

ARIZONA CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

DATA COLLECTION MANUAL

Effective: December 21, 2013



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ARIZONA CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM DATABASE

Arizona's Forty-eighth Legislature passed H.B. 2136 establishing a Controlled Substances Prescription Monitoring Program (CSPMP). The bill requires the Arizona State Board of Pharmacy (ASBP) to establish a controlled substances prescription monitoring program and requires pharmacies and medical practitioners who dispense controlled substances listed in Schedule II, III, and IV to a patient, to report prescription information to the Board of Pharmacy on a weekly basis. The new statutes, A.R.S. Title 36, Chapter 28 are available on the Board's website under the "Rules and Statutes" link.

The program requires a dispenser licensed in the State of Arizona, that dispenses controlled substances in schedule II, III, and IV within or from outside of the State of Arizona and to patients in the State of Arizona to submit the required information. The program covers the entire State of Arizona and requires all dispensers to report at least weekly. Both resident and non-resident pharmacies and dispensing practitioners are required to report.

REPORTING THE DATA

Dispensers will report the required dispensing information to Optimum Technology, Inc. (Optimum), a private contractor that will collect all data and manage the technical aspects of the program.

Toll-free number for Optimum: 866-683-2476

Email for technical assistance: azrxreporting@otech.com

Fax: 866-282-7076

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). Department of Public Health and Social Services is a health oversight agency and Optimum is acting as an agent of Department of Public Health and Social Services in the collection of this information.

Subsequent reporting:

All transactions must be submitted weekly. The deadline for reporting dispensing is on Fridays for the previous Sunday through Saturday dispensed data. If Friday falls on a state holiday the Dispenser shall report the data on the following business day. Dispensers are encouraged to report prior to the deadline in order to have time to correct any rejected submissions.

REPORTING PROCEDURES and FILE TYPES

Only **Schedule II-IV** prescription dispensing information is to be reported. All dispensers who are licensed by the State of Arizona that dispense Schedule II-IV controlled substances are required to submit the information by one of the five (5) following data submission options.

1. Website Upload/Prescription File Uploads – Pharmacy or Dispensing Practitioner Account

The user will need to use the login credentials provided to sign into their user account at the following website: www.azrxreporting.com. You may also register for account access at this website.

This secure website address is provided for uploading data to Optimum, which utilizes 256-bit encryption. Dispensers are able to access the secure website via a web browser.

You will need to be able to upload your data in the ASAP 2011 v4.2 and/or ASAP 2005 v3.0 format as a .DAT or .TXT file.

Your file will need to be named according to the following rules: your DEA number, the date submitted, followed by **.DAT** or **.TXT**

Therefore, if your DEA number is *AB1234567* and you are submitting on August 1, 2013, the file would look like this: ***AB1234567080113.dat*** or ***AB1234567080113.txt***.

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Optimum and will assist with locating this information in a timely and efficient manner, should this be necessary.

Uploading your file:

1. Go to the **Data Collection menu** > Choose **File Upload**
2. **Click Browse** to locate your file,
3. Highlight the File, then **Click Open** (the file will populate in the File Name field)
4. **Click Upload** to send the file to Optimum
5. You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24 hours.

You may View all uploaded files, and their status, on the “View Uploaded files” tab on the File Upload page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the View Uploaded Files tab. (See the section “Errors and Corrections”.)

2. CD-ROM, CD-R, CD-RW, DVD or 3 1/2” Diskette (A transmittal form must accompany all submissions.)

A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use or print a blank form from www.azrxreporting.com. The dispenser may also wish to keep a copy of the completed form for its records.

**This file must also contain an external media label, with the following information:
*Pharmacy/Submitter Name, DEA number, and the number of prescriptions.***

These media forms must be mailed to:
Optimum Technology, Inc.
Attn: Data Collection
100 E Campus View Blvd
Suite 380
Columbus, OH 43235

3. Manual Entry

A dispenser may submit prescription information on the Manual Entry page via a link on the prescription upload website: www.azrxreporting.com

A sample of the information required to fill out this form is attached (Attachment 2).

To Access the UCF Manual Entry screen in the data collection portal:

1. Login to www.azrxreporting.com with your username and password
2. Hover over the **Data Collection Menu**
3. Click on **Manual Entry**
4. As explained in the **'WHAT DATA IS MANDATORY, WHAT IS OPTIONAL'** section, the dispenser must have at least the mandatory data available to enter manual prescriptions.
5. To enter another prescription, please repeat steps two and three. Failure to do so will create flawed/incorrect prescription records.

4. FTPs Transfer – Pharmacy and Dispensing Practitioner – FTPs account

Chain Pharmacies, Community Pharmacies, and Dispensing Practitioners with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies, community pharmacies, and Dispensing Practitioners with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the FTP procedure. *During registration they must appoint one contact person for all of their data submissions.*

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at www.azrxreporting.com, as a Pharmacy- FTP user, to obtain a user id and password. The host name for transfer is www.azrxreporting.com. Login credentials will be emailed to the email address listed in the registration within 24-48 business hours.

(Zero Reports via FTP can also be submitted in the ASAP v4.2 and/or ASAP v3.0. Please see the section titled 'zero reports' for additional information.)

5. Zero Reports

If a dispenser does not dispense any Schedule II-IV prescriptions during a reporting period, a “zero” report should be submitted. This may be done via the prescription upload website:

www.azrxreporting.com under the Data Collection menu.

To Access the Zero Reporting screen in the data collection portal:

1. Login to www.azrxreporting.com with your username and password.
2. Go to the **Data Collection menu**.
3. Click on the option **Upload Pharmacy Zero Report**.
4. Select the reporting period for zero report submission.
5. Click **Submit**.

Chain pharmacies should seek direction from their corporate offices concerning how their data (zero reports) will be submitted. Zero reports can only be submitted via a web account specific to the dispensers DEA # or via FTPs in ASAP v4.2 and/or ASAP v3.0 version.

Zero reports via FTPs transmission in ASAP 4.2 format and/or ASAP v3.0 version:

The Zero Report standard is a complete transaction and includes all fields required by the CSPMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; and DSP05. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent.

Alternative Reporting Methods

The Controlled Substances Prescription Monitoring Program has approved an alternate form of reporting controlled substance data. The alternative form will utilize the Universal Claim Form which will be mailed to Optimum Technology. The Program may administratively approve the use of the Universal Claims Form, but regulations require extraordinary circumstances in order to receive approval. The dispenser should submit a "**Request a Waiver from Electronic Reporting Form**" (Attachment 3), providing a detailed explanation of the extraordinary circumstances that necessitate the granting of the waiver.

ERRORS and CORRECTIONS

Rejections

The CSPMP application will validate each file submitted, record by record, and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected. The user will be notified via email & the message center of the status of the file, and the errors contained within.

If the records in a file do not meet the required data specifications, the entire file may be rejected. **In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure.** (A valid email address is required for email notification.)

Optimum is not authorized to modify any data, therefore, the dispenser will be required to correct these errors through the website or resubmit the entire file, if necessary.

Viewing your Errors and File Upload Status:

The Data Collection Portal allows all users to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed on the View Uploaded Files tab under the Data Collection Menu. This page will also show the user any errors associated with a particular file, and will allow the user to make corrections to these errors through the website. Please follow the details below to view your uploaded files and any errors associated with those files.

View File Upload Errors:

1. Login to www.azrxreporting.com with your username and password.
2. Go to the **Data Collection Menu** > Click on **File Upload**.
3. Click on the **View Uploaded Files tab**. This will display a history of all files submitted.
4. Click on the File containing errors that you wish to correct.
5. Click on each individual error to see a detailed description at the bottom of the page.

Prescription Corrections:

There are two options to correct the data as detailed below.

- 1. Correct the data in your retail RX software or Dispensing Practitioner software; regenerate the file and upload the data.**
 - a. Please note this process may result in duplicate records as a portion of the records originally submitted were accepted. **The duplicate records require no action on the part of the pharmacy or dispenser.**
 - b. *You may also choose to correct only those records that were rejected and create a separate file to submit.*
- 2. Correct the data online via the Data Collection Portal. This type of correction is manually performed and makes sense when there are minimal errors.**
 - a. Login to www.azrxreporting.com with your username and password.
 - b. Go to the **Data Collection Menu** > Click on **File Upload**.
 - c. Click on the **View Uploaded Files tab**. This will display a history of all files submitted.
 - d. Click on the File containing errors that you wish to correct.
 - e. To the right of each error, click on the **paper/pencil icon** . You will then be shown a Prescription correction screen.

- f. Correct the fields indicated, click the authorization checkbox, and then Click Save.
- g. You will receive an online confirmation that your file was successfully saved.

Prescription Maintenance:

For security purposes, data cannot be deleted by Optimum once it is submitted to the program. To remedy this situation, go to the Prescription Maintenance page under the Data Management menu. Search for the RX by prescription number, Prescriber DEA, Date filled or any combination of these criteria. You can then update the information by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking 'save'. To delete the prescription, click on the prescription in question, check the authorization checkbox, and click 'delete'.

Test Run Upload Feature:

This feature is provided to assist the user with identifying errors within a file, prior to submitting data to Optimum for reporting purposes. It is located in the Upload Center within the Data Collection website. The feature can be used for any type of file that it is submitted directly through the www.azrxreporting.com website.

The process is similar to submitting your completed file, but will allow the user to see any errors, and correct those errors prior to your submission to the State reporting agency.

If you have attempted to submit your file, and are receiving rejection notices or extensive errors, please utilize this function. This function may also assist your software vendor with helping to identify any corrections that may be needed related to software or the format of your file.

EXEMPTIONS TO REPORTING:

If you consider that you are exempt from reporting or wish to submit a Dispenser Exemption or Waiver Request please fill-out the attached exemption/waiver request form and mail to:

Dean Wright
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2748
dwright@azpharmacy.gov

WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?
Controlled Substance Schedule Summary of ASAP 2005 v3.0 Data Elements

Ref. Code	Data Element Name	Format	Attributes*
HEADER SEGMENTS			
TH TRANSACTION HEADER – (TH01-TH13)			Required Data
TH: Transaction Set Header		TH	Yes
TH01	Version/Release Number	3.0	Yes
TH02	Business Partner Implementation Version		No
TH03	Transaction Set Control Number	123456	Yes
TH04	Transaction Type		No
TH05	Message Type		No
TH06	Response ID		No
TH07	Project ID		No
TH08	Creation Date	CCYYMMDD	Yes
TH09	Creation Time	HHMMSS or HHMM	Yes
TH10	File Type	P = Production; T = Test	Yes
TH11	Message		No
TH12	Composite Element Separator	:	Yes
TH13	Segment Terminator Character	\	Yes
IS INFORMATION SOURCE – (IS01-IS12)			
IS: Information Source			Yes
IS01	Unique Information Source	(Ex: Phone number)	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Address Information – 1		No
IS04	Address Information – 2		No
IS05	City Address		No
IS06	State Address		No
IS07	Zip Code Address		No
IS08	Phone Number		No
IS09	Contact Name		No
IS10	Message Type		No
IS11	Date Entry Terminal ID		No
IS12	Data Segment Terminator Character	\	Yes
IR INFORMATION RECEIVER – (IR01-IR11)			
IR: Information Receiver		R	Yes
IR01	Unique Information Receiver ID	Identification Number	Yes
IR02	Information Receiver Entity Name	(Ex. Optimum Technology)	Yes
IR03	Address Information – 1		No
IR04	Address Information – 2		No
IR05	City Address		No
IR06	State Address		No
IR07	Zip Code Address		No

IR08	Phone Number		No
IR09	Contact Name		No
IR10	Message		No
IR11	Data Segment Terminator Character	\	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA14)			
PHA: Dispenser Header		PHA	Yes
PHA01	National Provider Identifier (NPI)		No
PHA02	NCPDP Provider ID		No
PHA03	DEA Number	AB1234567	Yes
PHA04	Pharmacy Name		Situational
PHA05	Address Information – 1		Situational
PHA06	Address Information – 2		Situational
PHA07	City Address		Situational
PHA08	State Address		Situational
PHA09	Zip Code Address		Situational
PHA10	Phone Number		Situational
PHA11	Contact Name		Situational
PHA12	Reporting Frequency		No
PHA13	Message		No
PHA14	Data Segment Terminator Character	\	Yes
DETAIL SEGMENTS			
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT41)			
PAT: Patient Information		PAT	Yes
PAT01	Reporting Status		No
PAT02	Program Participation Status		No
PAT03	Unique System ID – Patient		No
PAT04	Social Security Number		Situational
PAT05	Alternate ID Qualifier		Situational
PAT06	Alternate ID		Situational
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT09	Middle Name		Situational
PAT10	Name Prefix		Situational
PAT11	Name Suffix		Situational
PAT12	Address Information – 1		Yes
PAT13	Address Information - 2		Situational
PAT14	City Address		Yes
PAT15	State Address		Yes
PAT16	ZIP Code Address	00000 Non-US	Yes
PAT17	Phone Number		Yes
PAT18	Email Address		No
PAT19	Date of Birth	CCYYMMDD	Yes

PAT20	Gender	F – Female M - Male	Yes
PAT21	Patient Location Code		No
PAT22	Primary Prescription Coverage Type		No
PAT23	Secondary Prescription Coverage Type		No
PAT24	Language Code		No
PAT25	Work Phone Number		No
PAT26	Alternative Phone Number		No
PAT27	Driver's License Number		No
PAT28	Facility Code		No
PAT29	Unit Identifier		No
PAT30	Room Number		No
PAT31	Bed		No
PAT32	Medical Record Number		No
PAT33	Admission Date		No
PAT34	Admission Time		No
PAT35	Discharge Date		No
PAT36	Discharge Time		No
PAT37	Primary Coverage Start Date		No
PAT38	Primary Coverage Stop Date		No
PAT39	Secondary Coverage Start Date		No
PAT40	Secondary Coverage Stop Date		No
PAT41	Data Segment Terminator Character		Yes
RX PRESCRIPTION ORDER - (RX01-RX30)			
RX: Prescription Order		RX	Yes
RX01	Reporting Status		No
RX02	Program Participation Status		No
RX03	Prescription Number	serial number assigned to prescription	Yes
RX04	Unique System ID – RPh		No
RX05	Unique System ID – Patient		No
RX06	Unique System ID – Prescriber		No
RX07	Unique System ID – Drug		No
RX08	Date Written	CCYYMMDD	Yes
RX09	Rx Start Date		No
RX10	Rx End Date		No
RX11	Diagnosis Code Qualifier		Situational

RX12	Diagnosis Code		Situational
RX13	Product ID Qualifier (NDC Required by AZ)		Yes
RX14	Product ID (NDC Required by AZ)		Yes
RX15	Product Description		No
RX16	DAW Code		No
RX17	Quantity Prescribed		Yes
RX18	Days Supplied		Yes
RX19	Basis of Days Supplied Determination	1 = Explicit Directions 2 = RPN Directions (Take as Needed by Pharmacist Estimate) 3 = As Directed by Physician	No
RX20	Refills Authorized		Yes
RX21	Refills Authorized through Date		No
RX22	DEA Schedule		No
RX23	Unit Dose Indicator		No
RX24	Compound Indicator		No
RX25	Origin Code		No
RX26	Brand versus Generic Indicator		No
RX27	Original Fill Date		No
RX28	Alternate Rx Identifier		No
RX29	Previous Rx Number		No
RX30	Data Segment Terminator Character	\	Yes
DSP - DISPENSING DETAIL SEGMENT - (DSP01-DSP34)			
DSP: Dispensing Record		DSP	Yes
DSP01	Reporting Status	00 New record 01 Revise 02 Void	Yes
DSP02	Program Participation Status		No
DSP03	Prescription Number		Yes
DSP04	Refill Number	0 = indicates original dispensing; 01-99 is the refill number	Yes
DSP05	Unique System ID – RPh		No
DSP06	Unique System ID – Patient		No
DSP07	Unique System ID – Prescriber		No
DSP08	Unique System ID – Drug		No
DSP09	Date Filled	CCYYMMDD	Yes
DSP10	Time Filled		No
DSP11	Product ID Qualifier (NDC Required by AZ)	01 NDC# 06 compound	Yes
DSP12	Product ID (NDC Required by AZ)	NDC# or “9999999999” for compound; If compound then CDI segment is required	Yes

DSP13	Product Description		No
DSP14	Quantity Dispensed	Metric decimal format	Yes
DSP15	Days Supply		Yes
DSP16	Basis of Days Supplied Determination	1 = Explicit Directions 2 = RPN Directions (Take as Needed by Pharmacist Estimate) 3 = As Directed by Physician	Yes
DSP17	Refills Remaining		No
DSP18	Refills Authorized through Date		No
DSP19	Previous Fill Date		No
DSP20	Previous Fill Quantity Dispensed		No
DSP21	Level of Service Code		No
DSP22	Brand or Generic Indicator		No
DSP23	Patient Advisory Leaflet		No
DSP24	Warning/Auxiliary Labels		No
DSP25	Warning/Auxiliary Labels		No
DSP26	Warning/Auxiliary Labels		
DSP27	Warning/Auxiliary Labels		
DSP28	Warning/Auxiliary Labels		
DSP29	Bar Code of Vial Label		
DSP30	Group Identifier		
DSP31	Group Rx Count		
DSP32	Partial Fill Indicator		
DSP33	Priority		
DSP34	Data Segment Terminator Character	\	Yes
PRE - PRESCRIBER DETAIL SEGMENT - (PRE01-PRE21)			
PRE: Prescriber Information		PRE	Yes
PRE01	Reporting Status		No
PRE02	Unique System ID – Prescriber		No
PRE03	National Provider Identifier (NPI)		Situational
PRE04	DEA Number		Yes
PRE05	DEA Number Suffix		Situational
PRE06	Prescriber State License Number		Situational
PRE07	Prescriber Alternate ID		No
PRE08	Last Name		No
PRE09	First Name		No
PRE10	Middle Name		No
PRE11	Name Prefix		No
PRE12	Name Suffix		No
PRE13	Address Information – 1		No
PRE14	Address Information – 2		No
PRE15	City Address		No
PRE16	State Address		No

PRE17	Zip Code Address		No
PRE18	Phone Number		No
PRE19	Prescriber Specialty		No
PRE20	Prescriber Fax Number		No
PRE21	Data Segment Terminator Character	\	Yes
RPH – PHARMACIST INFORMATION (RPH01- RPH12)			
RPH: Pharmacist Information		RPH	Yes
RPH01	Reporting Status		No
RPH02	Unique System ID – RpPh		No
PRH03	National Provider Indicator (NPI)		No
RPH04	Pharmacist State License Number		No
RPH05	Pharmacist Alternate ID		No
RPH06	Last Name		No
RPH07	First Name		No
RPH08	Middle Name		No
RPH09	Name Prefix		No
RPH10	Name Suffix		No
RPH11	Pharmacist Title		No
RPH12	Data Segment Terminator Character	\	Yes
PLN - PATIENT THIRD-PARTY PLAN (PLN01-PLN13)			
PLN: Patient Third Party Plans		PLN	Yes
PLN01	Reporting Status		No
PLN02	Plan Coverage Status to Patient		No
PLN03	Unique System ID - Plan		No
PLN04	Classification Code for Payment Type	01 = Private Pay (Cash/Charge) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military and VA 06 = Workers Compensation 07 = Indian Nations 99 = Other	Yes
PLN05	Plan Name		No
PLN06	Processor BIN		No
PLN07	Processor Control Number		No
PLN08	Plan ID		No
PLN09	Group Number		No
PLN10	Cardholder ID		No
PLN11	Person Code		No
PLN12	Relationship Code		No
PLN13	Data Segment Terminator Character	\	Yes

CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT (CDI01-CDI09)- If DSP12 = "9999999999" all CDI segments required			
CDI: Compound Drug Ingredient		CDI	Yes
CDI01	Compound Ingredient Sequence Number	1 st reportable ingredient is "1"; additional ingredients are incremented by 1.	Situational
CDI02	Product ID Qualifier (NDC Required by AZ)	01 NDC#	Situational
CDI03	Compound Ingredient Product ID - NDC	As indicated in CDI02	Situational
CDI04	Component Ingredient Product Description		No
CDI05	Compound Ingredient Quantity	Metric Decimal quantity	Situational
CDI06	Component Ingredient Cost		No
CDI07	Component Ingredient Basis of Cost Determination		No
CDI08	Compound Drug Dosage Units Code	01 Each (report packages) 02 Milliliters 03 Grams	Situational
CDI09	Data Segment Terminator Character	\	Yes
CSR - CONTROLLED SUBSTANCE REPORTING (CSR01-CSR08)			
CSR: Controlled Substance		CSR	Yes
CSR01	State Issuing Rx Serial Number		Situational
CSR02	State Issued Rx Serial Number		Situational
CSR03	ID Qualifier		Situational
CSR04	ID of Person Picking up Rx		Situational
CSR05	Relationship of Person Picking up Rx		Situational
CSR06	Last Name of Person Picking up Rx		Situational
CSR07	First Name of Person Picking up Rx		Situational
CSR08	Data Segment Terminator Character	\	Yes

SUMMARY SEGMENTS			
TP - PHARMACY TRAILER – REQUIRED			
TP: Pharmacy Trailer		TP	Yes
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TP02	Data Segment Terminator Character	\	Yes
TT – Transaction Set Trailer			
TT: Transaction Set Trailer		TT	Yes
TT01	Transaction Set Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

Controlled Substance Schedule Summary of ASAP 2011 v4.2 Data Elements

 Visit www.asapnet.com to purchase a complete implementation guides for all ASAP standards in the online bookstore.

Ref. Code	Data Element Name	Format	Attributes*
HEADER SEGMENTS			
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
TH01	Version/Release Number	4.2	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH03	Transaction Type	Identifies the purpose of initiating the transaction: 01 = Send/Request Transaction 02 = Acknowledgement (used in response only) 03 = Error Receiving (used in response only) 04 = Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)	Yes
TH04	Response ID	Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	Situational
TH05	Creation Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH08	Routing Number	Reserved for real-time transmissions that can through a network switch to indicate the specific state PMP transaction should be routed to.	Situational
TH09	Segment Terminator Character	Examples: ~~ or or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source ID	(Ex: Phone number; however if phone number used do not use hypkens)	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message		Situational
PHA DISPENSING PHARMACY – (PHA01-PHA12)			

PHA01	National Provider Identifier (NPI)		Situational
PHA02	NCPDP/NABP Provider ID		Situational
PHA03	DEA Number		Yes
PHA04	Pharmacy Name		Yes
PHA05	Address Information – 1		Yes
PHA06	Address Information – 2		Situational
PHA07	City Address		Yes
PHA08	State Address		Yes
PHA09	Zip Code Address		Yes
PHA10	Phone Number		Situational
PHA11	Contact Name		Situational
PHA12	Chain Site ID		Situational
DETAIL SEGMENTS			
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT01	ID Qualifier of Patient Identifier		Situational
PAT02	ID Qualifier	<p>Code to identify the type of ID in PAT03. If PAT02 is used PAT03 is required.</p> <p>01 = Military ID 02 = State Issued ID 03 = Unique System ID 04 = Permanent Resident Card (Green Card) 05 = Passport ID 06 = Driver's License ID 07 = Social Security Number 08 = Tribal ID 09 = Other</p>	Situational
PAT03	ID of Patient		Situational
PAT04	ID Qualifier of Additional Patient Identifier	Code that identifies the jurisdiction that issues the ID in PAT06.	Situational
PAT05	Additional Patient ID Qualifier	Code to identify the type of ID in PAT06 if PMP requires additional identifier. IF PAT05 is used PAT06 is required.	Situational
PAT06	Additional ID		Situational
PAT07	Last Name		Yes
PAT08	First Name		Yes
PAT09	Middle Name		Situational
PAT10	Name Prefix		Situational
PAT11	Name Suffix		Situational
PAT12	Address Information – 1		Yes
PAT13	Address Information – 2		Situational
PAT14	City Address		Yes
PAT15	State Address		Yes

PAT16	ZIP Code Address	00000 Non-US	Yes
PAT17	Phone Number		Yes
PAT18	Date of Birth	CCYYMMDD	Yes
PAT19	Gender Code	F = Female M = Male U = Unknown	Yes
PAT20	Species Code	01 – Human 02 – Veterinary Patient	Yes
PAT21	Patient Location Code	01 = Home 02 = Intermediary Care 03 = Nursing home 04 = Long-Term/Extended Care 05 = Rest Home 06 = Boarding Home 07 = Skilled-Care Facility 08 = Sub-Acute Care Facility 09 = Acute Care Facility 10 = Outpatient 11 = Hospice 98 = Unknown 99 = Other	Situational
PAT22	Country of Non-US Resident		Situational
PAT23	Name of Animal		Situational
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP01	Reporting Status	00 New record 01 Revise 02 Void	Yes
DSP02	Prescription Number		Yes
DSP03	Date Written	CCYYMMDD	Yes
DSP04	Refills Authorized		Yes
DSP05	Date Filled	CCYYMMDD	Yes
DSP06	Refill Number	0 = indicates original dispensing; 01-99 is the refill number	Yes
DSP07	Product ID Qualifier	01 NDC# 06 Compound	Yes

DSP08	Product ID	NDC# or "9999999999" for compound; If a compound the CDI segment is required	Yes
DSP09	Quantity Dispensed	Metric decimal format	Yes
DSP10	Days Supply		Yes
DSP11	Drug Dosage Units Code	01 Each (used to report package) 02 Milliliters 03 Grams	Yes
DSP12	Transmission Form of Rx Origin Code	01 = Written Prescription 02 = Telephone Prescription 03 = Telephone Emergency Prescription 04 = Fax Prescription 05 = Electronic Prescription 99 = Other	Situational
DSP13	Partial Fill Indicator	00 = Not a Partial Fill 01 = Partial Fill	
DSP14	Pharmacist National Provider Number (NPI)		Situational
DSP15	Pharmacist License Number		Situational
DSP16	Classification Code for Payment Type	01 = Private Pay (Cash/Charge) 02 = Medicaid 03 = Medicare 04 = Commercial Insurance 05 = Military and VA 06 = Workers Compensation 07 = Indian Nations 99 = Other	Yes

DSP17	Date Sold	CCYYMMDD	Situational
DSP18	RxNorm Code	01 = Semantic Clinical Drug (SCD) 02 = Semantic Branded Drug (SBD) 03 = Generic Package (GPCK) 04 = Branded Package (BPCK)	Situational
DSP19	RxNorm Code		Situational
DSP20	Electronic Prescription Reference Number		Situational
DSP21	Electronic Prescription Order Number		Situational
PRE - PRESCRIBER DETAIL SEGMENT - REQUIRED			
PRE01	National Provider Number (NPI)		Situational
PRE02	DEA Number		Yes
PRE03	DEA Number Suffix		Yes
PRE04	Prescriber State License		Situational
PRE05	Last Name		Yes
PRE06	First Name		Yes
PRE07	Middle Name		Situational
PRE08	Phone Number		Situational
CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT - If DSP07 = 06 all CDI segments required			
CDI01	Compound Drug Ingredient Number	1 st reportable ingredient is "1"; additional ingredients are incremented by 1.	Situational
CDI02	Product ID Qualifier	01 = NDC# 02 = UPC 03 = HRI 04 = UPN 05 = DIN 06 = Compound	Situational
CDI03	Product ID	As indicated in CDI02	Situational
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	Situational
CDI05	Compound Drug Dosage Units Code	01 Each (used to report package) 02 Milliliters 03 Grams	Situational
AIR ADDITIONAL INFORMATION REPORTING – SITUATIONAL			
All Segments optional.			
SUMMARY SEGMENTS			

TP - PHARMACY TRAILER – REQUIRED			
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

This page constitutes a summary of the required ASAP information for controlled substance reporting in AZ. Additional information must be obtained by purchasing an implementation guide at www.asapnet.org.

FREQUENTLY ASKED QUESTIONS:

Passwords and sign-in information:

Does my password expire?

For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why is this happening?

Please go to the link ‘Forgot/Reset Password.’ If you have answered the security questions provided, you will be able to reset your password.

Prescription Data and Reporting requirements:

What is the NDC Code?

The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?

The Arizona Controlled Substances Prescription Monitoring Program (CSPMP) collects drug schedules II-IV.

How often should I submit data?

All transactions must be submitted at least weekly. The deadline for reporting dispensed prescriptions for the previous week (Sunday through Saturday) is on Friday. If Friday falls on a state holiday the dispenser shall submit the data on the next business day. Dispensers are encouraged to report prior to the deadline in order to have time to correct any rejected submissions. Dispensers who so choose may report more frequently.

How are compounded prescriptions to be recorded?

Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. To submit a compound controlled substance, the field DSP07 must indicate this by the value '06' for compound. Subsequently, DSP08 must then be reported as eleven "9's" or 9999999999. By reporting the value in DSP07 as '06', the CDI segment then becomes a mandatory or required segment.

The CDI segment will require that reportable controlled substances be reported in increments of 1 in field CDI01; the NDC code is reported as '01' in CDI02; and the NDC of those reportable ingredients is provided in CDI03. The quantity is provided in metric decimal format in CDI04; and the Drug Dosage Units Code is reported in CDI05.

Why is the system rejecting the input metric quantity?

The metric quantity should be the number of metric units dispensed in metric decimal format. (Ex: 3.5)

What should I do if the pharmacy or doctor is exempt from reporting?

If you are exempt from reporting please fill out the Dispenser Exemption or Waiver Request form (attachment 3) and follow the instructions listed. This request must be approved by the Advisory Committee.

I received a Delinquency Letter; what should I do?

If you received a Delinquency letter and would like to check the status of your data, please send an email to azrxreporting@otech.com with the following information (If you are unsure if your data was submitted, resubmit the time period in question. This data will take one day to process. Please provide:

1. Username
2. Reporting period(s) in question
3. DEA Number

If a confirmation is required, you may forward Optimum Technology's email response to the Arizona State Board of Pharmacy Administrator as confirmation your data was received.

What should I do if the pharmacy is closing?

Send a letter to the Arizona State Board of Pharmacy (ASBP) Administrator.

Dean Wright
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2748
dwright@azpharmacy.gov

File issues and Error Corrections:

What should the filename be?

The filename should be the DEA number, followed by the date of submission, followed by .dat or .txt. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users should be certain to differentiate files by modifying the filename before the **.dat or .txt** extension. This will ensure that the contents of the file are not overwritten. FTP submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?

Uploaded files will be processed overnight by a batch processor; therefore they will be in a “Pending” status until the following day. You will receive notification via the message center and email (valid email required.) You can update your email address through the “My Account” section of the website.

I do not work with a software vendor; how should I submit controlled substance data?

If you do not work with a software vendor, you will need to manually enter controlled substance data. To submit manually go to Data Collection > Manual Entry. Complete all required fields, , check the authorization checkbox, and click save; no further action is required.

I accidentally sent the incorrect reporting period. Should the file be deleted?

If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?

If your file was rejected please check the corresponding error report. You or your software vendor should make the appropriate adjustments to the file format, and upload a new file.

How do I know if my file uploaded?

1. Go to Data Collection > File Upload
2. Click on the View uploaded files tab
3. You will be able to view all files submitted

If you are not receiving email notifications, you will need to verify that your email address is listed *correctly*. Go to ‘My Account’ and enter your email address in the appropriate field, you will also receive file status notifications in the section of your account titled ‘messages’.

An email will be sent (the following day) confirming the file's processing status and any errors contained within that file.

(Please be sure to add the domain: otech.com to your safe sender's list within your email client. This will ensure that you receive communications from Optimum in a timely manner.)

I accidentally submitted incorrect information. Can I delete a record/entry?

The ASAP 2011 v4.2 formatting requirements allow for the following functions: ‘new, revise or delete’. For those sending electronic files, please refer to DSP01 in the formatting table.

For users that submit manual entries, you are able to update previously submitted information. Please refer to the “Prescription Maintenance” portal of the website.

Why are there no menus displayed on the web page?

If you are using Internet Explorer, please make sure you are using version 6.0 or higher. To accomplish this go to “Help → About Internet Explorer.” If you are using a version older than 6.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your “tools” menu.

How do I fix “duplicate” error messages?

A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.*

Why is nothing happening when I click on the browse button to upload my file?

If you are using Internet Explorer, please make sure you are using version 6.0 or higher. To accomplish this go to “Help → About Internet Explorer.” If you are using a version older than 6.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your “tools” menu.

OTHER QUESTIONS:

How do I setup an FTP account?

FTP account requests must be made via the registration page on www.azrxreporting.com. You will need to register as ‘FTP Up-loader’. You will receive login credentials at the email address indicated in your registration within 24-48 business hours.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

Non-US zip codes or residents should have the value ‘00000’ placed into the zip code category.

ASSISTANCE AND SUPPORT

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may

be referred to Optimum. Dispensers are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

The Controlled Substance Advisory Committee will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and Optimum Technology will be resolved by the Advisory Committee.

Controlled Substance Database Contact Information:

For questions: call the Arizona State Board of Pharmacy (602) 771-2744 or e-mail dwright@azpharmacy.gov.

Attachment 1
Program Transmittal Form

File Name: _____ Date: _____

The file name should be the DEA number followed by .DAT (example: AB01123456.DAT)

Pharmacy/Dispenser Name: _____

DEA Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, DEA Number and Number of Prescriptions

Arizona Manual Entry Claim Form
Fax - 866-282-7076

Dispenser DEA #: _____

(This Dispenser information will be used for each RX record on this page)

Patient Details					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
Patient Phone Number		Species Code		Animal's Name	
_____ - _____ - _____		<input type="checkbox"/> Human <input type="checkbox"/> Veterinary			
Prescriber Details					
Prescriber DEA #		DEA Suffix (if applicable)	Last Name		First Name
_____ - _____ - _____					
Prescription Details					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method
					<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days' Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	
Drug Name					

Patient Details					
Last Name		First Name		Date of Birth	Gender
Street Address		City		State	Zip
Patient Phone Number		Species Code		Animal's Name	
_____ - _____ - _____		<input type="checkbox"/> Human <input type="checkbox"/> Veterinary			
Prescriber Details					
Prescriber DEA #		DEA Suffix (if applicable)	Last Name		First Name
_____ - _____ - _____					
Prescription Details					
Prescription #	Date Written	Total Refills Allowed	Date Filled	Current Refill #	Payment Method
					<input type="checkbox"/> Private Pay <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial Ins <input type="checkbox"/> Military/VA <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Indian Nations <input type="checkbox"/> Other
NDC Code		Days' Supply	Qty	Dosage Units	
_____ - _____ - _____				<input type="checkbox"/> Each <input type="checkbox"/> Grams <input type="checkbox"/> Milliliters	
Drug Name					

- Go Green! Try submitting via the website at www.azrxreporting.com

