

# **Practice Partner**

## **EPCS Registration Process and Setup Guide**



March 2017

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## Chapter 1 - Electronic Prescribing of Controlled Substances (EPCS) Processes

This document provides process instructions for using Electronic Prescribing of Controlled Substances (EPCS) within Practice Partner.

Setting up a provider for EPCS involves the following three phases:

- 1. SureScripts provider enrollment
- 2. Identity Proofing (IDP)
- 3. Practice Partner setup

**SQL and Oracle users**: Download and install the latest version of the Practice Partner Maintenance (PPMT) utility. For more information, see chapter 7 in the *Practice Partner Utilities Guide*.

### SureScripts provider enrollment

Complete the following steps to enroll the provider in SureScripts.

1. Log on to the eMDs Practice Support Site (https://practicesupport.emds.com/).

Welcome to the eMDs Practice Support Site							
Within These Pages, You Will Find:							
<ul> <li>Online Ticket Management - Vie</li> <li>ePrescribing Enrollment - Sign U</li> <li>Product Updates - Updates and</li> <li>Community Resources - Templa</li> </ul>	w, Edit and Submit Support Tickets Online! p for ePrescribing and Manage Providers Licenses for Currently Registered Products les, Meaningful Use Information, and Knowledge-sharing with other Medisoft, Lytec, Practice Partner, and McKesson Practice Choice Users						
If you have not yet created an account	please click on the "Create a User Account" link below.						
If you have difficulty creating an account	t or logging in, please contact Technical Support at (855) 463-8326. Support is available 5 am - 5 pm Pacific (8 am - 8 pm Eastern) Monday through Friday.						
Username (Email):							
Password							
Login Create	Remember Me User Account Reset Password						

Figure 1. eMDs Practice Support Site login page

2. If you are not already enrolled in ePrescribing, click the **Surescripts Enrollments** link.

<b>emds</b>							
HOME WEB TICKETS	IRECT EXCHANGE PROVIDER LOOKUP	SUPPORT ESCALATIONS	OTHER RESOURCES	CONTACT			
QUICK LINKS							
Downloads & License Files	eMDs Practic	e Support Notifi	cations				
Authorized Contact	Recent support notifie	cations released by the	e eMDs Practice S	upport Teams.			
After-Hours Support							
Meaningful Use	You can control how you receiv	You can control how you receive notifications via email here: Subscription Preferences					
Marketing Emails							
Request Software Update SURESCRIPTS LINKS	7:00PM EST	NOTIFICATION: OptumRx, Pharmacy Benefit Manager, Maintenance 7:00PM EST					
Surescripts Enrollments 🥌	Posted on March 6, 2014 1:46	PM PST in E-Prescribing/Suresc	ripts				
Surescripts Providers	OptumRx (fka Prescriptions So	lutions) Pharmacy Benefit Mana	der will perform system ma	intenance on Saturd			
Documentation and Certificates	messages including NEWRX ar	nd REFRES messages sent to O	ptumRx may not transmit	successfully. NEWR			
ENTERPRISE LINKS	Surescripts network services -	Prescription Routing Prescription	History and Prescription F	Benefits - will not be i			
View my Organizations	messaging will be impacted by	the OptumRx scheduled mainter	nance.				
ACCOUNT							
Add/View Support Ticket	RESOLVED NOTI	RESOLVED NOTIFICATION: Practice Partner Clearinghouse					
Manage Accounts	Posted on February 23, 2014 9:30 PM PST in E-Prescribing/Surescripts						

#### Figure 2. eMDs Practice Support Site - Surescripts Enrollments link

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

<b><i>e</i>MD</b> s							
HOME WEB TICKETS DI	RECT EXCHANGE PROVIDER LOOKUP	SUPPORT ESCALATIONS	OTHER RESOURCES	CONTACT			
QUICK LINKS Downloads & License Files Product Documentation	eMDs Practic	e Support Notifi	cations				
Authorized Contact	Recent support notifications released by the eMDs Practice Support Teams.						
Meaningful Use	e You can control how you receive notifications via email here: Subscription Preferences						
Marketing Emails Request Software Update SURESCRIPTS LINKS	est Software Update NOTIFICATION: OptumRx, Pharmacy Benefit Manager, Maintena 7:00PM EST						
Surescripts Enrollments	Posted on March 6, 2014 1:46	PM PST in E-Prescribing/Suresc	ripts				
Surescripts Providers   Documentation and Certificates	ficates 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 ar						
ENTERPRISE LINKS View my Organizations	Surescripts network services - messaging will be impacted by	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 NOTI	FICATION: Practice	Partner Clearin	ghouse			
Manage Accounts	Posted on February 23, 2014 9:30 PM PST in E-Prescribing/Surescripts						

3. If you are not already enrolled in ePrescribing, click the Enroll New Provider button.

er	ADs					
HOME	WEB TICKETS	DIRECT EXCHANGE PROVIDER LC	OKUP SUPPORT ESCALATIO	ONS OTHER	RESOURCES	CONTACT
QUICK LINE Download Product D Authorize After-Hou	ks Is & License Files Documentation d Contact Irs Support	Surescripts E		ests		
Meaningf	ul Use	Pending Enrollment	S			
McKessor Request S	n Marketing Emails Software Update	Name/Domain	Organization	PVID	Request Date	
SURESCRIP	PTS LINKS	Wayne Best	Chris106	WBS	11/10/2016 6:4	5:36 PM
Surescrip	ts Enrollments ts Providers	Jeffrey Averill	Practice Partner	JCA	3/9/2016 2:40:5	2 PM
Documen	tation and Certificates	Patricia Clefisch	Practice Partner	PAT	2/22/2016 10:20	6:44 PM
View my (	SE LINKS Organizations	Bradley Gray	Practice Partner	BRG	10/27/2016 5:5	0:50 PM
ACCOUNT	Support Ticket	Gary Gray	Practice Partner	GG	3/16/2016 6:00	18 PM
Change F	Password	Josie Nordquist	Practice Partner	JMN	9/21/2015 5:57	35 PM

Figure 3. eMDs Practice Support Site - Enroll New Provider button

If you <u>are</u> already enrolled in ePrescribing, click the **Edit** button next to the appropriate provider.

En	rolled Surescripts	Providers						
last nam	-Set	ect Organization		* Apply Filters	Reset Filters			<
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	Edit
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	Edit
6	Wayne Best	Mark106	WBS	1105478102001	0229054-00004	eRx	11/15/2016 1:20:57 PM	Edit

Figure 4. eMDs Practice Support Site - Edit button

4. Complete the Surescripts Provider Enrollment form.

If you <u>are not</u> already enrolled in ePrescribing: Fields outlined in red are required. The e-mail address must be the provider's e-mail address. In the **Service Levels** area, select the **NewRx** and **Controlled Substance** check boxes. You also can select the **Send Hard Token** check box and complete the **Token Mailing Address** fields 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 backup to the soft token

<b>e</b> M	Ds				
HOME V		DIRECT EXCHANGE PROVIDER LOOKU	SUPPORT ESCALATION	IS OTHER RESOURCES	CONTACT
QUICK LINKS Downloads & Product Docu	License Files	Surescripts Pro	ovider Enrollme	nt	
Authorized Co	ontact	Location & Contact Informa	ation		
After-Hours S	upport	Provider Organization	Select Organization	~	
Meaningful Us	se	Prefix	Provider Prefix		
Request Soft	arketing Emails ware Lindate	Name	Provider First Name	Provider Middle Name	Provider Last Name
SURESCRIPTS L	LINKS	Suffix	Provider Suffix		
Surescripts Er	nrollments	Practice Address	Street Address (no P.O. Box)	Address Line 2	
Surescripts Pr	roviders		City	Choose State	✓ 123456789
Documentatio	on and Certificates	Home Address	Street Address (no P.O. Box)	Address Line 2	
ENTERPRISE LI	NKS		City	Choose State	✓ 123456789
	anizations	Primary Phone Number	1234567890		
Add/View Sup	port Ticket	Primary Fax Number	1234567890		
Change Pass	word	Cell Phone	1234567890	,	
		Home Phone	1234567890		
		Work Phone	1234567890		
SUPPORT EXPIR	RATION DATE	Beeper	1234567890	This much	
Thursday, Jar	nuary 01, 2099		1234567890	This must	je me providel s e-mail address.
MAIN CONTACT		Email Address	someone@emds.com		
Kristine Bones	sh		Some One Wennes.com	J	
MCKESSON CUS	STOMER ID	Identification			
MCKESSON SAL	LES CONTACTS	NPI	NPI		

Figure 5. eMDs Practice Support Site - Surescripts Provider Enrollment form

If you <u>are</u> already enrolled in ePrescribing, the following fields are required to enroll in EPCS: **Home Address** (at least **Address Line 1**, **City**, **State**, and **Zip Code**), **DEA**, **Gender**, and **Controlled Substance**. Ensure that the e-mail address is the provider's e-mail address. You also can select the **Send Hard Token** check box and complete the **Token Mailing Address**  fields 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 backup to the soft token.

Location & Contact Information		
Organization	Practice Partner	
Prefix	Mr	
Name	Certification Test Provider	
Suffix		
Practice Address	213 Sesame Street Apt 15	
	Seattle Washington • 123456789	
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	
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.emds.direct-ci-cert.com	
Identification		
NPI	1234567890	
DEA#	B525482158 DEA Number	
Provider Id	231	
Gender	Unknown 🔻	
SPI#	6065755566001	

Figure 6. eMDs Practice Support Site - Surescripts Provider Enrollment form (top)

Service Levels	
	New Dec
	NewKX
×.	Refill
	Controlled Substance
	Clinical Messaging (DEX)
Provider Type(s)	
	Provider
	Physician Assistant
	Nurse Practitioner
	Resident
Provider Primary Specialty	
Туре	Allopathic & Osteopathic Physician 💌
Classification	Dermatology v
Specialization	- Choose Specialization •
IDP Information	
Image: A start and a start	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
Token Mailing Address	Street Address (no P.O. Box) Address Line 2
	City Choose State • • 123456789

Figure 7. eMDs Practice Support Site - Surescripts Provider Enrollment form (bottom)

**NOTE:** The e-mail address you enter must be unique to the provider. DrFirst may contact the provider via the entered e-mail address to assist in the Identity Proofing (IDP) process.

5. Click the **Submit Enrollment** button. Two e-mails will be sent to the enrolling provider: one containing the soft token and another to start the Identity Proofing (IDP) process.

**NOTE**: Once the provider enrollment has been submitted, activation must be completed within 30 days.

	Surescripts Details
	Service Levels
Contact Technical Support	Ø NewRx
L+1 (855) 368-8326 (Enterprise)	E Refui
L+1 (855) 463-8326 (Independent)	Controlled Substance
1 (855) 827-8326 (VAR)	Speciality Type(s)
L+1 (877) 507-4541 (Choice) 5am-5pm Pacific Time	Physician (M.D.)
Monday through Friday	Physician Assistant
	Resident
	Provider Primary Speciality
	Type Behavioral Health & Social Service 🔻
	Classification Clinical Neuropsychologist •
	Specialization Clinical v
	Taxonomy Code 100000000X
	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
× 1	system (use this option if this provider is currently ePrescribing in Practice Choice)
	<ul> <li>Provider is currently enrolled in Surescripts and wants to use the account with ONLY eMDs (this option will migrate the Surescripts account)</li> </ul>
	Submit Enrolment
	© eMDs Inc. 2017 Social Knowledge Collaboration Compass Contact

Figure 8. eMDs Practice Support Site - Submit Enrollment button

### Identity Proofing (IDP)

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

Prerequisite: 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.

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

1 m   a kkow = iznolect	Kecewea	2126	Categories	14
<ul> <li>From: DO-NOT-REPLY-EPCS@epcsdrfirst.com (), item)</li> </ul>				
DO-NOT-REPLY Registration invite for prescribing controlled substances electronically	Wed 1/21/2015 3	3:04 PM 19 KB		V
Registration invite for prescribing controlled substances electronically				
DO-NOT-REPLY-EPCS@epcsdrfirst.com				
If there are problems with how this message is displayed, click here to view it in a web browser.     Sent: Wed 1/21/2015 3:04 PM     To:				
Welcome Wayne Best,				
The following email contains the registration invite sent by DrFirst. After completion you will be able electronically.	to safely and securely	prescribe contr	olled substances	
Please follow the directions outlined here:				
Goto <u>Click To Register</u> and choose the 'I have an Invite' link.     Z. If the link is not opening a webpage, please copy and paste the link in a browser and after the     S. Enter the following information into the designated area:     NPI: 4456997947     Invite 10: 9203460f302e48929f3fe2665c47867d     4. Follow the provided instructions.     S. If you may differ to twice a brief demonstration on how to complete this process, click the link	e page is loaded enter t	he NPI and Inv	nte ID.	ainina
If you have any further questions, please contact us at <a href="mailto:support@drfirst.com">support@drfirst.com</a> or at 1-866-263-6512.	below to watch this of	en 4 minute ins		

Figure 9. e-mail from DrFirst

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

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

	EPCS Gold
EPCS Gold ™	Sign in
PCS Gold, provides a <b>Simple, Secure, and Certified</b> solution for sending Controlled Bubstance prescriptions fectionically, EPCS Gold is a <b>Certified</b> solution, and has passed stringert auditing requirements set by the DEA it is <b>Simple</b> southor that its with your current e-prescription workdow, and a <b>Secure</b> southor which uses Two-Factor	NP1 Passelease
therdication Protocol (TEAP) throughout the product to ensure a high level of brust and security for you as a provider.	OTP PIN
ou are notyet enrolled for EPCS Gold, please make sure you have your <b>Invitation ID</b> and <b>One-Bime password</b> <b>Rev</b> in hard as you start the identity Proofing process. Your invitation ID can be tourning in the email invitation that was not by our email adverse. Byou are arealized recording, please use your APP invitation that is currently owing on your One-time passwords tokien, and the password you setup during the identity-proofing process to log-in manage your brakes, and add a new blenk for presicioning.	Sign in Forgot Passphrase   Report Lost Token
	L they as holds
(	NOT I
(	kade D
	Proceed y

Figure 10. EPCSGold Sign in screen

2. Click the Proceed button. The Agreement for Services screen appears.

	Sepcs 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 fa	ctor, with any other person.
"I agree to not allow any other person to use the OTP token or enter the knowledge factor or other identificat	ion means to sign prescriptions for controlled substances.
"I understand that failure to secure the OTP token, knowledge factor, or biometric information may provide a	basis for revocation or suspension of registration.
"I understand that I have the same responsibilities when issuing prescriptions for controlled substances v to dispense controlled substances only for a legitimate medical purpose.	ta electronic means as when issuing a paper or oral prescription. Lagree
Dy clicking this box, you a	pre 15 the above terms of use 🗭 1 Agree , 1 Desagree 🥫

Figure 11. Agreement for Services screen

3. Read the Terms of Use and Conditions and click the I Agree button. The Stop screen appears.

🧇 DrF	irst	<b>EPCS</b> Gold				
BEFORE II	DENTITY PROOFING, YOU WILL NE	COP THE FOLLOWING IN YOUR POSSESSION:				
	Symantec Token	Personal Credit Card				
	You must have at least one token     It is highly recommended that you have 2 tokens for backup purposes     Tokens can be downloaded on your smart device and/or a hard token supplied by yourEHRIEMR vendor     each for the free "VIPACCESS" app on your native app store	<text><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></text>				
	Copyright © 2000 - 2017 Dr	First <sup>me</sup> . All Rights Reserved.				

Figure 12. Stop screen

4. Ensure that you have your token and personal credit card (MasterCard or Visa only) available and click the **Continue** button. The first registration screen appears.

0	2	3	4	5	6	7
NP1			Optional (Following) purpose)	Fields Selds are optional but we st	rongly recommend you to fill be Choose a Value	is for senification
Last Name*			Driver's Li	cense Number		
Email Address *			Secondary	Phone		
Date of Eirth (MMDD//////)*						
DEA Number *						
DEA State	Choose a Value	*				
Home Street Address*						
Home City*						
Home State *	Choose a Value	*				
Home Zip *						
Home Phone *						
Additional data required for ide	ntity verification					
Social Security Number*			(To protect your prive	icy, only the first 0		
Credit Card Namber*			excluded include: An debit cards, and can feature.)	ard are required. Ccs nerican Express, ds with a debit		

Figure 13. First registration screen

5. 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 address is used only for the IDP process and must match the billing address of the credit card you provide. The credit card must be a personal credit card; it cannot be a debit card or a business credit card. American Express is not accepted. Only the first eight characters of the credit card number are required.

If you choose to enter your driver's license number, DrFirst may require you to enter your driver's license class at the end of the number. For example, if your license number is **51072841** and your license class is **C**, then you would enter **51072841C**.

The second registration screen appears.

1	According to your credit profile, you may have opened an auto loan in or around July 2011, Please select the lender for this account, Byod on thine work an auto loan, select WORE OF THE ABOVEDOES NOT APPLY.* AUTOMOTIVE FINANCE O BARK AMERICA O NIDEAN MOTOR ACCEPTANCE O WELLS FAROO DARK O NONE OF THE ABOVEDOES NOT APPLY	2	You may have opened a mortgage loan in or around January 2011, Please select the dollar amount range in which your monthly mergrage payment fills. Refer only to the regular monthly apprend which includes principal, infer est, and escrew (secrew code) include taxes and insurance of collected by lender). If you have not had a mortgage payment now or in the past, please select 100KC of THE ABOVEDOES NOT APPLY.* 0 1420 - 5619 0 15020 - 51019 0 1020 - 51219 0 100NE OF THE ABOVEDOES NOT APPLY
3	According to ear records, you currently own, or have owned within the paral year, one of the following vehicles. Please select the vehicle that you per chased o leased prior to January 2011 from the following choices. *		
	O JEEP CHEROKEE WADONEER		
	SUZUKI GRAND VITARA		
	O HYUNDAI TUCSON		
	O JEEP CHEROKEE		
	O NONE OF THE ABOVE		
			Quit Continue

Figure 14. Second registration screen

6. Answer the three questions that are based on your financial history and click the **Continue** button.

**NOTE:** If you answer one question incorrectly, you may still pass the IDP. If you fail (answer 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 you must wait 24 hours to attempt the IDP process again.

If you answered the questions correctly, the third registration screen appears, confirming that you have successfully verified your identity.

						EPCSG	OIC
User Registratio	on				Fields mark	xed with * are mandatory	
0	0	3	4	5	6	7	
Congratulations choose a passpi	we have successfully ve brase	erified your identity. Please	click Next to				
						Next +	

Figure 15. Third registration screen

7. Click the Next button. The fourth registration screen appears.

					ŝ	EPCS	iold
User Registration					Fields marked v	vith * are mandatory	
0	0	3	4	5	6	7	
Piesse choose a passphras Piesse create a security ou through the Presorter Da Piesse enter à question that Choose Passphrase * Re-enter Passphrase * Security Aussier *	ie. This passphrase will ston and correspondin thobard. During this pro- lis personal to you, and	I be used when you send a g answer for your account, easy, you will be asked yo for which only you know th	controlled substance pr Byou ever forget your pa or security question and : e answer.	escripton electronically ssphrase, you may reset asked to answer it.			
					Quit	Continue >	

Figure 16. Fourth registration screen

8. Complete the fields on this screen to create a passphrase and a security question. This passphrase will be used during the process of sending a controlled substance within the e-Prescribing application as well as to access your EPCS account in the future. The passphrase must contain both lowercase and uppercase alphabetic characters, a numeric digit, and a special character (for example, Abc12345@). Please be aware that eMDs cannot retrieve a lost or forgotten passphrase.

Click the **Continue** button. The fifth registration screen appears, notifying you that the passphrase was created successfully.

						EPCS	COLC end By CAFFIEL &
User Registration	n				Fields mark	ied with * are mandatory	
0	0	3	0	6	6	7	
You have added th	ie passpitrase success	lully					
						Continue >	

Figure 17. Fifth registration screen

9. Click the **Continue** button. The sixth registration screen appears.

						EPCS	iol No By Define
Register Toke	ns				Fields mark	ed with * are mandatory	
0	0	3	0	6	6	7	
Registered Toker	ns						
Token Name	Serial No.	Status					
Add Token							
Token Name *		0					
Serial No *		0					
OTP PIN*		•					
	Add Token						

Figure 18. Sixth registration screen

10. Complete the fields on this screen as specified in the following table.

Field	Description		
Token Name	Enter a nickname for the token.		
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.		
OTP PIN	Enter the OTP PIN from the token. Obtain this number from the physical token by pressing the blue button on the token.		
	<b>NOTE:</b> 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.		

Click the **Add Token** button. A message appears informing you that the token has been added to your account.



Figure 19. Sixth registration screen

11. Click the Done adding tokens button. The seventh registration screen appears.

				ŝ	EPCSG	ld office, bec
User Registration				Fields marked	with * are mandatory	
0 0	0	0	6	0	0	
Within bus natl 23 business data, you should receive and enter your continuation code. Crice you have 0 <b>Experiment</b> <b>Continuation code</b> <b>Continuation of the second se</b>	ine alter through FEDE/Kon ficktion ession in Joo have net the, the secure ordential FERENCE-ID = 19709551	is our denthy vertical to use of the state o	on window, Experient, Please In your recease the latter, failed has the need step will become	DO NOT three that letter an the instructions to log bad active.	way. This letter will K on to this system	
	Copyrigh	t 🗢 2000 - 2011 Diffit	st <sup>ra</sup> . Al Rights Reserved.			

Figure 20. Seventh registration screen

If a cell phone number was entered during the IDP process, the provider will receive an IDP Confirmation Code via text message within 15 minutes of completing identity proofing. Otherwise, the provider will receive the IDP Confirmation Code in a letter from Experian delivered via USPS First Class Mail within seven days. This letter will be mailed to the home address you provided during the IDP process.

- 12. After you receive the text message or letter, log back into the EPCSGold website using the URL you noted in step 1. You will need the OTP PIN from your token and the passphrase you created in step 8.
- 13. Enter the IDP Confirmation Code you received via text message or in the letter from Experian.

### **Practice Partner setup**

The provider you are enrolling/activating and a Patient Records user who has access to Practice Maintenance are required to complete the following steps to finish setting up the provider for EPCS.

- 1. Log into Practice Partner.
- 2. Select Maintenance > Practices. The Practices Maintenance Select screen appears.



Figure 21. Practices Maintenance Select screen

3. Select the practice with which the provider is associated and click the **Edit** button. The Practice Maintenance Edit screen appears.

Practice Maintena	nce <edit>: 1</edit>				23
Code: 1	Name:	PMSI		Status: Active	•
General 1	General 2	Records	Scheduler	Billing	Other Data
Address:	▼ Postal Code:		Work: 🖀 () Fax: () Email: 🖅		
Address:			🔲 Use Pay To Inform	mation on ECS Claims	
City:	▼ Postal Code:		Work: 🖀 () Fax: () Email: 🖅	·	
OK (	Cancel				<u>H</u> elp

Figure 22. Practice Maintenance Edit screen

4. Select the General 2 tab.

Practice Main	tenance <edit< th=""><th>&gt;:1</th><th></th><th></th><th></th><th>×</th></edit<>	>:1				×
Code: 1		Name:	PMSI		Status: Active	<b>_</b>
General 1	G	eneral 2	Records	Scheduler	Billing	Other Data
– Demographic C Postal Cr	c Defaults	]	Ac	Provider:	<b>*</b>	
Providers Affi	iliated with Pract	ice:			lees luiseur	
	Visit Type	Visit Length			IEPCS NADEAN	
ОК	Cancel					<u>H</u> elp

Figure 23. Practice Maintenance Edit screen - General 2 tab

5. In the **Providers Affiliated with Practice** area, select the provider and click the **Edit Prv** button. The Practice Providers screen appears.

I	Practice Providers							
	Provider:	10 💌						
	Type Of Visit:	<b>_</b>						
	Length Of Visit:	<b>_</b>						
	SureScripts ID:	3039756114001						
	[EPCS LACT]	✓ Provider is EPCS-Enabled						
	OK	Cancel <u>H</u> elp						

Figure 24. Practice Providers screen

6. Enter the provider's SureScripts ID and click the **EPCS LAC** button. The DrFirst Logical Access Control screen appears.

ccess - https://ui.staging.epcsdrfirst.co	onyUtLaunchLogicalAcces	<b>.</b>	in the second		
Sector Control	t. M			•	<b>EPCS</b> Gold
Organization: Practice_Partne 9420 Key West A	r_organization_name Avenue Rockville MD 208	Logical Access C Administra	ontrol Activity Report Aud tor: PMSI (1)	?	EPCS Logical Access Control Help Alert Email Configuration Exit
Search Prescribers	First Nan	10	Last Name	NPI	Search
Prescriber	NPI	DEANumber	Last Change	EPCS Status	Grant
Best, Wayne	9745235629	DC8948929	Fri Oct 28 17:29:07 EDT 2016	ENROLLED	Active     Inactive
Authorizing Prescriber By entering your two-factor author This transaction will be digitally sig Choose your Device from Bist	tication dotails above, yo ned. Enter y	Enter NPI: H are agrowing to che our signing passphra	ange accass for the prescribe Se	Valifiate rs and locations listed above. Enter the pin from yo Show Clear Text	bur oTP tokes
		Copyright @ 2000 - 2	016 DrFirst™ All Rights Resen	ved.	

Figure 25. DrFirst Logical Access Control screen

This screen lists only those providers who have enrolled, meaning they have completed the IDP process with Experian, activate their tokens, and entered their IDP Reference IDs successfully. The providers with inactive grants are listed first.

- 7. Search for or locate the provider in the list and select the Active option button for the provider.
- 8. In the Enter NPI field, enter the validating provider's NPI.
- Select the OTP token from the Choose your Device from list field and enter the provider's passphrase and OTP PIN from the token. Click the Authorize button. The Practice Providers screen reappears with the Provider is EPCS-Enabled check box selected automatically.
- 10. Select Maintenance > Setup > **Operators**.
- 11. If asked, enter your password.
- 12. Click the **OK** button. The Operator screen appears.
- 13. Highlight the operator from the list.
- 14. Click the Edit button. The Operator Maintenance Edit screen appears.

Operator Maintenance <edit< p=""></edit<>	>			×
General	Practice-Ac	cess Levels	Patient Record	ls
ID Code: Name (Last, First MI): Password: Sign-on Practice:	ABC Cobb, Able B Password	Ledger Re Operator T Status: Sign-on Pr	port ID: 1 itle: M.D. Active	
Default Demographic Guide: Email:	STANDARD		This Operator above Provide	IS the er
Direct:		Access Le	evel: HI	•
Telephone Code:	Reset Password	Print Group	p: STANDARD	•
Temporary New Password:				
Notes:				*
Cancel				<u>H</u> elp

Figure 26. Operator Maintenance Edit screen

15. Select the **General** tab, select the **This Operator IS the above Provider** check box, and click the **OK** button.

The provider now is set up to electronically prescribe controlled substances in Practice Partner.