Practice Partner

EPCS Registration Process Practice Partner Set up

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- Defining EPCS
- Requirements: Prescribers
- Practice Partner setup
- EPCS workflow
- Controlled Substance Auditing





What is EPCS?

 EPCS – the Electronic Prescribing of Controlled Substancesallows prescribers who use an EPCS-certified e-prescribing application to send prescriptions for controlled substances electronically to pharmacies.





What is Required for prescribers to do EPCS?

- The DEA requires prescribers to go through Identity Proofing (IDP) and issuance of credentials.
- Specific processes are outlined by the DEA for "activating" physicians to do EPCS.
- Two factor authentication is required by prescribers when transmitting EPCS prescriptions.
- The two factor authentication will be a "Passphrase" and a OTP soft Token, obtained through the EPCS enrollment process and EPCSGold with DrFirst.



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SureScripts provider enrollment

• Log on to the eMDS Practice Support site at:

https://practicesupport.emds.com

within These Pages, You Will Find	
Online Ticket Management - Vew, ePrescribing Enrollment - Sign Up Product Updates - Updates and La Community Resources - Temptate:	Edit and Submit Support Tickets Online) for ePrescribing and Manage Providers anses for Currently Registered Products s, Meaningful Use information, and Knowledge-straring with other Medisoft, Lytec, Practice Partner, and McKesson Practice Choice Users
If you have not yet created an account, p	lease click on the "Cleate a User Account" Ink below
If you have difficulty creating an account	or logging in, please contact Technical Support at (855) 463-6326. Support is available 5 am - 5 pm Pacific (8 am – 8 pm Eastern) Monday through Friday.
Username (Email):	
Password	
Password	







- If you are not already enrolled in ePrescribing, click the Surescripts Enrollments link.
- Follow the steps to enroll in ePrescribing.

<i>e</i>MD s	
HOME WEB TICKETS	RECT EXCHANGE PROVIDER LOOKUP SUPPORT ESCALATIONS OTHER RESOURCES CONTACT
QUICK LINKS Downloads & License Files Product Documentation	eMDs Practice Support Notifications
Authorized Contact After-Hours Support	Recent support notifications released by the eMDs Practice Support Teams.
Meaningful Use	You can control how you receive notifications via email here: Subscription Preferences
Marketing Emails Request Software Update surescripts Links	NOTIFICATION: OptumRx, Pharmacy Benefit Manager, Maintenanc 7:00PM EST
Surescripts Enrollments	Posted on March 6, 2014 1:46 PM PST in E-Prescribing/Surescripts
Surescripts Providers Documentation and Certificates	OptumRx (fka Prescriptions Solutions), Pharmacy Benefit Manager, will perform system maintenance on Saturday, messages including NEWRX and REFRES messages sent to OptumRx may not transmit successfully. NEWRX a
ENTERPRISE LINKS View my Organizations	Surescripts network services - Prescription Routing, Prescription History, and Prescription Benefits - will not be impa messaging will be impacted by the OptumRx scheduled maintenance.
ACCOUNT Add/View Support Ticket	RESOLVED NOTIFICATION: Practice Partner Clearinghouse
Manage Accounts	Posted on February 23, 2014 9:30 PM PST in E-Prescribing/Surescripts





- Enroll as a New Provider
- Fields outlined in red are required. The e-mail address must be providers email address.

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HOME WEB TICKETS DIR	ECT EXCHANGE PROVIDER L	OOKUP SUPPORT ESCALAT	IONS OTHE	R RESOURCES CONTACT	QUICK LINKS Downloads & License Files Product Downneetation	Surescripts Pr	ovider Enrollme	nt
QUICK LINKS	0				Authorized Contact	Location & Contact Inform	nation	
Downloads & License Files	Surescripts	Enrollment Requ	iests		After-Hours Support	Provider Organization	-Select Organization-	~
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ffer-Hours Support		Enroll New Organization			SURESCRIPTS LINKS	Suffix	Provider Suffix	
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rescripts Enrollments	Jeffrey Averill	Practice Partner	JCA	3/9/2016 2:40:52 PM	Add/View Support Ticket	Primary Fax Number	1234567890]
urescripts Providers					Change Password	Cell Phone	1234567890	
ocumentation and Certificates	Patricia Clefisch	Practice Partner	PAT	2/22/2016 10:26:44 PM		Home Phone	1234567890	
TERPRISE LINKS						Work Phone	1234567890	
/iew mv Organizations	Bradley Gray	Practice Partner	BRG	10/27/2016 5:50:50 PM	SUPPORT EXPIRATION DATE Thursday, January 01, 2099	Beeper	1234567890	This must be the provider's e-mail address.
CCOUNT	Cons Cross	Dractico Dortnor	00	9/4C/204C C-00-40 DM	MAIN CONTACT	Evening Phone	1234567890	
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dorview support licket change Password	Josie Nordquist	Practice Partner	JMN	9/21/2015 5:57:35 PM	MCKESSON CUSTOMER ID 1120409	Identification	NU	
					MCKESSON SALES CONTACTS	NPI		





• If you are already enrolled in ePrescribing, click the Surescripts Provider link.

HOME WEB TICKETS DIRECT	EXCHANGE PROVIDER LOOKUP	SUPPORT ESCALATIONS	OTHER RESOURCES	CONTACT
Downloads & License Files	eMDs Practic	e Support Notifi	cations	
Product Documentation				
Authorized Contact	Recent support notific	cations released by the	e eMDs Practice S	upport Teams
After-Hours Support		· · · · · · · · · · · · · · · · · · ·		
Meaningful Use	You can control how you receiv	e notifications via email here: s	ubscription Preferences	
Marketing Emails			_	
Request Software Update	NOTIFICATION: O	ptumRx, Pharmacy	Benefit Manage	er, Maintena
SURESCRIPTS LINKS	7:00PM EST			
Surescripts Enrollments	Posted on March 6, 2014 1:46	PM PST in E-Prescribing/Suresc	ripts	
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Documentation and Certificates	messages including NEWRX an	id REFRES messages sent to O	otumRx may not transmit	successfully. NEW
ENTERPRISE LINKS	Surescripts petwork services -	Prescription Routing Prescription	History and Prescription F	- Renefits - will not be
View my Organizations	messaging will be impacted by	the OptumRx scheduled mainter	nance.	venenta - wiii not be
ACCOUNT	. ,			
Add/View Support Ticket	RESOLVED NOTI	FICATION: Practice	Partner Clearin	ghouse





• Click the edit button next to the appropriate provider.

Er	nrolled Sures	scripts Providers						
last nan	ne	Select Organization		Apply Filters	Reset Filters			λ.
No.	Name	Organization	PVID	SPI	Rx Hub Id	Enrolled For	Enrollment Date	
1	Wayne Best	Chris106	WBS	3289596172001	0229054-00007	eRx	12/6/2016 9:49:05 AM	× 📖
2	Wayne Best	Josh106	WB	5437327589001	0229054-00002	eRx	11/15/2016 11:16:16 AM	Edit
3	Wayne Best	Practice Partner	WBS	4184550452001	0021406-00019	eRx, DEX	11/4/2016 3:34:08 PM	Edit
4	Wayne Best	Colin106	WBS	1365226637001	0229054-00003	eRx	11/14/2016 2.44.48 PM	Edit
5	Wayne Best	Stephen 106	WBS	4545267764001	0229054-00005	eRx	12/6/2016 8 22 06 AM	Lat
6	Wayne Best	Mark106	WBS	1105478102001	0229054-00004	eRx	11/15/2016 1:20:57 PM	Gdr





- The Following fields are required to enroll in EPCS:
- Home address, at least Address Line 1, City, State, and Zip code, DEA, Gender

Location & Contact Information	n	
Organization	Practice Partner	
Prefix	Mr	
Name	Certification	Test Provider
Suffix		
Practice Address	213 Sesame Street	Apt 15
~ <u> </u>	Seattle	Washington
Home Address	Street Address (no P.O. Box)	Address Line 2
	City	Choose State • • 123456789
Primary Phone Number	2334567890	
Primary Fax Number	2334567890	
Cell Phone	1234567890	The email address must be unique to the provider
Home Phone	1234567890	
Work Phone	1234567890	
Beeper	1234567890	This must be the provider's e-mail address.
Evening Phone	1234567890	
Email	email@emds.com	
Direct Address	Certifi @qa.practicepartner.er	mds.direct-ci-cert.com
Identification		
NPI	1234567890	
DEA#	B525482158	DEA Number
Provider Id	231	
Gender	Unknown	T I
SPI#	6065755566001	





- Under Service Levels click Controlled Substance
- You can select the Send Hard Token check box if you want to receive a physical token device in addition to the soft token you will receive. (eMDs recommends ordering a hard token as a back up to the soft token.)
- Complete the Token Mailing Address

Service Levels	
	NewRx
	Refill
	Controlled Substance
	- Stimbert Messanning (BSR)
Provider Type(s)	
	Provider
	Physician Assistant
	Nurse Practitioner
	Resident
Provider Primary Specialty	
Туре	Allopathic & Osteopathic Physician 🔹
Classification	Dermatology v
Specialization	- Choose Specialization 🔻
IDP Information	Send Hard Token Send to Enrollment Address Send to Home Address
	A Soft Token will be required to complete the IDP Process as requested Hard Tokens will not arrive prior to the expiration of the IDP invitation
Tokon Mailing Address	Stract Address (as DO, Day)
Token Malling Address	Street Address (no P.O. Box) Address Line 2
	City - Choose State Y 123456789





- Submit Enrollment
- Two e-mails will be sent to the enrolling provider:
- One containing the soft token and another to start the Identity Proofing (IDP) process.
- Once the provider enrollment has been submitted, activation must be completed within 30 days.

	Surescripts Details Service Levels	
Contact Technical Support \$+1 (855) 368-8326 (Enterprise) \$+1 (855) 463-8326 (Independent) \$+1 (855) 827-8326 (VAR) \$+1 (855) 827-8326 (VAR)	Speciality Type(s)	 ✓ NewRx □ Refill ✓ Controlled Substance
5am-5pm Pacific Time Monday through Friday		Physician (M.D.) Physician Assistant Nurse Practitioner
		Resident
	Provider Primary Specialty	
	Тур	e Behavioral Health & Social Service V
	Classificatio	0 Cilical Neuropsychologist V
	Enocializatio	
	Specializatio	
	Taxonomy Cod	e 10000000X
	IDP Information	
		Send Hard Token
	Enrollment Type	
		Provider is new to Surescripts and needs a NEW account
		Provider is currently enrolled in Surescripts and wants to use the account with BOTH eMDs and their original system (use this option if this provider is currently ePrescribing in Practice Choice)
	A	 Provider is currently enrolled in Surescripts and wants to use the account with ONLY eMDs (this option will migrate the Surescripts account)
	Submit Enrollment	





Identity Proofing (IDP)

The enrolling provider must complete the following steps to complete the Identity Proofing (IDP) process:

• When you receive the e-mail containing the soft token, install the soft token on a single device (computer or smartphone) other than the one used to access Patient Records. The soft token is a program that provides PIN numbers used for EPCS.



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Identity Proofing (IDP)

• When you receive the e-mail from DrFirst, click the link in step 1 in the e-mail.







Identity Proofing (IDP)

• The EPCSGold sign in screen appears with the NPI and Invite ID fields already populated.

	EPCS Gold
EPCS Gold To EPCS Gold To EPCS Gold To EPCS Gold provides a Simple, Secare, and CortRed solution for sending Controlled Bubstance prescriptions exchange of the Secare and CortRed solution for sending controlled Bubstance prescriptions exchange of the Secare and CortRed solution for sending controlled Bubstance prescriptions exchange of the Secare and CortRed Solution for sending controlled Bubstance prescriptions exchange of the Secare and CortRed Solution for sending controlled Bubstance prescriptions exchange of the Secare and CortRed Solution for sending controlled Bubstance prescriptions automatic and the Secare and CortRed Solution for sending controlled Bubstance prescriptions automatic and the Secare and Se	Sign in Net Passplerase OTP PR Sign in Forgot Passplerase Report Lost Token
	And an laste

Note: Take note of the URL of this website. You will need to log back into this website later in the process.





Identity Proofing (IDP)

- Click the Proceed button. The Agreement for Services screen appears.
- Read the Terms of Use and Conditions and click the I Agree button.

	EPCS Gold
Agreement for Services	Fields marked with * are mandatory
TERMS OF USE AND CONDITIONS	
"I agree to retain sole possession of the OTP token, and will not share the password or other knowledge factor,	with any other person.
"I agree to not allow any other person to use the OTP token or enter the knowledge factor or other identification	neans to sign prescriptions for controlled substances.
"I understand that failure to secure the OTP token, knowledge factor, or biometric information may provide a bar	is for revocation or suspension of registration.
"I understand that I have the same responsibilities when issuing prescriptions for controlled substances via el to dispense controlled substances only for a legitimate medical purpose.	ectionic means as when issuing a paper or oral prescription. I agree
By clicking this box, you agree	to the above terms of use 🗵 I Agree , I Decagree 🛌





• When the Stop screen appears - Ensure you have your token and personal credit card (MasterCard or Visa only) available, click Continue button.







- Complete the fields on this screen. The fields marked with a red asterisk (*) are required.
- The address that you enter must be your HOME ADDRESS not your practice address. This
 is only used for the IDP process and must match the billing address of the credit card
 provided.
- The Credit card must be a personal credit card, and cannot be a debit card or a business card. American express is not accepted. Only the first eight characters of the credit card number are required.

0	2	3	4	5	6	7	
NPI			Optional (Following 5 purpose)	Pields nins are optional but we strong	ply recommend you to fill this	for verification	
First Name*			Driver's Lio	ense State	Choose a Value	*	
Last Name*			Driver's Lio	ense Namber			
Email Address *			Secondary	Phoese			
Date of Einth (MMDD/YYYY)*							
DEA Number							
DEA State	Choose a Value	×					
Home Street Address*				/			
Home City*				If you ch	ooso to o	nter vour	drivor's
Home State *	Choose a Value	*		n you ch	uuse tu e	inter your	unver s
Home Zip*				license I	DrFirst ma	av require	you to ent
Home Phone *						ayrequire	you to chi
				vour clas	s at the e	and of the	number
Additional data required for id	lentity verification						
Social Security Number*			(To protect your privat digits of your credit ca	ry, only the first 0 rd are required. Ccs			
Credit Card Number*	xxxx-g	89	excluded include: Am debit cards, and card	erican Express, s with a debit			





- Second registration screen requires that you answer the three questions based on your financial history and click the Continue button.
- Answering one question incorrectly you may still pass the IDP.
- Answering more than one question incorrectly you must start the IDP process over.
- If you fail the IDP three times, your account will be locked and must wait 24 hours to attempt the IDP process again.

	AUTOMOTIVE FINANCE AUTOMOTIVE FINANCE AUTOMOTIVE FINANCE AUTOMOTIVE FINANCE NISSAN MOTOR ACCEPTANCE WELLS FARGO BANK NONE OF THE ABOVERDOES NOT APPLY	2	V011. Please select the deliar amount range in which January 2011. Please select the deliar amount range in which your monthly montgage payment talls. Refer only to the regular monthly payment which includes principal, inferent, and encrowe (escrow could include taxes and insurance if collected by lender). If you have not had a mortgage payment new or in the past, please select 'NONE OF THE ABOVEDOES NOT APPLY." 0 \$420 - \$619 0 \$620 - \$1019 0 \$1020 - \$1219 0 NONE OF THE ABOVEDOES NOT APPLY
3	According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to January 2011 from the following choices. *		
3	According to ear records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to January 2011 from the following choices.*		
3	According to ear records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to January 2011 from the following choices.* O JEEP CHEROKEE WAGONEER O SUZUKI GRAND VITARA.		
3	According to ear records, you currently own, or have owned within the party year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to January 2011 from the following choices.* O JEEP CHEROKEE WAGONEER O SUZURI GRAND VITARA. O HYUNDAI TUCSON		
3	According to ear records, you currently own, or have owned within the part year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to January 2011 from the following choices.* O JEEP CHEROKEE WADONEER O SUZURI GRAND VITARA. O HYUNDAI TUCSON O JEEP CHEROKEE		





• Third registration screen – confirms that you have successfully verified your identity.







- Fourth registration screen requires completing the fields in the screen to create passphrase and security question.
- The passphrase is used during the process of sending a controlled substance within the e-Prescribing application as well as your EPCS account in the future.
- The passphrase must contain both lowercase and uppercase alphabetic characters, a numeric digit, and a special character.
- Please be aware that eMDs cannot retrieve a lost or forgotten passphrase!

						EPCSGol
Jser Registration	(Fields mark	ed with " are mandatory
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tease create a security due through the Prescriber Dar lease enter a question that 'hoose Passphrase *	shboard. During this pro t is personal to you, and	ig answer to your account ocess, you will be asked yo I for which only you know th	in you were organ pour pour our security question and a se answer.	isphrase, you may reset isked to answer it.		
rease create a security que brough the Prescriber Dar lease enter a question that Choose Passplutase *	bloom and couring this per tis personal to you, and	ng answer no your account ocess, you will be anked yo I for which only you know th	in you errer orgen your par aur security question and a le answer.	ispinase, you may reset asked to anower it.		
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tease create a security que through the Prescriber Dan lease enter a question that (thoose Passplarase * Re-enter Passplarase * Security Question * Security Answer *	save and correspondent shoead. During this per t is personal to you, and	ng answer no your account teess, you will be acked yo f for which only you know th	in you even drawn your you par ur security question and a le answer.	ispinase, you may reset isked to answer it.		





Fifth Registration screen notifies you that the passphrase was created successfully







 Sixth registration screen requires completing the fields for Token Name, Serial Number and OTP PIN.

SEDCCO.	Field	Description
	Token Name	Enter a nickname for the token.
Register Tokens Fields marked with * are mandatory	Serial No	Enter the serial number from the back of the physical token (the serial number starts with AVT) or the Credential ID from the soft token.
Registered Tokens Token Name Serial No. Statua Add Token	OTP PIN	Enter the OTP PIN from the token. Obtain this number from the physical token by pressing the blue button on the token.
Token Name *		NOTE: On the physical token, the PIN resets and changes every 30 seconds, so if the PIN disappears before you enter it, simply push the blue button again for another PIN.





Sixth registration screen adds the registered token to account.







Once done adding tokens button, the seventh registration screen appears.

			0 er	EPCSG	Diffine, No.
User Registration			Fields marke	ed with * are mandatory	
0 0	0 0	6	0	0	
Include an IDP confirmation code for the identify verificate and enter your confirmation code. Once you have done the Experian ATS Anton Boulevard Costs Mess, CA 19926 www.experian.com (Incert Physician Name) (Incert Address) (Incert City, State, Zip) Transaction Number / REFERE	n session that you have just completed W s, the secure credential that you will establ	hen you receive this lefter, ful ish in the next step will becon	ow the instructions to log b te active.	ack on to this system	
	Copyright @ 2000 - 2011 Drf	First ^{ra} . Al Rights Reserved.			





IDP Confirmation Code

- If a cell phone number entered during IDP process provider will receive an IDP confirmation code via text message.
- If no cell phone is provider will receive the IDP Confirmation code in a letter from Experian delivered via USPS First Class Mail within seven days. Letter sent to the home address provided during the IDP process.
- Once you receive the text message or letter, log back into the EPCSGold website using the URL you noted on slide 16.
- You will need the OTP PIN from your token and the passphrase you created.
- Enter the IDP Confirmation Code you received via text message or in the letter from Experian.







EPCS Configuration and workflow changes





Practice Partner Configuration – to enable EPCS Provider

- Select Maintenance > Practices
- Select the practice with the provider is associated and click the Edit button.
- Open the General 2 tab>Providers Affiliated with Practice, select provider and click the Edit Prv button.

Practices Maintenance Select	D Practice Maintenance <edit>: 1</edit>	×	Practice Maintenance <edit>:1</edit>
Practice ID C Name Search	Code: 1 Name: PMSI	Status: Active	Code 1 Name PMSI Status Active 🗸
Practice ID Name	General 1 General 2 Records Address:	Scheduler Billing Other Data Work: () · Fax () · Email: Use Pay To Information on ECS Claims Work: () · Fax () · Fax () · Email:	General 1 General 2 Records Scheduler Billing Other Data Denographic Defaults Clip: Provider: • County: Account Type: • State: • Postal Code: • County: • Postal Code: • County: • Provider: • Provider: • Provide: • Provide: • Provide: • Provide: • Provide: • • • • • • •
Close New Edit Delete Print Help	OK Cancel	Help	OK Cancel Help





Practice Partner – Edit PRV button







*C***MDs**

Agenda

Practice Partner Set up

Clicking the EPCS LAC button will launch the Access Control screen from DrFirst

Organization: Practice_Partner_organization_name Administrator: PMSt (1) 9420 Key West Avenue Rockville MD 20852 •
First Name Last Name NPI Search Prescribers
Prescriber NPI DEANumber Last Charge EPCS Grant
Biss1, Wayne 9745235023 DC8943929 Fil Od 28 17 29 07 EI/ROLLED @ Adive Biss1, Wayne 9745235023 DC8943929 Fil Od 28 17 29 07 EI/ROLLED @ Adive
Authorizing Prescriber
Atternation of the second

- This screen lists only providers who have enrolled and completed the IDP and Experian, activated their tokens and entered the IDP reference IDs successfully.
- The providers with inactive grants are listed first.
- Search for or locate the provider in the list and select the ACTIVE option for the provider.
- Enter the validating providers NPI
- Select the OTP token from the Choose your device list field.
- Enter the passphrase and OTP PIN from the token.
- Click Authorize button.





Practice Partner – EPCS - Enabled

Practice Providers		
Provider: 10 Type Of Visit: Length Of Visit: SureScripts ID: 30397561140	 ▼ 01 	 Once the passphrase and OTP PIN have been entered into the Access Control screen and authorized, this Practice Provider screen appears with EPCS-Enabled check box selected.
EPCS LAC OK Cancel	Provider is EPCS-Enabled Help	



Agenda

Practice Partner Provider Maintenance – Credentials Tab

• If a prescription is written for Subtex, Suboxone, Zubsolv or their generic equivalents, the prescriber's Narcotics Addiction DEA Number (NADEAN), must appear on the prescription.

rovider Maintenance <edit:< th=""><th>>: WB</th><th></th><th></th><th>×</th></edit:<>	>: WB			×
Code: WB	itatus: Active	C Default Provider	Entity Type 2	
General	Records	Scheduler	Billing	
Other Data	General 2	Credentials [
- DEA (1)		DEA (2)		
DEA Number DEA	65423	DEA Number		
First Issued: 11/0	1/15 💌	First Issued MM/007	m.	
Last / Next Renewed: MM/	DD/YY - MM/00/YY -	Last / Next Renewed MM/00/	MM/DD/M	
Side (1)		State (7)		
State:		State:		
License Number		License Number:		
First Issued: MM/	DD/YY 👻	First Issued: MM/DD/	W 💌	
Last / Next Renewed: MM/	0D/11 V MM/0D/11 V	Last / Next Renewed MM/DD/	YY V MM/DD/YY V	
L		Л		
Credential Notes		LIPIN		in Provider
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	~1	MADEAN- 200001211	Maintena	nce
<u>e</u>		I HARD THAT I WANT COST OF		
OK Cancel			Heb	





Practice Partner – warning received if a prescriber does not have a NEDEAN and attempts to prescribe those medications electronically.

Task Reports Window Help	Prescription: Test, Test <new></new>
Tent Close Sched Patient Acct Chik In Timing Mag Review Let	Rix Template Code: Lookup
Test, Test	Date: 02/08/17 Not a medication NDC: 12496120401
ances: Allergies Reviewed: mm/dd/yyyy Today View Deleted	Rx SUBOXONE Size: 4-1MG
	Take/Form:
Fective Historical Rg Fill History Eligibility	Boute: Sublingual ▼ PBN Duration: 7 ▼ Disp Amount: 7 Disp Unit: Film ▼ Refile: ▼ DEA Class: 3
Date Name Size	Earliest Fill Date: 02/08/17
02/08/17 XYREM Practice Partner	rov, WB WAYNE W. BEST 🗖 Outside
02/08/17 ALFENTA 02/08/17 ALFENTA 02/05/17 AMYTAL SODIUM The NADEA the provide	N could not be found for provider id WB. Please set Ind 2 Lookup Unt: 163 of 210 Ind 2 In
	Details Alternatives
W Renew Al Discont Allergy Detail Un No Meds	Patient Directions: 1 Film daily, Sublingual, FOR 7 days Use Extended Sig field for additional patient directions for the prescription label Extended Sig Total Chars Directions+Sig: Coder Coder Create Sig Template
Home: (253)279-2091 Last Appl: N/A Work: Acct Type: INS Cel: ct Plan 1: 8CBS Acct Plan 3: ct Plan 2: Acct Plan 4:	Use Extended Sig Only Imit Refills Imit Refills Imit Refills Imit Refills New Rx Template Use Extended Sig Only Imit Refills Imit Refills Imit Refills Imit Refills Imit Refills Use Extended Sig Only Imit Refills Imit Refills Imit Refills Imit Refills Imit Refills Use Patient Instructions Imit Depate Progress Note Imit One Imit Refills Imit Refills Wholesale: \$8.86 per unit. Totat \$62.02 Generic: (no price) per unit. Totat (no price)
Refresh Exit Care Print Cl. Sum.	OK Cancel Alternative Dose Advisor Help



Agenda

Practice Partner Operator Set up

- Edit the operator (enrolled Provider)
- General tab, select the This operator is the above provider check box.
- This box may be checked already due to MU reporting.

🕗 Operator Maintenance <edit< th=""><th>></th><th></th><th></th><th>×</th></edit<>	>			×
General	Practice-Ac	cess Levels	Patie	nt Records
ID Code: Name (Last, First MI): Password: Sign-on Practice: Default Demographic Guide: Email: Direct:	ABC Cobb, Able B Password The Academy Wellness Cent STANDARD Able.Cobb@myemail.com	Ledger Re Operator T Status: Sign-on Pr Access Le	eport ID: 1 ittle: M.D. Active ovider: ABC ✓ This abo	Operator IS the ve Provider
Telephone Code:		Print Grou	P: STANE	DARD -
Temporary New Password: Notes:	Reset Password			*
Cancel				<u>H</u> elp



*e***MDs**

Agenda

Practice Partner – Pharmacy select window

• New field Electronically Prescribe Controlled Substance

Pharmacy N	ame 🗾	(word	C starts with	1	'	Neighborhood			
Street Addres	s 🖲 word 🤇 sta	rts with				NCPDP ID			
City			Phone	() •		NPI			
51414 I	7.			() .	Filter Results-		<u>.</u>		
state	- 21p		r ax	let .	Long Tem	n Care (L)	C Specialty	(S)	24-Hour (24)
Туре					🔲 Include In	active [In]	Include L	Jser-Added (U)	
CAL	C Mail Order Pharn	nacies (M)	C Retail P	harmacies (R)					
	ically Prescribe Contr	olled Substar	celEl					Clear	Search
D	Name	Nickname	Tupe	Address	Phone Number	Fax Number	NCPDP ID	NPI	Neighborhood
552132316	#014 Hunt Valey M	THEFTIGHTE	BE	122 SHAWAN RD, HUNT VALL	EY. N(585)239-2059	(585)239-2044	2132316	1558393967	Treditionitood
554838388	#016 Fairlax VA Te		RE	11620 MONUMENT DR, Fairfax	VA 1(585)239-2059	(585)239-2044	4838388	1780667980	
SS2243640	#058 Northboroug		RE	9102 SHOPS WAY, NORTHBO	ROU((585)239-2059	(585)239-2044	2243640	1396029815	
\$\$3980667	#094 Nazareth PA		BE	3791 EASTON-NAZABETH HW	Y. N. (585)239-2059	(585)239-2044	3980667	1679542203	
553142596	#095 Bridgewater		RE	724 ROUTE 202 SOUTH, Bridge	ewate (585)239-2059	15851239-2044	3142596	1376512913	
\$\$3365310	#275 WEGMANS		RE	155 CORPORATE WOODS, Su	ite 20 (585)239-2050	(585)239-2044	3365310	1811971906	
\$\$3460134	#472 DAVIS LAKE		RE	8445 DAVIS LAKE PKWY, CHA	RLOT (704)597-7243	(732)676-9164	3460134	1578826962	
SS2596787	.105 Test Pharmac		RE	9999 MYLENGTHYNAME RD.	wichit (316)262-2231	(316)262-5115	2596787		
\$\$0000021	00021		R.E	1117 10TH ST, WASHINGTON	TX 7 (401)770-7046	(401)770-2153	0000021	1104923507	
\$\$1097004	0004		B	8780 SE 165TH MULBERRY LA	NE, (352)751-0304	(352)751-0305	1097004	1790726297	
557777769	00069		R,E	8332 W THUNDERBIRD RD, IF	IVINC (401)770-7046	(401)770-2153	7777769	1104923507	
SS1066186	0010		B	8341 FLAGLER STREET, Miam	, FL 3 (305)266-2057	(305)267-6194	1066186	1629018064	
SS7777016	00102		B	1604 E 17TH AVE, DENVER, D	0 802 (401)770-7046	(401)770-2153	7777016		
\$\$5550156	00156 - CVS STAT		B	10 EAST AVE, LEWISTON, ME	0424 (401)770-7046	[401]770-2153	5550156		
\$\$3333317	00180		R,E	180 cvs drive, Palestine, TX 027	80 (401)444-7777	(401)216-3319	3333317	1104923507	
SS0000181	00181		R,E	4 Plaistow Road, Plaistow, NH 0	3865 (603)382-5885	(603)382-3147	0000181	1104923507	
the state of the s									





Practice Partner – Pharmacy

- Controlled substances must be sent to eligible pharmacy.
- If sending mixed prescriptions necessary to send all to a pharmacy that can except controlled substances.

Letter Note	escription: Test, Test <new></new>
d t	Rx Template Code:
	Date: 02/08/17 Image: Not a medication NDC: 17478006702 Rx: ALFENTA Size: 500MCG/ML
Te	Take/Form: 1mL Injectable Frequency: daily Route: Injection Image: PRN Duration: 7 Disp Amount: 7 Disp Unit: Milliter Refils: Image: DEA Class: 2
ML 1m NIT 4m VML 1m	Print: Transmit immediately Prov: WB WAYNE W. BEST Cutside
di <u>A</u> otio	Partner Pharmacy is invalid – The selected pharmacy cannot accept controlled substance prescriptions electronically. Please select another pharmacy. OK Details Atternatives
Add notes:	Patient Directions: 1mL Injectable daily, Injection, FOR 7 days Use Extended Sig field for additional patient directions for the prescription label Extended Sig: Total Chars Directions+Sig Code Lookup Code Lookup
	□ Use Extended Sig □ Limit Refils □ Drug Interaction Check □ New Rx Template □ Use Extended Sig Only □ Substitution OK □ Allergy Check □ Update Rx Tmpl □ Use Patient Instructions □ Update Progress Note □ 0 IC
	Wholesale: \$4.51 per unit. Totat \$31.57 Generic: \$2.54 per unit. Totat \$17.78 Actual Totat



Practice Partner – Writing prescription for GHB

- If a prescription is written for Xylem (aka, gamma-Hydroxybutyric acid: GHB) the prescriber must indicate on the prescription the medical need of the client for the prescription.
- This new field has been added to the perception window, and will be necessary to document the reason the Medication is being written.

Prescription: Test, Test <new></new>						
Rx Template Code:	e C by Indication(s)					
Date: 02/08/17 Not a medication Rx: XYREM Take/Form: 1mL Im Solution Route: Oral Im PRN Disp Amount: 7 Disp Unit: Earliest Fill Date: 02/08/17	NDC: 68727010001 Size: 500MG/ML Frequency: doly ¥ Duration: 7 ¥ Refile: ¥ DEA Class: 3					
Print: Transmittionrediately Prov. WB WAN Indication 1: Ind 1 2: Ind 2 Pharmacy: WEGMANS CORPORATE TESTING Lookup Notes to pharmacy staff only. Character Count: 163 of 210 Do not enter clinical information related to this prescription such as I Electronic Prescriptions. The medication selected contains gamma-Hydroxybutyric acid. Please provide a reason for prescripting below. GHB Reason?	VNE W. BES1 C Outside Formulary: Plan: No formulary information available for this patient Dotails Alternatives					
Patient Directions: 1mL Solution daily, Oral, FOR 7 days Use Extended Sig field for additional patient directions for the prescription label Extended Sig: Total Chars Directions+Sig: Code: Create Sig Template						
Use Extended Sig Imit Refile Imit Refile Imit Refile Use Extended Sig Only Imit Refile Imit Refile Imit Refile Use Extended Sig Only Imit Refile Imit Refile Imit Refile Use Extended Sig Only Imit Refile Imit Refile Imit Refile Use Extended Sig Only Imit Refile Imit Refile Imit Refile Use Patient Instructions Imit Refile Imit Refile Imit Refile Wholesale: \$24.75 per unit. Total: \$173.25 Generic: (no private Actual Total: Imit Refile Imit Refile Imit Refile	araction Check IN New Rx Template heck IN Update Bx Tmpl IN 0IC ice) per unit. Totat (no price)					
DK Cancel Alternative Dose Advisor	Help					



Agenda

Practice Partner-Controlled Substances

• When prescribing a DEA schedule II drug, no refills are allowed. The Refills drop-down list will contain only 0 and you cannot manually enter any other value.

10: 1 DOB: 05/28/1981	Prescription: Test - New>
Rix / Medications: Test, Test Allergies or Intolerances: Allergies Review	Rix Template Code C by Indication(s)
Current ywriteoraw Historikaj NDC Status Date Nam I Y Venified 02/05/17 AM/YT	Dete: 02/08/17 Not a medication NDC: 17478005/02 Ro: AL/ENTA
/A Doore New Benew Al Disc	Print: Print locally immediately Phov: WB WAYNE W. BEST Indication 1: Ind 1 2. Ind 2 Pharmacy: IVEGMANS CORPORATE TESTING Lookup Plant Notes to pharmacy staff only. Character Count: 163 of 210 Notes to pharmacy staff only. Plant Do not enter clinical information related to this prescription such as SIG, Effective Date, Drug Name, Strength, or Quantity when sending V Plant Notes to pharmacy and the sending V Details All
5um. C A	Patient Directions: 1mL Injectable daily, Injection, FOR 7 days Use Extended Sig field for additional patient directions for the prescri Extended Sig: Total Chars Directions •Sig Code: Create Sig Template
	Use Extended Sig IP Limit Refile IP Drug Interruption Check Neg Rx Template Use Extended Sig Only IP Substitution OK IP Allerge Check Update Rx Template Use Extended Sig Only IP Substitution OK IP Allerge Check Update Rx Template Use Extended Sig Only IP Substitution OK IP Allerge Check IP Update Rx Template Use Extended Sig Only IP Substitution OK IP Allerge Check IP Update Rx Template Wholesale \$4.51 per unit. Totat \$31.57 Generic: \$2.54 per unit. Totat \$17.78
	Actual Total OK Cancel Alternatige Dose Advisor Heb



Agenda

Practice Partner-Controlled Substances

- When prescribing a DEA schedule III, IV, or V drug, only 0-5 refills are allowed.
- The Refills drop-down list will contain options of 0,1,2,3,4, and 5 and you cannot manually enter any other value.

Prescription: Test, Test <new></new>	
Rix Template Code: Lookup @ by Templ	ate Code 🦳 by Indication(s)
Date: 02/08/17 Not a medication Rx LOMOTIL Take/Form: ImL I Tablet Route: Ocal I Fiber Disp Amount: 7 Disp Unit: Tablet Earliest Fill Date: 02/08/17	NDC: 00025006131 Size: 2.5.0.025MG Frequency: daily FIN Duration: 7 DEA Class: 5 0 1
Indication 1: Ind 1 2: Pharmacy: WEGMANS CORPORATE TESTING Lookup Notes to pharmacy staff only. Character Court: 163 Do not enter clinical information related to this prescription such as SIG. Effective Date, Drug Name, Strength, or Quantity when send Electronic Prescriptions.	Ind 2 Formulary: 3 Plan: 4 of 210 reg v Details: (A)
Patient Directions: 1mL Tablet daily, Oral, FOR 7 of Use Extended Sig field for additional patient direct Extended Sig: Total Chars Directions+Sig: Con	lays tions for the prescri se: Lookup Create Sig Template
Use Extended Sig Link Refile F	Drug Interaction Check F New Rix Template Nergy Check F Update Rix Tmpl OIC
Wholesale: \$2.53 per unit. Total: \$17.71 Generic Actual Total: 0K Cancel Alternative Dose Advisor	ic: \$0.87 per unit. Total:\$6.03



Agenda

Practice Partner – Earliest Fill Date

• Enter the earliest date on which a pharmacy may fill the prescription. The default value for this \field is the current date. Required for DEA schedule II drugs.

Description Test Test diamo	
Template Code: Lookup @ by Template Code C by Indication	(c)
Data 02/08/17 Not a medication NDC Rx LOMOTIL Size: Size: Take/Fam: ImL Tablet Frequency: Route: Oral Tablet Frequency: Print: Print locally immediately Prov/WB WAYNE W. BEST Indication 1: Ind 12: Ind 2 Frequency: Pharmacy: FWEGMANS CORPORATE TESTING Lookup Frequency: Notes to pharmacy staff only. Character Count: 163 of 210 No No Do not enter clinical information related to this prescription such as SIG, Effective Date, Dug Name, Stieright, of Quantity when sending to the prescription such as Tablet Indiate the prescription such as Tablet SIG, Effective: Prescriptions: ImL Tablet daily, Oral, FOR 7 days Indiate the prescription such as Tablet Use Extended Sig field for additional patient directions f	00025006131 250.025MG dely 7 7 0 1 2 3 4 5 y information t this patient this patient
Image: Strended Sig Image: Strended Sig Image: Strended Sig Image: Use Extended Sig Only Image: Substitution OK Image: Allergy Check Image: Use Patient Instructions Image: Update Progress Note Image: Allergy Check Wholesale: \$2.53 per unit. Total: \$17.71 Generic: \$0.87 per unit. Actual Total Image: Only Image: Allergy Check Image: Only Image:	 Check Box area: (Limit Refills) Select this check box to display a warning message when approving a refill of the prescription. When you prescribe a DEA schedule II, III, IV, or V drug, the system selects this check box automatically. The check box also becomes unavailable so you cannot clear it.





Practice Partner – Sending controlled substance requirements for non prescriber versus a prescriber. Non prescribers do not have the option to Transmit. Controlled substance prescriptions can not be faxed.

Next Appointment: N/A ID: 1 DOB: 05/28/1981	Pescription: Test, Test <new></new>
Allergies or Intolerances: Allergies Revies Current Interestive Historical NDC Status Date Nam Y Verified 02/05/17 AMYT	Date: 02/08/17 Not a medication NDC: 17478006782 Rx: ALFENTA Size: 500MCG/ML Take/Form: Tell Imjectable Frequency: daly Route: Imjection Imjectable Frequency: daly Disp Amount: 7 Disp Unit: Milline: Imjectable Imjectable
NAA Cloce New Penese RevewAl Ditto	Print Prov/JSH Joshua S. Hituner Outside Indication 1: Pharmacy: Print locally immediately Pharmacy: Indi2 Pharmacy: Indi2 Pharmacy: Formulasy: Pharmacy: Print remotely immediately Pharmacy: Print locally and emotely as a group Phirt remotely and semicify as a group Phirt remotely and semicify as a group Stanple given Do not print Electronic P. No formulary information available for this patient Via printed Via printed Details Atemptives
Sum.	Patient Die Use Extended Sig Was tensmitted Use Extended Sig Was fassed Image: Sign State State Sign State State State State Sign State State State State Sign State S
	Wholesale: \$4.51 per unit. Total: \$31.57 Generic: \$2.54 per unit. Total: \$17.78 Actual Total:



Agenda

Practice Partner – Sending controlled substance requirements for non prescriber versus a prescriber. Non prescribers may enter the prescriptions in the system, however the following message will open up and the medication will stay in the Current Medication list pending until the enrolled prescriber signs off in DrFirst.

wed: mm/dd/yyyy Today Vi	ew Deleted	_	Rx Template I	Code:	Lookup	 by <u>Template Code</u> 	C by Indicatio	n(s)	
	115	+	Date:	02/08/17	□ Not a medication	'n	NDC:	006410476	21
Ry Fill History Eligibi	ity		Rx:	PHENOBA	RBITAL SODIUM		Size:	65MG/ML	
ne	Size	i	Take/Form	1mL	Solution	- 00N	Frequency.	daily	
CODONE HCL EM	5MG 500MG/ML	Practice	Partner	T fair shire		×	Refils:	17	DEA Class: 4
RIONIC GONADOTROPIN	10000UNIT 500MCG/ML	0	The prescriptic as a controlled	n you are gene I substance. Or	Witing is for a medication ly an EPCS enabled pro	an designated			
TAL SODIUM	500MG		allowed to tran prescription wi until the presc	ismit controlled I remain in Pen Iber initiates th	substance prescription ding status as a current le EPCS protocol.	s. This the state of the state	Formulary: Plarx	T <u>O</u> utside	
						ОК	A a	lo formulary in wailable for th	formation is patient
	1		Silb, Effective Electronic Pre	EDate: Diugina ecciptione	me, Strength, or Wuant	ry when senang v			



Agenda

Practice Partner – Sending controlled substance requirements for non prescriber versus a prescriber. Prescribers only, have the option to Transmit. Controlled substance prescriptions can not be faxed.

Rix / Medications: Test, Test Mergies or Intolerances: Aleigies Review	Rx Template Code: for by Template Co	de C by Indication(s)
Current justicolive Historicaj NDC Status Date Norm I Y Venified 02/05/17 (AMVT	Delet: 02/08/17 Mot a medication Rx LOMOTIL Take/Form: TmL Tablet Route: Disd Tablet Disp Amount: 7 Disp Unit: Tablet	NDC: 00025006131 Size: 2.50.025MG V Frequency: daily V Duation: 7 V V Refile: 5 V DEA Class: 5
A Benew Renew Al Disc	Print: Print locally immediately Print WB W Indication 1: Phint locally immediately Ind 2: Ind 2: Phint locally immediately Ind 2: Ind 2: Ind 2: Phint locally immediately Ind 2: Ind 2: Ind 2: Phint locally are a group Transmit are a group Sample given Ind 2: Do not enter Transmit are a group Sample given Ind 2: Do not enter Print remotely at a group Ind 2: Ind 2: Do not enter Print remotely at a group Ind 2: Ind 2: Do not enter Print remotely at a group Ind 2: Ind 2: Do not enter Print remotely at a group Ind 2: Ind 2:	WYNE W. BEST Dutside
	Patient Di Use Extended Sig Extended Sig Was faxed Was faxed Was faxed Was faxed	for the prescription label Lookup Create Sig Template
	T Use Extended arg only P aloge P Along P	teragtion Check □ New Rx Template Check □ Upsive Bx Templ





Practice Partner – when sending the script the eligible pharmacy must be chosen as it verifies the DEA number through DrFirst (happens on all scripts).

 Pharmacy Type Add 	ess	Phone	Send Type	hon(s)
OK Cancel Pharmacies	Indication 1: Pharmacy: WEGMANS COB Notes to pharmacy staff only Do not enter clinical information SIG, Effective Date, Drug Name Electronic Prescriptions.	Ind 2 2 FORATE TESTING Lookup Character Count 163 (related to this prescription such as , Strength, or Quantily when sended	rd 2) Play 210 A Details	17478006702 500MCG./ML ۶ Galy 7 0 ■ DEA Class: 2 ■ Queside
	Patient Directions: 1mL I Use Extended Sig field fo Extended Sig: Total Cha	njectable daily, Injection, or additional patient direct as Directions+Sig Cod	FOR 7 days tions for the pres c Create Sig T	emplate
<u> </u>	Patient Directions: 1mL I Use Extended Sig field for Extended Sig: Total Chi Use Extended Sig Use Extended Sig Use Extended Sig Only Use Extended Sig Only Use Extended Sig	rijectable daily, Injection, as Directions-Sig	FOR 7 days ions for the pres c Create Sig 1 hug Interaction Check desgr Check	emplate Lookup emplate Lookup Lookup Lookup Lookup Lookup Updava <u>B</u> x Template Updava <u>B</u> x Template Updava <u>B</u> x Template



*e***MDs**

Agenda

Practice Partner – sending the script

- Click OK in the prescription window (as always) DRFirst window will open enter the passphrase and OTP code sign and send.
- Transmit as a group necessary to transmit non controlled transmits as traditional
- DrFirst window will open and can transmit group up to 5 controlled substances at a time
- Must choose a EPCS qualified pharmacy to send the entire batch.

		EPCS Signi	ng - https://ui.staging.epcsdrfirst.com	/UILaunchSig	ning		- 		
Next App 10: 1 1008: 05/2	Prescription: Test, Test <new> Rx Tenplate Code: Lookup @ b</new>	4	DrFirst					🚺 EP	CS Gold
Allergies or Intolerances	Dete: 02/08/17 「Not a medication Rx ALFENTA Take/Form Time Injectable	Contro	olled Substance Prescrip	tion Sign	ing Sci	reen		9 EP	Exit CS Signing Protocol Help
Current jettecke	Disp Amount: 7 Disp Unit: Male Earlest Fill Date: 02/08/17 Print: Male Print: <	Patie Test Gent Birth	ent: 12 Test T: for: Male date: 05/28/1981	234 Test Ln acoma, WA, 98	405	Pret WA1 PMS DEA NPI:	ICTRDEF: INE BEST I-QA2 # DC4855423 5604581277	2401 4th Ave, Suit Seatte, WA, 9612 Phone: (253)454-	e 600 1 1515
	Pharmacy: I/WEDMANS CORPORATE TESTING	Pendir	G Controlled Substance Pre Medication Prescribed ALFENTA 500MCGML Injectable	Quantity 7	Refills 0	Note to Pharmacist	Pharmacy #275 WEGMANS CORF	PORATE TESTING	Order #, Date
Last Appt: N/A Acet Type: INS ct Plan 3:	Patient Directions: 1mL Injectable daily, Inje Use Extended Sig field for additional patient Extended Sig Total Char Directions-Sig	By com	Sig: tmL injectable daily injection FOR 7 days	protocol at this	time, you	are legally signing t	155 CORPORATE WOO ROCHESTER, NY, 1463 NCPDP ID :3355310	30S, Suite 200, 23 and authorizing the transm	Written 02/08/2017 Effective 02/08/2017
Print CL Sum.	Use Extended Sig Use Extended Sig Use Extended Sig Only Use Potentiation OK Use Potentiation of Use Potentiation of Use Potentiation Use State Concerning State OK Cancel Alternative. Dose Achieve	Choose (\/ST2)	adon to the plan macy for dispensing. I appears above.	Ente	er your sig	ning passphrase	Completed by the p Ente Ente	er the pin from your OTP toke	in of Send Exit
				C	pyright © 3	2000 - 2017 DrFirst*	*. All Rights Reserved.		





Practice Partner – sending controlled substance

- Status will then update in the Medication window per communication with Drfirst.
- When a controlled substance prescription is signed to DrFirst, the print option automatically will be set to "Was Transmitted" so that the prescription cannot be edited or resent. If "Received" is the only message received from DrFirst within five minutes or if the only message received from DrFirst within five minutes or if DrFirst sends a "cancelled" Message, then the prescription automatically will be switched back to "Transmit as a group."

2	R×	/ Med	ications: Tes	t, Test						
\$	ller	rgies o	r Intolerance	as: Allergies	Reviewed mrv/c	dd/yyyyi Today	View Deleted	Not	Performed	Al Rec.
1					-					
	С	urrent	Ineffectiv	e Histo	nical RgFill	History El	gbilty	No	t Performed	Med Rep.
		NDC	Status	Date	Name		Size	Take	Form	
	I	Y	Verified	02/08/17	ALFENTA		SOOMCOML	. 1mL	Injectable	
	!	Y	Verified	02/05/17	AMYTAL SODIU	JM	500MG	4mL	For Solution	
							_			
									_	
	M	1	-							<u> </u>
-			L			1	La unu al		1	
0	ose	New	Renew	Renew All	Discont All	ergy <u>D</u> etail	On No Meds	Action 1	ther ±	





Practice Partner-when error occurs communicating with DrFirst

- **Retry:** This button **displays only for EPCS-enabled providers** when an error occurs with communicating with DrFirst to check the DEA class for a prescribed medication. This DEA class check occurs for all mediations being transmitted even if the medications are not controlled substances.
- You cannot electronically transmit the new medication(s) until the **RETRY** button no longer displays.
- If the communication issue between Patient Records and DrFirst is not resolved after clicking the Retry button once, change the print option to something other than a transmit option.
- Print: When a controlled substance prescription is **signed in DrFirst**, the **print** option automatically will be set to "Was Transmitted" so that the prescription cannot be edited or resent.
- If "Received" is the only message received from DrFirst within five minutes or if DrFirst sends a "cancelled message", then the prescription automatically will be switched back to "Transmit as a group".
- You cannot print, fax, or electronically transmit controlled substance prescriptions that already are in a printed, faxed, or transmitted state. To print the controlled substance prescription, a new medication must be prescribed.







Practice Partner Workflow - Medication (Action) button:

- Edit: You cannot edit prescriptions for controlled substance medications after they are printed or transmitted electronically.
- If you select the Edit option for a controlled substance prescription that has been printed or transmitted electronically, the following message displays:

You are unable to edit a controlled substance medication that has been printed or sent electronically.

Curre	nt įneffecti	ve Histor	iloaj Ry Fill History	Elgihi	ty	Not F	Performed Med Br	85.	Active
ND	C Status	Date	Name		Size	Take	Form		
Y	Queued	02/08/17	XYREM		500MG/ML	1mL	Solution	-	
Y	Verified	02/08/17	CHORIONIC GONADO	TROPIN	10000UNIT	4mL	For Solution		
Y	Verified	02/08/17	ALFENTA	0	500MCG/ML	1mL	Injectable		
Y	Verified	02/05/17	AMYTAL SODIUM		500MG	4mL	For Solution		
-						Practice Par	the prescription you are trying to lesignal as Schedule 2 by the U idministration, and cannot printed ransmitted electronically, printed resoription and sign it.	print i J.S. D d as it or fax	s for a medication rug Enforcement has already been red. Please create a new
ži R	w Renew	Renew Al	Discont Allergy	Detai	On No Meds				ОК





Practice Partner Workflow changes

Responding to Refill Requests:

- If you are not set up for EPCS but attempt to electronically send a prescription for a controlled substance, you will receive a warning message.
- However, you can reply to the request by printing its approval instead (for controlled substances with a schedule level of 3, 4, or 5).
- To do this, click the Approve or Change button. The Prescription screen appears, updated with the information from the refill request. The print option, Print locally immediately will be reflected in the Print field, and the Note to Pharmacist field will reflect the electronic prescription reference number followed by the note, "This is in response to an electronic refill renewal request for a controlled substance."
- If you selected to change the prescription, edit the medication, if desired. A message saying that the requested prescription has been denied and that a new prescription will follow is sent back to the pharmacy.
- The Reply screen's Approval or Denial explanation note field and DEA fields (in the Medication Dispensed and Medication Prescribed boxes) will indicate when a refill request is for a controlled substance.





• DrFirst EPCS Gold Prescriber Dashboard

Sector Or First	EPCS Gold
EPCS Gold ™ EPCS Gold, provides a <i>Simple, Secure, and Certified</i> solution for sending Controlled Substance prescriptions electronically. EPCS Gold is a <i>Certified</i> solution, and has passed stringent auditing requirements set by the DE. <i>Simple</i> solution that fits with your current e-prescribing workflow, and a <i>Secure</i> solution which uses Two-Factor Authentication Protocol (TFAP) throughout the product to ensure a high level of trust and security for you as a pro- flyou are not yet enrolled for EPCS Gold, please make sure you have your <i>Invitation ID</i> and <i>two factor authention</i> token in hand as you start the Identity Proofing process. Your Invitation ID can be found in the email invitation that sent to your email address. If you are already enrolled, please use your NPI number, the number that is currently showing on your One-time password token, and the password you setup during the identity-proofing process or the unique identifier for your biometric device to log-in to manage your tokens, and add a new token for prescribin For more information on EPCS Gold, the Identity-Proofing process, and how to manage your tokens, please click inks below for short training videos. If you have any further questions, please contact us at support@drfirst.com se6-263-6512. Training videos	Sign in Token [\VSTZ69928889)(SAWSUNG EDG♥] A It is a OTP ider. Image: Show Clear Text ation Submit twas Report Lost Token enter
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• DrFirst EPCS Gold Prescriber Dashboard - reporting

OrFirst EPCS Gold Prescriber Depthemed								EPCSGold
Home	Profile	Tokens	Report	s C	contact Us			Logout
Name: Wayne B Prescriptic Organization: Patient Name: Date: Status: Drug scheduk	Josh106_lab Josh106_lab First Name Start Date All C: Schedule	NPI: 56	17 npleted edule II only	Last Nar End Date O Und O Sch	ne 02/08/2017 deliverable sedule III-V Display Report		LAGBer	xort Audit Alert Report
Show 25 💌 e Patient Name	Patient BirthDate	Drug Name + Strength + Form	Qty	Refills	Pharmacy	Order #	Date Sent	Status
Test, Test	05/28/1981	ALFENTA 500MCG/ML Injectable schedulell	7	0	#275 WEGMANS CORPORATE TESTING 155 CORPORATE WOODS ROCHESTER NY 14623 (585)239-2050 NCPDP ID: 3365310	42007	01/10/2017 Effective Date: 20170110	RXRECEIVED
Test, Test	05/28/1981	ALFENTA 500MCG/ML Injectable	7	0	#275 WEGMANS CORPORATE TESTING 155 CORPORATE WOODS ROCHESTER NY	42007	01/10/2017 Effective Date: 20170110	RXSIGNED





Practice Partner- Controlled substance auditing

- Rx audit records are crated automatically when you perform the following actions for all controlled substances.
- Creating a new prescription
- Signing a prescription
- Editing a prescription that has not yet been sent (printed or transmitted)
- Viewing a prescription
- Approving a refill request





Practice Partner- Controlled substance auditing

• New tab EPCS Audit Report

Prescribing Configu	iration Utility					
saging Configuration	Pharmacy Download	Formulary Download	Interface Configuration	Statur	EPCS Audit Report	
					R	
Generate EPCS A	udit Report					
1-00-00 AM	_]					
1.00.00 AM	•					
Save Config	Close					





Practice Partner- Controlled substance auditing

• Audit report will be sent to the inbox of the Administrator Operator in the RX Hub

less	aging Configuration Pha	armacy Download Formulary Do	winload Interface Configuration Status EPCS Audit Report	
Adı	ninistrative Operator.	BEST : Best, Wayne	_	
Pro	vider/Operator Cross	Reference:		
		Provider	Operator	
1	IND : Jones		TEST : Operator, Test	Ψ.
2	JSH : Hiltunen		PMSI : PMSI	-
3	TP : Provider		THIRD : Provider, Third	-
٨	WB : BEST		BEST : Best, Wayne	-





Practice Partner- Controlled substance auditing

🕗 View Me	ssage	
From: Ta: Ca:	BEST BEST	Date/Time Created: 02/08/2017 11:04 AM Date Activated: 02/08/2017
On Behalf:		
Patient	Туре:	Priority: 9
Subject:	EPCS Audit Report	Tel # Allergies
Arial		目 ∉ ∉ 100% ▼
Please : logical a	see the attached report that contains the audit even access.	ts for logins and EPCS prescriptions /
R		
JEPUSAudi	RHeporthimi	Attachments (1)
Close	Reply Reply to All Forward Delete Open	Chart Regord Print





Practice Partner- Controlled substance auditing – Login Audits

ogin Audits f	from 1849-	-12-31T00:00:00 to 2017-	02-08T11:04:00			
perator: BEST	Practice: 1	Date: 2017-02-08T10:54:57	Event: LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T10:53:06	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: BEST	Practice: 1	Date: 2017-02-08T10:30:26	Event LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T10:28:59	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: BEST	Practice: 1	Date: 2017-02-08T10:10:40	Event LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T10:08:01	Event LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: BEST	Practice: 1	Date: 2017-02-08T10:07:26	Event LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T10:06:07	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: BEST	Practice: 1	Date: 2017-02-08T09:38:29	Event LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T09:29:30	Event LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T09:17:37	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: BEST	Practice: 1	Date: 2017-02-08T07:48:53	Event: LOGON_SUCCESS	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2017-02-08T07:44:12	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2016-11-16T13:30:55	Event: LOGOFF_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice:	Date: 2016-11-16T13:30:29	Event: NEW_PASSWORD	Info: BEST	Workstation: BPS-052	Workstation Login: eae0vac
perator: PMSI	Practice: 1	Date: 2016-11-16T13:29:51	Event: LOGON_SUCCESS	Info: PMSI	Workstation: BPS-052	Workstation Login: eae0vac



Agenda

Practice Partner- Logical and Prescription Audits

Pilopa	art/Files/LEVA001/LEV8001/LEVC001/LEVD001/LEVEr 🔎	• +7 @P:	\ppart\Files\LEVA00	I\LEVB ×						0 1
httpspharmacy	.practicepa 🕘 httpseligibility.practicepart 🧧	httpsrxtx.practi	cepartner 🚺 S	uggested Sites						
ogical Acc	ess Status Audits from 184	49-12-31	Г00:00:00	to 2017-02-	08T11:04:00					
Operator: PMSI	Date/Time: 2017-02-08T10:06:45- 0800	Provider NPI: NPI:5604581277/ENROLLED		DEA Number: Practice ID DC4855423 1		Event: Grant	Status: ACTIVE	Application: PR		
Operator: PMSI	Date/Time: 2017-02-08T10:07:14	4-0800 Provider NPI: LAC		I: LAC DIALOG	DEA Number:	Prac	tice ID: 1	Event: Viewl	Status: LAC	Application: PR
Operator: Unknown	Date/Time: 2017-02- 08T10:07:14-0800	Provider NPI: NPI:5604581277/ENROLLED		DEA Number: DC4855423		Practice ID: 1	Event: Grant	Status: INACTIVE	Application: PR	
Operator: PMSI	Date/Time: 2017-02-08T10:07:15- 0800		Provider NPI: NPI:5604581277/ENROLLED		DEA Number: Pra DC4855423 1		Practice ID: 1	Event: Grant	Status: INACTIVE	Application: PR
Operator: PMSI	Date/Time: 2017-02-08T10:08:29- 0800	Provider NI NPI:560458	PI: 81277/ENROLLED		DEA Number: Practice DC4855423 1		Practice ID: 1	Event: Grant	Status: INACTIVE	Application: PR
Operator: PMSI	Date/Time: 2017-02-08T10:08:56-0800		Provider NP	I: LAC DIALOG	DEA Number:	Prac	tice ID: 1	Event: Viewl	Status: LAC	Application: PR
Operator: PMSI	Date/Time: 2017-02-08T10:08:56- 0800	Provider NPI: NPI:5604581277/ENROLLED		DEA Number: Practice I DC4855423 1		Practice ID 1): Event: Grant	Status: ACTIVE	Application: PR	
rescription	n Audits from 1849-12-317	00:00:00) to 2017-(0 2-08T11:0 4	:00	R				
Operator: BEST	Date/Time: 2017-02-08T08:00:03- 0800	Note:	Patient ID: 1	Category: Current	Record: AMYTAL SODIUM 500MG		MUIC	Practice ID: 1	User Action: Add	Application: PR
Operator: BEST	Date/Time: 2017-02-08T08:05:30- 0800	Note:	Patient ID: 1	Category: Current	Record: AMYTAL SODIUM 500MG		MUIC	Practice ID: 1	User Action: Edit	Application: PR
Operator: BEST	Date/Time: 2017-02-08T10:13:08- 0800	Note:	Patient ID: 1	Category: Current	Record: ALFENTA 500MCG/ML			Practice ID: 1	User Action: Add	Application: PR
Operator: BEST	Date/Time: 2017-02-08T10:13:34- 0800	Note:	Patient ID: 1	Category: Current	Record: ALFENTA 500MCG/ML			Practice ID: 1	User Action: Edit	Application: PR





Guidance

Resources

Practice Partner EPCS Registration Process and Setup Guide <u>https://supportcenter.emds.com/richmond/servlet/servlet.FileDownload?file=01539000003gWOx</u>





Questions?





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