

Dispenser's Implementation Guide

**Arizona Board of Pharmacy
Prescription Drug Monitoring Program**



August 2011

This page intentionally left blank.

Contents

1	Document Overview	1
	Purpose and Contents	1
2	Data Collection and Tracking	3
	Data Collection Requirements.....	3
	Reporting Requirements	3
3	Data Submission	5
	About This Chapter	5
	Timeline and Requirements	5
	Upload Specifications.....	5
	Creating Your Account	5
	Modifying Your Upload Account	8
	Reporting Zero Dispensing.....	8
4	Data Delivery Methods	11
	About This Chapter	11
	Secure FTP Over SSH.....	11
	Encrypted File with OpenPGP Via FTP	12
	SSL Web Site.....	13
	Physical Media (Tape, Diskette, CD, DVD)	14
	Paper Submission.....	15
	Universal Claim Form (UCF) Submission.....	15
	Notes about NDC Numbers	15
	Manual UCF Submission.....	16
	Online UCF Submission	16
5	Upload Reports and Edit Definitions	21
	Upload Reports	21
	View Upload Reports	21
	Error Correction	23
	Correcting an Uploaded Data File.....	23
	Before You Start.....	23
	Review the Error Report	23
	Upload a backout file	23
	Correct erroneous records.....	25
	Upload a corrected data file.....	25
	Edit Definitions	25
6	Glossary	27
7	Assistance and Support	29
	Technical Assistance	29
	Administrative Assistance	29

8 Document Information	31
Copyright Notice and Trademarks	31
Disclaimer	31
Formatting Conventions	31
Version History.....	32
Change Log	32
 Appendix A: ASAP 2005 Specifications	 A-1
 Appendix B: Universal Claim Form	 B-1

1 Document Overview

Purpose and Contents

The *RxSentry*[®] *Dispenser's Implementation Guide* serves as a step-by-step guide for dispensers in the State of Arizona who dispense Schedule II through Schedule IV controlled substances and use RxSentry as a repository for the reporting of their dispenses. It includes such topics as:

- Reporting requirements for dispensers in the State of Arizona
- 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 is intended for use by all dispensers in the State of Arizona required to report their dispensing of controlled substances.

This page intentionally left blank.

2 Data Collection and Tracking

Data Collection Requirements

Section 36-2602 of House Bill 2136 signed into law on July 2, 2007 requires the Arizona State Board of Pharmacy (ASBP) to establish and maintain a controlled substances prescription monitoring program (CSPMP).

The purpose of this legislation is to improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances. A dispenser is required by law to report to ASBP all Schedule II, III, and IV prescriptions dispensed, under *Section 36-2608 of the Arizona Controlled Substances Prescription Monitoring Program Act*. The reporting shall be weekly and will begin September 1, 2008.

The primary function of ASBP is to provide a central repository of all prescriptions dispensed for Schedule II, III, and IV controlled substances in Arizona. Authorized persons may request information from this repository to assist them in treating patients and identifying and deterring drug diversion, consistent with *A.R.S. § 36-2604*. Assuring confidentiality and the security of the data is a primary consideration for this program for all aspects to include data collection, transmission of requests, and dissemination of reports.

Dispensers will be required to report on Friday of each week of the system's operation for the previous week's data (Sunday through Saturday). If a Friday falls on a State holiday, the dispenser shall report the data on the following business day.

Data collection shall begin on Monday, October 6, 2008 and reporting shall begin on or before Friday October 17, 2008 for the week ending October 11, 2008. Dispensers will be required to report their controlled substance data retroactively to April 1, 2008. Dispensers will have until October 31, 2008 to report this retroactive data.

Reporting Requirements

Data collected from the dispensers shall include for each Schedule II, III, and IV prescription the following information:

- The dispenser's DEA number
- The name of the person or, if for an animal, the owner of the animal for whom the controlled substance is being dispensed, and the person's or, if for an animal, the owner's:
 - Full address, including city, state, and zip code
 - Gender
 - Telephone number
 - Date of birth
- The date the prescription was written

- The date the prescription was filled
- The prescription number
- The number of refills, if any, authorized by the medical practitioner
- Whether the prescription is new or refill
- Metric quantity of the dispensed drug
- The method of payment identified as cash or third party
- National Drug Code of dispensed drug
- Prescriber's DEA number

Chapter 3, [Data Submission](#), provides all the instructions necessary to submit the required information.

Notes:

- "Dispenser" is a medical practitioner or pharmacy 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 Chapter 3, [Data Submission](#), 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

Dispensers can establish an account upon receipt of this document. Instructions are provided in the [Creating Your Account](#) topic below.

You can begin submitting data as soon as your account has been established.

Data collection shall begin on Monday, October 6, 2008 and reporting shall begin on or before Friday October 17, 2008 for the week ending October 11, 2008. Dispensers will be required to report their controlled substance data retroactively to April 1, 2008. Dispensers will have until October 31, 2008 to report this retroactive data.

Upload Specifications

Files should be in ASAP 2005 format as defined in [Appendix A: ASAP 2005 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 "20111009.dat". **All of your upload files will be kept separate from the files of others.**

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

Prescription information must be reported at least weekly, unless a waiver has been obtained from the Arizona State Board of Pharmacy.

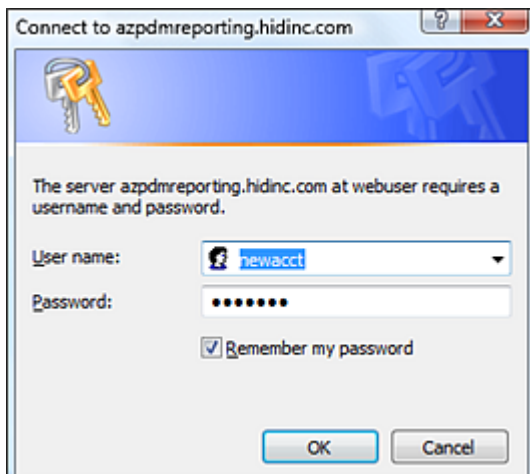
Creating Your Account

Prior to submitting data, you must create an account.

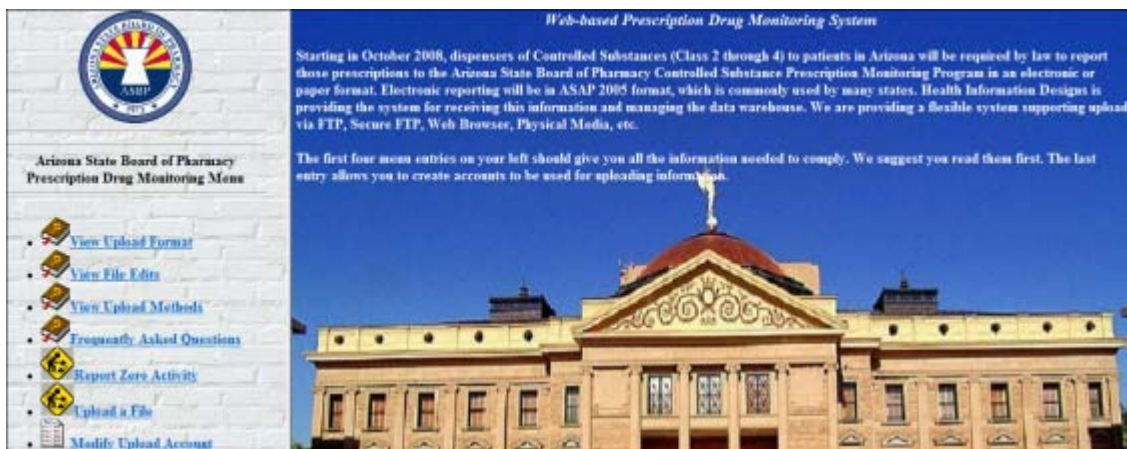
Note: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, etc., send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

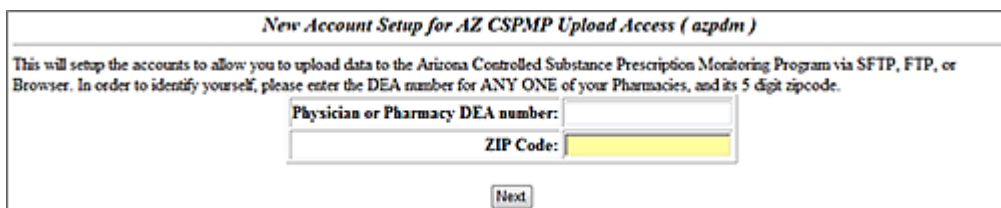
- 1 Open an Internet browser window and type the following URL in the address bar: <https://azpdmreporting.hidinc.com>. The following window is displayed:



- 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**.



- 5 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**. A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)	
We have located the following pharmacy information. If this is one of your pharmacies, continue filling out the additional contact information we need.	
6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 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:	<input type="radio"/> Keep A91955650 as my account for a single Dispenser. <input type="radio"/> Create an account using 6122 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:	Test April
Contact Address:	6122 WHITTIER BLD City: LOS ANGELES State: CA Zip: 90022
*Contact Email:	april@hidnc.com Don't Email Edit Reports
*Contact Phone:	3345023262
*Contact Fax:	Don't Fax Edit Reports
Anticipated Upload Method:	FTP of file Encrypted with OpenPGP Upload with Internet Browser using SSL Mail a Diskette Mail a CDR
Now, here are all the Pharmacies whose name is somewhat similar to the name above. Pharmacies that are really similar are already selected for you. Please Hold down CTRL and select any additional Pharmacies we missed.	
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.	

7 Complete the form in its entirety, and then click **Next**. A window similar to the following is displayed:

New Account Setup for AZ CSPMP Upload Access (azpdm)	
Updating password for user A91955650	
6122 PHARMACY 6122 WHITTIER BLD LOS ANGELES 90022 3345023262 Signup	
Thank you for completing this information.	
Your access password for the account A91955650 has been set to 40694. Please remember that password.	
You can now shutdown your browser and restart it in order to clear out the "newacct" login, then come back to this same URL with the account and password above to upload a file. At the moment, there will be a delay (less than a day) until your FTP and/or SFTP account is created.	

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 NABP 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).

Modifying Your Upload Account

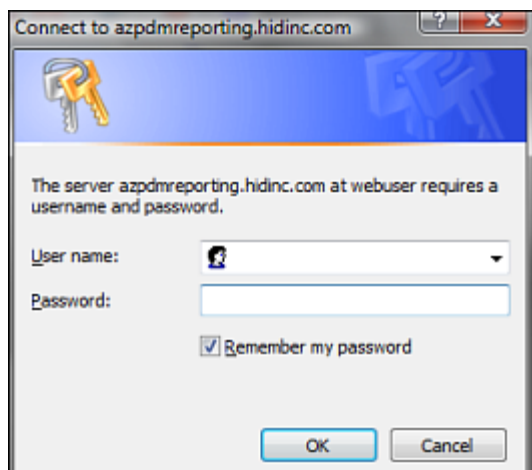
Use this function if you need to modify the information supplied when you originally created your account.

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

Reporting Zero Dispensing

If you have no dispenses to report for the preceding seven day period, you must report this information to the Arizona State Board of Pharmacy 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://azpdmreporting.hidinc.com>.
- 3 Press [Enter]. 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.

Dispenser:	FD1234323-DESERT SKY PHARMACY:
Address:	6750 WEST THUNDERBIRD ROAD PEORIA 85381
Phone:	6232090870
Fax:	6232090872
Email:	TAIPHAM2100@YAHOO.COM
Period Start Date:	<input type="text"/>
Period End Date:	06/16/09

- 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 pharmacy information is populated with the information provided when you created your account.

Click **Continue**. A message similar to the following is displayed:

Report Zero Activity

***Zero report for 06/09/09 though 06/16/09
has been registered for:
FD1234323 (DESERT SKY PHARMACY)***

This page intentionally left blank.

4 Data Delivery Methods

About This Chapter

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

To quickly locate step-by-step instructions for a particular data delivery method, click the hyperlink in the following table:

Delivery Method	Page
Secure FTP Over SSH	11
Encrypted File with OpenPGP Via FTP	12
SSL Web Site	13
Physical Media (Tape, Diskette, CD, DVD)	14
UCF Submission	
Notes About NDC Numbers	15
Manual UCF Submission	15
Online UCF Submission	16

Secure FTP Over SSH

There are many free software products which support Secure FTP. Neither the Arizona State Board of Pharmacy nor Health Information Designs 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 2005 specifications described in [Appendix A: ASAP 2005 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 *20111009.dat* if it is submitted on October 9, 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: *20111009a.dat*, *20111009b.dat*, and *20111009c.dat*

- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20111009.zip* if it is submitted on October 9, 2011.
 - Before transmitting your file, rename it to include the suffix **.up** (e.g. *20111009.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., *20111009.dat*).
- 3 SFTP the file to <sftp://azpdmreporting.hidinc.com>.
 - 4 When prompted, use *azpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your userid and password 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 Arizona State Board of Pharmacy 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 2005 specifications described in [Appendix A: ASAP 2005 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 *20111009.dat* if it is submitted on October 9, 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: *20111009a.dat*, *20111009b.dat*, and *20111009c.dat*.
- **Before transmitting your file**, rename it to include the suffix **.up** (e.g. *20111009.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., *20111009.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://azpdmreporting.hidinc.com>.
- 6 When prompted, use *azpdm* (lower case) in front of your NABP/NCPDP (or Generic ID) as your user id and password supplied when creating your account.
- 7 Place the file in the new directory.
- 8 Log off when the file transfer/upload is complete.
- 9 Once the transmission is complete, rename the file without the .up extension (e.g., *20111009.pgp*).
- 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 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 2005 specifications described in [Appendix A: ASAP 2005 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 *20111009.dat* if it is submitted on October 9, 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: *20111009a.dat*, *20111009b.dat*, and *20111009c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20111009.zip* if it is submitted on October 9, 2011.

- 3 Open a Web browser and enter the following URL:
<https://azpdmreporting.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, *20111009.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 2005 specifications described in [Appendix A: ASAP 2005 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 *20111009.dat* if it is submitted on October 9, 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: *20111009a.dat*, *20111009b.dat*, and *20111009c.dat*.
- Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file *20111009.zip* if it is submitted on October 9, 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:
 - Pharmacy NABP
 - Date of Submission
 - Contact Person

5 Mail the media to:

Health Information Designs, Inc.
ATTN: AZCSPMP Program
391 Industry Drive
Auburn, AL 36832

Paper Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 2005 format, prescription information may be submitted on the Universal Claim Form after obtaining approval from the ASBP. For information about requesting a waiver to submit prescription information by paper form, please contact the ASBP at (602) 771 2744 fax (602) 771 2748 or email dwright@azpharmacy.gov. This form is available in [Appendix B: Universal Claim Form](#).

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

Health Information Designs, Inc.
ATTN: AZCSPMP Program
391 Industry Drive
Auburn, AL 36832

Universal Claim Form (UCF) Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 2005 format, or you do not have Internet access, prescription information may be manually submitted on the Universal Claim Form (UCF) after obtaining approval from the ASBP. For information about requesting a waiver to submit prescription information by paper form, please contact the ASBP at (602) 771 2744 fax (602) 771 2748 or e-mail dwright@azpharmacy.gov.

Note: Prior approval is not required for submitting an online UCF.

The UCF may be submitted manually by faxing or mailing it to the AZ CSPMP program; or may be submitted electronically using the online UCF submission function in RxSentry. Manual submission and online submission methods are described below.

Notes about NDC Numbers

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

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

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

Manual UCF Submission

Create a manual data submission by completing the UCF located in [Appendix B: Universal Claim Form](#).

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

Health Information Designs, Inc.
ATTN: AZ CSPMP Program
391 Industry Drive
Auburn, AL 36832

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 2005 format, or you do not have Internet access, you may submit prescription information using RxSentry's online UCF.

The following new terms are introduced in this topic:

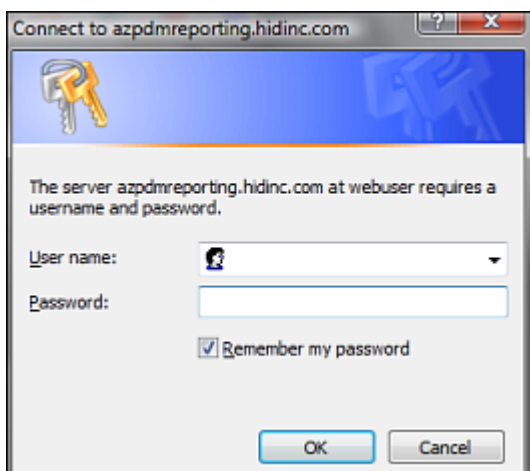
- **Record** – the patient, dispenser, and prescription information that you enter for one patient on the UCF
- **Batch** – a single record, or group of records, that you upload using the **Submit Batch** function

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 should submit and close batches in accordance with your state's reporting time frame.

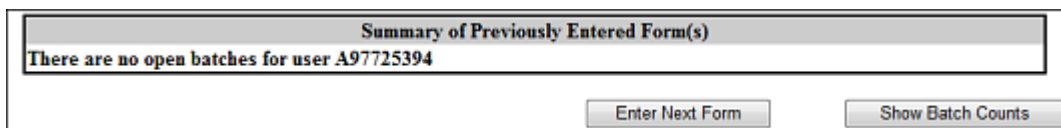
Perform the following steps to use the online UCF to submit prescription information:

- 1 If you do not have an account, perform the steps in [Creating Your Account](#).
- 2 Open an Internet browser window and type the following URL in the address bar:
<https://azpdmreporting.hidinc.com>.
- 3 Press **[Enter]**.

A window similar to the following is displayed:



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



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

- 9 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 dispenser information available within the RxSentry database is 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.
- 10 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](#).

- 11 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

12 Perform one of the following functions:

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

This page intentionally left blank.

5 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:

```

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

A single claim may be rejected, or if a certain percentage of claims 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

An entire batch may be rejected if:

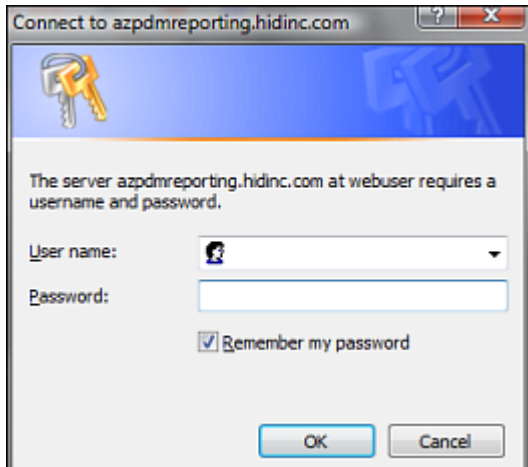
- ALL records have Fatal or Serious errors
- More than 10% of the records have Fatal errors
- More than 20% of the records have Serious errors

View Upload Reports

This function provides to dispensers 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, dispensers 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: <https://azpdmreporting.hidinc.com>.
- 2 Press **[Enter]**. 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	20101111.dat.rpt	11/11/10
10/21/10 9:58:52 AM	20101021.dat.rpt	10/21/10

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

Error Correction

Fatal errors will cause a record NOT to be loaded. If this occurs, correct the data that caused the error and resubmit the entire record again.

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

If a record with a serious or minor error is loaded and a correction is required, records can be corrected using the error correction feature. The steps for performing error correction are provided below.

Correcting an Uploaded Data File

Correcting erroneous records in an uploaded data file involves the following steps:

- Reviewing the e-mailed or faxed upload results report to locate the errors that must be corrected
- Uploading a "backout file" to remove the original data file
- Correcting the records that contain errors
- Creating and uploading a corrected data file

Note: The term "backout file" is introduced in this topic and refers to the data file created to "back out" (or remove) erroneous records.

Before You Start

If you did not supply an e-mail address or fax number and choose your error report option when you created your account, click [Modify Upload Account](#) and provide:

- 1 An e-mail address and select the "E-mail Edit Reports for All Uploads" option
or
- 2 A fax number and select the "Fax Edit Reports for All Uploads" option. Continue to step 1.

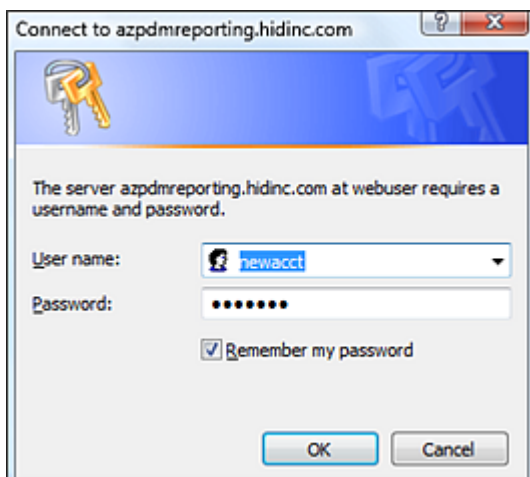
Review the Error Report

- 1 Review the upload results report you received via e-mail or fax that contains information about any errors that should be corrected.

Upload a backout file

Note: If an upload data file exists for your account that has not yet been processed, you will be unable to upload a backout file. Once you receive an e-mail or fax notification that the file has been processed, you may upload your backout file.

- 2 Open an Internet browser window and type the following URL in the address bar:
<https://azpdmreporting.hidinc.com>.
- 3 Press **[Enter]**. 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 **Upload File**. A window similar to the following is displayed:

<i>Data File Upload</i>	
Dispenser:	NANOOK-FAIRBANKS PROFESSIONAL
Address:	PHARMACY, INC FAIRBANKS 99701
Phone:	1234567890
Fax:	0987654321 (fax reports for these errors: none)
Email:	Nanook@nanook.com (email reports for these errors: none)
File Name:	<input type="text"/> <input type="button" value="Browse..."/>
	(This can be either a text file with a .dat suffix, or a text file which has been zipped with a .zip suffix.)
Import Options:	<input checked="" type="radio"/> Import Records Into the System <input type="radio"/> Back Records Out of the System
Review Options:	<input checked="" type="radio"/> Show me All Records <input type="radio"/> Show Errors Only <input type="radio"/> Show 1ST 200 Errors Only
<input type="button" value="Send File"/>	

- 8 Click **Browse** in the **File Name** field.
- 9 Navigate to and select the file you originally uploaded, or to the file you created containing the records you want to back out of the system.
- 10 Select the **Back Records Out of the System** option:

Import Options:	<input type="radio"/> Import Records Into the System <input checked="" type="radio"/> Back Records Out of the System
------------------------	---

- 11 Click **Send File**.

Correct erroneous records

- 1 Use your pharmacy claims system to correct all erroneous records.
- 2 Create a new upload file containing the corrected records.

Upload a corrected data file

- 3 Upload the file created in step 13, ensuring the default option of importing records into the system is selected:



- 4 Click **Send File**.

An e-mail or fax containing the results of your upload is delivered to you. If necessary, repeat the steps 2 through 13 to back out and correct any additional errors.

To determine the records to correct, HID checks for existing records containing the following information and compares it to the uploaded backout file:

- Dispenser ID
- Recipient DOB
- Date Dispensed
- Date Written
- NDC #
- Prescriber ID
- Recipient Last Name
- Recipient First Name
- Prescription Number
- Quantity Dispensed
- Days Supply

When matching records are found, those records are removed from the system.

Edit Definitions

The following table describes the current list of edits:

Edit Number	Message	Severity
Edit 05	Pharmacy ID not found	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 Number	Message	Severity
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 Note: Duplicate records are not loaded. The number of duplicate records, if any, is displayed on the upload report produced after data file transmission has completed.	Minor

6 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 or practitioner authorized to dispense controlled substances

FTP

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

NABP

National Association of Boards of Pharmacy

NDC

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

PMP

Prescription Monitoring Program

Prescriber

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

RxSentry

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

SFTP

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

SSL

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

Universal Claim Form

Form used by someone who does not have electronic capability to send data; must be approved by governing agency

Uploader

A pharmacy or group of pharmacies, a practitioner, or a group of practitioners that upload a data file containing controlled substance dispensing information

7 Assistance and Support

Technical Assistance

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

Contact HID at azpdm-info@hidinc.com

Or

Call 1-866-792-3149

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

Administrative Assistance

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

Dean Wright

Arizona State Board of Pharmacy

1700 W. Washington, Suite 250

Phoenix, AZ 85007

(602) 771-2744; fax (602) 771-2749

dwright@azpharmacy.gov

This page intentionally left blank.

8 Document Information

Copyright Notice and Trademarks

Copyright © 2011 Health Information Designs, Inc. All rights reserved.

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

RxSentry is a registered trademark of Health Information Designs, Inc. (HID). Microsoft and Internet Explorer are registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries. All other product names may be trademarks or registered trademarks of their respective companies.

Disclaimer

Health Information Designs, Inc. has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

Formatting Conventions

The following formatting conventions are used throughout this document.

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

Table 1 – Text Formats

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
08/01/2008	1.0	Initial delivery
06/15/2009	1.1	Updated publication
09/04/2009	2.0	Updated publication
09/23/2009	3.0	Updated publication
08/10/2010	3.1	Updated publication
09/20/2010	3.2	Updated publication
08/22/2011	3.3	Updated publication

Table 2 – Document Version History

Change Log

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

Version Number	Chapter/Section	Change
1.0	N/A	Initial version
1.1	Chapter 2/Data Collection and Tracking	Data collection date changed from September 2008 to October 2008 in the "Data Collection" topic
	Chapter 3/Data Submission	<ul style="list-style-type: none"> ▪ Data collection date changed from September 2008 to October 2008 in the "Timeline and Requirements" topic ▪ "Reporting Zero Dispensing" topic added
2.0	Chapter 4/Data Delivery Methods	<ul style="list-style-type: none"> ▪ "Universal Claim Form (UCF) Submission" topic added ▪ Additional notes for file upload preparation added to each topic in Chapter 4
3.0	Appendix A: ASAP 2005 Specifications	ASAP specifications corrected
3.1	Chapter 7/Assistance and Support	"Technical Assistance" topic modified to change support hours to 8:00 am – 5:00 pm CT
	Chapter 4/Data Delivery Methods	"Notes About NDC Numbers" topic added

Version Number	Chapter/Section	Change
	Chapter 6/Glossary	Glossary added
3.2	Chapter 5/Upload Reports and Edit Definitions	"Error Correction" topic added
	Chapter 3/Data Submission	"Modifying Your Upload Account" topic added
3.3	Appendix A: ASAP 2005 Specifications	Removed information about using a backslash (\) as a segment terminator; only the tilde (~) should be used as a segment terminator
	Appendix B: Universal Claim Form	Changed fax number to 1-888-288-0337
	Data Delivery Methods	Data file names changed from October 2009 to October 2011.

Table 3 – Document Change Log

This page intentionally left blank.

Appendix A: ASAP 2005 Specifications

Below are definitions for the specific contents required of uploaded records to comply with the Arizona Controlled Substance Prescription Monitoring Program.

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
TH: Transaction Set Header			R	TH*	4
	TH01	Version/Release Number	R	3.0*	4
	TH02	Business Partner Implementation Version	N	*	4
	TH03	Transaction Set Control Number	R	123456*	10
	TH04	Transaction Type	N	*	2
	TH05	Message Type	N	*	2
	TH06	Response ID	N	*	10
	TH07	Project ID	N	*	30
	TH08	Creation Date	R	20050722*	8
	TH09	Creation Time	R	1521*	6
	TH10	File Type (P=Production T=Test)	R	*	1
	TH11	Message	N	*	60
	TH12	Composite Element Separator	R	*	1
	TH13	Data Segment Terminator Character	R	\	1
IS: Information Source			R	*	4
	IS01	Unique Information Source	R	AB1234567*	10
	IS02	Information Source Entity Name	R	John Doe MDI*	60
	IS03	Address Information - 1	N	*	30

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	IS04	Address Information - 2	N	*	30
	IS05	City Address	N	*	20
	IS06	State Address	N	*	2
	IS07	Zip Code Address	N	*	9
	IS08	Phone Number	N	*	10
	IS09	Contact Name	N	*	30
	IS10	Message Type	N	*	60
	IS11	Data Entry Terminal ID	N	*	16
	IS12	Data Segment Terminator Character	R	\	1
IR: Information Receiver			R	R*	4
	IR01	Unique Information Receiver ID	R	3345023262*	10
	IR02	Information Receiver Entity Name	R	HID*	60
	IR03	Address Information - 1	N	*	30
	IR04	Address Information - 2	N	*	30
	IR05	City Address	N	*	20
	IR06	State Address	N	*	2
	IR07	Zip Code Address	N	*	9
	IR08	Phone Number	N	*	10
	IR09	Contact Name	N	*	30
	IR10	Message	N	*	60
	IR11	Data Segment Terminator Character	R	\	1

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
PHA: Dispenser Header			R	PHA*	4
	PHA01	National Provider Identifier (NPI)	N	*	10
	PHA02	NCPDP Provider ID	N	*	10
	PHA03	DEA Number	R	AB1234567*	10
	PHA04	Pharmacy Name	S	*	60
	PHA05	Address Information - 1	S	*	30
	PHA06	Address Information - 2	S	*	30
	PHA07	City Address	S	*	20
	PHA08	State Address	S	*	2
	PHA09	Zip Code Address	S	*	9
	PHA10	Phone Number	S	*	10
	PHA11	Contact Name	S	*	30
	PHA12	Reporting Frequency	N	*	3
	PHA13	Message	N	*	60
	PHA14	Data Segment Terminator Character	R	\	1
PAT: Patient Information			R	PAT*	4
	PAT01	Reporting Status	N	*	2
	PAT02	Program Participation Status	N	*	2
	PAT03	Unique System ID- Patient	N	*	12
	PAT04	Social Security Number	S	111111111*	10
	PAT05	Alternate ID Qualifier	S	02*	2

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PAT06	Alternate ID	S	04323432*	20
	PAT07	Last Name	R	Miller*	15
	PAT08	First Name	R	Jo Anne*	12
	PAT09	Middle Name	S	*	10
	PAT10	Name Prefix	S	*	10
	PAT11	Name Suffix	S	*	30
	PAT12	Address Information – 1	R	334 Oak Hill Lane*	30
	PAT13	Address Information – 2	S	Apt 21*	20
	PAT14	City Address	R	Somewhere*	20
	PAT15	State Address	R	AZ*	2
	PAT16	Zip Code Address	R	76543*	9
	PAT17	Phone Number	R	5555555555*	10
	PAT18	Email Address	N	*	70
	PAT19	Date of Birth	R	19700515*	8
	PAT20	Gender Code	R	F*	1
	PAT21	Patient Location Code	N	*	2
	PAT22	Primary Prescription Coverage Type	N	*	2
	PAT23	Secondary Prescription Coverage Type	N	*	2
	PAT24	Language Code	N	*	3
	PAT25	Work Phone Number	N	*	10
	PAT26	Alternate Phone Number	N	*	10

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PAT27	Driver's License Number	N	*	17
	PAT28	Facility Code	N	*	10
	PAT29	Unit Identifier	N	*	10
	PAT30	Room Number	N	*	10
	PAT31	Bed	N	*	2
	PAT32	Medical Record Number	N	*	20
	PAT33	Admission Date	N	*	8
	PAT34	Admission Time	N	*	6
	PAT35	Discharge Date	N	*	8
	PAT36	Discharge Time	N	*	6
	PAT37	Primary Coverage Start Date	N	*	8
	PAT38	Primary Coverage Stop Date	N	*	8
	PAT39	Secondary Coverage Start Date	N	*	8
	PAT40	Secondary Coverage Stop Date	N	*	8
	PAT41	Data Segment Terminator Character	R	\	1
RX: Prescription Order				RX*	4
	RX01	Reporting Status	N	*	2
	RX02	Program Participation Status	N	*	2
	RX03	Prescription Number	R	8765432*	25
	RX04	Unique System ID- RPh	N	*	12
	RX05	Unique System ID - Patient	N	*	12
	RX06	Unique System ID - Prescriber	N	*	12
	RX07	Unique System ID - Drug	N	*	12
	RX08	Date Written	R	20050705*	8

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	RX09	Rx Start Date	N	*	8
	RX10	Rx End Date	N	*	8
	RX11	Diagnosis Code Qualifier	S	*	2
	RX12	Diagnosis Code	S	*	10
	RX13	Product ID Qualifier (NDC Required By AZ)	R	01*	2
	RX14	Product ID (NDC Required By AZ)	R	000111111111*	15
	RX15	Product Description	N	*	60
	RX16	DAW Code	N	*	2
	RX17	Quantity Prescribed	R	30*	11
	RX18	Days Supply	R	30*	3
	RX19	Basis of Days Supply Determination 1 = Explicit Directions 2 = PRN Directions (Take as Needed Pharmacist Estimate) 3 = As Directed by Physician	N		1
	RX20	Refills Authorized	R	0*	2
	RX21	Refills Authorized Through Date	N	*	8
	RX22	DEA Schedule	N	*	2
	RX23	Unit Dose Indicator	N	*	1
	RX24	Compound Indicator	N	*	1
	RX25	Origin Code	N	*	2
	RX26	Brand Versus Generic Indicator	N	*	1
	RX27	Original Fill Date	N	*	8
	RX28	Alternate Rx Identifier	N	*	20
	RX29	Previous Rx Number	N	*	25
	RX30	Data Segment Terminator Character	R	\	1
DSP: Dispensing Record			R	DSP*	4
	DSP01	Reporting Status	N	*	2

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	DSP02	Program Participation Status	N	*	2
	DSP03	Prescription Number	R	8765432*	25
	DSP04	Refill Number (0 indicates New prescription)	R	0*	2
	DSP05	Unique System ID - RPh	N	*	12
	DSP06	Unique System ID - Patient	N	*	12
	DSP07	Unique System ID - Prescriber	N	*	12
	DSP08	Unique System ID - Drug	N	*	12
	DSP09	Date Filled	R	20050705*	8
	DSP10	Time Filled	N	*	6
	DSP11	Product ID Qualifier (NDC Required By AZ)	R	01*	2
	DSP12	Product ID (NDC Required By AZ)	R	00123876510*	15
	DSP13	Product Description	N	*	60
	DSP14	Quantity Dispensed	R	60*	11
	DSP15	Days Supply	R	30*	3
	DSP16	Basis of Days Supply Determination 1 = Explicit Directions 2 = PRN Directions (Take as Needed Pharmacist Estimate) 3 = As Directed by Physician	R	3*	1
	DSP17	Refills Remaining	N	*	2
	DSP18	Refills Authorized Through Date	N	*	7
	DSP19	Previous Fill Date	N	*	7
	DSP20	Previous Fill Quantity Dispensed	N	*	11
	DSP21	Level of Service Code	N	*	2
	DSP22	Brand or Generic Indicator	N	*	1
	DSP23	Patient Advisory Leaflet	N	*	1
	DSP24	Warning/Auxiliary Labels	N	*	100
	DSP25	Warning/Auxiliary Labels	N	*	100

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	DSP26	Warning/Auxiliary Labels	N	*	100
	DSP27	Warning/Auxiliary Labels	N	*	100
	DSP28	Warning/Auxiliary Labels	N	*	100
	DSP29	Bar Code on Vial Label	N	*	20
	DSP30	Group Identifier	N	*	25
	DSP31	Group Rx Count	N	*	2
	DSP32	Partial Fill Indicator	N	*	1
	DSP33	Priority	N	*	8
	DSP34	Data Segment Terminator Character	R	\	1
PRE: Prescriber Information			R	PRE*	4
	PRE01	Reporting Status	N	*	2
	PRE02	Unique System ID - Prescriber	N	*	12
	PRE03	National Provider Identifier (NPI)	S	*	10
	PRE04	DEA Number	R	AB1234567*	10
	PRE05	DEA Number Suffix	S	*	7
	PRE06	Prescriber State License Number	S	*	10
	PRE07	Prescriber Alternate ID	N	*	20
	PRE08	Last Name	N	*	15
	PRE09	First Name	N	*	12
	PRE10	Middle Name	N	*	12
	PRE11	Name Prefix	N	*	10
	PRE12	Name Suffix	N	*	10
	PRE13	Address Information - 1	N	*	30
	PRE14	Address Information - 2	N	*	30
	PRE15	City Address	N	*	20

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PRE16	State Address	N	*	2
	PRE17	Zip Code Address	N	*	9
	PRE18	Phone Number	N	*	10
	PRE19	Prescriber Specialty	N	*	10
	PRE20	Prescriber Fax Number	N	*	10
	PRE21	Data Segment Terminator Character	R	\	1
RPH: Pharmacist Information			R	RPH*	4
	RPH01	Reporting Status	N	*	2
	RPH02	Unique System ID - RpPh	N	*	12
	RPH03	National Provider Identifier (NPI)	N	*	10
	RPH04	Pharmacist State License Number	N	*	10
	RPH05	Pharmacist Alternate ID	N	*	20
	RPH06	Last Name	N	*	15
	RPH07	First Name	N	*	12
	RPH08	Middle Name	N	*	12
	RPH09	Name Prefix	N	*	10
	RPH10	Name Suffix	N	*	10
	RPH11	Pharmacist Title	N	*	30
	RPH12	Data Segment Terminator Character	R	\	1
PLN: Patent Third Party Plans			R	PLN*	4

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	PLN01	Reporting Status	N	*	2
	PLN02	Plan Coverage Status to Patient	N	*	2
	PLN03	Unique System ID - Plan	N	*	12
	PLN04	Classification Code for Plan Type 01 Private Pay 02 Medicaid 03 Medicare 04 Commercial PBM Insurance 05 Major Medical 06 Worker's Compensation	R	**	2
	PLN05	Plan Name	N	*	30
	PLN06	Processor BIN	N	*	6
	PLN07	Processor Control Number	N	*	10
	PLN08	Plan ID	N	*	10
	PLN09	Group Number	N	*	15
	PLN10	Cardholder ID	N	*	18
	PLN11	Person Code	N	*	3
	PLN12	Relationship Code	N	*	1
	PLN13	Data Segment Terminator Character	R	\	1
CDI: Compound Drug Ingredient			R	CDI*	4
	CDI01	Compound Ingredient Sequence Number	R	01*	2
	CDI02	Product ID Qualifier (NDC Required By AZ)	R	01*	2
	CDI03	Compound Ingredient Product ID - NDC	R	38779067903*	15
	CDI04	Component Ingredient Product Description	N	*	60

Segment	Field ID	Field Name	Field Usage*	Field Data	Max Field Length
	CDI05		R	3*	11
	CDI06	Component Ingredient Cost	N	*	8
	CDI07	Component Ingredient Basis of Cost Determination	N	*	2
	CDI08	Compound Drug Dosage Units Code	N	*	2
	CDI09	Data Segment Terminator Character	R	\	1
CSR: Controlled Substance			R	CSR*	4
	CSR01	State Issuing Rx Serial Number	S	TX*	2
	CSR02	State Issued Rx Serial Number	S	567845890*	20
	CSR03	ID Qualifier	S	TX*	2
	CSR04	ID of Person Picking up Rx	S	04323432*	20
	CSR05	Relationship of Person Picking up Rx	S	01*	2
	CSR06	Last Name of Person Picking up Rx	S	Miller*	15
	CSR07	First Name of Person Picking up Rx	S	Jo Anne	12
	CSR08	Data Segment Terminator Character	R	\	1
TP: Pharmacy Trailer			R	TP*	4
	TP01	Detail Segment Count	R	10	10
	TP02	Data Segment Terminator Character	R	\	1
TT: Transaction Set Trailer			R	TT*	4
	TT01	Transaction Set Control Number	R	857463*	10
	TT02	Segment Count	R	14	10

Appendix B: Universal Claim Form

The Universal Claim Form is provided on the following page.

This page intentionally left blank.



HEALTH INFORMATION DESIGNS, INC
PRESCRIPTION DRUG MONITORING PROGRAM
AZCSPMP-UNIVERSAL CLAIM FORM

Please use this form to report the dispensing of a controlled substance.

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

Fax or Mail to
 Health Information Designs

391 Industry Dr
 Auburn, AL 36832

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____
 Telephone number _____
 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 # (____) _____ - _____
 Method of Payment PvtPay Mdcacid Mdcare PBM ins Maj Med WkCmp

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 # (____) _____ - _____
 Method of Payment PvtPay Mdcacid Mdcare PBM ins Maj Med WkCmp

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 # (____) _____ - _____
 Method of Payment PvtPay Mdcacid Mdcare PBM ins Maj Med WkCmp

FOR HID USE ONLY

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

This page intentionally left blank.