

# Training Guide for Enforcement and Investigative Agencies v1.9

Florida Department of Health  
Prescription Drug Monitoring Program



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**Note**

This document is periodically updated. Please refer to the Florida PDMP website,  
<http://www.hidinc.com/flpdmp>, for the most current version of this document.

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# 1 Program Overview

## Purpose

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. The purpose of the PDMP is to provide the information that will be collected in the database to health care practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

E-FORCSE has selected Health Information Designs, LLC (HID) to develop a database that will collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV. HID's RxSentry<sup>®</sup> is a Web-based program that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of controlled substance prescription drugs. RxSentry<sup>®</sup> leads the industry in flexibility, functionality, and ease of use.

Section 893.055, Florida Statutes (F.S.) requires health care practitioners to report to the PDMP each time a controlled substance is dispensed to an individual. This information is to be reported through the electronic system as soon as possible but not more than seven (7) days after dispensing. This reporting timeframe ensures that health care practitioners have the most up-to-date information available.

Section 893.055(7)(c)1-3., F.S. provides that a law enforcement agency may request indirect access to confidential information in the database during active investigations regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances. In addition, Department of Health Investigative Services Unit and Medicaid Fraud Unit investigators may have indirect access to the information in the database to aid in the investigation of cases involving controlled substances.

Section 893.055(1)(h) defines an active investigation as an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

E-FORCSE will comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations. The information collected in the system will be used by the PDMP to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the State of Florida.

## 2 Document Overview

### Purpose and Contents

The RxSentry® *Training Guide for Florida Enforcement and Investigative Agencies* serves as a step-by-step training guide for using RxSentry for querying purposes. It includes such topics as:

- Requesting an account
- Creating recipient, prescriber, and pharmacy query requests
- Viewing query request status
- Generating reports

This guide has been customized to target the specific training needs of Florida law enforcement officers, Department of Health Investigative Services Unit investigators, and Medicaid Fraud Unit investigators. For the purposes of this training guide, the term “law enforcement officer” is used to reference the Department of Health Investigative Services Unit (DOH ISU) and Medicaid Fraud Unit investigators.

This guide is intended for use by all enforcement and investigative agencies in the State of Florida who request indirect access to confidential information in the database during active investigations regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances.

For the purposes of this guide, an **active investigation** means an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

## 3 Using RxSentry

### Request an Account

E-FORCSE grants system accounts to law enforcement and investigative officers engaged in an [active investigation](#), as defined in the previous section.

**Note:** Once your account request is approved, you will receive e-mails from [flpdmp-info@hidinc.com](mailto:flpdmp-info@hidinc.com) containing your account logon information. Please ensure your e-mail system is configured to receive e-mails from this address.

Perform the following steps to request an account:

- 1 Open an Internet browser window and type the following URL in the address bar: [www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
- 2 Click the **Enforcement and Investigative Agencies** link located on the left menu. A window similar to the following is displayed:



- 3 Click the **Terms and Conditions** link to open and read.
- 4 After reading the terms and conditions, click the **Registration Site** link. A logon window is displayed.
- 5 Type *newacct* in the **User Name** field.
- 6 Type *welcome* in the **Password** field.
- 7 Click **OK**.
- 8 Select the applicable user type:
  - Enforcement Agency
  - Department of Health Investigative Services Unit
- 9 Click **Submit**.

Based on the user type selected, the appropriate Access Request Form is displayed.

**10** Complete the fields on this form, noting that required fields are indicated with an asterisk (\*).

**11** Click **Submit**.

If information is incomplete or missing, a message is displayed indicating which fields must be corrected before your access request form can be submitted.

If all information has been properly supplied, a completed access request form is displayed, along with a prompt to print the form. Print the form if desired.

The E-FORCSE staff will review your request and verify the information. You may be contacted if additional information is required.

If you are approved for an account, you will be notified via two separate e-mails. The first e-mail will contain your approval notification and user name information. The second e-mail will contain your temporary password, your personal identification number (PIN) that you will use to identify yourself if you need assistance from the HID Help Desk, and the steps to follow to log on to the system. You will be required to change the temporary password immediately when you first attempt to access the system.

If you are denied access to the system, you will be notified by the E-FORCSE program staff.

## Log On to RxSentry

Perform the following steps to log on to RxSentry:

- 1** Open an Internet browser window and type the following URL in the address bar:  
[www.hidinc.com/flpdmp](http://www.hidinc.com/flpdmp).
- 2** Click the **Enforcement and Investigative Agencies** link located on the left menu. A window similar to the following is displayed:



- 3** Click the **Enforcement and Investigative Agencies Query Site** link. A logon window is displayed.
- 4** Type your user name in the **User Name** field.
- 5** Type your password in the **Password** field.

- Click **OK**. The RxSentry home page is displayed:



## Password Expirations

RxSentry passwords expire every sixty (60) days. When the expiration date is reached, a message will display indicating that you must change your password. Once you click **OK** on this message window, the following window will display:

Your password has expired. Please enter your current password and then enter a new password.

Current Password:

New Password:

Confirm New Password:

**Passwords must contain the following:**

- At least 8 characters in length
- 1 uppercase letter (e.g., A-Z)
- 1 lowercase letter (e.g., a-z)
- 1 digit (e.g., 0-9)

**The following characters are invalid:**  
| & ; \$ % ' ' " \ ~ < > ( ) + ! ? , ^ \*

Perform the following steps:

- Type your current password in the **Current Password** field.
- Type your new password in the **New Password** field, using the information displayed on this window as a password selection guideline.
- Type your new password again in the **Confirm New Password** field.
- Click **Submit**. A message displays that your password was accepted and that you are required to log on using your new password.
- Click **Log Out**. The log on window is displayed.
- Type your user name in the **User Name** field.
- Type your password in the **Password** field.
- Click **OK**. The RxSentry home page is displayed.

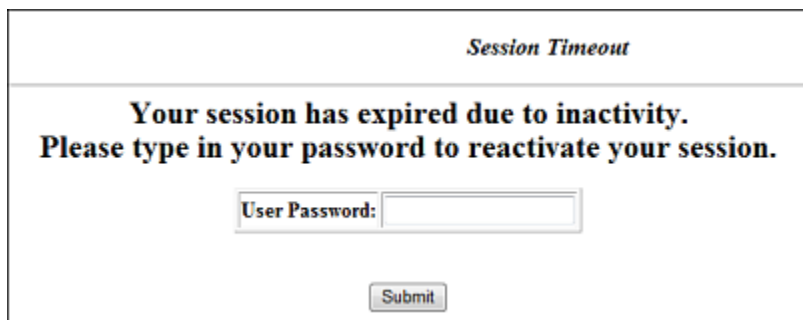
## Log Out of RxSentry

To ensure your logon credentials (user name and password) are not used by an unauthorized individual, it is important that you log out of the system when you have completed your session. To do so, click **Log Out** from the menu, and then close your Internet browser.

**Note:** Clicking **Log Out** closes your session and allows you to re-enter the system by simply supplying your password. If you do not plan to use the system for a period of time, click **Log Out** and then **close ALL open Internet browser windows** to prevent another user from inadvertently attempting to access your session.

## Session Timeouts

Session timeouts occur after fifteen (15) minutes of system inactivity, and the following message is displayed:



The screenshot shows a rectangular dialog box with a title bar that reads "Session Timeout". The main text inside the box says "Your session has expired due to inactivity. Please type in your password to reactivate your session." Below this text is a text input field with the label "User Password:" to its left. At the bottom center of the box is a "Submit" button.

Perform one of the following actions:

If you wish to log on with the same user name, type your password in the **User Password** field, and then click **Submit**;

OR

If you wish to log on with a different user name, **close ALL open Internet browser windows**, and then log on again. You will be prompted to enter both your user name and password.



## Submit Query Request

This function is used to request information pursuant to an active investigation of potential criminal activity regarding controlled substance prescription drugs. The following types of queries are available:

- [Recipient Query](#) – used to create queries regarding recipient usage of controlled substances
- [Prescriber Query](#) – used to create queries regarding the controlled substances prescribing history of selected prescribers
- [Pharmacy Query](#) – used to create queries regarding the controlled substances dispensing history of selected pharmacies (dispensing pharmacies or dispensing practitioners)

The steps for performing these functions are provided in the following topics.

### Recipient Query

**Note:** Information for recipients 16 years of age and younger is not available for viewing. Section 893.055(5)(e), Florida Statutes exempts the reporting by a health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.

Perform the following steps to create a recipient query:

- 1 Log on to RxSentry.
- 2 From the home page, click **LE Request Entry**. The following window is displayed:

I certify that I have been approved by the State of Florida to access information in the Florida Prescription Drug Monitoring Program (PDMP) FL RxSentry database.
I certify that the requested information is pursuant to an ongoing active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substance. I understand inappropriate access or disclosure of this information is a violation of section 893.051, Florida Statutes, and a third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
<input type="checkbox"/> <b>I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database.</b>
Disclaimer: The information in the E-FORCSE database may contain errors resulting from the reporting of information received. The E-FORCSE staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.
<b>You must accept the above conditions before you can continue</b>

- 3 Select the **I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database** check box, indicating that you are requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances, and that you will provide the required documentation to complete your request.

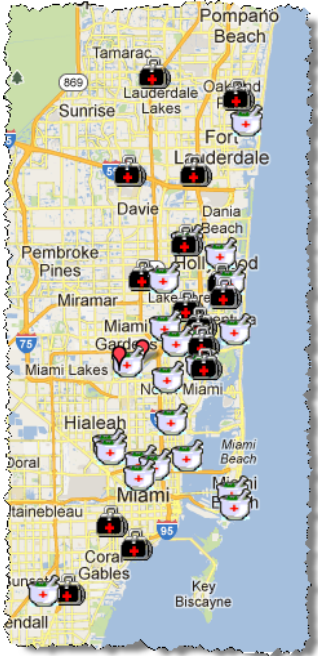
**Note:** Without selecting the **I accept the above conditions** check box, you will not be able to continue.

A window similar to the following is displayed:

- 4 Complete the information on the request window, using the field descriptions in the following table as a guideline. Note the required fields; if these fields are not populated, a message displays that includes a list of fields that must be populated before the query can be submitted.

Field Name	Usage
PDMP Account Id	(System-generated) – User name of the agent logged on to RxSentry.
Agency	Type the name of the agent’s department or agency.
Your Case #	(Required) – Type the reference number used by your agency to identify this case.
Requesting Officer	(System-generated) – Name of the agent logged on to RxSentry.
Request Date	(System-generated) – Current date.
Return Report by	(System-generated) – Query results will be displayed in the RxSentry website.

Field Name	Usage
Telephone	(Required) – Type the telephone number of the requesting agent.
Fax	If desired, type your fax number, using the format <i>123-456-7890</i> .
Email	Type the e-mail address of the requesting agent.
Subject Name Last	(Required) – Type the subject’s last name. You may use the “Begins with” or “Name Sound s like” options if the actual last name is not known. You may also search for a specific subject by using partial text, for example, type <i>Smi</i> to display a list of subjects containing “Smi” in the first three letters of their last name.
Recipient Name First:	(Required) – Type the subject’s first name.
Born on	(Required) – Type the subject’s date of birth using the <i>mm/dd/yyyy</i> format.
Within	Used in conjunction with the <b>Born on</b> field to specify a time range within which to match the date of birth.
Sex	Click the down arrow and select the specific gender of the subjects to include in your search.
Alias of #1 Name Alias of #2 Name Alias of #3 Name	Used to perform a query on a subject who may be using more than one name. You may also perform a wildcard search using partial text, for example, type <i>Tho</i> is the <b>Field</b> in the <b>Alias #1 Name</b> section to display a list of aliases containing “Tho” in the first three letters of the alias last name. In the <b>Born</b> field, type the alias’s date of birth using the <i>mm/dd/yyyy</i> format.
Dispensed Timeframe From	(Required) – Use this field to enter a specific dispensing time frame start date, for example: <i>11/01/11</i> .
Dispensed Timeframe To	(Required) – Use this field to enter a specific dispensing time frame end date, for example: <i>11/30/11</i> . <b>Note:</b> Dispensers are required to report every seven (7) days; query results contain the most current information available in the database.
Purpose	Click the down arrow and select the purpose of this query. If the value you wish to use is not displayed in this field, type the purpose in the blank field to the right of the <b>Purpose</b> field.
SSN	If known, type the subject’s social security number, using the format <i>111-22-3333</i> .
DL# (with State Abbrev)	If known, type the subject’s driver’s license number, prefaced with the two-letter state abbreviation.

Field Name	Usage
Health Insurance Card Id	If known, type the subject's health insurance card ID number.
County Selection	Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
Zipcode (blank for any)	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Primary Address	(Required) – Type the subject's primary address.
City	(Required) – Type the name of the city in which the subject resides.
Other Address 1 City Other Address 2 City	Type a street address and city in these fields to include in your query any other addresses at which the subject may reside.
Choose Report Type	
PDF	Select this option to print the query results to a PDF file.
CSV	Select this option to generate a comma delimited text file.
Web (with Mapping)	<p>Select this option to display the results of your query on a Web page. Select <a href="#">Map Results</a> to view the actual location of each prescriber and pharmacy listed on the report:</p>  <p>The pin represents the recipient's location; the doctor's bag represents the prescribers' locations; and the mortar and pestles represent the pharmacies' locations.</p> <p><b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.</p>

- Once all criteria have been entered or selected, click **Submit**. A window similar to the following is displayed:

Requestor Agency Information			
<b>REQUEST NUMBER: 15526</b>			
PDMP Account Id: EA191919	Agency: Agency Name	Your Case #: 12346	
Requesting Officer: Tom Beard	Request Date: 11/09/12	Return Report by: Web Site	
Telephone: 123-123-1234	Fax: 234-234-2345	Email: tom.beard@hidinc.com	

Information about the Subject that we MUST have to fulfill your report request			
Subject Name Begins with:	Last: Smith	First: Aaron	Born on: 08/28/1953
			Within: Exact Match
			Sex: All/Any
Alias #1 Name:	Last:	First:	Born:

Your query request must be approved by E-FORCSE. Approval typically occurs within a seven (7)-day period after E-FORCSE receives the request. Once it is approved, your report/query will remain in the database for 14 days, after which time it will be automatically removed. You may click **View Query Status** at any time to check the status of your submitted query. For more information, see [View Query Status](#).

If your query does not produce any results, the approved query request report, available in your Report Queue, will provide suggestions for creating a successful query request. If you need additional assistance, contact E-FORCSE using the contact information supplied in the [Assistance and Support](#) chapter in this document.

## Prescriber Query

Perform the following steps to create a prescriber query:

- Log on to RxSentry.
- From the home page, click **LE Request Entry**. The following window is displayed:

I certify that I have been approved by the State of Florida to access information in the Florida Prescription Drug Monitoring Program (PDMP) FL RxSentry database.
I certify that the requested information is pursuant to an ongoing active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substance. I understand inappropriate access or disclosure of this information is a violation of section 893.0551, Florida Statutes, and a third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
<input type="checkbox"/> I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database.
Disclaimer: The information in the E-FORCSE database may contain errors resulting from the reporting of information received. The E-FORCSE staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.
<b>You must accept the above conditions before you can continue</b>

- Select the **I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database** check box, indicating that you are requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances, and that you will provide the required documentation to complete your request.

**Note:** Without selecting the **I accept the above conditions** check box, you will not be able to continue.

A window similar to the following is displayed:

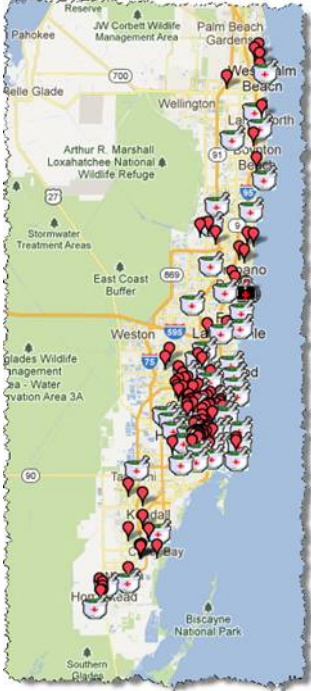
- 4 Click the **Search for Prescriber** check box at the top left corner.

A window similar to the following is displayed:

- 5 Complete the information on the request window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Prescriber DEA	(Required) Type the prescriber's DEA number. <b>Note:</b> The prescriber's DEA number is not required if the prescriber's last name is supplied.

Field Name	Usage
Prescriber Last Name Begins With (smith, jane)	(Required) Type the prescriber's last and first name using the <i>smith, jane</i> format. If the full name is not known, the system will search prescriber names using the characters you type in this field. <b>Note:</b> The prescriber's last name is not required if the prescriber's DEA number is supplied.
County Selection	(Optional) Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
Zipcode Selection (blank for all)	(Optional) Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Timeframe From	(Required) Use this field to enter a specific start date for the dispensing time frame, for example, <i>01/10/11</i> .
Dispensed Timeframe To	(Required) Use this field to enter a specific end date for the dispensing time frame, for example, <i>01/31/11</i> .
Your Case #	(Required) – Type the reference number used by your agency to identify this case.
Choose Report Type	
PDF	Select this option to print the query results to a PDF file.
CSV	Select this option to generate a comma delimited text file.

Field Name	Usage
Web (with Mapping)	<p>Select this option to display the results of your query on a Web page. Select <input type="button" value="Map Results"/> to view the actual location of each recipient and pharmacy listed on the report:</p>  <p>The doctor's bag represents the prescriber's location; the pins represent the recipients' locations; and the mortar and pestles represent the pharmacies' locations.</p> <p><b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.</p>

6 Once all criteria have been entered or selected, click **Submit**.

A window similar to the following is displayed:

Report Format:	Prescriber Report																
<b>Prescriber</b> Name Begins <i>jackson, r</i> For Zip codes beginning	<table border="1"> <tr> <td>JACKSON, R BRUCE DVM,</td> <td>B11469320</td> <td>DECATUR 30030</td> </tr> <tr> <td>JACKSON, R I DVM,</td> <td>AJ0133544</td> <td>JACKSONVILLE 32211</td> </tr> <tr> <td>JACKSON, RACHEL M FNP,</td> <td>WJ1079121</td> <td>CHICAGO 60612</td> </tr> <tr> <td>JACKSON, RALPH A MD,</td> <td>AJ1269617</td> <td>PRESCOTT 86313</td> </tr> <tr> <td>JACKSON, RALPH A MD,</td> <td>BJ0879328</td> <td>LAWRENCEVILLE 30045</td> </tr> </table>		JACKSON, R BRUCE DVM,	B11469320	DECATUR 30030	JACKSON, R I DVM,	AJ0133544	JACKSONVILLE 32211	JACKSON, RACHEL M FNP,	WJ1079121	CHICAGO 60612	JACKSON, RALPH A MD,	AJ1269617	PRESCOTT 86313	JACKSON, RALPH A MD,	BJ0879328	LAWRENCEVILLE 30045
JACKSON, R BRUCE DVM,	B11469320	DECATUR 30030															
JACKSON, R I DVM,	AJ0133544	JACKSONVILLE 32211															
JACKSON, RACHEL M FNP,	WJ1079121	CHICAGO 60612															
JACKSON, RALPH A MD,	AJ1269617	PRESCOTT 86313															
JACKSON, RALPH A MD,	BJ0879328	LAWRENCEVILLE 30045															
Dispensed Timeframe From: 08/22/2011	Dispensed Timeframe To: 09/22/2011																
<input type="button" value="Request"/>																	

7 Click the desired prescriber's name. By default all prescribers listed are selected. To select specific prescribers from the list:

- Select a single value by clicking the value.
- Select multiple values, listed consecutively, by clicking the first value, holding down the **[Shift]** key, and then clicking the last value.



- Select multiple values, not listed consecutively, by holding down the **[Ctrl]** key while clicking each value.
- 8** Click **Request**. A message displays that your query was generated and to click **View Query Status** to see the results (once approved).

Your query request must be approved by E-FORCSE. Approval typically occurs within a seven (7)-day period after E-FORCSE receives the request. Once it is approved, your report/query will remain in the database for 14 days, after which time it will be automatically removed. You may click **View Query Status** at any time to check the status of your submitted query. For more information, see [View Query Status](#).

If your query does not produce any results, the approved query request report, available in your Report Queue, will provide suggestions for creating a successful query request. If you need additional assistance, contact E-FORCSE using the contact information supplied in the [Assistance and Support](#) chapter in this document.

## Pharmacy Query

Perform the following steps to create a pharmacy query:

- 1** Log on to RxSentry.
- 2** From the home page, click **LE Request Entry**. The following window is displayed:

I certify that I have been approved by the State of Florida to access information in the Florida Prescription Drug Monitoring Program (PDMP) FL RxSentry database.
I certify that the requested information is pursuant to an ongoing active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substance. I understand inappropriate access or disclosure of this information is a violation of section 893.0551, Florida Statutes, and a third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
<input type="checkbox"/> <b>I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database.</b>
Disclaimer: The information in the E-FORCSE database may contain errors resulting from the reporting of information received. The E-FORCSE staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.
<b>You must accept the above conditions before you can continue</b>

- 3** Select the **I accept the above conditions and certify that I have met the requirements to be eligible to access the E-FORCSE database** check box, indicating that you are requesting the report as part of an active investigation regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances, and that you will provide the required documentation to complete your request.

**Note:** Without selecting the **I accept the above conditions** check box, you will not be able to continue.

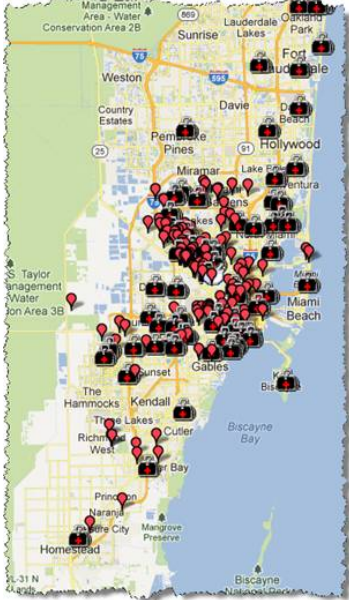
A window similar to the following is displayed:

- 4 Click the **Search for Pharmacy** check box at the top left corner. A window similar to the following is displayed:

- 5 Complete the information on the request window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Pharmacy DEA	(Required) Type the pharmacy's DEA number. <b>Note:</b> The pharmacy's DEA number is not required if the pharmacy name is supplied.

Field Name	Usage
Pharmacy Name	(Required) If searching for a dispensing pharmacy, type the pharmacy name. If searching for a dispensing practitioner, type the dispensing practitioner's name using the <i>smith, jane</i> format. If the full name is not known, the system will search names using the characters you type in this field. <b>Note:</b> The pharmacy name is not required if the pharmacy's DEA number is supplied.
County Selection	(Optional) Narrow your search by selecting a specific county name, or select "Statewide" to produce a wider range of results.
Zipcode Selection (blank for all)	(Optional) Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Timeframe From	(Required) Use this field to enter a specific start date for the dispensing time frame, for example, <i>01/10/11</i> .
Dispensed Timeframe To	(Required) Use this field to enter a specific end date for the dispensing time frame, for example, <i>01/31/11</i> .
Choose Report Type	Select the output option for your report, either PDF or CSV (comma-separated values).
Your Case #	(Required) – Type the reference number used by your agency to identify this case.
Choose Report Type:	
PDF	Select this option to print the query results to a PDF file.
CSV	Select this option to generate a comma delimited text file.

Field Name	Usage
Web (with Mapping)	<p>Select this option to display the results of your query on a Web page. Select <input type="button" value="Map Results"/> to view the actual location of each recipient and prescriber listed on the report:</p>  <p>The mortar and pestle represents the pharmacy's location; the pins represent the recipients' locations; and the doctor's bags represent the prescribers' locations.</p> <p><b>Note:</b> Click a symbol for more information about that recipient, prescriber, or pharmacy.</p>

6 Once all criteria have been entered or selected, click **Submit**. A window similar to the following is displayed:

Law Enforcement Query											
Report Format:	Pharmacy Report										
Pharmacy Name Begins With Far Zip codes beginning	<table border="1"> <tr><td>WALGREENS Bw2942933</td><td>NEW ORLEANS LA 70127 (ORLEANS PARISH)</td></tr> <tr><td>WALGREENS Bw3366805</td><td>NEW ORLEANS LA 70117 (ORLEANS PARISH)</td></tr> <tr><td>WALGREENS #03557 Aw9543489</td><td>NEW ORLEANS LA 70127 (ORLEANS PARISH)</td></tr> <tr><td>WALGREENS 12884 Fw2907701</td><td>OCOEE FL 34761 ( )</td></tr> <tr><td>WALGREENS ARIZONA DRUG CO Bw8818619</td><td>PHOENIX AZ 85051 (MARICOPA)</td></tr> </table>	WALGREENS Bw2942933	NEW ORLEANS LA 70127 (ORLEANS PARISH)	WALGREENS Bw3366805	NEW ORLEANS LA 70117 (ORLEANS PARISH)	WALGREENS #03557 Aw9543489	NEW ORLEANS LA 70127 (ORLEANS PARISH)	WALGREENS 12884 Fw2907701	OCOEE FL 34761 ( )	WALGREENS ARIZONA DRUG CO Bw8818619	PHOENIX AZ 85051 (MARICOPA)
WALGREENS Bw2942933	NEW ORLEANS LA 70127 (ORLEANS PARISH)										
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WALGREENS 12884 Fw2907701	OCOEE FL 34761 ( )										
WALGREENS ARIZONA DRUG CO Bw8818619	PHOENIX AZ 85051 (MARICOPA)										
Dispensed Timeframe From: 12/01/2010	Dispensed Timeframe To: 11/14/2011										
<input type="button" value="Request"/>											

7 Click the desired pharmacy's name. By default all pharmacies listed are selected. To select specific pharmacies from the list:

- Select a single value by clicking the value.
- Select multiple values, listed consecutively, by clicking the first value, holding down the **[Shift]** key, and then clicking the last value.
- Select multiple values, not listed consecutively, by holding down the **[Ctrl]** key while clicking each value.

- 8 Click **Request**. A message displays that your query was generated and to click **View Query Status** to see the results (once approved).

Your query request must be approved by E-FORCSE. Approval typically occurs within a seven (7)-day period after E-FORCSE receives the request. Once it is approved, your report/query will remain in the database for 14 days, after which time it will be automatically removed. You may click **View Query Status** at any time to check the status of your submitted query. For more information, see [View Query Status](#).

If your query does not produce any results, the approved query request report, available in your Report Queue, will provide suggestions for creating a successful query request. If you need additional assistance, contact E-FORCSE using the contact information supplied in the [Assistance and Support](#) chapter in this document.

## View Query Status

This function allows you to check the status of a submitted query. The **Status** column on the **View Report Queue** window displays one of the following query statuses:

- **New** – the query has been submitted and is awaiting review.
- **Approved/Done** – the query has been approved and processed, and is available for viewing.
- **Denied** – the query request was denied, and the reason for denial is provided.

Perform the following steps to view the status of a query or several queries:

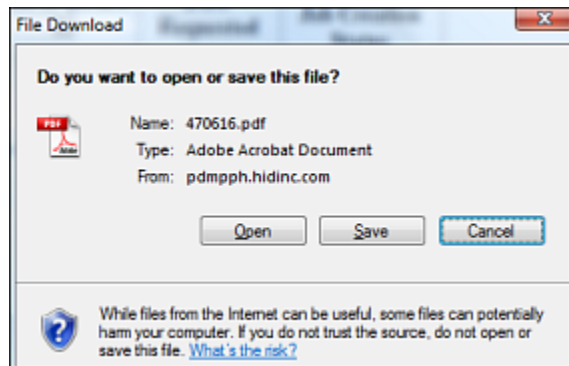
- 1 Log on to RxSentry.
- 2 From the home page, click **View Query Status**. A window similar to the following is displayed:

Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
91571	<a href="#">471374</a>	02/10/09	Approved / Done	Law Enforcement Report All Prescribers All Dispensers 0 out of 0 Recipient Selected From: Name Begins Smith, L; Boen 01/01/54; Boen ?; Boen ?; Boen ?; For Counties Montgomery For Counties Montgomery	file-pdf
91603	NONE	02/10/09	Denied	LE Agent failed to submit an affidavit along with the request form.	

**Note:** The output format for all reports is portable document format (PDF), and will require Adobe Reader. You may download a free version of Adobe Reader at <http://get.adobe.com/reader/>.

- 3 If the report is ready for viewing, the **Job Sequence ID** field contains a hyperlink to the report. Click the hyperlink for the desired report.

A window similar to the following is displayed:



**4** Perform one of the following actions:

- Click **Open** to open the report for viewing.
- Click **Save** to save the report to a specific location for viewing at a later time.
- Click **Cancel** to return to the previous window.

**Note:**

- By default, queries are available for viewing only by the user who submitted the query request.
- The **Payment Type** column identifies the method of payment used for the prescription. The classification codes are as follows:
  - 01 Private Pay
  - 02 Medicaid
  - 03 Medicare
  - 04 Commercial Insurance
  - 05 Military Installations and VA
  - 06 Workers' Compensation
  - 07 Indian Nations
  - 99 Other

If you print the query, protect patient confidentiality by filing or destroying the document after it has been reviewed. Be sure to follow your facility's protocols and policies regarding the destruction of confidential records.

## 4 Assistance and Support

### Technical Assistance

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

Contact HID by e-mail at [flpdmp-info@hidinc.com](mailto:flpdmp-info@hidinc.com);

**OR**

Call the HID Help Desk at 877-719-3120.

### Administrative Assistance

If you have non-technical questions regarding E-FORCSE, please contact:

E-FORCSE, Florida's Prescription Drug Monitoring Program

4052 Bald Cypress Way, Bin C-16

Tallahassee, Florida 32399

Phone: 850-245-4797

E-mail: [e-forcse@doh.state.fl.us](mailto:e-forcse@doh.state.fl.us)

Website: [www.e-forcse.com](http://www.e-forcse.com)

## 5 Document Information

### Copyright Notice and Trademarks

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 Auburn, AL 36832

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### Disclaimer

HID 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.

### Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate...
<b>Bold</b>	References to execution buttons, windows, file names, menus, icons, or options
<i>Times New Roman Italic</i>	Text you must type in a field or window, for example, <code>\\server_name\printer_name</code> for a network printer
<a href="#">Blue underlined text</a>	Hyperlinks to other sections of this document or external websites
<i>Italic text</i>	Reference to external document or resource

**Table 1 – Text Formats**

### Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

Publication Date	Version Number	Comments
10/14/2011	1.0	Initial publication



Publication Date	Version Number	Comments
10/17/2011	1.1	Updated publication
10/31/2011	1.2	Updated publication
11/14/2011	1.3	Updated publication
11/21/2011	1.4	Updated publication
01/26/2012	1.5	Updated publication
02/21/2012	1.6	Updated publication
09/25/2012	1.7	Updated publication
10/17/2012	1.8	Updated publication
11/14/2012	1.9	Updated publication

**Table 2 – Document Version History**

## Change Log

The Change Log records the changes and enhancements included in each version.

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	Throughout	Replaced references to Regulatory Boards with Department of Health Investigative Services Unit
1.2	Chapter 3/Recipient Query	Added note that information for recipients 16 years of age and younger is not available for viewing
1.3	Throughout	Updated with Florida PDMP screen shots
	Chapter 3/Pharmacy Query	Renamed from Dispenser Query; updated to include steps needed to perform a Pharmacy Query
1.4	Chapter 2/Document Overview	Updated references to DOH to Department of Health Investigative Services
1.5	Chapter 3/Request an Account	Added note about configuring enforcement and investigative agency users' e-mail systems to accept e-mails from <i>flpdmp-info@hidinc.com</i> .
1.6	Throughout	Changed <i>Law Enforcement and DOH ISU</i> references to <i>Law Enforcement and Investigative Agencies</i> .
1.7	Chapter 3 <ul style="list-style-type: none"> <li>▪ Request an Account</li> <li>▪ Log On to RxSentry</li> </ul>	Updated screen shots and steps to reflect new link names on the public website

<b>Version Number</b>	<b>Chapter/Section</b>	<b>Change</b>
1.8	Chapter 3/View Query Status	Added payment method key
1.9	Chapter 3: <ul style="list-style-type: none"><li>▪ Recipient Query</li><li>▪ Prescriber Query</li><li>▪ Pharmacy Query</li></ul>	Added mapping option

**Table 3 – Document Change Log**