

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Drug Control Program
Prescription Monitoring Program
305 South Street, Jamaica Plain, MA 02130

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Thank you for your interest in the Massachusetts Online Prescription Monitoring Program (MA Online PMP). Your participation will help promote safe prescribing and dispensing of controlled medications in the Commonwealth. The purpose of this letter is to provide you with an enrollment form and information about the enrollment process. Please be aware that it can take two or more weeks from the time that your enrollment form is received to when the MA Online PMP will be available to you.

In order to use MA Online PMP, you must first enroll and be credentialed. Following that, an account will be created for you by the Virtual Gateway (VG), the secure internet portal of the Executive Office of Health and Human Services. The VG enables state agencies to provide private online services in a single location. Individual accounts are established for you in both the VG and MA Online PMP.

The following steps are involved in establishing these accounts.

1. Enrollment in the MA Online PMP

The enrollment form can be found in Appendix 1. Both those with preexisting VG accounts and first time enrollees should complete, notarize, sign and return the form. Instructions for completing the enrollment form can be found in Appendix 2. Please note differences for prescribers and pharmacists and an extra field for those with an existing VG account. An incomplete enrollment form will be returned, causing a delay in your ability to use the MA Online PMP. By signing the enrollment form you are agreeing to the MA Online PMP Terms and Conditions (see Appendix 3).

2. Account Creation

Upon receipt of your completed enrollment form, the Drug Control Program (DCP) verifies your credentials. Information from the enrollment form is then sent to the VG. The VG will send an automated email with a username and temporary password to new enrollees. DCP will let you know to expect this. If you are a preexisting account holder, you will continue to use the same username and password. The VG will send a second automated email informing you that there has been a change to your account. This signifies that the MA Online PMP has been added to your list of VG services.

3. Registering with the VG and Using the MA Online PMP

Once an account has been established for you in the VG and the MA Online PMP, DCP will send an email letting you know that you can now use the system. You should wait to register with the VG until you receive this email to ensure that the MA Online PMP is available. This email will include instructions on how to register with the VG and how to use the MA Online PMP.

4. Prescription Records

The database includes prescription records for Schedule II-V controlled substances for the most recent 12 months. In general, it takes approximately two to three weeks between the dispensing of a prescription and its inclusion in the MA Online PMP.

Please refer to the enclosed appendices for the enrollment form, instructions, terms and conditions and additional information.

Note: The most common reason for returned enrollment forms is the required item # 15 - 4 Digit PIN. Please ensure that you have created a 4-Digit PIN, as this item is used as an identifier by the VG in the event that you need your login password reset. Please ensure that all fields are completed.

We appreciate your participation in the implementation of the MA Online PMP. We hope that you find the MA Online PMP to be a valuable tool and look forward to your comments on the system.

Sincerely,
Roberta Bernstein
Implementation Manager

Websites

MA Online PMP - <http://www.mass.gov/dph/dcp/onlinepmp>

Virtual Gateway - <http://www.mass.gov/vg>



APPENDIX 1

02/02/12

Massachusetts Department of Public Health
Drug Control Program
Prescription Monitoring Program
Online Prescription Monitoring Program Enrollment Form

PROVIDER INFORMATION

1. First Name: MI: Last Name: Suffix (Sr/Jr)
2. Business/Primary Work Site:
3. Business/Primary Work Street Number & Name:
4. City/Town: State: Zip Code:
5. Primary Phone: Secondary Phone (optional):
6. Individual Email: 7. Birth Month and Day (mmdd):

PROVIDER IDENTIFIERS

8. Specialty:
9. Professional Classification: [] DDS [] DMD [] DO [] DPM [] MD [] R.Ph [] APN [] PA
10. Prescriber DEA #: Exp. Date: 11. Current MCSR #:
12. Pharmacy DEA #: Exp. Date: 13. Virtual Gateway Username (if applicable)
14. Board of Registration Lic. #: 15. Create a 4 Digit PIN:

Signature Information

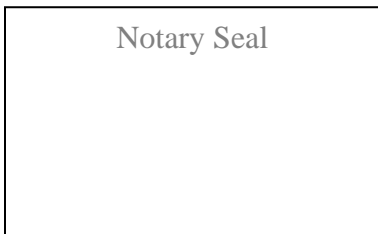
"I hereby certify that the information on this form is true to the best of my knowledge and I hereby agree to the Terms and Conditions for prescriber and dispenser use of the Massachusetts Online Prescription Monitoring Program ("MA Online PMP") for prescribers and dispensers. I understand that the Terms and Conditions may be revised from time to time, that I will be notified of any change and that my continued use of the MA Online PMP after such notice shall constitute my acceptance of the new Terms and Conditions."

16. Signature: Date:

17. Notary Section:
On this ___ day of _____, 20___, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.
_____ (official signature and seal of notary)

Please complete the enrollment form and mail an original copy to:

Department of Public Health
MA Online PMP - Drug Control Program
305 South Street, 2nd Floor
Jamaica Plain, MA 02130



Before sending, please check that all fields are filled in. Incomplete forms will be returned. Please retain a copy for your files.

APPENDIX 2

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM

Provider Information

1. *First Name, Middle Initial, Last Name*

It is important to include your middle initial to help distinguish you from others with the same or similar name.

2. *Business/Primary Work Site*

For prescribers, enter the facility name for the address that appears on your Massachusetts Controlled Substances Registration (MCSR). If you are in a solo private practice, enter private practice. If that business name is not current, please include a change of address form available on the Drug Control Program website (www.mass.gov/dph/dcp)

For pharmacists, enter the name of the pharmacy where you spend the majority of your time.

3. *Primary Business/Work Site Street*

For prescribers, enter the street number and street name that appears on your MCSR. If that address is not current, please include a change of address form available on the Drug Control Program website (www.mass.gov/dph/dcp)

For pharmacists, enter the street number and street name of your Business/Primary Work Site.

4. *City/Town, State and Zip Code*

Enter the city or town, state and zip code of your Business/Primary Work Site.

5. *Primary Contact Phone Number*

Provide a phone number where you can be reached by program staff at the Massachusetts Department of Public Health (MDPH) and that has message capability if you are unavailable.
Secondary Contact Phone Number (optional)

Provide an alternate phone number where you can also be reached.

6. *Email*

The email address that you provide will be the main point of communication between the MDPH and each MA Online PMP end User. Please ensure that you have provided an email address that you monitor on a daily basis.

7. *Birth Day and Month*

Provide the month and day only (mmdd, for example 0107). Do not include year.

Provider Identifiers

8. *Specialty*

For prescribers, identify your specialty (e.g., surgery, primary care, neurology, etc.).

For pharmacists, enter pharmacist.

9. *Professional Classification*

Check the box that matches the degree that you have.

10. *Provider DEA # & Exp. Date*

For prescribers, enter your DEA number and expiration date.

11. *Massachusetts Controlled Substance Registration Number (MCSR #)*

For prescribers – provide your MCSR number.

For pharmacists – provide your MCSR number if you have prescribing privileges.

12. *Pharmacy DEA # & Exp. Date*

For pharmacists provide your primary pharmacy DEA number and expiration date.

13. *Virtual Gateway Username*

For those with preexisting personal VG accounts, enter your username. This will give one account through which you can use other programs for which you are registered in the VG.

14. *State Board of Registration License Information*

For all – provide your board of registration number and expiration date

15. *4 Digit Personal Identification Number (PIN)*

Create a 4-digit number. This number is used by the VG in the event that you need your login credential re-set.

Signature Information

16. *Signature*

Sign and date the enrollment form attesting to the truthfulness and completeness of the information and acceptance of MDPH Terms and Conditions for use of the MA Online PMP (copy included as Appendix 3).

17. *Notarize*

A notary must print his/her name, sign, date, and provide the Commission expiration date and seal. Notarization provides an additional level of security and is a national standard for state PMPs.

You can find notaries at most hospitals, lawyers' offices and banks.

- City and town halls
- Courts
- Banks
- Law offices
- Insurance companies
- Hospitals
- Drug stores and pharmacies

Appendix 3

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH DRUG CONTROL PROGRAM PRESCRIPTION MONITORING PROGRAM

TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM

By logging in to and using the Massachusetts Online Prescription Monitoring Program ("Online PMP"), you agree to abide by the requirements governing the Prescription Monitoring Program at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

- 1) You attest that you are a duly licensed practitioner, pharmacist or other licensed health care professional authorized to prescribe or dispense controlled substances in the Commonwealth of Massachusetts.
- 2) You further attest that you are duly registered with the Massachusetts Department of Public Health, Drug Control Program, to prescribe controlled substances in at least one of the Schedules II through V or duly registered with the Board of Registration in Pharmacy to dispense controlled substances in at least one of the Schedules II through V. You also agree to promptly notify the Department of any change or proposed change in licensure or registration status.
- 3) You further attest that you are duly enrolled to use the Online PMP and that you have not provided nor will provide your login credentials (i.e., username, password, Personal Identification Number or any other security information) to anyone else. You are responsible for promptly notifying the Drug Control Program of any compromise of your login credentials or changes to your enrollment information (e.g., changes to name, business or email address, license or registration number).
- 4) You attest that use of the Online PMP is for evaluating the prescribing and/or dispensing (including administering) of a controlled substance in one of the Schedules II through V to a patient or research subject for whom you have previously prescribed or dispensed a controlled substance in one of the Schedules II through V or for whom you are evaluating the prescribing or dispensing of such a controlled substance. You may not use the Online PMP for general screening of patients unless they fit the above criteria.
- 5) You understand that use of the Online PMP is for the purpose of preventing the prescribing and/or dispensing of controlled substances to the same individual from multiple sources or the unlawful diversion of controlled substances. You may not request the prescription history for anyone other than your patient or for a patient encounter.
- 6) You understand that the Department of Public Health does not guarantee the accuracy or completeness of the information contained in the database. You also understand that there may be multiple persons with the same name in the database, so you should use other information, such as date of birth and address, to distinguish your patient from others with the same name.
- 7) You acknowledge that you may use or disclose information obtained from the Online PMP, including reports generated from the database, only as permitted by applicable state and federal laws governing confidentiality and security of personal/patient information, including, if applicable, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).
- 8) You acknowledge that you are aware that you must promptly notify the Department of any potential violation of confidentiality or use of the data in a manner contrary to the regulations or applicable professional standards.
- 9) You understand that usage of the Online PMP is recorded and monitored and that your right to use the system may be revoked at any time at the discretion of the Department.

- 10) You further acknowledge that you are aware that your controlled substances registration may be suspended or terminated in accordance with 105 CMR 700.004(L)(1), and that a referral may be made for criminal prosecution or disciplinary action by your licensing board, for the following:
- a) a request, use or disclosure of data that involves a willful failure to comply with the standards in 105 CMR 700.012 for request, transmission or disclosure of data;
 - b) a failure to reasonably protect data in accordance with the requirements of 105 CMR 700.012 or other applicable state or federal law; or
 - c) an attempt to obtain data through fraud or deceit.
- 11) You understand that this data is being provided for the purpose of safe prescribing and dispensing, including assessing or preventing the possibility of drug abuse or diversion, but does not require you to take action that you believe to be contrary to the best interests of your patient.
- 12) You understand that the Department may revise these Terms and Conditions from time to time. You will be notified of any change and your continued use of the Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.

Rev. 03/24/11

APPENDIX 4

MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM – ADDITIONAL INFORMATION

1. MA Online PMP

The MA Online PMP was implemented in November, 2010 and is available to all authorized end users.

2. Terms and Conditions

Please read the Terms and Conditions document, which is part of the enrollment packet, as it explains how the MA Online PMP can be used and in particular how patient searches are to be conducted. By submitting your enrollment form and later by using the system, you have agreed to the terms and conditions.

3. Patient/Customer Prescription History

You initiate a search of a patient's prescription history on the Search page of the MA Online PMP. You type in the last name, first name and date of birth. This brings up a patient's name, address and other identifying information. Once you confirm that is the correct individual, you can view his/her prescription history. You will see the drug trade and generic name, prescription fill and write date, quantity/days supply, dosage, method of administration, prescriber and dispensing pharmacy. Massachusetts community, hospital outpatient and clinic pharmacies and mail order pharmacies doing business in Massachusetts submit prescription records to the MA Online PMP.

4. Other Important Information

- Passwords must not be shared. The system is for your individual use only.
- Patient permission is not required for you to view his/her prescription history. You may provide a patient over the age of 18 with his/her personal prescription history if he/she requests it.
- Providers may want to notify patients who are being prescribed or dispensed a controlled substance that prescription history information is now in the MA Online PMP.
- Patients will be required to show government-issued identification at the pharmacy either when initially filling or when picking up a prescription for a Schedules II – V controlled substance. The requirement went into effect in January 1, 2011. If someone else is picking up the prescription for the patient, he/she will need to show identification.
- A hard copy of the prescription history may be added to a medical record.
- In general, it takes two to three weeks between dispensing of a prescription and its inclusion in the MA Online PMP.
- There are no minimum usage requirements.