

Dispenser's Implementation Guide

Version 1.6

Florida Department of Health
Prescription Drug Monitoring Program



August 2011

Note

This document may be updated prior to the implementation of E-FORCSE on September 1, 2011. Please refer to the Florida PDMP website, <http://www.hidinc.com/flpdmp>, for the most current version of this document.

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1 Program Overview

Purpose

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. The purpose of the PDMP is to provide the information that will be collected in the database to health care practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

E-FORCSE has selected Health Information Designs, Inc. (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV (controlled substances). HID's RxSentry[®] is a Web-based program that facilitates the collection, analysis and reporting of information on the prescribing, dispensing, and use of controlled substance prescription drugs. RxSentry[®] leads the industry in flexibility, functionality, and ease of use.

Section 893.055, Florida Statutes (F.S.), requires health care practitioners to report to the PDMP each time a controlled substance is dispensed to an individual. This information is to be reported through the electronic system as soon as possible but not more than seven (7) days after dispensing. This reporting timeframe ensures that health care practitioners have the most up-to-date information available.

E-FORCSE will comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations. The information collected in the system will be used by the PDMP to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the State of Florida.

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2 Document Overview

Purpose and Content

The *RxSentry® Dispenser's Implementation Guide* serves as a step-by-step implementation and training guide for dispensers in the State of Florida. A "dispenser" is defined as a pharmacy, dispensing pharmacist, or dispensing health care practitioner. It includes such topics as:

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

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

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3 Data Collection and Tracking

Data Collection Requirements

This guide provides information regarding the State of Florida prescription drug monitoring program (PDMP), referred to as the Electronic-Florida Online Reporting of Controlled Substances Evaluation (E-FORCSE) program. The program was established to collect data on all Schedule II, III, and IV controlled substances dispensed in the State of Florida or dispensed to an individual in the State of Florida.

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the E-FORCSE program using a format approved by the Florida Department of Health (DOH), as soon thereafter as possible, but not more than seven (7) days after the date the controlled substance was 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. Such approved formats may include, but are not limited to, submission via the Internet, on a disc, or by use of regular mail.

Reporting Requirements

Any health care practitioner who has dispensed a controlled substance, as defined in [section 893.03, F.S.](#) (i.e., OxyContin[®], Percocet[®], Vicodin[®], Klonopin[®], Xanax[®], and Valium[®]), will be required to report to the database. This includes pharmacies licensed under chapter 465, F.S., including mail order and Internet pharmacies; and health care practitioners licensed under chapter 458, 459, 461, 462, 465, or 466, F.S.

For detailed information for each of the fields required by the State of Florida and the fields required by the American Society for Automation in Pharmacy (ASAP), please see [Appendix A: ASAP 4.1 Specifications](#).

Exemptions

A health care practitioner will not be required to report to E-FORCSE when he/she:

- Administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;
- Administers 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;
- Administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- Administers a controlled substance in the Emergency Room of a licensed hospital;
- Administers or dispenses a controlled substance to a patient under the age of 16; or
- Dispenses a one-time, 72-hour re-supply of controlled substances.

Required Prescription Information

The following information must be reported for each controlled substance dispensed to a patient:

Field Name	Field ID
Pharmacy Header	
DEA Number	PHA03
Patient Information	
Last Name	PAT07
First Name	PAT08
Address Information – 1	PAT12
City Address	PAT14
State Address	PAT15
ZIP Code Address	PAT16
Date of Birth	PAT18
Gender Code	PAT19
Dispensing Record	
Prescription Number	DSP02
Date Written	DSP03
Date Filled	DSP05
Refill Number	DSP06
Product ID (NDC)	DSP08
Quantity Dispensed	DSP09
Classification Code for Payment Type	DSP16
Prescriber Information	
National Provider Identifier-NPI (if available)	PRE01
DEA Number	PRE02
Prescriber State License Number (if available)	PRE04
Last Name	PRE05
First Name	PRE06

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

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.

Zero Reports

If a dispenser usually dispenses controlled substances in Florida but has no dispensing transactions to report for the preceding seven (7) day period, the dispenser must report this information to E-FORCSE by filing a zero report, as described in the [Reporting Zero Dispensing](#) topic in this guide.

Reporting Waivers

No Reporting Waiver

If a dispenser is permitted or licensed in the State of Florida, but does not dispense any controlled substances directly to Florida residents, they are not required to report to E-FORCSE. However, the dispenser must notify DOH in writing by completing a waiver form provided by DOH stating that it does not dispense controlled substances in the state.

Electronic Reporting Waiver

DOH may grant a dispenser a waiver of the electronic submission requirement for good cause as determined by the DOH. "Good cause" includes financial hardship and lack of an automated recordkeeping system. The dispenser must notify DOH in writing by completing an electronic reporting waiver form provided by DOH. DOH will work with the dispenser to determine the format, method and frequency of the alternative non-electronic submissions.

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4 Data Submission

About This Chapter

This chapter provides information and instructions for submitting data to E-FORCSE.

Timeline and Requirements

Registration for Dispensers begins August 1, 2011; however reporting will not begin until September 1, 2011. Instructions for setting up an account are provided in the [Creating Your Account](#) topic in this chapter.

- Beginning September 1, 2011, dispensers are required to report their data within seven (7) days of dispensing a controlled substance. However, dispensers are encouraged to report more frequently if they would like.
- The E-FORCSE program requests that dispensers report retroactive data from December 1, 2010 to August 31, 2011. Dispensers will have until November 30, 2011 to provide this retroactive data.

Upload Specifications

Files must be in the ASAP 4.1 format, as defined in [Appendix A: ASAP 4.1 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110801.dat". All of your upload files will be kept separate from the files of others.

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

Controlled substance prescription information must be reported within seven (7) days of dispensing a controlled substance, unless a waiver has been obtained from DOH.

Creating Your Account

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

Note: Multiple dispensers' reports can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all of their pharmacies licensed in the State of Florida. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

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

- Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:



- Type *newacct* in the **User name** field.
- Type *welcome* in the **Password** field, and then click **OK**. A window similar to the following is displayed:



- Click **Setup Upload Account**. A window similar to the following is displayed:

- Enter your DEA number in the **Physician or Pharmacy DEA number** field.

- 7 Type your ZIP code in the **Zip Code** field, and then click **Next**. A window similar to the following is displayed:

New Account Setup for FL PDMP Upload Access (flpdms)

We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.
SUNSET PHARMACY 101 PROFESSIONAL AVENUE WEST COLUMBIA 29169 Phone: Fax: ?

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

Your Choice: Keep **XXXXXXXXXX** as my account for a single Dispenser.
 Create an account using SUNSET as my ID for uploading more than one Dispenser's Data. (You may edit this ID.)

Who should we contact regarding issues with data uploads?

*Contact Name: ?
*Contact Address: 101 PROFESSIONAL A City: WEST COLUMBIA State: SC Zip: 29169
*Contact Email: ? Don't Email Edit Reports
*Contact Phone: ?
*Contact Fax: ? Don't Fax Edit Reports

Anticipated Upload Method:
 ZIP of file Encrypted with OpenPGP
 Upload with Internet Browser using SSL
 Mail a Diskette
 Mail a CDR

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

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

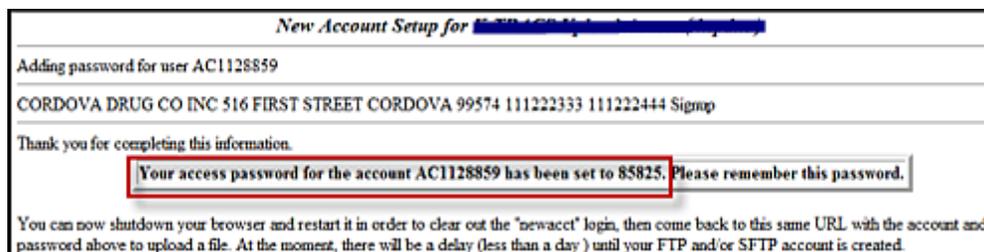
- B55795058 SUN CITY WEST PHARMACY - 13925 MEEKER BOULEVARD BUILDING A STE 5 SUN CITY WEST (3)
- B50830930 SUN COAST PHARMACY - 5080 KIMBERLY BLVD STE 38 BOCA RATON (5)
- B57407768 SUN DRUG PHARMA INC - 1803 NORTH HILLHURST AVE LOS ANGELES (3)
- B57327249 SUN HEALTH PHARMACY - 5725 N BROADWAY CHICAGO (5)
- B50301870 SUN MART - 2005 8TH ST. S. MOORHEAD (3)
- A23333728 SUN MART PHARMACY - 1295 W LINCOLN FERGUS FALLS (4)
- B55458802 SUN MART PHARMACY #025 - 1340 WEST O STREET LINCOLN (3)
- B55895979 SUN MART PHARMACY #450 - 320 S BURLINGTON AVE. HASTINGS (3)
- AS1074703 SUN PHARMACY - 1 NORTH QUEEN STREET P.O. BOX 420 RISING SUN (3)
- AS1785902 SUN PHARMACY - 6126 MERLE HAY RD BOX 288 JOHNSTON (3)
- FS3823064 SUN PHARMACY - 7021 HIGHWAY 6 SOUTH HOUSTON (3)

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

Field	Description/Usage
Account selection	<ul style="list-style-type: none"> Choose Keep <i><account number></i> as my account for a single Pharmacy if you wish to use the suggested account name. Choose Create an account using <i><suggested account name></i> as my ID for uploading more than one Pharmacy's Data if you wish to enter an account name of your choosing. If this option is selected, type the desired account name in this field.
Contact Information	Note: Information in this section is used for contact purposes in the event a problem occurs with a data upload.
Contact Name	(Required) Type the first and last name of the contact person.
Contact Address	(Required) Type the contact's street address, city, state, and ZIP code in the appropriate fields.
Contact Email	(Required) Type the contact's e-mail address. Click the down arrow in the field to the right of the Contact Email field to select Email Edit Reports for All Uploads .

Field	Description/Usage
Contact Phone	(Required) Type the contact's phone number, using the format <i>999-999-9999</i> .
Contact Fax	(Required) Type the contact's fax number, using the format <i>999-999-9999</i> . Click the down arrow in the field to the right of the Contact Fax field and select Fax Edit Reports for All Uploads
Anticipated Upload Method	Select the method of data upload you plan to use to report your data: <ul style="list-style-type: none"> ▪ Secure FTP over SSH ▪ Encrypted File with OpenPGP Via FTP ▪ SSL Website ▪ Physical Media (Tape, Diskette, CD, DVD) ▪ Uniform Claim Form (UCF) Submission <p>Note: You must have received a waiver from DOH to use this method.</p>
Dispensers I will be reporting	A list of all dispensers (pharmacy, dispensing pharmacist, or dispensing health care practitioner) with names similar to the account name you entered above is displayed in this field. To select additional dispensers for which you will be reporting, press the [CTRL] key and then click the name of each dispenser you wish to select. The dispensers you select will be "tied" to your user name.

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



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

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

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

or

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

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

Modifying Your Upload Account

Use this function if you need to modify the information supplied when you originally created your account.

- 1 Open an Internet browser window and type the following URL in the address bar:
<http://www.hidinc.com/flpdmp>.
- 2 Click **RxSentry Dispenser's Upload Site**.
- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry home page, click **Modify Upload Account**.
- 7 Update the information as necessary, using the field descriptions provided in the [Creating Your Account](#) topic as a guideline.
- 8 Click **Next**. A message displays that your account information was successfully updated.

Reporting Zero Dispensing

If you have no dispensing transactions to report for the preceding seven day period, you must report this information to E-FORCSE by performing the following steps:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
<http://www.hidinc.com/flpdmp>.
- 3 Click **RxSentry Dispenser's Upload Site**.

A window similar to the following is displayed:



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

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

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

Notes:

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

- 9 Click **Continue**. A message similar to the following is displayed, indicating your zero report has been successfully submitted:

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

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5 Data Delivery Methods

About This Chapter

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

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

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Secure FTP over SSH

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

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

Important Notes:

- The file name should be constructed using the date of submission to E-FORCSE as the file name, and should have a *.dat* extension. For example, name the file *20110801.dat* if it is submitted on August 1, 2011.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20110801a.dat*, *20110801b.dat*, and *20110801c.dat*.

- Zipped files can be accepted and should be named using the date of submission to E-FORCSE. For example, name the file *20110801.zip* if it is submitted on August 1, 2011.
 - **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20110801.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20110801.dat*).
- 3** SFTP the file to <sftp://flpdmp-reporting.hidinc.com>.
 - 4** When prompted, type *flpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID, and enter the password you supplied when creating your account.
 - 5** Place the file in the new directory.
 - 6** Log off when the file transfer/upload is complete.
 - 7** If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

Encrypted File with OpenPGP Via FTP

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

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

Important notes:

- The file name should be constructed using the date of submission to E-FORCSE as the file name, and should have a *.dat* extension. For example, name the file *20110801.pgp* if it is submitted on August 1, 2011.
- Do not include spaces in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20110801a.pgp*, *20110801b.pgp*, and *20110801c.pgp*.

- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20110801.pgp.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20110801.pgp*).
- 4 Encrypt the file with the PGP software and using the public key supplied during account creation.
Note: PGP encryption performs a single compression as it encrypts, so there is no need to zip the file.
 - 5 FTP the file to <ftp://flpdmp-reporting.hidinc.com>
 - 6 When prompted, type *flpdm* (lower case) in front of your DEA number (or Generic ID) as your user ID, and enter the password you supplied when creating your account
 - 7 Place the file in the new directory.
 - 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20110801.pgp*).
 - 9 Log off when the file transfer/upload is complete.
 - 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

SSL Website

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

Important notes:

- The file name should be constructed using the date of submission to E-FORCSE as the file name, and should have a *.dat* extension. For example, name the file *20110801.dat* if it is submitted on August 1, 2011.
- Do not include spaces or parentheses in the file name.
- If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20110801a.dat*, *20110801b.dat*, and *20110801c.dat*.
- Zipped files can be accepted and should be named using the date of submission to E-FORCSE. For example, name the file *20110801.zip* if it is submitted on August 1, 2011.

- 3 Open a Web browser and enter the following URL:
<https://flpdmp-reporting.hidinc.com>
- 4 When prompted, type the user ID and password supplied when the account was created.
- 5 Click **Upload a File**.
- 6 Click **Browse** to navigate to the location where you saved the file created in step 2.
- 7 If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20110801.dat*.
- 8 Click to select the file, and then click **Open**.
- 9 Click **Send File**.

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

Physical Media (Tape, Diskette, CD, DVD)

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

Important Notes:

- The file name should be constructed using the date of submission to E-FORCSE as the file name, and should have a *.dat* extension. For example, name the file *20110801.dat* if it is submitted on August 1, 2011.
 - Do not include spaces or parentheses in the file name.
 - If more than one file is submitted within the same day, each file must be uniquely named so that existing uploaded files are not overwritten. For example, if uploading three files within the same day, the following file names could be used: *20110801a.dat*, *20110801b.dat*, and *20110801c.dat*.
 - Zipped files can be accepted and should be named using the date of submission to E-FORCSE. For example, name the file *20110801.zip* if it is submitted on August 1, 2011.
- 3 Write the file to the preferred media (tape, diskette, CD, or DVD).
 - 4 Add a label to the outside of the media that contains the following information:
 - Dispenser's DEA Number
 - Date of Submission
 - Contact Person

5 Mail the media to:

Health Information Designs, Inc.
Attn: FL PDMP
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

Online UCF Submission

If you have Internet access, but are unable to submit your data in a batch upload, you may submit prescription information using RxSentry's online Universal Claim Form (UCF).

When submitting information using the online UCF, the information provided must be complete and accurate. Only complete and accurate submissions are entered into the Florida PDMP database. Please use the information in the [Notes about NDC Numbers](#) topic below as a guideline for providing accurate NDC numbers.

The following new terms are introduced in this topic:

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

Note: Records can be continually added to a batch—a convenient feature that allows you to enter records at your convenience and not all at one time. We recommend that you add as many records as possible to a batch before submitting it; however, you must submit and close batches in accordance with the seven (7) day reporting time frame.

Reporting Requirements for UCF Submissions

See the [Required Prescription Information](#) topic for details regarding reporting requirements.

Notes about NDC Numbers

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

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

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

Submitting Information Using the Online UCF

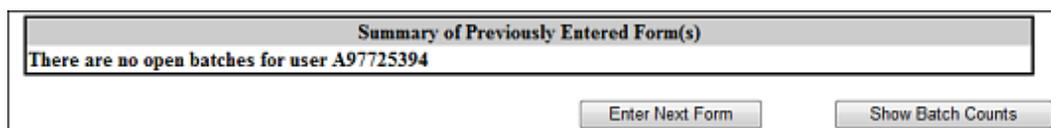
Perform the following steps to use the online UCF to submit prescription information:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
<http://www.hidinc.com/flpdmf>.
- 4 Click **RxSentry Dispenser's Upload Site**.

A window similar to the following is displayed:



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



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

A window similar to the following is displayed:

The UCF contains three sections—Patient Information, Pharmacy Information, and Prescription Information. Refer to the following information to complete these sections on the UCF:

- **Patient Information** – Complete all fields in this section.
- **Pharmacy Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated pharmacy information available within the RxSentry database is auto-populated in the appropriate fields.
- **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.

If entering more than one prescription for the same prescriber, you may select the **Use Prescriber Information From Above** check box to auto-populate each prescription with the previously-used prescriber information.

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

Notes:

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.
- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Assistance and Support](#).

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

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

Summary of Previously Entered Form(s)	
Patient Name	JANE DOE
DOB	04/19/73
Prescriber	Pharmacy PAYSON APOTHECARY PHARMACY, LLC
Rx#	1234
Drug Name	HYDROCODONE SYRUP
Filed	09/02/09
Written	09/02/09
Load Status	ENTERED

There are 1 Record(s) in Current Batch for A97725394

11 Perform one of the following functions:

- Click **Enter Next Form** to add additional records to this batch.
- Click **Show Batch Counts** to display the number of records in the current batch.

12 Click **Submit/Close Batch** to upload this batch of records.

Waiver for Dispensers without Internet Access

DOH may issue a waiver to a dispenser that is unable to submit controlled substance prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form, provided that all required information is submitted.

To request an electronic reporting waiver, please log on to and locate the waiver form on the Florida PDMP website at <http://www.hidinc.com/flpdmp>.

If a waiver is granted, use the paper submission method to submit prescription information. See the [Paper UCF Submission](#) topic for instructions.

Important notes:

- As with the online submission method, the information provided must be complete and accurate.

Use the information in the [Notes about NDC Numbers](#) topic as a guideline for providing accurate NDC numbers.

Paper UCF Submission

If you have been granted a waiver to report your controlled substance prescription information on a paper UCF, you may fax the completed forms to 1-888-288-0337 or mail to:

Health Information Designs, Inc.
Attn: FL PDMP
P.O. Box 3210
Auburn, AL 36832-3210

A copy of the UCF is provided in [Appendix B: Universal Claim Form](#). The form is also available on the Florida PDMP website at <http://www.hidinc.com/flpdmp>.

6 Upload Reports and Edit Definitions

Upload Reports

E-FORCSE provides all submitters of data with an upload report. When creating an account, you are required to submit an e-mail address or a fax number. You must also specify by which method you wish to receive your upload report. If you FTP/SFTP the data, a report will be placed in your home directory on the FTP server.

Below is an example of an error report:

```

Edit Report for file 1/010038 Edited 07/11/07
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 1]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      4: 10-Sex Code Invalid                      Data: [3         ]
Record      5: 15-Date Filled Invalid                   Data: [20070631]
Record      5: 18-Qty Invalid                           Data: [00two     ]
Record      6: 19-Days Supply Invalid                   Data: [one       ]
Record      7: 21-NDC Invalid                           Data: [99914057]
Record      8: 25-Prescriber Invalid                    Data: [98356     ]
Record      9: 28-Date Written Invalid                  Data: [20050900]
Record     10: 86-Diagnosis Code Invalid                 Data: [4240AA    1]
Record     11: 15-Date Filled Irrational                 Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1
    
```

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

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

A single record will be rejected if it contains a fatal error.

An entire batch will be rejected if:

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

Dispensers are required to correct fatal errors and resubmit the records within seven (7) days of the initial record submission.

View Upload Reports

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

Perform the following steps to view upload reports:

- 1 Open an Internet browser window and type the following URL in the address bar:
<http://www.hidinc.com/flpdmp>.
- 2 Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:



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

Report Timeframe: 10/18/10 - 11/18/10		<input type="button" value="Submit"/>
Date and Time	Report Name	Process Date
11/11/10 9:17:18 AM	20101111.dat.rpt	11/11/10
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10

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

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

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record again. Fatal error corrections must be resubmitted within seven (7) days of the initial record submission. If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the DSP01 values as explained below.

Note: Edit Number V1 as shown in the table in the "[Edit Definitions](#)" section should not be resubmitted. All other records with errors that are not fatal will be loaded unless the batch thresholds are reached. Error thresholds are defined in the previous section.

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

- 00 New Record – indicates a new record
- 01 Revise – indicates that one or more data elements in a previously-submitted record 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.

Submit a New Record

Perform the following steps to submit a new record:

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

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

Revise a Record

Perform the following steps to revise a record:

- 1 Create a record with the value 01 in the DSP01 field.
- 2 Populate the following fields with the same information originally submitted in the erroneous record:
 - PHA03 (DEA 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.

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

Void a Record

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

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

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 01	Format of File Error	Fatal
Edit 02	Pharmacy DEA is blank	Fatal
Edit 05	Pharmacy ID not found	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 14	Reporting Status Invalid	Fatal
Edit 15	Date Dispensed is invalid or irrational	Serious
Edit 17	Refill Code must be a valid number	Minor
Edit 18	Quantity is invalid	Serious
Edit 19	Days Supply is Invalid	Minor
	Days Supply is 999	Fatal
Edit 20	Days Supply > 150	Minor
	Days Supply > 360	Serious
Edit 21	NDC not found	Serious
	NDC not found (used when CDI segment is used)	Fatal
Edit 22	Product ID Qualifier is invalid	Fatal
Edit 25	Prescriber ID not found	Minor
	Prescriber ID cannot be blank	Fatal

Edit Number	Message	Severity
Edit 28	Date RX Written is invalid	Minor
Edit 29	Number Refill Authorized Invalid	Minor
Edit 50	Customer Last Name blank	Fatal
Edit 51	Customer First Name blank	Fatal
Edit 52	Customer Address blank	Serious
Edit 53	Customer ZIP Code is blank	Serious
Edit 54	Customer ZIP and State Code conflict	Serious
Edit 56	Customer City is blank	Minor
Edit 60	Customer State Code is blank	Serious
Edit 61	Customer State Code is invalid	Serious
Edit 200	Prescription Number is blank	Serious
Edit 360	Date dispensed prior to December 1, 2010	Fatal
Edit V1	Record already exists Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.	Minor

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7 Assistance and Support

Technical Assistance

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

Contact HID by e-mail at flpdmp-info@hidinc.com

OR

Call the HID Help Desk at 877-719-3120

Administrative Assistance

If you have non-technical questions regarding E-FORCSE, 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@doh.state.fl.us

Website: www.e-forcse.com

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8 Glossary

ASAP

American Society for Automation in Pharmacy

Batch

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

Dispenser

Pharmacy, dispensing pharmacist, or dispensing health care practitioner which dispenses controlled substances

E-FORCSE

Electronic-Florida Online Reporting of Controlled Substances Evaluation (E-FORCSE) is the name of Florida's Prescription Drug Monitoring Program

FTP

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

Health care practitioner

A practitioner who is subject to licensure or regulation by the Florida Department of Health under chapters 458, 459, 461, 462, 464, 465, and 466, F.S.

HID

Health Information Designs, Inc.

NDC

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

PMP

Prescription Monitoring Program; term used by ASAP

PDMP

Prescription Drug Monitoring Program

PDMS

Prescription Drug Monitoring System

Prescriber

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

RxSentry

Prescription drug monitoring system developed by Health Information Designs, Inc.

SFTP

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

SSL

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

Universal Claim Form (UCF)

Form used by someone who does not have electronic capability to send data; must be approved by E-FORCSE

Uploader

A dispenser that uploads a data file containing controlled substance dispensing information

9 Document Information

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Auburn, AL 36832

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Please refer to the Florida PDMP website, www.hidinc.com/flpdmp for the most current version of this document.

Formatting Conventions

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

Version History

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

Publication Date	Version Number	Comments
06/28/2011	1.0	Initial publication
07/07/2011	1.1	Updated publication

Publication Date	Version Number	Comments
07/20/2011	1.2	Updated publication
07/25/2011	1.3	Updated publication
08/03/2011	1.4	Updated publication
08/10/2011	1.5	Updated publication
08/11/2011	1.6	Updated publication

Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Appendix A: ASAP 4.1 Specifications	Changed the field usage for the following fields from RR to S : <ul style="list-style-type: none"> ▪ PHA05 ▪ PHA07 ▪ PHA08 ▪ PHA09
1.2	Appendix A: ASAP 4.1 Specifications	Changed the field usage for the following fields from RR to S : <ul style="list-style-type: none"> ▪ PRE01 ▪ PRE04 <p>Changed the field usage for the following fields from S to RR:</p> <ul style="list-style-type: none"> ▪ PRE05 ▪ PRE06
1.3	Chapter 6/Edit Definitions	Added the following edits and definitions: Edit 14, Edit 17, Edit 19, Edit 20, Edit 29
1.4	Throughout	Replaced screen shots with Florida PDMP system screen shots
1.5	Chapter 5/Universal Claim Form (UCF) Submission	Revised subsections for clarity
1.6	Appendix A: ASAP 4.1 Specifications	Removed information about using a backslash (\) as a segment terminator; only the tilde (~) should be used as a segment terminator

Appendix A: ASAP 4.1 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 (~).

Note: The Transaction Header is the only segment that has a Data Segment Terminator field built in.

- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).
- **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 4.1 specifications, please, contact the American Society for Automation in Pharmacy for the full *Implementation Guide for the ASAP Standard for Prescription-Monitoring Programs* at www.asapnet.org. This guide includes field lengths, acceptable attributes, and examples.

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number Code uniquely identifying the transaction. Format = xx.x	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> 01 Send/Request 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) 	S
	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 <ul style="list-style-type: none"> 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			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Free-form text message.	S

Segment	Field ID	Field Name	Field Usage
PHA: Pharmacy Header			
Used to identify the pharmacy.			
Note: It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.			
	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
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

Segment	Field ID	Field Name	Field Usage
	PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	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. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	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

Segment	Field ID	Field Name	Field Usage
	PAT12	Address Information – 1 Free-form text for street address information.	RR
	PAT13	Address Information – 2 Free-form text for additional address information.	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.	S
	PAT18	Date of Birth Date patient was born. Format: CCYYMMDD	RR
	PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	RR
	PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	S

Segment	Field ID	Field Name	Field Usage
	PAT21	Patient Location Code Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> • 01 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			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	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. <ul style="list-style-type: none"> 01 NDC 06 Compound 	R
	DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	DSP10	Days Supply Estimated number of days the medication will last.	R
	DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> 01 Each 02 Milliliters (ml) 03 Grams (gm) 	S
	DSP12	Transmission Form of Rx Origin Code Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 01 Yes 02 No 	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

Segment	Field ID	Field Name	Field Usage
	DSP16	Classification Code for Payment Type Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	RR
	DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	DSP18	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	S
	DSP19	Electronic Prescription Reference Number Used to provide an audit trail for electronic prescriptions.	S
PRE: Prescriber Information			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	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

Segment	Field ID	Field Name	Field Usage
CDI: Compound Drug Ingredient Detail			
<p>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.</p> <p>Used to identify the individual ingredients that make up a compounded drug.</p> <p>If CDI is filled in, the NDC of DSP08 must be 9999999999</p>			
	CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable ingredient is increment by 1.	R
	CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. • 01 NDC	R
	CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. • 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			
<p>To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments.</p>			
Note: If this segment is used, at least one of the data elements (fields) will be required.			
	AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	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

Segment	Field ID	Field Name	Field Usage
	AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	S
	AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	S
	AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 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
TP: Pharmacy Trailer			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R

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

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Appendix B: Universal Claim Form

The Universal Claim Form is provided on the following page.

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Florida Prescription Drug Monitoring Program
Universal Claim Form



The State of Florida now requires that ALL prescriptions for Schedule II-IV Controlled Substances be reported to a data repository managed by the Florida Department of Health. This form may be used with permission from the Florida Department of Health.

Fax: (888) 288-0337
Phone: (800) 225-6998

Fax or Mail to:
Health Information Designs, Inc.

391 Industry Dr.
Auburn, AL 36832

PATIENT INFORMATION

First Name MI Last Name
DOB
Address City State Zip

DISPENSER INFORMATION

Dispenser Name DEA NPI
Phone # Fax #
Address City State Zip

PRESCRIPTION INFORMATION

Indicate reporting status

Prescription # 1 Reporting Status Submit (new data) Change (for corrections) Cancel (Rx not p/u; drug returned to stock) Purged (reported in error)
Rx # Date Filled Date Written
NDC Drug Name (Strength)
Quantity Written Quantity Dispensed Days Supply
Prescriber Name DEA NPI
Prescriber Phone # Prescriber Fax #
Method of Payment PvtPay Mdcmaid Mdcare PBM ins Maj Med WkCmp

Prescription # 2 Reporting Status Submit (new data) Change(for corrections) Cancel (Rx not p/u drug returned to stock) Purged (Reported in error)
Rx # Date Filled Date Written
NDC Drug Name(Strength)
Quantity Written Quantity Dispensed Days Supply
Prescriber Name State License # DEA
Prescriber Phone # Prescriber Fax #
Method of Payment PvtPay Mdcmaid Mdcare PBM ins Maj Med WkCmp

Prescription # 3 Reporting Status Submit (new data) Change(for corrections) Cancel (Rx not p/u drug returned to stock) Purged (Reported in error)
Rx # Date Filled Date Written
NDC Drug Name(Strength)
Quantity Written Quantity Dispensed Days Supply
Prescriber Name State License # DEA
Prescriber Phone # Prescriber Fax #
Method of Payment PvtPay Mdcmaid Mdcare PBM ins Maj Med WkCmp

FOR HID USE ONLY

Date Received Date Entered
Comments

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