Data Submission Dispenser Guide
Florida Department of Health
Prescription Drug Monitoring Program

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1 E-FORCSE® Overview

1.1 Florida's PDMP Program Overview

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE®) is Florida's Prescription Drug Monitoring Program (PDMP). The purpose of E-FORCSE® is to collect and store dispensing information for controlled substances listed in schedules II, III, IV, as defined in section 893.03, Florida Statutes (F.S.), and provide the information maintained in the system to health care practitioners to guide their clinical decision making.

Section 893.055, F.S., requires dispensers to report specific information to E-FORCSE® each time a controlled substance is dispensed to an individual. For the purposes of this guide, the term "dispenser" means a pharmacy, dispensing pharmacist, or dispensing health care practitioner who is subject to licensure or regulation by the Florida Department of Health (DOH) under chapters 458, 459, 461, 462, 463, 464, 465 or 466, F.S., and is authorized to dispense controlled substances. This includes mail order and Internet pharmacies; and dispensing health care practitioners registered with their regulatory board.

Effective April 18, 2018, dispensers are required to report controlled substance dispensing to E-FORCSE® via the PMP Clearinghouse. This information is to be reported through the electronic system as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed. All dispensers of controlled substances must meet the reporting requirements set forth by section 893.055, F.S., in a secure methodology and format. This reporting timeframe ensures that health care practitioners have the most up-to-date information available.

In addition, a dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day.

A dispenser that never dispenses controlled substances in or into Florida is not required to report to E-FORCSE®. However, the dispenser must notify E-FORCSE® in writing by submitting a *Notification of Exemption from Reporting*. The *Notification of Exemption* from Reporting must be renewed biennially on or before February 28 in odd years.

Any dispenser who willfully and knowingly fails to report the dispensing of a controlled substance, as required by section 893.055, F.S., commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, F.S.

This guide has been customized to target the specific training needs for Florida dispensers. It is intended for use by all dispensers in the State of Florida (or dispensers dispensing into the State of Florida) required to report dispensing of controlled substances.

1.2   Data Submission

This section provides an overview of data submission requirements for E-FORCSE® via the PMP Clearinghouse. **Effective April 18, 2018**, dispensers are required to report controlled substance dispensing to E-FORCSE® via the PMP Clearinghouse. This information is to be reported through the electronic system as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed.

In addition, a dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day.

A dispenser that never dispenses controlled substances in or into Florida is not required to report to E-FORCSE®. However, the dispenser must notify E-FORCSE® in writing by submitting a Notification of Exemption from Reporting. The Notification of Exemption from Reporting must be renewed biennially on or before February 28 in odd years.

1.2.1 Requirements and Specifications

Dispensers and software vendors may establish PMP Clearinghouse accounts for data submission upon receipt of this guide. Instructions for setting up an account are outlined in the next section.

- Accounts may be created on or after 03/22/2018. See Creating Your Account for more information.
- Beginning 4/18/2018, dispensers are required to transmit their data to E-FORCSE® via PMP Clearinghouse.
- If a dispenser does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or the dispenser will be considered noncompliant. See Zero Reports for additional details.
- If a dispenser never dispenses any controlled substances, a *Notification of Exemption from Reporting* must be filed. This request must be renewed biennially upon license/permit renewal. See Appendix D for additional details.
- Files must be submitted in the ASAP 4.2 OR ASAP 4.2Aformat, as defined in Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecifications. 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 is "20180315.dat".

1.2.2. Dispensing Information Submitted

For each controlled substance dispensed, the dispenser shall report the following information to E-FORCSE®, as soon as possible, but no later than the close of the next business day after the day the controlled substance is dispensed, using upload specifications outlined in 2.3 Upload Specifications.

a. The name of the prescribing practitioner, the practitioner's federal Drug Enforcement Administration (DEA) registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.

b. The date the prescription was filled and the method of payment.

c. The full name, address, telephone number and date of birth of the person for whom the prescription was written.

d. The name, national drug code, quantity, and strength of the controlled substance dispensed.

e. The full name, federal Drug Enforcement Administration registration number, and the address of the pharmacy or other location from which the controlled substance was dispensed.

f. The name of the pharmacy, or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's National Provider Identification number.

g. Other appropriate identifying information as determined by department rule.

For additional details on these elements and others of ASAP 4.2, please see Appendix A – ASAP 4.2 or Appendix F - ASAP 4.2ASpecifications

1.2.3. Zero Reporting

A dispenser must file a zero report no later than the close of the next business day if the dispenser usually dispenses controlled substances in or into Florida and has created an account to report to E-FORCSE® but has no dispensing transactions to report for that day. This includes a dispenser that is closed on Saturday or Sunday. For additional information, please see Zero Reports.

1.2.4. Reporting Exemptions

Not all controlled substance prescriptions dispensed are required to be reported to E-FORCSE®. Acts of dispensing or administration are exempt from reporting to E-FORCSE® when:

- A controlled substance is **administered** directly to a patient if the amount is adequate to treat the patient during that treatment session;

- A controlled substance is **administered** to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled;

- A controlled substance is **administered or dispensed** in the health care system of the Florida Department of Corrections;

- A controlled substance is **administered** in the Emergency Room of a licensed hospital;

- A controlled substance is **administered or dispensed** to a patient under the age of 16;

- A one-time 72-hour re-supply of controlled substances is **dispensed**; or

- A certain dosage of a controlled substance is **dispensed**, as needed, to a patient while the patient is present and receiving care as ordered by the patient's treating physician in a rehabilitative hospital, assisted living facility, or nursing home.

1.2.5. Notification of Exemption from Reporting

A dispenser that is permitted or licensed in the State of Florida but does not dispense any controlled substances in or into the state, or who meets one of the exemptions outlined in section 1.2.4. Reporting Exemptions is not required to report to E-FORCSE®. However, the dispenser must submit a "Notification of Exemption from Reporting Form" as described in Appendix D- Notification of Exemption from Reporting.

1.2.6. Renewal of Notification of Exemption from Reporting

Notifications of Exemption from Reporting must be renewed on or before February 28 in odd years by completing the **"**Renewal of Notification of Exemption from Reporting Form" as described in Appendix E- Renewal of Notification of Exemption from Reporting.

Pharmacies seeking to begin dispensing controlled substances must notify E-FORCSE® electronically and be removed from the exemption list prior to registering to report to the system.

1.2.7. Emergency Suspension from Reporting

If a state of emergency is declared in the State of Florida, and a dispenser is not allowed or is unable to report to E-FORSCE® because of the declared state of emergency, a reporting suspension waiver will be granted for the reporting period. Once the state of emergency has been lifted, the dispenser must report the backlog of data as soon as possible to bring reporting current.

1.2.8. Reporting Noncompliance

Any dispenser who willfully and knowingly fails to report the dispensing of a controlled substance, as required by section 893.055, F.S., commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, F.S.
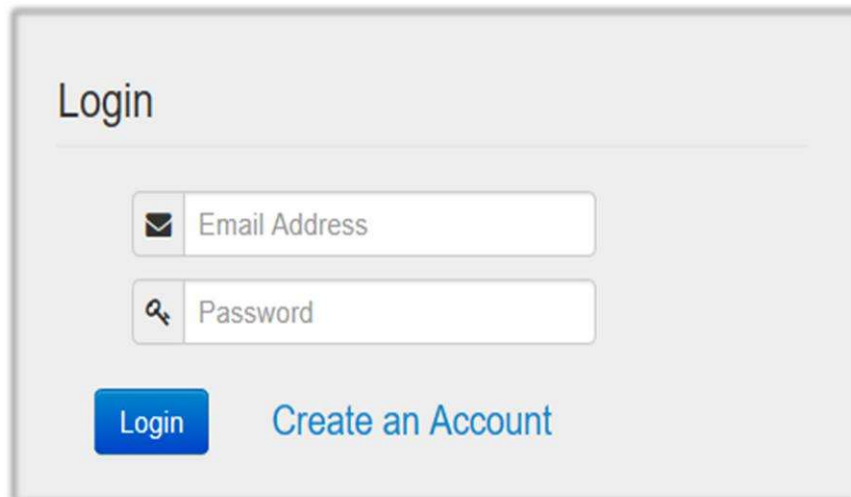
2 Creating Your Account

Prior to submitting data, dispensers must create a PMP Clearinghouse account. Dispensers already registered with PMP Clearinghouse do not need to create a new account. A single account may submit to multiple states. For additional information please see Multi State Approval.

> **Important Note:** Dispensing information for multiple pharmacies that are within the same state may be uploaded in the same file. For example, chains or vendors with multiple stores may set up one account to upload a file for all locations within the state.
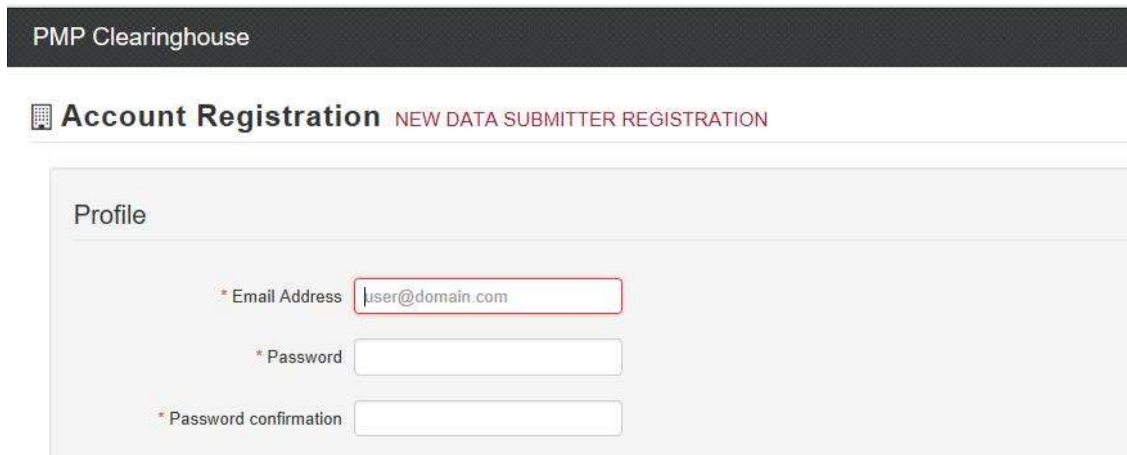
Perform the following steps to create an account for PMP Clearinghouse:

1. Open an Internet browser window and type the following URL in the address bar: https://pmpclearinghouse.net

   A window similar to the following is displayed:

   ## Login

   ✉ Email Address

   🔑 Password

   Login   Create an Account

2. Click the ***Create an Account*** link in the center of the screen.
3. A window similar to the following is displayed. Enter profile, personal, employer, data submission method and select which state(s) should receive data.

   PMP Clearinghouse

   📖 **Account Registration** NEW DATA SUBMITTER REGISTRATION

   ### Profile

   * Email Address | user@domain.com

   * Password |

   * Password confirmation |

Personal

* First name
Middle name
* Last name

Searching for DEA or NPI will autopopulate your information if found.

DEA
NPI

Employer

* Name
* Address
Address (continued)
* City
* State   Select a State...
* Postal Code
* Phone
Fax

Searching for DEA or NPI will autopopulate your information if found.

DEA
NCPDP

4. Complete all required fields (marked with a red asterisk *) on the New Data Submitter Registration window, using the information in the following table as a guideline:

Field	Description Usage	
Profile		
Contact e-mail	**(Required)** Enter the contact's e-mail address. The email address will act as your user name when logging into the system, therefore, it must be a unique email address, not used by another individual.	
Contact password	**(Required)** The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, $.	
Personal	**Note:** Information in this section is used for contact purposes in the event a problem occurs with the data submitted.	
Contact Name	**(Required)** Enter the first and last name of the contact person.	
DEA	The DEA field on the right side of the form may be used to auto-populate the personal information by entering the applicable number and clicking the button.	
NPI	The NPI field on the right side of the form may be used to auto-populate the personal information by entering the applicable number and clicking the button.	

Employer	
Employer Name	**(Required)** Enter practice/pharmacy name.
Employer Address	**(Required)** Enter practice/pharmacy mailing address, city, state, zip code, telephone number. If the account is to be used for multiple locations, please enter your primary address.
DEA	The DEA field on the right side of the form may be used to auto-populate the employer information by entering the applicable number and clicking the [Q] button.
NCPDP	The NCPDP field on the right side of the form may be used to auto-populate the employer information by entering the applicable number and clicking the [Q] button.

5. Dispensers may submit data through secure FTP (SFTP), web portal upload, or online manual Universal Claim Form (UCF). Please see Data Delivery Methods for more information.

Data Submission	□ Secure FTP (SFTP) access is available for dispensers who prefer an encrypted transfer method. The Host to submit dispensing via SFTP is SFTP://SFTP.pmpclearinghouse.net
Enable SFTP Access	Check "Enable SFTP Access" box.
SFTP Username	The SFTP username is automatically generated using the first 5 characters of the employer name + the employer phone number + @prodpmpSFTP. Example username: chain5025555555@prodpmpSFTP

SFTP Password	Create an SFTP password that meets the following criteria: contains at least 10 characters, including 1 capital letter, 1 lower case letter, 1 number, and 1 special character (such as !, @, #, $). This is the password that is input into the pharmacy software so that SFTP submissions can be automated. This password can be the same as the one entered previously under Profile. Unlike the Profile password (i.e. user account password), the SFTP password does not expire.
Enable Real-Time Access	**Do not check this box.** Real-time submissions are not available for Florida.

Important Notes:
- The Host to submit dispensing data via SFTP is SFTP://SFTP.pmpclearinghouse.net
- Additional details on SFTP configuration may be found in Appendix C – SFTP Configuration.

6. Click on the state(s) which should receive dispensing data.

   A window similar to the following is displayed:

7. Click **Submit**.

8. The dispenser will then be taken to the Account DEA Numbers screen. Dispensers must add any DEA numbers that they will be submitting data for to this listing. DEA Numbers can be added via file upload or manual entry. Please see the DEA Numbers section of this document for more details.

PMP Clearinghouse

👥 **Account DEA Numbers** EDIT DEA NUMBERS

The state selected below requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Please enter the DEA number(s) below using either the manual or bulk upload method.
NOTE: Not inputting any DEA number(s) will not register the dispensary with the PDMP. Failure to register violates that state's laws and regulations.

Select PMP: Florida ▾

File Upload Sample file

File Upload: [   ] [Browse]

[Upload]

DEA Number
[Add DEA number]

[Continue]

9. Once you have followed the process to add the DEA numbers, click **Continue**.

10. The dispenser will receive a welcome email similar to the message below indicating the account is active and the request has been sent for processing.

Thank you for registering with PMP Clearinghouse, a service of PMP AWARxE.
— Your account is now active and you may log into PMP Clearinghouse. Your data submission request has been sent to your requested state(s) for processing. Upon approval of the state(s), you may begin submitting prescription data to the state(s).

Clicking continue will navigate back to the main login screen. The dispenser will be notified when their account is approved to begin submitting data to E-FORCSE® through PMP Clearinghouse.

3 Data Delivery Methods

This section provides information about the data delivery methods you may 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
Secure FTP	12
Web Portal Upload	13
Online manual entry Universal Claims Form (UCF)	14
Zero Report	15

3.1 Secure FTP Data Submission

There are many free software products that support secure FTP (SFTP). Neither DOH nor Appriss Health is in a position to direct or support your installation of operating system software for SFTP.

Dispensers who choose to submit data to PMP Clearinghouse by SFTP must configure individual folders for each state they will be submitting data to. **The sub-folders must use state abbreviation for naming (ex. FL, AL, AK, KS, GA, etc.).** The subfolder must be located in the *homedir/directory*, which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the *File Listings* screen, which is the page users land in once authenticated at https://pmpclearinghouse.net, and can be accessed at any time by clicking the "File Submissions" tab at the top left of the screen. See State Subfolders for additional details on this process.

1. If a Clearinghouse account has not been created, perform the steps in Creating Your Account. If a Clearinghouse account already exists, but needs SFTP access added, perform the steps in Adding SFTP to a Registered Account.

2. Prepare the data file(s) for submission, using the ASAP 4.2 OR ASAP 4.2Aspecifications described in Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecifications.

> **Important Note:**
> 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 "20180418.dat". Do not include spaces in the file name.
>
> If more than one file is submitted on the same day, each file must be uniquely named so that existing file uploads are not overwritten. For example, if uploading three files on the same day, the following names could be used: 20180418a.dat, 20180418b.dat, 20180418c.dat.

3. Submit the file to SFTP://SFTP.pmpclearinghouse.net.

4. When prompted, enter the SFTP username and SFTP password that were established when setting up the SFTP account.

5. Place the file in the appropriate state-abbreviated sub-folder.

6. The dispenser may view the results of the transfer/upload on the *Submissions* screen, which is the page users land in once authenticated at https://pmpclearinghouse.net, and can be accessed at any time by clicking the "File Submissions" tab at the top left of the screen.

Important Note: If a data file is placed in the root directory and not a state-abbreviated sub-folder, the Dispenser will be prompted in the form of a "*Determine PMP*" error at the *File Status* screen to select a destination PMP (state) to send the data to.

3.2 File Upload through Web Portal

Web portal upload is an option for dispensers who use software to create their files but are unable to send via SFTP. Upload data by completing the following steps:

1. If an account has not been created, perform the steps in Creating Your Account.

2. Prepare the data file for submission, using the ASAP specifications described in Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecifications.

Important Note:
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 "20180418.dat". If more than one file is submitted on the same day, each file must be uniquely named so that existing file uploads are not overwritten. For example, if uploading three files on the same day, the following names could be used: 20180418a.dat, 20180418b.dat, 20180418c.dat.

---

3. After logging into PMP Clearinghouse, click the "File Upload" tab at the top of the application, or simply click the "Upload File". A window similar to the following is displayed:

4. Select Florida from the drop-down menu.

5. Click on the "*Browse"* button and select the file to upload.

6. Click the "*Upload"* button to begin the process of transferring the file to PMP Clearinghouse.

7. The results of the transfer/upload may be viewed by clicking the *File Submissions* button at the top of the screen. A window similar to the following is displayed.

3.3   Online Universal Claim Form (UCF) Data Submission

The Online Universal Claim Form (UCF) is an option for data dispensers to enter their controlled substances dispensing information into the PMP Clearinghouse system using an online data entry form.

1. If an account has not been created, perform the steps in Creating Your Account.

2. After logging into PMP Clearinghouse, click *UCF Submissions* in the menu bar.

   Click **Manage Claim Forms** and click **New Claim Form** to begin a submission. A window similar to the following is displayed:

3. Select Florida from the drop-down menu.
4. Complete all required fields, as indicated by a red asterisks (*).
5. Click "*Save*."

Important Note:

If you are unable to complete the form at the time of entry, you may save your progress and return at a later time to complete the form. Please see step 8 regarding the ***Pending Claim Forms*** screen for more information.

---

6. Then click "*Submit*."

7. The submission results may be viewed by clicking on *UCF Submissions* in the menu bar. A window similar to the following is displayed. For more details, please see the Universal Claim Forms Listing.

UCF Listings / Manage Claim Forms / New Claim Form

⊞ UCF Listings UCF SUBMISSION STATUS   ⊞ Manage Claim Forms

Show 10 ∨ entries   Search:

Created at	State	Warnings	Errors	Status
02/05/2018 03:40 PM	FL	0	0	✔
02/05/2018 03:42 PM	FL	0	0	✔
02/05/2018 03:44 PM	FL	0	0	✔

8. The results of pending submissions may be viewed on the ***Pending Claim Forms*** button. A window similar to the following is displayed. To continue modifying a previously saved submission, click the ***Edit*** button*.* Once your edits are complete, click the ***Submit Now*** button.

UCF Listings / Manage Claim Forms / New Claim Form

⠿ Pending Claim Forms MANAGE APPRISS UCF FORMS (LAST 30 DAYS)   ⊟ View Submitted Forms   New Claim Form

Show 10 ∨ entries   Search:

Created At	Created By	Last Updated By	State	
02/13/2018 9:12 AM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete
02/13/2018 9:27 AM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete
02/13/2018 1:30 PM	jsmith@pharmacy.com	jsmith@pharmacy.com	FL	Edit Delete

Edit Universal Claim Form MANAGE UCF FORMS

You may submit this form at any time.
This claim form is not completely processed until submitted. Please review and edit the form, or click "Submit Now" to process the form.

[Submit Now]

PMP

* Pmp   Florida

Patient

Patient Info	Patient ID	Patient Address
Patient Animal ☐	Identity Type	* Address
* First Name Test	Identity Value	Apartment or Suite
* Last Name Patient	Jurisdiction	* City
* Date of Birth mm/dd/yyyy	Relationship	* State/Province

9. The results of the submission may be viewed by clicking the ***View Submitted Forms*** button. A window similar to the following is displayed. Click the patient's name to see more information on the prescription. To void a prescription, click the ***Delete Submission*** button. If you need to revise a record, the record must be deleted and resubmitted.

Important Note:

- The Submitted Claim Forms section displays prescriptions reported within the last 30 days. If you do not see the prescription listed, you may submit a revision or deletion alternatively using the instructions and form in <u>Appendix F.</u>

UCF Listings / Manage Claim Forms / New Claim Form

Submitted Claim Forms MANAGE APPRISS UCF FORMS (LAST 30 DAYS)   [View Pending Forms] [New Claim Form]

Click patient's name to view submission information. To update submission information, delete the current submission form and submit a new claim form.

Show 10 entries   Search:

Created At	State	Patient Name	
02/12/2018 4:59 PM	FL	Testpatient, John	Delete Submission
02/12/2018 5:03 PM	FL	Testpatient, Sally	Delete Submission
02/13/2018 9:22 AM	FL	Testpatient, Adam	Delete Submission

Important Notes:

Use the following information when entering NDC numbers on the UCF.
- NDC's are 11 digits and use the format 99999-9999-99
- When adding an NDC, do not include the dashes, for example, 99999999999.
- NDC's 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)	01234567890
54321-123-98 (missing 0 in 2nd segment)	54321012398

3.4 Zero Reports

If a dispenser usually dispenses controlled substances in Florida but has no dispensing transactions to report for the current period, the dispenser must report this information to E-FORCSE® by performing the following steps:

1. If a Clearinghouse account has not been created, perform the steps in Creating Your Account.

2. After logging into PMP Clearinghouse, click *Zero Reports* on the menu bar. Complete all required fields (marked with a red asterisk *) on the *Create Zero Report* screen.

   A window similar to the following is displayed:

3. Select Florida from the drop-down menu.
4. Enter the start date and end date for the report.

5. Enter the dispenser DEA number and click on the **Submit** button.

6. The request will be submitted to PMP Clearinghouse.

7. Previously submitted Zero Reports can be viewed at any time In the *Zero Reports* table below the *Create Zero Report* form.

> **Important Note:** *Zero Reports* may also be submitted via SFTP using the ASAP Standard for Zero Reports. For additional details on this method, see Appendix B - ASAP Zero Report Specifications.

4 Status Reports

Status reports will be automatically emailed to the address associated with a dispenser account. The status reports are used to 1) identify errors in files that have been submitted and 2) confirm zero-report submission.

4.1 File Failed Report

A *File Failed Report* indicates that a submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The report contains a description of the error encountered within the file. In the event of a failed file, a new file must be submitted as soon as possible but no later than the close of the next business day after the day the failed file report is received. The dispenser will receive daily emails regarding the failed filed until the file is resubmitted and successfully processed.

Failed files are not parsed into Clearinghouse and do not require a *Void ASAP* file to remove it from the system. An example of a *File Failed Report* is displayed below.

```
SUBJ: Florida ASAP file: fake-test3.txt - Parse Failure

BODY:
Error Message
----------------------------------------------------------------------
Failed to decode the value '04' for the bean id 'transactionControlType'.


Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016

NOTE: This file could not be received into the system because the system
could not recognize its content as a valid ASAP format. Action is required
to resolve the issues and a subsequent file should be submitted. As such the
information provided in this report is "best effort" and any information we
could not parse is listed as "unparseable" in the fields above.
```

4.2 File Status Report

The *File Status Report* is a report sent to notify the dispenser that a data file is currently being or has been validated by the PMP Clearinghouse. The report notifies the dispenser of the following information:

Total records: The total number of records contained in the submitted data file.

Duplicate records: The number of records that were identified as already existing within

the system. Duplicate records are not imported to prevent inaccurate patient information.
Records in process: The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is

sent out). **Records remaining to be processed will continue to be processed even after the status report is sent.**

Records with errors: Shows how many records contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data. **NOTE:** Errors must be corrected within one business day.

Records with warnings: Shows how many records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.

Records imported with warnings: Shows the number of records that were imported if they had warnings. Records with warnings and errors must have the errors corrected to be submitted into the system.

Records imported without warnings: Shows the number of records that were imported that had no warnings.

> **Important Note:** The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be sent every 24 hours if errors continue to be identified within a submitted data file.

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listing. Each column contains a blank 2-digit pad at the end of the data. The columns are set to the following lengths:

Column	Length
DEA	11 (9+pad)
NCPDP	9 (7+pad)
NPI	12 (10+pad)
Prescription	27 (25+pad)
Filled	10 (8+pad)
Segment	18 (16+pad)
Field	18 (16+pad)
Type	9 (7+pad)
Message	Arbitrary

Below is an example of the File Status Report.

```
SUBJ: Florida ASAP file: fake-test3.txt - Status Report

BODY:
DEA        NCPDP    NPI         Prescription          Filled   Segment         Field           Type      Message
------------------------------------------------------------------------------------------------------------------
BE1234567  1347347  9034618394  123486379596-0        20130808 Dispensation    refill number   WARNING   message example
DE9841394  3491849  4851947597  357199504833-345      20130808 Dispensation    days_supply     ERROR     message example


Summary:
* File Name: fake-test3.txt
* ASAP Version: 4.2
* Transaction Control Number: 23489504823
* Transaction Control Type: send
* Date of Submission: January 30, 2016
* Total Record Count: ###
* Duplicate Records: ###
* In Process Count: ###
* Records with Error Count: ###
* Imported Records Count: ###
* Records Imported with Warning Count: ###
```

4.3 Zero Report Confirmation

A *Zero Report Confirmation* email is sent to a dispenser who successfully submits a zero report into PMP Clearinghouse. The report displays the state the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to PMP Clearinghouse, and the date the report was originally created by the dispenser. An example of the report is provided below.

```
SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:
Summary:
* File Name: zero_reports_20130301KSMCPS.DAT
* PMP Name: Florida
* Date Range: 2013-03-06 - 2013-03-06
* Submission Date: 2013-08-23
* ASAP Creation Date: 2013-03-06
```

5 Data File Submissions and Error Corrections

Data file submission reports are automatically emailed to the address associated with a dispenser account. The reports are used to identify errors in files that have been submitted and confirm zero-report submission. The initial report is sent out 2 hours after the file has been submitted to the system. Reports are sent every 24 hours if errors continue to be identified within a submitted data file.

Dispensers are required to correct fatal errors and resubmit the records within 1 business day of the initial record submission.

5.1 File Listing

Perform the following steps to view upload reports:

1. After logging into PMP Clearinghouse, a window similar to the following is displayed.

2. Click *File Submissions* in the menu bar. This screen displays information extracted from the data files submitted to PMP Clearinghouse.

   A window similar to the following is displayed

3. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings (notices that require no action), the number of

24

records that contain errors (records that require action), and the date and time of submission for each uploaded file.

4. A status column is located at the end of each row displaying the status of the file.

5. If there are errors in the data file, the status column will state the error and the text will be a hyperlink to the *View Records* screen.

6. A green checkmark indicates the data file was received with no errors.

5.2 Data Submission Errors

Below is a summary of data submission errors that may be encountered when reporting controlled substance dispensing information to E-FORCSE® through PMP Clearinghouse.

1. ASAP Parsing Errors

If a file is "unable to be parsed" (meaning it was found to be unreadable by ASAP standards) into the PMP Clearinghouse application, the appropriate message will display. A new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to PMP Clearinghouse.

Further examples of ASAP Errors:

The "IS" segment is empty, missing, or malformed, following the 2nd segment of the file, or the segment preceding was not properly terminated. Refer to Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecification for further information.

The "DSP" segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 5th segment of the file. Refer to Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecification for further information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [PRE]. Currently at segment number 6.

[close]
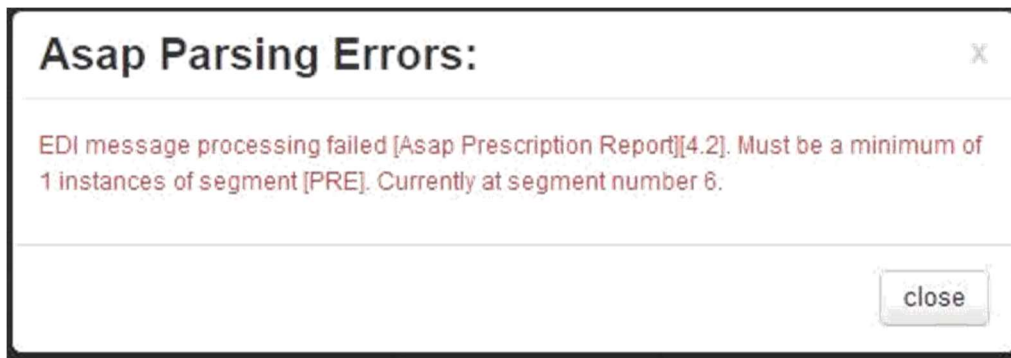
The "PRE" segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 5th segment of the file. Refer to Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecification for further information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [PAT]. Currently at segment number 4.

[close]

The "PAT" segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 4th segment of the file. Refer to Appendix A: ASAP 4.2 or Appendix F: ASAP 4.2ASpecification for further information.

Asap Parsing Errors: X

EDI message processing failed [Asap Prescription Report][4.2]. Reached end of mapping model but there are more EDI segments in the incoming message. Read 9 segment(s). Current EDI segment is [TP28]

[close]

Further data exists in the file after the TT (Transaction Trailer) segment. In this example, the error message states there is an additional TP Segment with a TP01 value of 28.

Asap Parsing Errors: ✕

EDI message processing failed [Asap Prescription Report][4.2]. Must be a minimum of 1 instances of segment [TP]. Currently at segment number 12.

close
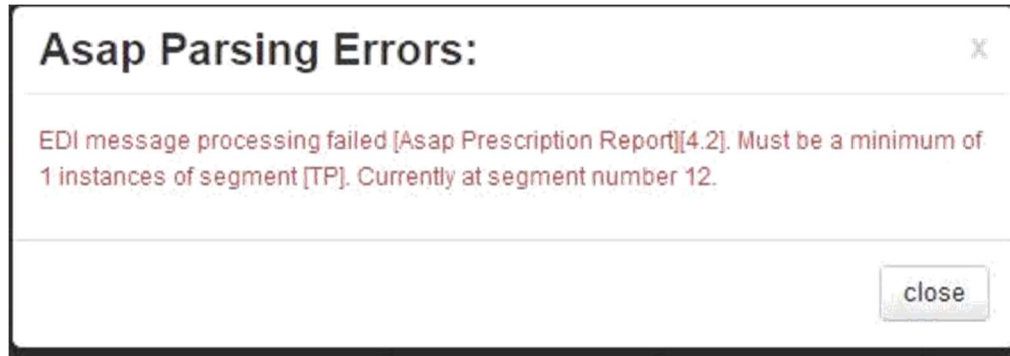
The "TP" or Pharmacy Trailer segment is empty, missing, or malformed, or the segment preceding was not properly terminated following the 12th segment of the file. Refer to Appendix A: ASAP 4.2 or Appendix F ASAP 4.2ASpecification for further information.

Asap Parsing Errors: ✕

Failed to decode the value 'P||' for the bean id 'dataSourceType'.

close

The system was unable to read the value of 'PII' for the file type element. Acceptable values are P or T.

Submitted segment: TH*4.2*56765667*01**20180107*194834*P||**~~

Appropriate segment: TH*4.2*56765667*01**20180107*194834*P**~~

2. Missing State

If a file has been submitted by SFTP without using a state-abbreviated sub-folder, a

"Determine PMP" error will display, and the Dispenser must click the "Determine PMP" hyperlink to select a destination state so that the data file may be transferred.

File	State	Records	Records w/ Warnings	Records w/ Errors	Submitted	Status	Status Report
jordan8675309@preppmpsftp/subfolderstest3.dat	-	1	-	-	04/27/2017 01:13PM	Determine PMP	status report

5.3   View Records

The *View Records* screen provides a detailed view of the records within a selected data file that require corrections. It is accessed by clicking the *Pending Error(s)* link on the file status screen. The screen displays *Prescription Number, Segment Type, Warning Count*, and *Error Count*. A *Correct* button is displayed at the end of each row that will allow the dispenser to make corrections to the record.

To view the records that require corrections:

1. Click on the *Pending Error* hyperlink in the status column.
2. The *View Records* screen is displayed.

   Click on the "*Correct*" button at the end of the row for the record you want to correct. A window similar to the following is displayed:

5.4 Error Correction

The *Error* screen allows a user to manage and resolve submission issues. The screen displays all the fields contained within the record and the submitted value. A "Corrected Value" column displays the values the dispenser enters to correct the error. The "Message" column displays the relevant error message for the field explaining why it did not pass the validation rules.

> **Important Note:** For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. A corrected file must be submitted.

To correct records:

1. Identify the fields that require corrections.

2. Enter the new corrected value into the *Corrected Value* column for each field requiring a correction.

3. Click "*Submit*."

4. The corrections will be processed through the validation rules.

   a. If the corrections pass the validation rules, the record will be identified as valid and the *File Status* and *View Records* screen will be updated.

   b. If the corrections fail the validation rules, the record will continue to be identified as requiring corrections. The error message will be updated to identify any new error message(s).

6 Editing Records and File Error Definitions

> **Important Note:** The instructions outlined in Section 6 are for data submitted by file upload or SFTP only. For information regarding errors, revisions, and voids for submissions via Universal Claim Form, please see Online Universal Claim Form (UCF) Data Submission.
>
> If you are unsure of how to complete any of the below steps, please contact your software vendor.

6.1 Error Correction

If a record with a serious or minor error is loaded and a correction is required, or if an error is identified at a later date, records may be corrected using the DSP01 values as explained below. The ASAP 4.2 OR ASAP 4.2Astandard 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

   has been revised

02 Void – indicates that the original record should be voided

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

6.2 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.

6.3 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 Provider ID)

      DSP02 (Prescription Number)
      DSP05 (Date Filled)

3. Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
4. **Submit** the record.

6.4 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.

6.5 File Error Definitions

Error Types	
ASAP Errors	Fatal errors. The file was not processed and must be resubmitted. Example: - Missing an ASAP segment - Missing an ASAP element - An ASAP segment is improperly terminated
Dispensation Errors	Errors in the actual dispensation data. The file processed but any error will prevent the dispensation from being imported. Dispensation errors can be corrected via the PMP Clearinghouse portal, or via submission of a revision dispensation record in a subsequent ASAP file. Example: - Missing a required element - Invalid element - Malformed data in element
(Dispensation) Warnings	Warnings are potential errors that were accepted. Dispensations with warnings are still imported. Warnings are simply advisements and require no action or correction. Example: - Valid DEA number not found in registry - Compound NDC number not found in registry

7 Account Settings

7.1 Multi State Approval

An existing registered dispenser of PMP Clearinghouse must add Florida to the list of states they are reporting to under *Account Settings*.

1. Navigate to *Account* in the main menu and select "*Multi State Approval*" from the drop-down menu. A window similar to the following is displayed and lists the current states the dispenser has requested to submit data to and the approval status for each state.

2. Check the box next to Florida.
3. Click "Edit DEA Numbers" next to Florida. The dispenser will then be taken to the Account DEA Numbers screen. Dispensers must add any DEA numbers that they will be submitting data for to this listing. DEA Numbers can be added via file upload or manual entry. Please see the DEA Numbers section of this document for more details.

4. Clicking *Continue* will navigate to the File Listings screen.

5. Once approved, the dispenser may begin submitting data to Florida.

> **Important Note:** If submitting by SFTP, data must be located in the proper sub-folder to ensure delivery to the desired state.

7.2 Account Details

An existing registered dispenser of PMP Clearinghouse may update account information by navigating to *Account* on the menu bar and clicking on *Account Details* on the drop-down menu. A window similar to the following will be displayed.

1. Select the field you wish to update and enter the correct information.
2. If all the information is correct, click **Submit**.

7.3 Adding SFTP to a Registered Account

If a registered dispenser did not setup an SFTP account during the registration process, a dispenser may setup an SFTP account at a later date. Navigate to the ***Account*** drop-down menu and select *SFTP Details*. A window similar to the following is displayed:

1. Click the "Create" button to setup an SFTP account.

2. Enter the desired username and password for the SFTP account.
3. The SFTP username will be displayed on the screen after the SFTP account has been created.

> **Important Note:** If an SFTP account already exists; the username will be displayed on this screen.

7.4 Real-Time Details

Real-time submissions are not available for Florida.

7.5 DEA Numbers

Florida requires the DEA number(s) that you are submitting on behalf of to be input directly into PMP Clearinghouse. Enter the DEA number(s) below using either the bulk upload or manual method. Perform the following steps to add your DEA number(s).

1. Navigate to *Account* in the main menu and select *DEA Numbers* using the drop-down menu. A window similar to the following is displayed.

2. Select Florida as the state.

   a. To bulk upload account DEA numbers, click the "Browse" button and select sample file to be uploaded, then click **Upload**.

   b. The DEA numbers will be added in the DEA numbers section and a successful file processing notification will be displayed on screen. Click **Continue** to be routed to the file submissions screen.

3. To manually add the DEA number, click **Add DEA number.** A window similar to the following is displayed.

a. Enter the DEA number and click **Create.** You will return to the *Account DEA numbers screen.*
b. The DEA number will be added in the DEA numbers section and a successful file processing notification will be displayed on screen. Click **Continue** to be routed to the file submissions screen.

7.6 Users

PMP Clearinghouse allows dispensers to add backup submitters to the system that will have the same rights and access to submit and view file status. Follow the steps below to add a backup user to your account.

1. Navigate to **Account** in the menu bar and click the **User** button using the drop-down menu. A window similar to the following will be displayed.

2. Click on **New User**. A window similar to the following will be displayed.

3. Enter the email address, first name, and last name for the backup submitter and click **Submit**.

4. The backup submitter will be able to log into PMP Clearinghouse to view all data files that have been submitted under the account.

5. The new backup submitter will use the email address supplied in the previous step to login.

6. The new backup submitter must use the *"Forgot your password"* link to create a password for their account upon logging in for the first time.

8 My Profile

A dispenser may proactively edit and view their profile and change their password before it expires. If a password has expired, or if the dispenser has forgotten the password, they may use the *"Forgot your password"* feature to change their password on the Login page.

8.1 View and Edit My Profile

The dispenser may view and edit their profile information by performing the following steps.

1. Navigate to *My Profile* in the main menu and select *View My Profile* from the drop-down menu.

2. To edit, click *Edit My Profile*, enter the updated information and click **Submit**.

8.2 Changing Password

A dispenser may proactively change their password before it expires within the application through their user profile by completing the following steps.

1. Navigate to *My Profile* in the menu bar and click *Change Password* in the drop-down menu.
2. A window similar to the following will be displayed.

3. Enter the current password and enter a new password twice. **The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, $.** Click *Update*.

4. The new password will take effect once the dispenser has logged out of the application.

8.3   Changing Passwords for Backup Submitters

1. Navigate to the *Accounts* in the menu option.
2. Select *User*s.
3. Select the *Edit* button for the desired submitter. A window similar to the following is displayed.

4. Create a new password for the backup submitter. **The password must contain at least 10 characters, including 1 capital letter, 1 lower case letter, and 1 special character, such as !, @, #, $.**

5. Click *Submit*.
6. The backup submitter will now use the new password for logging into PMP Clearinghouse.

8.4 Forgot Your Password

If a password has expired, or if the dispenser has forgotten the password, they may use the *"Forgot your password"* feature to change their password on the Login page.

1. Click on the **Forgot your password** link located on the Login screen.
2. Enter the email address used for PMP Clearinghouse registration.
3. The dispenser will receive an email containing a link to reset the password.
4. Enter the new password twice and then save the password.

9   Document Information

9.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information may change without notice.

9.2 Revision History

Version	Date	Changes
1.0	3/14/18	Initial Version

9.3 Change Log

Version	Date	Changes
1.0	N/A	N/A

10 Assistance and Support

10.1 Technical Assistance

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

Appriss Health
877-719-3120; or
Create a support request using the following URL

https://apprisspmpclearinghouse.zendesk.com/hc/en-us/requests/new

Technical assistance is available Monday through Friday 8 AM to 5 PM Eastern Time.

10.2 Administrative Assistance

If you have non-technical questions regarding programmatic activity, please contact:

E-FORCSE®, Florida's Prescription Drug Monitoring
Program 4052 Bald Cypress Way, Bin C-16 Tallahassee,
Florida 32399

Phone: 850-245-4797

E-mail: e-forcse@flhealth.gov

Website: www.e-forcse.com

11   Appendix A – ASAP 4.2 OR ASAP 4.2ASpecifications

The following information are the required definitions for submitting ASAP 4.2 OR ASAP 4.2Arecords to E-FORCSE®.

The following table lists the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by ASAP
- RR = Required by E-FORCSE®
- S = Situational (Not required; however, supply, if available)

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

Element ID	Element Name	Requirement
	TH – Transaction Header	
	To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.	
TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = x.x	R
TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
TH03	**Transaction Type** Identifies the purpose of initiating the transaction. 01 Send/Request Transaction 02 Acknowledgement (used in Response only) 03 Error Receiving (used in Response only) 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	R
TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
TH05	**Creation Date** Date the transaction was created. Format: YYYYMMDD.	R
TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R

TH07	**File Type**
	    P = Production
	    T = Test
		R

TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
TH09	**Segment Terminator Character** Sets the actual value of the data segment terminator for the entire transaction.	R
	IS – Information Source	
	To convey the name and identification numbers of the entity supplying the information.	
IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R
IS02	**Information Source Entity Name** Entity name of the Information Source.	R
IS03	**Message** Free-form text message.	S
	PHA – Pharmacy Header	
	To identify the pharmacy or the dispensing prescriber. It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.	
PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	S
PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
PHA04	**Pharmacy Name** Freeform name of the pharmacy.	S
PHA05	**Address Information – 1** Freeform text for address information.	S
PHA06	**Address Information – 2** Freeform text for address information.	S

PHA07	**City Address** Freeform text for city name.	S
PHA08	**State Address** U.S. Postal Service state code.	S
PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	S
PHA10	**Phone Number** Complete phone number including area code. Do not include hyphens.	S
PHA11	**Contact Name** Free-form name.	S
PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	S
PAT – Patient Information		
Used to report the patient's name and basic information as contained in the pharmacy record.		
PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	S
PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	S
PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S

PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	S
PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
PAT07	**Last Name** Patient's last name.	RR
PAT08	**First Name** Patient's first name.	RR
PAT09	**Middle Name** Patient's middle name or initial if available.	S
PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	S
PAT11	**Name Suffix** Patient's name suffix such as Jr. or the III.	S
PAT12	**Address Information – 1** Free-form text for street address information.	RR
PAT13	**Address Information – 2** Free-form text for additional address information.	S
PAT14	**City Address** Free-form text for city name.	RR

PAT15	**State Address** U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	**RR**
PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	**RR**
PAT17	**Phone Number** Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	**RR**
PAT18	**Date of Birth** Date patient was born. Format: YYYYMMDD.	**RR**
PAT19	**Gender Code** Code indicating the sex of the patient. F Female M Male U Unknown	**RR**
PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. 01 Human 02 Veterinary Patient	**S**

PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. 01 Home 02 Intermediary Care 03 Nursing Home 04 Long-Term/Extended Care 05 Rest Home 06 Boarding Home 07 Skilled-Care Facility 08 Sub-Acute Care Facility 09 Acute Care Facility 10 Outpatient 11 Hospice 98 Unknown 99 Other	S
PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are blank.	S
PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
DSP – Dispensing Record		
To identify the basic components of a dispensing of a given prescription order including the date and quantity.		
DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: 00 New Record (indicates a new prescription dispensing transaction) 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R

DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	**RR**
DSP03	**Date Written** Date the prescription was written (authorized). Format: YYYYMMDD	**RR**
DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	**R**
DSP05	**Date Filled** Date prescription was dispensed. Format: YYYYMMDD	**RR**
DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	**RR**

DSP07	**Product ID Qualifier**
	Used to identify the type of product ID contained in DSP08.
	    01 NDC
	    06 Compound
		R

DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	**RR**
DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	**RR**
DSP10	**Days Supply** Estimated number of days the medication will last.	**R**

DSP11	**Drug Dosage Units Code**
	Identifies the unit of measure for the quantity dispensed in DSP09.
	    01 Each
	    02 Milliliters (ml)
	    03 Grams (gm)
		S

DSP12	**Transmission Form of Rx Origin Code**
	
	Code indicating how the pharmacy received the prescription.
	
	      01 Written Prescription
	
	      02 Telephone Prescription
	
	   03 Telephone Emergency Prescription
	
	      04 Fax Prescription
	
	      05 Electronic Prescription
	
	      99 Other
		S

DSP13	**Partial Fill Indicator**
	
	To indicate whether it is a partial fill.
	
	      00 Not a partial fill
	
	      01 First partial fill
	
	Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.
		S

DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S

DSP16	**Classification Code for Payment Type**
	
	Code identifying the type of payment, i.e. how it was paid for.
	
	      01 Private Pay (cash, check, debit, credit)
	
	      02 Medicaid
	
	      03 Medicare
	
	      04 Commercial Insurance
	
	   05 Military Installations and VA
	
	      06 Workers' Compensation
	
	      07 Indian Nations
		RR

DSP17	**Date Sold** Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ. Format: YYYYMMDD	S

DSP18	**RxNorm Code Qualifier**
	
	RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction.
	
	    01 Sematic Clinical Drug (SCD)
	    02 Semantic Branded Drug (SBD)
	    03 Generic Package (GPCK)
	    04 Branded Package (BPCK)
		S

DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification.	S
DSP20	**Electronic Prescription Reference Number** This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	S
DSP21	**Electronic Prescription Order Number** This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	S
PRE – Prescriber Information To identify the prescriber of the prescription.		
PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	S
PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
PRE04	**Prescriber State License Number** Identification assigned to the Prescriber by the State Licensing Board.	S
PRE05	**Last Name** Prescriber's last name.	RR

PRE06	**First Name** Prescriber's first name.	RR
PRE07	**Middle Name** Prescriber's middle name or initial.	S
PRE08	**Phone Number** Complete phone number including area code. Do not include hyphens.	S
CDI – Compound Drug Ingredient Detail To identify the individual ingredients that make up a compound. This segment and it's following elements are only required if submitting a compound.		
CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable Ingredient is increment by 1. Required only when Rx is a compound.	R
CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. 01 NDC Required only when Rx is a compound.	R
CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation. Required only when Rx is a compound.	R
CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5 Required only when Rx is a compound.	R

CDI05	**Compound Drug Dosage Units Code**
	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)
		S

AIR – Additional Information Reporting To report other information if required by the state.		

AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	**S**
AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	**S**
AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	**S**
AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. 01 Military ID 02 State Issued ID 03 Unique System ID 04 Permanent Resident Card (Green Card) 05 Passport ID 06 Driver's License ID 07 Social Security Number 08 Tribal ID 99 Other (agreed upon ID)	**S**
AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	**S**
AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. 01 Patient 02 Parent/Legal Guardian 03 Spouse 04 Caregiver 99 Other	**S**
AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	**S**
AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	**S**

AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	**S**
AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	**S**

AIR11	**Dropping Off/Picking Up Identifier Qualifier**
	Additional qualifier for the ID contained in AIR05
	    01 Person Dropping Off
	    02 Person Picking Up
	    03 Unknown/Not Applicable
		S

**TP – Pharmacy Trailer**	
To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy.	
TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	**R**
**TT – Transaction Trailer**	
To identify the end of the transaction and to provide the count of the total number of segments included in the transaction.	
TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	**R**
TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	**R**

12   Appendix B – ASAP Zero Report Specifications

The following table contains the required definitions for submitting Zero Reports via SFTP or manual upload to E-FORCSE®. The table below lists the Segment and Element ID with pre-populated data to be used as an example for constructing *a Zero Report*. For more details regarding these Segments or Elements IDs please refer to the previous section, Appendix A – ASAP 4.2 or Appendix F - ASAP 4.2ASpecifications.

The Requirement column uses the following codes:

•   R = Required by ASAP

•   N = Not Required

Element ID	Element Name	Requirement
TH – Transaction Header		
TH01	**Version/Release Number**	**R**
TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	**R**
TH03	**Transaction Type** Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	**R**
TH04	**Response ID**	**N**
TH05	**Creation Date** Time the transaction was created. Format: HHMMSS or HHMM.	**R**
TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	**R**
TH07	**File Type** P = Production	**R**
TH08	**Routing Number**	**N**
TH09	**Segment Terminator Character** TH09 also signifies the end of this segment; therefore, it should contain two tildes (~~).	**R**
IS – Information Source		
IS01	7705555555	**R**
IS02	PHARMACY NAME	**R**
IS03	Date Range of Report #YYYYMMDD#-#YYYYMMDD#	**R**
PHA – Pharmacy Header		

PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	N
PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PAT – Patient Information		
PAT01	**ID Qualifier of Patient Identifier**	N
PAT02	**ID Qualifier**	N
PAT03	**ID of Patient**	N
PAT04	**ID Qualifier of Additional Patient Identifier**	N
PAT05	**Additional Patient ID Qualifier**	N
PAT06	**Additional ID**	N
PAT07	**Last Name** Required value = Report	R
PAT08	**First Name** Required value = Zero	R
PAT09	**Middle Name**	N
PAT10	**Name Prefix**	N
PAT11	**Name Suffix**	N
PAT12	**Address Information – 1**	N
PAT13	**Address Information – 2**	N
PAT14	**City Address**	N
PAT15	**State Address**	N
PAT16	**ZIP Code Address**	N
PAT17	**Phone Number**	N
PAT18	**Date of Birth**	N
PAT19	**Gender Code**	N
DSP – Dispensing Record		
DSP01	**Reporting Status**	N
DSP02	**Prescription Number**	N
DSP02	**Date Written**	N
DSP04	**Refills Authorized**	N
DSP05	**Date Filled** Date prescription was filled. Enter as the date the report is sent. Format: CCYYMMDD	R
DSP06	**Refill Number**	N

DSP09	Quantity Dispensed	N
DSP10	Days Supply	N
PRE – Prescriber Information		**R**
PRE01	**National Provider Identifier (NPI)**	N
PRE02	**DEA Number**	N
CDI – Compound Drug Ingredient Detail		
AIR – Additional Information Reporting		
TP – Pharmacy Trailer		
TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer		
TT01	123456	R
TT02	10	R

The following is an example, using the above values, of how a *Zero Report* would look.

TH*4.2*123456*01**20150108*223000*P**\\

IS*7705555555*PHARMACY NAME*#20150101#-#20150107#\

PHA*** ZZ1234567\

PAT*******REPORT*ZERO***********\

DSP*****20150108******\

PRE*\

CDI*\

AIR*\

TP*7\

TT*123456*10\

13   Appendix C – SFTP Configuration

If submitting data via SFTP, a PMP Clearinghouse account with SFTP access must already exist.

See Creating Your Account to register with PMP Clearinghouse.

See Adding SFTP to a Registered Account to add SFTP access to an existing PMP Clearinghouse account.

13.1 SFTP Connection Details

Hostname: SFTP.pmpclearinghouse.net

It is recommended to use the hostname when configuring the connection rather that the IP Address, as the IP Address is subject to change.

Port: 22

Note: The port will always be 22.

Credentials – Account credentials (user name and password) can be found within the PMP Clearinghouse website.
Login to PMP Clearinghouse > click *Account* > *SFTP Details* > *Edit*

The username cannot be modified; however, the password can be updated. The current SFTP password cannot be seen or recovered. If it is unknown/lost, the user will need to create a new one.

13.2 State Subfolders

PMP Clearinghouse is the data repository for several states. As such, data submitted via SFTP must be placed into a state-abbreviated subfolder so that it may be properly imported to the correct state PMP. The creation of subfolders must be done outside of the PMP Clearinghouse website using 3rd party software such as an SSH Client or a command line utility. **Files placed**

in the root/home directory of the SFTP server will not be imported. This will cause the dispenser to appear as non-compliant/delinquent.

The following are two examples of how a state subfolder for SFTP submissions may be created:

1. **Via SSH client** (ex: WinSCP/FileZilla)
   - Log into SFTP Account and create the directories needed under */homedir*.
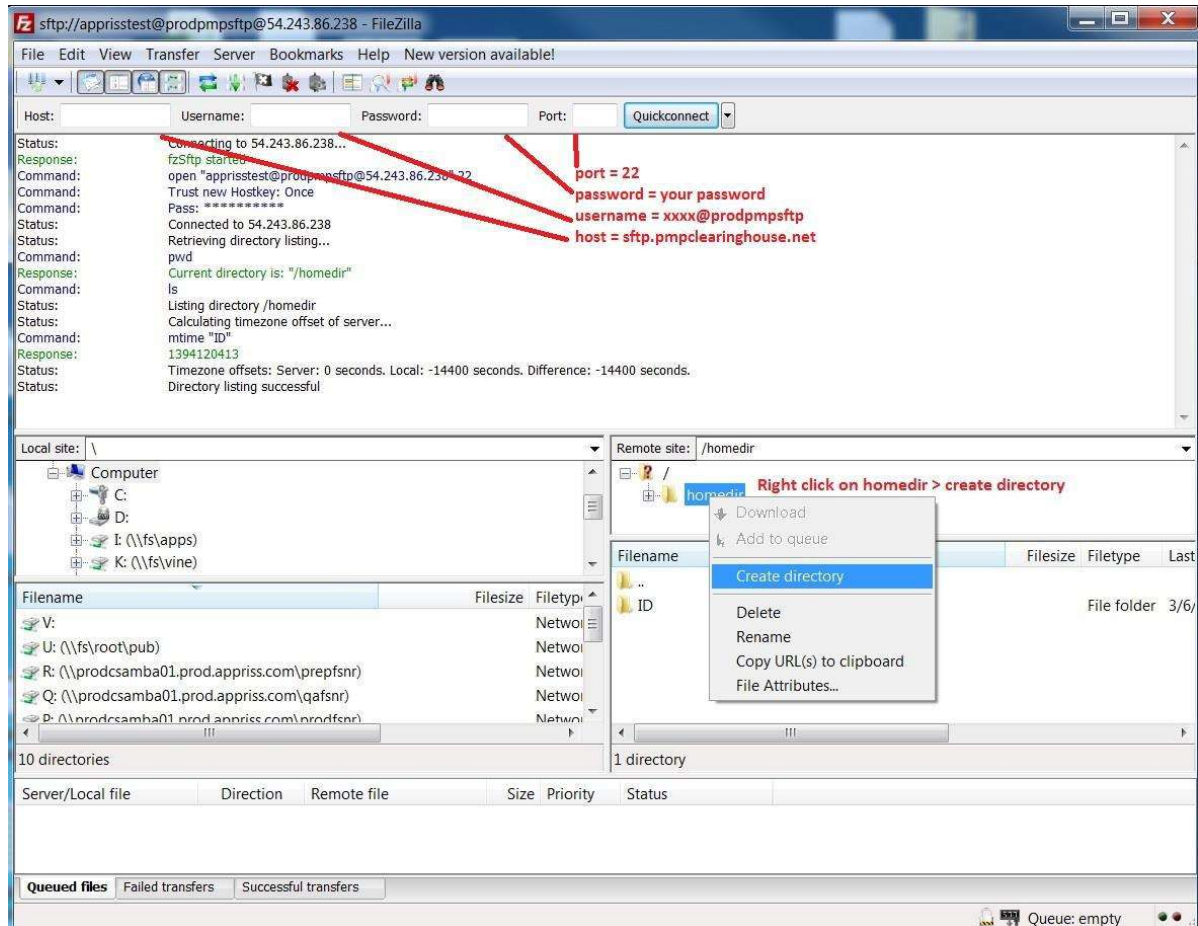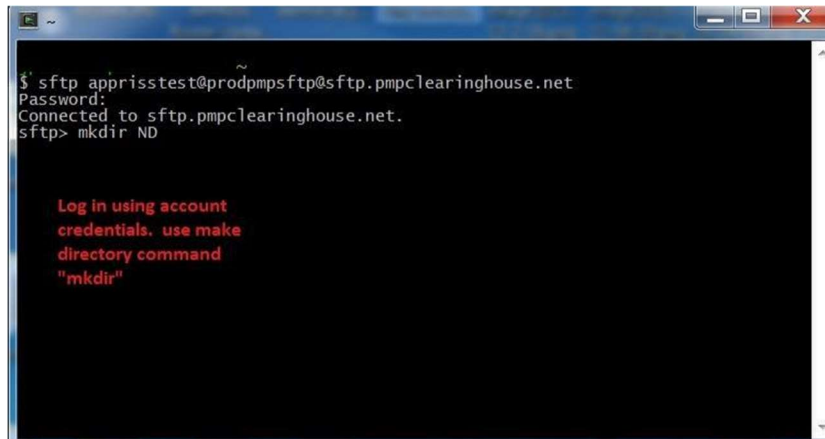
2. **Via command prompt**
   a. Log into SFTP account using command prompt.
   b. Once logged in, type: "**mkdir**." Then, add a space, and the state abbreviation you are using.
      a. Example: *mkdir FL*

> **Important Note:** The state folder must be titled as above, with the two-letter abbreviation.

Pharmacy software will need to be configured to place files in the appropriate state folder when submitting.

The software vendor may need to be contacted for additional assistance on this process.

NOTE: Capitalization of the abbreviated state folders names have no bearing on whether or not PMP Clearinghouse processes the files; however, some pharmacy systems, especially *nix based systems, will require the exact case is used when specifying the target folder.

13.3 Public (SSH/RSA) Key Authentication

SSH key authentication is supported by PMP Clearinghouse. The generation of the key is outside the scope of this document; however, general guidelines about the key along with how to import/load the key are provided.

*PGP Encryption is not supported.

Supported Key Types:
  o SSH-2 RSA 2048 bit length

Unsupported Key Types:
  o SSH-1 RSA and SSH-2 DSA keys are not supported.

Correct Public Key Format – If opened in a text editor, the key should look like the following:
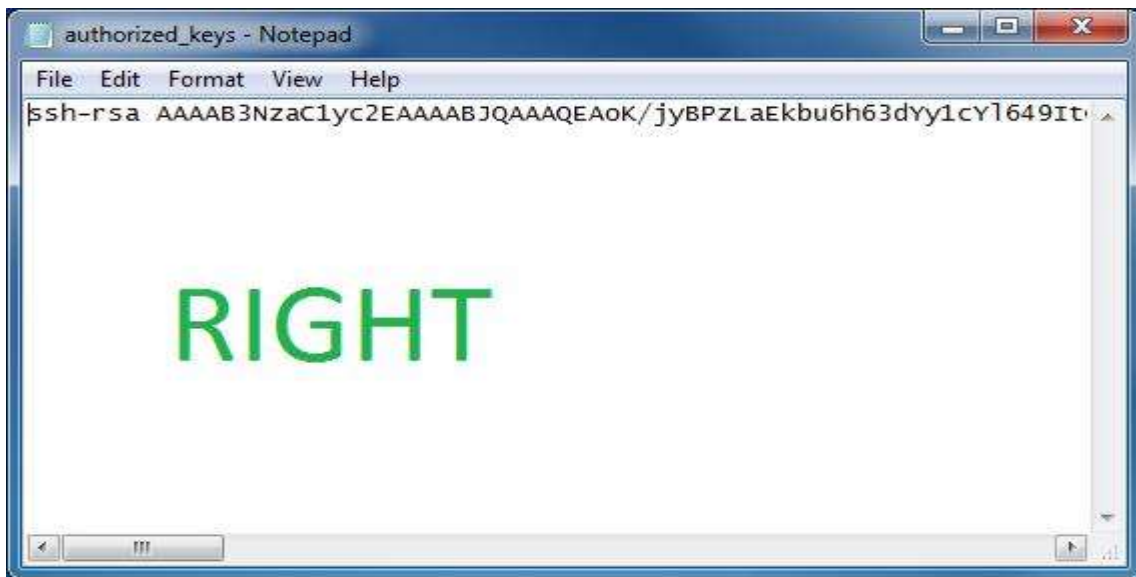
Incorrect Public Key Format – If opened in a text editor, the key SHOULD NOT look like the following:
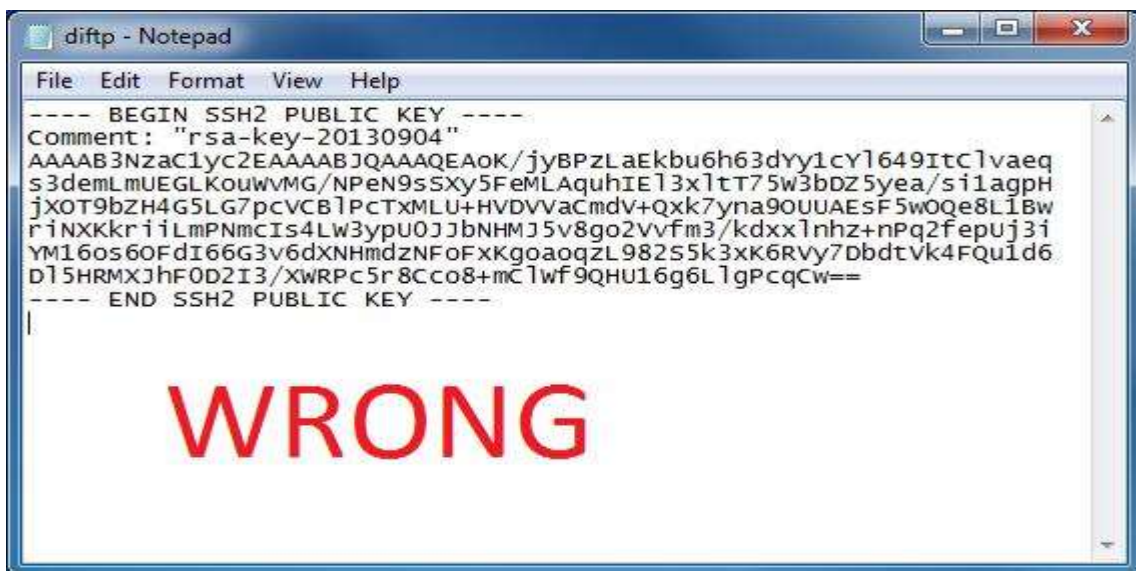
Once the key has been generated, it should be named "*authorized_keys*"

> **Important Note:** There is no file extension and there is an underscore between the words *authorized* and *keys*.

A .ssh subfolder must be created in the home directory of the SFTP account. The "*authorized_keys*" file must be placed into the .ssh folder. The creation of this folder follows the same process as creating a state subfolder. Refer to the State Subfolders section for steps on creating subfolders.

14 Appendix D – Notification of Exemption from Reporting

The Notification of Exemption from Reporting is provided on the following page.

Florida's Prescription Drug Monitoring Program
4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
Email: e-forcse@flhealth.gov

NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	

Reason for exemption from reporting (Check all that apply below)

☐ Dispenser is a newly permitted pharmacy under Chapter 465, F.S., awaiting issuance of a Drug Enforcement Administration registration number.

☐ Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.

☐ Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.

☐ Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):

  ☐ A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.

  ☐ A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.

  ☐ A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.

  ☐ A practitioner when administering a controlled substance in the emergency room of a licensed hospital.

  ☐ A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.

  ☐ A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.

Reason for request of waiver from electronic reporting: (Check all that apply below)
(**NOTE:** A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)

☐ Dispenser does not have an automated recordkeeping system (must report on UCF)

☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

☐ Other: Please provide description below or provide information as a separate attachment.

For Department Use Only

Date Received	☐ Approved ☐ Denied	PDMP Staff Signature	Date of Action

15 Appendix E – Renewal of Notification of Exemption from Reporting

The Renewal of Notification of Exemption from Reporting is provided on the following page.

Florida's Prescription Drug Monitoring Program
4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399
Phone: (850) 245-4797
Fax: (850) 617-6430
Email: e-forcse@flhealth.gov

RENEWAL OF NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.		
Dispenser Name	License or Permit Number	DEA Registration Number
Street Address	City	
State / Zip Code / Telephone Number	Email Address	
Name of Prescription Department Manager (Pharmacy only)	FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)	Date:	

Reason for exemption from reporting (Check all that apply below)

☐ Dispenser is a newly permitted pharmacy under Chapter 465, F.S., and awaiting issuance of a Drug Enforcement Administration registration number.

☐ Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.

☐ Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.

☐ Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):

   ☐ A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.

   ☐ A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.

   ☐ A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.

   ☐ A practitioner when administering a controlled substance in the emergency room of a licensed hospital.

   ☐ A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.

   ☐ A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.

Reason for request of waiver from electronic reporting: (Check all that apply below)
(**NOTE:** A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)

☐ Dispenser does not have an automated recordkeeping system (must report on UCF)

☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

☐ Other: Please provide description below or provide information as a separate attachment.

For Department Use Only

Date Received	☐ Approved ☐ Denied	PDMP Staff Signature	Date of Action

Appendix F: ASAP 4.2a Specifications

The information on the following pages contains the definitions for the specific contents required of uploaded records in the American Society for Automation in Pharmacy (ASAP) format to comply with E-FORCSE® requirements.

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
  - RR = Required by E-FORCSE
  - S = Situational (not required; however, supply if available)

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

Note: For more information regarding ASAP 4.2 specifications, please contact the American Society for Automation in Pharmacy at www.asapnet.org for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs*. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Required segment; used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number. **Example:** TH*4.2A*857463*01**20091015*1045*P**~~			
	TH01	**Version/Release Number** Code uniquely identifying the transaction. Format = xx.x	R
	TH02	**Transaction Control Number** Sender assigned code uniquely identifying a transaction.	R
	TH03	**Transaction Type** Identifies the purpose of initiating the transaction. ▪ 01 Send/Request Transaction ▪ 02 Acknowledgement (used in Response only) ▪ 03 Error Receiving (used in Response only) ▪ 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	R
	TH04	**Response ID** Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	S
	TH05	**Creation Date** Date the transaction was created. Format: CCYYMMDD.	R
	TH06	**Creation Time** Time the transaction was created. Format: HHMMSS or HHMM.	R
	TH07	**File Type** ▪ P = Production ▪ T = Test	R
	TH08	**Routing Number** Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	S
	TH09	**Segment Terminator Character** This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS: Information Source			
Required segment; used to convey the name and identification numbers of the entity supplying the information. **Example:** IS*7564*ACME PHARMACY~			
	IS01	**Unique Information Source ID** Reference number or identification number. (Example: phone number)	R
	IS02	**Information Source Entity Name** Entity name of the Information Source.	R
	IS03	**Message** Free-form text message.	S

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header			
Required segment; used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PHA03.			
	PHA01	**National Provider Identifier (NPI)** Identifier assigned to the pharmacy by CMS.	S
	PHA02	**NCPDP/NABP Provider ID** Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	PHA03	**DEA Number** Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	PHA04	**Pharmacy Name** Free-form name of the pharmacy.	S
	PHA05	**Address Information – 1** Free-form text for address information.	S
	PHA06	**Address Information – 2** Free-form text for address information.	S
	PHA07	**City Address** Free-form text for city name.	S
	PHA08	**State Address** U.S. Postal Service state code.	S
	PHA09	**ZIP Code Address** U.S. Postal Service ZIP Code.	S
	PHA10	**Phone Number** Complete phone number including area code.	S
	PHA11	**Contact Name** Free-form name.	S
	PHA12	**Chain Site ID** Store number assigned by the chain to the pharmacy location. Used when the PMP needs to identify the specific pharmacy from which information is required.	S
	PHA13	**Pharmacy's Permit Number/License Number** Used to help identify the sending pharmacy.	RR
PAT: Patient Information			
Required segment; used to report the patient's name and basic information as contained in the pharmacy record.			
Example: PAT*MA*06*987544****SMITH*JOHN****1234 MAIN ST** SOMEWHERE*MA*54356**19500101*M~			
	PAT01	**ID Qualifier of Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT03.	S

Segment	Field ID	Field Name	Field Usage
	PAT02	**ID Qualifier** Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID)	S
	PAT03	**ID of Patient** Identification number for the patient as indicated in PAT02. An example would be the driver's license number.	S
	PAT04	**ID Qualifier of Additional Patient Identifier** Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.	S
	PAT05	**Additional Patient ID Qualifier** Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID)	S
	PAT06	**Additional ID** Identification that might be required by the PMP to further identify the individual. An example might be that in PAT03 driver's license is required and in PAT06 Social Security number is also required.	S
	PAT07	**Last Name** Patient's last name.	RR
	PAT08	**First Name** Patient's first name.	RR
	PAT09	**Middle Name** Patient's middle name or initial if available.	S
	PAT10	**Name Prefix** Patient's name prefix such as Mr. or Dr.	S

Segment	Field ID	Field Name	Field Usage
	PAT11	**Name Suffix** Patient's name suffix such as *Jr.* or *the III*.	S
	PAT12	**Address Information – 1** Free-form text for street address information.	RR
	PAT13	**Address Information – 2** Free-form text for additional address information.	S
	PAT14	**City Address** Free-form text for city name.	RR
	PAT15	**State Address** U.S. Postal Service state code **Note:** Field has been sized to handle international patients not residing in the U.S.	RR
	PAT16	**ZIP Code Address** U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	PAT17	**Phone Number** Complete phone number including area code.	RR
	PAT18	**Date of Birth** Date patient was born. Format: CCYYMMDD	RR
	PAT19	**Gender Code** Code indicating the sex of the patient. ▪ F Female ▪ M Male ▪ U Unknown	RR
	PAT20	**Species Code** Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. ▪ 01 Human ▪ 02 Veterinary Patient	S

Segment	Field ID	Field Name	Field Usage
	PAT21	**Patient Location Code** Code indicating where patient is located when receiving pharmacy services. ▪ 01 Home ▪ 02 Intermediary Care ▪ 03 Nursing Home ▪ 04 Long-Term/Extended Care ▪ 05 Rest Home ▪ 06 Boarding Home ▪ 07 Skilled-Care Facility ▪ 08 Sub-Acute Care Facility ▪ 09 Acute Care Facility ▪ 10 Outpatient ▪ 11 Hospice ▪ 98 Unknown ▪ 99 Other	S
	PAT22	**Country of Non-U.S. Resident** Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	PAT23	**Name of Animal** Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
		**DSP: Dispensing Record** Required Segment; used to identify the basic components of a dispensing of a given prescription order including the date and quantity. **Example:** DSP*00*6542984*20091015*0*20091015*0*01*57866707401*30*15~	
	DSP01	**Reporting Status** DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: ▪ 00 New Record (indicates a new prescription dispensing transaction) ▪ 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) ▪ 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).	R
	DSP02	**Prescription Number** Serial number assigned to the prescription by the pharmacy.	RR
	DSP03	**Date Written** Date the prescription was written (authorized). Format: CCYYMMDD	RR
	DSP04	**Refills Authorized** The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	DSP05	**Date Filled** Date prescription was filled. Format: CCYYMMDD	RR
	DSP06	**Refill Number** Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	DSP07	**Product ID Qualifier** Used to identify the type of product ID contained in DSP08. ▪ 01 NDC ▪ 06 Compound	R
	DSP08	**Product ID** Full product identification as indicated in DSP07, including leading zeros without punctuation. If the product is a compound, use 99999 as the first five characters of the product code. The remaining six characters are assigned by the pharmacy. The CDI then becomes a required segment.	RR
	DSP09	**Quantity Dispensed** Number of metric units dispensed in metric decimal format. Example: 2.5 **Note:** For compounds show the first quantity in CDI04.	RR
	DSP10	**Days Supply** Estimated number of days the medication will last.	R
	DSP11	**Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in DSP09. ▪ 01 Each ▪ 02 Milliliters (ml) ▪ 03 Grams (gm)	R
	DSP12	**Transmission Form of Rx Origin Code** Code indicating how the pharmacy received the prescription. ▪ 01 Written Prescription ▪ 02 Telephone Prescription ▪ 03 Telephone Emergency Prescription ▪ 04 Fax Prescription ▪ 05 Electronic Prescription ▪ 99 Other	S
	DSP13	**Partial Fill Indicator** Used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the prescriber. This dispensing activity is often referred to as a split filling. ▪ 00 Not a Partial Fill ▪ 01 First Partial Fill **Note**: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.	S

	DSP14	**Pharmacist National Provider Identifier (NPI)** Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S

	DSP15	**Pharmacist State License Number** This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S
	DSP16	**Classification Code for Payment Type** Code identifying the type of payment (i.e., how it was paid for). ■ 01 Private Pay ■ 02 Medicaid ■ 03 Medicare ■ 04 Commercial Insurance ■ 05 Military Installations and VA ■ 06 Workers' Compensation ■ 07 Indian Nations	RR
	DSP17	**Date Sold** Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	**RxNorm Product Qualifier** ■ 01 Semantic Clinical Drug (SCD) ■ 02 Semantic Branded Drug (SBD) ■ 03 Generic Package (GPCK) ■ 04 Branded Package (BPCK) **Note**: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP19	**RxNorm Code** Used for electronic prescriptions to capture the prescribed drug product identification. **Note**: DSP18 and DSP19 are placeholder fields pending RxNorm becoming an industry standard and should not be required until such time.	S
	DSP20	**Electronic Prescription Reference Number** Used to provide an audit trail for electronic prescriptions. **Note**: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	DSP21	**Electronic Prescription Order Number** **Note**: DSP20 and DSP21 should be reported as a pair to the prescription drug monitoring program, and each program decides which one, if not both, it decides to capture.	S
	DSP22	**Quantity Prescribed** This field has been added in order to add clarity to the value reported in DSP13 Partial Fill Indicator.	S

	DSP23	**Rx SIG** This field would capture the actual directions printed on the prescription vial label. If the directions exceed 200 characters, truncation would be allowed.	S
	DSP24	**Treatment Type** This field indicates that the prescription was for opioid dependency treatment when Code 02 is used. 01 = Not Used for Opioid Dependency Treatment 02 = Used for Opioid Dependency Treatment	S
	DSP25	**Diagnosis Code** This field is used to report the ICD-10 code. If required by a PDMP, this field would be populated only when the ICD-10 code is included with the prescription.	S

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information			
Required segment; used to identify the prescriber of the prescription. **Example:** PRE**AW8765432~			
	PRE01	**National Provider Identifier (NPI)** Identifier assigned to the prescriber by CMS.	RR
	PRE02	**DEA Number** Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	PRE03	**DEA Number Suffix** Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	RR
	PRE04	**Prescriber State License Number** Identification assigned to the prescriber by the State Licensing Board.	S
	PRE05	**Last Name** Prescriber's last name.	RR
	PRE06	**First Name** Prescriber's first name.	RR
	PRE07	**Middle Name** Prescriber's middle name or initial.	S
	PRE08	**Phone Number**	S
	PRE09	**XDEA Number** This field gives a PDMP the option of requiring the XDEA Number (NADEAN) in the PRE Segment when the prescription is for opioid dependency.	S
CDI: Compound Drug Ingredient Detail			
Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported. Used to identify the individual ingredients that make up a compounded drug. If CDI is filled in, the NDC of DSP08 must be *99999999999*. **Example:** CDI*1*01*04532657401*2.5*03~			
	CDI01	**Compound Drug Ingredient Sequence Number** First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	CDI02	**Product ID Qualifier** Code to identify the type of product ID contained in CDI03. ▪ 01 NDC ▪ 02 UPC ▪ 03 HRI ▪ 04 UPN ▪ 05 DIN ▪ 06 Compound (this code is not used in this segment)	R

Segment	Field ID	Field Name	Field Usage
	CDI03	**Product ID** Full product identification as indicated in CDI02, including leading zeros without punctuation.	R

Segment	Field ID	Field Name	Field Usage
	CDI04	**Compound Ingredient Quantity** Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CDI05	**Compound Drug Dosage Units Code** Identifies the unit of measure for the quantity dispensed in CDI04. ▪ 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)	S
AIR			

AIR: Additional Information Reporting

Use of this segment is situational; used when state-issued serialized Rx pads are used, the state requires information on the person dropping off or picking up the prescription, or for data elements not included in other detail segments.

Note: If this segment is used, at least one of the data elements (fields) will be required. **Example:** AIR*MA*787456493993~

Segment	Field ID	Field Name	Field Usage
	AIR01	**State Issuing Rx Serial Number** U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	AIR02	**State Issued Rx Serial Number** Number assigned to state issued serialized prescription blank.	S
	AIR03	**Issuing Jurisdiction** Code identifying the jurisdiction that issues the ID in AIR05.	S
	AIR04	**ID Qualifier of Person Dropping Off or Picking Up Rx** Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. ▪ 01 Military ID ▪ 02 State Issued ID ▪ 03 Unique System ID ▪ 04 Permanent Resident Card (Green Card) ▪ 05 Passport ID ▪ 06 Driver's License ID ▪ 07 Social Security Number ▪ 08 Tribal ID ▪ 99 Other (agreed upon ID)	RR
	AIR05	**ID of Person Dropping Off or Picking Up Rx** ID number of patient or person picking up or dropping off the prescription.	S

Segment	Field ID	Field Name	Field Usage
	AIR06	**Relationship of Person Dropping Off or Picking Up Rx** Code indicating the relationship of the person. ▪ 01 Patient ▪ 02 Parent/Legal Guardian ▪ 03 Spouse ▪ 04 Caregiver ▪ 99 Other	S
	AIR07	**Last Name of Person Dropping Off or Picking Up Rx** Last name of person picking up the prescription.	RR
	AIR08	**First Name of Person Dropping Off or Picking Up Rx** First name of person picking up the prescription.	RR
	AIR09	**Last Name or Initials of Pharmacist** Last name or initials of pharmacist dispensing the medication.	S
	AIR10	**First Name of Pharmacist** First name of pharmacist dispensing the medication.	S
	AIR11	**Dropping Off/Picking Up Identifier Qualifier** Additional qualifier for the ID contained in AIR05 ▪ 01 Person Dropping Off ▪ 02 Person Picking Up ▪ 98 Unknown/Not Applicable **Note**: Both 01 and 02 cannot be required by a prescription drug monitoring program.	RR
TP: Pharmacy Trailer			
Required segment; 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. **Example:** TP*6~			
	TP01	**Detail Segment Count** Number of detail segments included for the pharmacy including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer			
Required segment; used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction. **Example:** TT*857463*9~			
	TT01	**Transaction Control Number** Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	**Segment Count** Total number of segments included in the transaction including the header and trailer segments.	R