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**NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF NARCOTIC ENFORCEMENT  
OFFICIAL NEW YORK STATE PRESCRIPTION PROGRAM**

**ELECTRONIC DATA TRANSMISSION**

**Manual of Instructions**

# **NEW YORK STATE DEPARTMENT OF HEALTH OFFICIAL NEW YORK STATE PRESCRIPTION PROGRAM**

The New York State Department of Health (NYSDOH) Bureau of Narcotic Enforcement (BNE), has implemented legislation and regulations requiring dispensers of controlled substances to electronically submit data contained on the Official NYS Prescription Form to the NYSDOH. The law requires pharmacies to submit information from the original fillings of **all** prescriptions dispensed for controlled substances.

The following rules apply to the program:

- Electronic transmission must occur in the file format and manner approved by NYSDOH detailed in this manual.
- Electronic transmission may be done as a batch transmission once a month.

## **COMPLIANCE**

All dispensers of controlled substances must submit data in the manner and format detailed in the regulations and this manual. Failure to submit the required data in this manner is a violation of the regulations and may result in actions or fines levied by the NYSDOH.

## **SUBMISSION METHODS**

The required data must be reported electronically via secure Internet transmission. Submissions must be received by the NYSDOH no later than the fifteenth day of the month following the month in which the prescription was dispensed. All electronic submissions must be submitted in accordance with the data and format detailed on pages 6 and 7 of this manual.

**Internet** - This is the method of transmission required by the NYSDOH. The NYSDOH has a secure Web page to which dispensers can transmit official New York State prescription data. The NYSDOH currently uses its secure Web page for the receipt of a variety of confidential data from healthcare facilities and practitioners.

Dispensers using the Internet to transmit required data must use a version of the Netscape or Microsoft Internet Explorer browser which provides 128 bit encryption Secure Socket Layer (SSL). Such versions are obtainable free of charge by accessing the Netscape or Microsoft Web sites and downloading a copy. This software assures that all data remain secure and encrypted at all times during the transmission process.

- To obtain an account to transmit to the NYSDOH secure Web page, pharmacy providers must complete appropriate application forms. These forms are included in the "NYSDOH Health Provider Network Security and Use Policy."
- This document may be obtained by e-mailing a request to: [narcotic@health.state.ny.us](mailto:narcotic@health.state.ny.us)

Instructions for Completing the Application Form:

1. In the subject heading type in "HPN"
2. In the body of the E-mail include:
  - The Name of the Pharmacy
  - Mailing Address
  - Telephone Number
  - Fax Number
  - DEA License Number
  - 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.

Pharmacies must name who the Director will be and include:

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

4. The Director may authorize other persons to establish separate HPN accounts. Such an authorized person designated by the Director is considered a "Coordinator".

The Director must name who the Coordinator(s) will be and include:

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

5. Once the Department has received your E-mail request, the necessary HPN documents(s) will be E-mailed to you. Follow the instructions provided on the documents. Keep a copy for yourself and mail the completed forms.

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

7. 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.

8. Data should be reported in American Society for Automation in Pharmacy (ASAP) format as described on page 6 using an ASCII text file (.txt). ASCII is the coding system used by PCs to represent text characters. ASCII text files are files that contain plain text with no formatting and are readable by the Windows “Notepad” program.

### **DATA AND RECORD FORMAT FOR ELECTRONIC SUBMISSION** **DEFINITION OF EACH DATA ELEMENT**

Submitted data must be in the ASAP format and order shown in Figure 1 (page 6). An \* indicates a required data field. Any field without an \* is not a required field.

A description of the data required in each field is presented in Figure 2 (page 7).

### **CERTIFICATION AND REJECTION**

**Certification** - Data submissions will be audited for compliance with the specified formats in this manual and with ASAP record layout and standards.

**Rejection** - Data will be rejected if they do not meet the data requirements specified in this manual and the layout and requirements of the ASAP standards. The submitter will be notified of the reason for rejected records.

Pharmacies should retain a backed up file for at least 2 weeks. In the event that records are rejected the pharmacy will be responsible for correcting the rejected records and resubmitting the data.

### **TRAINING SESSIONS/SEMINARS**

The NYSDOH is planning to provide electronic transmission training sessions to pharmacists. Pharmacies will be notified by mail of the scheduled sessions.

### **ASSISTANCE AND SUPPORT**

Assistance and information about the NYSDOH electronic data transmission program will be 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. Pharmacies are encouraged to work with their software vendors to make the modifications necessary for electronic transmission. Software for electronic transmission will not be provided by the NYSDOH.

### **SOFTWARE VENDORS**

Individual pharmacies are advised to contact their software vendor to obtain modifications and instructions on compliance with electronic submission.

**FIGURE 1**  
**ASAP TELECOMMUNICATIONS FORMAT**  
**FOR CONTROLLED SUBSTANCES**

<b>Field Name</b>	<b>Field Type</b>	<b>Field Format</b>	<b>Field Length</b>	<b>Field Positions</b>
* Identifier	1	A/N	3	001-003
Bin	1	N	6	004-009
Version Number	1	N	2	010-011
* Transaction Code	1	N	2	012-013
* Pharmacy Number	2	A/N	12	014-025
Customer ID Number	3	A/N	20	026-045
US Postal Code	3	A/N	3	046-048
* Birth Date	3	N	8	049-056
* Sex Code	3	N	1	057-057
* Date Filled	4	N	8	058-065
* Rx Number	4	N	7	066-072
New-Refill Code	4	N	2	073-074
* Metric Quantity	4	N	5	075-079
* Days Supply	4	N	3	080-082
Compound Code	4	N	1	083-083
* NDC Number	4	N	11	084-094
* Prescriber ID Number	4	A/N	10	095-104
DEA Suffix	4	A/N	4	105-108
* Date RX Written	4	N	8	109-116
Number Refills Authorized	4	N	2	117-118
Rx Origin Code	4	N	1	119-119
Customer Location	3	N	2	120-121
Diagnosis Code	3	A/N	7	122-128
Alternate Prescriber#	4	A/N	10	129-138
* Patient Last Name	3	A/N	15	139-153
* Patient First Name	3	A/N	15	154-168
* Patient Street Address	3	A/N	30	169-198
* State	3	A/N	2	199-200
* Zip Code (Extended)	3	A/N	9	201-209
* Official Prescription				
Serial Number	4	A/N	12	210-221
Filler	1	A/N	1	222

\* Indicates required data field for Official New York State Prescription Program. Arrangements must be made with the NYSDOH Bureau of Narcotic Enforcement before electronically transmitting required data for the Official New York State Prescription Program. Required data for this program must be sent directly to the NYSDOH and not to an outside vendor. For further information, call the Bureau of Narcotic Enforcement at 866-811-7957.

**Field Type Values:** 1 = General or control information; 2 = Dispenser information  
3 = Customer information; 4 = Prescription information;  
5 = Response information

**Field Type Values:** 'N' = Unsigned numeric, always right-justified, zero filled  
'A/N' = Alphanumeric, always left-justified, space filled

**FIGURE 2**  
**FIELD DEFINITIONS AND VALUES OF REQUIRED FIELDS**

<b>FIELD NAME</b>	<b>DEFINITION</b>	<b>VALUES/COMMENTS</b>
Identifier .....	Transmission type identifier	ASB (ASAP Batch)
Version Number.....	A number to identify the format of the transaction sent or received	02 indicates 5/95 format used
Transaction Code.....	Format designed to transmit all schedules. Specific schedules can be identified by the drug's National Drug Code (NDC)	01=Controlled substances
Pharmacy Number.....	NCPDP number assigned to the pharmacy	
Birth date...	Customer's birth date	YYYYMMDD format
Sex Code...	Sex of the customer	1=Male 2= Female
Date filled...	Date the prescription was filled	YYYYMMDD format
Rx #...	Prescription number	Assigned by pharmacy
Metric Quantity...	Number of metric units of drug being dispensed	
Days Supply....	Estimated number of days the Prescription will last	
NDC number...	NDC of the drug dispensed	(5-4-2) format
Prescriber ID...	Drug Enforcement Administration (DEA) number of the prescriber	
Date Rx written...	Date the prescription was written	YYYYMMDD Format
Patient last name...	Patient last name (up to 15 characters)	
Patient first name...	Patient first name (up to 15 characters)	
Pt. Street address...	Street, PO Box #	
State...	Standard two-digit state abbreviation	
Zip Code...	Full zip code including 4 digit suffix	report as 5 or 9 without hyphen
Official Prescription	Number assigned to official prescription form	report as 99999999 for Oral