

Practice Partner

EPCS Registration Process and Setup Guide



March 2017

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Publication date

March 2017

Product

Practice Partner, Release 11.0

Corporate address

Richmond eMDs, Inc.
7800 Shoal Creek Blvd.
East Wing 100E
Austin, Texas 78757
512-257-5200

Revision history

Date	Page (s)	Description
03/08/2017	9	Added step 3 to the procedure for Identity Proofing (IDP) .
03/14/2017	17	Added steps 10-15 to the procedure for Practice Partner setup .

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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/>).

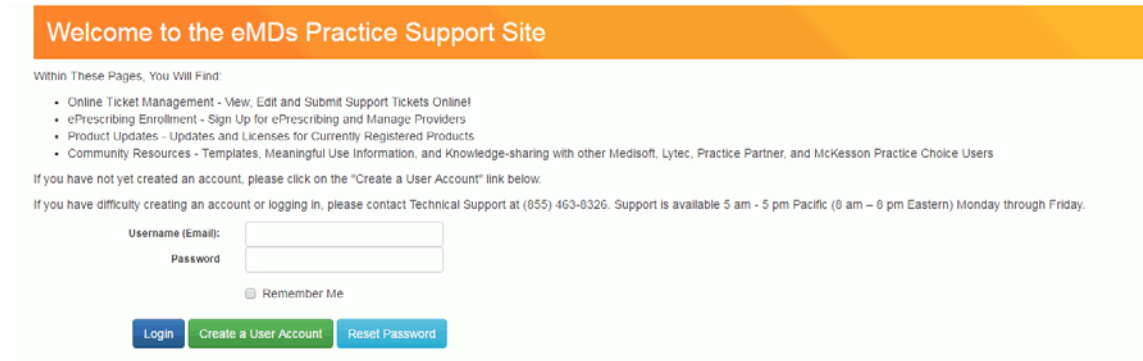


Figure 1. eMDs Practice Support Site login page

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

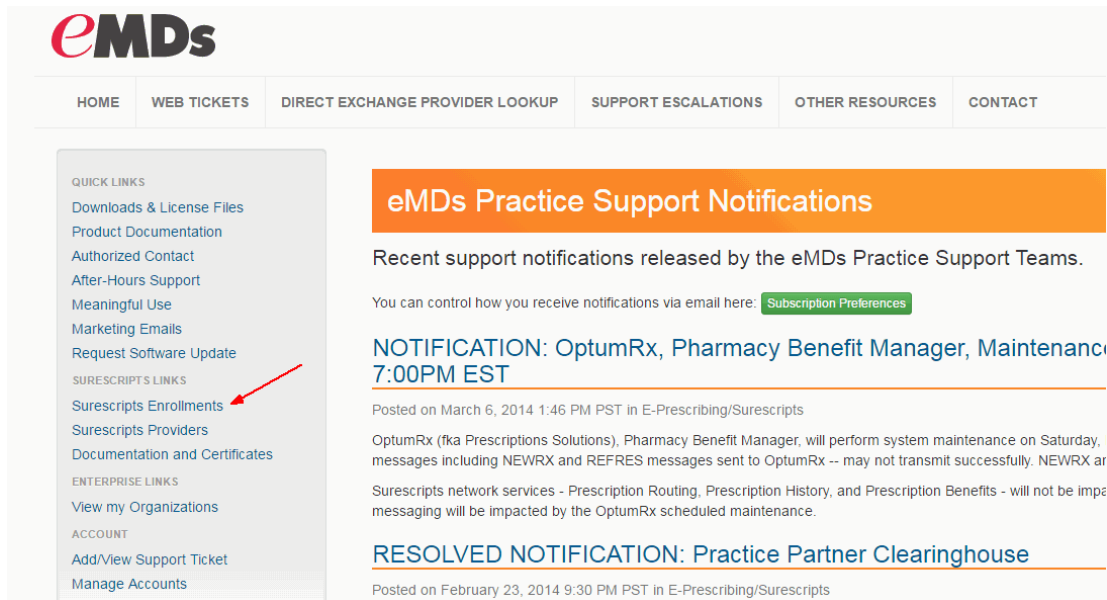
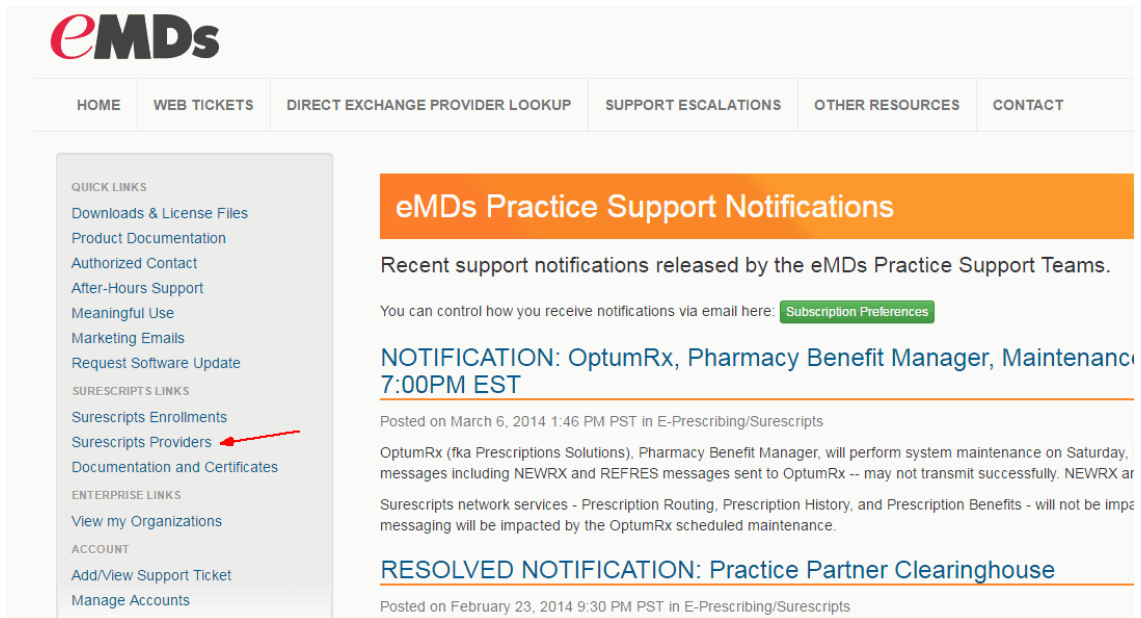


Figure 2. eMDs Practice Support Site - Surescripts Enrollments link

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



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

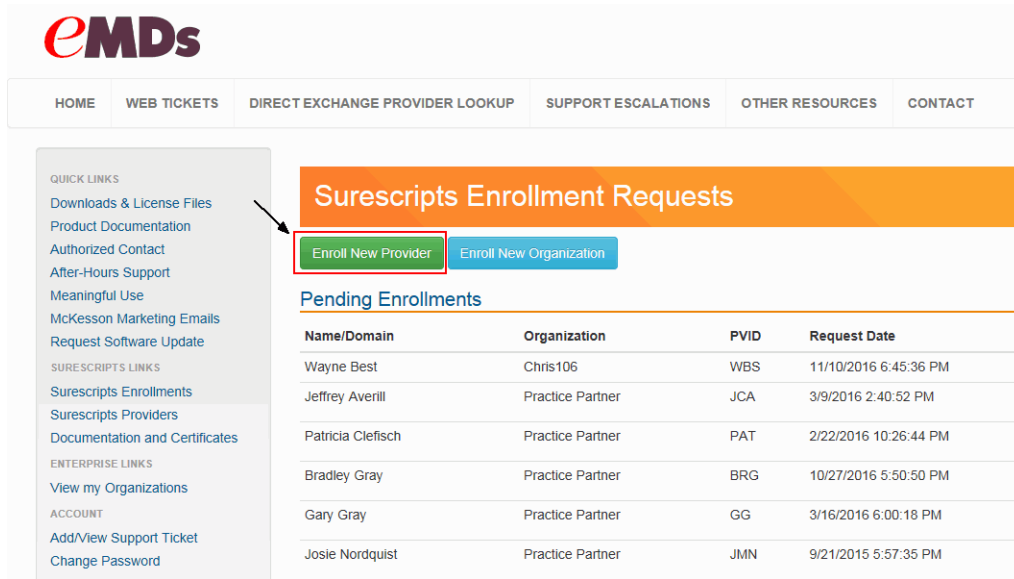


Figure 3. eMDs Practice Support Site - Enroll New Provider button

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

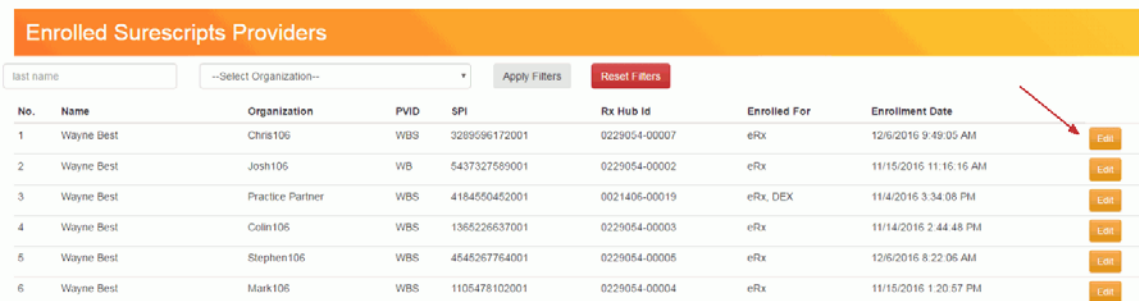


Figure 4. eMDs Practice Support Site - Edit button

- Complete the Surescripts Provider Enrollment form.

If you are not 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

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

If you are 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	III		
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		
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	

Note: A red box highlights the email field with the text "This must be the provider's e-mail address." and a red arrow points to it.

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

The screenshot displays the bottom portion of the Surescripts Provider Enrollment form. It is organized into several sections:

- Service Levels:** Contains four checkboxes: NewRx, Refill, Controlled Substance (highlighted with a red arrow), and Clinical Messaging (DEX).
- Provider Type(s):** Contains four checkboxes: Provider, Physician Assistant, Nurse Practitioner, and Resident.
- Provider Primary Specialty:** Includes three dropdown menus: Type (Allopathic & Osteopathic Physician), Classification (Dermatology), and Specialization (-- Choose Specialization --).
- IDP Information:** Contains three checkboxes: Send Hard Token (highlighted with a red arrow), Send to Enrollment Address, and Send to Home Address. Below these is a red warning box: "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:** Features four input fields: Street Address (no P.O. Box), City, Address Line 2 (with a dropdown menu set to "-- Choose State --"), and a ZIP code field containing "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.

Contact Technical Support
+1 (855) 368-8326 (Enterprise)
+1 (855) 463-8326 (Independent)
+1 (855) 827-8326 (VAR)
+1 (877) 507-4541 (Choice)
5am-5pm Pacific Time
Monday through Friday

Surescripts Details
Service Levels
 NewRx
 Refill
 Controlled Substance

Specialty Type(s)
 Physician (M.D.)
 Physician Assistant
 Nurse Practitioner
 Resident

Provider Primary Specialty
Type: Behavioral Health & Social Service
Classification: Clinical Neuropsychologist
Specialization: Clinical
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 system (use this option if this provider is currently ePrescribing in Practice Choice)
 Provider is currently enrolled in Surescripts and wants to use the account with ONLY eMDs (this option will migrate the Surescripts account)

Submit Enrollment

© 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.

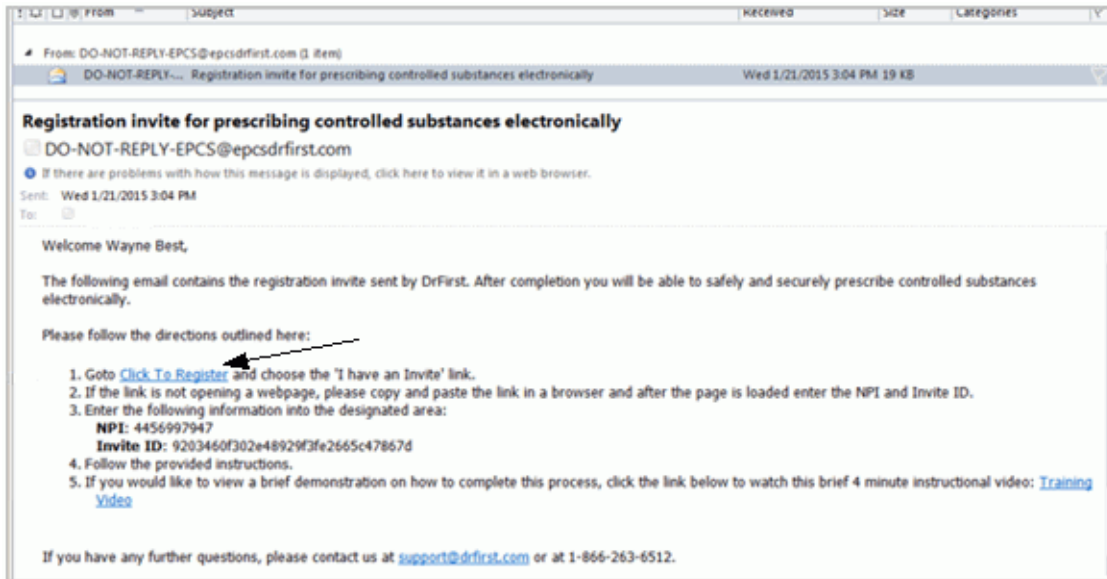


Figure 9. e-mail from DrFirst

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.

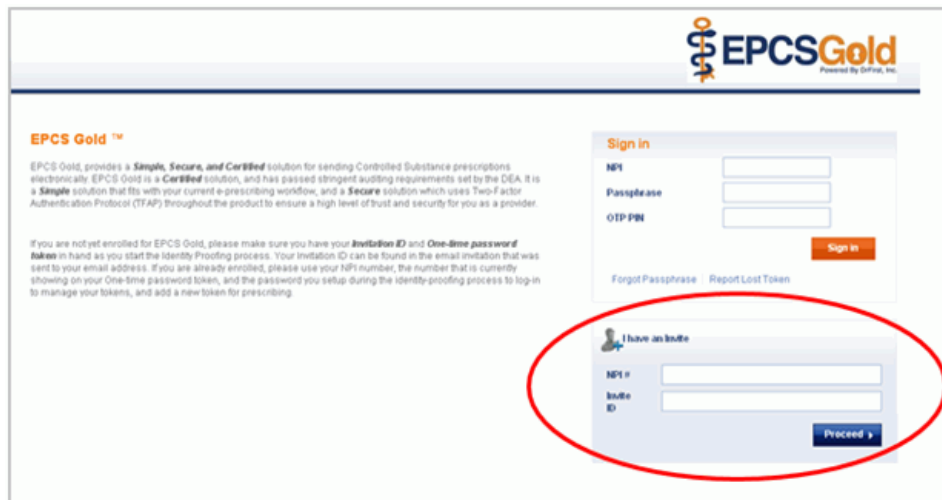


Figure 10. EPCSGold Sign in screen

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

EPCS Gold
Powered By DrFirst, Inc.

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 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 via electronic means as when issuing a paper or oral prescription. I agree to dispense controlled substances only for a legitimate medical purpose.

By clicking this box, you agree to the above terms of use **I Agree** **I Disagree**

Figure 11. Agreement for Services screen

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

DrFirst **EPCS Gold**

STOP

BEFORE IDENTITY PROOFING, YOU WILL NEED THE FOLLOWING IN YOUR POSSESSION:

Symantec Token

- 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 your EHR/EMR vendor
- Search for the free "VIPACCESS" app on your native app store

Personal Credit Card

- You must be the primary account holder of the credit card
- The credit card will not be charged
- Must be a Visa or MasterCard registered under an address associated with your personal finances (NOT debit card)
- Temporarily remove any credit freeze on your credit card or credit profile during this process.

* Note: A credit card is strongly suggested to prevent identity proofing failures. If you do not use a credit card during the identity proofing process your identity may be able to be verified if there is sufficient financial account data associated with data entered on the next screen. (NST Requirement)

Continue **Quit**

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Figure 12. Stop screen

- 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.

The screenshot shows a registration form with a progress bar at the top numbered 1 through 7. The form includes the following fields:

- Required Fields (marked with a red asterisk):** NPI, First Name, Last Name, Email Address, Date of Birth (MM/DD/YYYY), DEA Number, DEA State, Home Street Address, Home City, Home State, Home Zip, Home Phone, Social Security Number, and Credit Card Number.
- Optional Fields:** Driver's License State (dropdown), Driver's License Number, and Secondary Phone.
- Additional data required for identity verification:** Social Security Number and Credit Card Number.

A note at the bottom right states: "(To protect your privacy, only the first 8 digits of your credit card are required. Ccs included include: American Express, debit cards, and cards with a debit feature.)"

Figure 13. First registration screen

- 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.

The screenshot shows three numbered questions with radio button options:

- According to your credit profile, you may have opened an auto loan in or around July 2011. Please select the lender for this account. If you do not have such an auto loan, select "NONE OF THE ABOVE/DOES NOT APPLY."
 - AUTOMOTIVE FINANCE
 - BANK AMERICA
 - NISSAN MOTOR ACCEPTANCE
 - WELLS FARGO BANK
 - NONE OF THE ABOVE/DOES NOT APPLY
- You may have opened a mortgage loan in or around January 2011. Please select the dollar amount range in which your monthly mortgage payment falls. Refer only to the regular monthly payment which includes principal, interest, and escrow (escrow could include taxes and insurance if collected by lender). If you have not had a mortgage payment now or in the past, please select "NONE OF THE ABOVE/DOES NOT APPLY."
 - \$420 - \$619
 - \$620 - \$819
 - \$820 - \$1019
 - \$1020 - \$1219
 - NONE OF THE ABOVE/DOES NOT APPLY
- 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.
 - JEEP CHEROKEE WAGONEER
 - SUZUKI GRAND VITARA
 - HYUNDAI TUCSON
 - JEEP CHEROKEE
 - NONE OF THE ABOVE

Buttons for "Quit" and "Continue" are located at the bottom right.

Figure 14. Second registration screen

- 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.

Figure 15. Third registration screen

- Click the **Next** button. The fourth registration screen appears.

Figure 16. Fourth registration screen

- 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.

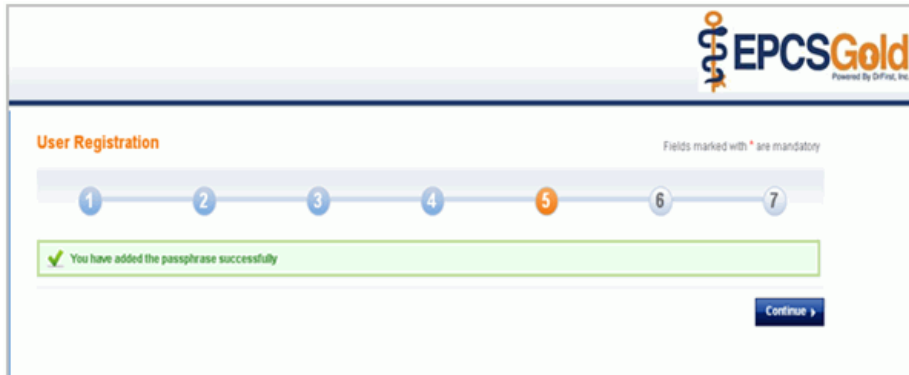


Figure 17. Fifth registration screen

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

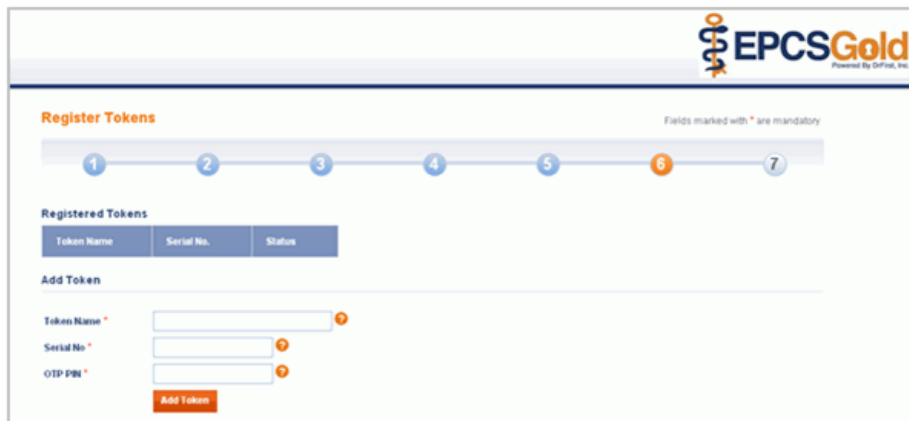


Figure 18. Sixth registration screen

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. 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.

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

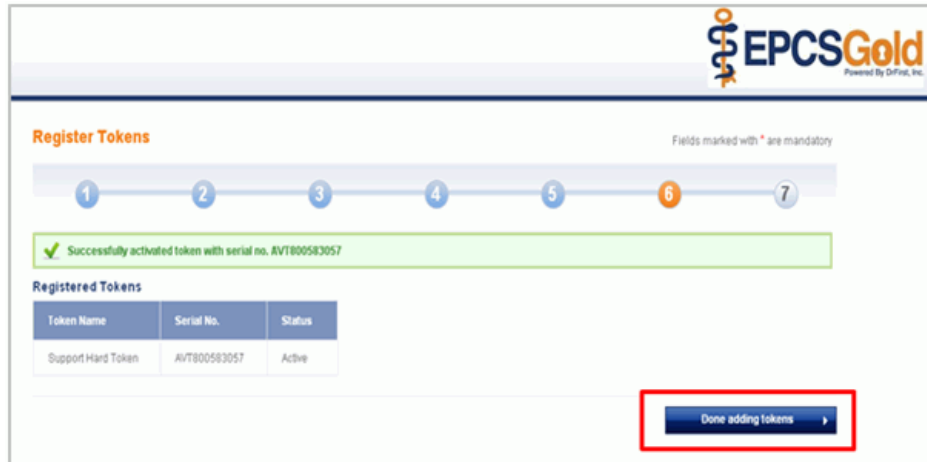


Figure 19. Sixth registration screen

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



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.

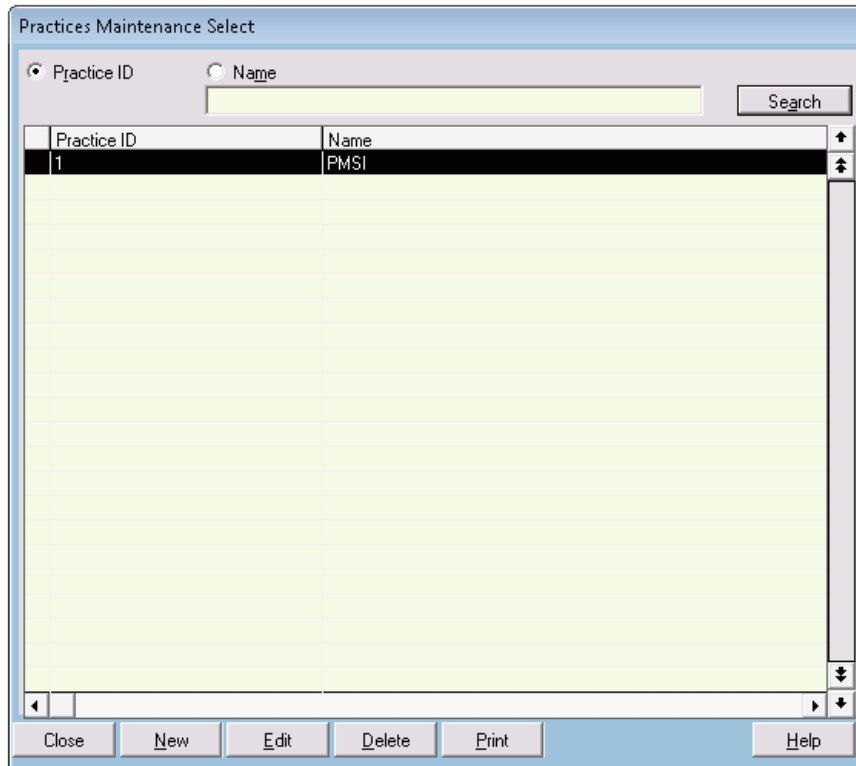


Figure 21. Practices Maintenance Select screen

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

The screenshot shows the 'Practice Maintenance <Edit>: 1' window with the 'General 1' tab selected. At the top, there are fields for 'Code: 1', 'Name: PMSI', and 'Status: Active'. Below this are several tabs: 'General 1', 'General 2', 'Records', 'Scheduler', 'Billing', and 'Other Data'. The 'General 1' tab contains two main sections: 'Address' and 'Pay To'. Each section has fields for 'Address', 'City', 'State', and 'Postal Code'. The 'Address' section also includes an 'NPI' field. To the right of each address section are fields for 'Work', 'Fax', and 'Email'. A checkbox labeled 'Use Pay To Information on ECS Claims' is located between the two address sections. At the bottom of the window are 'OK', 'Cancel', and 'Help' buttons.

Figure 22. Practice Maintenance Edit screen

4. Select the **General 2** tab.

The screenshot shows the 'Practice Maintenance <Edit>: 1' window with the 'General 2' tab selected. At the top, there are fields for 'Code: 1', 'Name: PMSI', and 'Status: Active'. Below this are several tabs: 'General 1', 'General 2', 'Records', 'Scheduler', 'Billing', and 'Other Data'. The 'General 2' tab contains a 'Demographic Defaults' section with fields for 'City', 'County', 'State', 'Postal Code', and 'Country'. To the right of these fields are dropdown menus for 'Provider' and 'Account Type'. Below this is a 'Providers Affiliated with Practice' table with columns: 'Provider', 'Visit Type', 'Visit Length', 'SureScripts ID', 'DEA', 'EPCS', and 'NADEAN'. The table has one row with '10' in the 'Provider' column and 'No' in the 'EPCS' column. To the right of the table are buttons for 'New Prv', 'Edit Prv', and 'Delete Prv'. At the bottom of the window are 'OK', 'Cancel', and 'Help' buttons.

Provider	Visit Type	Visit Length	SureScripts ID	DEA	EPCS	NADEAN
10					No	

Figure 23. Practice Maintenance Edit screen - General 2 tab

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

Practice Providers

Provider: 10

Type Of Visit:

Length Of Visit:

SureScripts ID: 3039756114001

EPCS LAC Provider is EPCS-Enabled

OK Cancel Help

Figure 24. Practice Providers screen

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

EPSC Logical Access - https://staging.epcsdrfirst.com/ULaunchLogicalAccess

DrFirst Logical Access Control **EPCSGold**

EPSC Logical Access Control Help

Logical Access Control Activity Report Auditable Event Alert Report Alert Email Configuration Exit

Organization: Practice Partner Organization Name Administrator: PMSI (1)
9420 Key West Avenue Rockville MD 20852

Search Prescribers

Prescriber	NPI	DEANumber	Last Change	EPCS Status	Grant
Best, Wayne	9745235629	DC8948929	Fri Oct 28 17:29:07 EDT 2016	ENROLLED	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

Authorizing Prescriber

Enter NPI:

By entering your two-factor authentication details above, you are agreeing to change access for the prescribers and locations listed above. This transaction will be digitally signed.

Choose your Device from list: Enter your signing passphrase: Enter the pin from your OTP token:

Show Clear Text

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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.
9. 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.

The screenshot shows the 'Operator Maintenance <Edit>' dialog box. The 'General' tab is selected. The 'Sign-on Provider' dropdown menu is highlighted with a red box, and the 'This Operator IS the above Provider' checkbox is checked. Other fields include ID Code (ABC), Name (Cobb, Able B), Password (Password), Sign-on Practice (The Academy Wellness Cent), Default Demographic Guide (STANDARD), Email (Able.Cobb@myemail.com), Ledger Report ID (1), Operator Title (M.D.), Status (Active), Access Level (HI), and Print Group (STANDARD). Buttons for OK, Cancel, and Help are at the bottom.

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.

