NEW YORK STATE DEPARTMENT OF HEALTH

OFFICIAL NEW YORK STATE PRESCRIPTION PROGRAM ELECTRONIC DATA TRANSMISSION

Manual of Instructions

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I. New York State Prescription Monitoring Program Overview

Article 33 of the Public Health Law and Part 80 of Title 10 regulations require pharmacies to electronically submit information to the New York State Department of Health (NYSDOH) from **all** prescriptions dispensed for controlled substances. The Department of Health's Bureau of Narcotic Enforcement closely analyzes all submitted controlled substance prescription information in carrying out its responsibilities under the law.

Pharmacies that dispense controlled substances must submit prescription information as required by the law and regulations and in the manner and format specified in this manual. Pharmacies that utilize the services of a software vendor to submit prescription information remain solely responsible for compliance with these requirements.

The general requirements for the electronic transmission of prescription information are:

- Electronic transmission must occur in the file format and manner approved by NYSDOH as described in this manual.

- Electronic transmission must be done as a batch transmission at least once a month.

Important Note: Failure to submit the prescription information as required—and by the fifteenth day of the month following the month in which the controlled substance was dispensed—is a violation of the law and regulations and may result in the commencement of an enforcement action and/or fines levied by the NYSDOH.

II. Prescription Information Reporting Requirements

The required prescription information must be transmitted to NYSDOH electronically via the Internet. All electronic submissions must be transmitted in accordance with the format detailed in Section VII of this manual.

The NYSDOH uses a secure web page (https://commerce.health.state.ny.us/) in which pharmacies must transmit controlled substance prescription information. An Internet browser, which provides 128 bit encryption Secure Socket Layer (SSL), must be used to transmit all controlled substance prescription information.

III. Important Information to Establish an On-line Internet Account

This section describes the process to establish an account to transmit prescription information to the NYSDOH. **Note: A pharmacy that has already established an account to transmit prescription information under the previous file format does not need to complete this section. Those pharmacies should proceed directly to Section IV.**

To establish a new account to transmit prescription information to the NYSDOH secure Web page, the Health Commerce System (HCS), new pharmacy providers must complete appropriate application forms. These forms are included in the "*NYSDOH Health Commerce System and Use Policy*." Please refer to Appendix A for *Application Instructions to Establish a New HCS Account.*

IV. Required Format for Electronic Submission of Prescription Information

Submitted prescription information must be in the ASAP 2007 format. This is a character-delimited format. For details and examples, please consult the *Implementation Guide for the ASAP Standard for Prescription Monitoring Programs, 2007 Version 004, Release 000*. This document is available from the American Society for Automation in Pharmacy (www.asapnet.org) or phone 610-825-7783.

V. Certification and Rejection of Submitted Prescription Information

Certification - Submissions of prescription information will be audited for compliance with the specified formats in this manual and with ASAP 2007 record layout and standards.

Rejection – Submissions of prescription information will be rejected if they do not meet the data requirements specified in this manual and the layout and requirements of the ASAP 2007 standards. The submitting pharmacy will be notified of the reason for the rejection of information. In the event that a submission is rejected by the NYSDOH, the submitting pharmacy will be responsible for correcting the rejected submission and resubmitting the information within two weeks.

Pharmacies should retain a back-up file for at least 2 months following transmission of prescription information.

VI. Assistance and Support

Individual pharmacies are advised to contact their software vendor to obtain modifications and instructions on compliance with electronic submissions of prescription information.

Assistance and information about the Official New York State Prescription Program Electronic Data Transmission is available from the *Bureau of Narcotic Enforcement* between the hours of 8:30 a.m. and 4:45 p.m., Monday through Friday. The phone number is 1-866-811-7957 (select option 1). Software for electronic transmission will not be provided by the NYSDOH.

VII. ASAP 2007 Version 004, Release 000

Listed on the following pages are the required fields and those fields not used by the Official New York State Prescription Program.

HEADER	
Transaction Header	
TH01	ASAP Version/Release Number
TH02	Transaction Control Number
TH03	Transaction Type
TH04	Response ID
TH05	Creation Date
TH06	Creation Time
TH07	File Type
TH08	Composite Element Separator
TH09	Data Segment Terminator Character
Information Source	
IS01	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 should be the number of a person/office to whom questions about this file should be referred.
IS02	Information Source Entity Name: Name of the pharmacy or the entity submitting this file on behalf of the pharmacy
IS03	Message (If available)
Dispensing Pharmacy	
PHA01	National Provider Identifier (If available)
PHA02	NCPDP/NAPB Provider Identification Number
PHA03	Pharmacy DEA Number
PHA04	Not used by NYS
PHA05	Not used by NYS
PHA06	Not used by NYS
PHA07	Not used by NYS
PHA08	Not used by NYS
PHA09	Not used by NYS
PHA10	Not used by NYS
PHA11	Not used by NYS
PHA12	Not used by NYS
DETAIL	
Patient	
PAT01	Not used by NYS
PAT02	Not used by NYS
PAT03	Not used by NYS
PAT04	Not used by NYS
PAT05	Not used by NYS
PAT06	Not used by NYS
PAT07	Last Name
PAT08	First Name
PAT09	Middle Name (If available)

PAT10	Not used by NYS
PAT11	Name Suffix (e.g. Jr.) (If available)
PAT12	Address Line 1
PAT13	Address Line 2 (If available)
PAT14	City
PAT15	State
PAT16	Zip code
PAT17	Telephone Number including area code (If available)
PAT18	Date of Birth
PAT19	Gender Code
PAT20	Not used by NYS
PAT21	Not used by NYS

Dispensing Record

DSP01	Reporting Status
DSP02	Prescription Number Assigned by Pharmacy
DSP03	Date Written
DSP04	Refill Authorized
DSP05	Date Filled
DSP06	Refill Number
DSP07	Product ID (Must be NDC Number: Code 01, except for Compounds: Code 06)
DSP08	Product ID (ID code)
DSP09	Quantity Dispensed
DSP10	Days Supply
DSP11	Drug Dosage Units Code
DSP12	Transmission Form of Rx-Origin Code
DSP13	Partial Fill Indicator
DSP14	Pharmacist National Provider Identifier (If available)
DSP15	Pharmacist State License Number
DSP16	Classification code for Payment

Prescriber

PRE01	National Provider Identifier (If available)
PRE02	Prescriber DEA Number
PRE03	DEA Number Suffix (If available)
PRE04	Not used by NYS
PRE05	Not used by NYS
PRE06	Not used by NYS
PRE07	Not used by NYS

Compounded Drug Ingredient (if applicable)

CDI01	Compounded Ingredient Sequence Number
CDI02	Product ID Qualifier (Must be NDC Number: Code 01)
CDI03	Product ID
CDI04	Component Ingredient Quantity
CDI05	Compound Drug Dosage Units Code

Additional Information Reporting

AIR01	State Issuing Rx Serial Number (U.S.P.S State Code)

AIR02	State Issued Rx Serial Number
AIR03	Not used by NYS
AIR04	Not used by NYS
AIR05	Not used by NYS
AIR06	Not used by NYS
AIR07	Not used by NYS
AIR08	Not used by NYS
AIR09	Not used by NYS
AIR10	Not used by NYS
SUMMARY	
Pharmacy Trailer	
TP 01	Detail Segment Count
Transaction Set Trailer	
TT 01	Transaction Control Number
TT 02	Segment Count

Pharmacies/vendors may send data in those fields that are "Not used by NYS'. However, do not use any additional fields.

The **HEADER** (TH, IS) is sent once for the entire file.

IF multiple pharmacies are included in a single file, the PHA segment is repeated with all the **DETAIL** segments under it for each Pharmacy. The TP segment is inserted at the end of each pharmacy's report.

IF there are multiple patients within a single pharmacy's report, the PAT, DSP, PRE and AIR segments are repeated for each patient.

IF a patient has multiple prescriptions filled within the reporting period, the remaining fields within the **DETAIL** segment (e.g. DSP, PRE, and AIR) are repeated following the PAT segment. In other words, the prescription info can loop multiple times under the PAT segment.

IF a compounded prescription has multiple ingredients that are controlled substances the **Compounded Drug Ingredient** (CDI) segment is repeated.

A **Pharmacy Trailer** (TP) segment should be included for each pharmacy and should be the last segment for each pharmacy.

The **Transaction Set Trailer** (TT) segment signals the end of a transmission and must be inserted at the end of the entire file.

The acknowledgement transmission ASAP 2007 segment will not be used at the current time. The process where an acknowledgement page is displayed on the HCS Upload when you submit your data will be continued.

VIII. Additional Field and Data Submission Requirements and Considerations

PAT07 and PAT08 (*Last Name, First Name of Patient*)

✓ Do not use any special characters (for example, *, "", etc.). Use only letters in patient name fields.

PAT15 (*Patient's Address—State*)
✓ Must be valid two-character state code. For example: NY, CT, NJ

PRE02 and PRE03 (*Prescriber DEA Number and DEA Suffix*)
✓ Submitted prescription information must include the DEA registration number of the individual prescribing practitioner.
✓ Pharmacies submitting information from hospital prescriptions may submit the DEA registration of the hospital only when dispensing prescriptions from interns, residents or foreign physicians authorized to prescribe under the hospital's DEA registration number and assigned a suffix that must be indicated on the prescription.

AIR02 (*State Issued Rx Serial Number*)

Requirements for New York State Issued Prescription Serial Numbers:
✓ Serial numbers do NOT contain vowels and are eight (8) characters long. They are comprised of digits and letters.
✓ Use 99999999 to report oral and faxed prescriptions.
✓ Use ZZZZZZZZ to report out-of-state prescriptions and prescriptions from Veteran's Administration Facilities.
✓ Do not use 'O', 'T', 'E', 'H', 'S' etc. eight times to substitute for an actual serial number.
✓ Do not leave the serial number field blank.

Appendix A

Application Instructions to Establish a New HCS Account

The application forms may be obtained by e-mailing a request to: narcotic@health.state.ny.us. The e-mail must include the information as specified in 1-4 below:

1. In the e-mail <u>subject heading</u> state:

    - ✓ "HCS Application Request"

2. In the body of the E-mail include:

    - ✓ The Name of the Pharmacy, Mailing Address
    - ✓ Telephone Number, Fax Number
    - ✓ DEA License Number, NPI Number (If Available)
    - ✓ NCPDP Number (formerly referred to as NABP Number)
    - ✓ NYS Board of Pharmacy License Number

3. Pharmacies must designate a "Director" (typically the pharmacy owner or supervising pharmacist) for the account. In the body of the e-mail include:

    - ✓ The full First name, Middle name, Last name
    - ✓ Title
    - ✓ Date of Birth
    - ✓ E-mail address, Telephone Number

4. The Director <u>may</u> authorize other persons to establish separate HCS accounts. Such authorized person designated by the Director is considered a "Coordinator". Clearly specify proposed coordinator(s), and include in the body of the e-mail:

    - ✓ The full First name, Middle name, Last name
    - ✓ Date of Birth
    - ✓ E-mail address, Telephone Number

Once the Department has received your E-mail request, the necessary HCS application forms will be E-mailed to you. Follow the instructions provided and retain a copy for your records.

- Each pharmacy/corporation must complete the "Participant Organization Security and Use Policy" within the packet (document 1 of the Security and Use Packet).

- Each individual user must complete an "Individual User Security and Use Policy and Application" (document 2 of the packet). Once an account has been approved, individual confidential user IDs and passwords will be assigned.