# Prescription Monitoring Program (PMP) Registration Instructions

The following is a step by step guide for registering for the PMP through the Secure Access Washington Web portal.

# Why Register for the PMP?

Prescription Review is a centralized database that holds controlled substance prescription information for all patients across the state.

Registering for the PMP allows you to access the dispensing records for Schedules II, III, IV and V controlled substance prescriptions for a patient.

Accessing these records can improve patient care by preventing prescription drug misuse, as well as allowing the provider accurate information about use of controlled prescription drugs.

Information you will be able to access includes:

- Patient name, address, and date of birth
- Prescriber and dispenser information
- Drug name and dosage, and the prescribing and dispensing dates.

Prescription Review's public health goals are to:

-Increase quality of patient care, confidence when prescribing/dispensing, and efficiency and coordination of medical care

-Decrease drug misuse, hospitalizations and deaths, taxpayer costs, drug related crimes

Registering is quick (only about 10 minutes) and easy with these instructions!

## 1) Go to the following web address:

# <u>http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsan</u> <u>dFacilities/PrescriptionMonitoringProgramPMP/RegistrationResourcesandInstructions</u> Scroll to the bottom of the page and click "Login and Account Sign Up"

You'll then need to access the Secure Access Washington (SAW) website at to create a SAW account, if you don't already have one. Once you have an active SAW account, request the PMP service using the service code available in the Training Guide (page 5). SAW will now work to verify your identity before allowing access to the PMP registration application. When SAW has authenticated your identity, you'll be passed to the Prescription Review site where you'll make the appropriate selection:

- "I am an existing WA PMP user."
- "No, I need to create a new WA PMP account"

If you're creating a new PMP account, the registration application will open. Upon completing the form, in-state licensees will be auto-reviewed and granted access provided their registration information is a match with their healthcare credential information. The registrations of out-of-state providers will queue for manual review. All providers will receive an email from the system notifying them of their account status once the review is complete. Out-of-state providers should allow two to three business days. Be sure to check your junk/spam folder for this email. It's auto-generated by the system, and so is often recognized as bot-mail and marked as spam.

Licensed healthcare providers interested in creating their own prescription monitoring account should start on the <u>Prescription Review website</u> .

#### Secure Access Washington (SAW) - direct links

- - <u>Videos for SAW Account Creation and Management</u>

3) You will be directed to the Secure Access Washington (SAW) website. Click on "Create one" to begin creating an account.

SAW SecureAccess WASHINGTON			×.	
		Nev	ws Vide	eo Help
Log in to SecureAccess Washington				
User ID:				
	•?	?م		<b>S</b> ?
Password:				
	Retrieve User ID	Reset Password	Activate Account	Missing Email?
	Get cyber	security news ar Security Opera	nd alerts by folk ations Center	owing our
Do not have an account? <u>Create one</u>				
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4) Click the "START" button to begin the process.

	SAW	SecureAcce w a s H I N G T	ess o N			News Help	
	1 Name & email	2 User ID & password	<b>3</b> Review information	<b>4</b> Validate information	<b>5</b> Check email	<b>6</b> Log in to account	
C 5 9 0 11 7	Price     passion     information     email     account       Create an Account       SecureAccess Washington (SAW) allows you to access multiple online government services with the use of a single user ID and password. By creating a SAW account, you can interact with many government agencies, like L&I, Ecology, DSHS, and more with just one account.     If you need help during this process, please contact us at, 888-241- 7597.						
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5) Enter your name, email address, and select a security question and answer. Then click "NEXT"

SAW	SecureAcco WASHINGT	ess <sub>o N</sub>			
					News Help
1 Name & email	2 User ID & password	3 Review information	4 Validate information	<b>5</b> Check email	6 Log in to account
Enter your perso	onal information				
Name:					
E-mail Address					
Confirm E-mail:					
Secret Question:					
select a question			·		
Question Answer:			_		
PREVIOUS		NEXT			
© Copyright 2017					Privacy Notice
Consolidated Technology Servic All Rights Reserved					

# 6) Create a user ID and password. Then click "NEXT"

SAW	SecureAcce WASHINGT	ess o N			News
1 Name & email	2 User ID & password	3 Review information	<b>4</b> Validate information	5 Check email	6 Log in to account
Create a user II	D and password				
User ID:					
Password:					
Confirm Password					
l'm not a robot	reCAPTCHA Privecy-Terms				
PREVIOUS		NEXT			
© Copyright 2017 Consolidated Technology Servi All Rights Reserved	ces				Privacy Notice

## 7) Review the information and click "NEXT"

SAW	SecureAcce washingto	255 0 N				
					News	Help
1 Name & email	2 User ID & password	<b>3</b> Review information	<b>4</b> Validate information	<b>5</b> Check email	6 Log ir accor	n to unt
Review your info	ormation					
Here is your perso NOTE: We value the months or 13 months	nal and account information in the security of your persecurity of your persecurity of a pending on app	ation. onal information. In ord lication access. Also, y	ler to protect this inforr our password should r	nation, your password ot include a dictionary	will expire <b>ev</b> word.	ery 24
Name:						
E-mail Address:						
User ID:						
Password:						
Secret Question:						
Answer:						
Go back to the previous page to make changes. Continue to the next page if the information is correct. You may want to <u>PRINT</u> this page for your records.						
PREVIOUS		NEXT				

8) You will be asked to check your email to activate your account. Navigate to your email.



Consolidated Technology Services All Rights Reserved  Check your email and follow instructions in the email to activate your account- either click the link in the email or follow the steps outlined to activate your account with the code provided.



10) Login to SAW with your new user ID and password.

SAW	SecureAcce washingt	ess o n			News Help
1	2	3	4	5	6
Name & email	User ID & password	information	Security check	email	Log in to account
Log into Secure Your SecureAccess to access your acce User ID: Password: LOGIN	Access Washington	on has been activated. Log rvices.	r in Forgot User ID?	Forgot Password?	
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11) Click on the green "My Secure Services" tab on the top right.

12) Then click "Add a New Service"

SAW	SecureAccess WASHINGTON		Welcome,	Logout
		My Secure Servi	ces Account Manager	nent Help
My Services	Add a New Service	Contact Us		
Please note: SAW s	s a shared portal serving multipl ponsoring agency directly. Click	e state agencies. To get help with a sen the "Contact Us" button to view a list of	vice provided through SAW, ple agency contact information.	ease contact the
Service	Agency	Description	Status	Action
No services.				
© Copyright 2017 Consolidated Technology Serv	ces		211111	Privacy No

## 13) Enter your service code as "PMP-PR" and click "APPLY"

SAW SecureAccess WASHINGTON			Welcome,	Logout	
		My Secure Services	Account Manager	ment He	elp
My Services • Add a New Service	Contact Us	)			
Service code: If you have been given a service code by an ager below to apply for access to the service. PMP-PR APPLY Search services by keywords: Enter keyword(s) below to find related services. Le blank to display all services. AT LEAST ONE of the words SEARCH	eave field	Select an agency below Consolidated Technole Department of Archae Department of Archae Department of Comme Department of Comme Department of Ecolog Department of Finance Department of Health Department of Labor a Department of Labor a Department of Natura Department of Natura Department of Social Department of Social Department of Transp Employment Security Enterprise Services Office of Financial Ma Test Domain Washington State Boa	to see a list of servic ogy Services iology and Historic Pre- erce y ial Institutions and Industries ng I Resources Je and Health Services ortation Department nagement ard of Accountancy	es: servation	

14) SAW will now ask a series of questions to verify your identity. You legal name will be displayed, so ensure the name is accurate and enter your address. Click "CONTINUE"

My Services	Add a New Service	Contact Us		
Identity Verifica You will be asked a record data (State of data). These question people you know or wish to answer thes skip this step (this not Legal Name:	tion (KBA): series of questions based on f Washington does not gathe ons could be about things you your professional experience e questions, you may <u>reques</u> hay delay access to your serv	your public r or store this a have owned, e. If you do not t permission to rice).	<ul> <li>Tip 1:</li> <li>Is your legal name displayed correctly?</li> <li>First and Last name are required.</li> <li>This name should match what appears on your official documents, like your driver's license or passport.</li> <li>Lneed to change my name.</li> </ul>	
Street Address:				
Background CTS has contracted maccess to sensitive	with LexisNexis to provide In systems. The following quest	nstant Authenticate tions you will answe	services to assure only the people who are allowed have r are part of this LexisNexis service. LexisNexis pulls	

15) Answer the questions to confirm your identity by clicking the correct answer and then clicking "SUBMIT"

My Services	Add a New Service	Contact Us
This question is part of the identity verification (KBA) service provided by LexisNexis Which of the following colleges have you attended?		
Centralia Colleg	je	
City University		
Cake Washingto	n Tech College	
Spokane Comm	unity College	
University Of Mi	chigan	
○ None of the above		
SUBMIT		

16) Next, you are asked to set up information for Adaptive Authentication. This involves providing an email address and phone number as well as setting up a few security questions and answers. Click "CONTINUE" to start this process.

#### Adaptive Authentication Enrollment

Applications with sensitive data require users to enroll in Adaptive Authentication. Adaptive Authentication lets us know it's really you. If you sign in from a computer we do not recognize, you may be asked to answer a question, answer a phone call, or enter a code sent by email or text (SMS). Click the continue button to choose your security questions and provide your phone numbers and email addresses.

Please note: On July 17, we added a new feature that requires existing users to re-enroll their phone numbers. If this is your first time here, this does not apply to you.

#### CONTINUE

# 17) Enter your email address and click "CONTINUE"

SAW SecureAccess WASHINGTON
Email Enrollment
If you sign in from a computer we do not recognize, Adaptive Authentication can send a verification code to the email(s) you specify below.
Primary Email (Required):  Optional Email:  CONTINUE

# 18) Enter your phone number and click "CONTINUE"

SAW SecureAccess WASHINGTON	
Phone Enrollment	Authentication can use the information provided below to offer you a
phone call or text message challenge to confirm your identity. Only numbers without an extension will be available to select	Authentication can use the information provided below to offer you a All numbers provided will be available for the phone call challenge. for a text message challenge.
Primary Phone (Required)	Optional Phone
Country Code:	Country Code:
United States (+1)	United States (+1)
Phone Number (Include Area Code):	Phone Number (Include Area Code):
	Extension (Optional):
	CONTINUE

19) Chose your challenge security questions and enter answers for each question. Then click "CONTINUE"

SAW SecureAccess WASHINGTON
Choose Challenge Questions If you sign in from a computer we do not recognize, Adaptive Authentication may ask you one of the questions you select below. You answers should be no more than 30 characters (no symbols) and are not case sensitive.
Question 1:      Please select a challenge question -  Answer:
Question 2: - Please select a challenge question -  Answer:
Question 3: - Please select a challenge question - Answer:
CONTINUE

20) Review your challenge questions and answers, as well as phone and email. Then click "SUBMIT"

SAW SecureAccess WASHINGTON
Review and Finalize
Please review the information you have entered and make any changes before pressing the "Submit" button.
Challenge Questions
Question 1: What is your best friend's first name? Answer:
Question 2: What is the first name of the best man at your wedding? Answer:
Question 3: Where did you meet your spouse for the first time? (Enter full name of city only) Answer:
Phone Numbers
primary: ·
Emails
Remember This Computer?
<ul> <li>Yes. I plan to use this computer in the future to access my account.</li> <li>No. This is a public computer or one I do not plan on using often to access my account.</li> </ul>
CHANGE

21) You've now finished the SAW's Authentication process! You will be forwarded to the Prescription Review site. Select "No, I need to create a new WA PMP account" and click "Submit"



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22) Complete the registration form for PMP/Prescription Review. You will receive an email from the system to the address you register on this form with your account access information. Don't know your State License Number or DEA number? See the next slide!



New Acco

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Washington PDMP Prescription Review

5				PMP Pro	ovider Acco	unt Registrat	tion Forn	n (using SecureA	ccess Wasi	hington Acc
	* LAST Name:	* F	IRST Name:			Middle Initial:				
	* Date of Birth (MM/DD/YYYY)	4	* Last 4 Dig	its of SSN:						
	Business Name (if applicable):									
	* Street Address:									
	* City:	* State: Select a state	•	* Zip Code:						
	* Health Profession License Type	(Example: M.D., PA, etc	.): Select type				•			
	* State License Number (WA licen	ases only: without prefix	- ex. 12345678):		* Lic	ense State Code:	Select a st	tate •		
	* Driver's License #:	* Expira	tion Date:		* Issue Date	:		* CDL Class Code:	No CDL V	
	* Phone # (123-456-7890x0000):		Fax:					-		
	DEA Number (for prescribers or	nly, ex. AB1234567):		DEA Suffi:	x:		* Email:			
TRY®	* Security Question: Please Select	t	<ul> <li>* Security</li> </ul>	y Answer:					_	

#### **PMP** Provider Account Liability Statement

I agree that by accessing this system, I affirm that I am:

- 1. Currently licensed and authorized to prescribe or dispense controlled substances; or
- 2. Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber who meets the requirements in paragraph (1).

I understand that my use of this system is permitted only in connection with:

· providing medical or pharmaceutical care for my patients.

• providing my patient his or her own prescription monitoring information contained in the system, so long as I am sure of the patient's identity.

I understand that any other access or disclosure of PMP data is a violation of Washington law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password, and any use of the system by a provider I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a provider who I have authorized to access the system no longer needs that access, I agree to notify the Department of Health immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

Accept & Submit

23) You can use Medhub to locate your State License Number and DEA number:
-Login to Medhub as you normally would: <u>https://uw.medhub.com/index.mh</u>
-Click on "Account" in the upper right corner to get to the page pictured below.
-Then click on "Review Records"

UW Medicine GRADUATE MEDICAL EDUCATION Psychiatry		Home	Schedules	Help
# <u>Home</u> » myProfile				
myProfile				
Change Password	Use this link to modify your login information			
Review Records	Use this link to review your personal record. Information includes past education, social security number, test scores, certifications, training history, and shared files.			
Update Contact Information	Use this link to update your contact information including phone number and address.			
Preferences	Modify your preferences for viewing and communicating with the MedHub application.			
Login Statistics	Use this link to review your login history and basic usage statistics.			

medhub

Home | myProfile | Schedules | Help Copyright © 2002-2017 MedHub, Inc. - All Rights Reserved Legal Notice | Privacy Policy -On the Review Records page on Medhub, scroll down to the "Certifications" section and locate your license number and DEA license number to use on the application.

### Certifications



-On the PMP Provider Account Registration Form, you are asked for your CDL Class Code. Select "No CDL" unless you have a commercial driver license (explained below).



- passengers, including the driver, and used to transport students under the age of twenty-one years to and from school; (additional endorsement required - see below)
- Vehicles used to transport hazardous materials which are required to be placarded in accordance with 49 CFR 172, Subpart F, as amended. (additional endorsement required – see below)

# 24) Review the PMP Provider Account Registration Form and print a copy for your records if you'd like.



Washington PDMP Prescription Review

New Accounts

PMP Provider Account Registration Form (using SecureAccess Washington Account)

Please print this form (for your personal records only). If there is a problem with your registration you will need it when we contact you. <u>Print out this form (for your personal records only)</u>.



Prescription Monitoring Program prescriptionmonitoring@doh.wa.gov



Resentr	Y

Please provide the information requested below. (Print or Type) Use tu	li name, not initials.				
Full Name (last, first, middle initial)*		Date of Birth*	Last 4 of SSN*		
Business Name (if applicable)		Street Address*			
City*	State*	Zip Code*			
Health Profession License Type (Example: M.D., PA, etc.)*		State License Number (inclu	de which state)*		
Driver's License #*		Expiration Date*			
Issue Date*		CDL Class Code*	CDL Class Code*		
Phone*		Fax			
DEA # (for prescribers only)*		DEA Suffix			
Security Question*		Security Answer*			
Email*	Signatur	re*	Date*		
	* in	dicates a required field			
	NOTA	RY PUBLIC USE ONLY			

NOTARY PUBLIC USE ONLY							
Subscribed and sworn to before me in the County of, State of	, this day of 20						
Notary Public							
My Commission expires							
DEPARTMEN	T USE ONLY						
Registration ID 10274382	Registration Date 08/30/17 15:24:34						
Received By	Approved On	Denied On					

PMP Provider Account Liability Statement

I agree that by accessing this system, I affirm that I am:

1. Currently licensed and authorized to prescribe or dispense controlled substances; or

2. Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber who meets the requirements in paragraph (1)

I understand that my use of this system is permitted only in connection with:

25) Check your email for two emails. One will state that you have created a user account. The second email contains your temporary password and PIN. Follow the link in this email to log in and complete the registration.

Washington Prescription Review user account created From: WAPDMINFO <wappmp-info@apprisshealth.com> 11 Add

To: Date:

Prescription Review is Washington State's Prescription Monitoring Program (PMP)

This email confirms that the Washington State Department of Health approved you to access the Prescription Review database.

Your User name is your health professional license number with the WA state 2-letter license type prefix you selected at registration; (i.e. MD12345678 for medical doctor).

You will receive a second email within four hours with your temporary password, your account personal identification number (PIN), and the steps to follow to log on to the system.

The authorized vendor supporting the department for Prescription Review is Health Information Designs (HID). Please contact HID Helpdesk for technical questions about the Prescription Review system. You can reach the HID Helpdesk Monday through Friday from 8:00 a.m. to 5:00 p.m., Pacific Time. Contact them by phone at 877-719-3121, or by email at wapmp-info@apprisshealth.com.

NOTE: This email message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by replying to this email, and destroy all copies of the original message.

#### Washington Prescription Review account status

From: WAPDMINFO <wapmp-info@apprisshealth.com> 💼 Add

To: Date:

This e-mail contains your temporary password, your personal identification number (PIN), and the steps you must follow to log on to the system.

Your temporary password is:

Your PIN is:

You can now go to https://wapmp-ph.hidinc.com and login using your user name and password.

NOTE: You must have your PIN if you contact the help desk to request assistance with a lost password or encounter any other type of account access difficulties. It is recommended that you store your PIN in a secure and easily retrievable location.

The authorized vendor supporting the department for Prescription Review is Health Information Designs (HID). Please contact HID Helpdesk for technical questions about the Prescription Review system. You can reach the HID Helpdesk Monday through Friday from 8:00 a.m. to 5:00 p.m., Pacific Time. Contact them by phone at 877-719-3121, or by email at wappp-info@apprisshealth.com.

26) Clicking the link in the email will forward you to the following website: -Click on the link to log in and access the Prescription Review



ou need further assistance, please contact the PDMP Help Desk

Prescribe health Dispense safely

P.O. Box 47852, Olympia, Washington, 98504-7852, Fax: (360) 236-2901

27) You will now see the "PMP- Provider" link listed under Services. Click on this link to access the Prescription Monitoring Program!

SAW	SecureAccess WASHINGTON	We My Secure Services	elcome, Account Management	Logout
My Services Please note: SAW	• Add a New Service Co is a shared portal serving multiple stat ponsoring agency directly. Click the "C	ntact Us e agencies. To get help with a service provi contact Us" button to view a list of agency c	ided through SAW, please ontact information.	contact the
Service	Agency	Description	Status	Action
<u>PMP - Provider</u>	Department of Health	Prescription Monitoring Program - F Site	Provider Active	Remove

For additional assistance or troubleshooting the sign up process, use the following links:

Step-by-Step Instruction for Account Registration and System Access (with more details): <a href="http://www.doh.wa.gov/Portals/1/Documents/2300/2015/SAWinstructions.pdf">http://www.doh.wa.gov/Portals/1/Documents/2300/2015/SAWinstructions.pdf</a>

Registration Training Video (YouTube 6 minutes, 11 seconds): <u>https://www.youtube.com/watch?v=og8ldqqBR2E&feature=youtu.be</u>

Videos for SAW Account Creation and Management: <u>https://www.youtube.com/playlist?list=PLWIxIU5yW802EQFRPepDCU\_6\_08DU7zvn</u>

Prescription Monitoring Program (PMP) Registration Resources and Instructions: <u>http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsan</u> <u>dFacilities/PrescriptionMonitoringProgramPMP/RegistrationResourcesandInstructions</u>