Dispenser's Implementation Guide

North Carolina Department of Health and Human Services
Controlled Substance Reporting System

February 2011

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Contents

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1   Document Overview

Purpose and Contents

The *RxSentry® Dispenser's Implementation Guide* for the State of North Carolina serves as a step-by-step guide for dispensers of Schedule II through Schedule V controlled substances who use RxSentry as a repository for the reporting of their dispenses. It includes such topics as:

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

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2   Data Collection and Tracking

Data Collection Requirements

General Statute 90-113.70 requires that the North Carolina Department of Health and Human Services establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. This statute requires that all dispensers of licit controlled substances submit information in accordance with transmission methods and frequency promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

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.

The dispenser shall report seven (7) days from the dispensing of the controlled substance. The data shall be reported by one of the electronic formats described in this document. A written report on the Universal Claim Form (UCF) may be accepted, as long as the dispenser has approval from the Department of Health and Human Services. A UCF is provided in this document in Appendix B. All data must be collected in the ASAP 95 format defined in Appendix A: ASAP 95 Specifications in this document.

Reporting Requirements

All dispensers of controlled substances, as defined by this Act, are required to collect and report the following information to the data repository:

- Dispenser's DEA number
- Name of the patient for whom the controlled substance was dispensed
  - Full address, including city, state and ZIP code
  - Telephone number (use the customer ID area in the ASAP standards)
  - Date of birth
- Date the prescription was written
- Date the prescription was filled
- Prescription number
- Indication if the prescription was new or refill
- Metric quaintly dispensed
- Estimated days supply, if provided
- NDC number of the drug dispensed
- Prescriber's DEA number

Each dispenser must submit the required data to the data repository seven (7) days from the dispensing of the controlled substance unless the board waives this

requirement for good cause shown by the dispenser. If a dispenser is unable to submit prescription information by electronic means, a time extension may be granted if:

1. The dispenser suffers a mechanical or electronic failure or cannot report within the required time for other reasons beyond the dispenser's control; or
2. The central repository is unable to receive electronic submissions.

"Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does **not** include any of the following:

- A licensed hospital or long-term care pharmacy that dispenses such substances for the purpose of inpatient administration.
- A person authorized to administer such a substance pursuant to Chapter 90 of the General Statutes.
- A wholesale distributor of a Schedule II through V controlled substance.

The Data Submission chapter provides all the instructions necessary to submit the required information.

Note: If you are a chain pharmacy, your data will likely be submitted from your home office. Please verify this with your home office. If you are an independent pharmacy or other entity, please forward the reporting requirements to your software vendor. They will need to create the data file, and they may be able to submit the data on your behalf. If not, follow the instructions provided in the Data Submission chapter to submit the data.

3   Data Submission

About This Chapter

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

Timeline and Requirements

- Pharmacies or software vendors can establish submission accounts beginning August 1, 2007. Instructions for setting up an account are listed below.
- You can begin submitting data as soon as your account has been established. See Creating Your Account for more information.
- Required data submissions are seven (7) days from the dispensing of the controlled substance. If you are a first time submitter, you are required to submit all controlled substance dispensing back to August 1, 2007.

Upload Specifications

Files should be in ASAP 95 format as defined later in this document. 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 "20070701.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 seven (7) days from the dispensing of the controlled substance, unless a waiver has been obtained from the North Carolina Board of Pharmacy.

Creating Your Account

Prior to submitting data, an account must be created by the dispenser.

Note: Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, etc. sends 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 your account:

1   Open an Internet browser window and type the following URL in the address bar: https://nccsrs.hidinc.com.

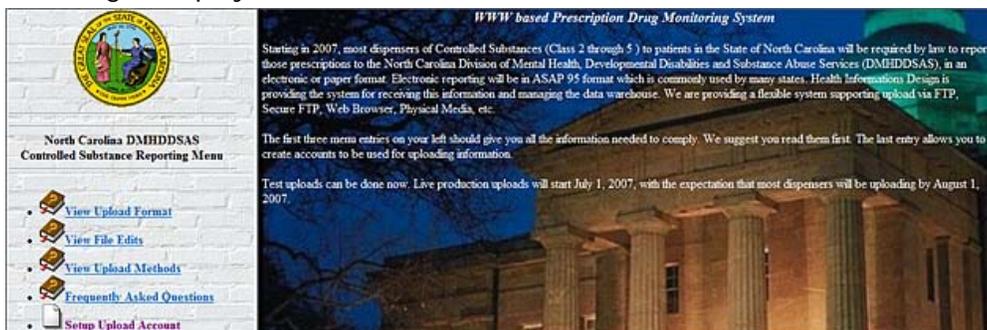**2**   Press **[Enter]**. A window similar to the following is displayed:
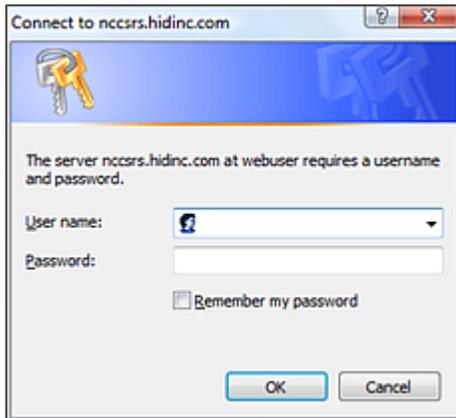
3   Type *newacct* in the **User name** field.

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

5   Click **Setup Upload Account**. The following window is displayed:
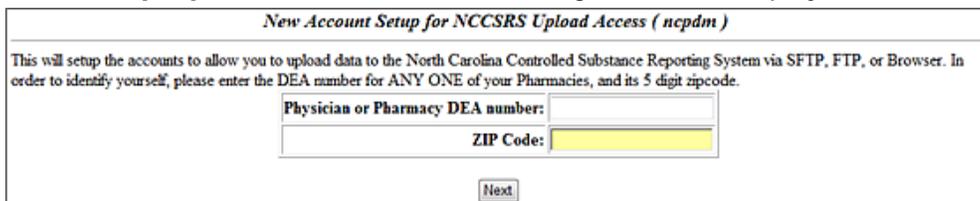
6   Enter your DEA number in the **Physician or Pharmacy DEA number** field.

7   Type your zip code in the **Zip Code** field, and then click **Next**.

8 The following window is displayed:

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 AB1240643 as my account for a single Dispenser. ○ Create an account using BITTERROOT_D 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: 211 MAIN	**City:** HAMILTON **State:** MT **Zip:** 59840
*Contact Email: ?	Don't Email Edit Reports ▼
*Contact Phone:	
*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.	
	AB8898124 BITTERMAN, ROBERT A MD - 4500 SWING LANE CHARLOTTE (14) BB9608172 BITTERROOT DRUG - 211 MAIN ST HAMILTON (4) AB1240643 BITTERROOT DRUG INC - 211 MAIN HAMILTON (0)

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

New Account Setup for NCCSRS Upload Access (ncpdm)
Adding password for user AB1240643
BITTERROOT DRUG INC 211 MAIN HAMILTON 59840 Test Test Signup
Thank you for completing this information.
Your access password for the account AB1240643 has been set to 23309. 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:

o 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

o 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).

System Messages and Alerts

Periodically, the North Carolina DHHS office may wish to share information with you, such as new legislation or information about changes to the controlled substances reporting system. When this information is posted to your RxSentry account, the **View Alert Messages** function is displayed on the RxSentry home page. Once you open the alert, read it, and click the option to confirm the alert was read, the **View Alert Messages** function does not display again until a new alert is received.

Reporting Zero Dispensing

If you have no dispenses to report weekly for the preceding seven day period, you must report this information to the Alabama Department of Public Health by performing the following steps:

1 If you do not have an account, perform the steps in Creating Your Account.

2 Open an Internet browser window and type the following URL in the address bar: https://nccsrs.hidinc.com.

3 Press **[Enter]**. A window similar to the following is displayed:
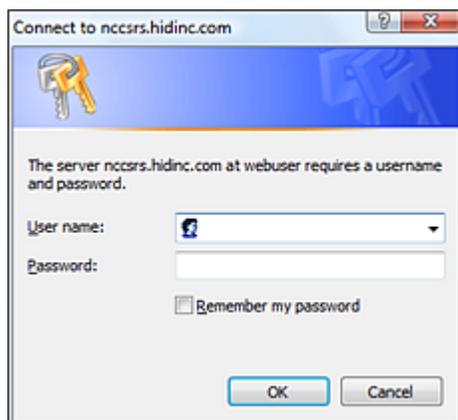
4 Type your user name in the **User name** field.

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:

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

Notes:

- The **Period End Date** field is populated with the current date. You may adjust this date, if necessary.

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

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

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://nccsrs.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.

4   Data Delivery Methods

About This Chapter

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

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

Delivery Method	Page
Secure FTP over SSH	11
Encrypted File with OpenPGP Via FTP	12
SSL Web Site	13
Physical Media (Tape, Diskette, CD, DVD)	14
Paper Submission	15

Secure FTP over SSH

There are many free software products which support Secure FTP. Neither the NCDHHS 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 95 specifications described in Appendix A: ASAP 95 Specifications.

> **Important Notes**:
>
> - The file name should be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20100913.dat* if it is submitted on September 13, 2010.
>
> - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file 20100913.zip if it is submitted on September 13, 2010.
>
> - **Before transmitting your file**, rename it to include the suffix .up (e.g. 20100913.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., 20100913.dat)

3   SFTP the file to sftp://nccsrs.hidin.com.

4   When prompted, use ncpdm (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 NCDHHS nor Health Information Designs is in a position to direct or support your installation of PGP compatible software utilities; however, our usage indicates that software from the GnuPG Project (http://gnupg.org) should be compatible with many operating systems.

1   If an account has not yet been created, perform the steps in Creating Your Account.

2   Import the PGP public key, supplied during the account creation, into your PGP key ring.

3   Prepare the data file for submission, using the ASAP 95 specifications described in Appendix A: ASAP 95 Specifications.

> **Important notes**:
>
> • The file name should be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20100913.dat* if it is submitted on September 13, 2010.
>
> • **Before transmitting your file**, rename it to include the suffix *.up* (e.g. 20100913.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., 20100913.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://ncpdm.hidinc.com.

6   When prompted, use *ncpdm* (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   Once the transmission is complete, rename the file without the .up extension (e.g., *20110201.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 Web Site

1   If an account has not yet been created, perform the steps in Creating Your Account.

2   Prepare the data file for submission, using the ASAP 95 specifications described in Appendix A: ASAP 95 Specifications.

> **Important notes**:
>
> - The file name should be constructed using the date of submission to HID as the file name, and should have a .dat extension. For example, name the file *20100913.dat* if it is submitted on September 13, 2010.
>
> - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file 20100913.zip if it is submitted on September 13, 2010.

3   Open a Web browser and enter the following URL: https://nccsrs.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, *20100913.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 <u>Creating Your Account</u>.

2 Prepare the data file for submission, using the ASAP 95 specifications described in <u>Appendix A: ASAP 95 Specifications</u>.

> **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 *20100913.dat* if it is submitted on September 13, 2010.
>
> - Zipped files can be accepted and should be named using the date of submission to HID. For example, name the file 20100913.zip if it is submitted on September 13, 2010.

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:
   o Pharmacy NABP
   o Date of Submission
   o Contact Person

5 Mail the media to:

Health Information Designs, Inc.
ATTN: NC PDM 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 95 format, prescription information may be submitted on the Universal Claim Form (UCF).

The UCF may be submitted in two ways: online, or via paper submission. For more information, see the following topics:
   ▪ <u>Online UCF Submission</u>
   ▪ <u>Paper Submission</u>

Notes about NDC Numbers

Use the following information when entering NDC numbers on the either the online UCF or a paper 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

Online UCF Submission

If you do not have an automated record-keeping system capable of producing an electronic report using the ASAP 95 format, 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://nccsrs.hidinc.com/.

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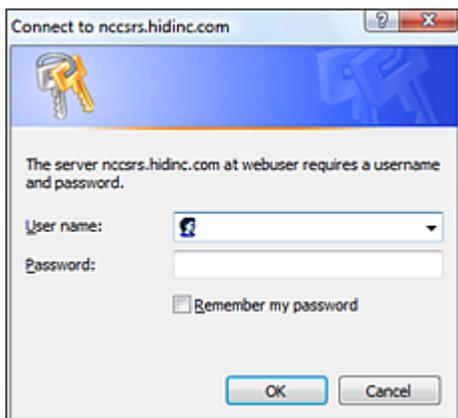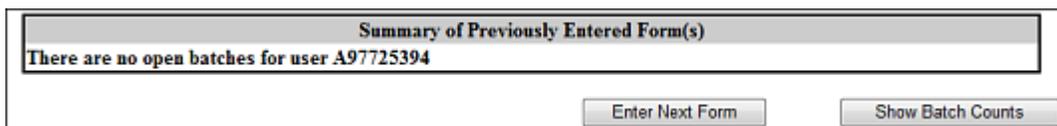

4 Type your user name in the **User name** field.

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:

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

- o **Patient Information –** Complete all fields in this section.
- o **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.
- o **Prescription Information** – Information for up to three prescriptions may be entered in this section, and all fields for each prescription must be completed.
- o 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 Appendix D: 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:

12 Perform one of the following functions:

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

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

Paper Submission

If you do not have an automated record keeping system capable of producing an electronic report following the provided ASAP 95 format, you may submit prescription information on the Universal Claim Form (UCF).

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

Health Information Designs, Inc.
ATTN: North Carolina PMP
PO BOX 3210
Auburn, AL 36832-3210

Note: The UCF is provided in Appendix B of this document.

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.

The following 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

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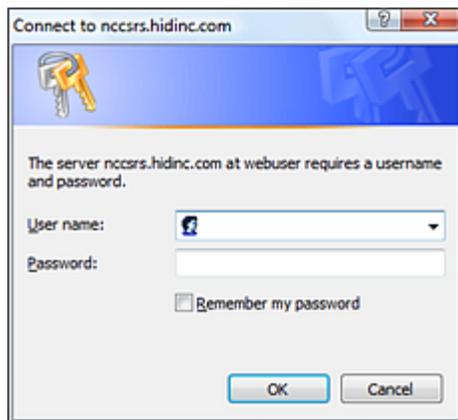
View Upload Reports

This function provides dispensers with 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://nccsrs.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:

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.

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 Modifying Your Upload Account and provide:

An e-mail address and select the "E-mail Edit Reports for All Uploads" option

OR

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://nccsrs.hidinc.com..

3 At the logon window, type your user name in the **User Name** field and your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **Upload a File**.

A window similar to the following is displayed:

6 Click **Browse** in the **File Name** field.

7 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.

8 Select the Back Records Out of the System option:

9 Click Send File.

Correct erroneous records

10 Use your pharmacy claims system to correct all erroneous records.

11 Create a new upload file containing the corrected records.

Upload a corrected data file

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

13 Click Send File.

14 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.

15 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

16 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	Must Find Pharmacy ID Number in RxSentry by DEA number	Fatal
Edit 07	Customer Id Number must not be blank	Minor
Edit 09	Birth Date must be a valid date and plausible (1890 < Birth-Date < * today) Accurate Birth-Date is essential to identifying near matches of patients	Serious
Edit 10	Sex Code must be 1 or 2 Gender is important in identifying near matches of patients	Serious
Edit 15	Date Dispensed must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious
Edit 18	QTY Dispensed must be a valid number and plausible	Minor
Edit 19	Days Supply must be a valid number and plausible	Minor
Edit 21	NDC Number must be a valid number and found in our database (Not Fatal, since it is possible a new NDC might not be in our database, and it is better to import the record)	Serious
Edit 25	Prescriber ID Number must be found in our DEA table (Not Fatal, since it is possible a new Prescriber might not be in our database, and it is better to import the record)	Serious
Edit 28	Date RX Written must be a valid date and plausible (a month ago < Date-Dispensed < today)	Serious

Edit Number	Message	Severity
Edit 50	Customer Last Name must not be blank	Serious
Edit 51	Customer First Name must not be blank	Serious
Edit 52	Customer Address must not be blank	Serious
Edit 53	Customer Zip Code must not be blank	Serious
Edit 86	Diagnosis Code must be a valid ICD9 diagnosis	Minor
Edit V1	Should not be an existing record for same patient name/DOB/dates/NDC/Prescriber Apparent Duplicate	Fatal

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Appendix A: ASAP 95 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) 95 format to comply with Controlled Substances Reporting System program requirements.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed Identifier
bin	N*	6	4-9	"NCCSRS "	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed Version
trans-code	N*	2	12-13	"01"	Fixed Value
pharm-number	A*	12	14-25	"AB1234567"	DEA Number of Dispenser. .
customer-id	A*	20	26-45	"214546143"	Telephone number of customer
zip-code	A	3	46-48	"276"	First Three Digits of Customer
birth-date	D*	8	49-56	"19550420"	Customer Birth-date, YYYYMMDD
sex-code	A	1	57-57	"1"	Sex code - 1=Male, 2=Female,
date-filled	D*	8	58-65	"20070103"	Date Claim was filled, YYYYMMDD
rx-number	A*	7	66-72	"2239557"	Your internal Rx number.
new-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML for liquids, #MG as appropriate.
days-supply	N*	3	80-82	"030"	Days of Supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound,
ndc-number	A*	11	84-94	"53014057507"	NDC Code (e.g.: METADATE CD 20 MG CAPSULE)
presc-id	A*	10	95-104	"AA9999999"	DEA Number of Prescribing Physician
dea-suffix	A	4	105-108	"0123"	If above DEA Number is a facility, a unique identifier established by that facility to identify specific prescribers.
date-rx-written	D*	8	109-116	"20070102"	Date Rx written, YYYYMMDD format.
num-refill-auth	N*	2	117-118	"00"	Number Refills Authorized
rx-origin-code	A	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Faxed, 4=Electronic/Eprescription)
cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (eg: MITRAL VALVE
alt-presc-id	A	10	129-138		State License Number of Prescriber if presc-id above is an Institutional DEA
pat-last-name	A*	15	139-153	"Harris "	Patient Last Name

Field Name	Type	Len	Cols	Sample	Meaning
pat-first-name	A*	15	154-168	"Jason "	Patient First Name
pat-street-add r	A*	30	169-198	" 124 West 34th Street "	Patient Street Address
state-code	A*	2	199-200	"NC"	State Code of Patient Address
zip-code-extd	A*	9	201-209	"27603"	Extended ZIP Code of Patient Address (5 digit ZIP is acceptable)
trip-serial-num	A	12	210-221		Triplicate Serial Number. This does not apply. Leave blank.
filler-stuff	A	1	222-222		

* Denotes a required field

Appendix B: Universal Claim Form

The Universal Claim Form (UCF) is provided on the following page.

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NORTH CAROLINA DMHDDSAS
CONTROLLED SUBSTANCE REPORTING SYSTEM
UNIVERSAL CLAIM FORM

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

Fax: (888) 288-0337	Fax or Mail to	391 Industry Dr
Phone: (800) 225-6998	Health Information Designs	Auburn, AL 36832

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

DOB _____/_____/_____ Telephone Number _____ / _____ / _____

Address _____ City _____ State _____ Zip _____

PHARMACY INFORMATION

Pharmacy Name _____ 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 # (_____)_____-_____

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 # (_____)_____-_____

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 # (_____)_____-_____

FOR HID USE ONLY

Date Received _____/_____/_____ Date Entered _____/_____/_____

Comments _____

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Assistance and Support

Technical Assistance

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

Contact HID at nccsrs-info@hidinc.com

or

Call 1-866-792-3149

Technical assistance is available from 9:00 am – 5:00 pm EST (Eastern Standard Time).

Administrative Assistance

If you have any non-technical questions regarding the North Carolina prescription drug monitoring program, please contact:

John Womble; e-mail address: johnny.womble@ncmail.net

or

William Bronson; e-mail address: william.bronson@dhhs.nc.gov

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3008 Mail Service Center
Raleigh, North Carolina 27699-3008

919-733-1765

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Formatting Conventions

Format	Used to Designate…
Bold	References to execution buttons, windows, file names, menus, icons, or options
Times New Roman Italic	Text you must type in a field or window, for example, *\\server_name\printer_name for a network printer*
Blue underlined text	Hyperlinks to other sections of this document or external websites

Version History

The Version History records the publication history, including information about changes and enhancements included in each version.

Version	Date	Chapter/Section	Change
1.0	10/01/2009	NA	Initial version
1.1	09/13/2010	Upload Reports and Edit Definitions/Error Correction	New topic added
		Data Submission/Modifying your Upload Account	New topic added
1.2	02/10/2011	Data Submission/Timeline and Requirements	Retroactive reporting date changed to August 1, 2007
		Data Collection and Tracking/Reporting Requirements	List of required information updated
		Data Submission/System Messages and Alerts	New topic added
		Data Submission/Reporting Zero Dispensing	New topic added
		Data Delivery Methods/Universal Claim Form Submission	New topic added
		Upload Reports and Edit Definitions/View Upload Reports	New topic added
		Appendix B: Universal Claim Form	Fax number updated
		Assistance and Support/Administrative Assistance	William Bronson's contact information added; Sonya Brown's contact information removed

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