

Tennessee

PDMP name: CSMD
 Agency Responsible: Tennessee Department of Health, Tennessee Board of Pharmacy
 Agency Type: Pharmacy Board
 PDMP Website: <http://tn.gov/health/topic/CSMD-board>
 PDMP Email: csmd.admin@tn.gov PDMP region: South

Contact Information

Bess, D. Todd - Director, CSMD Program
 665 Mainstream Drive
 Nashville TN 37243
 Office: (615) 253-1300
 Fax:
 Email: david.bess@tn.gov

Sanford, Debora - Sr Project Manager
 665 Mainstream Drive
 Nashville TN 37243
 Office: (615) 532-5252
 Fax:
 Email: debora.sanford@tn.gov

Statistics

Statistics Year:	2015	DEA Registered Prescribers:	22,523
State population:	6,600,299	DEA Registered Dispensers:	1,699

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 type="checkbox"/> ASAP 4-2/2011 |

Data Transmission Methods Allowed

- | | |
|---|--|
| <input checked="" type="checkbox"/> Electronic data transmissio | <input checked="" type="checkbox"/> Mail data transmission |
| <input checked="" 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 checked="" 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: Also, collecting wholesaler and manufacturer sales data (ARCOS format) for use by PDMP.

Data Collection, Storage, Generation and Access

Data Collection Entity:	Vendor	Vendor name:	Appriss
Data Storage Entity:	Vendor	Vendor name:	Appriss
Report Generation Entity:	Vendor	Vendor name:	Appriss
Data Access Entity:	Vendor	Vendor name:	Appriss
Data Access Method:	Web Portal/On-Line		

Data Sharing

- ☒ PMPi Hub
☐ RxCheck Hub
☐ HIE method
- List of states involved in sharing:
[AR, KY, LA, MI, MN, MS, ND, SC, VA, WV](#)

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: [01-01-2003](#) PDMP operational: [12-01-2006](#)
Collection frequency: [1](#) Require zero-reporting? ☒ Zero-reporting frequency: [Daily](#)

Relevant Statutes and Rules

Law/Rule Website: <http://tn.gov/health/article/controlled-substance-monitoring-database-program-statutes>
Law/Statute citation: [TN Code §§53-10-301 to -311; 53-11-309](#)
Regulation/Rule citation: [TN Comp Regs 1140-11-.01 to .04; 1200-34-01-.07](#)
Dr Shopper law/statute: [TENN. CODE ANN. §§ 53-11-309](#)
Pill Mill law/statute:
Pain Clinic law/statute: [Tenn. Code Ann. §§ 63-1-301 to -314; 2016 Public Chapter 1033; 2016 Public Chapter 829](#)
Disclosure law/statute: [TN Code §53-10-306](#)

Data Retention

Data Retention Time: [1 year](#)

- ☒ 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

PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber ☒ Required Enrollment - Dispenser

As of January 2013, registration is required only for those who prescribe or dispense controlled substances-not all licensees meet these requirements.

- ☒ Required Patient Query - Prescriber ☒ Required Patient Query - Dispenser

Healthcare practitioners shall query the PDMP at the beginning of each new episode of treatment and at least annually when that controlled substance remains part of the treatment; when dispensing a controlled substance, all healthcare practitioners shall query the PDMP prior to dispensing certain controlled substances to the patient for the first time at that practice site and at least once every twelve months after the initial dispensing; before prescribing or dispensing, a healthcare practitioner shall query the PDMP if the practitioner is aware or reasonably certain that the person is attempting to obtain a Sch. II – V controlled substance for fraudulent, illegal, or medically inappropriate purposes

PDMP Requestor Training

Training Website:

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 type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input 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: Registration requires: DEA Registration number, TN professional license number, driver's license number, email address, phone and other demographic information and personal information

Dispenser: Registration requires: TN professional license number, and driver's license number and other personal and demographic information

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 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 type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Hospital administrators	<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"/>

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 type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Hospital administrators	<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"/>