

North Carolina Department of Health and
Human Services

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services

Controlled Substances Reporting System

Dispenser Reporting Manual

July 2007

Prepared by Health Information Designs, Inc.
391 Industry Dr
Auburn, Alabama 36832



To Dispensers of controlled substances in North Carolina:

Chapter 90., Article 5E., the North Carolina Controlled Substances Reporting System Act, §§ 90-113.70 - 90-113.76, requires that the North Carolina Department of Health and Human Services establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. It requires that dispensers of licit controlled substances submit information in accordance with transmission methods and frequency promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services.

The purpose of this legislation is to improve the State's ability to identify controlled substance misusers or abusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

As per N.C.G.S. 90-113.72. (4), the following dispensers are **NOT** required to report to the system:

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

The intent of this manual is to provide information regarding reporting data to the system for dispensers who are required to report to the Controlled Substances Reporting System (CSRS). Effective July 1, 2007 data collected from the dispenser shall be in the ASAP 1995 format. The dispenser shall report at least every 30 days for the first 12 months of this program, after which it will be at least every 15 days. The first data shall be due on or before July 30, 2007. Data can be reported any time and as often as the provider wishes during any 30 day period. The data shall be reported by one of the electronic formats described in this manual.

The data reported shall include:

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



North Carolina Controlled Substances Reporting System

Assistance and Support

Technical Assistance

If you require additional help setting up an account or reporting information, please contact HID at nccsrs-info@hidinc.com or 1-866-792-3149. Technical assistance is available 9am-5pm EST.

Administrative Assistance

If you have non-technical questions regarding the North Carolina CSRS please contact:

John Womble johnny.womble@ncmail.net or Sonya Brown sonya.brown@ncmail.net
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3008 Mail Service Center
Raleigh, North Carolina 27699-3008
919-733-1765
919-508-0983 fax

Setting Up Your Account

To set up an account for submitting data please follow these steps:

1. Use a web browser and go to <https://nccsrs.hidinc.com>. Use “newacct” as your userid and “welcome” as your password. Enter your DEA number and zipcode and hit next.

Then fill out the form provided **completely** and submit.

- a. Provide current contact information
 - b. Choose if and how they should be contacted if errors occur
 - c. Choose method of submitting files
2. You will be given a randomly assigned password for the FTP and SFTP process as well as a link to the PGP Public Key information.
 3. The user can load multiple pharmacies in the same file. For example, Wal-Mart, CVS, etc. sends in one file with all of their pharmacies from around the state in it. Therefore, chains with multiple stores only have to set up one account to upload a file.

Upload Specifications

Files should be in the ASAP 95 format as defined in a following section. 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 "20070101.dat". All of your upload files will be kept separate from the files of others.

Multiple dispensers can report their claims in the same upload file in any order.

Data Delivery Methods

Method 1

Secure FTP over SSH. There are many free software products which support Secure FTP. Neither the NC CSRS nor Health Information Designs is in a position to direct or support your installation of operating system software for Secure FTP. We have information that WinSCP (<http://winscp.net>) has been used successfully by other pharmacies.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20070101 if submitted on January 1, 2007) and have the file extension of *.dat*. (e.g., 20070101.dat).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.
5. **Before transmitting your file**, rename it to include the suffix *.up* (e.g. 20070101.dat.up). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., 20070101.dat).
6. SFTP the file to <https://nccsrs.hidinc.com>.
7. Use your DEA number as your userid and the password supplied when creating your account.
8. When completed, log off.
9. Import results are available in your user directory once the file has been imported into the system. The results will have the name YYYYMMDD.rpt.

Method 2

Files encrypted with OpenPGP sent via simple FTP over the internet. Unless you already have PGP software and some familiarity with it, this will likely be more complex than Method 1. There are many free software products which support file encryption using the PGP standard. Neither the NC CSRS nor Health Information Designs is in a position to direct or support your installation of PGP Compatible Software Utilities. Our usage indicates that software from the GnuPG Project (<http://gnupg.org>) should be compatible with many operating systems.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up your Account*.
2. Import the PGP Public Key supplied during account set up into your PGP keyring.
3. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
4. The file name should be constructed using the date of submission to HID as the filename (e.g., 20070101 if submitted on January 1 2007) and have the file extension of *.dat* (e.g., 20070101.dat).



5. Encrypt the file with the PGP software and using the public key provided. PGP encryption does a simple compression as it encrypts, so there is no need to zip.
6. **Before transmitting your file**, rename it to include the suffix *.up* (e.g., 20070101.dat.up). This will ensure that we do not try to load the file while you are transmitting it. Once transmission is complete, rename the file back to the original name (e.g., 20070101.dat).
7. FTP the file to <https://nccsrs.hidinc.com>.
8. Use your DEA number (or Generic ID) as your userid and the password supplied when creating your account.
9. When completed, log off.
10. Import results are available in your user directory once the file has been imported into the system. The results will have the name YYYYMMDD.rpt.

Method 3

Upload via SSL website.

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20070101 if submitted on January 1, 2007) and have the file extension of *.dat* (e.g., 200701011.dat).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.
5. Use your web browser to go to <https://nccsrs.hidinc.com>.
6. Use your DEA number as your userid and the password supplied when creating your account.
7. Follow the directions on the screen to upload your file.

Method 4

Physical Media (Tape, Diskette, CD, DVD).

Here are the steps to follow:

1. Set up your user account as outlined in the section titled *Setting up Your Account*.
2. Prepare your data file as a plain text ASCII file following the accompanying ASAP 95 specifications.
3. The file name should be constructed using the date of submission to HID as the filename (e.g., 20070101 if submitted on January 1, 2007) and have the file extension of *.dat* (e.g., 2070101.dat).
4. Zipped files will be accepted, but should include a file with the name formatted as described above. The filename used for the zip file should be YYYYMMDD.zip.



5. Write the file to your media of preference (Tape, Diskette, CD, DVD, etc).
6. The media must have a label on the outside that indicates:
 - a. Pharmacy DEA number
 - b. Date of Submission
 - c. Contact Person
7. Media can be mailed to:

Health Information Designs, Inc.
ATTN: NC CSRS Program
391 Industry Dr
Auburn, AL 36832

Method 5

Paper submission. A dispenser who has approval from the Department of Health and Human Services may submit prescription information on the CSRS-Universal Claim Form. For information about requesting a waiver from electronic reporting, please contact John Womble johnny.womble@ncmail.net or Sonya Brown sonya.brown@ncmail.net via e-mail or at 919-733-1765.

Upon approval, completed Universal Claim Forms may be faxed to 1-866-792-3149 or mailed to:

Health Information Designs, Inc.
ATTN: NC CSRS Program
391 Industry Dr
Auburn, AL 36832



ASAP 95 Specifications

Below are the definitions for the specific contents of records to be sent to comply with CSRS. These definitions are just a clarification of the ASAP 95 specifications.

Field Name	Type	Len	Cols	Sample	Meaning
identifier	A*	3	1-3	"ASB"	Fixed Identifier
bin	N*	6	4-9	"NCCSRS "	Fixed BIN
version-number	A*	2	10-11	"A2"	Fixed Version
trans-code	N*	2	12-13	"01"	Fixed Value
pharm-number	A*	12	14-25	"AB1234567"	DEA Number of Dispenser. .
customer-id	A*	20	26-45	"214546143"	Telephone number of customer
zip-code	A	3	46-48	"276"	First Three Digits of Customer Zipcode.
birth-date	D*	8	49-56	"19550420"	Customer Birth-date, YYYYMMDD format.
sex-code	A	1	57-57	"1"	Sex code - 1=Male, 2=Female,
date-filled	D*	8	58-65	"20070103"	Date Claim was filled, YYYYMMDD format.
rx-number	A*	7	66-72	"2239557"	Your internal Rx number.
new-refill-code	N*	2	73-74	"00"	00 = New, 01 through 99 means refill
metric-qty	N*	5	75-79	"00030"	Quantity Dispensed. No assumed decimal place. Use whole units for tablets, #ML for liquids, #MG as appropriate.
days-supply	N*	3	80-82	"030"	Days of Supply
compound-code	A	1	83-83	"0"	0=Not specified, 1=Not Compound, 2=Compound
ndc-number	A*	11	84-94	"53014057507"	NDC Code (e.g.: METADATE CD 20 MG CAPSULE)
presc-id	A*	10	95-104	"AA9999999"	DEA Number of Prescribing Physician
dea-suffix	A	4	105-108	"0123"	If above DEA Number is a facility, a unique identifier established by that facility to identify specific prescribers.
date-rx-written	D*	8	109-116	"20070102"	Date Rx written, YYYYMMDD format.
num-refill-auth	N*	2	117-118	"00"	Number Refills Authorized
rx-origin-code	A	1	119-119	"1"	Rx Origin Code (0=Not Specified, 1=Written Rx, 2=Telephone Rx, 3=Faxed, 4=Electronic/Eprescription)
cust-location	A	2	120-121	"01"	Customer Location (00=Not Specified, 01=Home, 02=Nursing Home, 03=Outpatient, 04=Hospice)
diag-code	A	7	122-128	4240	ICD9 Diagnosis if provided by Prescriber (eg: MITRAL VALVE DISORDERS)
alt-presc-id	A	10	129-138		State License Number of Prescriber if presc-id above is an Institutional DEA Number.
pat-last-name	A*	15	139-153	"Harris "	Patient Last Name
pat-first-name	A*	15	154-168	"Jason "	Patient First Name
pat-street-addr	A*	30	169-198	" 124 West 34th Street "	Patient Street Address
state-code	A*	2	199-200	"NC"	State Code of Patient Address
zip-code-extd	A*	9	201-209	"27603"	Extended Zip Code of Patient Address (5 digit Zip is acceptable)
trip-serial-num	A	12	210-221		Triplicate Serial Number. This does not apply. Leave blank.
filler-stuff	A	1	222-222		

*Denotes a required field



Error Reports and Edit Definitions

HID will provide all submitters of data with an upload report. When creating an account the user will have the option to enter an email address or fax number. They can specify if they wish to receive their upload report by either of these methods. If the user FTPs/SFTPs the data, a report will be placed in their home directory on the FTP server.

Below is an example of an error report:

```
Edit Report for file 1/010038 Edited 09/07/05
Record      2: 05-No such pharmacy found in DEA table   Data: [9101509 ]
Record      3: 09-Birth Date Invalid                    Data: [19550435]
Record      4: 10-Sex Code Invalid                      Data: [3         ]
Record      5: 15-Date Filled Invalid                  Data: [20050900]
Record      5: 18-Qty Invalid                           Data: [00two    ]
Record      6: 19-Days Supply Invalid                  Data: [one      ]
Record      7: 21-NDC Invalid                          Data: [99914057]
Record      8: 25-Prescriber Invalid                   Data: [98356    ]
Record      9: 28-Date Written Invalid                 Data: [20050900]
Record     10: 86-Diagnosis Code Invalid                Data: [4240AA   ]
Record     11: 15-Date Filled Irrational                Data: [20050103]
Total #Records: 11
# Records with Errors: 10
# Records with SERIOUS Errors: 3
# Records with FATAL Errors: 1
```

A single claim may be rejected, or if a certain percentage of claims are rejected in an individual file the entire file may be rejected. We track three types of errors:

- Minor – Incorrect data in non-vital field
- Serious – Record can be loaded with missing or inappropriate data
- Fatal – Record cannot be loaded

An entire batch may be rejected if:

- All records have fatal or serious errors
- More than 10% of the records have fatal errors
- More than 20% of the records have serious errors

HID's intent is to identify formatting errors and issues with the proper recording of data. Otherwise, HID will load all records without fatal errors. If the upload report has sufficient errors to not allow the report to be accepted, the user will be notified. The user will be responsible for correcting the errors and resubmitting the report.

EDIT LIST

EDIT 05: Must Find Pharmacy ID Number in RxSentry by DEA number	FAILURE: Fatal.
EDIT 07: Customer Id Number must not be blank	FAILURE: Minor.
EDIT 09: Birth Date must be a valid date and plausible (1890 < Birth-Date < * today) Accurate Birth-Date is essential to identifying near matches of patients	FAILURE: Serious.
EDIT 10: Sex Code must be 1 or 2 Gender is important in identifying near matches of patients	FAILURE: Serious.
EDIT 15: Date Dispensed must be a valid date and plausible (a month ago < Date-Dispensed < today)	FAILURE: Serious.
EDIT 18: QTY Dispensed must be a valid number and plausible	FAILURE: Minor.
EDIT 19: Days Supply must be a valid number and plausible	FAILURE: Minor.



EDIT 21: NDC Number must be a valid number and found in our database (Not Fatal, since it is possible a new NDC MIGHT not be in our database, and it is better to import the record anyway)	FAILURE: Serious.
EDIT 25: Prescriber ID Number must be found in our DEA table (Not Fatal, since it is possible a new Prescriber MIGHT not be in our database, and it is better to import the record anyway)	FAILURE: Serious.
EDIT 28: Date RX Written must be a valid date and plausible (a month ago < Date-Dispensed < today)	FAILURE: Serious.
EDIT 50: Customer Last Name must not be blank	FAILURE: Serious.
EDIT 51: Customer First Name must not be blank	FAILURE: Serious.
EDIT 52: Customer Address must not be blank	FAILURE: Serious.
EDIT 53: Customer Zip Code must not be blank	FAILURE: Serious.
EDIT 86: Diagnosis Code must be a valid ICD9 diagnosis	FAILURE: Minor.
EDIT V1: Should not be an existing record for same patient name/DOB/dates/NDC/Prescriber Apparent Duplicate.	FAILURE: Fatal.

