

Dispenser's Implementation Guide

ASAP 4.2

**Florida Department of Health
Prescription Drug Monitoring Program**



November 2017

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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 healthcare practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

E-FORCSE has selected a vendor to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV. Appriss Health'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 healthcare 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 healthcare 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

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 healthcare 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 healthcare 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 4.2 Specifications](#).

Exemptions

A healthcare 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 healthcare 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 Note: Populate with "99" if patient address is outside the U.S.	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 began August 1, 2011, and reporting began September 1, 2011. You may create an account and begin reporting upon receipt of this guide. Instructions for setting up an account are provided in the [Creating Your Account](#) topic in this chapter.

- 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.
- Retroactive data from December 1, 2010 to August 31, 2011 was reported to the E-FORCSE program until November 30, 2011.

Emergency Suspension

In the event that 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 seven (7) day reporting period. Once the state of emergency has been lifted, the dispenser must report the backlog of data as soon as possible in order to bring reporting current.

Upload Specifications

Files must be in the ASAP 4.2 format, as defined in [Appendix A: ASAP 4.2 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

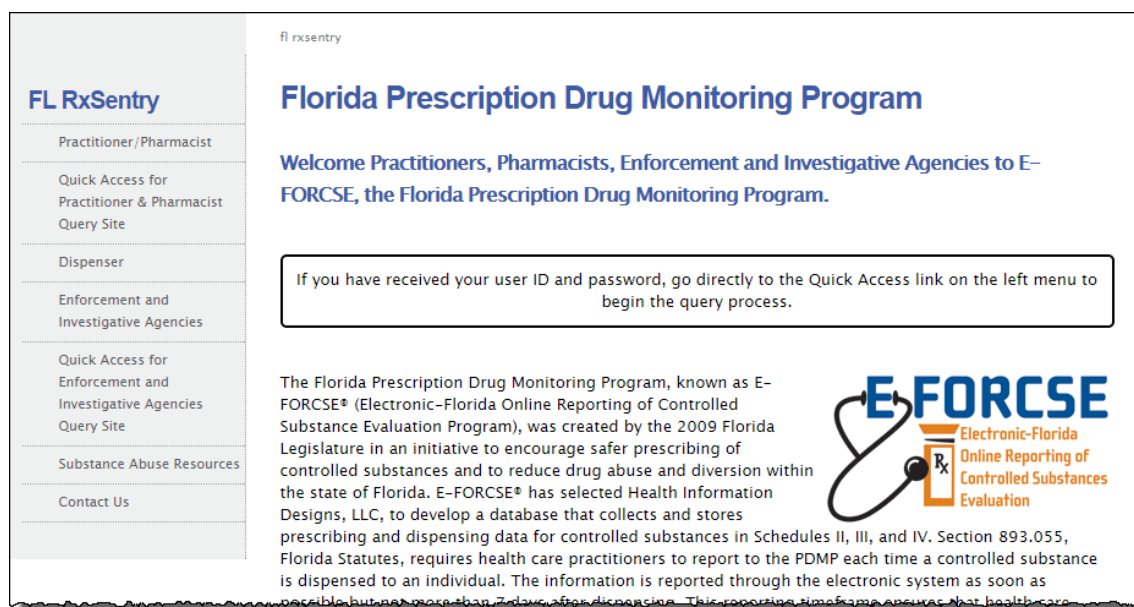
Prior to submitting data, you must create an upload account. If you have already created your account, proceed to the appropriate section of this document that outlines the steps you must follow to upload your data.

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.hidesigns.com/flpdmp>.

A window similar to the following is displayed:



2. Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

3. Type *newacct* in the **User Name** field.
4. Type *welcome* in the **Password** field.
5. Click **OK**.

A window similar to the following is displayed:



6. Click **Setup Upload Account**.

A window similar to the following is displayed:

New Account Setup for FL PDMP Upload Access (flpdm)	
This will setup the accounts to allow you to upload data to the Florida Prescription Drug Monitoring Program via SFTP, FTP, or Browser. In order to identify yourself, please enter the DEA number for ANY ONE of your Pharmacies, and its 5 digit zipcode.	
Physician or Pharmacy DEA number:	<input type="text"/>
ZIP Code:	<input type="text"/>
<input type="button" value="Next"/>	

7. Enter your DEA number in the **Physician or Pharmacy DEA number** field.
8. Type your ZIP code in the **ZIP Code** field, and then click **Next**.

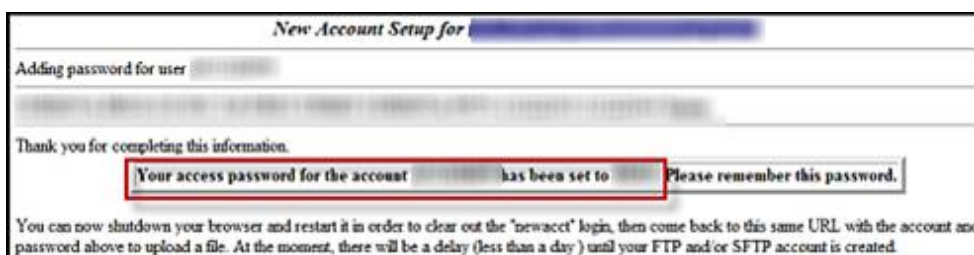
The **New Account Setup for Upload Access** window is displayed as shown on the following page.

9. 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:

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Field	Description/Usage
Contact Phone	(Required) Type the contact's phone number, using the format 999-999-9999.
Contact Fax	(Required) Type the contact's fax number, using the format 999-999-9999. 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) Universal Claim Form (UCF) Submission Note: You must have received a waiver from DOH to use this method.
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.

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



A randomly-assigned password for the FTP, SFTP, and SSL website upload processes 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).

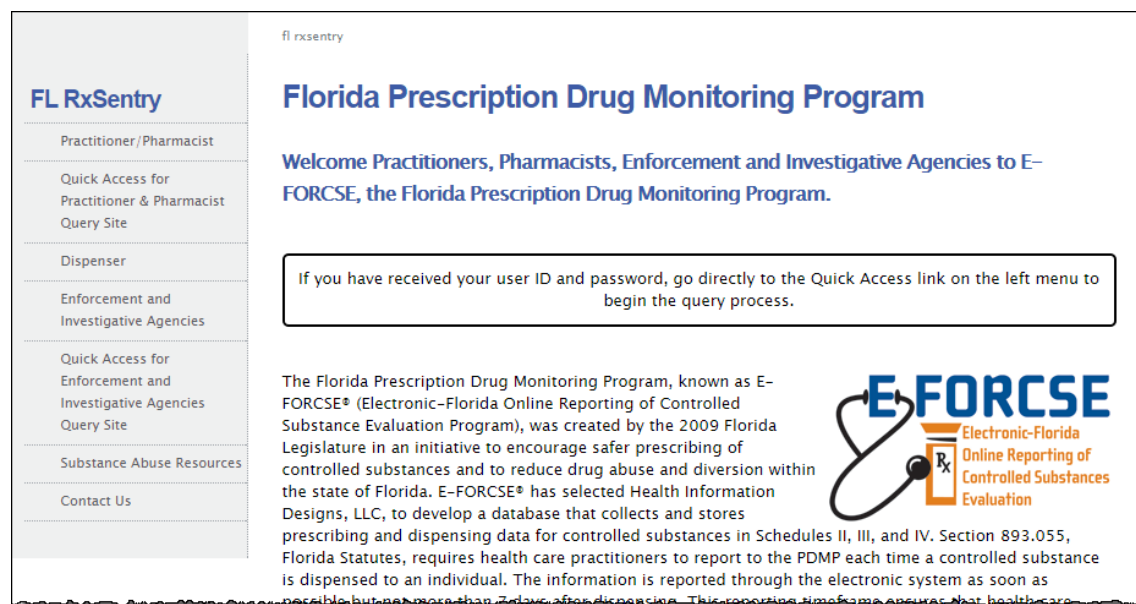
Modifying Your Upload Account

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

Perform the following steps to update your information:

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

A window similar to the following is displayed:



2. Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

3. Type your user name in the **User Name** field.
4. Type your password in the **Password** field.
5. Click **OK**.

The RxSentry home page is displayed.

6. Click **Modify Upload Account**.

The **Modify Account Setup** window is displayed as shown on the following page.

Modify Account Setup for FL PDMP Upload Access (flpdm)				
We have located the following contact information for your account FL_TEST.				
Click Next after modifications are completed.				
Pharmacy Name:	No pharmacy name found			
Contact Name:	HID -DO NOT MODIFY			
Contact Address:	1111 Main St	City:	1111 Main	State:
Contact Email:	Email Edit Reports For All Uploads			
Contact Phone:	1111 Main			
Contact Fax:	Don't Fax Edit Reports			
Anticipated Upload Method:	Secure FTP using SSH FTP of file Encrypted with OpenPGP Upload with Internet Browser using SSL Mail a Diskette			
Next				

- Update the information as necessary, using the field descriptions provided in the [Creating Your Account](#) topic as a guideline.
- Click **Next**.

A message displays indicating 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.

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

Report Zero Activity – RxSentry

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

Single Dispensers

If you are a single dispenser, perform the following steps to report zero activity using RxSentry's Report Zero Activity menu item:

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

A window similar to the following is displayed:

3. Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

4. Type your user name in the **User Name** field.
5. Type your password in the **Password** field.
6. Click **OK**.

The RxSentry home page is displayed.

7. Click **Report Zero Activity**.

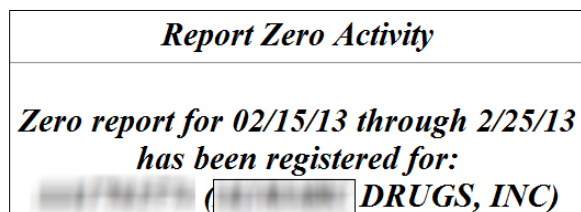
A window similar to the following is displayed:

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

Notes:

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

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



Group Pharmacies

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

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

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

A window similar to the following is displayed:



3. Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

4. Type your user name in the **User Name** field.
5. Type your password in the **Password** field.
6. Click **OK**.

The RxSentry home page is displayed.

7. Click **Report Zero Activity**.

A window similar to the following is displayed:

Report Zero Activity

This utility will allow you to record periods of zero activity for a given pharmacy.
Note that if you are responsible for a group of pharmacies, you may enter the pharmacy's ID and/or Name in the fields provided or you may request a list of potential names to choose from.

Dispenser:	FL_TEST:Test:group
Address:	1234 Main Street, Suite 1000
Phone:	(123) 456-7890
Fax:	(123) 456-7890
Email:	info@pharmacy.com
Period Start Date:	
Period End Date:	07/06/15
Pharmacy ID:	
Pharmacy Name:	
<input checked="" type="radio"/> Use ID/Name listed above <input type="radio"/> Choose from list	

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

Notes:

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

9. Select the **Use ID/Name listed above** option to manually enter the pharmacy ID whose information you are reporting. If you choose to enter the pharmacy ID manually, type the pharmacy ID in the **Pharmacy ID/Name** field.

Or

Select the **Choose from list** option to select the pharmacy ID whose information you are reporting from a list of pharmacies with a name similar to your pharmacy.

10. Click **Continue**.

<i>Report Zero Activity</i>
<i>Zero report for 02/15/13 through 2/25/13 has been registered for:</i> [REDACTED] DRUGS, INC)

If you selected the **Choose from list** option, a window similar to the following is displayed:

[illegible]

- A window similar to the following is displayed:

<i>Report Zero Activity</i>
<i>Zero report for 02/15/13 through 2/25/13 has been registered for: [REDACTED] DRUGS, INC)</i>

Report Zero Activity – File Upload

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

Important Notes:

- The file name should be constructed using the date of submission to Appriss Health as the file name and should have a *.dat* extension. For example, name the file *20140801.dat* if you submit it on August 1, 2014.
- Do not include spaces in the file name.
- If you submit more than one file within the same day, you must uniquely name each file so the system does not overwrite existing uploaded files. For example, if uploading three files within the same day, you could use the following file names: *20140801a.dat*, *20140801b.dat*, and *20140801c.dat*.
- The system will accept zipped files and you should name them using the date of submission to Appriss Health. For example, name the file *20140801.zip* if you submit it on August 1, 2014.
- Before transmitting your file, rename it to include the suffix *.up* (e.g., *20140801.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., *20140801.dat*).

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

- [Secure FTP over SSH](#)
- [Encrypted File with OpenPGP via FTP](#)
- [SSL Website](#)

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

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 Appriss Health 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 4.2 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 supplied when you created your account.
 5. Place the file in the new directory.
 6. If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
 7. Log off when the file transfer/upload is complete.

Appriss Health 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 Appriss Health 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 4.2 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 *.pgp* 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, 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 supplied when you created 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. If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.
10. Log off when the file transfer/upload is complete.

Appriss Health 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 4.2 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>.
A login window is displayed.
4. Enter the user ID and password supplied when the account was created, and then click **OK**.
The RxSentry home page is displayed.
5. Click **Upload a File**.

A window similar to the following is displayed:

Data File Upload	
Dispenser:	FL_TEST:Test
Address:	12345 Main Street, Suite 100, Miami, FL 33101
Phone:	(305) 123-4567
Fax:	(305) 123-4567 (fax reports for these errors: none)
Email:	test@fltest.com (email reports for these errors: none)
File Name:	<div>Choose File No file chosen</div> <div>(This can be either a text file with a .dat suffix, or a text file which has been zipped with a .zip suffix.)</div>
Review Options:	<input checked="" type="radio"/> Show me All Records <input type="radio"/> Show Errors Only <input type="radio"/> Show 1ST 200 Errors Only
<input type="button" value="Send File"/>	

- Click **Choose File**, and navigate to the location where you saved the file created in step 2.
- If not previously named according to upload requirements, rename the file using the format *YYYYMMDD.dat*, for example, *20110801.dat*.
- Click to select the file, and then click **Open**.
- Click **Send File**.

Appriss Health 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)

- If an account has not yet been created, perform the steps in [Creating Your Account](#).
- Prepare the data file for submission, using the ASAP specifications described in [Appendix A: ASAP 4.2 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.

- Write the file to the preferred media (tape, diskette, CD, or DVD).
- 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:
- Appriss Health
Attn: FL PDMP
1907 South College Street, Suite 208
Auburn, AL 36832

Universal Claim Form 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 timeframe.

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 an NDC, do not include the dashes, for example, *99999999999*.
- NDCs are typically located on the original medication bottle on the top right corner of the label, prefaced with “NDC-” and followed by the number.

- Manufacturers often leave off a zero in the NDC. In these instances, you should add the 0 where appropriate, using the following examples as a guideline:

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

Submitting Information Using the Online UCF

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

- If you do not have an account, perform the steps in [Creating Your Account](#).
- Open a web browser and enter the following URL: <https://flpdmp-reporting.hidinc.com>.
A login window is displayed.
- Enter the user ID and password supplied when the account was created, and then click **OK**.
The RxSentry home page is displayed.
- 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 been submitted.
- Click **Enter Next Form**.

The online UCF is displayed as shown on the following page.

UCF Form/Manual Entry

Patient Information			
First Name <input type="text"/>	Middle Initial <input type="text"/>	Last Name <input type="text"/>	
DOB <input type="text"/> (ex 01/01/2006)	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		
Address <input type="text"/>	City <input type="text"/>		
State <input type="text"/>	Zip <input type="text"/>		

Dispenser Information			
NPI <input type="text"/>	DEA# <input type="text"/>	Dispenser Name <input type="text"/>	
Phone <input type="text"/>	Fax <input type="text"/>		
Address <input type="text"/>	City <input type="text"/>		
State <input type="text"/>	Zip <input type="text"/>		

Prescription Information			
Prescription #1			
Rx# <input type="text"/>	Date Filled <input type="text"/> (ex 01/25/2008)	Date Written <input type="text"/> (ex 01/25/2008)	
NDC <input type="text"/>	Drug Name (Strength) <input type="text"/>		
Quantity <input type="text"/>	Days Supply <input type="text"/>	Refill # <input type="text"/>	
Prescriber DEA <input type="text"/>	Prescriber NPI <input type="text"/>		
Name <input type="text"/>			
Prescriber Phone <input type="text"/>			
Payment Type: <input type="radio"/> Private Pay <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> Commercial Insurance <input type="radio"/> Military Installations/VA <input type="radio"/> Workers' Compensation <input type="radio"/> Indian Nations <input type="radio"/> Other			
Reporting Status: <input type="radio"/> New <input type="radio"/> Revise <input type="radio"/> Void			Refills Authorized <input type="text"/>
Prescription #2			
<input type="checkbox"/> Use Prescriber Information from above			
Rx# <input type="text"/>	Date Filled <input type="text"/> (ex 01/25/2008)	Date Written <input type="text"/> (ex 01/25/2008)	
NDC <input type="text"/>	Drug Name (Strength) <input type="text"/>		

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

- **Patient Information** – Complete all fields in this section.
- **Dispenser Information** – In this section, supply your DEA number in the **DEA** field. Once this information is provided, all associated 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.

6. 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 Appriss Health using the information supplied in [Assistance and Support](#).

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

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

Summary of Previously Entered Form(s)	
Patient Name 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

8. 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.
 - 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 navigate to the Florida PDMP website, <http://www.hidesigns.com/flpdmp>, and locate the waiver form.

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 1-866-282-7076 or mail to:

Appriss Health
Attn: FL PDMP -Greg Hatcher
10401 Linn Station Road
Louisville, KY 40223

A copy of the UCF is provided in [Appendix C: Universal Claim Form](#).

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 the method by which 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 groups/TEST/new/20120423103220_2.DAT Edited 05/31/2012				
	Numeric Error Code*	Error Description*	Data that was incorrect	RX Number
Record	10: 25-Prescriber ID not found		Data: [000000] AB9876543	04034558
Record	52: 25-Prescriber ID not found		Data: [BY0000001] AB9876543	04033470
Record	84: 25-Prescriber ID not found		Data: [AD0000004] AB9876543	04031888
Record	99: 54-Customer Zip Code conflicts with Stat		Data: [000000000] AB9876543	04034458
Record	152: 25-Prescriber ID not found		Data: [B05555555] AB9876543	04034493
Record	185: 25-Prescriber ID not found		Data: [B05555555] AB9876543	04034459
Record	200: 25-Prescriber ID not found		Data: [B5110011] AB9876543	04034489
Record	215: 54-Customer Zip Code conflicts with Stat		Data: [432780000] AB9876543	04033520
Record	224: 25-Prescriber ID not found		Data: [A51111119] AB9876543	04034542
Record	350: 25-Prescriber ID not found		Data: [MH5555555] AB9876543	04034481
Record	351: 25-Prescriber ID not found		Data: [MH5555555] AB9876543	04034482
Record	373: 54-Customer Zip Code conflicts with Stat		Data: [000000000] AB9876543	04032245
Total #Records: 398 (TOTAL NUMBER OF RECORDS YOU SUBMITTED)				
# Records with Errors: 12 (3%)				
# Records with SERIOUS Errors: 3 (1%) (WE REJECT ENTIRE FILE ONLY IF OVER 20% SERIOUS)				
# Records with FATAL Errors: 0 (0%) (WE REJECT ALL FATAL ERRORS OR AN ENTIRE FILE IF OVER 10% FATAL)				
# Records with Duplicates: 0 (0%) (WE AUTOMATICALLY REJECT ANY RECORD WE HAVE ALREADY RECEIVED)				
0 Records Imported 05/31/2012 (TOTAL NUMBER OF RECORDS WE ACCEPTED)				
*References to error codes and descriptions of specific error codes can be found in your state's Implementation guide.				

A single 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.hidesigns.com/flpdmmp>.

A window similar to the following is displayed:



2. Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

3. Type your user name in the **User Name** field.
4. Type your password in the **Password** field.
5. Click **OK**.

The RxSentry home page is displayed.

6. Click **View Upload Reports**.

A window similar to the following is displayed:

Upload Reports

Report Timeframe: 06/05/15 - 07/06/15 Submit

Date and Time	Report Name	Process Date
07/06/15 9:12:02 AM	20150706.dat.rpt	07/06/15
07/06/15 9:11:40 AM	20150705.dat.rpt	07/06/15
07/06/15 9:11:18 AM	20150703.dat.rpt	07/06/15

7. Click a hyperlink in the **Report Name** column to open an upload report for viewing.
8. To view reports for a different timeframe, type a start and end date in the **Report Timeframe** fields, and then click **Submit**.

View Zero Reports

This function provides uploaders the ability to view previously submitted zero reports. By default, the reports that display for reviewing are provided for a 31-day period. However, uploaders can view reports outside of the 31-day default period by entering start and end dates for the desired date range.

Perform the following steps to view zero reports:

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

A window similar to the following is displayed:

FL RxSentry

- Practitioner/Pharmacist
- Quick Access for Practitioner & Pharmacist Query Site
- Dispenser
- Enforcement and Investigative Agencies
- Quick Access for Enforcement and Investigative Agencies Query Site
- Substance Abuse Resources
- Contact Us

fl rxsentry

Florida Prescription Drug Monitoring Program

Welcome Practitioners, Pharmacists, Enforcement and Investigative Agencies to E-FORCSE, the Florida Prescription Drug Monitoring Program.

If you have received your user ID and password, go directly to the Quick Access link on the left menu to begin the query process.

The Florida Prescription Drug Monitoring Program, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), 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. E-FORCSE® has selected Health Information Designs, LLC, to develop a database that collects and stores prescribing and dispensing data for controlled substances in Schedules II, III, and IV. Section 893.055, Florida Statutes, requires health care practitioners to report to the PDMP each time a controlled substance is dispensed to an individual. The information is reported through the electronic system as soon as possible but not more than 7 days after dispensing. This reporting timeframe assures that health care



- Click **Dispenser**, and then click **RxSentry Dispenser's Upload Site**.

A login window is displayed.

- Type your user name in the **User Name** field.
- Type your password in the **Password** field.
- Click **OK**.

The RxSentry home page is displayed.

- Click **View Zero Reports**.

A window similar to the following is displayed:

Zero Reports

Report Timeframe: -

From Date	To Date	Pharmacy ID	Pharmacy Name	Upload Date
06/08/15	06/12/15	[REDACTED]	[REDACTED]	06/15/15
06/22/15	06/26/15	[REDACTED]	[REDACTED]	06/29/15

- To view zero report submissions for a different timeframe, 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. 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 [Edit Definitions](#) table, 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 [Upload Reports](#) section.

The ASAP 4.2 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 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

7 Assistance and Support

Technical Assistance

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

Contact Appriss Health by e-mail at flpdmp-info@apprisshealth.com;

OR

Call 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); the name of Florida's Prescription Drug Monitoring Program

FTP

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

Healthcare 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.

HDC

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 owned by Appriss 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

Version History

The Version History records the publication history of this document.

Publication Date	Version Number	Comments
06/28/2011	1.0	Initial publication
07/07/2011	1.1	Updated publication
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
09/06/2011	1.7	Updated publication
09/12/2011	1.8	Updated publication
10/11/2011	1.9	Updated publication
03/16/2012	1.10	Updated publication
09/10/2012	1.11	Updated publication
07/25/2014	1.12	Updated publication
07/06/2015	2.0	Updated publication
04/18/2017	2.1	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	<p>Changed the field usage for the following fields from RR to S:</p> <ul style="list-style-type: none"> ▪ PHA05 ▪ PHA07 ▪ PHA08 ▪ PHA09

Version Number	Chapter/Section	Change
1.2	Appendix A: ASAP 4.1 Specifications	<p>Changed the field usage for the following fields from RR to S:</p> <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
1.7	Appendix A: ASAP 4.1 Specifications	Additional clarification added to Segment Terminator information and in the description for field TH09
1.8	Chapter 5/Online UCF Submission	Updated screenshot of online UCF entry form
1.9	Appendix B: Universal Claim Form	Updated paper UCF to add Gender Code, Prescriber State License Number, and Refill Number
1.10	Chapter 4/Emergency Suspension	Added new topic
1.11	<ul style="list-style-type: none"> ▪ Chapter 3/ Required Prescription Information ▪ Appendix A/ASAP Specifications Table 	Added a note to instruct dispensers to populate field PAT15 with "99" if the patient address is outside the U.S.
1.12	Chapter 4/Report Zero Activity – RxSentry	Separated topic into two sub-topics, Single Dispensers and Group Pharmacies, to clarify the way zero reports must be submitted for each group

Version Number	Chapter/Section	Change
	<ul style="list-style-type: none"> Chapter 4/Report Zero Activity – File Upload Chapter 6/View Zero Reports Appendix B: Zero Report Specifications 	Added new topics
2.0	Global	<ul style="list-style-type: none"> Updated to new HID document format Updated public site URL Updated screenshots, as necessary Updated to ASAP 4.2
	Chapter 5/Submitting Information Using the Online UCF	Updated the screenshot of the online UCF
	Chapter 7/Technical Assistance	Updated HID Help Desk e-mail address
	Appendix A/ASAP Specifications Table	Updated to ASAP 4.2 specifications
	Appendix C/Paper UCF	Updated paper UCF
2.1	Global	Removed HID references and replaced with Appriss Health

Appendix A: ASAP 4.2 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.			
	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) 	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 <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			
Required segment; 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			
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
PAT: Patient Information			
Required segment; 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 ▪ 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. <ul style="list-style-type: none"> ▪ 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 <i>Jr.</i> or <i>the III.</i>	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.	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 Required Segment; 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 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. <ul style="list-style-type: none"> 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

Segment	Field ID	Field Name	Field Usage
	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). <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 Product Qualifier <ul style="list-style-type: none"> 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

Segment	Field ID	Field Name	Field Usage
PRE: Prescriber Information			
Required segment; 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
	PRE08	Phone Number	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 9999999999.			
	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. <ul style="list-style-type: none"> ▪ 01 NDC ▪ 02 UPC ▪ 03 HRI ▪ 04 UPN ▪ 05 DIN ▪ 06 Compound (this code is not used in this segment) 	R
	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. <ul style="list-style-type: none"> 01 Each (used to report as package) 02 Milliliters (ml) (for liters, adjust to the decimal milliliter equivalent) 03 Grams (gm) (for milligrams, adjust to the decimal gram equivalent) 	S
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.			
	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. <ul style="list-style-type: none"> 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

Segment	Field ID	Field Name	Field Usage
	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
	AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> 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.	S
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.			
	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.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

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Appendix B: Zero Report Specifications

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

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

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

All other fields in the detail segments should be left blank.

The following elements are used in each upload file:

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

Each completed field should be followed by an asterisk, and each blank field should contain 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 (~~).

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

Segment	Field ID	Field Name	Field Usage
TH: Transaction Header			
Used to indicate the start of a transaction. It also assigns the data element separator, segment terminator, and control number.			
	TH01	Version/Release Number	R
	TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
	TH03	Transaction Type Identifies the purpose of initiating the transaction. 01 Send/Request Transaction	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			
Used to convey the name and identification numbers of the entity supplying the information.			
	IS01	Unique Information Source ID Reference number or identification number.	R
	IS02	Information Source Entity Name Entity name of the Information Source.	R
	IS03	Message Enter the date range in the following format: #yyyymmdd#- #yyyymmdd#~.	R
PHA: Pharmacy Header			
Used to identify the pharmacy.			
	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

Segment	Field ID	Field Name	Field Usage
PAT: Patient Information			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	PAT01	ID Qualifier of Patient Identifier	N
	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			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	DSP01	Reporting Status	N
	DSP02	Prescription Number	N
	DSP03	Date Written	N
	DSP04	Refills Authorized	N
	DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
	DSP06	Refill Number	N
	DSP09	Quantity Dispensed	N
	DSP10	Days Supply	N
PRE: Prescriber Information			
Used to identify the prescriber of the prescription.			
	PRE01	National Provider Identifier (NPI)	N

Segment	Field ID	Field Name	Field Usage
	PRE02	DEA Number	N
TP: Pharmacy Trailer Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT: Transaction Trailer Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
	TT02	Segment Count Total number of segments included in the transaction including the header and trailer segments.	R

Appendix C: 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



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: (866)-282-7076
Phone: (877) 719-3120

Fax or Mail to:
Appriss Health

10401 Linn Station Road
Louisville, KY 40223

PATIENT INFORMATION

First Name _____ MI ____ Last Name _____
DOB ____/____/____ Gender ☐ Female ☐ Male ☐ Unknown
Address _____ City _____ State ____ ZIP _____

DISPENSER INFORMATION

Dispenser Name _____ DEA _____ NPI _____
Phone # (_____) _____ - _____ Fax # (_____) _____ - _____
Address _____ City _____ State ____ ZIP _____

PRESCRIPTION INFORMATION

Prescription #1 Reporting Status ☐ New Record ☐ Revise ☐ Void
Date Written _____
Rx # _____ Date Filled ____/____/____ Refill Number _____
NDC [][][][][] - [][][][][] - [][] Drug Name (Strength) _____
Quantity Dispensed _____ Days Supply _____ Refills Authorized _____
Prescriber Name _____ DEA _____ NPI (if available) _____
Prescriber State License # (if available) _____ Prescriber Phone # (_____) _____
Payment Type ☐ Private Pay ☐ Medicaid ☐ Medicare ☐ Commercial Insurance ☐ Military Installations/VA
☐ Workers' Compensation ☐ Indian Nations ☐ Other

PRESCRIPTION INFORMATION

Prescription #2 Reporting Status ☐ New Record ☐ Revise ☐ Void
Date Written _____
Rx # _____ Date Filled ____/____/____ Refill Number _____
NDC [][][][][] - [][][][][] - [][] Drug Name (Strength) _____
Quantity Dispensed _____ Days Supply _____ Refills Authorized _____
Prescriber Name _____ DEA _____ NPI (if available) _____
Prescriber State License # (if available) _____ Prescriber Phone # (_____) _____
Payment Type ☐ Private Pay ☐ Medicaid ☐ Medicare ☐ Commercial Insurance ☐ Military Installations/VA
☐ Workers' Compensation ☐ Indian Nations ☐ Other

PRESCRIPTION INFORMATION

Prescription #3 Reporting Status ☐ New Record ☐ Revise ☐ Void
Date Written _____
Rx # _____ Date Filled ____/____/____ Refill Number _____
NDC [][][][][] - [][][][][] - [][] Drug Name (Strength) _____
Quantity Dispensed _____ Days Supply _____ Refills Authorized _____
Prescriber Name _____ DEA _____ NPI (if available) _____
Prescriber State License # (if available) _____ Prescriber Phone # (_____) _____
Payment Type ☐ Private Pay ☐ Medicaid ☐ Medicare ☐ Commercial Insurance ☐ Military Installations/VA
☐ Workers' Compensation ☐ Indian Nations ☐ Other

