

Dispenser's Implementation Guide

**Alabama Department of Public Health
Prescription Drug Monitoring Program**



December 2012

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1 Document Overview

Purpose and Contents

The *RxSentry® Dispenser's Implementation Guide* serves as a step-by-step implementation and training guide for dispensers in the State of Alabama who use RxSentry as a repository for the reporting of their Schedule II, III, IV, and V controlled substances. It includes such topics as:

- Reporting requirements for practitioners in the State of Alabama
- Data file submission guidelines and methods
- Creating your upload account
- Creating a data file
- Uploading or reporting your data
- Understanding upload error codes and definitions

This guide has been customized to target the specific training needs of Alabama dispensers and is intended for use by all dispensers in the State of Alabama required to report their dispensing of controlled substances.

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2 Data Collection and Tracking

Data Collection Requirements

This guide provides information regarding the Prescription Drug Monitoring Program in the State of Alabama. The purpose of this program is to collect data on ALL Schedule II, III, IV, and V controlled substances dispensed in the state of Alabama or for patients residing in Alabama. This is made possible by the *2004 Alabama Legislature Act No. 2004-443*, which states:

Act 2004-443, SB35, authorizes the Alabama Department of Public Health to establish, create, and maintain a controlled substances prescription database program and a controlled substances prescription database advisory committee. The act requires the reporting of controlled substance prescription data to the department by pharmacies, physicians, and other practitioners who are authorized to prescribe controlled substances and enumerates the data elements to be reported. The act lists persons and entities permitted access to the database, provides for the confidentiality of all information maintained in the database, and prescribes penalties for the unauthorized disclosure of information contained in the database. The act assesses a surcharge of \$10 per year on the controlled substance registration certificate of each licensed medical, dental, podiatric, optometric, and veterinary medicine practitioner to be used by the Department of Public Health for the development, implementation, operation, and maintenance of the database. The act provides that the database will be operational within 12 months after the State Health Officer certifies that sufficient funds are available to implement and operate the database, and also provides that persons or entities required to report information to the database are not liable for any claim of damages as a result of such report.

The data collected is used in the prevention of diversion, abuse, and misuse of controlled substances through the provision of education, early intervention, and enforcement of existing laws that govern the use of controlled substances.

Reporting Requirements

All dispensers of Schedule II, III, IV, and V controlled substances are required to collect and report the information in the following table. For detailed information for each of these fields, please see [Appendix A: ASAP 4.1 Specifications](#).

Field Name	Field ID	Field Usage
Pharmacy Header		
National Provider Identifier (NPI)	PHA01	Situational
NCPDP/NABP Provider ID	PHA02	Required
DEA Number	PHA03	Required
Pharmacy Name	PHA04	Required
Address Information 1	PHA05	Required
City Address	PHA07	Required
State Address	PHA08	Required
ZIP Code Address	PHA09	Required
Phone Number	PHA10	Required
Contact Name	PHA11	Required
Chain Site ID	PHA12	Situational
Patient Information		
ID Qualifier	PAT02	Required
ID of Patient	PAT03	Required
Last Name	PAT07	Required
First Name	PAT08	Required
Address Information – 1	PAT12	Required
City Address	PAT14	Required
State Address	PAT15	Required
ZIP Code Address	PAT16	Required
Date of Birth	PAT18	Required
Gender Code	PAT19	Required
Species Code	PAT20	Required
Patient Location	PAT21	Situational
Name of Animal	PAT23	Situational
Dispensing Record		

Field Name	Field ID	Field Usage
Reporting Status	DSP01	Required
Prescription Number	DSP02	Required
Date Written	DSP03	Required
Refills Authorized	DSP04	Required
Date Filled	DSP05	Required
Refill Number	DSP06	Required
Product ID Qualifier *Note: NDC is required	DSP07	Required
Product ID	DSP08	Required
Quantity Dispensed	DSP09	Required
Days Supply	DSP10	Required
Drug Dosage Units Code	DSP11	Required
Transmission Form of Rx Origin Code	DSP12	Required
Pharmacist State License Number	DSP15	Situational
Classification Code for Payment Type	DSP16	Required
Date Sold	DSP17	Situational
Prescriber Information		
DEA Number	PRE02	Required
Prescriber State License Number	PRE04	Situational
Last Name	PRE05	Required
First Name	PRE06	Required
Compound Drug Ingredient Detail		
Compound Drug Dosage Units Code	CDI05	Required
Additional Information Reporting		
ID Qualifier of Person Dropping Off or Picking Up Rx	AIR04	Situational
ID of Person Dropping Off or Picking Up Rx	AIR05	Situational
Relationship of Person Dropping Off or Picking Up Rx	AIR06	Situational
Last Name or Initials of Pharmacists	AIR09	Required

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

Notes:

- “Dispenser” is a pharmacy that is authorized to dispense controlled substances.
- If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the [Data Submission](#) chapter to submit the data.

3 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to the RxSentry repository.

Timeline and Requirements

Pharmacies or software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- You can begin submitting data as soon as your account has been established. See [Creating Your Account](#) for more information.
- Dispensers are required to report their data at least every seven (7) days; however, shorter intervals are permitted and encouraged. Data collection began on April 1, 2006, and reporting began on April 7, 2006.

Upload Specifications

Files should be in ASAP 4.1 format as defined in [Appendix A: ASAP 4.1 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20090101.dat". **All of your upload files will be kept separate from the files of others.**

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

Prescription information must be reported weekly for the preceding seven days, unless an exemption has been obtained from the Alabama Department of Public Health.

Effective **January 9, 2013**, the Prescription Drug Monitoring Program (PDMP) will require all data submissions to include a patient's social security number and all dispensers to submit data utilizing a Drug Enforcement Administration (DEA) number only.

Patient Identifier

The following can be used as a patient identifier:

- 01 Military ID
- 02 State Issued ID
- 03 Unique System ID
- 05 Passport ID
- 06 Driver's License ID

- 07 Social Security Number
- 08 Tribal ID
- 99 Other (agreed-upon ID)
***see below**

The following patient identifiers will no longer be accepted for a social security number or a unique patient identification number:

- **000-00-0001** — Child who has not been assigned an SSN
- **000-00-0002** — Adult who has not been assigned an SSN
- **000-00-0003** — Person who refuses to provide the SSN of the patient (either themselves or picking up a prescription for someone else)
- **000-00-0004** — Person who does not know the SSN of the patient (either themselves or picking up Rx for someone else)

The identifier **000-00-0005** can be used by dispensers reporting data on animals.

*If the patient does not or cannot provide a social security number, a unique number with the following information can be used: the patient's area code followed by the patient's date of birth (month, day, year). If the patient's area code is not available, the dispensing facility's area code should be used.

Example:

33408041975

Area Code	Date of Birth – Month	Date of Birth – Day	Date of Birth – Year
334	08	04	1975

Note: An unavailable social security number relates to a patient that does not have a social security number, refuses to provide a social security number, or cannot remember their social security number.

Dispenser Identifier

In addition, the PDMP will **only** accept a DEA number as an acceptable dispenser identifier for reporting data to the controlled substance database. The program's required reporting format of ASAP 4.1 includes a DEA number field (**PHA03**) that must be populated with each weekly data submission. Accordingly, if your entity is not already populating the **PHA03** field with a DEA number, please begin immediately (or forward this information to your software company). **After January 9, 2013, the PDMP will no longer accept data submissions without the required PHA03 field populated.**

For additional information regarding how to submit data to the controlled substance database, please contact the PDMP Technical Support Desk at pdm-info@hidinc.com.

Creating Your Account

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

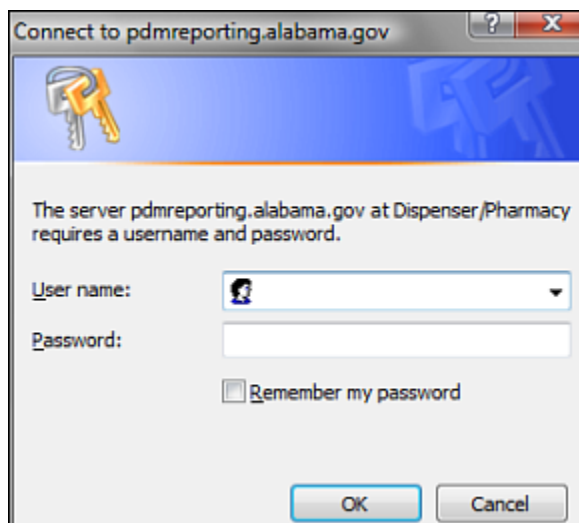
Notes:

- Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

The PDMP will **only** accept a DEA number as an acceptable dispenser identifier for reporting data to the controlled substance database. The program's required reporting format of ASAP 4.1 includes a DEA number field (**PHA03**) that must be populated with each weekly data submission. Accordingly, if your entity is not already populating the **PHA03** field with a DEA number, please begin immediately (or forward this information to your software company). **After January 9, 2013, the PDMP will no longer accept data submissions without the required PHA03 field populated.** Perform the following steps to create an account:

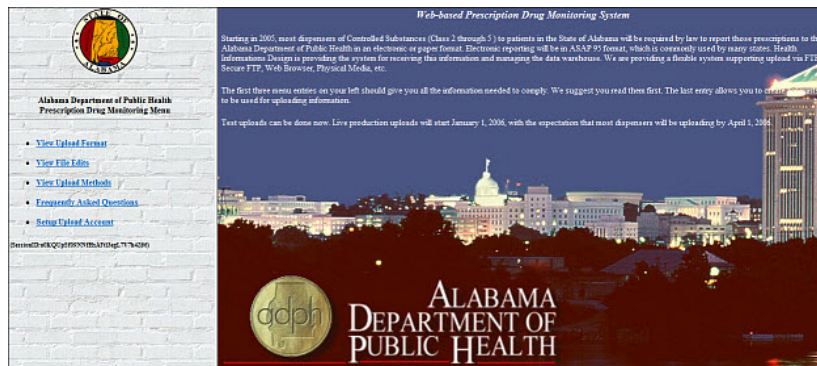
- 1 Open an Internet browser window and type the following URL in the address bar:
<https://pdmreporting.hidinc.com>.

A window similar to the following is displayed:



- 2 Type *newacct* in the **User name** field.
- 3 Type *welcome* in the **Password** field, and then click **OK**.

A window similar to the following is displayed:



4 Click Setup Upload Account.

The following window is displayed:

New Account Setup for ADPH PDM Upload Access (alpdm)	
This will setup the accounts to allow you to upload data to the Alabama Prescription Drug Monitoring Program via SFTP, FTP, or Browser. In order to identify yourself, please enter the NABP number for ANY ONE of your Pharmacies, its DEA number and its 5 digit zipcode.	
If you are a non-pharmacy dispenser, and therefore don't have an NABP number, then leave that field blank and enter the DEA number where asked.	
Pharmacy NABP number:	<input type="text"/>
Physician or Pharmacy DEA number:	<input type="text"/>
ZIP Code:	<input type="text"/>
<input type="button" value="Next"/>	

5 Enter your DEA number in the Physician or Pharmacy DEA number field.

6 Type your ZIP code in the ZIP Code field, and then click Next.

The next window in the account setup process is displayed:

New Account Setup for ADPH PDM Upload Access (alpdm)

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

405 86TH ST PHARMACY INC, GLOBE PHARMACY 405 86TH ST BROOKLYN 11209 Phone: Fax:

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

Your Choice: ☒ Keep A90777889 as my account for a single Dispenser.
☐ Create an account using 405_86TH_ST_ as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

Who should we contact regarding issues with data uploads?

*Contact Name: ?

*Contact Address: 405 86TH ST City: BROOKLYN State: NY Zip: 11209

*Contact Email: ? Don't Email Edit Reports

*Contact Phone: ?

*Contact Fax: ? Don't Fax Edit Reports

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

Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies to be included.
NOTE: If you do not see any or all of your pharmacies below you can still report for them. You do not have to select all of the pharmacies to report for them. The first time you send in a file for your pharmacies, those pharmacies you reported for will be tied to your user name.

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

A90777889-405 86TH ST PHARMACY INC, GLOBE PHARMACY-405 86TH ST BROOKLYN (0)

*Dispenser Type: ☐ Pharmacy
☐ Dispensing Practitioner

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

*Required Fields

Next

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

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

Field	Description/Usage
Contact Information	
Note: Information in this section is used for contact purposes in the event a problem occurs with a data upload.	
Contact Name	Type the first and last name of the contact person.
Contact Address	Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	<p>Type the contact's e-mail address.</p> <p>The field to the right of the Contact Email field is used to select one of the following data upload notification options:</p> <ul style="list-style-type: none">▪ Select Don't Email Edit Reports if you do not wish to have the results of your data uploads e-mailed to you.▪ Select Email Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. <p>Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</p> <ul style="list-style-type: none">▪ Select Email Edit Reports Only If Any Serious Errors if you wish to view the results of your data uploads that contain serious errors. <p>Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</p> <ul style="list-style-type: none">▪ Select Email Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. <p>Note: Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> <ul style="list-style-type: none">▪ Select Email Edit Reports For All Uploads if you wish to have the results of all of your data uploads e-mailed to you.
Contact Phone	Type the contact's phone number, using the format 999-999-9999.

Field	Description/Usage
Contact Fax	<p>Type the contact's fax number, using the format 999-999-9999.</p> <p>The field to the right of the Contact Fax field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none">▪ Select Don't Fax Edit Reports if you do not wish to have the results of your data uploads faxed to you.▪ Select Fax Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. <p>Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</p> <ul style="list-style-type: none">▪ Select Fax Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. <p>Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</p> <ul style="list-style-type: none">▪ Select Fax Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. <p>Note: Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> <ul style="list-style-type: none">▪ Select Fax Edit Reports For All Uploads if you wish to have the results of all of your data uploads faxed to you.
Anticipated Upload Method	Select the method of data upload you plan to use to report your data.
Pharmacies I will be reporting	<p>A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field.</p> <p>To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select.</p> <p>The pharmacies you select will be "tied" to your user name.</p>
Dispenser Type	<p>(Required) Select whether you are a Pharmacy or a Dispensing Practitioner.</p> <p>Note: If you select the wrong dispenser type, you will be required to re-enter all of your account setup information once the dispenser type has been corrected.</p>

Field	Description/Usage				
Dispenser Sub-Type	<p>(Required) Select the appropriate dispenser sub-type.</p> <p>Note: The options that display in this field are dependent on whether you answered Pharmacy or Dispensing Practitioner in the Dispenser Type field.</p> <table><tr><th>Pharmacy Sub-types</th><th>Dispensing Practitioner Sub-types</th></tr><tr><td><ul style="list-style-type: none">Pharmacy (Chain)Pharmacy (Community)Pharmacy (Hospital)Non-Resident PharmacyMail Order PharmacyMfg/Wholesalers/DistributorsMfg/Whse/Dist. Oxygen PharmacyMedical Oxygen Retailers PharmacyNuclear PharmacyParenteral PharmacyPrecursor PharmacyVeterinary Pharmacy</td><td><ul style="list-style-type: none">Dentist/Oral SurgeonMedical DoctorOptometristPodiatristVeterinarian</td></tr></table>	Pharmacy Sub-types	Dispensing Practitioner Sub-types	<ul style="list-style-type: none">Pharmacy (Chain)Pharmacy (Community)Pharmacy (Hospital)Non-Resident PharmacyMail Order PharmacyMfg/Wholesalers/DistributorsMfg/Whse/Dist. Oxygen PharmacyMedical Oxygen Retailers PharmacyNuclear PharmacyParenteral PharmacyPrecursor PharmacyVeterinary Pharmacy	<ul style="list-style-type: none">Dentist/Oral SurgeonMedical DoctorOptometristPodiatristVeterinarian
Pharmacy Sub-types	Dispensing Practitioner Sub-types				
<ul style="list-style-type: none">Pharmacy (Chain)Pharmacy (Community)Pharmacy (Hospital)Non-Resident PharmacyMail Order PharmacyMfg/Wholesalers/DistributorsMfg/Whse/Dist. Oxygen PharmacyMedical Oxygen Retailers PharmacyNuclear PharmacyParenteral PharmacyPrecursor PharmacyVeterinary Pharmacy	<ul style="list-style-type: none">Dentist/Oral SurgeonMedical DoctorOptometristPodiatristVeterinarian				
Dispenser Location	(Required) Select whether you are an In-State or Out-of-State dispenser.				

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

A randomly-assigned password for the FTP and SFTP processes is provided to you.

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

1. Create each account separately by using the method listed above. After you finish one pharmacy's account, click **Setup Upload Account** on the home page, and repeat the process;

Or

2. Create multiple accounts using one pharmacy's DEA number and zip code. If you choose this method, select **Set up user name as a group**.

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

Update Account Information

Perform the following steps to update your account information:

- 1 Open an Internet browser window and type the following URL in the address bar:
<https://pdmreporting.hidinc.com>.
- 2 Press **[Enter]**. A window similar to the following is displayed:



- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**. The RxSentry home page is displayed.
- 6 Click **Update Your Information**. A window similar to the following is displayed:

Click Next after modifications are completed.				
Pharmacy Name:	No pharmacy name found			
Contact Name:	Nanook			
Contact Address:	PHARMACY, INC	City: FAIRBANKS	State: AK	Zip: 99701
Contact Email:	Nanook@nanook.com	Don't Email Edit Reports		
Contact Phone:	1234567890			
Contact Fax:	0987654321	Don't Fax Edit Reports		
Anticipated Upload Method:	Secure FTP using SSH Upload with Internet Browser using SSL Mail a Diskette Mail a CDR			
*Dispenser Type:	<input type="radio"/> Pharmacy <input type="radio"/> Dispensing Practitioner			
*Dispenser Location:	<input type="radio"/> In-State <input type="radio"/> Out-of-State			
Next				

- 7 Update any information that is incorrect or missing from your account.

Note: **Dispenser Type**, **Dispenser Sub-Type**, and **Dispenser Location** are required fields.

- 8 In the **Dispenser Type** field, select whether you are a **Pharmacy** or a **Dispensing Practitioner**.

The **Dispenser Sub-Type** field is displayed.

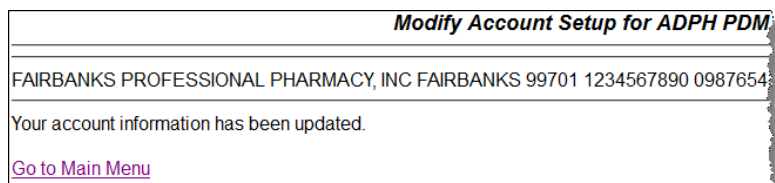
- 9 In the **Dispenser Sub-Type** field, select the appropriate dispenser sub-type.

Note: The options that display in this field are dependent on whether you answered **Pharmacy** or **Dispensing Practitioner** in the **Dispenser Type** field.

Pharmacy Sub-types	Dispensing Practitioner Sub-types
<ul style="list-style-type: none">▪ Pharmacy (Chain)▪ Pharmacy (Community)▪ Pharmacy (Hospital)▪ Non-Resident Pharmacy▪ Mail Order Pharmacy▪ Mfg/Wholesalers/ Distributors▪ Mfg/Whse/Dist. Oxygen Pharmacy▪ Medical Oxygen Retailers Pharmacy▪ Nuclear Pharmacy▪ Parenteral Pharmacy▪ Precursor Pharmacy▪ Veterinary Pharmacy	<ul style="list-style-type: none">▪ Dentist/Oral Surgeon▪ Medical Doctor▪ Optometrist▪ Podiatrist▪ Veterinarian

- 10 In the **Dispenser Location** field, select whether you are an **In-State** or **Out-of-State** dispenser.

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



Modify Account Setup for ADPH PDM

FAIRBANKS PROFESSIONAL PHARMACY, INC FAIRBANKS 99701 1234567890 09876543

Your account information has been updated.

[Go to Main Menu](#)

- 12 Click **Go to Main Menu** to return to the RxSentry home page.

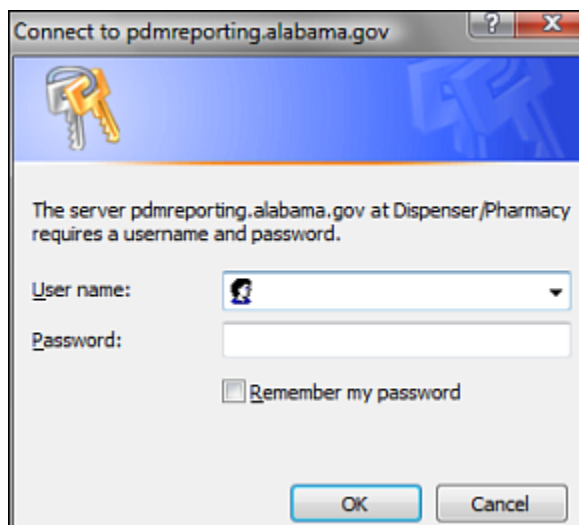
Reporting Zero Dispensing

If you have no dispenses to report weekly for the preceding seven day period, you must report this information to the Alabama Department of Public Health.

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

Report Zero Activity - RxSentry

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
<https://pdmreporting.hidinc.com>.
- 3 Press **[Enter]**. A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **Report Zero Activity**.

A window similar to the following is displayed:

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

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

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
- All other pharmacy information is populated with the information provided when you created your account.

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

<i>Report Zero Activity</i>
<i>Zero report for 06/09/09 though 06/16/09 has been registered for: AB9876543 (BEST PHARMACY)</i>

Report Zero Activity – File Upload

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

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name and should have a *.dat* extension. For example, name the file *20090101.dat* if submitted on January 1, 2009.

- Do not include spaces in the file name.
- If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: *20090101a.dat*, *20090101b.dat*, and *20090101c.dat*.
- The system will accept zipped files and you should name them using the date of submission to HID. For example, name the file *20090101.zip* if you submit it on January 1, 2009.
- Before transmitting your file, rename it to include the suffix *.up* (e.g., *20090101.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20090101.dat*).

3 Upload the file using the steps provided in one of the following data delivery topics:

- [Secure FTP over SSH](#)
- [Encrypted File with OpenPGP Via FTP](#)
- [SSL Web Site](#)

HID tracks the use of the Web-based tool, date stamps incoming files, and notifies you of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

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4 Data Delivery Methods

About This Chapter

This chapter provides information about data delivery methods you can use to upload your controlled substance reporting data file(s).

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

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Universal Claim Form (UCF) Submission	
Reporting Requirements for UCF Submissions	27
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Online UCF Submission	30

Secure FTP Over SSH

There are many free software products that support Secure FTP. Neither the ADPH nor HID is in a position to direct or support your installation of operating system software for Secure FTP; however, we have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.1 specifications described in [Appendix A: ASAP 4.1 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20090101a.dat*, *20090101b.dat*, and *20090101c.dat*.

- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20090101.zip* if it is submitted on January 1, 2009.
 - Before transmitting your file, rename it to include the suffix *.up* (e.g., *20090101.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20090101.dat*).
- 3** SFTP the file to <sftp://pdmreporting.alabama.gov>.
 - 4** When prompted, type *alpdm* (lower case) in front of your NABP number (or Generic ID) as your user ID, and enter the password you supplied when creating your account.
 - 5** Place the file in the new directory.
 - 6** Log off when the file transfer/upload is complete.
 - 7** If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Encrypted File with OpenPGP Via FTP

There are many free software products which support file encryption using the PGP standard. Neither the ADPH nor HID is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

- 1** If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2** Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3** Prepare the data file for submission, using the ASAP 4.1 specifications described in [Appendix A: ASAP 4.1 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.pgp* extension. For example, name the file *20090101.pgp* if it is submitted on January 1, 2009.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20090101a.pgp*, *20090101b.pgp*, and *20090101c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g., *20090101.pgp.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20090101.pgp*).
- 4 Encrypt the file with the PGP software, using the public key supplied during account creation.
- Note:** PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
- 5 FTP the file to <ftp://pdmreporting.alabama.gov>.
 - 6 When prompted, type *alpdm* (lower case) in front of your NABP number (or Generic ID) as your user ID, and enter the password you supplied when creating your account.
 - 7 Place the file in the new directory.
 - 8 Log off when the file transfer/upload is complete.
 - 9 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20090101.pgp*).
 - 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

SSL Web Site

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.1 specifications described in [Appendix A: ASAP 4.1 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20090101a.dat*, *20090101b.dat*, and *20090101c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20090101.zip* if it is submitted on January 1, 2009.

- 3 Open a Web browser and enter the following URL: <https://pdmreporting.hidinc.com>.
- 4 When prompted, type the user ID and password supplied when the account was created.
- 5 Click **Upload a File**.
- 6 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 7 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20090101.dat*.
- 8 Click to select the file, and then click **Open**.
- 9 Click **Send File**.

HID tracks the use of the Web-based tool, and incoming files are date stamped. You are notified of a successful file transmission. After the file is reviewed for accuracy, you are notified of the status of the submitted file.

Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 4.1 specifications described in [Appendix A: ASAP 4.1 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20090101a.dat*, *20090101b.dat*, and *20090101c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20090101.zip* if it is submitted on January 1, 2009.

- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
- 4 Add a label to the outside of the media that contains the following information:
 - Pharmacy NABP (pharmacies) OR Physician DEA (practitioners)
 - Date of Submission
 - Contact Person

- 5** Mail the media to:
- Health Information Designs, LLC
ADPH PDM Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.1 format, prescription information may be submitted on the Universal Claim Form (UCF).

Effective October 1, 2010, all licensed dispensers must electronically transmit Schedule II through V controlled substances data to the PDMP controlled substances database using the instructions below titled [Online UCF Submission](#). In the event that electronic transmission of data is not feasible, a PDMP Manual Reporting Waiver must be requested from the Alabama Department of Public Health.

To request a PDMP Manual Report Waiver, please log onto the PDMP website at www.adph.org/pdmp and click on the link located in the left hand column that reads "Dispenser Packets." For additional assistance, please feel free to contact the PDMP staff at 334-206-5226.

If your waiver request is denied, please use the online UCF submission method as instructed in the topic in this section titled [Online UCF Submission](#). If a waiver is granted, you may use the paper submission method following the instructions provided in the [Paper Submission](#) topic.

Important notes:

- When using either the manual or online submission methods, the information provided must be complete and accurate; only complete and accurate submissions are entered into the AL PDMP database.
- Please use the information in the [Notes about NDC Numbers](#) topic below as a guideline for providing accurate NDC numbers.

Reporting Requirements for UCF Submissions

The following can be used as a patient identifier:

- 01 Military ID
- 02 State Issued ID
- 03 Unique System ID
- 05 Passport ID
- 06 Driver's License ID
- 07 Social Security Number
- 08 Tribal ID

- 99 Other (agreed upon ID)
***see below**

The following patient identifiers will no longer be accepted for a social security number or a unique patient identification number:

- **000-00-0001** — Child who has not been assigned an SSN
- **000-00-0002** — Adult who has not been assigned an SSN
- **000-00-0003** — Person who refuses to provide the SSN of the patient (either themselves or picking up a prescription for someone else)
- **000-00-0004** — Person who does not know the SSN of the patient (either themselves or picking up Rx for someone else)

The identifier **000-00-0005** can be used by dispensers reporting data on animals.

*If the patient does not or cannot provide a social security number, a unique number with the following information can be used: the patient's area code followed by the patient's date of birth (month, day, year). If the patient's area code is not available, the dispensing facility's area code should be used.

Example:

33408041975

Area Code	Date of Birth – Month	Date of Birth – Day	Date of Birth – Year
334	08	04	1975

UCF Form Fields

Field Name in ASAP Standard	Field Description on UCF Form
Patient Information	
ID of Patient	SSN or DL#
Last Name	Last Name
First Name	First Name
Address Information – 1	Address
City Address	City
State Address	State
ZIP Code Address	Zip
Date of Birth	DOB (mm/dd/yyyy)
Gender Code	Gender
Species Code	Species
Patient Location Code	Patient Location
Pharmacy Header	

Field Name in ASAP Standard	Field Description on UCF Form
NCPDP/NABP Provider ID	NABP
Pharmacists State License Number	State License #
Dispensing Record	
Prescription Number	Rx #
Date Filled	Date filled
Refill Number	Check one: New or Refill
Product ID (an 11 digit NDC is required)	NDC
Quantity Dispensed	Quantity dispensed
Days Supply	Days supply
Drug Dosage Units Code	Check one: Each, Milliliters, or Grams
Transmission Form of Rx Origin Code	Check one: Written, Faxed or Phoned Rx
Classification Code for Payment Type	Check one: PvtPay, Mdcaid, Mdcare, ComIns, Mil/VA, WkCmp, Ind-Nat, Other
Prescriber Information	
DEA Number	DEA in Prescription Information Section
Prescriber State License Number	State License # in Prescription Information Section
Last Name	Prescriber Name in Prescription Information Section
First Name	Prescriber Name in Prescription Information Section

Notes about NDC Numbers

Use the following information when entering NDC numbers on the UCF:

- NDCs are 11 digits and use the format 99999-9999-99.
- When adding an NDC, do not include the dashes, for example, 99999999999.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with "NDC-" and followed by the number.
- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

If the NDC appears this way ...	Enter it this way ...
1234-5678-90 (missing 0 in first segment)	01234568790
54321-123-98 (missing 0 in 2nd segment)	54321012398

Paper Submission

If you do not have an automated record keeping system capable of producing an electronic report following the provided ASAP 4.1 format, you may submit prescription information on the ADPH PDM-Universal Claim Form (UCF) after obtaining approval from the Alabama Department of Public Health.

To request a PDMP Manual Report Waiver, please log onto the PDMP website at www.adph.org/pdmp and click on the link located in the left hand column that reads "Dispenser Packets." For additional assistance, please feel free to contact the PDMP staff at 334-206-5226.

If your waiver request is denied, please use the online UCF submission method as instructed in the topic in this section titled [Online UCF Submission](#). If a waiver has been submitted and approved, completed UCFs may be faxed to 1-888-288-0337 or mailed to:

Health Information Designs, LLC
ATTN: ADPH PDM Program
PO BOX 3210
Auburn, AL 36832-3210

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 4.1 format, you may submit prescription information using RxSentry's online UCF.

The following new terms are introduced in this topic:

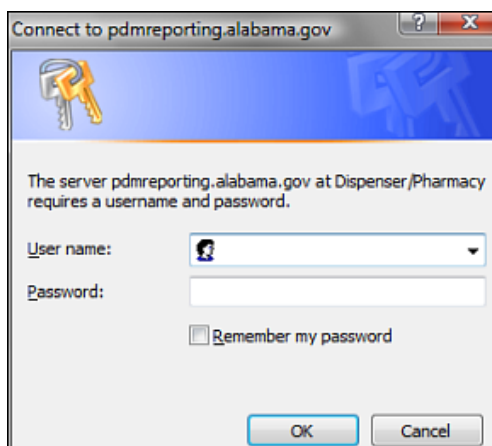
- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

Note: Records can be continually added to a batch—a feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you should submit and close batches in accordance with your state's reporting time frame.

Perform the following steps to use the online UCF to submit prescription information:

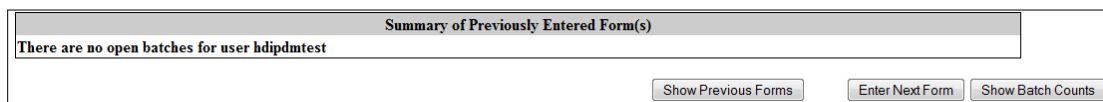
- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
<https://pdmreporting.hidinc.com>.
- 3 Press **[Enter]**.

A window similar to the following is displayed:



- 4 Type your user name in the **User name** field.
- 5 Type your password in the **Password** field.
- 6 Click **OK**.
- 7 From the RxSentry home page, click **UCF Form Entry**.

A window similar to the following is displayed:



- **Show Previous Forms** allows you to view forms that have been previously entered into the system.
 - **Enter Next Form** allows you to prepare one or more records for submission.
 - **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have previously been submitted.
- 8 Click **Enter Next Form**.

A window similar to the following is displayed:

UCF Form/Manual Entry

Patient Information

SSN
(ex 123456789)

Driver's License #

First Name Middle Initial Last Name

DOB
(ex 01/01/2006) ☐ Male ☐ Female

Species ☐ Human ☐ Veterinarian Patient Name of Animal

Address City

State Zip

Patient Location ☐ Home ☐ Intermediary Care ☐ Nursing ☐ Long-Term/Extended Care ☐ Rest Home ☐ Boarding Home ☐ Skilled-Care Facility ☐ Sub-Acute Care Facility ☐ Acute Care Facility ☐ Outpatient ☐ Hospice ☐ Unknown ☐ Other

Dispenser Information

NABP NPI DEA# Dispenser Name

Chain Site ID State License # Phone Fax

Address City

State Zip

Contact Name Last Name/Initials of Pharmacist

Prescription Information

Prescription #1

Rx# Date Filled
(ex 01/25/2008) Date Written
(ex 01/25/2008) ☐ New ☐ Refill

Dosage Units: ☐ Each ☐ Milliliters ☐ Grams Date Sold ?
(ex 01/25/2008)

NDC Drug Name (Strength)

- 9 The UCF contains three sections—Patient Information, Dispenser Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:
- **Patient Information** – Complete all fields in this section.
 - **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated dispenser information available within the RxSentry database is populated in the appropriate fields.
 - **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.
- Note:** If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.

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

Notes:

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.

- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Assistance and Support](#).

11 The UCF is displayed for your review. If all information is correct, click **Submit**. If you need to modify any information, click **Modify**.

Once you click **Submit**, a window similar to the following is displayed:

Summary of Previously Entered Form(s)	
Patient Name	DOB 01/01/01
Prescriber MOUNT DANNY C DVM	Dispenser PET CARE CENTER
Rx# 1	Drug Name PHENOBARBITAL 64.8 MG TABLET
Filled 04/10/12	Written 04/10/12
Load Status ENTERED	

There are 1 Record(s) in Current Batch for hdiplntest

[Show Previous Forms](#) [Enter Next Form](#) [Show Batch Counts](#) [Submit/Close Batch](#)

Perform one of the following functions:

- Click **Show Previous Forms** to view forms that have been previously entered into the system.
- Click **Enter Next Form** to add additional records to this batch.
- Click **Show Batch Counts** to display the number of records in the current batch.
- Click **Submit/Close Batch** to upload this batch of records.

12 To print a UCF previously entered in the system, click **Show Previous Forms**.

A window similar to the following is displayed:

Summary of Previously Entered Form(s)	
Patient Name	DOB 01/01/01
Prescriber MOUNT DANNY C DVM	Dispenser PET CARE CENTER
Rx# 1	Drug Name PHENOBARBITAL 64.8 MG TABLET
Filled 04/10/12	Written 04/10/12
Load Status ENTERED	

There are 1 Record(s) in Current Batch for hdiplntest

[Show Previous Forms](#) [Enter Next Form](#) [Show Batch Counts](#) [Submit/Close Batch](#)

[Previous](#) [Print out this form.](#) [Next](#)

Status: entered

Patient Information			
SSN	Driver's License #	Last Name	
First Name	Middle Initial	Gender Male	
DOB 01/01/01			
Species Veterinarian Patient			
Name of Animal LUCKY			
Address	City RUTLEDGE	State AL	Zip 36071
Patient Location Other			

Dispenser Information			
NPI	NABP	DEA	Dispenser Name PET CARE CENTER
Phone 334-281-4011	Fax 334-281-4875		

- Click **Print out this form** to screen-print the selected form.
- Click **Previous** to view the UCF entered prior to the current form.
- Click **Next** to view the UCF entered after the current form.

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5 Upload Reports and Edit Definitions

About Upload Reports

HID provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address and a fax number. You can specify if you wish to receive your upload report by either of these methods. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

Edit Report for file groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012			
	Numeric Error Code*	Error Description*	Data that was incorrect
Record	10:	25-Prescriber ID not found	Data: [000000] AB9876543
Record	52:	25-Prescriber ID not found	Data: [8Y0000001] AB9876543
Record	84:	25-Prescriber ID not found	Data: [AD0000004] AB9876543
Record	99:	54-Customer Zip Code conflicts with Stat	Data: [000000000] AB9876543
Record	152:	25-Prescriber ID not found	Data: [805555555] AB9876543
Record	185:	25-Prescriber ID not found	Data: [805555555] AB9876543
Record	200:	25-Prescriber ID not found	Data: [85110011] AB9876543
Record	215:	54-Customer Zip Code conflicts with Stat	Data: [432780000] AB9876543
Record	224:	25-Prescriber ID not found	Data: [AS1111119] AB9876543
Record	350:	25-Prescriber ID not found	Data: [MH5555555] AB9876543
Record	351:	25-Prescriber ID not found	Data: [MH5555555] AB9876543
Record	373:	54-Customer Zip Code conflicts with Stat	Data: [000000000] AB9876543
RX Number			
			04034558
			04033470
			04031888
			04034458
			04034493
			04034459
			04034489
			04033520
			04034542
			04034481
			04034482
			04032245
Total #Records: 398 (TOTAL NUMBER OF RECORDS YOU SUBMITTED)			
# Records with Errors: 12 (3%)			
# Records with SERIOUS Errors: 3 (1%) (WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS)			
# Records with FATAL Errors: 0 (0%) (WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL)			
# Records with Duplicates: 0 (0%) (WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED)			
0 Records Imported 05/31/2012 (TOTAL NUMBER OF RECORDS WE ACCEPTED)			
*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.			

A single claim may be rejected or, if a certain percentage of claims are rejected in an individual file, the entire file may be rejected. We track three types of errors:

- Minor – Incorrect data in non-vital field
- Serious – Record can be loaded with missing or inappropriate data
- Fatal – Record cannot be loaded

An entire batch may be rejected if:

- ALL records have Fatal or Serious errors
- More than 10% of the records have Fatal errors
- More than 20% of the records have Serious errors

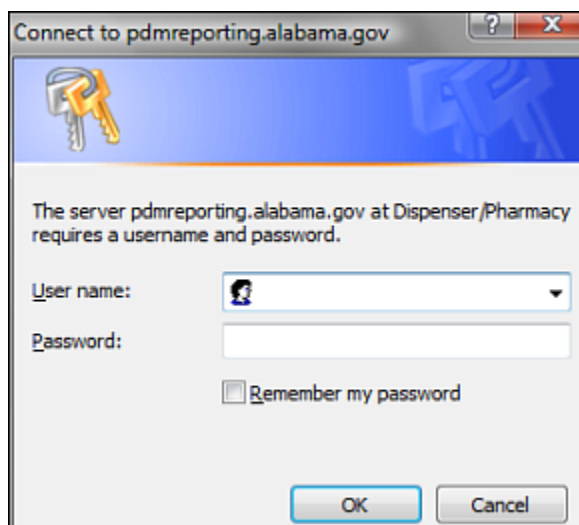
View Upload Reports

This function provides dispensers access to upload reports that were previously delivered via e-mail or fax following a data submission. By default, the reports that display for reviewing are provided for a 31-day period. However, dispensers can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

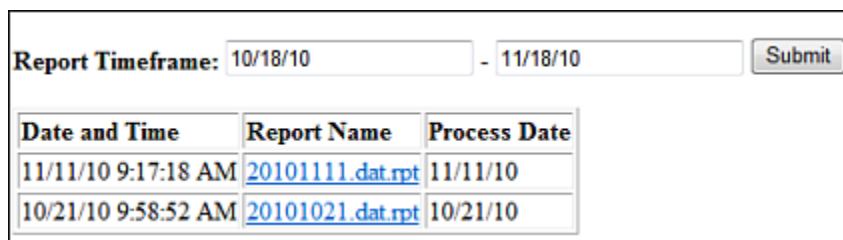
Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar:
<https://pdmreporting.hidinc.com>.
- 2 Press **[Enter]**.

A window similar to the following is displayed:



- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **View Upload Reports**. A window similar to the following is displayed:



Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	20101111.dat.rpt	11/11/10
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10

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

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

Error Correction

The ASAP 4.1 standard requires a dispenser to select an indicator in the DSP01 (Reporting Status) field. Dispensers may submit new records, revise and resubmit records, and void (delete) erroneous records. These actions are indicated by supplying one of the following values in the DSP01 field:

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

Note: A V1 error, defined in the [Edit Definitions](#) table, should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are hit. Error thresholds are defined in the [Upload Reports](#) section of this document.

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

Submit a New Record

Perform the following steps to submit a new record:

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

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

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value **01** in the **DSP01** field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - **PHA02** (NCPDP/NABP Provider ID)
 - **DSP02** (Prescription Number)
 - **DSP05** (Date Filled)
- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
- 4 Submit the record.

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

Void a Record

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

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

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error	Fatal
Edit 02	Pharmacy DEA is blank	Fatal
Edit 05	Pharmacy ID Not found	Fatal
Edit 07	Customer ID must not be blank	Fatal
Edit 09	Invalid DOB	Fatal
Edit 10	Gender must be valid	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed is invalid or Irrational	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
Edit 19	Days Supply is 999	Fatal
Edit 20	Days Supply > 150	Minor
Edit 20	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Minor
Edit 25	Prescriber ID cannot be blank	Fatal

Edit Number	Message	Severity
Edit 26	Prescriber Last Name is blank	Minor
Edit 27	Prescriber First Name is blank	Minor
Edit 28	Date RX Written is invalid	Fatal
Edit 29	Number Refill Authorized Invalid	Minor
Edit 30	Transmission of RX origin invalid	Minor
Edit 31	Classification Code for Payment Type invalid	Serious
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
Edit 52	Customer Address blank	Fatal
Edit 53	Customer Zip Code is blank	Serious
Edit 54	Customer Zip and State Code conflict	Serious
Edit 56	Customer City is blank	Serious
Edit 60	Customer State Code blank	Serious
Edit 61	Customer State Code invalid	Serious
Edit 100	Pharmacy Name is blank	Minor
Edit 101	Pharmacy Address Information 1 is blank	Minor
Edit 102	Pharmacy City Address is blank	Minor
Edit 103	Pharmacy State Address is blank	Minor
Edit 104	Pharmacy Zip Code Address is blank	Minor
Edit 105	Pharmacy Phone Number is blank	Minor
Edit 106	Contact Name is blank	Minor
Edit 150	Species Code is blank	Minor
Edit 152	Name of Animal is blank Note: This edit is only used if PAT20 is supplied	Minor
Edit 200	Prescription Number is blank	Serious
Edit 201	Drug Dosage Units Code is blank	Serious
Edit 300	Compound Drug Dosage Units Code must not be blank if CDI03 is filled in	Minor

Edit Number	Message	Severity
Edit 353	Last name and Initials of Pharmacists is blank	Minor
Edit V1	<p>Record already exists</p> <p>Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.</p>	Minor

6 Assistance and Support

Technical Assistance

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

Contact HID at pdm-info@hidinc.com

Or

Call 1-800-225-6998, option 8

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

Administrative Assistance

If you have any non-technical questions regarding the Alabama Prescription Drug Monitoring Program, please contact:

Donna Jordan, MPA

Program Manager, Prescription Drug Monitoring Program (PDMP)

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7 Glossary

ASAP

American Society for Automation in Pharmacy

Batch

Group of files (report or query requests) that are processed in the background while other work is continued

Dispenser

Pharmacy or practitioner authorized to dispense controlled substances

FTP

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

NABP

National Association of Boards of Pharmacy

NDC

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

PDMP

Prescription Drug Monitoring Program

Prescriber

A practitioner who is authorized by state and federal agencies to prescribe controlled substances

RxSentry

Prescription drug monitoring program developed by Health Information Designs, LLC

SFTP

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

SSL

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

Universal Claim Form

Form used by an uploader who does not have electronic capability to send data; must be approved by governing agency

Uploader

A pharmacy or group of pharmacies, a practitioner, or a group of practitioners that upload a data file containing controlled substance dispensing information

8 Document Information

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The following formatting conventions are used throughout this document.

Format	Used to Designate...
Bold	References to execution buttons, windows, file names, menus, icons, or options
<i>Times New Roman Italic</i>	Text you must type in a field or window, for example, <code>\\server_name\printer_name</code> for a network printer
<u>Blue underline</u>	Hyperlinks to other sections of this document or external websites
<i>Italic text</i>	Reference to this document, external document, or external resource

Table 1 – Text Formats

Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

Publication Date	Version Number	Comments
03/04/2009	1.0	Initial publication
03/31/2009	1.1	Revised publication
05/19/2009	1.2	Revised publication
05/21/2009	1.3	Revised publication
09/24/2009	2.0	Revised publication
08/11/2010	3.0	Revised publication
09/01/2010	3.1	Revised publication
09/20/2010	3.2	Revised publication
11/18/2010	3.3	Revised publication
12/13/2010	3.4	Revised publication
01/25/2011	3.5	Revised publication
04/01/2011	3.6	Revised publication
06/27/2011	3.7	Revised publication
08/22/2011	3.8	Revised publication
09/30/2011	3.9	Revised publication
04/18/2012	3.10	Revised publication
11/05/2012	3.11	Revised publication
12/10/2012	3.12	Revised publication

Table 2 – Document Version History

Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Chapter 3/Reporting Zero Dispensing	Topic removed

Version Number	Chapter/Section	Change
	Chapter 6/ Technical Assistance	Added new PDMP e-mail address
1.2	Chapter 3/Reporting Zero Dispensing	Added new topic
1.3	Appendix 1	Replaced ASAP 2005 specifications with ASAP 95 specifications
2.0	Chapter 4/Universal Claim Form (UCF) Submission	Added new topic
	Chapter 4	Additional notes for file upload preparation added to each delivery method topic
	Chapter 3/Creating Your Account	Topic edited
3.0	Appendix 1	ASAP 2007 4.0 specifications replaced with ASAP 2007 4.1 specifications
	Chapter 5/Edit Definitions	Edit list updated
	Chapter 5/Error Correction	Topic updated
	Glossary	Added
3.1	Chapter 4/Secure FTP over SSH	SFTP site name corrected
3.2	Appendix 2	UCF updated to include additional fields
3.3	Chapter 2/Reporting Requirements	Items removed
	Chapter 5/Edit Definitions	Items removed
	Appendix 1	Items modified in ASAP specifications to indicate reporting requirements
	Chapter 5/View Upload Reports	Added new topic
3.4	Chapter 2/Reporting Requirements	DSP03 (Date Written) and DSP04 (Refills Authorized) added
	Appendix 1	Field usage for DSP03 and DSP04 changed to RR in the ASAP 2007 V4R1 Specifications

Version Number	Chapter/Section	Change
3.5	Chapter 2/Reporting Requirements	Removed the following fields: <ul style="list-style-type: none">▪ PHA01 (National Provider Identifier – NPI)▪ PAT21 (Patient Location Code)▪ DSP14 (Pharmacist National Provider Identifier – NPI)▪ DSP15 (Pharmacist State License Number)▪ PRE04 (Prescriber State License Number)
	Chapter 4/Paper Submission	Information added about requesting a waiver to submit prescription information via universal claim form
	Chapter 5/Edit Definitions	Removed the following edits: <ul style="list-style-type: none">▪ Edit 03 (NPI number blank)▪ Edit 151 (Patient Location Code is blank)▪ Edit 202 (Pharmacist State License Number is blank)▪ Edit 250 (Prescriber State License Number is blank)
	Appendix 1	Changed the Field Usage for the following fields from RR to S: <ul style="list-style-type: none">▪ PHA01 (National Provider Identifier – NPI)▪ PAT21 (Patient Location Code)▪ DSP14 (Pharmacist National Provider Identifier – NPI)▪ DSP15 (Pharmacist State License Number)▪ PRE04 (Prescriber State License Number)
3.6	Appendix 1	Added 06 Compound to DSP07
3.7	Global	Converted document to new HID standard format.
3.8	Appendix A: ASAP 2007 V4R1 Specifications	Removed information about using a backslash (\) as a segment terminator; only the tilde (~) should be used as a segment terminator
3.9	Throughout	Updated the URL for logging on to RxSentry to https://pdmreporting.hidinc.com
	Appendix A: ASAP 2007 V4R1 Specifications	Additional clarification added to Segment Terminator information and in the description for field TH09
3.10	Chapter 2/Reporting Requirements	Updated fields required by ADPH
	Chapter 3/Reporting Zero Dispensing	Added procedure to submit zero reports via ASAP
	Chapter 4/Online UCF Submission	<ul style="list-style-type: none">▪ Added procedures for showing previous forms and printing forms▪ Updated online UCF screen shot

Version Number	Chapter/Section	Change
	Appendix B/Zero Report Specifications	Added new topic
	Appendix C/Universal Claim Form	Removed UCF
3.11	Chapter 3: <ul style="list-style-type: none">▪ Patient Identifier▪ Dispenser Identifier▪ Update Account Information	Added new topics
	Chapter 3/Creating Your Account	Added Dispenser Type, Dispenser Sub-Type, and Dispenser Location fields to the required fields table for new account setup
	Chapter 4/Reporting Requirements for UCF Submissions	Updated topic with new SSN reporting requirements
	Appendix A	<ul style="list-style-type: none">▪ Updated topic with new SSN reporting requirements▪ Changed the name of the ASAP specifications from "ASAP 2007 V4R1" to "ASAP 4.1"
3.12	<ul style="list-style-type: none">▪ Chapter 3/Patient Identifier▪ Chapter 4/Reporting Requirements for UCF Submissions▪ Appendix A	Updated language per State specifications

Table 3 – Document Change Log

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Appendix A: ASAP 4.1 Specifications

Below are the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) 4.1 format to be sent to the Alabama Department of Public Health to comply with the Alabama Prescription Drug Monitoring Program. These definitions are just a clarification of the ASAP Version 4 Release 1 specification.

The following elements are used in each upload file:

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

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

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

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

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

- **Field Usage**
 - R = Required by ASAP
 - N = Not used
 - S = Situational
 - RR = Required by the AL PMP

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

Note: For more information, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none">01 Send/Request Transaction02 Acknowledgement (used in Response only)03 Error Receiving (used in Response only)04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	N
	TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type <ul style="list-style-type: none">P = ProductionT = Test	R
	TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	N
	TH09	Segment Terminator Character TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
IS: Information Source Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	N

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

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none">01 Military ID02 State Issued ID03 Unique System ID05 Passport ID06 Driver's License ID07 Social Security Number08 Tribal ID99 Other (agreed upon ID)	RR
	PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	RR
	PAT04	ID Qualifier of Additional Patient Identifier Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	PAT05	Additional Patient ID Qualifier Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none">01 Military ID02 State Issued ID03 Unique System ID05 Passport ID06 Driver's License ID07 Social Security Number08 Tribal ID99 Other (agreed upon ID)	N
	PAT06	Additional ID Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	N
	PAT07	Last Name Patient's last name.	RR
	PAT08	First Name Patient's first name.	RR
	PAT09	Middle Name Patient's middle name or initial if available.	N
	PAT10	Name Prefix Patient's name prefix such as Mr. or Dr.	N
	PAT11	Name Suffix Patient's name suffix such as Jr. or the III.	N

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

Segment	Field ID	Field Name	Field Usage
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none">01 Home02 Intermediary Care03 Nursing Home04 Long-Term/Extended Care05 Rest Home06 Boarding Home07 Skilled-Care Facility08 Sub-Acute Care Facility09 Acute Care Facility10 Outpatient11 Hospice98 Unknown99 Other	S
	PAT22	Country of Non-U.S. Resident Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	PAT23	Name of Animal Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP: Dispensing Record Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none">00 New Record (indicates a new prescription dispensing transaction)01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	RR
	DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	Refills Authorized The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none">01 NDC06 Compound	RR
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days Supply Estimated number of days the medication will last.	RR
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none">01 Each02 Milliliters (ml)03 Grams (gm)	RR
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none">01 Written Prescription02 Telephone Prescription03 Telephone Emergency Prescription04 Fax Prescription05 Electronic Prescription99 Other	RR
	DSP13	Partial Fill Indicator To indicate whether it is a partial fill. <ul style="list-style-type: none">01 Yes02 No	N
	DSP14	Pharmacist National Provider Identifier (NPI) Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	DSP15	Pharmacist State License Number This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S

Segment	Field ID	Field Name	Field Usage
	DSP16	Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none">01 Private Pay02 Medicaid03 Medicare04 Commercial Insurance05 Military Installations and VA06 Workers' Compensation07 Indian Nations99 Other	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP19	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions.	S
PRE: Prescriber Information Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	N
	PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	N
	PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	S
	PRE05	Last Name Prescriber's last name.	RR
	PRE06	First Name Prescriber's first name.	RR
	PRE07	Middle Name Prescriber's middle name or initial.	N

Segment	Field ID	Field Name	Field Usage
CDI: Compound Drug Ingredient Detail Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. Used to identify the individual ingredients that make up a compounded drug. If CDI is filled in, the NDC of DSP08 must be 9999999999.			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. <ul style="list-style-type: none">01 NDC	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none">01 Each (used to report as package)02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	RR
AIR: Additional Information Reporting To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments. Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	AIR02	State Issued Rx Serial Number Number assigned to state issued serialized prescription blank.	N
	AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N

Segment	Field ID	Field Name	Field Usage
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none">01 Military ID02 State Issued ID03 Unique System ID05 Passport ID06 Driver's License ID07 Social Security Number08 Tribal ID99 Other (agreed upon ID)	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none">01 Patient02 Parent/Legal Guardian03 Spouse04 Caregiver99 Other	S
	AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N
	AIR08	First Name of Person Dropping Off or Picking Up Rx First name of person picking up the prescription.	N
	AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	RR
	AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N
TP: Pharmacy Trailer Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R

Segment	Field ID	Field Name	Field Usage
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Note: The following can be used as a patient identifier:

- 01 Military ID
- 02 State Issued ID
- 03 Unique System ID
- 05 Passport ID
- 06 Driver's License ID
- 07 Social Security Number
- 08 Tribal ID
- 99 Other (agreed upon ID)

***see below**

The following patient identifiers will no longer be accepted for a social security number or a unique patient identification number:

- **000-00-0001** — Child who has not been assigned an SSN
- **000-00-0002** — Adult who has not been assigned an SSN
- **000-00-0003** — Person who refuses to provide the SSN of the patient (either themselves or picking up a prescription for someone else)
- **000-00-0004** — Person who does not know the SSN of the patient (either themselves or picking up Rx for someone else)

The identifier **000-00-0005** can be used by dispensers reporting data on animals.

*If the patient does not or cannot provide a social security number, a unique number with the following information can be used: the patient's area code followed by the patient's date of birth (month, day, year). If the patient's area code is not available, the dispensing facility's area code should be used.

Example:

33408041975

Area Code	Date of Birth – Month	Date of Birth – Day	Date of Birth – Year
334	08	04	1975

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Appendix B: Zero Report Specifications

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

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

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

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

The following elements are used in each upload file:

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

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

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

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	N
	TH04	Response ID	N
	TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
	TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	File Type P = Production	R
	TH08	Routing Number	N
	TH09	Segment Terminator Character TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
IS: Information Source Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number.	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Freeform text message. May be used to report the date range for Zero Reports using the following format: #CCYYMMDD#-#CCYYMMDD#	S
PHA: Pharmacy Header Used to identify the pharmacy.			
	PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	R
	PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PAT: Patient Information Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier	N

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier	N
	PAT03	ID of Patient	N
	PAT04	ID Qualifier of Additional Patient Identifier	N
	PAT05	Additional Patient ID Qualifier	N
	PAT06	Additional ID	N
	PAT07	Last Name Required value = Report	R
	PAT08	First Name Required value = Zero	R
DSP: Dispensing Record Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status	N
	DSP02	Prescription Number	N
	DSP03	Date Written	N
	DSP04	Refills Authorized	N
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
TP: Pharmacy Trailer Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

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