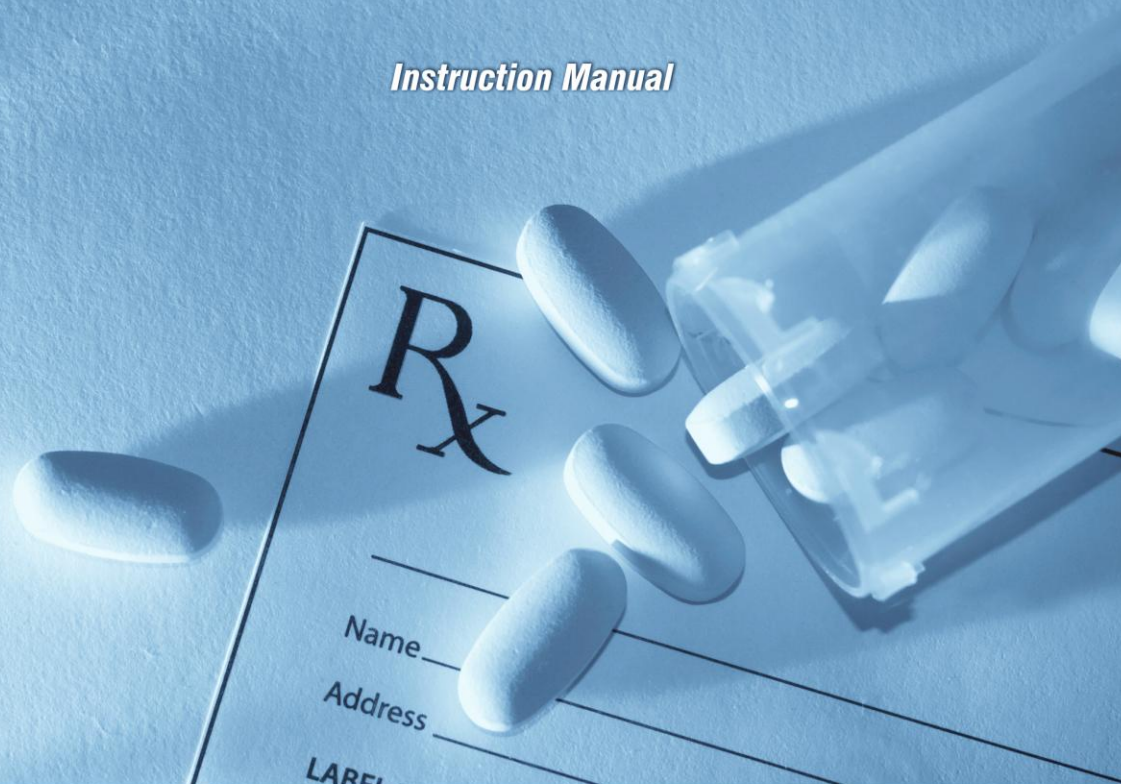


C A L I F O R N I A

pdmp

Prescription Drug Monitoring Program

Instruction Manual



Prepared by **Atlantic Associates, Inc.**
Prescription Monitoring
(800) 539-3370 | FAX (877) 508-6704
8030 S. Willow St. Bldg III, Unit III
Manchester, NH 03103

Notice of changes to CURES Program:

Effective February 28, 2013, per the CA Department of Justice and the Board of Pharmacy, the following fields are now required or optional. Details can be found at the end of this document.

- **Patient Information** Segment: PAT01 – PAT06 & PAT21
- **Dispensing Records** Segment: DSP11 – DSP15
- **Compound Drug** Segment: CDI05
- **Additional Info Reporting** Segment: AIR04-AIR10

Effective January 1, 2011, Atlantic Associates, Inc (AAI) will be the new vendor for the electronic reporting for the CURES program.

The Department of Justice (DOJ) awarded the contract for the collection of controlled substance prescription data as defined in Health & Safety Code section 11165 to Atlantic Associates, Inc. (AAI) effective January 1, 2011.

All controlled substance prescription data needs to be submitted in the American Society for Automation in Pharmacy (ASAP) standards, ASAP 2009 version 4.1 format (a.k.a. ASAP 2007 v4.1). All pharmacies and dispensing Prescriber/Clinic must submit their controlled substance prescription data electronically in the ASAP 2009 version 4.1 format. **All other format submissions will be rejected.**

AAI will accept controlled substance prescription data in ASAP 2009 Version 4.1 format per the DOJ's mandate; however, until **July 1, 2011**, AAI will continue to accept controlled substance prescription data in ASAP 2005 Version 3.0 format. All data should now be reported AAI thru our Secure FTP server, details to follow.

Like several agencies, the DOJ is moving towards electronic solutions and highly encourage the submission of controlled substance prescription data in electronic formats. Several ways of accepting electronic data has been/are being incorporated by AAI to facilitate the submission of electronic data. AAI is also in the process of building their website. This website will allow the direct dispensers and zero submitters to enter and upload their data directly. It will also be available to all pharmacies for uploading files and making corrections to rejects.

Submission of Data

- Secure FTP

Data **must** be submitted in the ASAP 2009-v4.1 format - OK to use ASAP 2005 v3.0 until July 1, 2011 if necessary.

The file name **must** be your Pharmacy DEA or State License number followed by a time stamp (time the file was created) and then .dat or .txt extension (ex. AB1234567 120001.txt or .dat or PHY12345 120001.txt or .dat). This will prevent the possibility of overwriting files if more than one is sent at the same time by the same pharmacy.

DO NOT USE THE DEFAULT NAME GIVEN BY YOUR SOFTWARE IF IT IS NOT AS STATED ABOVE. You MUST rename your file accordingly. AAI shall not be responsible for files being over written.

The pharmacy will need the following, which are:

1. Access to the Internet and
2. A secure FTP client application
3. Username: **cacures** (for independent pharmacies – vendors, corporate and multiple submitters please contact us if you don't already have an individual account and would like one).
4. Password: **7ca68\$Pmp**

Files uploaded to the sFTP server, are automatically moved to another server upon the completion of the upload.

SFTP stands for "Secure File Transfer Protocol" and describes how files may be transported from a client to an FTP Server securely. There are a number of available free and commercial FTP client applications, as follows:

Free Applications

CoreFTP Lite (LE) <http://www.coreftp.com/download.html> - we do not currently have directions

WinSCP <http://winscp.net/eng/download.php> - we do not currently have directions

Filezilla <http://sourceforge.net/projects/filezilla> (contact AAI for directions to download and install if necessary)

- Click on 'View All Files' Button
- Click on 'Filezilla_Client' link
- Under 'Parent Folder' heading click on the latest version (usually at the top, ex. 3.3.5.1)
- Click on 'FileZilla_x.x.x.x_win32-setup.exe'
- If the download does not start, click on the 'direct link' link.
- Choose the defaults to install client. Make sure 'Desktop item' is checked

Setting up FileZilla – READ PRIOR TO INSTALLING!

1. Click on the button just below the 'FILE' on the tool bar – it looks like a computer.
2. With 'My FTP Sites' highlighted, click on 'New Site'
3. Name the site. Ex: AAI (Atlantic Associates, Inc)
4. Host: sftp.aainh.com
5. Server type: SFTP using SSH2 (this will automatically change the port setting to Port 22)
6. Logon type: Normal
7. Username
8. Password
9. Connect
10. Click on the same button (arrow for the drop down menu) and pick the name of the site you just created (AAI) to make your connection to AAI.
11. **When the program asks you to 'Store key in cache?'** – Reply should be yes. (You should only see the message the first time you connect.)
12. Look in the 'Local Site' (your computer) to find the file you want to send to AAI, click and drag to 'Remote Site'. Do not create a new folder; just drop the file anywhere in the white area.

****You should only have to complete steps 1-11 one time, after that you should only have to do step 10 & 12****

- Diskette or CD-Rom

3 ½" DOS Formatted Diskette or a CD-Rom, submitted in ASAP 2009-v4.1 format.

The file name **must** be your Pharmacy DEA number followed by .dat or .txt extension (ex. AB1234567 120001.txt or .dat or PHY12345 120001.txt or .dat)

External label must contain the Pharmacy/Submitter Name, Pharmacy License Number and Number of Prescriptions submitted.

Diskettes/CD's can be mailed to:

Atlantic Associates, Inc.
 Prescription Collection
 8030 South Willow Street
 Bldg. III, Unit 3
 Manchester NH 03103

- Non-automated Pharmacies and Direct Dispensers

At this time, AAI is in the process of building their website. Until then, the Non-automated pharmacies may contact us for an excel spreadsheet that can be used **temporarily**.

Rejection of Data

Data will be rejected if it does not meet the data requirements specified herein and the layouts and requirements of the ASAP standards. The submitter will be notified immediately of the reason for failure to be certified.

Acceptance of Data

When data is accepted, pharmacies will receive a confirmation via email only. You must sign up with AAI to receive the email notification. Please email AAI at data@aainh.com, your **Pharmacy DEA number, Pharmacy License**, email address and contact information. Please put **'CA Pharmacy Notification'** in the subject line and call with any questions. The email will contain the Pharmacy ID number, the date the file was processed, the date range of the file and the number of Rx's received.

Accounting for Submissions

A transmittal form must accompany all submissions by diskette or CD-Rom. Please include Pharmacy name, License #, Contact name, Phone #, and Number of Rx's Submitted. The Pharmacy should make a copy for them selves, and submit the original with the disk or CD-Rom. **In the case of a Secure FTP, an acknowledgment will be e-mailed to the pharmacy confirming the receipt of the transmission.**

Chain Pharmacies, Multiple Pharmacies, and Software Vendors

Individual pharmacies are advised to contact their software vendor or chain HQ to obtain modifications and instructions on compliance and participation. AAI is available to answer questions for your software vendor.

Please contact AAI, for specific information regarding the program

**ATLANTIC ASSOCIATES, INC.
PRESCRIPTION COLLECTION
8030 S. WILLOW STREET, BLDG III
MANCHESTER, NH 03103
(800) 539-3370**

Assistance and Support

AAI is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Support is available in providing requirements and technical specifications, which may be needed to meet with the requirements. Assistance is available by calling 1-800-539-3370 between 7:00 a.m. and 5:00 p.m. (Pacific Time) Monday through Friday, beginning January 2011.

Questions concerning interpretations of technical and compliance matters may be referred to AAI, but final resolution decisions, including interpretation of regulations will rest with the California DOJ/BNE and/or State BOP.

Data Submission and Validation process

The DOJ has provided AAI with a set of requirements for validating the controlled substance prescription data submitted by individual pharmacies and dispensing prescriber/clinic. AAI will perform the validations and accept only files that meet the established criteria and reject files that do not meet this criteria. AAI will also be notifying pharmacies when controlled substance prescription data has been validated and accepted or rejected.

Errors

The California Business and Professional (B&P) Code and California Health and Safety (H&S) Code 11165 (d) requires pharmacies and H&S Code 11190 requires dispensing prescriber/clinics to submit specific data such as name of patient, gender, date of birth, and prescription details, etc. The ASAP 2009 Version 4.1 format has many mandatory and optional data fields. Missing mandatory field data will create an error message during the validation process.

Record Errors identified during the validation process will result in the rejection of the erred records. When a Record Error notification is received by the pharmacy, AAI will ask the Pharmacy/Dispensing Prescriber/Clinic or Software Vendor to resubmit the original record with 02 (void) in DSP01 field and submit the corrected record with 01 (revise) in DSP01 field. This will overwrite the original record

submitted. If the record was sent in error or the customer never picked up, it should be resubmitted with '02' (void) in the DSP01 field and the record will be removed. **This will only occur if the file was submitted in the ASAP 2009 Version 4.1 format.**

File Errors identified during the validation process will result in the rejection of the entire file. When a File Error notification is received by the pharmacy, the pharmacy will resubmit the entire file again with the corrected data.

File Types and File Naming Convention

AAI will accept controlled substance prescription data in ASAP 2009 Version 4.1 format per the DOJ's mandate; however, until **July 1, 2011**, AAI will continue to accept controlled substance prescription data in ASAP 2005 Version 3.0 format. Data must be submitted in a .dat or a .txt format. Adhering to the file naming convention, previously mentioned and the ASAP 2009 Version 4.1 format specification standards will eliminate most of the data rejection errors.

Medical Resident DEA Number Suffix:

In order to capture all controlled substance prescriptions, as required by the California Health and Safety Code and the Business and Professions Code, the following is being instituted as it relates to Medical Residents. When reporting prescriptions for residents, the institution's or supervising physician's (if outside the hospital environment) DEA number will be used along with a DEA number suffix assigned by the institution to the individual medical resident. The formatting of this process is as follows:

1. The Prescriber Information Segment, **PRE02**, is used to identify the institution's or supervising physician's (if outside the hospital environment) DEA number.
2. The Prescriber Information Segment, **PRE03**, will be used to enter the identifying suffix for the medical resident as assigned by the institution. This field will allow up to seven (7) characters to identify an individual medical resident.

Optional Fields

In addition, the DOJ requests that optional data fields identified within ASAP continued to be submitted. The DOJ needs your assistance in reporting optional ASAP fields that are **mandatory in California**. The **mandatory** fields are: Pharmacy DEA number (**PHA03**), Pharmacy Name (**PHA04**), pharmacy address information (Address1 **PHA05**, City **PHA07**, State **PHA08**, Zip Code **PHA09**, Phone Number **PHA10**), California Pharmacy License Number (which we require to be reported in Field **PHA11**), Patient State (**PAT15**), Gender Code (**PAT19**), and Payment Type (**DSP16**).

Paper Submission Limitations

The California Business and Professions (B&P) Code section 1715.5 (b)(3) states impart that ... "For each pharmacy which submits hard copy pursuant to this subdivision and which pharmacy averages more than 25 triplicate prescriptions per month in any six months, the Board of Pharmacy or its designee may thereafter require that pharmacy to comply with subsections (b)(1) and (2)."

B&P Code section 1715.5 (b) states "The above information shall be provided in the following format:" (1) "For each pharmacy with the capacity to do so, by on-line transmission at least every 30 days and no later than the 18th calendar day of the month following the month in which the prescription is dispensed." and (2) "For each pharmacy which does not have the capacity to transmit the information on-line, on a three and one-half inch diskette in a ASCII format or any other medium approved by the Board of Pharmacy, which diskette or medium shall be mailed or delivered to a location specified by The Board of Pharmacy, at least every 30 days and no later than the 18th calendar day of the month following the month in which the prescription is dispensed."

The DOJ mandates all pharmacies to strictly meet the above statutes by submitting the data electronically. As stated in Health and Safety (H&S) Code section 11165, you must submit your data on a weekly basis. Several software vendors have tools and software that can automate your data submission processes. AAI will not accept paper submission of controlled substance prescription data that is in violation of the above statute.

Request for CURES Data Deletion/Correction

As a result of controlled substance prescription data now available online to authorized users, more eyes are reviewing the data and identifying errors. While it has never been the Department of Justice (DOJ), Bureau of Narcotic Enforcement's (BNE) posture to change, edit, or delete CURES records or files; to overlook these errors might be more damaging than to allow the correction.

Therefore, within the American Society for Automation in Pharmacy (ASAP) standards, the following procedures are being instituted:

After a Pharmacy/Dispensing Prescriber/Clinic or Software Vendor submits a file, it discovers an error:

1. The Pharmacy/Dispensing Prescriber/Clinic or Software Vendor accesses and completes the Deletion/Correction Request form, adds a digital signature, and submits electronically to AAI. This form must be completely filled out with all pertinent information before the form will be evaluated and approved for processing.
2. Upon approval by BNE, AAI will ask the Pharmacy/Dispensing Prescriber/Clinic or Software Vendor to:
 - a.) Resubmit the original record with 02 (void) in DSP 01 field and include the reference number in AIR 10 field.
 - b.) If applicable (not a deletion only), the pharmacy/vendor submits the corrected record with 01 (revise) in DSP 01 field.

A copy of the Deletion/Correction Request will be sent to the California State Board of Pharmacy and/or Medical Board of California.

Please be aware that no records or data will be deleted or corrected within CURES without completion and BNE approval of the Request for Deletion/Correction of CURES Data form. The form is available on BNE's <http://ag.ca.gov/bne/cures.php> Website or can be obtained thru AAI by emailing them at data@aaiah.com. This new process is effective **immediately!** The approximate turn around time for the data to be deleted and/or corrected is seven (7) days after BNE approval.

Resubmission of Corrected Data

Accurate controlled substance prescription data is vital to prescribers monitoring their patient's health. Our goal is to help pharmacies submit controlled substance prescription data without problems or errors. When you are notified by AAI that errors have occurred during the submission of your controlled substance prescription data you are required to correct the data and re-submit it to AAI.

Special Characters in the Data Fields

Please do not use pipes (|) or carets (^) in the **data fields**. Your file will be rejected if pipes (|) or carets (^) appear in the data fields.

Zero Fill

Pharmacies are required to report zero fill data to AAI when there are no controlled substance data to report. This is a mandatory weekly reporting requirement and cannot be reported in advance. The Pharmacy or Dispenser may email or fax this information to AAI. Eventually, this will also be an available option on-line.

A.S.A.P. Format for Controlled Substances – 2009/2007 v4.1

ASAP Field	Field Definition	Notes	Required Field Indicator
Transaction Header			
TH 01	ASAP Version/Release number	Required value is 4.1	Required
TH 02	File name assigned by the sender	Filename	Required
TH 03	Transaction Type	Not Used by CA Cures	Not Used by CA CURES
TH 04	Response ID	Not Used by CA Cures	Not Used by CA CURES
TH 05	File Creation date	(YYYYMMDD)	Required
TH 06	File Creation time	(123001)	Required
TH 07	File Type	(P= Production File or T = Test File)	Required
TH 08	Routing Number	Not Used by CA Cures	Not Used by CA CURES
TH 09	Data Segment Terminator Character	You may continue to use the delimiters and terminators currently in use. <u>DO NOT</u> leave spaces after the TH segment, the file will not parse. <u>Make sure the pharmacies do not use or ^ in any data fields.</u> Carriage Returns/Linefeeds (0d0a) at the end of the segments will be allowed (makes the files easier to read!), our system ignores this combination. Do not use the combination as your terminator.	Required
Information Source			
IS 01	Unique Information Source ID.	Telephone number (including area code) of the file sender (e.g. individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This <i>must be</i> the number of a person/office to whom questions about this file should be referred.	Required
IS 02	Information Source Entity Name	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy	Required
IS 03	Message	If available and applicable – field is not passed along to State as part of file	If Applicable
Pharmacy			
PHA 01	National Provider Identifier (NPI)		When Available
PHA 02	NCPDP/NABP Provider ID		Not Used by CA CURES
PHA 03	Pharmacy DEA Number	Required by CA Cures	Required
PHA 04	Pharmacy Name	Required by CA Cures	Required
PHA 05	Pharmacy Address Information 1		Optional
PHA 06	Pharmacy Address Information 2		Optional
PHA 07	Pharmacy City Address		Optional
PHA 08	Pharmacy State Address	Required by CA Cures Pharmacy State Address–USPS 2 letter code (e.g. CA)	Required
PHA 09	Pharmacy Zip Code		Optional
PHA 10	Pharmacy Telephone Number	Include area code	Required

PHA 11	Contact Information	Required by CA Cures - CA State License	Required
PHA 12	Chain Site ID/Store Number		Not Used by CA CURES
DETAIL			
Patient Information			
PAT 01	ID Qualifier of Issuing Jurisdiction		Optional
PAT 02	ID Qualifier		Optional
PAT 03	ID of Patient		Optional
PAT 04	Additional ID Qualifier of Issuing Jurisdiction		Optional
PAT 05	Additional Patient ID Qualifier		Optional
PAT 06	Additional Patient ID		Optional
PAT 07	Last Name		Required
PAT 08	First Name		Required
PAT 09	Middle Name (when available)		When Available
PAT 10	Name Prefix (if field included in software)		When Available
PAT 11	Last Name Suffix (e.g. Jr.)		When Available
PAT 12	Address Line 1		Required
PAT 13	Address Line 2		When Available
PAT 14	City		Required
PAT 15	State (2 digit code)	Must be valid code from ASAP List of Jurisdictions	Required
PAT 16	Zip code		Required
PAT 17	Telephone Number		When Available
PAT 18	Date of Birth	YYYYMMDD	Required
PAT 19	Gender Code	M or F or U-Unknown	Required
PAT 20	Species Code	01=Human, 02=Animal	When Available
PAT 21	Patient Location Code		Optional
Dispensing Record			
DSP 01	Reporting Status	00=New,01=Revised,02=Void	Required
DSP 02	Prescription number		Required
DSP 03	Date written	(YYYYMMDD)	Required
DSP 04	Refills authorized	00=1 Fill only, 01-99	Required
DSP 05	Date Filled	(YYYYMMDD)	Required
DSP 06	Refill number	00=1 Fill only/original, 01-99	Required
DSP 07	Product ID Qualifier	01 = NDC, 06= Compound	Required

DSP 08	Product ID– NDC Number	Must be eleven digits (Eleven 9's if compound & use CDI segment)	Required
DSP 09	Quantity dispensed	Decimals NOT implied	Required
DSP 10	Days Supply	NO DECIMALS	Required
DSP 11	Drug Dosage Units Code	Code 01=Each (ea), Code 02=Milliliters (ml), Code 03=Grams (gm), Not Null No alpha characters	Required
DSP 12	Transmission Form of RX Origin Code	Code 01=Written Prescription, Code 02=Telephone Prescription, Code 03=Telephone Emergency Prescription, Code 04=FAX Prescription, Code 05=Electronic Prescription, Code 99=Other	Required
DSP 13	Partial Fill Indicator	01-Partial 02-Not Partial	Required
DSP 14	Pharmacist NPI		Optional
DSP 15	Pharmacist State License		Optional
DSP 16	Classification Code for Payment Type	Code 01=Private Pay (Cash, Charge, Credit Card), Code 02=Medicaid, Code 03=Medicare, Code 04=Commercial Insurance, Code 05=Military Installations & VA, Code 06=Workers' Compensation, Code 07=Indian Nations, Code 99=Other	Required
DSP 17	Date Sold	Used for Elec Rx's (YYYYMMDD)	Optional
DSP 18	RxNorm Code	Used for Elec. Rx's to capture the prescribed drug product ID	Not Used by CA Cures
DSP 19	Elec. Rx Reference #	When Available -Provide audit trail for Elec. Rx's	Not Used by CA Cures
Prescriber			
PRE 01	Prescriber NPI		When Available
PRE 02	Prescriber DEA		Required
PRE 03	Prescriber DEA Suffix		When Available
PRE 04	Prescriber State License Number		Optional
PRE 05	Last Name		Optional
PRE 06	First Name		Optional
PRE 07	Middle Name		Optional
Compounded Drug Ing (If applicable)			
CDI 01	Compounded ingredient Sequence Number		When Applicable Conditionally Required
CDI 02	Product ID Qualifier	01=NDC	When Applicable Conditionally Required
CDI 03	Compound Ingredient Product ID	Eleven Digit NDC Number	When Applicable Conditionally Required

CDI 04	Compound Ingredient Product Quantity	Decimals NOT implied	When Applicable Conditionally Required
CDI 05	Compound Drug Dosage Units Code	Code 01=Each (ea), Code 02=Milliliters (ml), Code 03=Grams (gm), Not null if field conditionally required. No alpha characters	When Applicable Conditionally Required
Additional Info. Reporting			
AIR 01	State Issuing Rx Serial Number		Optional
AIR 02	State Issued Rx Serial Number		Optional
AIR 03	Issuing Jurisdiction		Optional
AIR 04	ID Qualifier of Person Dropping Off/Picking Up		Optional
AIR 05	ID of Person Dropping Off/Picking Up		Optional
AIR 06	Relationship to Person Dropping Off/Picking Up		Optional
AIR 07	Last Name of Person Dropping Off/Picking Up		Optional
AIR 08	First Name of Person Dropping Off/Picking Up		Optional
AIR 09	Last Name or Initials of Pharmacist		Optional
AIR 10	First Name or Initials of Pharmacist		Optional
Pharmacy Trailer			
TP 01	Detail Segment Count for the pharmacy	Number of Detail Segments for the Pharmacy	Required By CA Cures
Transaction Set Trailer			
TT 01	Transaction Set Control Number	Must match TH02 - Filename	Required By CA Cures
TT 02	Segment Count	Total number of segments	Required By CA Cures