    |                                                                                                                                              |    |                                                                   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------|
| 33 | Transaction requesting detailed record of reversals, for claims processed prior to the adjudication date specified in this request. (Max 14) | 83 | Response to a request for a detailed record of prior date claims. |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------|

**Note:**

For details of the actions for each of the supported transaction codes, please refer to the Canadian Pharmaceutical Association Pharmacy Claim Standard and Asynchronous Communications Standard.

### 1.2.3. Field Status Code Descriptors

Status indicators within the message transaction formats used in this manual are:  
M - Mandatory field, O - Optional field, N/A - Not Applicable field:

| Code | Field Description                          | Format Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A    | Alpha                                      | Indicates that only upper case alpha characters (A–Z) may be used in the Field it refers to. Periods, commas, hyphens, apostrophes, obliques and blanks are also allowed. There is no provision for other non-alpha characters. The alpha characters should be left justified, padded to the right with blanks. The default value is blank.                                                                                                                                                                                                      |
| N    | Numeric                                    | Indicates that only numeric characters (0–9) may be used in the Field it refers to. There is no provision for decimals. The numeric characters should be right justified, padded to the left with zeros. The default value is zero.                                                                                                                                                                                                                                                                                                              |
| A/N  | Alphanumeric                               | Indicates that only upper case alpha characters (described above) including periods, commas, hyphens, apostrophes, obliques and blanks or numeric characters (0–9) may be used in the Field it refers to. There is no provision for other non-alpha, non-numeric characters. The alpha numeric characters should be left justified, padded to the right with blanks. The default value is blank.                                                                                                                                                 |
| D    | Dollar amount (two assumed decimal places) | Refers to monetary (dollar) values. Only numeric characters (0–9) may be used. Any use of the "D" format implies two (2) decimal places (i.e. "1000" is always read as "\$10.00"). There is no provision for positive or negative signs and values should be rounded up to two (2) decimal places. They should also be right justified, padded to the left with zeros. The default value is zero.<br>Whenever provincial or federal taxes are required to be charged for a material or service these will be included in the field(s) where they |

|   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   |                                      | apply.                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Q | Quantity (one assumed decimal place) | Refers to quantities in terms of dosage units or metric weights and measures. Only numeric characters (0-9) may be used. Any use of the "Q" format implies one (1) decimal place (i.e. 100 represents 10.0). There is no provision for positive or negative signs. Values should be rounded up to one (1) decimal place. "Q" values should be right justified, padded to the left with zeros. The default value is zero. |

### 1.3. Transaction Set Formats – Claims

This part of Section One describes the detailed format of the transaction request and response messages exchanged between the Pharmacy Application system and the Ontario Public Drug Programs' On-line Adjudication system. Each row contains the field name, description, status, format, start of field, end of field, length of field, and any corresponding notations.

#### 1.3.1. Single Prescription Claim Request Transaction Format

Format for Provider Transaction Types '01'

| Field # | Description                        | Status | Format | Start | End | Length | Note      |
|---------|------------------------------------|--------|--------|-------|-----|--------|-----------|
| A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | M      | N      | 1     | 6   | 6      | C1        |
| A.02.03 | VERSION NUMBER                     | M      | N      | 7     | 8   | 2      | C24       |
| A.03.03 | TRANSACTION CODE                   | M      | A/N    | 9     | 10  | 2      | C2        |
| A.04.03 | PROVIDER SOFTWARE ID               | M      | A/N    | 11    | 12  | 2      | C3        |
| A.05.03 | PROVIDER SOFTWARE VERSION          | M      | A/N    | 13    | 14  | 2      | C3        |
| A.07.03 | ACTIVE DEVICE ID                   | N/A    | A/N    | 15    | 22  | 8      |           |
| B.21.03 | PHARMACY ID CODE                   | M      | A/N    | 23    | 32  | 10     | C4        |
| B.22.03 | PROVIDER TRANSACTION DATE          | M      | N      | 33    | 38  | 6      |           |
| B.23.03 | TRACE NUMBER                       | M      | N      | 39    | 44  | 6      |           |
| C.30.03 | CARRIER ID                         | O      | A/N    | 45    | 46  | 2      | C5        |
| C.31.03 | GROUP ID NUMBER OR CODE            | O      | A/N    | 47    | 56  | 10     | C6        |
| C.32.03 | CLIENT ID NUMBER OR CODE           | M      | A/N    | 57    | 71  | 15     | C7, C1, 9 |
| C.33.01 | PATIENT CODE                       | N/A    | A/N    | 72    | 74  | 3      |           |

|         |                                      |     |     |     |     |    |     |
|---------|--------------------------------------|-----|-----|-----|-----|----|-----|
| C.34.01 | PATIENT DOB                          | M   | N   | 75  | 82  | 8  | C8  |
| C.35.03 | CARDHOLDER IDENTITY                  | N/A | A/N | 83  | 87  | 5  |     |
| C.36.03 | RELATIONSHIP                         | N/A | N   | 88  | 88  | 1  |     |
| C.37.01 | PATIENT FIRST NAME                   | M   | A/N | 89  | 100 | 12 | C19 |
| C.38.01 | PATIENT LAST NAME                    | M   | A/N | 101 | 115 | 15 | C19 |
| C.39.03 | PROVINCIAL HEALTH CARE ID CODE       | O   | A/N | 116 | 128 | 13 | C9  |
| C.40.03 | PATIENT GENDER                       | O   | A   | 129 | 129 | 1  | C10 |
| D.50.03 | MEDICAL REASON REFERENCE             | O   | A   | 130 | 130 | 1  | C11 |
| D.51.03 | MEDICAL CONDITION/ REASON FOR USE    | O   | A/N | 131 | 136 | 6  | C11 |
| D.52.03 | NEW/REFILL CODE                      | N/A | A   | 137 | 137 | 1  |     |
| D.53.03 | ORIGINAL RX NUMBER                   | N/A | N   | 138 | 146 | 9  |     |
| D.54.03 | REFILL/REPEAT #                      | N/A | N   | 147 | 148 | 2  |     |
| D.55.02 | CURRENT RX #                         | M   | N   | 149 | 157 | 9  |     |
| D.56.03 | DIN/GP#/PIN                          | M   | N   | 158 | 165 | 8  | C12 |
| D.57.03 | SSC                                  | O   | A/N | 166 | 168 | 3  |     |
| D.58.03 | METRIC QUANTITY                      | M   | Q   | 169 | 174 | 6  | C12 |
| D.59.02 | DAYS SUPPLY                          | M   | N   | 175 | 177 | 3  | C22 |
| D.60.03 | PRESCRIBER ID REFERENCE              | M   | A/N | 178 | 179 | 2  | C13 |
| D.61.03 | PRESCRIBER ID                        | O   | A/N | 180 | 189 | 10 | C13 |
| D.62.03 | PRODUCT SELECTION                    | O   | A/N | 190 | 190 | 1  | C14 |
| D.63.03 | UNLISTED COMPOUND                    | O   | A/N | 191 | 191 | 1  | C27 |
| D.64.03 | SPECIAL AUTHORIZATION NUMBER OR CODE | O   | A/N | 192 | 199 | 8  | C26 |

|         |                                 |     |     |     |     |   |                 |
|---------|---------------------------------|-----|-----|-----|-----|---|-----------------|
| D.65.03 | INTERVENTION AND EXCEPTION CODE | O   | A/N | 200 | 203 | 4 | C15             |
| D.66.03 | DRUG COST/ PRODUCT VALUE        | M   | D   | 204 | 209 | 6 | C21             |
| D.67.03 | COST UPCHARGE                   | M   | D   | 210 | 214 | 5 | C21<br>,<br>C22 |
| D.68.03 | PROFESSIONAL FEE                | M   | D   | 215 | 219 | 5 | C21             |
| D.70.03 | COMPOUNDING CHARGE              | M   | D   | 220 | 224 | 5 | C21             |
| D.71.03 | COMPOUNDING TIME                | M   | N   | 225 | 226 | 2 |                 |
| D.72.03 | SPECIAL SERVICE FEE(S)          | N/A | D   | 227 | 231 | 5 |                 |
| D.75.03 | PREVIOUSLY PAID                 | M   | D   | 232 | 237 | 6 |                 |
| D.76.03 | PHARMACIST ID                   | O   | A/N | 238 | 243 | 6 | C16             |
| D.77.03 | ADJUDICATION DATE               | N/A | N   | 244 | 249 | 6 |                 |

### 1.3.2. Single Reversal Request Transaction Format

Format for Provider Transaction Types '11'

| Field # | Description                        | Status | Format | Start | End | Length | Note    |
|---------|------------------------------------|--------|--------|-------|-----|--------|---------|
| A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | M      | N      | 1     | 6   | 6      | C1      |
| A.02.03 | VERSION NUMBER                     | M      | N      | 7     | 8   | 2      |         |
| A.03.03 | TRANSACTION CODE                   | M      | A/N    | 9     | 10  | 2      | C2      |
| A.04.03 | PROVIDER SOFTWARE ID               | M      | A/N    | 11    | 12  | 2      | C3      |
| A.05.03 | PROVIDER SOFTWARE VERSION          | M      | A/N    | 13    | 14  | 2      | C3      |
| A.07.03 | ACTIVE DEVICE ID                   | N/A    | A/N    | 15    | 22  | 8      |         |
| B.21.03 | PHARMACY ID CODE                   | M      | A/N    | 23    | 32  | 10     | C4      |
| B.22.03 | PROVIDER TRANSACTION DATE          | M      | N      | 33    | 38  | 6      |         |
| B.23.03 | TRACE NUMBER                       | M      | N      | 39    | 44  | 6      |         |
| C.30.03 | CARRIER ID                         | N/A    | A/N    | 45    | 46  | 2      | C5      |
| C.31.03 | GROUP ID NUMBER OR CODE            | N/A    | A/N    | 47    | 56  | 10     | C6      |
| C.32.03 | CLIENT ID NUMBER OR CODE           | M      | A/N    | 57    | 71  | 15     | C7, C19 |
| C.33.01 | PATIENT CODE                       | N/A    | A/N    | 72    | 74  | 3      |         |
| C.34.01 | PATIENT DOB                        | N/A    | N      | 75    | 82  | 8      | C8      |
| C.35.03 | CARDHOLDER IDENTITY                | N/A    | A/N    | 83    | 87  | 5      |         |
| C.36.03 | RELATIONSHIP                       | N/A    | N      | 88    | 88  | 1      |         |
| C.37.01 | PATIENT FIRST NAME                 | O      | A/N    | 89    | 100 | 12     | C19     |
| C.38.01 | PATIENT LAST NAME                  | O      | A/N    | 101   | 115 | 15     | C19     |
| C.39.03 | PROVINCIAL HEALTH CARE ID          | N/A    | A/N    | 116   | 128 | 13     | C9      |
| C.40.03 | PATIENT GENDER                     | N/A    | A      | 129   | 129 | 1      | C10     |
| D.50.03 | MEDICAL REASON REFERENCE           | N/A    | A      | 130   | 130 | 1      | C11     |

|         |                                      |     |     |     |     |    |                 |
|---------|--------------------------------------|-----|-----|-----|-----|----|-----------------|
| D.51.03 | MEDICAL CONDITION /REASON FOR USE    | N/A | A/N | 131 | 136 | 6  | C11             |
| D.52.03 | NEW/REFILL CODE                      | N/A | A   | 137 | 137 | 1  |                 |
| D.53.03 | ORIGINAL RX NUMBER                   | N/A | N   | 138 | 146 | 9  |                 |
| D.54.03 | REFILL/REPEAT #                      | N/A | N   | 147 | 148 | 2  |                 |
| D.55.02 | CURRENT RX #                         | M   | M   | 149 | 157 | 9  |                 |
| D.56.03 | DIN/GP/PIN #                         | M   | N   | 158 | 165 | 8  | C12             |
| D.57.03 | SSC                                  | N/A | A/N | 166 | 168 | 3  |                 |
| D.58.03 | METRIC QUANTITY                      | N/A | Q   | 169 | 174 | 6  | C12             |
| D.59.02 | DAYS SUPPLY                          | N/A | N   | 175 | 177 | 3  |                 |
| D.60.03 | PRESCRIBER ID REFERENCE              | N/A | A/N | 178 | 179 | 2  | C13             |
| D.61.03 | PRESCRIBER ID                        | N/A | A/N | 180 | 189 | 10 | C13             |
| D.62.03 | PRODUCT SELECTION                    | N/A | A/N | 190 | 190 | 1  | C14             |
| D.63.03 | UNLISTED COMPOUND                    | N/A | A/N | 191 | 191 | 1  |                 |
| D.64.03 | SPECIAL AUTHORIZATION NUMBER OR CODE | N/A | A/N | 192 | 199 | 8  |                 |
| D.65.03 | INTERVENTION AND EXCEPTION CODE      | O   | A/N | 200 | 203 | 4  | C15             |
| D.66.03 | DRUG COST / PRODUCT VALUE            | N/A | D   | 204 | 209 | 6  | C21             |
| D.67.03 | COST UPCHARGE                        | N/A | D   | 210 | 214 | 5  | C21<br>,<br>C22 |
| D.68.03 | PROFESSIONAL FEE                     | N/A | D   | 215 | 219 | 5  | C21             |
| D.70.03 | COMPOUNDING CHARGE                   | N/A | D   | 220 | 224 | 5  | C21             |
| D.71.03 | COMPOUNDING TIME                     | N/A | N   | 225 | 226 | 2  |                 |
| D.72.03 | SPECIAL SERVICE FEE(S)               | N/A | D   | 227 | 231 | 5  |                 |

|         |                   |     |     |     |     |   |     |
|---------|-------------------|-----|-----|-----|-----|---|-----|
| D.75.03 | PREVIOUSLY PAID   | N/A | D   | 232 | 237 | 6 |     |
| D.76.03 | PHARMACIST ID     | N/A | A/N | 238 | 243 | 6 | C16 |
| D.77.03 | ADJUDICATION DATE | M   | N   | 244 | 249 | 6 |     |

### 1.3.3. Single Prescription Claim Response Transaction Format

Format for Host Response Transaction Types '51', '61'

| Field # | Description                     | Status | Format | Start | End | Length | Note |
|---------|---------------------------------|--------|--------|-------|-----|--------|------|
| E.01.03 | ADJUDICATION DATE               | M      | N      | 1     | 6   | 6      |      |
| E.02.03 | TRACE NUMBER                    | M      | N      | 7     | 12  | 6      |      |
| E.03.03 | TRANSACTION CODE                | M      | A/N    | 13    | 14  | 2      |      |
| E.04.03 | REFERENCE NUMBER                | M      | N      | 15    | 23  | 9      |      |
| E.05.03 | RESPONSE STATUS                 | M      | A      | 24    | 24  | 1      |      |
| E.06.03 | RESPONSE CODE                   | O      | A/N    | 25    | 34  | 10     | C17  |
| E.08.03 | DRUG COST /<br>PRODUCT<br>VALUE | M      | D      | 35    | 40  | 6      |      |
| E.09.03 | COST UPCHARGE                   | O      | D      | 41    | 45  | 5      |      |
| E.10.03 | GENERIC INCENTIVE               | N/A    | D      | 46    | 50  | 5      |      |
| E.12.03 | PROFESSIONAL FEE                | O      | D      | 51    | 55  | 5      |      |
| E.13.03 | COMPOUNDING<br>CHARGE           | O      | D      | 56    | 60  | 5      |      |
| E.14.03 | SPECIAL<br>SERVICES FEE         | N/A    | D      | 61    | 65  | 5      |      |
| E.15.03 | COPAY TO COLLECT                | N/A    | D      | 66    | 71  | 6      |      |
| E.16.03 | DEDUCTIBLE TO<br>COLLECT        | O      | D      | 72    | 77  | 6      | C23  |
| E.17.03 | CO-INSURANCE<br>TO COLLECT      | N/A    | D      | 78    | 83  | 6      |      |
| E.19.03 | PLAN PAYS                       | M      | D      | 84    | 89  | 6      |      |
| E.20.03 | MESSAGE DATA LINE<br>NUMBER 1   | O      | A/N    | 90    | 129 | 40     | C18  |
| E.21.03 | MESSAGE DATA LINE<br>NUMBER 2   | O      | A/N    | 130   | 169 | 40     | C18  |
| E.22.03 | MESSAGE DATA LINE<br>NUMBER 3   | O      | A/N    | 170   | 209 | 40     | C18  |

#### 1.3.4. Request for Detail or Accumulated Totals Transaction Request Format

Format for Provider Transaction Types '30', '31', '32', '33'

| Field # | Description                        | Status | Format | Start | End | Length | Note |
|---------|------------------------------------|--------|--------|-------|-----|--------|------|
| A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | M      | N      | 1     | 6   | 6      | C1   |
| A.02.03 | VERSION NUMBER                     | M      | N      | 7     | 8   | 2      |      |
| A.03.03 | TRANSACTION CODE                   | M      | A/N    | 9     | 10  | 2      |      |
| A.04.03 | PROVIDER SOFTWARE ID               | M      | A/N    | 11    | 12  | 2      | C3   |
| A.05.03 | PROVIDER SOFTWARE VERSION          | M      | A/N    | 13    | 14  | 2      | C3   |
| A.07.03 | ACTIVE DEVICE ID                   | N/A    | A/N    | 15    | 22  | 8      |      |
| B.21.03 | PHARMACY ID CODE                   | M      | A/N    | 23    | 32  | 10     | C4   |
| B.22.03 | PROVIDER TRANSACTION DATE          | M      | N      | 33    | 38  | 6      |      |
| B.23.03 | TRACE NUMBER                       | M      | N      | 39    | 44  | 6      |      |
| C.30.03 | CARRIER ID                         | N/A    | A/N    | 45    | 46  | 2      |      |
| C.31.03 | GROUP ID NUMBER OR CODE            | N/A    | A/N    | 47    | 56  | 10     |      |
| F.90.03 | ADJUDICATION DATE                  | M      | N      | 57    | 62  | 6      |      |
| F.91.03 | BEGINNING OF RECORD                | M      | N      | 63    | 71  | 9      |      |
| F.92.03 | END OF RECORD                      | M      | N      | 72    | 80  | 9      |      |

### 1.3.5. Request for Accumulated Totals Transaction Response Format

Format for Host Response Transaction Types '80'

| Field # | Description                                   | Status | Format | Start | End | Length | Note |
|---------|-----------------------------------------------|--------|--------|-------|-----|--------|------|
| E.01.03 | ADJUDICATION DATE                             | M      | N      | 1     | 6   | 6      |      |
| E.02.03 | TRACE NUMBER                                  | M      | N      | 7     | 12  | 6      |      |
| E.03.03 | TRANSACTION CODE                              | M      | A/N    | 13    | 14  | 2      |      |
| E.04.03 | REFERENCE NUMBER                              | M      | N      | 15    | 23  | 9      |      |
| E.05.03 | RESPONSE STATUS                               | M      | A      | 24    | 24  | 1      |      |
| E.06.03 | RESPONSE CODE                                 | O      | A/N    | 25    | 34  | 10     | C17  |
| G.41.03 | TOTAL CLAIMS APPROVED                         | M      | N      | 35    | 38  | 4      |      |
| G.42.03 | TOTAL PAYABLE BY CARRIER                      | M      | D      | 39    | 46  | 8      |      |
| G.43.03 | TOTAL REVERSALS                               | M      | N      | 47    | 49  | 3      |      |
| G.44.03 | TOTAL VALUE OF THE REVERSALS                  | M      | D      | 50    | 57  | 8      |      |
| G.45.03 | TOTAL PRIOR REVERSALS                         | M      | N      | 58    | 60  | 3      |      |
| G.46.03 | TOTAL VALUE OF PRIOR REVERSALS                | M      | D      | 61    | 68  | 8      |      |
| G.47.03 | TOTAL CLAIMS CAPTURED FOR BATCH PROCESSING    | N/A    | N      | 69    | 72  | 4      |      |
| G.48.03 | TOTAL REVERSALS CAPTURED FOR BATCH PROCESSING | N/A    | N      | 73    | 76  | 4      |      |
| G.49.03 | DATE OF DEPOSIT                               | M      | N      | 77    | 82  | 6      |      |
| G.50.03 | TRANSACTION FEES                              | N/A    | D      | 83    | 88  | 6      |      |
| G.51.03 | GST CHARGED ON TRANSACTION FEES               | N/A    | D      | 89    | 94  | 6      |      |
| G.52.03 | AMOUNT OF DEPOSIT                             | N/A    | D      | 95    | 102 | 8      |      |

|         |                                                                |     |   |     |     |   |  |
|---------|----------------------------------------------------------------|-----|---|-----|-----|---|--|
| G.53.03 | TOTAL CLAIMS<br>CAPTURED FOR<br>REIMBURSEMENT<br>TO CARDHOLDER | N/A | N | 103 | 106 | 4 |  |
|---------|----------------------------------------------------------------|-----|---|-----|-----|---|--|

### 1.3.6. Request for Detail Totals Transaction Response Format

Format for Host Response Transaction Types '81', '82', '83'

| Field # | Description               | Status | Format | Start | End | Length | Note |
|---------|---------------------------|--------|--------|-------|-----|--------|------|
| E.01.03 | ADJUDICATION DATE         | M      | N      | 1     | 6   | 6      |      |
| E.02.03 | TRACE NUMBER              | M      | N      | 7     | 12  | 6      |      |
| E.03.03 | TRANSACTION CODE          | M      | A/N    | 13    | 14  | 2      |      |
| E.04.03 | REFERENCE NUMBER          | M      | N      | 15    | 23  | 9      |      |
| E.05.03 | RESPONSE STATUS           | M      | A      | 24    | 24  | 1      |      |
| E.06.03 | RESPONSE CODES            | O      | A/N    | 25    | 34  | 10     | C17  |
| H.65.03 | NUMBER OF DETAIL RECORDS  | M      | N      | 35    | 38  | 4      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 39    | 47  | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 48    | 53  | 6      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 54    | 62  | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 63    | 68  | 6      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 69    | 77  | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 78    | 83  | 6      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 84    | 92  | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 93    | 98  | 6      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 99    | 107 | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 108   | 113 | 6      |      |
| H.66.03 | CURRENT RX NUMBER         | O      | N      | 114   | 122 | 9      |      |
| H.67.03 | AMOUNT PAYABLE / REVERSED | O      | D      | 123   | 128 | 6      |      |

|         |                              |   |   |     |     |   |  |
|---------|------------------------------|---|---|-----|-----|---|--|
| H.66.03 | CURRENT RX NUMBER            | O | N | 129 | 137 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 138 | 143 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 144 | 152 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 153 | 158 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 159 | 167 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 168 | 173 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 174 | 182 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 183 | 188 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 189 | 197 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 198 | 203 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 204 | 212 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 213 | 218 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 219 | 227 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 228 | 233 | 6 |  |
| H.66.03 | CURRENT RX NUMBER            | O | N | 234 | 242 | 9 |  |
| H.67.03 | AMOUNT PAYABLE /<br>REVERSED | O | D | 243 | 248 | 6 |  |

### 1.3.7. Field Business Notes

#### Ontario Public Drug Programs

| #   | Field # | Field Name                         | Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|---------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1) | A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | The Bank Identification Number (BIN) / IIN (ISSUER IDENTIFICATION NUMBER) for the Ontario Public Drug Programs is 610054.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| C2) | A.03.03 | TRANSACTION CODE                   | Initially, the Transaction Code values will be limited to 01 and 11, e.g., pay cardholder claims, will not be accepted by the HNS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| C3) | A.04.03 | PROVIDER SOFTWARE ID               | The Provider Software ID will be verified against a list of codes current at the time of submission. The Provider Software Version will not be verified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| C4) | B.21.03 | PHARMACY ID CODE                   | The Pharmacy ID Code will be accepted by the HNS as documented and will be the basis for identifying individual pharmacies. A similar coding scheme will be developed by the HNS to identify such entities as long term care facilities, dispensing physicians, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| C5) | C.30.03 | CARRIER ID                         | <p>The Carrier ID corresponds to the 'plan type' used in pre-OLTP ODB claim submissions. The Carrier ID is an optional data element on an initial claim submission. As such, the eligibility routines will determine which of the (potentially) multiple plans under which the recipient is eligible covers the benefit being claimed, and which plan will be responsible for payment, based on a priority scheme. When this process fails to locate a plan under which the recipient is eligible, and the pharmacist is satisfied through the documentation presented that the recipient should be eligible under a plan, then eligibility can be established. When requesting to established eligibility, the Carrier ID is mandatory and must be valid. Valid values are subject to change, although current values include the following:</p> <p><b>A</b> - Seniors<br/> <b>C</b> - MCCSS-ODSP<br/> <b>D</b> - MCCSS-OW<br/> <b>E</b> - Long Term Care<br/> <b>F</b> - Trillium Pre-Registration<br/> <b>H</b> - Homes for Special Care<br/> <b>I</b> - Inherited Metabolic Diseases</p> |

|     |         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----|---------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |         |                                | <b>J</b> - OHIP+: Children and Youth<br><b>P</b> - Home Care<br><b>S</b> - ODB Meds Check Service<br><b>R</b> - Reduced Copayment<br><b>T</b> - Trillium<br><b>V</b> - Special Drugs Program<br><b>X</b> - Oral Hypoglycemics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C6) | C.31.03 | GROUP ID NUMBER OR CODE        | <p>The <b>Group ID Number or Code</b> corresponds to the account numbers assigned to long-term care facilities used in OLTP ODB claim submissions. The Group Number or Code is mandatory for claims for services rendered to recipients in a long-term care facility. The Group Number or Code is unnecessary. If the group number is entered and the recipient is not in a long term care facility then the group number is ignored (provided it is valid). Each long term care facility will be assigned a unique number in a manner similar to the assignment of <b>Pharmacy ID Code</b> by the CPhA. This number must be entered into the Group Number or Code. These numbers will be made available to the particular pharmacy when an agreement is established to serve the particular long term care facility.</p> |
| C7) | C.32.03 | CLIENT ID NUMBER OR CODE       | <p>The <b>Client ID Number or Code</b> will be, in most cases, the recipient's health card number. In some instances the recipient is identified by a different numbering scheme, referred to as a reference number. Reference numbers have their high order digit as 0. In either case, the number will be printed on a unique eligibility card, or imprinted on the recipient's health card. When the health card is the basis of identification, the health card version number must also be entered. In many instances, the health card version number is blank, and that is a valid entry. Both the health card number and the reference number must adhere to the standard modulus 10 calculations.</p>                                                                                                             |
| C8) | C.34.01 | PATIENT DOB                    | <p>This field is normally optional. When requesting to establish eligibility, the <b>Patient DOB</b> is a mandatory field and must be valid.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| C9) | C.39.03 | PROVINCIAL HEALTH CARE ID CODE | <p>The <b>Provincial Health Care ID Code</b> is optional, but if entered must include the <b>Health Card version number</b>. In many instances, the Health Card version number is</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|      |                    |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------|--------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                    |                                                                | blank, and that is a valid entry. It would be beneficial to the Ministry to receive the Provincial Health Care ID Code of a recipient when the recipient is identified through the <b>Client ID # or Code</b> using a number other than the Health Card number.                                                                                                                                                                                                                                                                     |
| C10) | C.40.03            | PATIENT GENDER                                                 | This field is normally optional. When requesting to establish eligibility, the <b>Patient Gender</b> is a mandatory field and must be valid. Valid values are M or F.                                                                                                                                                                                                                                                                                                                                                               |
| C11) | D.50.03<br>D.51.03 | MEDICAL REASON REFERENCE<br>MEDICAL CONDITION / REASON FOR USE | The <b>Medical Reason Reference</b> field is used in conjunction with the data element <b>Medical Condition/Reason for Use</b> . Both data elements are optional except in the following instance. Both data elements are mandatory when the drug dispensed is identified as a limited use product. The Medical Reason Reference field value must be a <b>B</b> , and the Reason For Use Code must be from the list of valid codes supplied by the Ministry. Refer to Appendix C. All limited use products are formulary benefits.  |
| C12) | D.56.03            | DIN/GP #/PIN                                                   | Several DIN/GP#/PINs have been designated to identify common extemporaneous mixtures.<br><br>PINS have also been designated as Service PINs to identify services provided by the pharmacist to ODB recipients. If the transaction is for a service then the quantity, days supply and prescriber are optional.<br><br>Please refer to Ontario Drug Programs Reference Manual for additional information.                                                                                                                            |
| C13) | D.60.03<br>D.61.03 | PRESCRIBER ID REFERENCE<br>PRESCRIBER ID                       | The <b>Prescriber ID Reference</b> is used in conjunction with the <b>Prescriber ID</b> . Both data elements are mandatory on all claims.<br><br>Prescriber ID Reference <b>00</b> will not be accepted.<br><br>When the Prescriber ID Reference is entered as <b>01</b> (College of Physicians and Surgeons of Ontario), then the Prescriber ID must be the physician's license number issued by the CPSO.<br><br>When the Prescriber ID Reference is entered as <b>02</b> (Royal College of Dental Surgeons of Ontario), then the |

|      |         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------|---------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |         |                   | <p>Prescriber ID must be the dentist's license number issued by the RCDSO.</p> <p>When the Prescriber ID Reference is entered as <b>03</b> (Board of Regents, Chiropody), then the Prescriber ID must be the podiatrist's or the chiropodist's license number issued by the Board of Regents.</p> <p>Prescriber ID Reference <b>04</b> will not be accepted.</p> <p>Please refer to Ontario Drug Programs Reference Manual for a complete list of Prescriber ID Reference numbers.</p> <p>The Ministry provides pharmacies a booklet and/or BBS updates of authorized Facilitated Access Prescriber IDs. When the prescriber is known to be registered outside of Ontario, the Prescriber ID Reference <b>05</b> should be used, along with a Prescriber ID from the following list:</p> <p><b>10001</b> - British Columbia<br/> <b>10002</b> - Alberta<br/> <b>10003</b> - Saskatchewan<br/> <b>10004</b> - Manitoba<br/> <b>10005</b> - Quebec<br/> <b>10006</b> - Newfoundland and Labrador<br/> <b>10007</b> - New Brunswick<br/> <b>10008</b> - Nova Scotia<br/> <b>10009</b> - Prince Edward Island<br/> <b>10010</b> - Yukon Territory<br/> <b>10011</b> - Northwest Territory<br/> <b>10012</b> - Nunavut</p> |
| C14) | D.62.03 | PRODUCT SELECTION | <p><b>Product Selection</b> is optional, but if entered must be <b>1</b> to identify (no substitution) claims. When entered the claim will be priced at the specified product's individual price plus the applicable professional fee. 'No substitution claims' must be supported by the appropriate instructions from the prescriber at the time a pharmacy is audited.</p> <p>No Substitution claims will be permitted only under certain conditions to be defined by the Ministry. In order</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|      |                               |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------|-------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                               |                                                                            | <p>to submit a claim with No Substitution, the following information must be submitted:</p> <ul style="list-style-type: none"> <li>- Product Selection Code of '1'</li> <li>- Medical Reason Reference of 'B' (only value accepted by ODB)</li> <li>- A valid Medical Condition/Reason For Use Code describing the reason for No Substitution. Currently the only valid Medical Condition/Reason For Use Code is '901' - 'Prior Adverse Reaction'.</li> </ul> <p>If the claim is for a limited use drug then the Reason For Use must be for the Limited Use drug. The product selection code of "1" will force the payment at the individual price.</p> |
| C15) | D.65.03                       | INTERVENTION AND EXCEPTION CODE                                            | The <b>Intervention and Exception</b> Codes will be used to positively identify the submission of certain special claims. Refer to Section 10 of the Ontario Drug Programs Reference Manual for a complete list.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| C16) | D.76.03                       | PHARMACIST ID                                                              | <p>The <b>Pharmacist ID</b> is required for the use of any Intervention / Exception code, and will be the license number issued by the Ontario College of Pharmacists.</p> <p>The <b>Pharmacist ID</b> is required for any service transaction.</p>                                                                                                                                                                                                                                                                                                                                                                                                     |
| C17) | E.06.03                       | RESPONSE CODES                                                             | Refer to Section 10 of the Ontario Drug Programs Reference Manual for a complete list.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| C18) | E.20.03<br>E.21.03<br>E.22.03 | MESSAGE DATA LINE 1, 2 and 3                                               | <b>Message Data Line 1, 2, and 3</b> may include supporting information in conjunction with the Response Codes. A maximum of 3 message lines can be placed in the response.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C19) | C.32.03<br>C.37.01<br>C.38.01 | <p>CLIENT ID # OR CODE</p> <p>PATIENT FIRST NAME<br/>PATIENT LAST NAME</p> | <p>The cardholder may be an individual (e.g. Ontario MOH health number), who is covered by a unique ID code, or the responsible party in a family or other similar unit where dependants are covered under the same client ID # as the cardholder. When submitting a claim for Transaction 01, intervention code MJ can be used and Client ID, Patient First and Last Name spaces are allowed.</p> <p>First name of patient<br/>Last name of patient</p>                                                                                                                                                                                                |

|      |                                             |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------|---------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C20) | D.59.02                                     | DAYS SUPPLY                                                                                       | The standard Days Supply is limited to 100 days. Refer to Ontario Drug Programs Reference Manual for details of exceptions to the standard Days Supply.<br>Days supply is optional when the transaction is for a service                                                                                                                                                                                                                                                                                                                                                                                              |
| C21) | D.66.03,<br>D.67.03,<br>D.68.03,<br>D.70.03 | DRUG<br>COST/PRODUCT<br>VALUE, COST<br>UPCHARGE,<br>PROFESSIONAL<br>FEE,<br>COMPOUNDING<br>CHARGE | MOH will not be cutting back any cost component of a claim when the claim is for a Trillium Recipient for a household which has not yet met its deductible. The entire amount (for ODB benefits) will be approved as billed for an allowed expense, and MOH will assume payment for any portion which exceeds the deductible. This means that the pharmacist should submit their 'Usual and Customary' amounts for these fields for all Trillium Recipients and rely on the Ministry to determine the person's eligibility.<br><br>Please refer to Ontario Drug Programs Reference Manual for additional information. |
| C22) | D.67.03                                     | COST<br>UPCHARGE                                                                                  | Cost Upcharge is used to enter the markup amount. Please refer to Ontario Drug Programs Reference Manual for additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| C23) | E.16.03                                     | DEDUCTIBLE TO<br>COLLECT                                                                          | This will contain the amount that the recipient is required to pay toward the total cost of the prescription. Either the contribution to the deductible for seniors or Trillium recipients, the \$2.00 co-pay amount for those who are eligible, or the dispensing fee for seniors who have reached their deductible.                                                                                                                                                                                                                                                                                                 |
| C24) | A.02.03                                     | VERSION<br>NUMBER                                                                                 | The version must equal to Agency's version number. Current version number is "03"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| C25) | C.32.03                                     | CLIENT ID<br>NUMBER OR<br>CODE                                                                    | For bulk claims, the Client ID is provided as spaces.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| C26) | D.64.03                                     | SPECIAL<br>AUTHORIZATION<br>NUMBER OR<br>CODE                                                     | The Special Authorization Number is required under certain circumstances for Plavix and Vfend claims.<br><br>1) Plavix and Reason For Use 375/376/979 and first claim<br>2) Vfend with Limited Use intervention code and a valid Reason For Use Code.                                                                                                                                                                                                                                                                                                                                                                 |

|      |         |                   |                                                                                                                                                                                     |
|------|---------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |         |                   | <p>If entered for a Plavix/Reason For Use claim or a Vfend/Reason For Use claim and it is one of the above circumstances then it must be valid.</p> <p>It is ignored otherwise.</p> |
| C27) | D.63.03 | UNLISTED COMPOUND | Please refer to Ontario Drug Programs Reference Manual for additional information                                                                                                   |

## 1.4. Transaction Set Formats - NMS

This part of Section One describes the detailed format of the transaction request and response messages exchanged between the Pharmacy Application system and the Ontario Public Drug Programs' NMS. Each row contains the field name, description, status, format, start of field, end of field, length of field, and any corresponding notations.

**Note:** The note column contains references to notes in section 1.3.7 Field Business Notes – Claims as well as section 1.4.4 Field Business Notes - NMS. In the cases where references are made to notes in section 1.3.7, the note applies to both the Online Claims Adjudication System and the NMS.

### 1.4.1. Single prescription NMS Informational Transaction Format

Format for Provider Transaction Types '01'

| Field # | Description                        | Status | Format | Start | End | Length | Note |
|---------|------------------------------------|--------|--------|-------|-----|--------|------|
| A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | M      | N      | 1     | 6   | 6      | C1   |
| A.02.03 | VERSION NUMBER                     | M      | N      | 7     | 8   | 2      |      |
| A.03.03 | TRANSACTION CODE                   | M      | A/N    | 9     | 10  | 2      | C2   |
| A.04.03 | PROVIDER SOFTWARE ID               | M      | A/N    | 11    | 12  | 2      | C3   |
| A.05.03 | PROVIDER SOFTWARE VERSION          | M      | A/N    | 13    | 14  | 2      |      |
| A.07.03 | ACTIVE DEVICE ID                   | N/A    | A/N    | 15    | 22  | 8      |      |
| B.21.03 | PHARMACY ID CODE                   | M      | A/N    | 23    | 32  | 10     | C4   |
| B.22.03 | PROVIDER TRANSACTION DATE          | M      | N      | 33    | 38  | 6      |      |
| B.23.03 | TRACE NUMBER                       | M      | N      | 39    | 44  | 6      |      |
| C.30.03 | CARRIER ID                         | O      | A/N    | 45    | 46  | 2      | N1   |
| C.31.03 | GROUP ID NUMBER OR CODE            | O      | A/N    | 47    | 56  | 10     | N1   |

|         |                                   |     |     |     |     |    |     |
|---------|-----------------------------------|-----|-----|-----|-----|----|-----|
| C.32.03 | CLIENT ID NUMBER OR CODE          | M   | A/N | 57  | 71  | 15 | N2  |
| C.33.01 | PATIENT CODE                      | N/A | A/N | 72  | 74  | 3  |     |
| C.34.01 | PATIENT DOB                       | M   | N   | 75  | 82  | 8  | N3  |
| C.35.03 | CARDHOLDER IDENTITY               | M   | A/N | 83  | 87  | 5  | N4  |
| C.36.03 | RELATIONSHIP                      | N/A | N   | 88  | 88  | 1  |     |
| C.37.01 | PATIENT FIRST NAME                | M   | A/N | 89  | 100 | 12 |     |
| C.38.01 | PATIENT LAST NAME                 | M   | A/N | 101 | 115 | 15 |     |
| C.39.03 | PROVINCIAL HEALTH CARE ID CODE    | O   | A/N | 116 | 128 | 13 | N1  |
| C.40.03 | PATIENT GENDER                    | M   | A   | 129 | 129 | 1  | N5  |
| D.50.03 | MEDICAL REASON REFERENCE          | O   | A   | 130 | 130 | 1  | N1  |
| D.51.03 | MEDICAL CONDITION/ REASON FOR USE | O   | A/N | 131 | 136 | 6  | N1  |
| D.52.03 | NEW/REFILL CODE                   | N/A | A   | 137 | 137 | 1  |     |
| D.53.03 | ORIGINAL RX NUMBER                | N/A | N   | 138 | 146 | 9  |     |
| D.54.03 | REFILL/REPEAT #                   | N/A | N   | 147 | 148 | 2  |     |
| D.55.02 | CURRENT RX #                      | M   | N   | 149 | 157 | 9  | N10 |
| D.56.03 | DIN/GP#/PIN                       | M   | N   | 158 | 165 | 8  | N6  |
| D.57.03 | SSC                               | M   | A/N | 166 | 168 | 3  | N7  |
| D.58.03 | METRIC QUANTITY                   | M   | Q   | 169 | 174 | 6  |     |
| D.59.02 | DAYS SUPPLY                       | M   | N   | 175 | 177 | 3  |     |
| D.60.03 | PRESCRIBER ID REFERENCE           | M   | A/N | 178 | 179 | 2  | C13 |
| D.61.03 | PRESCRIBER ID                     | M   | A/N | 180 | 189 | 10 | C13 |
| D.62.03 | PRODUCT SELECTION                 | O   | A/N | 190 | 190 | 1  | N1  |

|         |                                            |     |     |     |     |   |    |
|---------|--------------------------------------------|-----|-----|-----|-----|---|----|
| D.63.03 | UNLISTED COMPOUND                          | O   | A/N | 191 | 191 | 1 |    |
| D.64.03 | SPECIAL<br>AUTHORIZATION<br>NUMBER OR CODE | O   | A/N | 192 | 199 | 8 |    |
| D.65.03 | INTERVENTION AND<br>EXCEPTION CODE         | O   | A/N | 200 | 203 | 4 | N8 |
| D.66.03 | DRUG COST/ PRODUCT<br>VALUE                | O   | D   | 204 | 209 | 6 | N1 |
| D.67.03 | COST UPCHARGE                              | O   | D   | 210 | 214 | 5 | N1 |
| D.68.03 | PROFESSIONAL FEE                           | O   | D   | 215 | 219 | 5 | N1 |
| D.70.03 | COMPOUNDING<br>CHARGE                      | O   | D   | 220 | 224 | 5 | N1 |
| D.71.03 | COMPOUNDING TIME                           | O   | N   | 225 | 226 | 2 | N1 |
| D.72.03 | SPECIAL<br>SERVICE FEE(S)                  | N/A | D   | 227 | 231 | 5 | N1 |
| D.75.03 | PREVIOUSLY PAID                            | O   | D   | 232 | 237 | 6 | N1 |
| D.76.03 | PHARMACIST ID                              | M   | A/N | 238 | 243 | 6 | N9 |
| D.77.03 | ADJUDICATION DATE                          | N/A | N   | 244 | 249 | 6 |    |

#### 1.4.2. Single Reversal Request NMS Transaction Format

Format for Provider Transaction Types '11'

| Field # | Description                        | Status | Format | Start | End | Length | Note |
|---------|------------------------------------|--------|--------|-------|-----|--------|------|
| A.01.01 | IIN (ISSUER IDENTIFICATION NUMBER) | M      | N      | 1     | 6   | 6      | C1   |
| A.02.03 | VERSION NUMBER                     | M      | N      | 7     | 8   | 2      |      |
| A.03.03 | TRANSACTION CODE                   | M      | A/N    | 9     | 10  | 2      | C2   |
| A.04.03 | PROVIDER SOFTWARE ID               | M      | A/N    | 11    | 12  | 2      | C3   |
| A.05.03 | PROVIDER SOFTWARE VERSION          | M      | A/N    | 13    | 14  | 2      |      |
| A.07.03 | ACTIVE DEVICE ID                   | N/A    | A/N    | 15    | 22  | 8      |      |
| B.21.03 | PHARMACY ID CODE                   | M      | A/N    | 23    | 32  | 10     | C4   |
| B.22.03 | PROVIDER TRANSACTION DATE          | M      | N      | 33    | 38  | 6      |      |
| B.23.03 | TRACE NUMBER                       | M      | N      | 39    | 44  | 6      |      |
| C.30.03 | CARRIER ID                         | N/A    | A/N    | 45    | 46  | 2      | N1   |
| C.31.03 | GROUP ID NUMBER OR CODE            | N/A    | A/N    | 47    | 56  | 10     | N1   |
| C.32.03 | CLIENT ID NUMBER OR CODE           | M      | A/N    | 57    | 71  | 15     | N2   |
| C.33.01 | PATIENT CODE                       | N/A    | A/N    | 72    | 74  | 3      |      |
| C.34.01 | PATIENT DOB                        | N/A    | N      | 75    | 82  | 8      | N3   |
| C.35.03 | CARDHOLDER IDENTITY                | M      | A/N    | 83    | 87  | 5      | N4   |
| C.36.03 | RELATIONSHIP                       | N/A    | N      | 88    | 88  | 1      |      |
| C.37.01 | PATIENT FIRST NAME                 | O      | A/N    | 89    | 100 | 12     |      |
| C.38.01 | PATIENT LAST NAME                  | O      | A/N    | 101   | 115 | 15     |      |
| C.39.03 | PROVINCIAL HEALTH CARE ID CODE     | N/A    | A/N    | 116   | 128 | 13     | N1   |

|         |                                            |     |     |     |     |    |     |
|---------|--------------------------------------------|-----|-----|-----|-----|----|-----|
| C.40.03 | PATIENT GENDER                             | N/A | A   | 129 | 129 | 1  | N5  |
| D.50.03 | MEDICAL REASON<br>REFERENCE                | N/A | A   | 130 | 130 | 1  | N1  |
| D.51.03 | MEDICAL CONDITION<br>/REASON FOR USE       | N/A | A/N | 131 | 136 | 6  | N1  |
| D.52.03 | NEW/REFILL CODE                            | N/A | A   | 137 | 137 | 1  |     |
| D.53.03 | ORIGINAL RX<br>NUMBER                      | N/A | N   | 138 | 146 | 9  |     |
| D.54.03 | REFILL/REPEAT #                            | N/A | N   | 147 | 148 | 2  |     |
| D.55.02 | CURRENT RX #                               | M   | M   | 149 | 157 | 9  | N10 |
| D.56.03 | DIN/GP/PIN #                               | M   | N   | 158 | 165 | 8  | N6  |
| D.57.03 | SSC                                        | M   | A/N | 166 | 168 | 3  | N7  |
| D.58.03 | METRIC QUANTITY                            | N/A | Q   | 169 | 174 | 6  |     |
| D.59.02 | DAYS SUPPLY                                | N/A | N   | 175 | 177 | 3  |     |
| D.60.03 | PRESCRIBER<br>ID<br>REFERENCE              | N/A | A/N | 178 | 179 | 2  | C13 |
| D.61.03 | PRESCRIBER ID                              | N/A | A/N | 180 | 189 | 10 | C13 |
| D.62.03 | PRODUCT SELECTION                          | N/A | A/N | 190 | 190 | 1  | N1  |
| D.63.03 | UNLISTED<br>COMPOUN<br>D                   | N/A | A/N | 191 | 191 | 1  |     |
| D.64.03 | SPECIAL<br>AUTHORIZATION<br>NUMBER OR CODE | N/A | A/N | 192 | 199 | 8  |     |
| D.65.03 | INTERVENTION AND<br>EXCEPTION CODE         | O   | A/N | 200 | 203 | 4  | N8  |
| D.66.03 | DRUG COST /<br>PRODUCT<br>VALUE            | N/A | D   | 204 | 209 | 6  | N1  |
| D.67.03 | COST UPCHARGE                              | N/A | D   | 210 | 214 | 5  | N1  |
| D.68.03 | PROFESSIONAL FEE                           | N/A | D   | 215 | 219 | 5  | N1  |

|         |                        |     |     |     |     |   |    |
|---------|------------------------|-----|-----|-----|-----|---|----|
| D.70.03 | COMPOUNDING CHARGE     | N/A | D   | 220 | 224 | 5 | N1 |
| D.71.03 | COMPOUNDING TIME       | N/A | N   | 225 | 226 | 2 | N1 |
| D.72.03 | SPECIAL SERVICE FEE(S) | N/A | D   | 227 | 231 | 5 | N1 |
| D.75.03 | PREVIOUSLY PAID        | N/A | D   | 232 | 237 | 6 | N1 |
| D.76.03 | PHARMACIST ID          | N/A | A/N | 238 | 243 | 6 | N9 |
| D.77.03 | ADJUDICATION DATE      | M   | N   | 244 | 249 | 6 |    |

### 1.4.3. Single Prescription NMS Response Transaction Format

Format for Host Response Transaction Types '51', '61'

| Field # | Description                     | Status | Format | Start | End | Length | Note |
|---------|---------------------------------|--------|--------|-------|-----|--------|------|
| E.01.03 | ADJUDICATION DATE               | M      | N      | 1     | 6   | 6      |      |
| E.02.03 | TRACE NUMBER                    | M      | N      | 7     | 12  | 6      |      |
| E.03.03 | TRANSACTION CODE                | M      | A/N    | 13    | 14  | 2      |      |
| E.04.03 | REFERENCE NUMBER                | O      | N      | 15    | 23  | 9      |      |
| E.05.03 | RESPONSE STATUS                 | M      | A      | 24    | 24  | 1      |      |
| E.06.03 | RESPONSE CODE                   | O      | A/N    | 25    | 34  | 10     | C17  |
| E.08.03 | DRUG COST /<br>PRODUCT<br>VALUE | N/A    | D      | 35    | 40  | 6      |      |
| E.09.03 | COST UPCHARGE                   | O      | D      | 41    | 45  | 5      |      |
| E.10.03 | GENERIC INCENTIVE               | N/A    | D      | 46    | 50  | 5      |      |
| E.12.03 | PROFESSIONAL FEE                | O      | D      | 51    | 55  | 5      |      |
| E.13.03 | COMPOUNDING<br>CHARGE           | O      | D      | 56    | 60  | 5      |      |
| E.14.03 | SPECIAL<br>SERVICES FEE         | N/A    | D      | 61    | 65  | 5      |      |
| E.15.03 | COPAY TO COLLECT                | N/A    | D      | 66    | 71  | 6      |      |
| E.16.03 | DEDUCTIBLE TO<br>COLLECT        | O      | D      | 72    | 77  | 6      |      |
| E.17.03 | CO-INSURANCE<br>TO COLLECT      | N/A    | D      | 78    | 83  | 6      |      |
| E.19.03 | PLAN PAYS                       | M      | D      | 84    | 89  | 6      |      |
| E.20.03 | MESSAGE DATA LINE<br>NUMBER 1   | O      | A/N    | 90    | 129 | 40     | N11  |
| E.21.03 | MESSAGE DATA LINE<br>NUMBER 2   | O      | A/N    | 130   | 169 | 40     | N11  |
| E.22.03 | MESSAGE DATA LINE<br>NUMBER 3   | O      | A/N    | 170   | 209 | 40     | N11  |

#### 1.4.4. Field Business Notes

| #   | Field #                                                                                                                                     | Field Name                                                                                                                                                                                                                                                                                                                                                                   | Note                                                                                                                                                                                                                                                  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N1) | C.30.03<br>C.31.03<br>C.39.03<br>D.50.03<br>D.51.03<br>D.62.03<br>D.66.03<br>D.67.03<br>D.68.03<br>D.70.03<br>D.71.03<br>D.72.03<br>D.75.03 | CARRIER ID,<br>GROUP ID<br>NUMBER OR<br>CODE,<br>PROVINCIAL<br>HEALTH CARE ID<br>CODE,<br>MEDICAL<br>REASON<br>REFERENCE,<br>MEDICAL<br>CONDITION/<br>REASON FOR USE,<br>PRODUCT<br>SELECTION,<br>DRUG COST/<br>PRODUCT VALUE,<br>COST UPCHARGE,<br>PROFESSIONAL FEE,<br>COMPOUNDING<br>CHARGE,<br>COMPOUNDING<br>TIME,<br>SPECIAL<br>SERVICE FEE(S),<br>PREVIOUSLY<br>PAID. | The field is not required and is ignored by the NMS                                                                                                                                                                                                   |
| N2) | C.32.03                                                                                                                                     | CLIENT ID NUMBER OR<br>CODE                                                                                                                                                                                                                                                                                                                                                  | Recipient's Health Card number or other identification. The following conditions apply:<br>When Cardholder identity is 'ON' must be a valid Ontario health card number. This field will be validated based on the value of Cardholder Identity. Dummy |

|     |         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----|---------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |         |                                 | numbers can be supplied for certain values in Cardholder Identity. See the Ontario Drug Programs Reference Manual for details.                                                                                                                                                                                                                                                                                                                                                                                                              |
| N3) | C.34.01 | PATIENT DOB                     | This field is mandatory for NMS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| N4) | C.35.03 | CARDHOLDER IDENTITY             | Identifies the province and type of identification. Valid values are:<br>AB – Alberta<br>BC – British Columbia<br>MB – Manitoba<br>NB – New Brunswick<br>NL – Newfoundland and Labrador<br>NS – Nova Scotia<br>NU – Nunavut<br>NT – NWT<br>ON – Ontario<br>PE – PEI<br>QC – Quebec<br>SK – Saskatchewan<br>YT – Yukon<br>CF – Canadian Forces<br>RCMP – RCMP<br>FNIAH – First Nations, Inuit & Aboriginal Health<br>ONG – Out of Country resident<br>ONO – Other acceptable ID<br>ONX – No acceptable ID available<br>ONOU – For office use |
| N5) | C.40.03 | PATIENT GENDER                  | This field is mandatory. Valid values are 'M', 'F' or 'U'.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| N6) | D.56.03 | DIN/GP#/PIN                     | Must be valid DIN/PIN and identified by the Ministry as a monitored drug. For compound prescriptions, the DIN of the most active ingredient.                                                                                                                                                                                                                                                                                                                                                                                                |
| N7) | D.57.03 | SSC                             | Must be '6' to identify the record as an NMS informational transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| N8) | D.65.03 | INTERVENTION AND EXCEPTION CODE | When an intervention code of 'DU' is supplied, then the NMS will perform all the integrity checks and DUR checks but                                                                                                                                                                                                                                                                                                                                                                                                                        |

|      |                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                          |
|------|---------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                 |                                        | <p>will not store the drug information as a dispensed event.</p> <p>An intervention code of 'MH' can be supplied to override a response code '61' caused by a prescriber Id error.</p> <p>No other intervention codes are accepted.</p>                                                                                                                                                  |
| N9)  | D.76.03                         | PHARMACIST ID                          | The license number of the dispensing pharmacist.                                                                                                                                                                                                                                                                                                                                         |
| N10) | D.55.02                         | CURRENT RX #                           | When an intervention code of 'DU' has been supplied this field is not mandatory.                                                                                                                                                                                                                                                                                                         |
| N11) | E.20.03,<br>E.21.03,<br>E.22.03 | MESSAGE DATA LINE<br>NUMBER 1, 2 and 3 | <p>The message structure for any of NMS Poly Pharmacy, Double Doctoring, Fill Too Soon/Late, Duplicate drug other pharmacy messages will be:</p> <p>"NMS:"responsecode(2) dateofservice(6-YYMMDD) pharmacyphone(10) quantity(7 –precision 1) DIN(8)</p> <p>NMS:XXYYMMDD 9999999999<br/>99999.9999999999</p> <p>Message data line 1 contains "NMS" even if no warnings are generated.</p> |

## SECTION TWO: MULTI THREADED INTERFACE SYSTEM DESIGN USING TCP/IP

### 2.1 Introduction

The purpose of this section is to specify the function and design of the TCP/IP based communications interface between TELUS Acquirer Host and “Ontario Public Drug Programs Online Claims Adjudication System”.

Please note that all references to the Claims Adjudicating Host System also apply to the Narcotics Monitoring System.

The Acquirer Host must comply with the terms and conditions established by the Ministry and Ontario Health before it is authorized to communicate with the OPDP Adjudicating Host.

The section consists of the following subsections:

**System Overview:** Names and explains each component of the communications interface. This section also defines the scope of the interface.

**Transport Protocol Specification:** Describes the design of the communications protocol used to transport data between the Acquirer Host and the Adjudicating Host system.

**Message Flow Diagrams:** Summarizes the data flow for various transaction types

**Host System Details:** Presents basic information about communications by the Host.

**Considerations:** Lists certain processing considerations of the document.

**Data Message Formats:** Contains a description of each delivered and undelivered data message type used in the end-to-end protocol.

## 2.2 System Overview

The following provides detailed technical specifications for the link between the Acquirer Host and the Adjudicating Host.

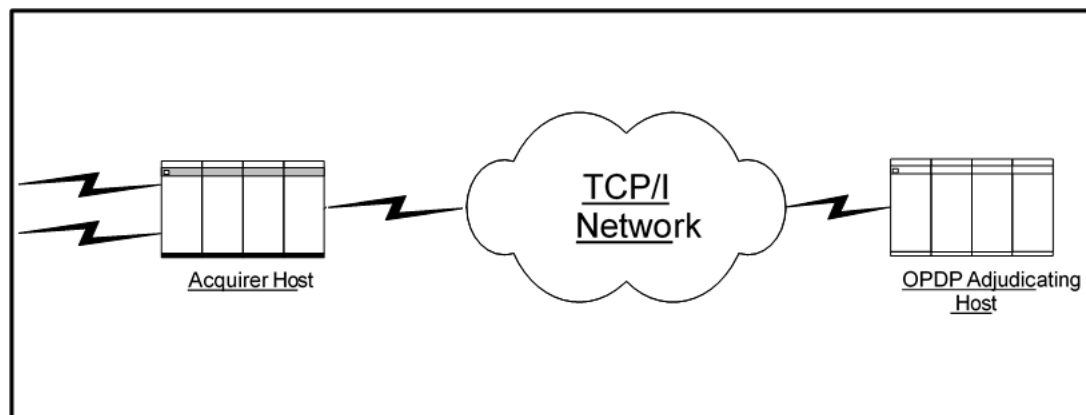


Figure 1. System Overview - Acquirer Host to Adjudicating Host

The connection between the Pharmacy Application system and its Acquirer Host system is outside the scope of this manual.

The Acquirer Host system is connected via a TCP/IP network to the Ontario Public Drug Programs (OPDP) Adjudicating Host system. One IP address is permitted by the Adjudicating Host. Each connection uses the TCP protocol. One IP address with multiple ports is used by the Acquirer Host to provide multiple connections to meet throughput requirements.

### 2.2.1 Life of a Transaction

The following scenarios describe the life of a typical CPhA-Version 3 transaction from the perspective of the communications interface software. Section One of this manual contains the list of CPhA-Version 3 transactions that are used.

The transaction is passed from the Pharmacy Application to the Acquirer Host system.

If the transaction contains an Issuer Identification Number (IIN) value destined for the Adjudicating Host, the Acquirer Host acts as a pass-through. It forwards the message to the Adjudicating Host system.

The Adjudicating Host processes the request and returns a response to the Acquirer Host on the same session as the original request.

The Acquirer Host forwards the reply to the Pharmacy Application that sent the request.

**Note:** The Ministry Host will verify the Pharmacy ID from the incoming transaction message to determine if the agency is a registered network user. If the agency is not a registered user, the Ministry Host will return error code 21.

## 2.3 Transport Protocol Specification

The Transport Protocol consists of a set of message formats and processing rules which govern how transactions are passed between the two parties.

The following are the rules for the Transport Protocol as implemented in this Multi-Threaded Interface for the exchange of CPhA messages.

### 2.3.1 Acquirer Host to Adjudicating Host Connection

In order for the Acquirer Host to communicate to the HNS Adjudication system, the following is required:

- A TCP/IP network access offered by the Ontario Health's ONE™ Enterprise.

**Note:** Specific configuration details will be provided by Ontario Health's ONE™ Enterprise at time of completion of registration for the network service.

- A device capable of communicating via TCP/IP

TELUS Acquirer Host is linked to the Adjudicating Host system via one (or more) TCP sessions.

There are no restrictions on the source PORT number in the case of multiple sessions originating from a single IP address. The Acquirer Host uses one Source IP Addresses for their connections. The IP Address must be specified by the Acquirer Host at time of registration with the Ontario Health's ONE™ Enterprise. The Acquirer Host IP Address is verified by the Ontario Health's ONE™ Enterprise.

Each session may carry multi-threaded traffic for multiple stores and for multiple terminals within each store.

Because the TCP protocol is a streaming protocol, each message which flows between the Adjudicating Host and the Acquirer Host must be enclosed in Start of Text (STX) and End of Text (ETX) characters. These characters are guaranteed not to occur in the CPhA transaction data, but may occur in the Multi-Threaded

message header, which immediately follows the STX. Because the Multi-Threaded header is a fixed size, each host must interpret an ETX or STX which occurs within 6 bytes of an STX as header data, rather than a message delimiter.

## **2.3.2 TCP Session Establishment**

TCP session establishment is always done by the Acquirer Host.

At Start-Up, the Adjudicating Host will place a 'listen' on a configured TCP port. The Acquirer Host will send a connect request to the Adjudicating Host by specifying the IP address and the configured port.

The Adjudicating Host will verify the connecting IP address and complete the establishment of the session. The session will be maintained as long as the communicating hosts are running. If a session is disconnected, the Acquirer Host system is responsible for re-establishing the link.

### **2.3.2.1 Message Types**

Three types of messages can be exchanged between the Acquirer Host and the Adjudicating Host in order to support transaction delivery. For actual message formats, see subsection 2.7.

#### *Data Request / Response Message*

The Data Request / Response message provides for the transfer of transaction data between the Acquirer Host and the Adjudicating Host.

#### *Undelivered Data Message*

The Undelivered Data Message informs the Adjudicating Host Application that a transaction response was not delivered to the Pharmacy Application software. The corresponding transaction is reversed by the Adjudicating Host, when the Undelivered Data Message containing the transaction response message is received.

*Undelivered Data Acknowledgment Message*

The Undelivered Data Acknowledgment Message informs the Acquirer Host that the Undelivered Data Message was received and successfully processed. Note that not receiving this message signifies a negative acknowledgment, so a negative acknowledgment message is not required.

### 2.3.3 Undelivered Data Message Handling

The Acquirer Host keeps a copy of a request only until the corresponding response has been received from the Adjudicating Host. If a response is not received from the Adjudicating Host within a configured timeout period, the Acquirer Host returns an appropriate host timeout response message to the Pharmacy Application. See Section 2.6 for an explanation of the format for the host timeout response. The Acquirer Host does not send any notification to the Adjudicating Host at this point.

For CPhA3 message type 51 responses, special processing is required by the Acquirer Host.

If, after a timeout, the transaction response arrives at the Acquirer Host, it is copied into a new message with the Message Identifier in the message header set to %H10 (Undelivered Data Message) and returned to the Adjudicating Host. The Adjudicating Host will reverse the transaction, and return an Undelivered Data Acknowledgement Message to the Acquirer Host.

The Acquirer Host must start a timer when sending the Undelivered Data Message. If the timer expires, then the Acquirer Host must resend the Undelivered Data Message until the Undelivered Data Acknowledgement Message is received.

The Acquirer Host must guarantee delivery of Undelivered Data Messages in that it must wait for the Undelivered Data Acknowledgement Message before it can consider the transaction to be complete. If the link between the Acquirer Host and the Adjudicating Host goes down, the Acquirer Host must then store the Undelivered Data Message and forward it to the Adjudicating Host when the link is re-established. Note that the store and forward file must be emptied before any more on-line transactions can be processed with that Adjudicating Host.

A configurable limit (greater than 1) should be placed on the number of times that the Acquirer Host tries to resend the Undelivered Data Message, after which the Acquirer Host should discard the Undelivered Data Message. This prevents a problem with the Undelivered Data Message or the Undelivered Data Acknowledgement Message from tying up the connection indefinitely.

The Acquirer Host always sends an Undelivered Data Message if a late response message is received, — even if the response indicates that the claim was rejected. This is required for transaction tracking.

If the Acquirer Host cannot deliver the 51 response to the Pharmacy application for any reason, the Acquirer Host must return the response to the Adjudicating Host as described in the previous paragraphs.

There is no need to send an Undelivered Data Message to the Adjudicating Host for reversal processing for transaction types 11,30,31,32,33. When such a transaction response arrives late at the Acquirer Host, it may be discarded. This saves time and resources—which can be extensive—needed to return the response to the Adjudicating Host.

## 2.4 Message Flow Diagrams

The following presents diagrams to describe the message flow protocols. Each illustration shows both the transaction and error recovery. See subsection 2.7 for the layout of the request and response messages.

### 2.4.1 Normal Transaction

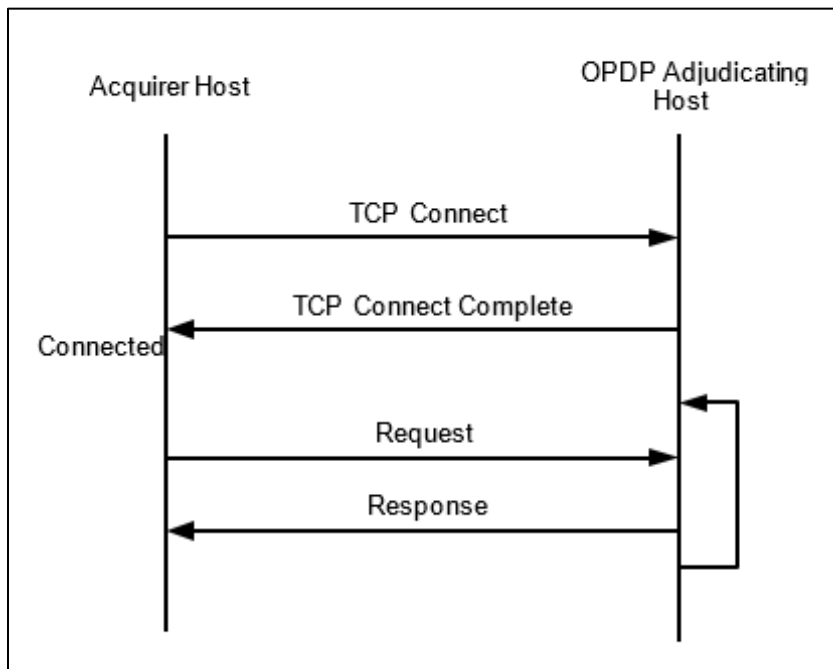


Figure 2. This diagram shows the complete message flow sequence of a normal transaction

## 2.4.2 Undelivered 51 Response To Pharmacy System

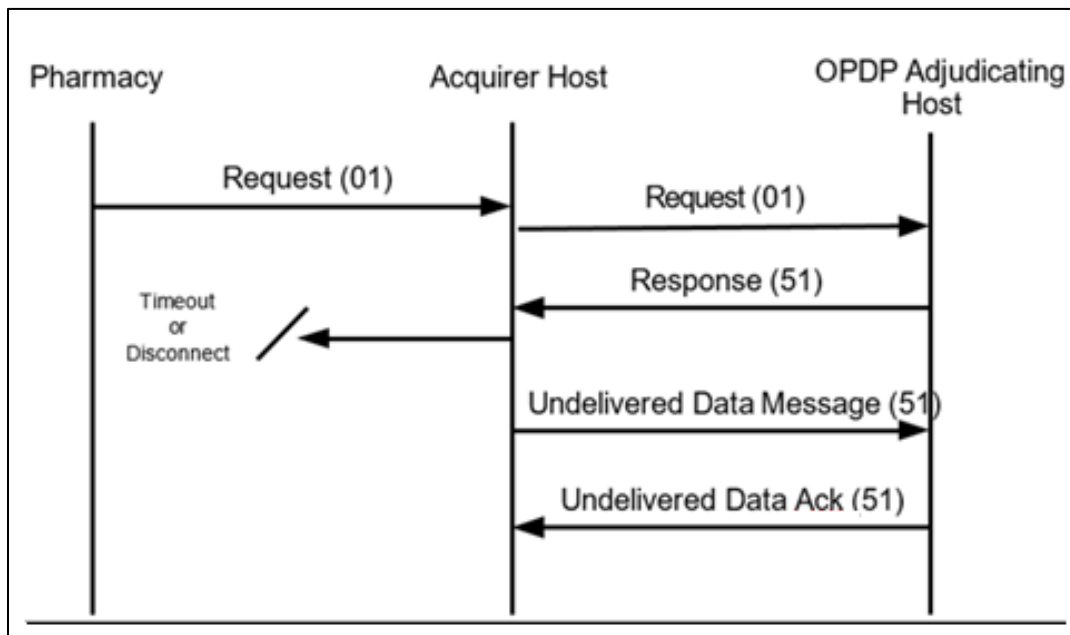


Figure 3. This diagram shows the message flow sequence of a '01' transaction that was timed out at the Pharmacy Application.

If the Pharmacy Application does not receive the response within a configured time limit, it will time out and the device will disconnect. The response will therefore not have been delivered to the device. If the response is a type '51' response, it must be returned to the Adjudicating Host as an Undelivered Data Message by the Acquirer Host. See Section 2.3.3 for details of Undelivered Data Message Handling.

The Error Code field in the Undelivered Data Message is set to %H10 to indicate a connectivity issue between the pharmacy system and the Acquirer Host.

### 2.4.3 Undelivered Response to Acquirer Host

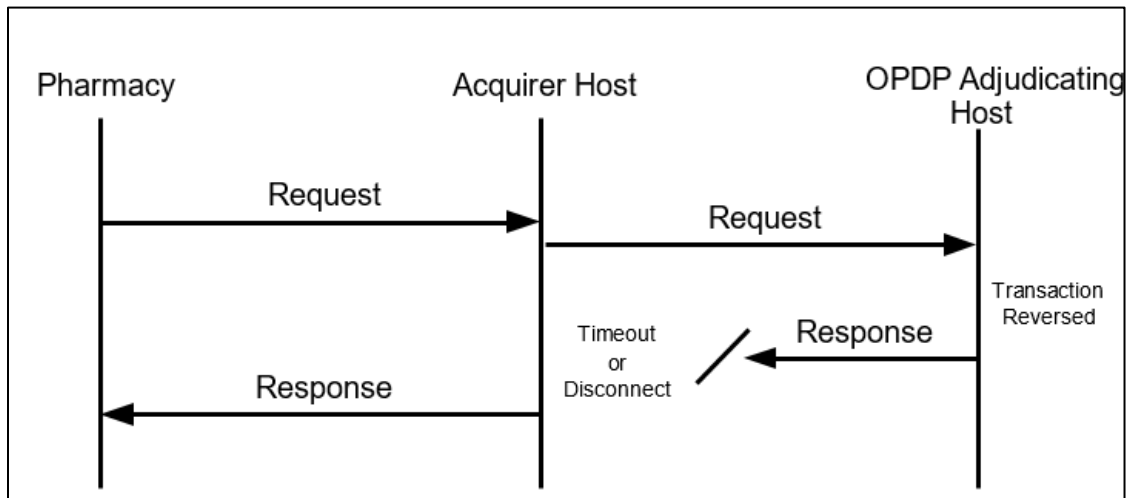


Figure 4. This diagram shows the message flow sequence of a transaction that was not delivered to the Acquirer Host.

If the Adjudicating Host is unable to deliver the response to the Acquirer Host, the Adjudicating Host reverses the transaction internally. The Acquirer Host should timeout and return a host timeout error response to the Pharmacy.

#### 2.4.4 Time out on Response from Adjudicating Host

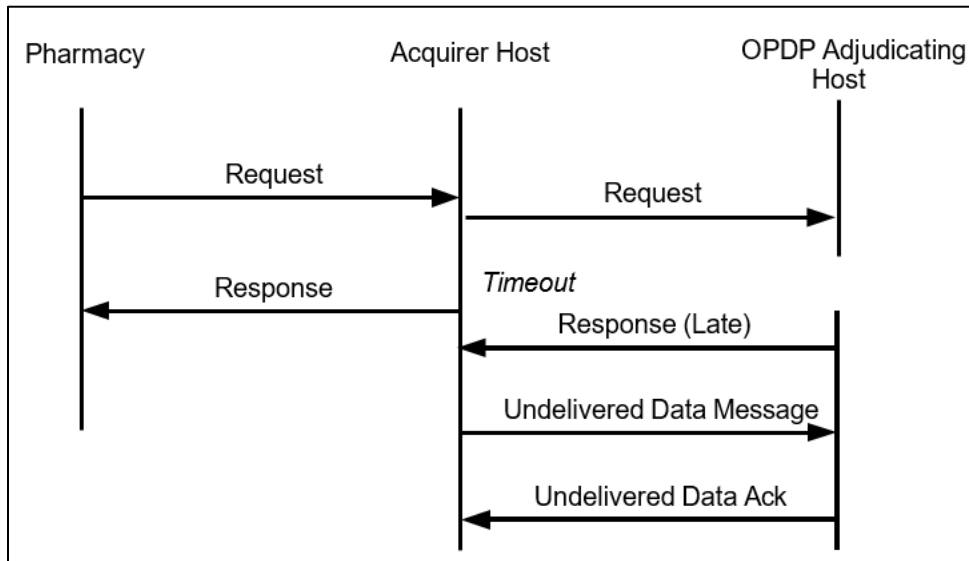


Figure 5. This diagram shows the message flow sequence of a transaction that was timed out at the Acquirer Host.

If the Acquirer Host times-out waiting for a response from the Adjudicating Host, it should generate host timeout error to the Pharmacy. If a late response message is received, and is type 51, an undelivered data message must be formatted and sent to the Adjudicating Host. See Section 2.3.3 for details on Undelivered Data Message Handling.

The Error Code field of the Undelivered Data Message is set to %H20 to indicate a connectivity issue between the Acquirer Host and the Adjudication Host.

## **2.5 OPDP Host System Details**

The communications interface used to connect the Adjudicating Host to the Acquirer Host performs the following tasks:

- validates that Incoming session requests are from registered Acquirer Host systems (based on the IP Address of the caller),
- controls data transfer over one or more TCP sessions,
- implements the Multi-Threaded Protocol,
- passes transaction requests received on a TCP session to a router process,
- passes transaction responses received from a router process to a TCP session,
- generates transaction reversals when a session is disconnected.

### **2.5.1 Presentation Services**

The Acquirer Host system will be attached to the OPDP system via a number of sessions. An entry is kept in a table at the OPDP system for the Acquirer Host connection specifying its IP address. Only connections from systems whose IP address appears in the table will be accepted by the OPDP.

## **2.6 Considerations**

This section lists the network interface design considerations.

### **2.6.1 End-to-End Error Recovery**

The Acquirer Host will time all transactions. If a response is not received within the timeout period, the Acquirer Host will send a message to the pharmacy application indicating that a host timeout error has occurred. The pharmacist is then at liberty to retry the claim, or phone the help desk for assistance.

A 'late response' must be reversed to the OPDP Application. For details, see the description in subsection 2.3.3.

### **2.6.2 Store and Forward Functions**

If the Acquirer Host cannot establish a connection to the Adjudicating Host, the on-line Adjudicating Host Application is then considered to be unavailable. During this period, the Acquirer Host will not perform any 'store and forward' type processing. Note: This does not preclude the Pharmacy Application from safe-storing the claim information, and allowing the captured claims to be submitted when the connection becomes available.

Store and forward processing is only used for reversals generated by the Acquirer Host. See the description in subsection 2.3.3.

### **2.6.3 Request/Response Mode**

The end-to-end protocol design permits multiple transactions to be outstanding at any time for a given Acquirer Host

### **2.6.4 Host Timeout Response Format**

If the Acquirer Host sends a CPhA3 formatted message to indicate that an error has occurred, then it must do so by setting CPhA3 field E.06.03 (Response Code) to E4 (host timeout error).

## 2.7 Data Message Formats

This subsection provides the format of all messages.

The Data Message is made up of the following three parts:

- Message Header – All fields before the Transaction Data.
- Message Body – the Transaction Data.
- Message Trailer – All fields following the Transaction Data.

| <i>Field Name</i>           | <i>Offset</i> | <i>Length</i> | <i>Comments</i>                               |
|-----------------------------|---------------|---------------|-----------------------------------------------|
| STX Character               | 0             | 1             | %H02                                          |
| Protocol Version            | 1             | 1             | %H01                                          |
| Message Identifier          | 2             | 1             | see Notes below                               |
| Host Interface<br>ID 1-255) | 3             | 1             | %H01 thru %HFF (decimal                       |
| Trace Number                | 4             | 2             | decimal 1–32767                               |
| Error Code                  | 6             | 1             | %H01 through %HFF (to<br>be determined)       |
| Transaction Data            | 7             | n             | in CPhA format except<br>Undel and Undel Ack. |
| ETX Character               | n+7           | 1             | %H03                                          |

## 2.7.1 Notes

1. **Protocol Version** is the version identifier for the Multi-Threaded protocol. The value in the initial release will be hex 01.
2. **Message Identifier** has one of the following hexadecimal values to indicate the type of message:

| Value | Meaning                                  |
|-------|------------------------------------------|
| %H01  | Data Request Message                     |
| %H10  | Undelivered Data Message                 |
| %H11  | Undelivered Data Acknowledgment Message. |

3. **Host Interface Identifier** indicates the unique Host interface process on the Acquirer Host system that forwarded the request message to the Adjudicating Host system. The response message must be returned to this process.
4. **Trace Number** is a unique number within the Acquirer Host Interface process. It is used to match the response with the original request for timeout processing and routing purposes, if required.
5. **Error Code** identifies the reason the message is being returned:

| Value | Meaning           |
|-------|-------------------|
| %H10  | Terminal down     |
| %H20  | Host system error |
| %H40  | Protocol error    |

6. **Transaction Data** is the claims processing transaction data. The form of this data is transaction dependent. The various formats are listed in the CPhA

Pharmacy Claim Standard, Version 03. Undelivered data is the CPhA '51' message, as received from the Adjudicating Host. An undelivered ACK has the following format CPhA fields E.01.03, E.02.03, E. 03.03, E.04.03.

## **SECTION THREE: PHARMACY SOFTWARE CONFORMANCE SPECIFICATIONS USING TCP/IP**

### **3.1 Overview**

The objective of this section is to describe the criteria and the process to be used to confirm that pharmacy software adheres to the specifications put forward by the Ministry in order to interface with the HNS Claims Adjudication System and NMS via TCP/IP.

#### **3.1.1 Purpose and Scope**

Requirements have been specified in the areas of connectivity and transaction processing. Detailed specifications for connectivity are contained in Section Two of this manual.

Detailed specifications for transaction processing are described in Section One. Instructions are provided herein on how to prepare for the conformance test. The testing facilities and the test data requirements are described in detail.

- All protocols will be tested according to the specification detailed in subsections 2.3 and 2.4.
- All transaction request message types will be tested with their corresponding responses.
- The conformance test will include a connectivity test that will be performed on Ministry's production and/or development system.
- The Ministry will be providing facilities in Toronto for the purpose of conformance testing.

### **3.2 Conformance Specifications**

Although software providers are not expected to conform to every protocol supported by the Ministry, they must conform to the type selected by the pharmacies in which the software is installed. The software must conform to specifications in the following areas:

### **3.2.1 Connectivity Functions**

#### **Connection:**

The software must be able to recognize and control a TCP/IP connection provided by the Ministry's pharmacy network provider and establish the required communication sessions. The different types of communication services and applicable protocols are explained in detail in Section Two of this manual.

#### **Disconnect**

The software must recognize all cases in which a communication session has to be terminated and disconnect communication. The specification contains sample dialogues showing codes used to signal termination.

#### **Outages**

The software must be able to recognize an undelivered transaction. The unprocessed transaction must be backed out locally and should be submitted again when the situation causing the outage has been resolved.

#### **Error Recognition**

To facilitate problem recognition and avoid unnecessary down-time, the pharmacy software must recognize and communicate to the operator all communication errors. The Ministry recommends that the error messages be echoed verbatim, but does not require verbatim echoing for demonstrating conformance.

#### **Error Recovery**

The software must be able to deal with the resending of undelivered transactions when requested by the host. It must also deal with time out situations as depicted in Section Two of this manual.

### 3.2.2 Transaction Processes

Conformance is expected with the transaction format, length, and contents as specified in Section One of this manual. The layouts for all transaction types, as well as required field and transaction lengths and required contents, are listed in the above mentioned section. The following transaction types are to be supported:

01 - Single prescription claim request and its corresponding response, transaction 51

01 – Single prescription NMS request and its corresponding response, transaction 51

11 - Single prescription claim reversal request and its response, transaction 61

11 – Single prescription NMS reversal request and its response, transaction 61

30 - Request for daily accumulated total and its response, transaction 80

31 - Request for daily claim details and its response, transaction 81

32 - Request for same day reversal details and its response, transaction 82

33 - Request for prior day reversal details and its response, transaction 83

The software must display and interpret the response code contained in each response transaction sent by the Ministry to the pharmacy. For the interpretation of these codes, as well as message rules, field descriptors, mandatory and optional contents, please refer to Section One of this manual.

### **3.3 Test Objectives**

#### **3.3.1 Connectivity**

Verify that the software supports the protocols as established in Section Two of this manual.

Verify this compliance on a protocol by protocol basis, and prove that all network messages are detected and correctly interpreted, both under normal and exceptional conditions.

#### **3.3.2 Transaction Processing**

Establish that all the transactions, as specified by Section One, are correctly generated by the pharmacy software and transmitted to the Ministry. Establish that the expected set of responses sent by the host system is correctly interpreted by the pharmacy software.

#### **3.3.3 Acceptance Criteria**

Conformance will be granted only on strict compliance with all specifications detailed in the Conformance Test Script. On connectivity, conformance will be granted on a protocol by protocol basis while on Transaction Processing it will be granted to the software as a unit. All transaction requests must be tested in the exact sequence required, with all the corresponding responses being identified and verified. Failure in any of the items of the test will result in the requirement of another test performed in a regressive fashion.

#### **3.3.4 Required Performance**

The pharmacy software must conform to the specifications outlined by the Ministry in Section One of this manual. All protocols supported by the Ministry are explained in detail in Section Two. With respect to connectivity, the software must react exactly in the manner stated on the supplied Conformance Test Script for conformance to be granted by the Ministry. The transaction processing

performance must conform to the dialogue shown on the Conformance Test Script without any deviations from the dialogue flow.

### **3.4 Testing Environment**

#### **3.4.1 Host Environment**

The host system will be available at the facilities supplied by the Ministry for the conformance test. Pharmacy software vendors whose clients submit claims via TELUS Acquirer Host, Ontario Health maintains a link between TELUS Acquirer Host and the Ministry's test facilities. Consult with TELUS Acquirer Host for their access policies regarding these links.

#### **3.4.2 Remote Access**

The software vendors can access the HNS system remotely from their own offices residing within Ontario. Pharmacy Software Vendors' testing systems which depend on a link with TELUS Acquirer Host to access the HNS system should consult TELUS Acquirer Host concerning its remote access policies.

### **3.5 The Test**

#### **3.5.1 Software**

Software installation is the responsibility of the provider, but every effort will be made by the team in order to ensure that all of the provider requirements are met. The software must be running in a manner that closely reflects live operations.

#### **3.5.2 Test Data**

The Conformance Test Team will supply all the test data to make the software operational. The test will be run using real data for drugs, while test data will be used for items such as Pharmacy and Prescriber ID. Any data needed by the software for edits, verifications, etc., will also be made available by the test team. The Conformance Test Team will supply test cases and scenarios at test time.

#### **3.5.3 Test Method**

Although the emphasis of the test for conformance will be in the data traffic, all aspects of system functionality will be tested at the same time. A Conformance Test Scenario documents will be supplied for the test on a step by step basis that must be followed to the letter. The results must be exactly as expected and recorded on the Conformance test Scenario documents as well as electronically. Non-binding results, such as time outs and/or elapsed times will be recorded as they occur. Each one of the protocols will be tested separately; there will be a Conformance Test Sheet for every protocol

Basic communication aspects will be tested first. Connect, disconnect, dropped connections, data terminal ready, network messages, error detection and recovery, will all be tested by using the host to either respond in the normal manner or simulate error conditions. Shutting down power at the remote will test the recovery capabilities of the software. As a general rule, each scenario presented in subsection 2.4 will be tested.

The Message Interface will be checked next. The exact contents of each request message will be supplied to the software providers. The response from the host must match the expected result. Exceptions and intentional errors are included in the sequence of events. The reaction of the software to these situations must match the expected results and the response code sent by the host transaction must be shown and interpreted by the software.

### **3.6 Test Windows**

#### **3.6.1 Time Allowance**

A full working day will be allotted for the conformance test. The working day is between 08:30 and 16:30, Monday through Friday.

#### **3.6.2 Location**

Test location is:

HNS Conformance Test Site  
73 Laird Dr.,  
East York, Ontario,  
M4G 3V1

## SECTION FOUR: ELECTRONIC MAIL COMMUNICATION

### 4.1 Overview

Electronic Mail (E-Mail) is an online interactive electronic mail system which lets you receive mail through the computer system.

As of January 15, 2022, the ministry's ONE® Mail email service has been replaced with Microsoft Office 365 (O365) email account for pharmacies.

O365 is a secure email service developed and operated by Microsoft that is accessible via the internet (e.g., a web browser). It meets the high security requirements to exchange information between the ministry and pharmacies.

### 4.2 Communication Requirements

In order for a pharmacy to access the O365 email account, the following is required:

- A device capable of communicating via TCP/IP, typically a personal computer, tablet, or phone with access to the Internet
- A supported web browser tool such as Microsoft Edge or Firefox or Google Chrome
- Access to <https://outlook.office.com>

Note: You may need to contact your local I.T. support to ensure access to O365 email is not blocked by your internal firewalls.

### 4.3 Registration

In order for a pharmacy to access the Pharmacy O365 email account, the pharmacy must be registered first.

ODB registration desk/helpdesk will process the registration of new pharmacies and change in ownership pharmacies into the O365 email account as part of the pharmacy registration process.

For further information on the registration process please contact the ODB Help Desk at 1-800-668-6641.

#### 4.4 Logon and Use

Once a pharmacy has been registered, the ministry will notify the pharmacy that the O365 email account registration is complete. This automated confirmation email will be sent to the pharmacy's personal or corporate email address (provided by the pharmacy on the O365 email account registration form).

The confirmation email will contain the new username (e.g., **ON#@opddp.ca**), a **unique temporary password** for the initial log-in, and a direct link for logging in.

You will be required to change the temporary password the first time you login.

To launch the email service, please log in to **<https://outlook.office.com>** to change the temporary password, then proceed to follow the on-screen setup process.

When changing the password, please follow the password complexity rules. It is recommended that a unique password be used that is not used with any other applications.

- Password must be 12 or more characters long.
- Password must contain characters from all the following four categories:
  - o Uppercase characters A-Z (Latin alphabet).
  - o Lowercase characters a-z (Latin alphabet).
  - o Digits 0-9.
  - o Special characters (@, \$, #, %, etc.).

Type in the current (temporary) password and your new password based on the password complexity above. Follow the steps in your browser.

## SECTION FIVE: REMITTANCE ADVICE

The Summary Remittance Advice will only be produced when one or more of the following occur during the payment period:

- paper claims/reversals are processed by the Ministry;
- the Ministry posts an adjustment to the dispensary's account;
- the dispensary's account is at a negative balance at the beginning or end of the payment period.

The Summary Remittance Advice report may include the following information:

- totals for on-line transactions for the same payment cycle
- details of approved paper claims/reversals processed by the Ministry
- adjustments against previously paid claims and recoveries, as well as the Adjustment/Reason Type Code
- Transaction Codes
- response status of the claim transaction such as:
  - A = accepted as submitted, no price adjustment(s)
  - B = accepted with price adjustment(s)
  - V = reversal accepted

Run Date: MMM DD, YYYY    ODB SUMMARY REMITTANCE ADVICE  
Payment : MMM DD, YYYY

PAYMENT PERIOD FROM MMM DD, YYYY TO MMM DD, YYYY

CPHA Pharm ID: XXXXXXXXXXXX

NON CPHA TRANSACTIONS

| Rx #       | DISPENSE   | TRAN | RSN  | RESPONSE | DRUG       | PROF      | DEDUCT | PLAN      |
|------------|------------|------|------|----------|------------|-----------|--------|-----------|
| RESUB #    | ADJUD'TN   | CD   | TYPE | STAT     | CODES      | UPCHRG    | COMP   | PAYS      |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |
| 999999999  | YYYY/MM/DD | XX   | XX   | X        | XXXXXXXXXX | 999999.99 | 999.99 | 99999.99- |
| XXXXXXXXXX | YYYY/MM/DD |      |      |          | XXXXXXXXXX | 999999.99 | 999.99 |           |

AGENCY LEVEL ADJUSTMENTS

| ADJUD'TN   | TRAN | ADJ  | DESCRIPTION              | AMOUNT           |
|------------|------|------|--------------------------|------------------|
| DATE       | CD   | TYPE |                          |                  |
| YYYY/MM/DD | XX   | XX   | Supporting Documentation | \$ 99,999,999.99 |
| YYYY/MM/DD | XX   | XX   | Inspection Recovery      | \$ 99,999,999.99 |
| YYYY/MM/DD | XX   | XX   | Retroactive Drug Cost    | \$ 99,999,999.99 |
| YYYY/MM/DD | XX   | XX   | Retroactive Drug Cost    | \$ 99,999,999.99 |
| YYYY/MM/DD | XX   | XX   | Retroactive Drug Cost    | \$ 99,999,999.99 |

REMITTANCE ADVICE SUMMARY

|                                |                                    |                  |
|--------------------------------|------------------------------------|------------------|
| OUTSTANDING FROM MMM DD, YYYY: |                                    | \$ 99,999,999.99 |
| TOTAL CPHA CLAIMS              | : 999,999,999                      | \$ 99,999,999.99 |
| TOTAL CPHA REVERSALS           | : 999,999,999                      | \$ 99,999,999.99 |
| TOTAL NON-CPHA TRANSACTIONS    | : 999,999,999    \$ 99,999,999.99- |                  |
| TOTAL AGENCY LEVEL ADJUSTMNTS: | 999,999,999    \$ 99,999,999.99-   |                  |
| NET OF NON CPHA TRANSACTIONS : |                                    | \$ 99,999,999.99 |
| AMOUNT TO BE PAID              | :                                  | \$ 99,999,999.99 |
| OR                             |                                    |                  |
| AMOUNT TO BE DEPOSITED         | :                                  | \$ 99,999,999.99 |

Figure 6. ODB Summary Remittance Advice

## **SECTION SIX: REJECT REPORT**

The Reject Report identifies rejected paper claims and the reason for their rejection. It will only include paper claims processed on the previous day.

The Reject Report will be produced daily. Similar to the Remittance Advice, the report will be made available to pharmacies via ministry's O365 email system.

Please refer to Section 11 of the Ontario Drug Programs Reference Manual for additional information.

```

=====+-----+-----+-----+-----+-----+-----+
|Run Date: MMM DD, YYYY          ODB - REJECT REPORT
|Adj Date: MMM DD, YYYY          FOR PAPER SUBMISSIONS
|
|Dispense Dt:  YYYY-MM-DD      Pharm ID:  ON12345678      Resub No:
|Client ID/Ver:  XXXXXXXXXXXX XX
|First Name:    XXXXXXXXXXXX   Last Name:  XXXXXXXXXXXXXXXX Birth:   XXXX-XX-XX
|Sex:           X              Carrier ID: AA              Group No: 1234567890
|Health No:     XXXXXXXXXXXX XX DIN/GP #:   12345678      Curr RX: 123456789
|Quantity:      12345.6        Days Supp: 123
|Presc ID:      XXXXXXXXXXXX   Presc Ref: XX
|Drug Cost:     99999.99       Cost Upchg: 9999.99      Prof Fee: 999.99
|SSC:           AAA           Prod Sel:   A              Unl Comp: A
|Comp Tm:       999           Comp Chg:   999.99        Med Reas: A
|Med Cond:      A----A        Prev Pd:    99999.99      Rvsl Amt: 99999.99
|Phmcist ID:    A----A        Int/Excpt Codes: AA AA AA AA AA AA AA AA AA AA
|Response Codes:
|AB A-----A                FOR: RESUB NO:      AAAAAAAAAA
|                               ORIG. CLIENT ID: XXXXXXXXXXXX
|AA A-----A                AA A-----A
|AA A-----A                AA A-----A
|AA A-----A                AA A-----A
|Message Line: A-----A
|*****
|Dispense Dt:  ****-**-**      Pharm ID:  ON12345678      Resub No: 165121212
|Client ID/Ver:  XXXXXXXXXXXX XX
|First Name:    XXXXXXXXXXXX   Last Name:  XXXXXXXXXXXXXXXX Birth:   XXXX-XX-XX
|Sex:           X              Carrier ID: AA              Group No: 1234567890
|Health No:     XXXXXXXXXXXX XX DIN/GP #:   11111111      Curr RX: 123412345
|Quantity:      12345.6        Days Supp: 135
|Drug Cost:     99999.99       Cost Upchg: 9999.99      Prof Fee: 999.99
|SSC:           AAA           Prod Sel:   A              Unl Comp: A
|Comp Tm:       999           Comp Chg:   999.99        Med Reas: A
|Med Cond:      A----A        Prev Pd:    99999.99      Rvsl Amt: 99999.99
|Phmcist ID:    A----A        Int/Excpt Codes: AA AA AA AA AA AA AA AA AA AA
|Response Codes:
|AA A-----A                AA A-----X
|AA A-----A                AA A-----A
|AA A-----A                AA A-----A
|AA A-----A                AA A-----A
|AA A-----A                AA A-----A
|Message Line: A-----A
|                               END OF REPORT (OR CONTINUATION MESSAGE)
|
=====+-----+-----+-----+-----+-----+-----+

```

Figure 7. Ontario Public Drug Program – Reject Report

## **SECTION SEVEN: DUR RESPONSE REPORT**

The DUR Response Report identifies all paper claims where a DUR event was detected. It will only include paper claims processed on the previous day.

The DUR Response Report will be produced daily. Similar to the Remittance Advice, the report will be made available to pharmacies via ministry's O365 email system.

Please refer to Section 11 of the Ontario Drug Programs Reference Manual for additional information.

|                                                                       |  |                                        |  |
|-----------------------------------------------------------------------|--|----------------------------------------|--|
| RUN DATE: MMM DD, YYYY                                                |  | ODB - DUR RESPONSES                    |  |
| ADJ DATE: MMM DD, YYYY                                                |  | FOR PAPER SUBMISSIONS                  |  |
| AGENCY ID: ON01110001                                                 |  |                                        |  |
| CLIENT ID: XXXXXXXXXX XX FIRST NAME: XXXXXXXXXX LAST NAME: XXXXXXXXXX |  |                                        |  |
| DIN / PIN: 00705934 DRUG NAME: CORDARONE                              |  |                                        |  |
| DISPENSE DT: 1993-12-01 CURRENT Rx: 931430921                         |  |                                        |  |
| PRESCRIBER: XX XXXXX XXXXXXXXXXXXXXXXXX                               |  |                                        |  |
| ME DRUG/DRUG INTERACTION                                              |  |                                        |  |
| L1 00021733 NOVO-QUINDIN                                              |  | L1 99999999 AAAAAAAAAAAAAAAAAAAAAAAAAA |  |
| L1 99999999 AAAAAAAAAAAAAAAAAA                                        |  | L1 DATA NOT AVAILABLE                  |  |
| L1 DATA NOT AVAILABLE                                                 |  | L2 99999999 AAAAAAAAAAAAAAAAAAAAAAAAAA |  |
| L1 99999999 AAAAAAAAAAAAAAAAAA                                        |  | L2 99999999 AAAAAAAAAAAAAAAAAAAAAAAAAA |  |
| L3 99999999 AAAAAAAAAAAAAAAAAA                                        |  | L3 99999999 AAAAAAAAAAAAAAAAAAAAAAAAAA |  |
| MH DOUBLE DOCTORING                                                   |  |                                        |  |
| CLIENT ID: XXXXXXXXXX XX FIRST NAME: XXXXXXXXXX LAST NAME: XXXXXXXXXX |  |                                        |  |
| DIN / PIN: 00004456 DRUG NAME: LANOXIN                                |  |                                        |  |
| DISPENSE DT: 1993-12-03 CURRENT Rx: 233422222                         |  |                                        |  |
| PRESCRIBER: XX XXXXX XXXXXXXXXXXXXXXXXX                               |  |                                        |  |
| ME DRUG/DRUG INTERACTION                                              |  |                                        |  |
| L1 00004782 QUINIDINE                                                 |  |                                        |  |
| CLIENT ID: XXXXXXXXXX XX FIRST NAME: XXXXXXXXXX LAST NAME: XXXXXXXXXX |  |                                        |  |
| DIN / PIN: 01913883 DRUG NAME: QUINIDEX EXTENTABS                     |  |                                        |  |
| DISPENSE DT: ****-**-** CURRENT Rx: 931430921                         |  |                                        |  |
| + PRESCRIBER: XX XXXXX XXXXXXXXXXXXXXXXXX                             |  |                                        |  |
| D7 REFILL TOO SOON                                                    |  |                                        |  |
| END OF REPORT (OR CONTINUATION MESSAGE)                               |  |                                        |  |

Figure 8. Ontario Public Drug Program – DUR Response Report

## **SECTION EIGHT: FORMULARY ELECTRONIC FORMATS**

### **8.1 On-Line Formulary**

A searchable electronic version of the Ontario Drug Benefit Formulary / Comparative Drug Index (Formulary/CDI) current Edition is available on the Ministry's web site at:

<https://www.formulary.health.gov.on.ca/formulary/>

### **8.2 Formulary Download**

The full text of the Formulary/CDI in PDF Format and updates in MS Excel and Text formats, as well as a XML (Extensible Markup Language) Data Extract and XSD (XML Schema Definition Language) File are available for download from the Ministry's Formulary Downloads web page at:

<https://www.ontario.ca/document/ontario-drug-benefit-odb-formulary-comparative-drug-index-cdi-and-monthly-formulary-0>

## SECTION NINE: MONITORED DRUGS LIST

The Monitored Drugs List provides a list of products that the Ministry has selected for monitoring. This list will be used as a reference to determine if a submission to the Narcotics Monitoring System is required for the product being dispensed. Pharmacy software vendors and pharmacies are required to update their software with the latest information when new versions are published.

### 9.1 Monitored Drugs List Download

A Monitored Drugs List will be made available in electronic format on a monthly or as required basis. The list can be downloaded in excel or XML format from the following location:

<https://www.ontario.ca/page/narcotics-monitoring-system>

### 9.2 Monitored Drugs List Format

Header:

Title – Monitored Drugs  
List Date of Publication

| Field             | Description                                                                       |
|-------------------|-----------------------------------------------------------------------------------|
| DIN/PIN           | Drug / Product Identification Number                                              |
| Brand Name        | Product Brand Name                                                                |
| Manufacturer Code | Product Manufacturer                                                              |
| Dosage Form       | Format in which the product dosage is to be taken                                 |
| Strength          | Strength of product in a category/class                                           |
| Start Date        | Date that NMS submissions are required to start for this product.                 |
| End Date          | If present, the date the NMS submissions are no longer required for this product. |

## SECTION 10: APPENDICES

### 10.1 Appendix A: Response Codes

Transactions submitted on-line will be validated and processed to determine eligibility based on ODB payment rules. Transactions may be approved, rejected, or flagged for your attention and perhaps intervention. Please refer to Section 10 of the Ontario Drug Programs Reference Manual for a current list of Response Codes.

The multiple-page chart is intended as a "quick reference" for interpretation of system responses. The chart provides the following information:

- **Response Code**  
The code assigned by the system in response to a transaction which may warrant your attention.
- **Message Description**  
A brief explanation of the response code.
- **Field Requirement or Explanation of Condition Generating Response Code**  
In many cases, the response code is an indication that the field requirements have not been met. This column will identify the field requirements when the response code indicates a field error.
- **Intervention Code/Description**  
ODB payment rules provide for opportunities to over-ride the system response in some cases and under certain circumstances. If the system response can be over-ridden, applicable intervention codes will be displayed in this column.

## **10.2 Appendix B: Intervention and Exception Codes**

The on-line system has recognized an opportunity and need for dispensing agencies to interface with the system in a real time environment. The use of intervention and exception codes facilitates this interface.

Rules applicable to the use of intervention and exception codes are described in the Ontario Drug Programs Reference Manual, particularly in sections on eligibility, prospective DUR, and non- standard claims.

The pharmacist ID is mandatory, unless the dispenser is a physician, when intervention/exception codes are applied. The intervention/exception code error will be generated if a code is applied, and the system identifies that the code was not necessary.

Only two intervention/exception codes will be accepted against a single transaction. If the circumstances dictate the use of more than two intervention/exception codes, then claims must be submitted manually.

Please refer to Section 10 the Ontario Drug Programs Reference Manual ([Ontario Drug Programs Reference Manual](#)) for a current list of Intervention Codes.

### **10.3 Appendix C: Reason For Use Codes**

The most recent reason for use codes is based on the most recent Drug Benefit Formulary. Please refer to the Drug Benefit Formulary to see the most current listing of codes. Please refer to the Ministry's website for the most current formulary.

#### **10.4 Appendix D: Pharmacy Software Vendors**

A list of Pharmacy Software Vendors appears in the Canadian Pharmacists Association Pharmacy Claim Standard Version 3.0.

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**Customer Service:** [service@pharmacists.ca](mailto:service@pharmacists.ca)

**General Inquiries:** [info@pharmacists.ca](mailto:info@pharmacists.ca)

Inquiries regarding OPDP Network Technical Specifications should be directed to:

Ontario Public Drug Programs  
5700 Yonge Street, 3rd Floor Toronto, Ontario  
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Phone: 416 327-8109  
Fax: 416 327-8123  
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