

Alaska Prescription Drug Monitoring Program



Data Submission Dispenser Guide

Alaska Prescription Drug Monitoring Program (AK PDMP)

January 2016 Version 1.0

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1 Data Collection and Tracking

Data Collection Requirements

This guide provides information regarding the Alaska Prescription Drug Monitoring Program (AK PDMP). AK PDMP is Alaska's solution for monitoring Schedule II - V controlled substances dispensed in Alaska.

Senate Bill 196 (Alaska Statute 08.80.030(b)(11)) was signed into law on September 7, 2008, requiring the Alaska Board of Pharmacy to establish and maintain a controlled substances prescription database as provided in Alaska Statute (AS) 17.30.200 for the reporting of dispensed prescriptions for all schedule IA-VA controlled substances under state law and Schedule II-V controlled substances under federal law. AS 17.30.200 requires that each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. This program was created to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; and to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances.

Information about controlled substance dispensing activities is reported daily to the state of Alaska through the authorized data collection vendor. Pharmacies and other dispensers are required by law to provide such reporting to the data collection vendor in approved formats and frequencies. This includes mail order pharmacies that mail orders into the state.

Reporting Requirements

A "dispenser" is identified as a practitioner who delivers a controlled substance to an ultimate user by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for delivery.

All dispensers of Schedule II - V controlled substance prescriptions are required to collect and report their dispensing information.

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.

Each dispenser shall submit the required fields to the AK PDMP once per month, but no later than the fifth (5th) day following the month unless the Alaska PDMP waives this requirement for good cause shown by the dispenser.

Exemptions

The following substances are exempt from reporting:

- Controlled substances dispensed to inpatients in hospitals
- Controlled substances dispensed to residents in nursing homes
- Controlled substances administered to a patient at a health care facility

Certification of No Controlled Substances Dispensed Waiver

If a pharmacy is licensed in the State of Alaska but does not dispense any controlled substances directly to Alaska residents, they are not required to report to the AK PDMP. However, the pharmacy must notify the Board in writing by completing a Certification of No Controlled Substances Dispensed form provided by the Board stating that they do not dispense controlled substances in the state. The Certification of No Controlled Substances Dispensed form is provided in Appendix C.

2 Data Submission

About This Chapter

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

Timeline and Requirements

Pharmacies and software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- **You may create your account on or after 01/11/2016. See [Creating Your Account](#) for more information.**
- **Beginning 01/21/2016 dispensers are required to transmit their data using PMP Clearinghouse. In accordance with the guidelines outlined under [Reporting Requirements](#).**
- **If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See [Zero Reports](#) for additional details.**

Upload Specifications

Files should be in ASAP 4.1 format released in September 2009. 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 “20110415.dat”. All of your upload files will be kept separate from the files of others.

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

3 Creating Your Account

Prior to submitting data, you must create an account. **If you are already registered with PMP Clearinghouse, you do not need to create a new account for another state for data submission. A single account can submit to multiple states.**

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

Perform the following steps to create an account:

1. To request a data submitter account for PMP AWA_R_xE, the user must go to <https://pmpclearinghouse.net> and click the Create Account link in the center of the screen or go directly to <https://pmpclearinghouse.net/registrations/new>
2. The screen displayed requires the user to enter their current, valid email address and a password. This email address will act as your user name when logging into the system.
 - **The password must contain at least 8 characters, including 1 capital letter, 1 lower case letter, and 1 special character (such as !,@,#,\$)**

Profile

* Email Address

* Password

* Password confirmation

3. The second grouping is the demographics section. Here the user must enter their name, date of birth, employer information, and other information as configured by the PMP Administrator.

- Required fields are marked with a red asterisk(*)
- The user may be able to auto populate their user and employer information using the search boxes for listed identifiers (DEA, NCPDP, or NPI).

Personal

* First name

Middle name

* Last name

* Date of birth

Searching for DEA or NPI will autopopulate your information if found.

DEA

NPI

Employer

* Name

* Address

Address (continued)

* City

* State

* Postal Code

* Phone

Fax

Searching for DEA or NPI will autopopulate your information if found.

DEA

NCPDP

Note: PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (sFTP) access is available for users who require an encrypted transfer method. We recommend sFTP only for those users who plan to automate their data submission.

- If Secure FTP access is not required, skip to step 6.
4. If the user requires a sFTP account to transfer their data to PMP AWA_R_E it must be indicated when setting up the account. **IMPORTANT:** Please write down and remember the password that you enter. Once we create the sFTP account you will receive an email with the User ID to use for sFTP, however it will not provide the password that you enter below. Also, this password will not be stored within the application.
- sFTP accounts are used to transfer data automatically between servers. It requires no interaction by a user.
5. If a user checks the “Enable sFTP Access”, the user must enter a password for the account.
- **The sFTP password must contain at least 8 characters, including 1 capital letter, 1 lower case letter, 1 number, and 1 special character (such as !,@,#,\$)**

PMP AWA_R_E users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (sFTP) access is available for users who require an encrypted transfer method.

Enable sFTP Access

IMPORTANT: Please write down and remember the password that you enter.

sFTP Username

sFTP Password

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, 1 number, and 1 special character (such as !,@,#,\$)

6. The registering user must select which states they will be submitting data for. A list of available states using PMP AWAR_xE are selectable.



Submission Destinations

Please indicate which states should receive your data.

States STATE 1
 STATE 2

7. The registering user clicks submit. The request is submitted to the PMP Administrator for each of the states the user selected for data submission.

- Once a PMP Administrator has approved the request, the user will receive a welcome email and can begin submitting data to PMP AWAR_xE.
- If a sFTP account was requested, the sFTP account will be created and a prompt will be displayed to the user with the sFTP username. This information can be found again in the application under Account -> sFTP Details.

Users can test the sFTP connection but will not be able to submit data to a PMP until their account has been approved by the state administrator.

- The user ID will be the first 5 characters of your employer name + your employer phone number + @prodpmgsftp. Example User ID: chain5025554747@prodpmgsftp

The URL to connect via sFTP is <sftp://sftp.pmpclearinghouse.net>

4 Data Delivery Methods

This section discusses the different options available to a user to submit your controlled substance reporting data file(s) to PMP Clearinghouse. Users have the options of using a sFTP account, a web portal upload page, using a manual entry UCF (Universal Claims Form) page or submitting a zero report.

4.1 Secure FTP

Data submitters who select to submit data to PMP Clearinghouse by sFTP must configure individual folders for the state PMP systems they will be submitting data to. **The sub-folders should use state abbreviation for naming (ex. AK, KS, MS, etc.).** The subfolder must be located in the homedir/ directory which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the File Listings screen.

1. If an account has not yet been created, perform the steps in [Creating Your Account](#).
2. Prepare the data file(s) for submission, using the ASAP 4.1 specifications described in [Appendix A](#).
3. SFTP the file to sftp://sftp.pmpclearinghouse.net.
4. When prompted, use the username you received in an email when the SFTP account was created and the password you entered when requesting the SFTP account.
5. Place the file in the desired directory.
6. The user can view the results of the transfer/upload on the Submissions screen.

Note: If a data file was placed in the root directory and not a state sub-folder, the user will be prompted at the File Status screen to select a destination PMP to send the data to.

4.2 Web Portal Upload

1. If an account has not yet been created, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to File Upload in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Click on the "Browse" button and select the file to upload.
5. Click the "Upload" button to begin the process of transferring the file to PMP Clearinghouse.
6. The results of the transfer/upload can be viewed on the File Submissions screen.

4.3 Manual Entry (UCF)

Manual Entry is an option for data submitters to enter their prescription information into the PMP Clearinghouse system using a form derived from the Universal Claims Form. It allows the entry of patient, prescriber, pharmacy, and prescription information.

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to UCF Submissions in the menu bar.
3. Choose New Claim Form to begin a submission.
4. You must select a destination PMP from the available states listed in the drop-down.
5. Complete all required fields as indicated by a red asterisks (*).

6. Click Save.
7. Then click Submit.
8. The results can be viewed on the UCF Listing screen.

4.4 Zero Reports

If you have no dispensations to report, you must report this information to the AK PDMP by performing the following steps:

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to Zero Reports in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Enter the start date and end date for the report and click on the “Submit” button. (NCPDP and DEA number are optional)
5. The request will be submitted to PMP Clearinghouse.

Zero Reports can also be submitted via sFTP using the ASAP Standard for Zero Reports. For additional details on this method, see [Appendix B ASAP Zero Report Specifications](#).

5 Data Compliance

Data Compliance allows users of PMP Clearinghouse to view the status of data files they have submitted.

5.1 File Listing

The File Status screen displays information extracted from the data files submitted to PMP Clearinghouse. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings, the number of records that contain errors, and the date and time of submission. A status column is located at the end of each row displaying the status of the file. If there are errors the status column will state “Pending Dispensation Error” and the text will be a hyperlink to the view records screen.

If a file is unable to be parsed into the Clearinghouse application, the appropriate message will display. A new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to Clearinghouse.

If a file has been submitted by sFTP without using a state specific sub-folder, the file will be displayed and the user will be prompted to select a destination PMP for the data file to be transferred to.

5.2 Claim Forms Listing

The Claim Forms Listing displays the UCF forms submitted to the PMP Clearinghouse. The screen displays number of warning and the number errors. A status column is located at the end of each row displaying the status of the file. If there are errors then the status column will state “Pending Dispensation Error” and the text will be a hyperlink to the view records screen.

5.3 View Records

The view records screen provides a deeper view of the records within a selected data file that need correcting. The screen displays Prescription Number, Segment Type, Warning Count, and Error Count. A “Correct” button is displayed at the end of each row that will allow the user to make corrections to the record.

To view the records that need correcting:

1. Click on the “*Pending Dispensation Error*” hyperlink in the status column.
2. The View Records screen is displayed.
3. Click on the correct button at the end of the row for the record you want to correct.

5.4 Error Correction

The Error Correction screen allows a user to make corrections to data submitted that did not pass the validation rules. The screen displays all the fields contained within the record and the originally submitted value. A “Corrected Value” column displays the values the user enters to correct the error. The Message column displays the relevant error message for the field explaining why it did not pass the validation rules.

For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. A corrected file should be submitted.

To correct records:

1. Identify the fields displayed that require corrections.
2. Enter the new corrected value into the corrected value column.
3. Click Submit.
4. The error will be processed through the validation rules.
 - a. If the changes pass the validation rules, the record will be identified as valid and the File Status and View Records screen will be updated.
 - b. If the changes fail the validation rules, the record will continue to be identified as needing corrections. The error message will be updated to identify any new error message.

6 Email Reports

Email status reports will be automatically sent to the users associated with a data submitter account. The emailed reports are used to both identify errors in files that have been submitted and confirm a zero report submission.

6.1 File Failed Report

The File Failed report identifies if the submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The file contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections. Failed files are not parsed into Clearinghouse and do not require a Void ASAP file to remove it from the system. An example of a File Fail report is:

SUBJ: Alaska ASAP file: fake-test3.txt - Parse Failure

BODY:
Error Message

Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

* File Name: fake-test3.txt
* ASAP Version: 4.1
* Transaction Control Number: unparseable
* Transaction Control Type: unparseable
* Date of Submission: January 30, 2016

NOTE: This file could not be received into the system because the system could not recognize its content as a valid ASAP format. Action is required to resolve the issues and a subsequent file should be submitted. As such

the information provided in this report is "best effort" and any information we could not parse is listed as "unparseable" in the fields above.

6.2 File Status Report

The File Status report is a report sent to notify the data submitter that a data file is currently being parsed by the state PMP system. The report notifies users of the following scenarios:

- Total Records: The total number of records contained in the submitted data file
- Duplicate Records: The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information
- Records in Process: The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out). **Records remaining to be processed will continue to be processed even after the status report is sent.**
- Records with Errors: Shows how many records that contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data.
- Records with Warnings: Shows how many records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.
- Records imported with warnings: Shows the number of records that were imported if they had warnings. Records with warning and errors must have the errors corrected to be submitted into the system.
- Records imported without warnings: Shows the number of records that were imported that had no warnings.

The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours after if errors are continued to be identified within a submitted data file.

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listings. Each column contains a blank 2 digit pad at the end of the data. The columns are set to the following lengths:

Column	Length
DEA	11 (9+pad)
NCPDP	9 (7+pad)
NPI	12 (10+pad)
Prescription	27 (25+pad)
Filled	10 (8+pad)
Segment	18 (16+pad)
Field	18 (16+pad)
Type	9 (7+pad)
Message	Arbitrary

An example of the report is:

SUBJ: Alaska ASAP file: fake-test3.txt - Status Report

BODY:

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Type	Message
BE1234567	1347347	9034618394	123486379596-0	20130808	Dispensation	refill_number	WARNING	message example
DE9841394	3491849	4851947597	357199504833-345	20130808	Dispensation	days_supply	ERROR	message example

Summary:

- * File Name: fake-test3.txt
- * ASAP Version: 4.1
- * Transaction Control Number: 23489504823
- * Transaction Control Type: send
- * Date of Submission: January 30, 2016
- * Total Record Count: ###
- * Duplicate Records: ###
- * Records in Process: ###
- * Records with Errors: ###
- * Records Imported with Warning(s): ###
- * Records Imported without Warning(s): ###

6.3 Zero Report Confirmation

A Zero Report confirmation email is sent to a data submitter who successfully submits a zero report into PMP Clearinghouse. The report displays the PMP states the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to Clearinghouse, and the date the report was originally created by the data submitter. An example of the report is:

SUBJ: ASAP Zero Report: zero_reports_20130301KSMCPS.DAT

BODY:

Summary:

- * File Name: zero_reports_20130301KSMCPS.DAT
- * PMP Name: Alaska
- * Date Range: 2013-03-06 - 2013-03-06
- * Submission Date: 2013-08-23
- * Asap Creation Date: 2013-03-06

7 Password Management

Password management can be handled from within PMP Clearinghouse by the user. The user's password will expire after a set amount of time (configured by the state PMP Administrator). A user is able to proactively change their password before it expires within the application through their user profile. If a password has expired, or if the user has forgotten the password, they can use "Forgot your password" to change their password.

7.1 Changing Your Password

1. When a user wants to change their current password, they navigate to their My Profile section.
2. The user selects the navigation menu item for 'Change Password'.
3. The user must then enter their current password and enter a new password twice.
4. The new password will take effect once the user has logged out of the application.

7.2 Changing Passwords for another User

1. Navigate to the Accounts menu option and select Users.
2. Select the Edit button for the desired user.
3. Create a new password for the user and click submit.
4. The user will now use the new password for logging into PMP Clearinghouse.

7.3 Forgot Your Password

1. When a user has forgotten their password or their password has expired, the user should click on the link named "Forgot your password" located on the log in screen.
2. The user must enter the email address they used to register with the application.
3. The user will receive an email containing a link to reset the password for the user's account.
4. The user must enter the new password twice and then save the password.

8 User Profile

8.1. Adding Users to Your Account

PMP Clearinghouse allows data submitters to add new users to the system that will have the same rights and access to submitting and viewing file status. This practice will allow a data submitter to create an account to be used for a backup individual.

1. In Account in the menu bar, the user can select to add users under the section titled “Users”.
2. Click the “New User” button and enter the first name, last name, and email address for the new user.
3. Once saved, the new user will be able to log into PMP Clearinghouse.
 - a. The new user will use the email address used when creating their account.
 - b. The new user must use the “Forgot your password” link to create a password for their account.
4. The new user can now log in and view all data files that have been submitted under the account.

8.2. Adding States to your account

If a registered user of PMP Clearinghouse needs to submit data files to an additional state using PMP AWARE, the user can submit the request through their Account settings page.

1. Navigate to Account in the main menu and select “Multi State Approval” from the dropdown.
2. The page that displays lists the current states the account has requested to submit data to and the current approval from that state.
3. To submit to a new state using PMP AWARE, simply check the state on the list. This will send the data submission request to the desired state’s PMP Administrator for approval.
4. After approval has been granted, the status will change from “Pending” to “Approved”. The account may begin submitting data to the new state.

Note: If submitting by sFTP, data must be located in the proper sub-folder to ensure proper delivery to the desired state PMP.

8.3. Adding sFTP to a Registered Account

If a registered account did not request a sFTP account during the registration process, a user of the account can request one in the Account options.

1. Navigate to the Account drop down menu and select sFTP Details.
2. Select the button to request a sFTP account.

Note: If a sFTP account already exists, the username will be displayed on this screen.

3. Enter the desired password for the sFTP account.
4. The sFTP username will be displayed on the screen after the sFTP account has been created.

9 Assistance and Support

Technical Assistance

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

Contact Appriss at

1-855-5AK-4PMP (1-855-525-4767)

Technical assistance is available 24 hours, 7 days a week, 365 days a year.

Administrative Assistance

If you have non-technical questions regarding the Alaska PDMP, please contact:

Alaska Prescription Drug Monitoring Program
550 West 7th Avenue, Suite 1500
Anchorage, AK 99501

Brian Howes
Phone: (907) 269-8404
Fax: (907) 269-6003
akpdmp@alaska.gov

10 Document Information

Disclaimer

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

11 Appendix A - ASAP 4.1 Specifications

The following information is the required definitions for submitting ASAP 4.1 records to AK PDMP.

The following table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by Alaska
- N = Not Required but Accepted if Submitted
- S = Situational

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.		
TH01	Version/Release Number Code uniquely identifying the transaction. Format = x.x	R
TH02	Transaction Control Number Sender assigned code uniquely identifying a transaction.	R
TH03	Transaction Type Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> • 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) 	N
TH04	Response ID Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.	N
TH05	Creation Date Date the transaction was created. Format: CCYYMMDD.	R
TH06	Creation Time Time the transaction was created. Format: HHMMSS or HHMM.	R

TH07	File Type <ul style="list-style-type: none"> • P = Production • T = Test 	R
TH08	Routing Number Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to.	N
TH09	Segment Terminator Character This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction.	R
IS – Information Source – Required To convey the name and identification numbers of the entity supplying the information.		
IS01	Unique Information Source ID Reference number or identification number. (Example: phone number)	R
IS02	Information Source Entity Name Entity name of the Information Source.	R
IS03	Message Free-form text message.	N
PHA – Pharmacy Header – Required To identify the pharmacy or the dispensing prescriber. It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03.		
PHA01	National Provider Identifier (NPI) Identifier assigned to the pharmacy by CMS.	N
PHA02	NCPDP/NABP Provider ID Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.	N
PHA03	DEA Number Identifier assigned to the pharmacy by the Drug Enforcement Administration.	R
PHA04	Pharmacy Name Freeform name of the pharmacy.	R
PHA05	Address Information – 1 Freeform text for address information.	R

PHA06	Address Information – 2 Freeform text for address information.	N
PHA07	City Address Freeform text for city name.	R
PHA08	State Address U.S. Postal Service state code.	R
PHA09	ZIP Code Address U.S. Postal Service ZIP Code.	R
PHA10	Phone Number Complete phone number including area code. Do not include hyphens.	N
PHA11	Contact Name Free-form name.	N
PHA12	Chain Site ID Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.	N
PAT – Patient Information – Required		
Used to report the patient’s name and basic information as contained in the pharmacy record.		
PAT01	ID Qualifier of Patient Identifier Code identifying the jurisdiction that issues the ID in PAT03.	N
PAT02	ID Qualifier Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
PAT03	ID of Patient Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.	N

PAT04	<p>ID Qualifier of Additional Patient Identifier</p> <p>Code identifying the jurisdiction that issues the ID in PAT06.</p> <p>Used if the PMP requires such identification.</p>	N
PAT05	<p>Additional Patient ID Qualifier</p> <p>Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required.</p> <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (agreed upon ID) 	N
PAT06	<p>Additional ID</p> <p>Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver’s license is required and in PAT06 Social Security number is also required.</p>	N
PAT07	<p>Last Name</p> <p>Patient’s last name.</p>	R
PAT08	<p>First Name</p> <p>Patient’s first name.</p>	R
PAT09	<p>Middle Name</p> <p>Patient’s middle name or initial if available.</p>	N
PAT10	<p>Name Prefix</p> <p>Patient’s name prefix such as Mr. or Dr.</p>	N
PAT11	<p>Name Suffix</p> <p>Patient’s name suffix such as Jr. or the III.</p>	N
PAT12	<p>Address Information – 1</p> <p>Free-form text for street address information.</p>	R
PAT13	<p>Address Information – 2</p> <p>Free-form text for additional address information.</p>	N
PAT14	<p>City Address</p> <p>Free-form text for city name.</p>	R

PAT15	State Address U.S. Postal Service state code Note: Field has been sized to handle international patients not residing in the U.S.	R
PAT16	ZIP Code Address U.S. Postal Service ZIP code. Populate with zeros if patient address is outside the U.S.	R
PAT17	Phone Number Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.	N
PAT18	Date of Birth Date patient was born. Format: CCYYMMDD.	R
PAT19	Gender Code Code indicating the sex of the patient. <ul style="list-style-type: none"> • F Female • M Male • U Unknown 	R
PAT20	Species Code Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient 	S

PAT21	<p>Patient Location Code</p> <p>Code indicating where patient is located when receiving pharmacy services.</p> <ul style="list-style-type: none"> • 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 	N
PAT22	<p>Country of Non-U.S. Resident</p> <p>Used when the patient’s address is a foreign country and PAT12 through PAT16 are left blank.</p>	N
PAT23	<p>Name of Animal</p> <p>Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.</p>	S
<p>DSP – Dispensing Record – Required</p> <p>To identify the basic components of a dispensing of a given prescription order including the date and quantity.</p>		
DSP01	<p>Reporting Status</p> <p>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction:</p> <ul style="list-style-type: none"> • 00 New Record (indicates a new prescription dispensing transaction) • 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised) • 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored). 	R

DSP02	Prescription Number Serial number assigned to the prescription by the pharmacy.	R
DSP03	Date Written Date the prescription was written (authorized). Format: CCYYMMDD	R
DSP04	Refills Authorized The number of refills authorized by the prescriber.	R
DSP05	Date Filled Date prescription was filled. Format: CCYYMMDD	R
DSP06	Refill Number Number of the fill of the prescription. 0 indicates New Rx; 01-99 is the refill number.	R
DSP07	Product ID Qualifier Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> • 01 NDC • 06 Compound 	R
DSP08	Product ID Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required.	R
DSP09	Quantity Dispensed Number of metric units dispensed in metric decimal format. Example: 2.5 Note: For compounds show the first quantity in CDI04.	R
DSP10	Days Supply Estimated number of days the medication will last.	R
DSP11	Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> • 01 Each • 02 Milliliters (ml) • 03 Grams (gm) 	N

DSP12	<p>Transmission Form of Rx Origin Code</p> <p>Code indicating how the pharmacy received the prescription.</p> <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other 	N
DSP13	<p>Partial Fill Indicator</p> <p>To indicate whether it is a partial fill.</p> <ul style="list-style-type: none"> • 00 Not a partial fill • 01 First partial fill <p>Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.</p>	N
DSP14	<p>Pharmacist National Provider Identifier (NPI)</p> <p>Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.</p>	R
DSP15	<p>Pharmacist State License Number</p> <p>This data element can be used to identify the pharmacist dispensing the medication.</p> <p>Assigned to the pharmacist by the State Licensing Board.</p>	R
DSP16	<p>Classification Code for Payment Type</p> <p>Code identifying the type of payment, i.e. how it was paid for.</p> <ul style="list-style-type: none"> • 01 Private Pay • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other 	R

DSP17	Date Sold Usage of this field depends on the pharmacy having a point-of-sale system that is integrated with the pharmacy management system to allow a bidirectional flow of information.	N
DSP18	RxNorm Code Qualifier RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> • 01 Sematic Clinical Drug (SCD) • 02 Semantic Branded Drug (SBD) • 03 Generic Package (GPCK) • 04 Branded Package (BPCK) 	N
DSP19	RxNorm Code Used for electronic prescriptions to capture the prescribed drug product identification.	N
DSP20	Electronic Prescription Reference Number This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.	N
DSP21	Electronic Prescription Order Number This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.	N
PRE – Prescriber Information – Required To identify the prescriber of the prescription.		
PRE01	National Provider Identifier (NPI) Identifier assigned to the prescriber by CMS.	R
PRE02	DEA Number Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).	R
PRE03	DEA Number Suffix Identifying number assigned to a prescriber by an institution when the institution’s number is used as the DEA number.	N
PRE04	Prescriber State License Number Identification assigned to the Prescriber by the State Licensing Board.	N
PRE05	Last Name Prescriber’s last name.	R

PRE06	First Name Prescriber's first name.	R
PRE07	Middle Name Prescriber's middle name or initial.	N
PRE08	Phone Number Complete phone number including area code. Do not include hyphens.	N
CDI – Compound Drug Ingredient Detail – Situational To identify the individual ingredients that make up a compound.		
CDI01	Compound Drug Ingredient Sequence Number First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.	S
CDI02	Product ID Qualifier Code to identify the type of product ID contained in CDI03. 01 NDC	S
CDI03	Product ID Full product identification as indicated in CDI02, including leading zeros without punctuation.	S
CDI04	Compound Ingredient Quantity Metric decimal quantity of the ingredient identified in CDI03. <ul style="list-style-type: none"> • Example: 2.5 	S
CDI05	Compound Drug Dosage Units Code Identifies the unit of measure for the quantity dispensed in CDI04. <ul style="list-style-type: none"> • 01 Each (used to report as package) • 02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent) 	S
AIR – Additional Information Reporting – Situational To report other information if required by the state.		
AIR01	State Issuing Rx Serial Number U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.	N
AIR02	State Issued Rx Serial Number <ul style="list-style-type: none"> • Number assigned to state issued serialized prescription blank. 	N

AIR03	Issuing Jurisdiction Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.	N
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 05 Passport ID • 06 Driver’s License ID • 07 Social Security Number • 08 Tribal ID 99 Other (agreed upon ID)	N
AIR05	ID of Person Dropping Off or Picking Up Rx ID number of patient or person picking up or dropping off the prescription.	N
AIR06	Relationship of Person Dropping Off or Picking Up Rx Code indicating the relationship of the person. <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other 	N
AIR07	Last Name of Person Dropping Off or Picking Up Rx Last name of person picking up the prescription.	N
AIR08	First Name of Person Dropping Off or Picking Up Rx <ul style="list-style-type: none"> • First name of person picking up the prescription. 	N
AIR09	Last Name or Initials of Pharmacist Last name or initials of pharmacist dispensing the medication.	N
AIR10	First Name of Pharmacist First name of pharmacist dispensing the medication.	N

AIR11	Dropping Off/Picking Up Identifier Qualifier Additional qualifier for the ID contained in AIR05 <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 03 Unknown/Not Applicable 	N
TP – Pharmacy Trailer – Required To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy.		
TP01	Detail Segment Count Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.	R
TT – Transaction Trailer – Required To identify the end of the transaction and to provide the count of the total number of segments included in the transaction.		
TT01	Transaction Control Number Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.	R
TT02	Segment Count <ul style="list-style-type: none"> • Total number of segments included in the transaction including the header and trailer segments. 	R

12 Appendix B - ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to AK PDMP. The table below lists the Segment and Element ID with prepopulated data to be used as an example for constructing a Zero Report. For more details regarding these Segment or Elements IDs or for the purposes of reporting actual dispensations please refer to the previous section, [Appendix A – ASAP 4.1 Specifications](#)

Element ID	Element Name	Requirement
TH – Transaction Header - Required		
TH01	4.1	R
TH02	123456	R
TH05	20150101	R
TH06	223000	R
TH07	P	R
TH09	\\	R
IS – Information Source – Required		
IS01	9075555555	R
IS02	PHARMACY NAME	R
PHA – Pharmacy Header – Required		
PHA03	ZZ1234567	R
PAT – Patient Information – Required		
PAT07	REPORT	R
PAT08	ZERO	R
DSP – Dispensing Record – Required		
DSP05	20150101	R
PRE – Prescriber Information		
CDI – Compound Drug Ingredient Detail		
AIR – Additional Information Reporting		
TP – Pharmacy Trailer – Required		
TP01	7	R
TT – Transaction Trailer – Required		
TT01	123456	R
TT02	10	R

The following is an example, using the above values, of how a Zero Report would look.

```
TH*4.1*123456*01**20150101*223000*P**\\  
IS*9075555555*PHARMACY NAME*\  
PHA*** ZZ1234567\  
PAT*****REPORT*ZERO*****\  
DSP*****20150101*****\  
PRE*\  
CDI*\  
AIR*\  
TP*7\  
TT*123456*10\
```

13 Appendix C – Certification of No Controlled Substances Dispensed

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(Form is on following page)



Alaska State Board of Pharmacy
Alaska Prescription Drug Monitoring Program
 550 West 7th Avenue, Suite 1500
 Anchorage, AK 99501-3567
 Phone: (907) 269-8404 Fax: (907) 269-6003
 Email: akpdmp@alaska.gov
 Website: www.commerce.alaska.gov/occ/ppha.htm

CERTIFICATION OF NO CONTROLLED SUBSTANCES DISPENSED

Instructions:

- Please complete this form in full. *Incomplete certifications will be returned.*
- Certifications shall be mailed to the Alaska Prescription Drug Monitoring Program (AK PDMP).
- Please call 907-269-8404, if you have any questions regarding the AK PDMP.
- Certifications are required for each calendar year, with recertification due no later than February 1.

Please provide the information requested below (print or type). Use full name, not initials.

Name of Pharmacy: _____

Pharmacy License Number (Alaska): _____ DEA Number: _____ NONE

Name of Pharmacy Responsible Manager: _____

Alaska (or other state) License Number of Responsible Manager: _____

Pharmacy Address: _____

Phone: _____ Email: _____

By signing this form I certify that:

• My pharmacy, listed above, does not currently deliver any schedule II, III, IV, or V controlled substances to ultimate users who have an Alaska State address within the LAST twelve (12) months.

From _____ 20 _____ to _____ 20 _____

• If my pharmacy's business practice changes regarding the dispensing controlled substances to ultimate users with an Alaska State address, we will notify the AK PDMP and begin data submission as required in AS 17.30.200.

• My pharmacy will resubmit this form to the AK PDMP every calendar year, no later than February 1, in order to recertify that my pharmacy does not deliver any schedule II, III, IV, or V controlled substances to ultimate users who have an Alaska State address.

Additional Comments: _____

SIGN HERE

Signature

Date

SUBSCRIBED AND SWORN to before me,
 a Notary Public, in and for the State of _____

this _____ day of _____, 20 _____.

(NOTARY SEAL)

NOTARY

Notary Public Signature

My Commission Expires: _____

For Department Use Only			
Date Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature:	Date of Action:
Notes:			35

14 Document Revision History

Version	Date	Changes
1.0	12/01/15	<ul style="list-style-type: none"><li data-bbox="548 300 824 331">• Original Document