



Prescription Drug Monitoring Program Training and Technical Assistance Center

## Illinois

PDMP name: PIL  
Agency Responsible: Department of Human Services  
Agency Type: Department of Health  
PDMP Website: <https://www.ilpmp.org/>  
PDMP Email: [dhs.pmp@illinois.gov](mailto:dhs.pmp@illinois.gov) PDMP region: North

### Contact Information

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Office:

Fax:

Email:

### Statistics

Statistics Year: 2015  
State population: 12,859,995

DEA Registered Prescribers: 47,054  
DEA Registered Dispensers: 2,365

### Technological Capabilities

#### ASAP Versions Accepted

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995   | <input type="checkbox"/> ASAP 4/2007              |
| <input type="checkbox"/> ASAP 1997   | <input checked="" type="checkbox"/> ASAP 4-1/2010 |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

#### Data Transmission Methods Allowed

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Electronic data transmissio | <input type="checkbox"/> Mail data transmission  |
| <input type="checkbox"/> Fax data transmission                  | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other                                  |  |

#### Required Data Transmitters

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input checked="" type="checkbox"/> Veterinarian      | <input checked="" type="checkbox"/> Veterans Administration       | <input type="checkbox"/> Indian Health Services   |   |

Other:

#### Data Collection, Storage, Generation and Access

Data Collection Entity:	Vendor	Vendor name:	Atlantic Associates Inc.
Data Storage Entity:	Vendor	Vendor name:	Hanson Information Systems
Report Generation Entity:	In-House	Vendor name:	In-House
Data Access Entity:	In-House	Vendor name:	In-House
Data Access Method:	Web Portal/On-Line		

### Data Sharing

- ☒ PMPi Hub      List of states involved in sharing:  
☐ RxCheck Hub      [AZ, CO, CT, IN, KS, KY, MI, MN, MS, NV, NM, ND, SD, TN, UT, VA, WI](#)  
☐ HIE method

### Data Access

- ☐ via Health Information Exchange  
☒ via Electronic Health Record  
☐ via Pharmacy Dispensing System

### Patient Matching

- ☐ Exact Match  
☒ Probabilistic Match  
☐ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored  
☒ Schedule III monitored  
☒ Schedule IV monitored  
☒ Schedule V monitored

### Other Substances Monitored

- ☒ Monitor other authority  
☒ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: [1961](#)      PDMP operational: [1968](#)  
Collection frequency: [1](#)      Require zero-reporting? ☒      Zero-reporting frequency:

### Relevant Statutes and Rules

Law/Rule Website: <http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1941&ChapterID=53>  
Law/Statute citation: [IL Comp Statute 570/314.5; 570/316 to /320; 570/102; 570/507.2](#)  
Regulation/Rule citation: [IL Admin Code Title 77 §§2080.10 to .30; 2080.50; 2080.70; 2080.90; 2080.100; 2080.190 to .211](#)  
Dr Shopper law/statute: [720 ILCS 570/314.5](#)  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute:

### Data Retention

Data Retention Time: [12 months](#)

- ☒ Data Retention Policy    ☐ Prescriber Information Purged    ☐ Patient Information Purged    ☐ Retain De-Identified Data  
☒ All Information Purged    ☐ Dispenser Information Purged    ☐ Drug Information Purged

### Select Data Fields Available

- ☒ Payment method captured  
☐ Patient Identification captured  
☐ Person dropping off captured  
☐ Person picking up captured  
☒ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data  
☒ Ability to de-identified data  
☒ Authority to release for epidemiological or educational purposes  
☐ Engaged in release for epidemiological or educational purposes  
☐ Required Notification to consumers  
☒ Mandated Use of Advisory Group  
☐ Patient Access to Query List  
☒ Collection of naloxone prescriptions

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### PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber      ☒ Required Enrollment - Dispenser  
☐ Required Patient Query - Prescriber      ☐ Required Patient Query - Dispenser
- 

## PDMP Requestor Training

Training Website:

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### Available Training

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Regulatory Board |   |

### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser  | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board      | <input type="checkbox"/> Other            |
- 

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal?      ☒

Prescriber: A provider should have their DEA Number, NPI number, and license number, work contact information, phone number, email address.

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Dispenser: A provider should have their DEA Number, NPI number, and license number, work contact information, phone number, email address.

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## PDMP Available Reports

### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History    |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input checked="" type="checkbox"/> Dispenser Access to Own History      | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History  |

## Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescriber Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>