

# **Dispenser's Implementation Guide**

## **Version 1.11**

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



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# 1 Program Overview

## Purpose

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

E-FORCSE has selected Health Information Designs (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV. HID's RxSentry<sup>®</sup> 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<sup>®</sup> leads the industry in flexibility, functionality, and ease of use.

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

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

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## 2 Document Overview

### Purpose and Content

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

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

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

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## 3 Data Collection and Tracking

### Data Collection Requirements

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

Each time a controlled substance is dispensed to an individual, the controlled substance shall be reported to the E-FORCSE program using a format approved by the Florida Department of Health (DOH), as soon thereafter as possible, but not more than seven (7) days after the date the controlled substance was dispensed. All dispensers of controlled substances must meet the reporting requirements set forth by section 893.055, F.S., in a secure methodology and format. Such approved formats may include, but are not limited to, submission via the Internet, on a disc, or by use of regular mail.

### Reporting Requirements

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

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

### Exemptions

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

- Administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;
- Administers a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled;
- Administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- Administers a controlled substance in the Emergency Room of a licensed hospital;
- Administers or dispenses a controlled substance to a patient under the age of 16; or
- Dispenses a one-time, 72-hour re-supply of controlled substances.

## Required Prescription Information

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

Field Name	Field ID
Pharmacy Header	
DEA Number	PHA03
Patient Information	
Last Name	PAT07
First Name	PAT08
Address Information – 1	PAT12
City Address	PAT14
State Address <b>Note:</b> 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-FORCSE 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 4.1 format, as defined in [Appendix A: ASAP 4.1 Specifications](#). Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of ".dat". An example file name would be "20110801.dat". All of your upload files will be kept separate from the files of others.

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

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

## Creating Your Account

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

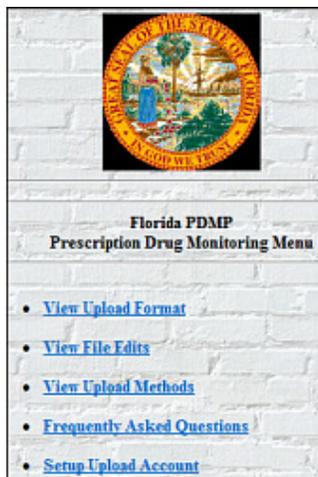
**Note:** Multiple dispensers' reports can be uploaded in the same file. For example, chain pharmacies may send in one file containing controlled substance dispensing information for all of their pharmacies licensed in the State of Florida. Therefore, chains with multiple stores only have to set up one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

Perform the following steps to create an account:

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



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



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

*New Account Setup for FL PDMP Upload Access (fldpm)*

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:

ZIP Code:

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

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

*New Account Setup for FL PDMP Upload Access (fldpm)*

We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information.

SUNSET PHARMACY 101 PROFESSIONAL AVENUE WEST COLUMBIA 29169 Phone: Fax: ?

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

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

Who should we contact regarding issues with data uploads?

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

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

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

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

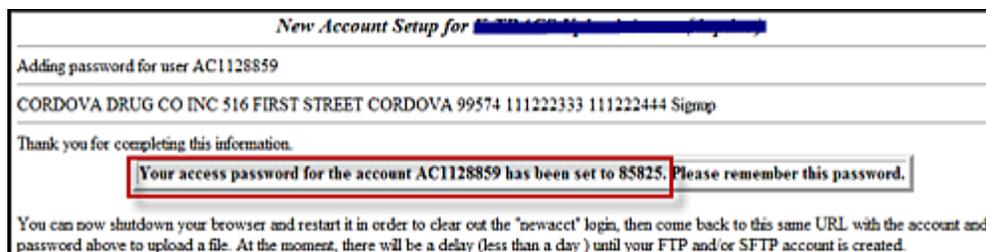
- B55795058 SUN CITY WEST PHARMACY - 13925 MEEKER BOULEVARD BUILDING A STE 5 SUN CITY WEST (3)
- B50830930 SUN COAST PHARMACY - 3060 KIMBERLY BLVD STE 30 BOCA RATON (3)
- B57427788 SUN DRUG PHARMA INC - 1823 NORTH HILLHURST AVE LOS ANGELES (2)
- B57327249 SUN HEALTH PHARMACY - 9725 N BROADWAY CHICAGO (5)
- B50301870 SUN MART - 2005 5TH ST. S. MOORHEAD (3)
- AE2333728 SUN MART PHARMACY - 1205 W LINCOLN FERGUS FALLS (4)
- B55456802 SUN MART PHARMACY #025 - 1340 WEST O STREET LINCOLN (3)
- B55999979 SUN MART PHARMACY #450 - 320 S BURLINGTON AVE. HASTINGS (3)
- AS1074703 SUN PHARMACY - 1 NORTH QUEEN STREET P.O. BOX 420 RISING SUN (7)
- AS1789902 SUN PHARMACY - 6126 MERLE HAY RD BOX 288 JOHNSTON (3)
- FS2623024 SUN PHARMACY - 7023 HIGHWAY 8 SOUTH HOUSTON (3)

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

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

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

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



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

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

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

Or

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

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

## Modifying Your Upload Account

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

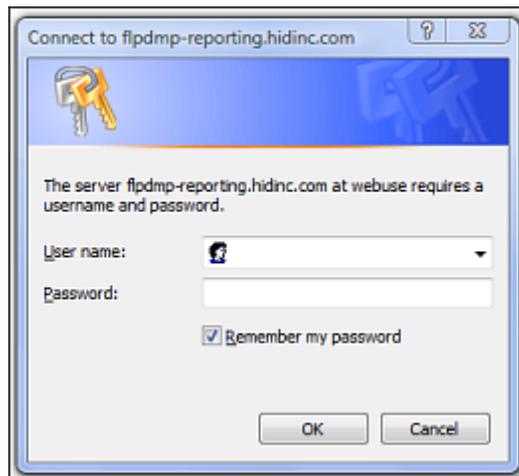
- 1 Open an Internet browser window and type the following URL in the address bar:  
<http://www.hidinc.com/flpdmp>.
- 2 Click **RxSentry Dispenser's Upload Site**.
- 3 Type your user name in the **User name** field.
- 4 Type your password in the **Password** field.
- 5 Click **OK**.
- 6 From the RxSentry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

## Reporting Zero Dispensing

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

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

A window similar to the following is displayed:



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

**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.

<b>Dispenser:</b>	1234567-BEST PHARMACY:
<b>Address:</b>	23 MAIN ST BISMARK 58502
<b>Phone:</b>	701-328-1234
<b>Fax:</b>	701-328-7654
<b>Email:</b>	bestpharmacy@charter.net
<b>Period Start Date:</b>	<input type="text"/>
<b>Period End Date:</b>	09/21/09

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

**Notes:**

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

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

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

### About This Chapter

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

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

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### Secure FTP over SSH

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

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

#### Important Notes:

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

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

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

## Encrypted File with OpenPGP Via FTP

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

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

### Important notes:

- The file name should be constructed using the date of submission to E-FORCSE as the file name, and should have a *.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 you supplied when creating your account.
  - 7 Place the file in the new directory.
  - 8 Once the transmission is complete, rename the file without the *.up* extension (e.g., *20110801.pgp*).
  - 9 Log off when the file transfer/upload is complete.
  - 10 If desired, view the results of the transfer/upload in your user directory. The file name is **YYYYMMDD.rpt**.

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

## SSL Website

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

### Important notes:

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

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

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

## Physical Media (Tape, Diskette, CD, DVD)

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

### Important Notes:

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

- 5** Mail the media to:
- Health Information Designs, LLC  
Attn: FL PDMP  
391 Industry Drive  
Auburn, AL 36832

## Universal Claim Form (UCF) Submission

### Online UCF Submission

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

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

The following new terms are introduced in this topic:

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

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

### Reporting Requirements for UCF Submissions

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

### Notes about NDC Numbers

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

- NDCs are 11 digits and use the format *99999-9999-99*.
- When adding an NDC, do not include the dashes, for example, *999999999999*.
- 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:

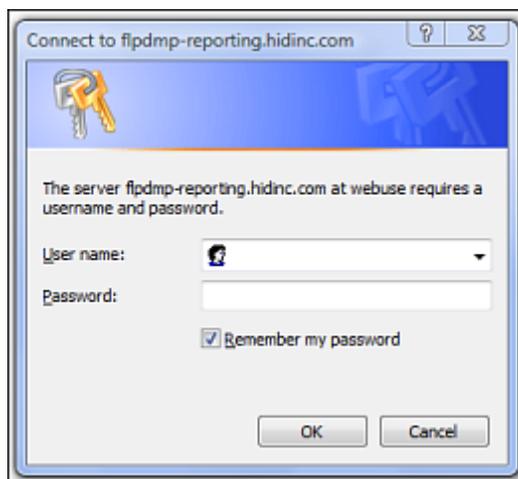
If the NDC appears this way ...	Enter it this way ...
1234-5678-90 (missing 0 in first segment)	01234568790
54321-123-98 (missing 0 in 2nd segment)	54321012398

## Submitting Information Using the Online UCF

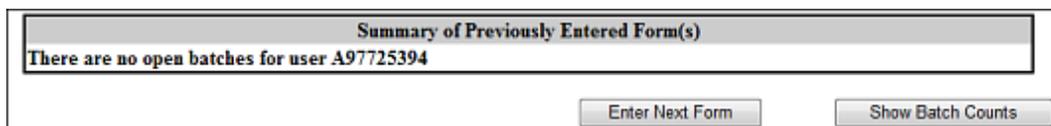
Perform the following steps to use the online UCF to submit prescription information:

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

A window similar to the following is displayed:



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



- Enter Next Form** allows you to prepare one or more records for submission.

- **Show Batch Counts** displays the number of records in the batch currently being prepared for submission and the number of records that have been previously submitted.

**8 Click Enter Next Form.**

A window similar to the following is displayed:

The UCF contains three sections—Patient Information, 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.

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

**Notes:**

- If information is missing from any required fields on the UCF, the UCF window will display again with the required fields indicated. Click **Modify** to add the missing information, and then click **Submit**.

- If the system indicates that the DEA number or the NDC number you have provided is invalid, and you are certain you have provided the correct number, contact HID using the information supplied in [Assistance and Support](#).

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

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

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

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

**11** Perform one of the following functions:

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

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

## Waiver for Dispensers without Internet Access

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

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

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

### Important notes:

- As with the online submission method, the information provided must be complete and accurate.
- Use the information in the [Notes about NDC Numbers](#) topic as a guideline for providing accurate NDC numbers.

## Paper UCF Submission

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

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

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

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# 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

File Name

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: [805555555] AB9876543	04034493
Record	185: 25- Prescriber ID not found	Data: [805555555] AB9876543	04034459
Record	200: 25- Prescriber ID not found	Data: [85110011 ] AB9876543	04034489
Record	215: 54- Customer Zip Code conflicts with Stat	Data: [432780000] AB9876543	04033520
Record	224: 25- Prescriber ID not found	Data: [AS1111119] 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.hidinc.com/flpdmp>.
- 2 Click **RxSentry Dispenser's Upload Site**. A window similar to the following is displayed:



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

Report Timeframe: 10/18/10 - 11/18/10

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

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

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

## Error Correction

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

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

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

- 00 New Record – indicates a new record
- 01 Revise – indicates that one or more data elements in a previously-submitted record has been revised
- 02 Void – indicates that the original record should be voided

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

### Submit a New Record

Perform the following steps to submit a new record:

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

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

### Revise a Record

Perform the following steps to revise a record:

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

- DSP02 (Prescription Number)
  - DSP05 (Date Filled)
- 3 Fill in all other data fields with the correct information. This information will override the original data linked to the fields referenced in step 2.
  - 4 Submit the record.

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

## Void a Record

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

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

## Edit Definitions

The following table describes the current list of edits:

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

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

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## 7 Assistance and Support

### Technical Assistance

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

Contact HID by e-mail at [flpdmp-info@hidinc.com](mailto:flpdmp-info@hidinc.com)

**OR**

Call the HID Help Desk at 877-719-3120

### Administrative Assistance

If you have non-technical questions regarding E-FORCSE, please contact:

E-FORCSE, Florida's Prescription Drug Monitoring Program

4052 Bald Cypress Way, Bin C-16

Tallahassee, Florida 32399

Phone: 850-245-4797

E-mail: [e-forcse@doh.state.fl.us](mailto:e-forcse@doh.state.fl.us)

Website: [www.e-forcse.com](http://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

### **Health care practitioner**

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

### **HID**

Health Information Designs, LLC

### **NDC**

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

### **PMP**

Prescription Monitoring Program; term used by ASAP

### **PDMP**

Prescription Drug Monitoring Program

### **PDMS**

Prescription Drug Monitoring System

### **Prescriber**

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

**RxSentry**

Prescription drug monitoring system developed by Health Information Designs, LLC

**SFTP**

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

**SSL**

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

**Universal Claim Form (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

### Copyright Notice and Trademarks

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Auburn, AL 36832

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Please refer to the Florida PDMP website, [www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp) for the most current version of this document.

### Formatting Conventions

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

### Version History

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

Publication Date	Version Number	Comments
06/28/2011	1.0	Initial publication
07/07/2011	1.1	Updated publication
07/20/2011	1.2	Updated publication

Publication Date	Version Number	Comments
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

## Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Appendix A: ASAP 4.1 Specifications	Changed the field usage for the following fields from <b>RR</b> to <b>S</b> : <ul style="list-style-type: none"> <li>▪ PHA05</li> <li>▪ PHA07</li> <li>▪ PHA08</li> <li>▪ PHA09</li> </ul>
1.2	Appendix A: ASAP 4.1 Specifications	Changed the field usage for the following fields from <b>RR</b> to <b>S</b> : <ul style="list-style-type: none"> <li>▪ PRE01</li> <li>▪ PRE04</li> </ul> Changed the field usage for the following fields from <b>S</b> to <b>RR</b> : <ul style="list-style-type: none"> <li>▪ PRE05</li> <li>▪ PRE06</li> </ul>
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

<b>Version Number</b>	<b>Chapter/Section</b>	<b>Change</b>
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"> <li>▪ Chapter 3/ Required Prescription Information</li> <li>▪ Appendix A/ASAP Specifications Table</li> </ul>	Added a note to instruct dispensers to populate field PAT15 with "99" if the patient address is outside the U.S.

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## Appendix A: ASAP 4.1 Specifications

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

The following elements are used in each upload file:

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

Each completed field should be followed by an asterisk, and each blank field should contain a single asterisk.

If the last field in the segment is blank, it should contain an asterisk and a tilde (~).

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

Segment	Field ID	Field Name	Field Usage
<b>PHA: Pharmacy Header</b>			
Used to identify the pharmacy.			
<b>Note:</b> It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.			
	<b>PHA01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the pharmacy by CMS.	S
	<b>PHA02</b>	<b>NCPDP/NABP Provider ID</b> Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	S
	<b>PHA03</b>	<b>DEA Number</b> Identifier assigned to the pharmacy by the Drug Enforcement Administration.	RR
	<b>PHA04</b>	<b>Pharmacy Name</b> Free-form name of the pharmacy.	S
	<b>PHA05</b>	<b>Address Information – 1</b> Free-form text for address information.	S
	<b>PHA06</b>	<b>Address Information – 2</b> Free-form text for address information.	S
	<b>PHA07</b>	<b>City Address</b> Free-form text for city name.	S
	<b>PHA08</b>	<b>State Address</b> U.S. Postal Service state code.	S
	<b>PHA09</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP Code.	S
	<b>PHA10</b>	<b>Phone Number</b> Complete phone number including area code.	S
	<b>PHA11</b>	<b>Contact Name</b> Free-form name.	S
	<b>PHA12</b>	<b>Chain Site ID</b> 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
<b>PAT: Patient Information</b>			
Used to report the patient's name and basic information as contained in the pharmacy record.			
	<b>PAT01</b>	<b>ID Qualifier of Patient Identifier</b> Code identifying the jurisdiction that issues the ID in PAT03.	S

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

Segment	Field ID	Field Name	Field Usage
	<b>PAT12</b>	<b>Address Information – 1</b> Free-form text for street address information.	RR
	<b>PAT13</b>	<b>Address Information – 2</b> Free-form text for additional address information.	S
	<b>PAT14</b>	<b>City Address</b> Free-form text for city name.	RR
	<b>PAT15</b>	<b>State Address</b> U.S. Postal Service state code <b>Note:</b> Populate with "99" if the patient address is outside the U.S.	RR
	<b>PAT16</b>	<b>ZIP Code Address</b> U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	RR
	<b>PAT17</b>	<b>Phone Number</b> Complete phone number including area code.	S
	<b>PAT18</b>	<b>Date of Birth</b> Date patient was born. Format: CCYYMMDD	RR
	<b>PAT19</b>	<b>Gender Code</b> Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>• F Female</li> <li>• M Male</li> <li>• U Unknown</li> </ul>	RR
	<b>PAT20</b>	<b>Species Code</b> Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> <li>• 01 Human</li> <li>• 02 Veterinary Patient</li> </ul>	S

Segment	Field ID	Field Name	Field Usage
	<b>PAT21</b>	<b>Patient Location Code</b> Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 98 Unknown</li> <li>• 99 Other</li> </ul>	S
	<b>PAT22</b>	<b>Country of Non-U.S. Resident</b> Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.	S
	<b>PAT23</b>	<b>Name of Animal</b> Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.	S
<b>DSP: Dispensing Record</b>			
Used to identify the basic components of a dispensing of a given prescription order including the date and quantity.			
	<b>DSP01</b>	<b>Reporting Status</b> DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul>	R
	<b>DSP02</b>	<b>Prescription Number</b> Serial number assigned to the prescription by the pharmacy.	RR
	<b>DSP03</b>	<b>Date Written</b> Date the prescription was written (authorized). Format: CCYYMMDD	RR
	<b>DSP04</b>	<b>Refills Authorized</b> The number of refills authorized by the prescriber.	R

Segment	Field ID	Field Name	Field Usage
	<b>DSP05</b>	<b>Date Filled</b> Date prescription was filled. Format: CCYYMMDD	RR
	<b>DSP06</b>	<b>Refill Number</b> Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	RR
	<b>DSP07</b>	<b>Product ID Qualifier</b> Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>• 01 NDC</li> <li>• 06 Compound</li> </ul>	R
	<b>DSP08</b>	<b>Product ID</b> Full product identification as indicated in DSP07, including leading zeros without punctuation.	RR
	<b>DSP09</b>	<b>Quantity Dispensed</b> Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	RR
	<b>DSP10</b>	<b>Days Supply</b> Estimated number of days the medication will last.	R
	<b>DSP11</b>	<b>Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>• 01 Each</li> <li>• 02 Milliliters (ml)</li> <li>• 03 Grams (gm)</li> </ul>	S
	<b>DSP12</b>	<b>Transmission Form of Rx Origin Code</b> Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>• 01 Written Prescription</li> <li>• 02 Telephone Prescription</li> <li>• 03 Telephone Emergency Prescription</li> <li>• 04 Fax Prescription</li> <li>• 05 Electronic Prescription</li> <li>• 99 Other</li> </ul>	S
	<b>DSP13</b>	<b>Partial Fill Indicator</b> To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>• 01 Yes</li> <li>• 02 No</li> </ul>	S
	<b>DSP14</b>	<b>Pharmacist National Provider Identifier (NPI)</b> Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.	S
	<b>DSP15</b>	<b>Pharmacist State License Number</b> This data element can be used to identify the pharmacist dispensing the medication. Assigned to the pharmacist by the State Licensing Board.	S

Segment	Field ID	Field Name	Field Usage
	<b>DSP16</b>	<b>Classification Code for Payment Type</b> Code identifying the type of payment; i.e., how it was paid for. <ul style="list-style-type: none"> <li>• 01 Private Pay</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul>	RR
	<b>DSP17</b>	<b>Date Sold</b> Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	S
	<b>DSP18</b>	<b>RxNorm Code</b> Used for electronic prescriptions to capture the prescribed drug product identification.	S
	<b>DSP19</b>	<b>Electronic Prescription Reference Number</b> Used to provide an audit trail for electronic prescriptions.	S
<b>PRE: Prescriber Information</b>			
Used to identify the prescriber of the prescription.			
	<b>PRE01</b>	<b>National Provider Identifier (NPI)</b> Identifier assigned to the prescriber by CMS.	S
	<b>PRE02</b>	<b>DEA Number</b> Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	RR
	<b>PRE03</b>	<b>DEA Number Suffix</b> Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.	S
	<b>PRE04</b>	<b>Prescriber State License Number</b> Identification assigned to the Prescriber by the State Licensing Board.	S
	<b>PRE05</b>	<b>Last Name</b> Prescriber's last name.	RR
	<b>PRE06</b>	<b>First Name</b> Prescriber's first name.	RR
	<b>PRE07</b>	<b>Middle Name</b> Prescriber's middle name or initial.	S

Segment	Field ID	Field Name	Field Usage
<b>CDI: Compound Drug Ingredient Detail</b>			
<p>Required when medication dispensed is a compound and one of the ingredients is a PMP reporting drug. If more than one ingredient is for a prescription-monitoring program reporting drug, then this would be incremented by one for each compound ingredient being reported.</p> <p>Used to identify the individual ingredients that make up a compounded drug.</p> <p>If CDI is filled in, the NDC of DSP08 must be 9999999999</p>			
	<b>CDI01</b>	<b>Compound Drug Ingredient Sequence Number</b> First reportable ingredient is 1; each additional reportable ingredient is incremented by 1.	R
	<b>CDI02</b>	<b>Product ID Qualifier</b> Code to identify the type of product ID contained in CDI03. • 01 NDC	R
	<b>CDI03</b>	<b>Product ID</b> Full product identification as indicated in CDI02, including leading zeros without punctuation.	R
	<b>CDI04</b>	<b>Compound Ingredient Quantity</b> Metric decimal quantity of the ingredient identified in CDI03. Example: 2.5	R
	<b>CDI05</b>	<b>Compound Drug Dosage Units Code</b> Identifies the unit of measure for the quantity dispensed in CDI04. • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)	S
<b>AIR: Additional Information Reporting</b>			
<p>To report a prescription blank serial number, information on person dropping off or picking up the prescription, or information regarding the prescription not included in the other detail segments.</p>			
<b>Note:</b> If this segment is used, at least one of the data elements (fields) will be required.			
	<b>AIR01</b>	<b>State Issuing Rx Serial Number</b> U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	S
	<b>AIR02</b>	<b>State Issued Rx Serial Number</b> Number assigned to state issued serialized prescription blank.	S
	<b>AIR03</b>	<b>Issuing Jurisdiction</b> Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	S

Segment	Field ID	Field Name	Field Usage
	<b>AIR04</b>	<b>ID Qualifier of Person Dropping Off or Picking Up Rx</b> Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul>	S
	<b>AIR05</b>	<b>ID of Person Dropping Off or Picking Up Rx</b> ID number of patient or person picking up or dropping off the prescription.	S
	<b>AIR06</b>	<b>Relationship of Person Dropping Off or Picking Up Rx</b> Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>• 01 Patient</li> <li>• 02 Parent/Legal Guardian</li> <li>• 03 Spouse</li> <li>• 04 Caregiver</li> <li>• 99 Other</li> </ul>	S
	<b>AIR07</b>	<b>Last Name of Person Dropping Off or Picking Up Rx</b> Last name of person picking up the prescription.	S
	<b>AIR08</b>	<b>First Name of Person Dropping Off or Picking Up Rx</b> First name of person picking up the prescription.	S
	<b>AIR09</b>	<b>Last Name or Initials of Pharmacist</b> Last name or initials of pharmacist dispensing the medication.	S
	<b>AIR10</b>	<b>First Name of Pharmacist</b> First name of pharmacist dispensing the medication.	S
<b>TP: Pharmacy Trailer</b>			
Used to identify the end of data for a given pharmacy and provide the count of the total number of detail segments reported for the pharmacy, including the PHA and TP segment.			
	<b>TP01</b>	<b>Detail Segment Count</b> Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
<b>TT: Transaction Trailer</b>			
Used to indicate the end of the transaction and provide the count of the total number of segments included in the transaction.			
	<b>TT01</b>	<b>Transaction Control Number</b> Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R

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

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## **Appendix B: Universal Claim Form**

The Universal Claim Form is provided on the following page.

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Florida Prescription Drug Monitoring Program
Universal Claim Form



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

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

Fax or Mail to:
Health Information Designs, Inc.

391 Industry Dr.
Auburn, AL 36832

PATIENT INFORMATION

First Name MI Last Name
DOB 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 Filled Date Written Refill Number
Rx # NDC Drug Name (Strength)
Quantity Dispensed Days Supply
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 Filled Date Written Refill Number
Rx # NDC Drug Name (Strength)
Quantity Dispensed Days Supply
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 Filled Date Written Refill Number
Rx # NDC Drug Name (Strength)
Quantity Dispensed Days Supply
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

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