

C A L I F O R N I A

podmpo

Prescription Drug Monitoring Program

Direct Dispense Application Instruction Manual



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California PDMP Direct Dispense Application Instruction Manual

Table of Contents

User Request for Access	3
User Login	3
Upload a Data File	4
Add Patient Records	
Direct Dispenser Users.....	5
Pharmacy.....	8
Search for Patient Records	10
Search for Error Records	10
Edit User Information	11
Reporting Zero Fill	11

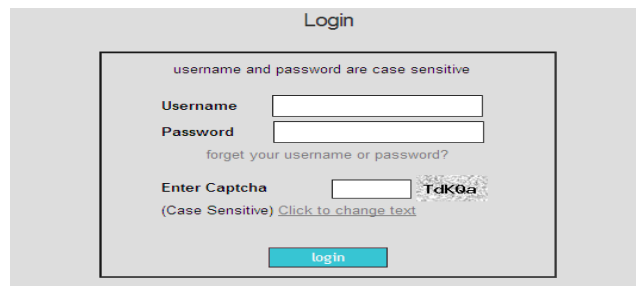
The purpose of this instruction manual is to assist users in gaining access and navigating the California Prescription Drug Monitoring Program (CA PDMP) Direct Dispense application. This application is a tool reserved for authorized registered users to submit and/or add dispensed records of Schedule II to IV controlled substances, and zero fill reports. This application does not permit users to access the Patient Activity Reports (PARS). All questions concerning the CA PDMP Direct Dispense Application must be referred to AAI. Contact information is located at the end of this manual.

User Request for Access

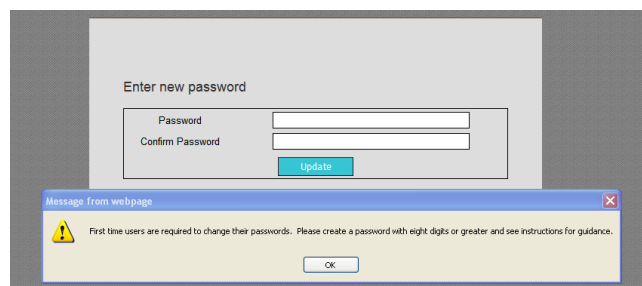
The procedural steps for obtaining access to the CA PDMP Direct Dispense application are:

1. The application may be accessed at <http://www.aaicures.com>.
2. To request access for the CA PDMP Direct Dispense application, click on the [Register](#) link.
3. Complete the [CURES Direct Dispense Application](#).
4. Click the **Submit** button and it will be emailed to the AAI Administrator.
5. The AAI Administrator will verify the submitted information and will send the registrant an email with username and password when the applicant is approved. Applicant will be notified if registration status is denied or pending.

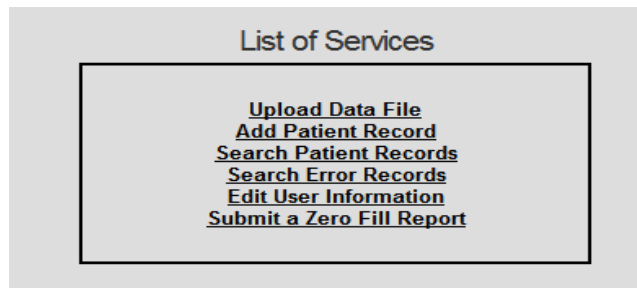
User Login



1. Enter the **Username** and **Password**, which the Administrator has provided via email.
2. Enter the **Captcha** text (If you cannot read it, 'Click to change text' link for a new phrase)
3. Click the **Login** button.
4. Upon log-in the system will prompt first time users for a change of password, but the username will remain as assigned. Password must be at least 8 characters. Please use a combination of upper and lowercase letters, numbers and special characters.
5. Click the **Update** button.



6. After log-in is successful, the system will display a List of Services, as shown below
7. Select the appropriate function(s) from the List of Services.

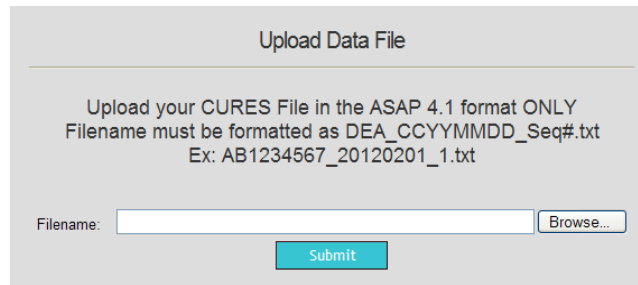


Upload Data File

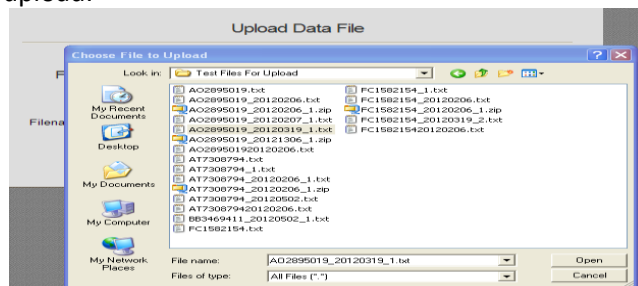
Upload Data File link allows users to upload data file(s). Users must have the correct file format, **as specified in the CA PDMP Handbook**, and naming convention to be successful in submitting data. Prior to uploading, files must meet the following defined criteria:

- File format **must** be in text (.txt) and current 4.1 ASAP format.
- File name must contain: DEANumber_date_sequencenumber.txt (AB1234567_CCYYMMDD_1.txt). For example: **AB1234567_20120101_1.txt** or **AB1234567_20120101_2.txt**
- File cannot be an Excel spreadsheet
- File must not be a text file converted from an Excel spreadsheet
- Files in any other format, other than the 4.1 ASAP format, **will not** be processed.

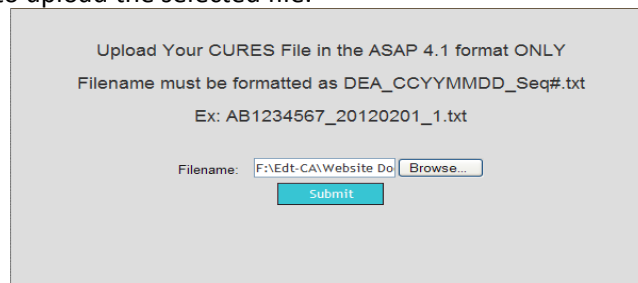
1. To begin uploading files, click on the **Upload Data File** link.
2. An upload screen will display, click on the **Browse** button, to locate the file.



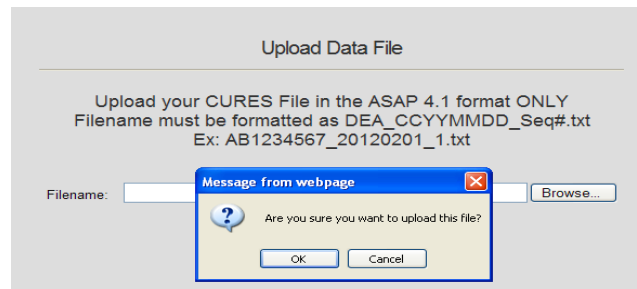
3. Open or double left click on the located file name. Be certain that the correct file name, especially the sequence number, is selected prior to upload.



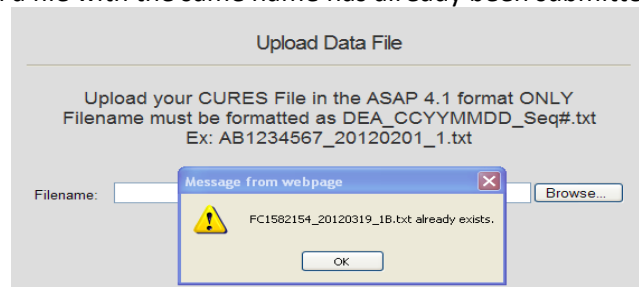
4. Click on the **Submit** button to upload the selected file.



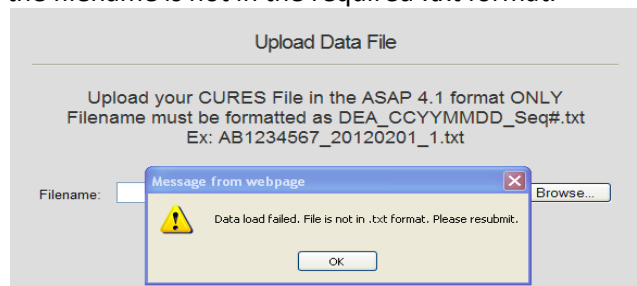
5. Users will be asked to verify the upload. Select **OK** if the correct file was chosen. If the incorrect file was chosen, select **Cancel**.



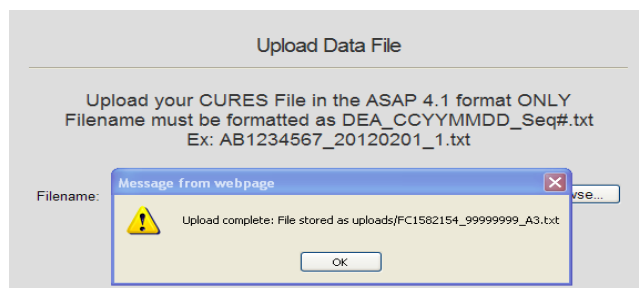
6. A message will display when a file with the same name has already been submitted.



7. A message will display when the filename is not in the required .txt format.



8. When the file is successfully submitted, a complete message will display as shown below. A complete file upload is *not* an approval confirmation. Users will receive a confirmation via email within 24-48 hours, excluding holidays and weekends.



Add Patient Records

The **Add Patient Records** link allows users to enter individual records on-line. This application does not include records that were previously submitted. Dispenser name, DEA number and State License Number are pre-populated, *and* locked for editing, with each successful login. Do not use the 'Backspace' to try and remove the pre-populated information. Users may use the **Tab** button to navigate the data fields.

The following procedural steps are for Direct Dispensers reporting, not Pharmacies:

1. Click on the **Add Patient Records** link and the screen below will display for adding a new patient record.

Date: 20121219

Add Patient Record

Dispenser

DEA number* State License Number*

Last Name* First Name* Middle Name

Patient

Last Name* First Name* Middle Name

Street Address* Telephone

Apt/Ste/Other

City* State* Zip Code*

Country of Non-US Resident++ DOB*-(CCYYMMDD)

Gender* Species Code* Name of Vet Patient++

Patient Location Code

Patient ID Information

Patient ID

Issued ID State Type of ID

Additional Patient ID

Patient ID

Issued ID State Type of ID

Prescription

Reporting Status* RxNumber* Date Written-(CCYYMMDD)*

Refills Authorized (00-99) 00=new* Date Filled-(CCYYMMDD)*

Refills Number (00-99) 00=new*

NDC or Compound* Date Sold-(CCYYMMDD) Payment Type*

NDC (01) NDC Number* Quantity Dispensed* Days Supply*

Drug Dosage Units Code* Transmission Form of Rx Origin Code*

Partial Fill Indicator* Pharmacist NPI Pharmacist State License

Compound Drug Information

CDI-Sequence Number** CDI-Product ID Qualifier**

CDI-NDC Number** CDI-Quantity**

Compound Drug Dosage Units Code**

Additional Information Reporting

Person Dropping Off Or Picking Up The Rx

Type of ID Customer ID

Last Name First Name

Pharmacist Last Name or Initials Pharmacist First Name

* required
** required only for compounds
++ required only conditionally

2. Users must enter all the required (*) **Patient** fields and are encouraged to enter any available patient information. In date fields, users must follow the proper format (CCYYMMDD). Do not use special characters, e.g. no backslash (\) or dash in between numbers.
 - Patient Last Name
 - Patient First Name
 - Patient Middle Name
 - Patient Address
 - Patient City
 - Patient State
 - Patient Zip
 - Patient Phone Number
 - Patient Date of Birth (CCYYMMDD)
 - Patient Gender
 - Patient Species
 - Patient Country of Non-US residence

- Name of Vet Patient, if Vet Patient is selected for the Species Code
 - Patient Location Code
 - Patient Id Information (when available)
 - Additional Patient Id Information (when available)
3. Users must enter all the required (*) **Prescription** fields. In date fields, users must follow the proper format (CCYYMMDD). Do not use special characters, e.g. no backslash (\) or dash in between numbers. Refill codes must be two digits, e.g. 00, 01.
- Reporting Status
 - Prescription Number
 - Date Written (CCYYMMDD)
 - Refills Authorized (If no refills enter 00)
 - Date Filled (CCYYMMDD)
 - Refill Number (One single fill or first fill code is 00.)
 - Product ID Qualifier, select NDC or Compound. **Skip step 4 if NDC is chosen.**
 - NDC –requires eleven digits - **Enter eleven 9’s if compound is selected**
 - Quantity Dispensed
 - Day’s Supply
 - Drug Dosage Unit Codes – Unit of measure for the quantity dispensed (gm, ml or ea)
 - Transmission Form of Rx (How Rx was received: written, phone, fax, electronic, etc.)
 - Partial Fill Indicator
4. If the prescribed drug is compound, users must enter all the **Compound** (CDI) fields and other required (*) fields as follows:
- Enter eleven 9’s in the NDC number field
 - Day’s Supply
 - Transmission Form or Rx
 - Partial Fill Indicator
 - Enter the CDI-Compound Drug Sequence Number by entering the incremental number for each reportable ingredient. For example: enter the number 1 for the first reportable ingredient and 2 for the second reportable ingredient.
 - CDI-Product ID Qualifier, enter 01 for NDC.
 - CDI-NDC Number, enter the 11 digits for the reportable controlled substance ingredient
 - CDI-Quantity, use metric decimal quantity of the schedule drug reported in the CDI
 - CDI-Quantity Dispensed
 - CDI -Drug Dosage Unit Codes – Unit of measure for the quantity dispensed (gm, ml or ea)
 - ***If there is more than one compound drug for a single prescription, user must enter each drug as a new record and must incrementally denote the CDI sequence number e.g. 2 for second drug, 3 for the third compound drug.***
5. Users are encouraged to enter the **Additional Information Reporting**, for the person picking up or dropping off the prescription when the information is available.
6. Click on the **Add** button when complete. Users may continue to add more records or click on the **Finish** button.
7. An error message will display for any missing or incorrect information, users may make changes and then click on the **Add** or **Finish** button.
8. Users will receive a confirmation via email within 24-48 hours, excluding holidays and weekends.

The following procedural steps are for *Pharmacies reporting, not Direct Dispensers:*

1. Click on the **Add Patient Records** link and the screen below will display for adding a new patient record.

2. Users must enter all the required (*) **Patient** fields and are encouraged to enter any available patient information. In the date fields, users must follow the proper format (CCYYMMDD). Do not use special characters, e.g. no backslash (\) or dash in between numbers.
 - Patient Last Name
 - Patient First Name
 - Patient Middle Name
 - Patient Address
 - Patient City
 - Patient State
 - Patient Zip
 - Patient Phone Number
 - Patient Date of Birth (CCYYMMDD)
 - Patient Gender
 - Patient Species

- Patient Country of Non-US residence
 - Patient Name of Animal
 - Patient Location Code
 - Patient Id Information (when available)
 - Additional Patient Id Information (when available)
3. Users must enter all the required (*) **Prescription** fields. In the date fields, users must follow the proper format (CCYYMMDD). Do not use special characters, e.g. no backlash (\) or dash in between numbers. Refill codes must be two digits, e.g. 00, 01.
- Reporting Status
 - Prescription Number
 - Date Written (CCYYMMDD)
 - Refills Authorized (If no refills enter 00)
 - Date Filled (CCYYMMDD)
 - Refill Number (One single fill or first fill code is 00.)
 - Product ID Qualifier, select NDC or Compound.
 - NDC -eleven digits required **Enter eleven 9's if compound is selected**
 - Quantity Dispensed
 - Days' Supply
 - Drug Dosage Unit Codes – Unit of measure for the quantity dispensed (gm, ml or ea)
 - Transmission Form of Rx (How Rx was received: written, phone, fax, electronic, etc.)
 - Partial Fill Indicator
4. If the prescribed drug is a compound, users must enter all the required (*) **Compound (CDI)** fields and other required fields as follows:
- Enter eleven 9's in the NDC number field
 - Day's Supply
 - Transmission Form or Rx
 - Partial Fill Indicator
 - Enter the CDI-Compound Drug Sequence Number by entering the incremental number for each reportable ingredient. For example: enter the number 1 for the first reportable ingredient and 2 for the second reportable ingredient.
 - CDI-Product ID Qualifier, enter 01 for NDC.
 - CDI-NDC Number, enter the 11 digits for the reportable controlled substance ingredient
 - CDI-Quantity, use metric decimal quantity of the schedule drug reported in the CDI
 - CDI-Quantity Dispensed
 - CDI-Drug Dosage Unit Codes – Unit of measure for the quantity dispensed (gm, ml or ea)
 - ***If there is more than one compound drug for a single prescription, user must enter each drug as a new record and must incrementally denote the CDI sequence number e.g. 2 for second drug, 3 for the third compound drug.***
5. Users must enter all the required (*) **Prescriber DEA** information fields and are encouraged to fill in all the following fields when data is available:
- Enter in the Prescriber DEA number with no space in between alpha and numeric characters
 - Enter the Prescriber DEA Suffix
 - Prescriber State License Number
 - Prescriber Last Name
 - Prescriber First Name
 - Prescriber Middle Name

- Users are encouraged to enter the **Additional Information Reporting** for person picking up or dropping off the prescription when the information is available.
- Click on the **Add** button when complete. Users may continue to add more records or click on the **Finish** button to end transaction.

Error message will display for missing or incorrect information, users must make changes then click on the **Add** or **Finish** button. Users will receive a confirmation via email within 24-48 hours, excluding holidays and weekends.

Search for Patient Records

Search for Patient Records link allows users to search for a record which have recently been submitted manually and retrieve it for modifications.

- Select **Search for Patient Record** link from the List of Services.
- Type the patient's last name or prescription number in the Search field, select search type and click the **Search** button.

Search Patient Records

Search Last Name Prescription Number

Patient	Pharmacy	Pharmacy DEA	Prescriber DEA	Prescription Number	Fill Date
ROBERT CHRISTEN	CITRUS PHARMACY	FC1582154	BM5867683	1588283	20120129
Donald Cormier	CITRUS PHARMACY	FC1582154	AO2895019	123456789	20120502
Sally Cormier	CITRUS PHARMACY	FC1582154	AB8196811	00221464-TEST	20120710
VIRGINIA KNIEP	CITRUS PHARMACY	FC1582154	BR4820848	1584996	20120123

Showing page 1 of 1 pages

- Users may select a record from the list by placing the cursor on the patient name and double clicking to retrieve that specific record.
- Users may have the option to update the entry, delete the entry or return to the Home Page. This option is available to users only if the records were recently submitted manually through the **Add Patient Records** link and not the **Batch** submission process. Users will not be able to search or retrieve previous day submissions and/or added records since *all submitted data files are downloaded daily*, excluding weekends and holidays, and thus will not be available for search or corrections.

Search for Error Records for Correction

The **Search Error Records** link allows users to retrieve rejected records that were previously uploaded or submitted via the secure file transfer protocol (SFTP) server. When changes are made to the original rejected record, they system will mark that record as either 'revised' or 'void'. The original submitted record will be archived as specified by the California Department of Justice's guidelines.

- Select **Search Error Records** link. Users have the option to **Search** for rejected records by the patient's Last Name or Prescription Number.

Search Patient Error Records

Search Last Name Prescription Number

Patient	Pharmacy	Pharmacy DEA	Prescriber DEA	Prescription Number	Fill Date
Craig 07 asdf	Joes pharm	FC1582154	A90527638	1234	20120202
MARTHA CRONE	CITRUS PHARMACY	FC1582154	BS7434323	1588822	20120127
GENEVA HOSTETTER	CITRUS PHARMACY	FC1582154	AH6637675	1589553	20120128
WILLIAM MALACARNE	CITRUS PHARMACY	FC1582154	BP1269097	1587006	20120125
ANITA ROMO	CITRUS PHARMACY	FC1582154	BM4885274	1585501	20120123
LEDORA WOODARD	CITRUS PHARMACY	FC1582154	BA2043610	1589403	20120128

Showing page 1 of 1 pages

2. Users may select a record from the list by placing the cursor on the patient name and double clicking to retrieve that specific record.
3. When the record information is displayed, the data fields that need corrections will be highlighted in blue. Users may only fill in the corrections for those fields.
4. Choose the **Update** link. Click on the **Finished** tab to save the corrected record.
5. If users need to make corrections to non-highlighted field of a specific record, then user needs to first click on the **Delete** button to void the record and then re-enter it as a new record. The system will mark any deleted record as 'void'
6. To enter revised records, users must navigate to the list of Services. Select the **Add Patient Record** link to proceed to input the record and click on the **Add** button.
7. Users will receive a confirmation via email within 24-48 hours, excluding holidays and weekends.

Edit User Information

The **Edit User Information** link allows all users to update their contact name and telephone numbers and address information.

The screenshot shows a web form titled "Edit User Information". The form has the following fields and values:

- Email: abc@aainh.com
- Address: 1070 S Santa Fe Ave Ste #8
- City: Vista
- State: California (dropdown menu)
- Zip: 92084
- Contact Name: (empty field)
- Phone: 6030000000
- Fax: (empty field)

Below the fields, there is a link that says "Click Here to change password". At the bottom of the form, there are two buttons: "Update" and "Back".

1. Users may make changes to their contact information
 - When updating the Contact Name data field, please enter your full name as the data field accepts first name and last name.
 - When updating the Phone or Fax data field, please provide complete phone and fax numbers as they will be automatically updated in your user account.
2. Users may enter more than one email address by using a comma to separate each address.
3. If the email addresses are longer than the allotted space, users may send email contact information to AAI at cacures@aainh.com, with the following information:
 - 'Email Update' in the subject line of the email
 - Include your DEA number, State License number and dispenser type (Direct Dispenser or Pharmacy)
4. When user information is complete, click on the **Update** button to submit data.

Reporting Zero Fill

The **Submit a Zero Fill Report** link allows users to send a non-dispensed report of Schedule II to IV controlled substances for a specific week. If **any** Schedule II to IV controlled substances is dispensed in the reporting week (Sunday-Saturday) **DO NOT** submit a Zero Fill Report.

CURES Program
Zero Fill Report Form

Pharmacy Information		
DEA number*	CA License Number*	Date
<input type="text" value="A02895019"/>	<input type="text" value="A40155"/>	<input type="text" value="20121219"/>
Name*		
<input type="text" value="Vista Family Health Center"/>		
Address*		
<input type="text" value="1070 S Santa Fe Ave Ste #8"/>		
City*	State*	Zip+4*
<input type="text" value="Vista"/>	<input type="text" value="California"/>	<input type="text" value="92084"/>
Telephone*	Start Date* CCYYMMDD	End Date* CCYYMMDD
<input type="text" value="7609417050"/>	<input type="text"/>	<input type="text"/>

* required

The Zero Fill Report submitted information will be captured but not saved.
 Please use your browser's print button to keep a copy for your records.

1. Logged on users, select the **Submit a Zero Report** link
2. Users' registered information will be pre-populated on the report screen.
3. Verify all information is correct, Contact AAI at cacures@aainh.com with 'Report Zero' in the subject line of the email or call the phone number listed below to make changes as necessary.
4. **The California Board of Pharmacy requires users to submit a Zero Fill Report weekly. It is preferred that Sunday to Saturday dates are used for submission of the Zero Fill Reports. There is no waiver.**

If you have *any* questions regarding data submission or how to use this application, please contact AAI during normal business hours, 8:00 A.M. -5:00 P.M. (EST).

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