



RxSENTRY[®]

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

**Dispenser's Implementation Guide
v1.3**

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Version Control Log

Date	Version	Author	Comments
03/04/09	1.0	McCollough/Trawick	Initial version
03/31/09	1.1	McCollough/Trawick	"Reporting Zero Dispensing" topic removed. New PDMP e-mail address added in the "Assistance and Support" topic.
05/19/09	1.2	McCollough/Trawick	"Reporting Zero Dispensing" topic added.
5/21/09	1.3	McCollough/Trawick	Replaced ASAP 2005 specifications with ASAP 95 specifications.

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1 Document Overview

Purpose and Contents

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

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

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

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2 Data Collection and Tracking

Data Collection Requirements

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

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

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

Reporting Requirements

All dispensers of Schedule II, III, IV, and V controlled substances are required to collect and report the following information to the data repository managed by Health Information Designs, Inc. of Auburn, Alabama:

- Recipient's full name
- Recipients Identification Number (SSN)
- Recipients Date of Birth

- Recipient's Gender
- Recipient's Address
- Pharmacy NABP Number
- Prescriber DEA Number
- Prescriber Name
- National Drug Code (NDC) of Drug Dispensed
- Date the Prescription is Dispensed
- Quantity Dispensed
- Number of Days Supply
- Indication as to the Origin of the Prescription (written, phoned, faxed, etc.)

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

Notes:

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

3 Data Submission

About This Chapter

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

Timeline and Requirements

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

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

Upload Specifications

Files should be in ASAP 95 format as defined in [Appendix A: ASAP 95 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20090101.dat". **All of your upload files will be kept separate from the files of others.**

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

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

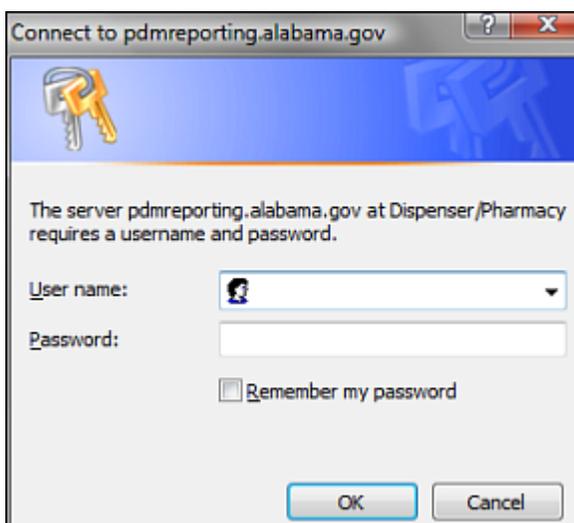
Creating Your Account

Prior to submitting data, the dispenser must create an account.

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

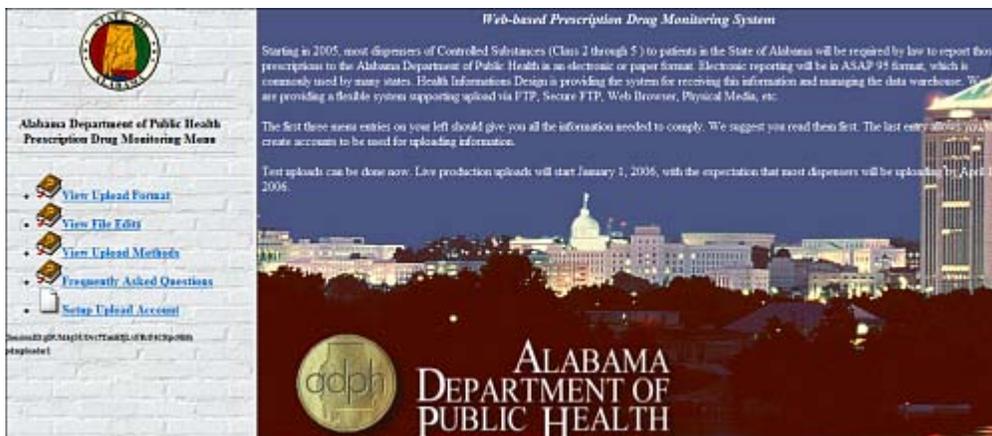
Perform the following steps to create an account:

- 1 Open an Internet browser window and type the following URL in the address bar: <https://pdmreporting.alabama.gov>. A window similar to the following is displayed:



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

A window similar to the following is displayed:



- 4 Click **Setup Upload Account**. The following window is displayed:

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

- 5 Enter your pharmacy NABP number in the **Pharmacy NABP number** field.

OR

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

- 6 Type your ZIP code in the **Zip Code** field, and then click **Next**. The next window in the account setup process is displayed:

New Account Setup for ADPH PDM Upload Access	
We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information we need.	
WALGREEN DRUG STORE 101 DOUG BAKER BLVD BIRMINGHAM 35242 Phone: 2054379467 Fax:	
If you will be reporting for more than one Dispenser, you should create a generic account using something more generic like "CVS" or "Target" or "RateAus".	
Your Choice:	<input type="radio"/> Keep 0132263 as my account for a single Dispenser. <input type="radio"/> Create an account using WALGREEN DRUG as my ID for uploading more than one Dispenser's Data.
Who should we contact regarding issues with data uploads?	
Contact Name:	<input type="text" value="?"/>
Contact Address:	101 DOUG BAKER BLV City: BIRMINGHAM State: AL Zip: 35242
Contact Email:	<input type="text" value="?"/> Don't Email Edit Reports
Contact Phone:	2054379467
Contact Fax:	<input type="text"/> Don't Fax Edit Reports
Integrating Upload Method:	<input type="radio"/> FTP of file Encrypted with OpenPGP <input type="radio"/> Upload with Internet Browser using SSL <input type="radio"/> Mail a Diskette <input type="radio"/> 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 we missed.	
Pharmacies I will be Reporting: (If you created a generic ID above)	0132263 WALGREEN DRUG STORE - 101 DOUG BAKER BLVD BIRMINGHAM (16) 0132275 WALGREEN DRUG STORE - 12 SHELTON BEACH RD SARALAND (16) 0132097 WALGREEN DRUG STORE - 2050 GOVERNMENT ST MOBILE (16) 0132180 WALGREEN DRUG STORE - 107 E MEIGHAN BLVD GADSDEN (16) 0132112 WALGREEN DRUG STORE - 6685 ATLANTA HWY MONTGOMERY (16) 0132073 WALGREEN DRUG STORE - 3434 RAINBOW CIR RAINBOW CITY (16) 0131172 WALGREEN DRUG STORE - 3025 ALLISON BONNETT MEM DR HUEYTOWN (16) 0131118 WALGREEN DRUG STORE - 2281 E SOUTH BLVD MONTGOMERY (16) 0131122 WALGREEN DRUG STORE - 1580 MONTCLAIR RD BIRMINGHAM (16) 0130964 WALGREEN DRUG STORE - 3500 MASTIN LAKE RD HUNTSVILLE (16) 0130954 WALGREEN DRUG STORE - 2515 CRAWFORD RD PHEENIX CITY (16) 0130839 WALGREEN DRUG STORE - 370 SCHLUNGER RD S MOBILE (16) 0130841 WALGREEN DRUG STORE - 703 S MEMORIAL DR PRATTVILLE (16) 0130740 WALGREEN DRUG STORE - 100 FIELDSTOWN RD GARDENDALE (16) 0130512 WALGREEN DRUG STORE - 2106 BRANDON ST SW HUNTSVILLE (16) 0130423 WALGREEN DRUG STORE - 3126 BOB WALLACE AVE SW HUNTSVILLE (16) 0130340 WALGREEN DRUG STORE - 5405 CONVENT RD BIRMINGHAM (16)

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

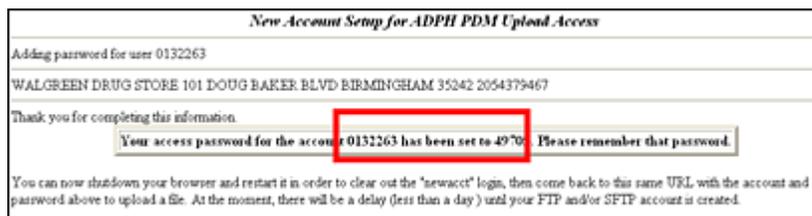
Field	Description/Usage
Account selection	<ul style="list-style-type: none"> Choose Keep <account number> as my account for a single Dispenser if you wish to use the suggested account name. Choose Create an account using <suggested account name> as my ID for uploading more than one Dispenser's Data if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

Field	Description/Usage
Contact Fax	<p>Type the contact's fax number, using the format 999-999-9999.</p> <p>The field to the right of the Contact Fax field is used to select one of the following upload notification options:</p> <ul style="list-style-type: none"> • Select Don't Fax Edit Reports if you do not wish to have the results of your data uploads faxed to you. • Select Fax Edit Reports Only If Any Errors if you wish to view the results of your data uploads that contain minor errors. <p>Note: Minor errors are caused by incorrect data entered into a non-vital field; however, information is still uploaded.</p> • Select Fax Edit Reports Only If Any Serious Errors if you wish view the results of your data uploads that contain serious errors. <p>Note: Serious errors are caused by missing or incorrect data entered into a vital field; however, information is still uploaded.</p> • Select Fax Edit Reports Only If Any Fatal Errors if you wish to view the results of your data uploads that contain fatal errors. <p>Note: Fatal errors are those that prevent information from being uploaded and that must be corrected.</p> • Select Fax Edit Reports For All Uploads if you wish to have the results of all of your data uploads faxed to you.
Pharmacy Manager and Store Information	
Pharmacy Manager's Name	Type the first and last name of the store manager.
Pharmacy Manager's Address	Type the store's street address, city, state, and ZIP code in the appropriate fields.
Pharmacy Manager's Email	Type the store's e-mail address.
Pharmacy Manager's Phone	Type the store's phone number, using the format 999-999-9999.
Pharmacy Manager's Fax	Type the store's fax number, using the format 999-999-9999.
Days and hours of operation	Type the store's days and hours of operation, for example, <i>M-F 8am-5pm, Saturday 8am-12pm, Sunday 12pm-6pm.</i>

Field	Description/Usage
Is this store part of a chain, or independent?	<ul style="list-style-type: none"> Choose Part of a chain of stores if your store is part of a chain of stores, for example, Walgreens. Choose Independent if your store is not part of a chain of stores.
Parent Chain Information Note: Ignore this section if your store is independent.	
Home Office Manager's Name	Type the name of the home office manager.
Home Office Address	Type the home office's street address, city, state, and zip code in the appropriate fields.
Home Office Email	Type the home office's e-mail address.
Home Office Phone	Type the home office's phone number, using the format <i>999-999-9999</i> .
Home Office Fax	Type the home office's fax number, using the format <i>999-999-9999</i> .
How will you be reporting your updates?	<ul style="list-style-type: none"> Choose Individually if you will be uploading data for one store at a time. Choose Batch with other chain or location data if you will be grouping store data and sending one file for numerous stores.
Supplemental Information Note: For information about how to determine your Internet Browser, Firewall, and Virus Scan information, see Instructions for Supplying Supplemental Information in this document.	
Internet Browser	Type the name and version number of the Internet browser you use.
Computer	<ul style="list-style-type: none"> Type PC if you are using a Windows-based computer. Type MAC if you are using an Apple computer.
Firewall(s)	If applicable, type the name of the firewall used on your computer.
Virus Scan	If applicable, type the name of the virus scan software used on your computer.
Technical Contact	Type the name, e-mail address, phone number, and fax number of your technical (IT) contact person.

Field	Description/Usage
Pharmacies I will be reporting	<p>A list of all pharmacies with names similar to your store name/pharmacy name is displayed in this field.</p> <p>To select additional pharmacies for which you will be reporting, press the [CTRL] key and then click the name of each pharmacy you wish to select.</p> <p>The pharmacies you select will be "tied" to your user name.</p>

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



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

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

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

or

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

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

Reporting Zero Dispensing

If you have no dispenses to report weekly for the preceding seven day period, you must report this information to the Alabama Department of Public Health 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: <https://pdmreporting.alabama.gov>.

- 3 Press **[Enter]**. A window similar to the following is displayed:



Connect to pdmreporting.alabama.gov

The server pdmreporting.alabama.gov at Dispenser/Pharmacy requires a username and password.

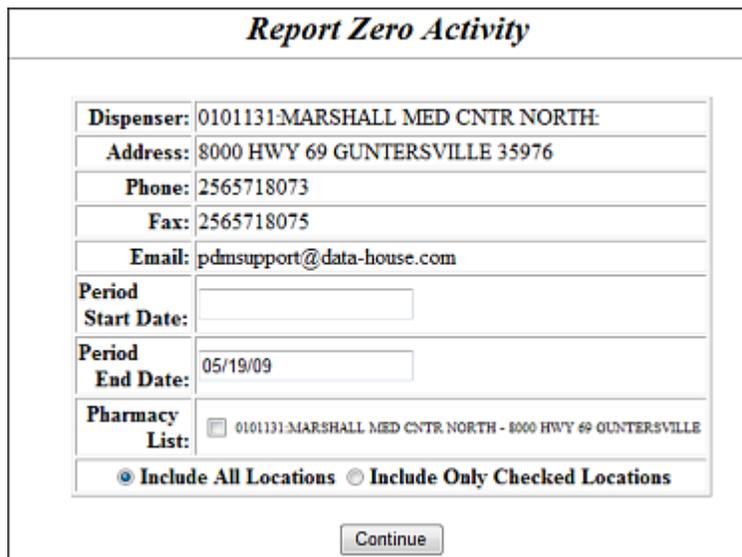
User name:

Password:

Remember my password

OK Cancel

- 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:



Report Zero Activity

Dispenser:	0101131:MARSHALL MED CNTR NORTH
Address:	8000 HWY 69 GUNTERSVILLE 35976
Phone:	2565718073
Fax:	2565718075
Email:	pdmsupport@data-house.com
Period Start Date:	<input type="text"/>
Period End Date:	05/19/09
Pharmacy List:	<input type="checkbox"/> 0101131-MARSHALL MED CNTR NORTH - 8000 HWY 69 GUNTERSVILLE

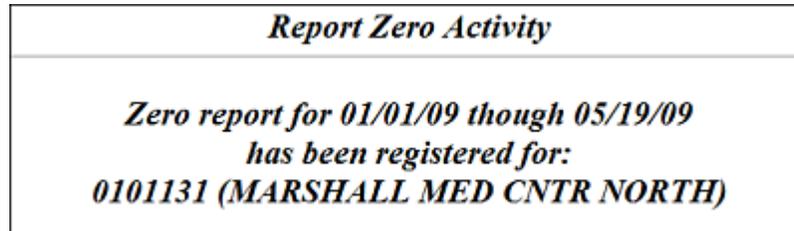
Include All Locations Include Only Checked Locations

Continue

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

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.
 - All other pharmacy information is populated with the information provided when you created your account.
- 9 Click **Continue**. A message similar to the following is displayed:



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4 Data Delivery Methods

About This Chapter

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

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

Delivery Method	Page
Secure FTP over SSH	15
Encrypted File with OpenPGP Via FTP	16
SSL Web Site	17
Physical Media (Tape, Diskette, CD, DVD)	18
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Secure FTP over SSH

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20090101.zip* if it is submitted on January 1, 2009.
- **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20090101.dat.up*). This will ensure that we do not try to load the file while you are

transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20090101.dat*).

- 3 SFTP the file to <sftp://pdmreporting.state.al.us>.
- 4 When prompted, type your NABP (or Generic ID) as your user ID and the password you supplied when creating your account.
- 5 Place the file in the new directory.
- 6 Log off when the file transfer/upload is complete.
- 7 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

Encrypted File with OpenPGP Via FTP

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

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Import the PGP public key, supplied during the account creation, into your PGP key ring.
- 3 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
 - **Before transmitting your file**, rename it to include the suffix *.up* (e.g. *20090101.dat.up*). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., *20090101.dat*).
- 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://pdmreporting.alabama.gov>.
- 6 When prompted, type your NABP (or Generic ID) as your user ID and the password you supplied when creating your account.
- 7 Place the file in the new directory.
- 8 Log off when the file transfer/upload is complete.
- 9 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

SSL Web Site

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important notes:

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

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

8 Click to select the file, and then click **Open**.

9 Click **Send File**.

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

Physical Media (Tape, Diskette, CD, DVD)

- 1 If an account has not yet been created, perform the steps in [Creating Your Account](#).
- 2 Prepare the data file for submission, using the ASAP 95 specifications described in [Appendix A: ASAP 95 Specifications](#).

Important Notes:

- The file name should be constructed using the date of submission to HID as the file name, and should have a *.dat* extension. For example, name the file *20090101.dat* if it is submitted on January 1, 2009.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20090101.zip* if it is submitted on January 1, 2008.

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

5 Mail the media to:

Health Information Designs, Inc.
ADPH PDM Program
391 Industry Drive
Auburn, AL 36832

Paper Submission

A dispenser who does not have an automated record keeping system capable of producing an electronic report following the provided ASAP 95 format may submit prescription information on the ADPH PDM-Universal Claim Form, which is located in [Appendix B](#) of this document. This form is also available from <http://pdmreporting.alabam.gov>.

Completed forms may be faxed to 1-888-288-0337 or mailed to:

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

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Appendix A: ASAP 95 Specifications

Below are definitions for the specific contents required of uploaded records to comply with the Alabama Prescription Drug Monitoring Program. Many of the data elements are required by the Standards, and HID has provided examples of how to provide the data.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed identifier
bin	N*	6	4-9	"NDBOPh"	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed version
trans-code	N*	2	12-13	"01"	Fixed value
pharm-number	A*	12	14-25	"0125999"	NABP/NCPDP number of dispenser
customer-id	A	20	26-45	"214546143"	ID for customer Note: For more information about how to provide the customer ID, see the note immediately following this table.
zip-code	A	3	46-48	"302"	First three digits of customer ZIP code
birth-date	D*	8	49-56	"19550420"	Customer birth date, <i>YYYYMMDD</i> format
sex-code	A*	1	57-57	"1"	Sex code - 1 =Male, 2=Female
date-filled	D*	8	58-65	"20050103"	Date claim was filled, <i>YYYYMMDD</i> format
rx-number	A*	7	66-72	"2239557"	Your internal Rx number
new-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML
days-supply	N	3	80-82	"030"	Days of supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound, 2=Compound

Field Name	Type	Len	Cols	Sample	Meaning
ndc-number	A*	11	84-94	"53014057507" for NDC Code OR "99999999999" for a compound	NDC Code (e.g.: METADATE CD 20 MG CAPSULE) Note: If using a compound the format for NDC must be all 9s (99999999999)
presc-id	A*	10	95-104	"AA99999999"	DEA Number of prescribing physician
dea-suffix	A	4	105-108	"0123"	If above DEA number is a facility, a unique identifier established by that facility to identify specific prescribers
date-rx-written	D*	8	109-116	"20050102"	Date Rx written, <i>YYYYMMDD</i> format
num-refill-auth	N*	2	117-118	"00"	Number refills authorized
rx-origin-code	A*	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Faxed, 4=Electronic/Eprescription)
cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (e.g., MITRAL VALVE DISORDERS)
alt-presc-id	A	10	129-138		State license number of prescriber if presc-id above is an Institutional DEA Number
pat-last-name	A*	15	139-153	"Harris"	Patient last name
pat-first-name	A*	15	154-168	"Jason"	Patient first name
pat-street-addr	A*	30	169-198	"124 West 34th Street"	Patient street address

Field Name	Type	Len	Cols	Sample	Meaning
state-code	A*	2	199-200	"ND"	State code of patient address
zip-code-extd	A*	9	201-209	"58502"	Extended ZIP code of patient address (5-digit ZIP is acceptable)
trip-serial-num	A	12	210-221		Triplicate serial number. This does not apply to Alabama at present. Leave blank.
filler-stuff	A	1	222-222		

* = Required

Note: Customer ID – ADPH requires that the pharmacist record the patient's SSN. If that is not available, please use a number from the list below that appropriately fits the situation:

000-00-0001 - Child who has not been assigned an SSN

000-00-0002 - Adult who has not been assigned an SSN

000-00-0003 - Person who refuses to provide the SSN of the patient (either themselves or picking up a prescription for someone else)

000-00-0004 - Person who does not know the SSN of the patient (either themselves or picking up Rx for someone else)

000-00-0005 - Pet

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Appendix B: Universal Claim Form



ALABAMA DEPARTMENT OF PUBLIC HEALTH PRESCRIPTION DRUG MONITORING PROGRAM PDM-UNIVERSAL CLAIM FORM

The State of Alabama now requires that ALL Prescriptions for Schedule II – V Controlled Substances be reported to a data repository managed by the Alabama Department of Public Health.

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

Fax or Mail to
Health Information Designs

PO Box 3210
Auburn, AL 36832-3210

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____
 SSN _____ Drivers License # _____ Drivers License State _____
 DOB ____/____/____ Gender M F
 Address _____ City _____ State _____ Zip _____

PHARMACY INFORMATION

Pharmacy Name _____ NABP _____ DEA _____
 Phone # (____) _____ - _____ Fax # (____) _____ - _____
 Address _____ City _____ State _____ Zip _____

PRESCRIPTION INFORMATION

Prescription # 1
 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill
 NDC [] [] [] [] - [] [] [] [] - [] [] Drug Name(Strength) _____
 Quantity Dispensed _____ Days Supply _____ # Refills Left _____
 Prescriber Name _____ State License # _____ DEA _____
 Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____
 Written Rx Faxed Rx Phoned Rx

Prescription # 2
 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill
 NDC [] [] [] [] - [] [] [] [] - [] [] Drug Name(Strength) _____
 Quantity Dispensed _____ Days Supply _____ # Refills Left _____
 Prescriber Name _____ State License # _____ DEA _____
 Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____
 Written Rx Faxed Rx Phoned Rx

Prescription # 3
 Rx # _____ Date Filled ____/____/____ Date Written ____/____/____ New Refill
 NDC [] [] [] [] - [] [] [] [] - [] [] Drug Name(Strength) _____
 Quantity Dispensed _____ Days Supply _____ # Refills Left _____
 Prescriber Name _____ State License # _____ DEA _____
 Prescriber Phone # (____) _____ - _____ Prescriber Fax # (____) _____ - _____
 Written Rx Faxed Rx Phoned Rx

FOR HID USE ONLY

Date Received ____/____/____ Date Entered ____/____/____
 Comments _____

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Appendix C: Upload Reports and Edit Definitions

Upload Reports

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

Below is an example of an error report:

```

Below is an example of an error report:

Edit Report for file 1/010038 Edited 09/07/05
Record      2: 2: 05-No such pharmacy found in DEA table  Data:          [9101509 ]
Record      3: 09-Birth                               Date                               Invalid
Record      4:                                         Date                               D
Record      5:                                         ata:
Record      5:                                         [
Record      6: 19550435]
Record      7: 10-Sex                               Code                               Invalid
Record      8:                                         Date                               D
Record      9:                                         ata:
Record     10:                                         [
Record     11 3      ]
Total #Records : 15-Date                               Filled                               Invalid
                                         Data: [20050900]
                                         Data: [00two  ]
                                         Data: [one   ]
                                         Data: [99914057]
                                         Data: [98356  ]
                                         Data: [20050900]
                                         Data: [4240AA  ]
                                         Data: [20050103]
                                         11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1

```

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

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

An entire batch may be rejected if:

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

Our intent is to identify formatting errors and issues with the proper recording of data. Otherwise, we will load all records without fatal errors.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 05	Pharmacy ID not found	Fatal
Edit 07	Customer ID must not be blank	Fatal
Edit 09	Invalid DOB	Serious
Edit 10	Gender must be valid	Serious
Edit 15	Date Dispensed is invalid	Serious
Edit 18	Quantity is invalid	Minor
Edit 19	Days Supply is invalid	Minor
Edit 21	NDC not found	Serious
Edit 25	Prescriber ID not found	Serious
Edit 28	Date RX Written is invalid	Serious
Edit 86	Diagnosis Code is invalid	Minor
Edit V1	Record already exists	Fatal

Appendix D: Assistance and Support

Technical Assistance

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

Contact HID at pdm-info@hidinc.com

or

Call 1-800-225-6998, option 8

Technical assistance is available from 8:00 am – 5:00 pm CST (Central Standard Time).

Administrative Assistance

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

Donna Jordan, MPA

Program Manager, Prescription Drug Monitoring Program (PDMP)

Alabama Department of Public Health

Bureau of Professional and Support Services

201 Monroe Street, Suite 1010

Montgomery, AL 36130-3017

Telephone: 334-206-5226

Fax: 334-206-3749

E-mail: pdmp@adph.state.al.us