

# Dispenser's Implementation Guide

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



**October 2014**

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# 1 Document Overview

## Purpose and Contents

The *RxSentry*<sup>®</sup> *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

### About This Chapter

This chapter provides information about the data collection and reporting requirements for the AL PDMP.

### Data Collection Requirements

This guide provides information regarding the Prescription Drug Monitoring Program (PDMP) 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
<b>Pharmacy Header</b>		
National Provider Identifier (NPI)	PHA01	Situational
NCPDP/NABP Provider ID	PHA02	Situational
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
<b>Patient Information</b>		
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
<b>Dispensing Record</b>		
Reporting Status	DSP01	Required

Field Name	Field ID	Field Usage
Prescription Number	DSP02	Required
Date Written	DSP03	Required
Refills Authorized	DSP04	Required
Date Filled	DSP05	Required
Refill Number	DSP06	Required
Product ID Qualifier <b>*Note:</b> 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 on a daily basis. Data collection began on April 1, 2006, and reporting began on April 7, 2006.

### October 2014 Rule Change

Daily reporting to the AL PDMP begins immediately.

#### ***Daily Reporting Overview***

On October 20, 2014, Rule 420-7-2-.12 was passed requiring entities and practitioners (except veterinarians) that dispense Class II-V controlled substances to report data to the controlled substance database on a ***daily*** basis. The purpose of this new rule is to assist with the identification, intervention, prevention, and education of abused, misused, and diverted controlled substances within the state of Alabama.

***Daily*** reporting should begin immediately. The PDMP will allow a grace period to implement this change until **January 1, 2015**, at which time the PMDP will begin collecting non-compliance data for the regulatory boards per state law. If you are already reporting to the controlled substance database on a daily basis, please disregard this message.

Accordingly, this notification is solely intended to educate entities or practitioners that are currently reporting to the controlled substance database on a ***weekly*** basis.

#### ***Daily Reporting Requirements***

Entities and practitioners that dispense Class II-V controlled substances must report data to the controlled substance database on a ***daily*** basis.

Entities and practitioners required to report ***daily*** include but are not limited to:

- Licensed pharmacies
- Mail-order pharmacies or pharmacy benefit programs filling prescriptions for or dispensing controlled substances to residents of Alabama

- Licensed physicians, dentists, podiatrists, and optometrists who dispense controlled substances

Veterinary practitioners shall submit reports at least once monthly by 11:59 p.m. on the last business day of the month.

For additional assistance regarding **daily** reporting to the controlled substance database, contact the PDMP Technical Support Desk at 1-800-225-6998 (option 8) or visit the PDMP website, [www.adph.org/pdmp](http://www.adph.org/pdmp), and click on the **Dispenser Packets** link.

### **Daily Reporting Submissions**

Entity	Reporting Requirement
<ul style="list-style-type: none"><li>▪ Licensed pharmacies</li><li>▪ Mail-order pharmacies or pharmacy benefit programs filling prescriptions for or dispensing controlled substances to residents of Alabama</li><li>▪ Licensed physicians, dentists, podiatrists, and optometrists who dispense controlled substances</li></ul>	At least once <b>daily</b> by 11:59 p.m.
<ul style="list-style-type: none"><li>▪ Veterinary practitioners</li></ul>	At least once <b>monthly</b> by 11:59 p.m. on the last business day of the month

#### **Notes:**

- If an entity or practitioner does not dispense a controlled substance on a specific day, the entity or practitioner shall report that zero controlled substances were dispensed. For more information, see [Reporting Zero Dispensing](#).
- The **daily** reporting requirement does not apply on days that the entity or practitioner's business is closed.

### **Daily Reporting Penalties for Non-compliance/Non-reporting**

The mandatory change from weekly reporting to **daily** reporting will begin immediately. The PDMP will begin collecting data to report non-compliance to the Boards beginning **January 1, 2015**.

For a complete copy of Rule 420-7-2-.12, visit the PDMP website at [www.adph.org/PDMP/Default.asp?id=1234](http://www.adph.org/PDMP/Default.asp?id=1234).

If you have any questions regarding this notification, please feel free to contact the PDMP at [pdmp@adph.state.al.us](mailto:pdmp@adph.state.al.us).

Thank you in advance for your assistance in reducing prescription drug abuse, misuse, and diversion in the state of Alabama.

## 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 on a daily basis, 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 daily 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](mailto: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.

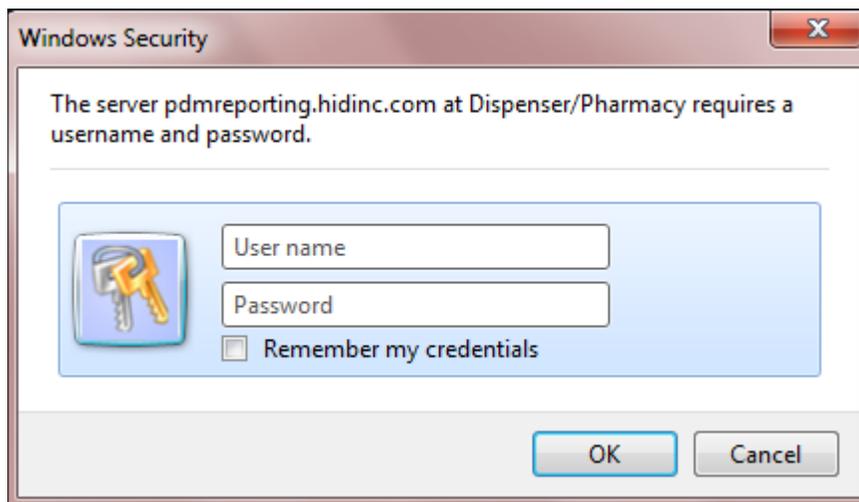
**Note:** Data from multiple pharmacies can be uploaded in the same file. For example, Walmart, CVS, and other chain pharmacies send in one file containing data for all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

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 daily 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:

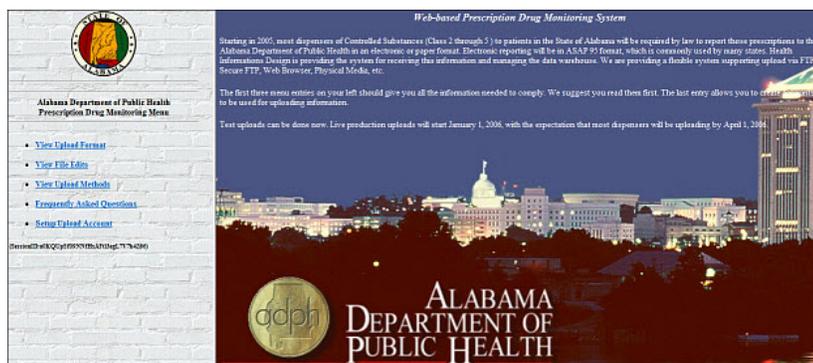
- 1 Open an Internet browser window and type the following URL in the address bar:  
<https://pdmreporting.hidinc.com>.

A window similar to the following is displayed:



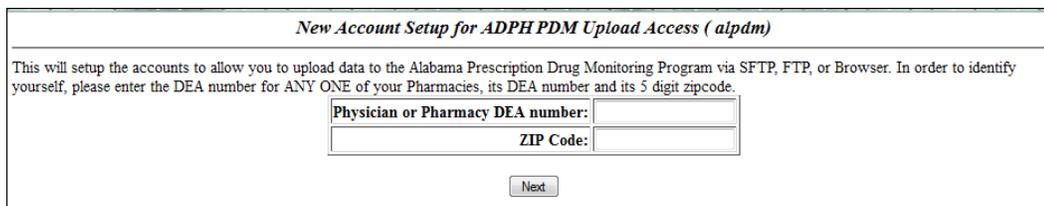
- 2 Type *newacct* in the **User name** field.
- 3 Type *welcome* in the **Password** field, and then click **OK**.

A window similar to the following is displayed:



- 4 Click **Setup Upload Account**.

The following window is displayed:



- 5 Enter your DEA number in the **Physician or Pharmacy DEA number** field.
- 6 Type your ZIP code in the **ZIP Code** field.
- 7 Click **Next**.

The next window in the account setup process is displayed as shown on the following page.

**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

- 8 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:

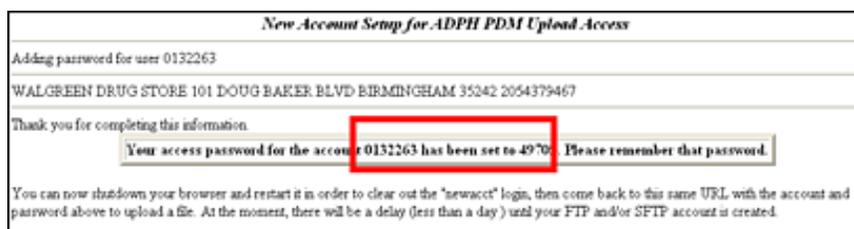
Field	Description/Usage
Account Selection	<ul style="list-style-type: none"> <li>Choose <b>Keep &lt;account number&gt; as my account for a single Dispenser</b> if you wish to use the suggested account name.</li> <li>Choose <b>Create an account using &lt;suggested account name&gt; as my ID for uploading more than one Dispenser's Data</b> if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.</li> </ul>
Contact Information	<p><b>Note:</b> Information in this section is used for contact purposes in the event a problem occurs with a data upload.</p>
Contact Name	Type the first and last name of the contact person.

Field	Description/Usage
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 <b>Contact Email</b> field is used to select one of the following data upload notification options:</p> <ul style="list-style-type: none"><li>▪ Select <b>Don't Email Edit Reports</b> if you do not wish to have the results of your data uploads e-mailed to you.</li><li>▪ Select <b>Email Edit Reports Only If Any Errors</b> if you wish to view the results of your data uploads that contain minor errors. <b>Note:</b> Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</li><li>▪ Select <b>Email Edit Reports Only If Any Serious Errors</b> if you wish to view the results of your data uploads that contain serious errors. <b>Note:</b> Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</li><li>▪ Select <b>Email Edit Reports Only If Any Fatal Errors</b> if you wish to view the results of your data uploads that contain fatal errors. <b>Note:</b> Fatal errors are those that prevent information from being uploaded and that must be corrected.</li><li>▪ Select <b>Email Edit Reports For All Uploads</b> if you wish to have the results of all of your data uploads e-mailed to you.</li></ul>
Contact Phone	Type the contact's phone number, using the format <i>999-999-9999</i> .

Field	Description/Usage
Contact Fax	<p>Type the contact's fax number, using the format <i>999-999-9999</i>.</p> <p>The field to the right of the <b>Contact Fax</b> field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"><li>▪ Select <b>Don't Fax Edit Reports</b> if you do not wish to have the results of your data uploads faxed to you.</li><li>▪ Select <b>Fax Edit Reports Only If Any Errors</b> if you wish to view the results of your data uploads that contain minor errors. <b>Note:</b> Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</li><li>▪ Select <b>Fax Edit Reports Only If Any Serious Errors</b> if you wish view the results of your data uploads that contain serious errors. <b>Note:</b> Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</li><li>▪ Select <b>Fax Edit Reports Only If Any Fatal Errors</b> if you wish to view the results of your data uploads that contain fatal errors. <b>Note:</b> Fatal errors are those that prevent information from being uploaded and that must be corrected.</li><li>▪ Select <b>Fax Edit Reports For All Uploads</b> if you wish to have the results of all of your data uploads faxed to you.</li></ul>
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 <b>[CTRL]</b> 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 <b>Pharmacy</b> or a <b>Dispensing Practitioner</b>.</p> <p><b>Note:</b> 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. <b>Note:</b> The options that display in this field are dependent on whether you answered <b>Pharmacy</b> or <b>Dispensing Practitioner</b> in the <b>Dispenser Type</b> field.</p> <table border="1" data-bbox="719 394 1409 1081"> <thead> <tr> <th data-bbox="719 394 1052 464">Pharmacy Sub-types</th> <th data-bbox="1052 394 1409 464">Dispensing Practitioner Sub-types</th> </tr> </thead> <tbody> <tr> <td data-bbox="719 464 1052 1081"> <ul style="list-style-type: none"> <li>▪ Pharmacy (Chain)</li> <li>▪ Pharmacy (Community)</li> <li>▪ Pharmacy (Hospital)</li> <li>▪ Non-Resident Pharmacy</li> <li>▪ Mail Order Pharmacy</li> <li>▪ Mfg/Wholesalers/Distributors</li> <li>▪ Mfg/Whse/Dist. Oxygen Pharmacy</li> <li>▪ Medical Oxygen Retailers Pharmacy</li> <li>▪ Nuclear Pharmacy</li> <li>▪ Parenteral Pharmacy</li> <li>▪ Precursor Pharmacy</li> <li>▪ Veterinary Pharmacy</li> </ul> </td> <td data-bbox="1052 464 1409 1081"> <ul style="list-style-type: none"> <li>▪ Dentist/Oral Surgeon</li> <li>▪ Medical Doctor</li> <li>▪ Optometrist</li> <li>▪ Podiatrist</li> <li>▪ Veterinarian</li> </ul> </td> </tr> </tbody> </table>	Pharmacy Sub-types	Dispensing Practitioner Sub-types	<ul style="list-style-type: none"> <li>▪ Pharmacy (Chain)</li> <li>▪ Pharmacy (Community)</li> <li>▪ Pharmacy (Hospital)</li> <li>▪ Non-Resident Pharmacy</li> <li>▪ Mail Order Pharmacy</li> <li>▪ Mfg/Wholesalers/Distributors</li> <li>▪ Mfg/Whse/Dist. Oxygen Pharmacy</li> <li>▪ Medical Oxygen Retailers Pharmacy</li> <li>▪ Nuclear Pharmacy</li> <li>▪ Parenteral Pharmacy</li> <li>▪ Precursor Pharmacy</li> <li>▪ Veterinary Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dentist/Oral Surgeon</li> <li>▪ Medical Doctor</li> <li>▪ Optometrist</li> <li>▪ Podiatrist</li> <li>▪ Veterinarian</li> </ul>
Pharmacy Sub-types	Dispensing Practitioner Sub-types				
<ul style="list-style-type: none"> <li>▪ Pharmacy (Chain)</li> <li>▪ Pharmacy (Community)</li> <li>▪ Pharmacy (Hospital)</li> <li>▪ Non-Resident Pharmacy</li> <li>▪ Mail Order Pharmacy</li> <li>▪ Mfg/Wholesalers/Distributors</li> <li>▪ Mfg/Whse/Dist. Oxygen Pharmacy</li> <li>▪ Medical Oxygen Retailers Pharmacy</li> <li>▪ Nuclear Pharmacy</li> <li>▪ Parenteral Pharmacy</li> <li>▪ Precursor Pharmacy</li> <li>▪ Veterinary Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dentist/Oral Surgeon</li> <li>▪ Medical Doctor</li> <li>▪ Optometrist</li> <li>▪ Podiatrist</li> <li>▪ Veterinarian</li> </ul>				
Dispenser Location	(Required) Select whether you are an <b>In-State</b> or <b>Out-of-State</b> dispenser.				

- 9 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**.

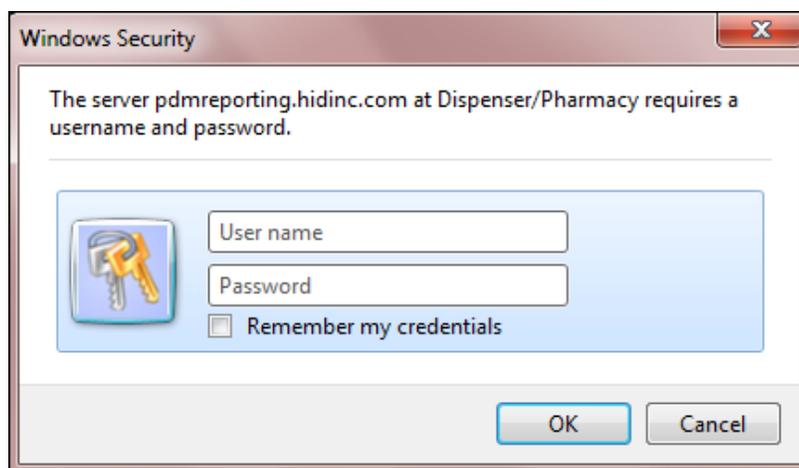
**Note:** Data error reports are submitted to the e-mail address(es) supplied for the account(s).

## 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>.

A window similar to the following is displayed:



- 2 Type your user name in the **User name** field.
- 3 Type your password in the **Password** field.
- 4 Click **OK**. The RxSentry home page is displayed.
- 5 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	

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

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

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

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

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

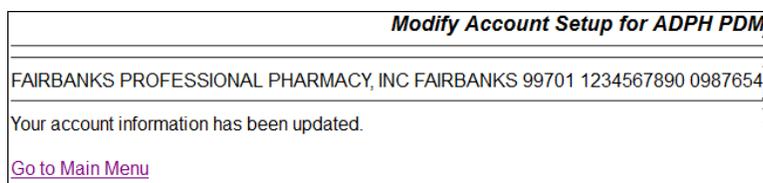
**Note:** The options that display in this field are dependent on whether you answered **Pharmacy** or **Dispensing Practitioner** in the **Dispenser Type** field.

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

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

- 10** Click **Next**.

A window similar to the following is displayed:



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

## Reporting Zero Dispensing

If you do not dispense a controlled substance on a specific day, 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 sections.

### Report Zero Activity – RxSentry

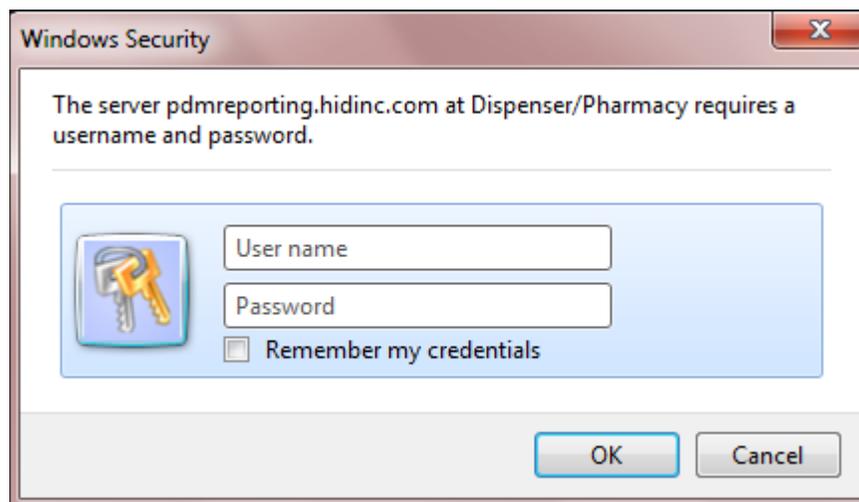
The information in the following topics explains the processes single dispensers and dispensers reporting for a group of pharmacies should use to report zero activity using RxSentry's **Report Zero Activity** menu function.

#### *Single Dispensers*

If you are a single dispenser, perform the following steps to report zero activity using 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>.

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 **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"/>	

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

- 8 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>

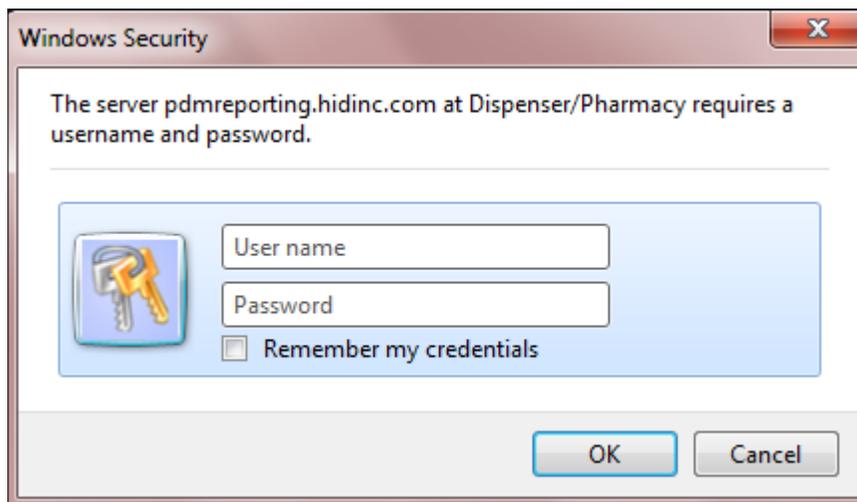
### **Group Pharmacies**

If you are responsible for reporting for a group of pharmacies, perform the following steps to report zero activity using RxSentry.

**Note:** You are required to repeat this process for every pharmacy for which you are responsible for reporting.

- 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>.

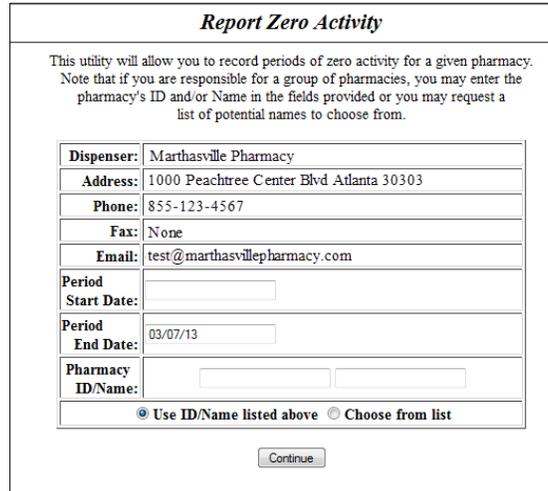
A window similar to the following is displayed:



The screenshot shows a Windows Security dialog box titled "Windows Security". The message reads: "The server pdmreporting.hidinc.com at Dispenser/Pharmacy requires a username and password." Below the message is a blue box containing a key icon, a "User name" text box, a "Password" text box, and a checkbox labeled "Remember my credentials". At the bottom right of the dialog are "OK" and "Cancel" buttons.

- 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 **Report Zero Activity**.

A window similar to the following is displayed:



The screenshot shows a window titled "Report Zero Activity". The text inside reads: "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." Below this text is a form with the following fields: "Dispenser:" (Marthasville Pharmacy), "Address:" (1000 Peachtree Center Blvd Atlanta 30303), "Phone:" (855-123-4567), "Fax:" (None), "Email:" (test@marthasvillepharmacy.com), "Period Start Date:" (empty), "Period End Date:" (03/07/13), and "Pharmacy ID/Name:" (empty). At the bottom of the form are two radio buttons: "Use ID/Name listed above" (selected) and "Choose from list". A "Continue" button is located at the bottom center of the window.

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

#### Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date to reflect the dates during which no dispensing occurred.
- All other pharmacy information is populated with the information provided when you created your account.



## Report Zero Activity – File Upload

Perform the following steps to report zero activity by uploading a zero report data file:

- 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.

## 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:

Delivery Method	Page
<a href="#">Secure FTP over SSH</a>	23
<a href="#">Encrypted File with OpenPGP Via FTP</a>	24
<a href="#">SSL Website</a>	25
<a href="#">Physical Media (Tape, Diskette, CD, DVD)</a>	26
<a href="#">Universal Claim Form (UCF) Submission</a>	
<a href="#">Reporting Requirements for UCF Submissions</a>	27
<a href="#">Notes about NDC Numbers</a>	29
<a href="#">Paper Submission</a>	30
<a href="#">Online UCF Submission</a>	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.hidinc.com>.
  - 4** When prompted, type *alpdm* (lower case) in front of your NABP number (or Generic ID) as your user ID, and enter the password supplied when you created your account.
  - 5** Place the file in the new directory.
  - 6** If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
  - 7** Log off when the file transfer/upload is complete.

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 that 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.hidinc.com>.
  - 6 When prompted, type *alpdm* (lower case) in front of your NABP number (or Generic ID) as your user ID, and enter the password supplied when you created your account.
  - 7 Place the file in the new directory.
  - 8 Log off when the file transfer/upload is complete.
  - 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
  - 10 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20090101.pgp*).

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 Website

- 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 you created your account.
- 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](http://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
DEA Number	DEA in Dispenser Information Section
<b>Dispensing Record</b>	
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
<b>Prescriber Information</b>	
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](http://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:

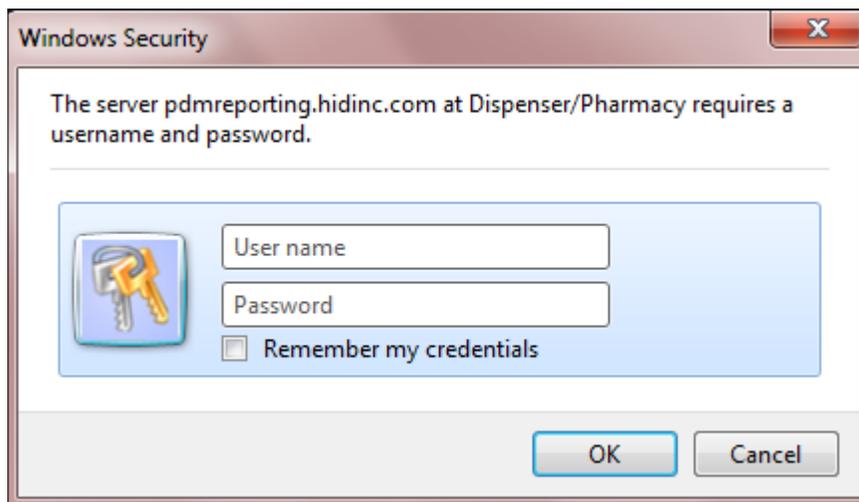
- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

**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:

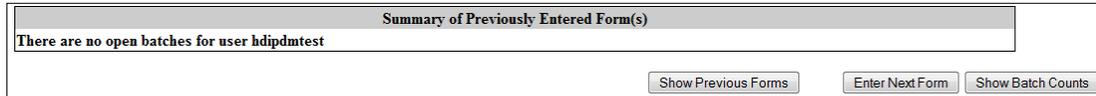
- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar: <https://pdmreporting.hidinc.com>.

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 **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.
- 7 Click **Enter Next Form**.

A window similar to the following is displayed:

UCF Form/Manual Entry	
<b>Patient Information</b>	
First Name _____ MI _____	Last Name _____
DOB ____/____/____ SSN* _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Species Code <input type="checkbox"/> Human <input type="checkbox"/> Veterinary Patient
Address _____	Name of Animal _____
City _____ State _____ Zip _____	DL# _____
<b>Dispenser Information</b>	
Dispenser Name _____	DEA _____
Chain Site ID _____	
Phone # (____) _____-_____	Fax # (____) _____-_____
Address _____	City _____ State _____ ZIP _____
Contact Name _____	Last Name/Initials of Dispenser _____
<b>Prescription Information</b>	
Reporting Status <input type="checkbox"/> New Record <input type="checkbox"/> Revise <input type="checkbox"/> Void	
Rx Origin <input type="checkbox"/> Written Rx <input type="checkbox"/> Telephone Rx <input type="checkbox"/> Telephone Emergency Rx <input type="checkbox"/> Faxed Rx <input type="checkbox"/> Electronic Rx <input type="checkbox"/> Other	
Classification Code for Payment Type <input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Military Installations/VA	
<input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other	
Rx # _____ <input type="checkbox"/> New <input type="checkbox"/> Refill Refill # _____	
NDC [ ][ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ][ ] Drug Name(Strength) _____	
Quantity Dispensed _____	Days Supply _____ Dosage Units <input type="checkbox"/> Each <input type="checkbox"/> Milliliters <input type="checkbox"/> Grams
Date Filled ____/____/____	Date Written ____/____/____ Date Sold ____/____/____
Prescriber Name _____	DEA _____
Prescriber Phone # (____) _____-_____	Prescriber Fax # (____) _____-_____
ID of Person Dropping Off/Picking Up Rx _____	
ID Qualifier <input type="checkbox"/> Military ID <input type="checkbox"/> State Issued ID <input type="checkbox"/> Unique System ID <input type="checkbox"/> Passport ID <input type="checkbox"/> Driver's License ID <input type="checkbox"/> SSN <input type="checkbox"/> Tribal ID <input type="checkbox"/> Other	
Relationship to Patient <input type="checkbox"/> Patient <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Caregiver <input type="checkbox"/> Other	

**8** 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.

**9** 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](#).

**10** 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

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.

**11** 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

[Print out this form.](#)

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 This Chapter

This chapter explains how to view upload reports and correct and resubmit records, and provides an explanation of the error codes you may see on your upload report.

### 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:

Record	Numeric Error Code*	Error Description*	Data that was incorrect	RX Number
Record	10:	25-Prescriber ID not found	Data: [000000 ]	AB9876543 04034558
Record	52:	25-Prescriber ID not found	Data: [BY0000001]	AB9876543 04033470
Record	84:	25-Prescriber ID not found	Data: [AD0000004]	AB9876543 04031888
Record	99:	54-Customer Zip Code conflicts with Stat	Data: [000000000]	AB9876543 04034458
Record	152:	25-Prescriber ID not found	Data: [B05555555]	AB9876543 04034493
Record	185:	25-Prescriber ID not found	Data: [B05555555]	AB9876543 04034459
Record	200:	25-Prescriber ID not found	Data: [B5110011 ]	AB9876543 04034489
Record	215:	54-Customer Zip Code conflicts with Stat	Data: [432780000]	AB9876543 04033520
Record	224:	25-Prescriber ID not found	Data: [A51111119]	AB9876543 04034542
Record	350:	25-Prescriber ID not found	Data: [Mh5555555]	AB9876543 04034481
Record	351:	25-Prescriber ID not found	Data: [Mh5555555]	AB9876543 04034482
Record	373:	54-Customer Zip Code conflicts with Stat	Data: [000000000]	AB9876543 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

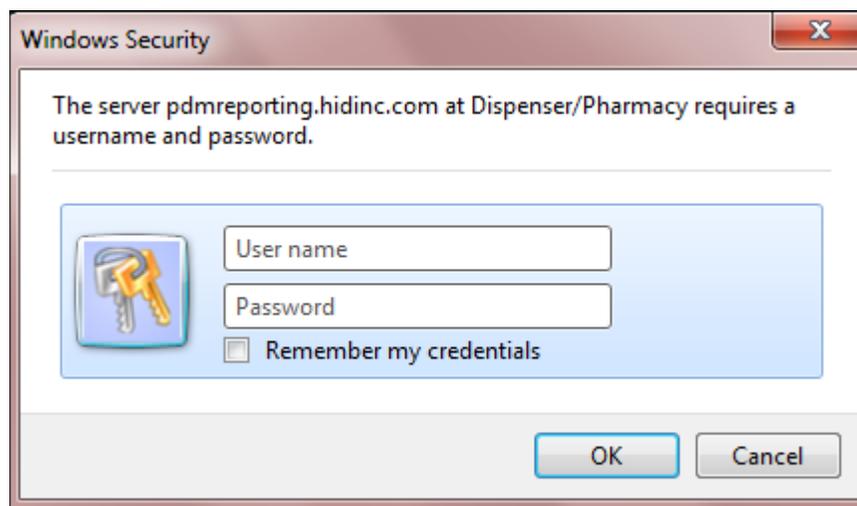
## View Upload Reports

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:

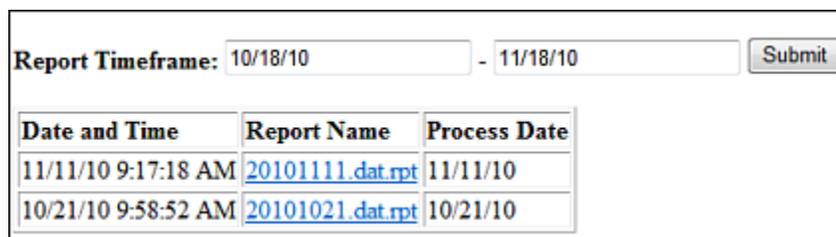
- 1 Open an Internet browser window and type the following URL in the address bar:  
<https://pdmreporting.hidinc.com>.

A window similar to the following is displayed:



The screenshot shows a Windows Security dialog box titled "Windows Security" with a close button (X) in the top right corner. The main text reads: "The server pdmreporting.hidinc.com at Dispenser/Pharmacy requires a username and password." Below this text is a light blue rectangular area containing a key icon on the left. To the right of the icon are two text input fields: "User name" and "Password". Below the "Password" field is a checkbox labeled "Remember my credentials". At the bottom right of the dialog box are two buttons: "OK" and "Cancel".

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



The screenshot shows a web interface for selecting a report timeframe. At the top, it says "Report Timeframe:" followed by two date input fields: "10/18/10" and "11/18/10", separated by a hyphen. To the right of the second date field is a "Submit" button. Below this is a table with three columns: "Date and Time", "Report Name", and "Process Date".

Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	<a href="#">20101111.dat.rpt</a>	11/11/10
10/21/10 9:58:52 AM	<a href="#">20101021.dat.rpt</a>	10/21/10

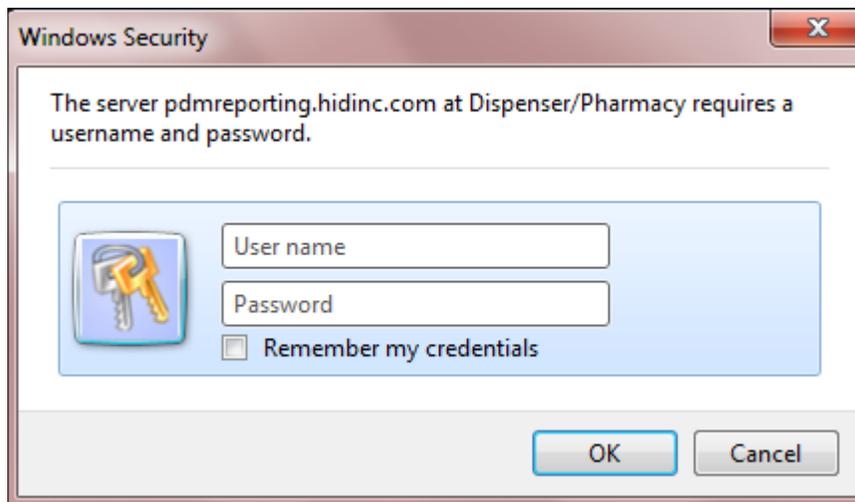
- 6 Click a hyperlink in the **Report Name** field to open an upload report for viewing.  
To view reports for a different time frame, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

## View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders 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 zero reports:

- 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 your user name in the **User name** field.
- 3 Type your password in the **Password** field.
- 4 Click **OK**.
- 5 From the RxSentry home page, click **View Zero Reports**.

A window similar to the following is displayed:

Zero Reports					
Report Timeframe:		02/09/13	-	03/12/13	Submit
From Date	To Date	Pharmacy ID	Pharmacy Name	Upload Date	
No zero reports uploaded for selected timeframe.					

## 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:
  - **PHA03** (DEA Number)
  - **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 <b>Note:</b> 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	Record already exists <b>Note:</b> 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.	Minor

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## 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](mailto: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)

Alabama Department of Public Health

Bureau of Professional and Support Services

201 Monroe Street, Suite 1010

Montgomery, AL 36130-3017

Telephone: 334-206-5226

Fax: 334-206-3749

E-mail: [pdmp@adph.state.al.us](mailto:pdmp@adph.state.al.us)

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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

### Copyright Notice and Trademarks

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Auburn, AL 36832

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### Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate...
<b>Bold</b>	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
<a href="#">Blue underline</a>	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
04/18/2013	3.13	Revised publication
02/18/2014	3.14	Revised publication
07/07/2014	3.15	Revised publication
10/29/2014	3.16	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
	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

Version Number	Chapter/Section	Change
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
3.5	Chapter 2/Reporting Requirements	Removed the following fields: <ul style="list-style-type: none"> <li>PHA01 (National Provider Identifier – NPI)</li> <li>PAT21 (Patient Location Code)</li> <li>DSP14 (Pharmacist National Provider Identifier – NPI)</li> <li>DSP15 (Pharmacist State License Number)</li> <li>PRE04 (Prescriber State License Number)</li> </ul>
	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"> <li>Edit 03 (NPI number blank)</li> <li>Edit 151 (Patient Location Code is blank)</li> <li>Edit 202 (Pharmacist State License Number is blank)</li> <li>Edit 250 (Prescriber State License Number is blank)</li> </ul>
	Appendix 1	Changed the Field Usage for the following fields from RR to S: <ul style="list-style-type: none"> <li>PHA01 (National Provider Identifier – NPI)</li> <li>PAT21 (Patient Location Code)</li> <li>DSP14 (Pharmacist National Provider Identifier – NPI)</li> <li>DSP15 (Pharmacist State License Number)</li> <li>PRE04 (Prescriber State License Number)</li> </ul>
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 <a href="https://pdmreporting.hidinc.com">https://pdmreporting.hidinc.com</a>
	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

Version Number	Chapter/Section	Change
	Chapter 3/Reporting Zero Dispensing	Added procedure to submit zero reports via ASAP
	Chapter 4/Online UCF Submission	<ul style="list-style-type: none"> <li>▪ Added procedures for showing previous forms and printing forms</li> <li>▪ Updated online UCF screen shot</li> </ul>
	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"> <li>▪ Patient Identifier</li> <li>▪ Dispenser Identifier</li> <li>▪ Update Account Information</li> </ul>	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"> <li>▪ Updated topic with new SSN reporting requirements</li> <li>▪ Changed the name of the ASAP specifications from "ASAP 2007 V4R1" to "ASAP 4.1"</li> </ul>
3.12	<ul style="list-style-type: none"> <li>▪ Chapter 3/Patient Identifier</li> <li>▪ Chapter 4/Reporting Requirements for UCF Submissions</li> <li>▪ Appendix A</li> </ul>	Updated language per State specifications
3.13	Chapter 3/Creating Your Account	Updated screen shot in step 4 to show that registration with an NABP number is no longer available on the Setup Upload Account window
3.14	Chapter 3/Report Zero Activity – RxSentry	Separated topic into two sub-topics, Single Dispensers and Group Pharmacies, to clarify the way zero reports must be submitted for each group
	Chapter 4: <ul style="list-style-type: none"> <li>▪ Secure FTP over SSH</li> <li>▪ Encrypted File with OpenPGP via FTP</li> </ul>	Updated the host URL for submitting data via SFTP and FTP

<b>Version Number</b>	<b>Chapter/Section</b>	<b>Change</b>
	Chapter 5/View Zero Reports	Added new topic
3.15	Global	Updated screen shots to show the correct URL
3.16	Chapter 3/October 2014 Rule Change	Added new topic to address the required change from weekly reporting to daily reporting

**Table 3 – Document Change Log**

## 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
<b>TH: Transaction Header</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	<b>TH01</b>	<b>Version/Release Number</b> Code uniquely identifying the transaction. Format = xx.x	R
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>▪ 01 Send/Request Transaction</li> <li>▪ 02 Acknowledgement (used in Response only)</li> <li>▪ 03 Error Receiving (used in Response only)</li> <li>▪ 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul>	N
	<b>TH04</b>	<b>Response ID</b> Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R
	<b>TH07</b>	<b>File Type</b> <ul style="list-style-type: none"> <li>▪ P = Production</li> <li>▪ T = Test</li> </ul>	R
	<b>TH08</b>	<b>Routing Number</b> 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
	<b>TH09</b>	<b>Segment Terminator Character</b> TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
<b>IS: Information Source</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number. (Example: phone number)	R
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	R
	<b>IS03</b>	<b>Message</b> Free-form text message.	N

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT02</b>	<b>ID Qualifier</b> Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	RR
	<b>PAT03</b>	<b>ID of Patient</b> Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	RR
	<b>PAT04</b>	<b>ID Qualifier of Additional Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	N
	<b>PAT05</b>	<b>Additional Patient ID Qualifier</b> 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"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	N
	<b>PAT06</b>	<b>Additional ID</b> 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
	<b>PAT07</b>	<b>Last Name</b> Patient's last name.	RR
	<b>PAT08</b>	<b>First Name</b> Patient's first name.	RR
	<b>PAT09</b>	<b>Middle Name</b> Patient's middle name or initial if available.	N
	<b>PAT10</b>	<b>Name Prefix</b> Patient's name prefix such as Mr. or Dr.	N
	<b>PAT11</b>	<b>Name Suffix</b> Patient's name suffix such as Jr. or the III.	N

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>▪ 01 Home</li> <li>▪ 02 Intermediary Care</li> <li>▪ 03 Nursing Home</li> <li>▪ 04 Long-Term/Extended Care</li> <li>▪ 05 Rest Home</li> <li>▪ 06 Boarding Home</li> <li>▪ 07 Skilled-Care Facility</li> <li>▪ 08 Sub-Acute Care Facility</li> <li>▪ 09 Acute Care Facility</li> <li>▪ 10 Outpatient</li> <li>▪ 11 Hospice</li> <li>▪ 98 Unknown</li> <li>▪ 99 Other</li> </ul>	S
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	N
	<b>PAT23</b>	<b>Name of Animal</b> 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
<b>DSP: Dispensing Record</b>			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> 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"> <li>▪ 00 New Record (indicates a new prescription dispensing transaction)</li> <li>▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>▪ 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).</li> </ul>	RR
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	RR
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	RR

Segment	Field ID	Field Name	Field Usage
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>▪ 01 NDC</li> <li>▪ 06 Compound</li> </ul>	RR
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 <b>Note:</b> For compounds show the first quantity in CDI04.	RR
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	RR
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>▪ 01 Each</li> <li>▪ 02 Milliliters (ml)</li> <li>▪ 03 Grams (gm)</li> </ul>	RR
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>▪ 01 Written Prescription</li> <li>▪ 02 Telephone Prescription</li> <li>▪ 03 Telephone Emergency Prescription</li> <li>▪ 04 Fax Prescription</li> <li>▪ 05 Electronic Prescription</li> <li>▪ 99 Other</li> </ul>	RR
	<b>DSP13</b>	<b>Partial Fill Indicator</b> To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>▪ 01 Yes</li> <li>▪ 02 No</li> </ul>	N
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	<b>DSP15</b>	<b>Pharmacist State License Number</b> 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
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>▪ 01 Private Pay</li> <li>▪ 02 Medicaid</li> <li>▪ 03 Medicare</li> <li>▪ 04 Commercial Insurance</li> <li>▪ 05 Military Installations and VA</li> <li>▪ 06 Workers' Compensation</li> <li>▪ 07 Indian Nations</li> <li>▪ 99 Other</li> </ul>	RR
	<b>DSP17</b>	<b>Date Sold</b> 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
	<b>DSP18</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	S
	<b>DSP19</b>	<b>Electronic Prescription Reference Number</b> Used to provide an audit trail for electronic prescriptions.	S
<b>PRE: Prescriber Information</b>			
Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	N
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	N
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	S
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	RR
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	RR
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	N

Segment	Field ID	Field Name	Field Usage
<b>CDI: Compound Drug Ingredient Detail</b>			
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.			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. ▪ 01 NDC	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. ▪ 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
<b>AIR: Additional Information Reporting</b>			
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.			
<b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	N
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> 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
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> 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"> <li>▪ 01 Military ID</li> <li>▪ 02 State Issued ID</li> <li>▪ 03 Unique System ID</li> <li>▪ 05 Passport ID</li> <li>▪ 06 Driver's License ID</li> <li>▪ 07 Social Security Number</li> <li>▪ 08 Tribal ID</li> <li>▪ 99 Other (agreed upon ID)</li> </ul>	S
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	S
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>▪ 01 Patient</li> <li>▪ 02 Parent/Legal Guardian</li> <li>▪ 03 Spouse</li> <li>▪ 04 Caregiver</li> <li>▪ 99 Other</li> </ul>	S
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	N
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	N
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	RR
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	N
<b>TP: Pharmacy Trailer</b>			
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.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b>			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> 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	<b>Segment Count</b> 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
<b>TH: Transaction Header</b>			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	<b>TH01</b>	<b>Version/Release Number</b>	R
	<b>TH02</b>	<b>Transaction Control Number</b> Sender assigned code uniquely identifying a transaction.	R
	<b>TH03</b>	<b>Transaction Type</b> Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	N
	<b>TH04</b>	<b>Response ID</b>	N
	<b>TH05</b>	<b>Creation Date</b> Date the transaction was created. Format: CCYYMMDD.	R
	<b>TH06</b>	<b>Creation Time</b> Time the transaction was created. Format: HHMMSS or HHMM.	R
	<b>TH07</b>	<b>File Type</b> P = Production	R
	<b>TH08</b>	<b>Routing Number</b>	N
	<b>TH09</b>	<b>Segment Terminator Character</b> TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	R
<b>IS: Information Source</b>			
Used to convey the name and identification numbers of the entity supplying the information.			
	<b>IS01</b>	<b>Unique Information Source ID</b> Reference number or identification number.	R
	<b>IS02</b>	<b>Information Source Entity Name</b> Entity name of the Information Source.	R
	<b>IS03</b>	<b>Message</b> Freeform text message. May be used to report the date range for Zero Reports using the following format: #CCYYMMDD#-#CCYYMMDD#	S
<b>PHA: Pharmacy Header</b>			
Used to identify the pharmacy.			
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	R
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
<b>PAT: Patient Information</b>			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b>	N

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

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