Online Electronic Prescribing Waiver Request Process - Medical Group Practice

(Two or more practitioners)

Can be completed by a licensed practitioner or staff with either one of the following roles:

- 1. HCS Coordinator
- 2. Electronic Prescribing Waivers (EPW) Requestor

Complete the steps below to access the Electronic Prescribing Waiver (EPW) application in the NYS Health Commerce System (HCS):

- 1. Log into the HCS at https://commerce.health.state.ny.us
- 2. Under "My Content" click on "All Applications"
- 3. Click on "E"
- 4. Scroll down to Electronic Prescribing Waivers and double click to open the application. You may also click on the "+" sign to add this application under "My Applications" on the left side of the Home screen.

Complete the steps below to request a waiver within the EPW application for the first time:

1. Select the Medical Group Practice that is requesting the waiver. If the medical group practice name is not displayed, then select the practitioner name from the list that starts with the profession (i.e., Medicine-##### Doe John).



All practitioners, medical group practices, and institutions requesting a waiver from the requirement to electronically prescribe must indicate each site/practice address where the practitioners are unable to issue an electronic prescription. For each waiver request, the shipping address for the Official NYS Prescription (OPP) forms used at each site requiring a waiver must be identified.

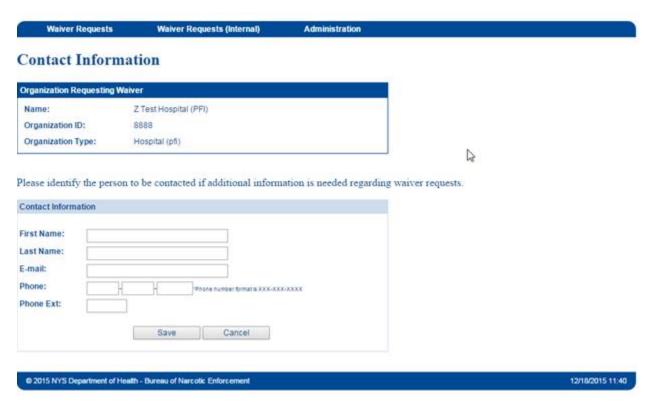
Note: Other site addresses associated with the OPP shipping address can be added to the waiver request as appropriate. Documentation in support of the need for a waiver must also be provided.

Notification that a waiver is no longer necessary at each site/practice address may be indicated by the practitioner.

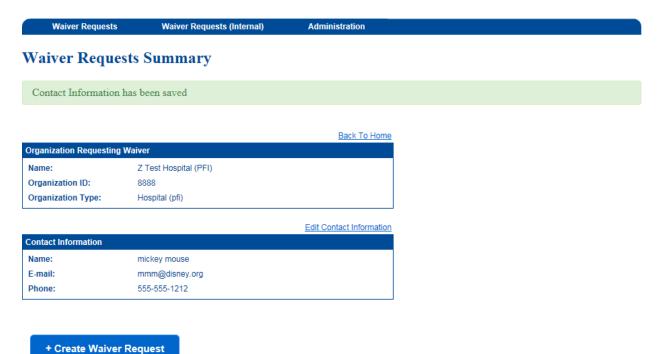
To get started, please select the practitioner, medical group practice or institution that needs to request a waiver.



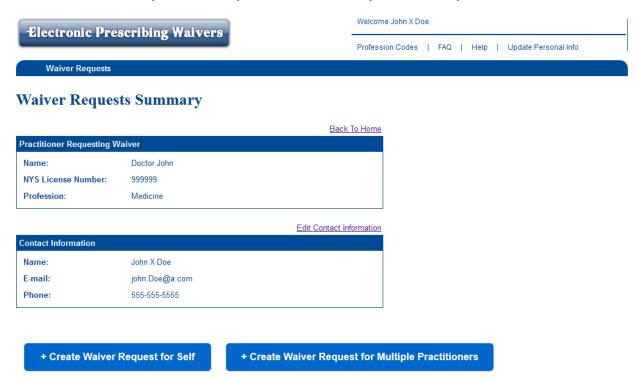
2. Provide contact information for the person who should be contacted if additional information is needed regarding the waiver request and click "Save".



3a. If the Medical Group Practice is selected in Step 1, on the "Waiver Requests Summary" screen click on "Create Waiver Request" and proceed to Step 4.



3b. If the Practitioner name is selected in Step 1, on the "Waiver Requests Summary" screen click on "Create Waiver Request for Multiple Practitioners" and proceed to Step 4.



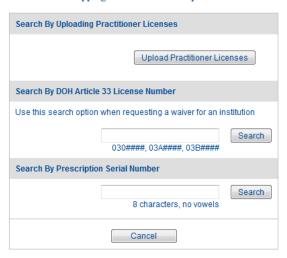
- 4. Search for the Official NYS Prescription (OPP) shipping address for the site requiring a waiver. The requestor can search by the following options:
 - Upload the Practitioner License List (CSV file)
 This option is recommended if requesting a waiver for your medical group practice site.
 - 2. Enter the DOH Article 33 License Number (030####, 03A####, 03B####)

 Medical Group Practices Do Not Use This option is for institutions only
 - 3. Enter an OPP serial number from a prescription form used at the site requiring a waiver *Use this option only if you cannot identify your OPP shipping address from Option 1.*



Search for Official NYS Prescription (OPP) Shipping Address

An Official NYS Prescription (OPP) Shipping Address is required to request a waiver. Please use one of the search options shown below to find the OPP Shipping Address for this request.



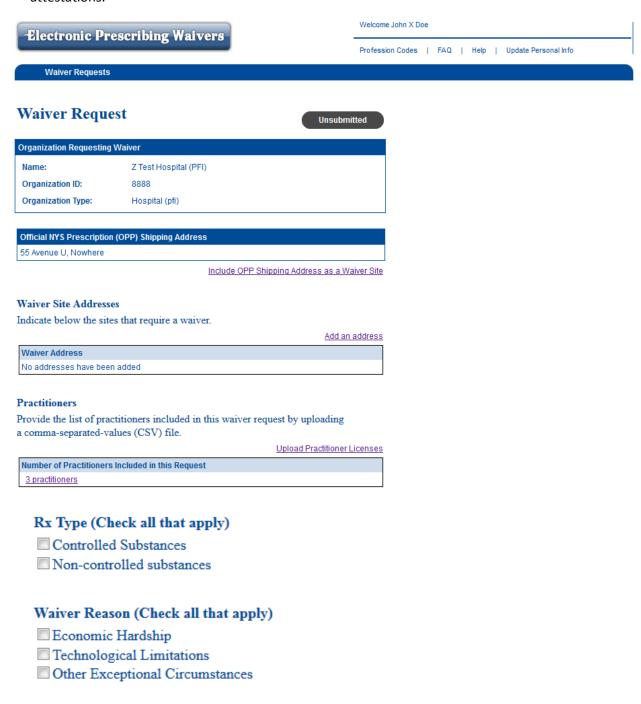
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5. Select the OPP shipping address from the list returned and click "Create Waiver Request". Please note: Only active OPP shipping addresses will be displayed; i.e., the practitioner is currently registered with the Official NYS Prescription Program. Additional OPP shipping addresses will require separate waiver requests and can be initiated at the completion of this waiver request, if needed.



6. After selecting the OPP shipping address, the "Waiver Request" screen will display (see below). On this screen, you will provide additional information required to complete the waiver request: the waiver site address(es), the Rx type(s), reason(s) for the waiver, uploading a file of the practitioners included in this request, supporting documentation and uploading a file of the practitioner attestations.



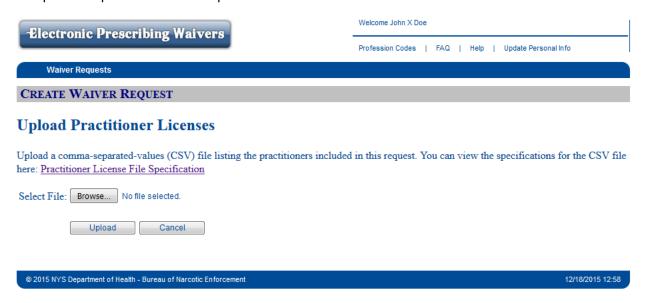
Information to Support Need for Waiver

Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate, and any other pertinent information related to the request. (Upload supporting documents if necessary) Upload Supporting Document V **Supporting Document** supporting Doc1.pdf Remove **Practitioner Attestations** Upload a signed attestation from each practitioner to whom this waiver request applies. Date and printed name of practitioner must be included. Note: Multiple practitioner signatures may be provided in a single attestation document. **Upload Attestation Document Attestation Document** Practitioner Attestations.pdf Remove Save For Later Submit Waiver Request Back To Summary © 2015 NYS Department of Health - Bureau of Narcotic Enforcement 12/18/2015 13:22

7. The requestor must indicate if the OPP shipping address should be included as a waiver site by clicking on the link "Include OPP Shipping Address as a Waiver Site". In addition, a medical group practice can add up to 3 additional waiver site addresses associated with the OPP shipping address, if necessary, by clicking on the link "Add New Address".



8. If not already completed in Step 4, upload the comma-separated-values (CSV) file listing the practitioners included in the waiver request by clicking on the link "Upload Practitioner Licenses". Please note: Only practitioners with a valid NYS license (##, ######) will be loaded. Each CSV file will replace the prior file that was uploaded.



- 9. Select the type of prescription for which a waiver is required (check all that apply)
- 10. Select the reason for the waiver (check all that apply)

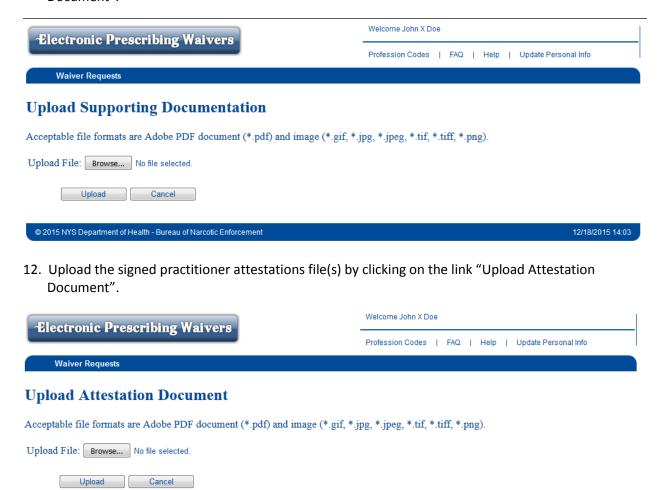
Rx Type (Check all that apply)

- Controlled Substances
- Non-controlled substances

Waiver Reason (Check all that apply)

- Economic Hardship
- Technological Limitations
- Other Exceptional Circumstances

11. Provide documentation in support of the need for a waiver by entering the justification in the box provided and/or uploading a supporting document(s) by clicking on the link "Upload Supporting Document".



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- 13. Verify that all information, including ALL waiver site addresses, is complete and accurate.
- 14. Select "Submit Waiver Request" at the bottom of the screen if all of the information is complete and accurate. Select "Save for Later" if additional information is required.

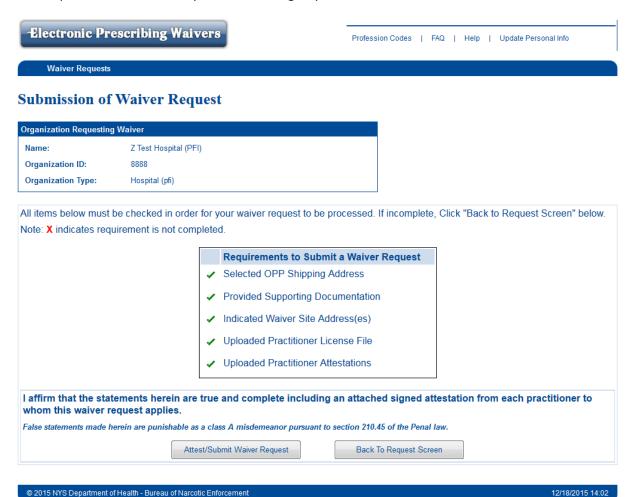
Information to Support Need for Waiver

Provide a detailed description of the economic hardship not reasonably within the control of the practitioner, and that are relevant. Include each site's current electronic pushen those capabilities are expected to be fully operation to meet the e-prescribing mandate, and any other pertin (Upload supporting documents if necessary)	d other exceptional circumstances prescribing capabilities, the date onal, steps that are being taken	
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Practitioner Attestations Upload a signed attestation from each practitioner to w Date and printed name of practitioner must be included signatures may be provided in a single attestation document.	l. Note: Multiple practitioner	
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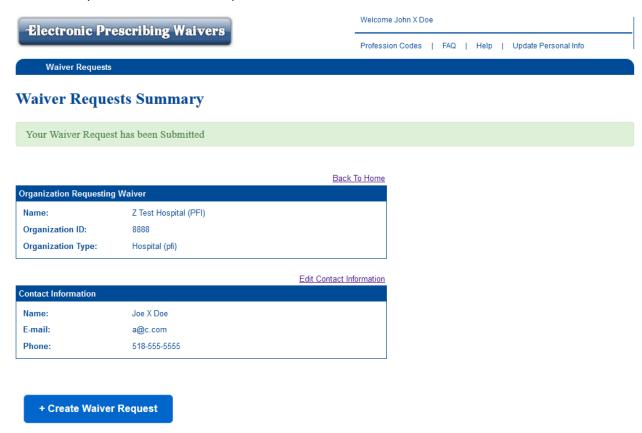
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15. If all of the requirements to submit a waiver request are checked, click on the button "Attest/Submit Waiver Request". If one or more of the requirements are unchecked, click on the button "Back to Request Screen" and complete the missing requirements.



16. Once the request has been submitted, a confirmation message will display on the Waiver Request Summary screen. The waiver request status will be marked as "Under Review".



Waiver Requests

Official NYS Prescription (OPP) Shipping Address	Status	Submit Date	Status Change Date	Action
123 Nowhere Lane, Pumpkin City	Cancelled		12/18/2015	
999 KING STREET, BURGER PLACE	Under review	12/18/2015	12/18/2015	Cancel
4015 AVENUE U, SomeWhere	Under review	12/21/2015	12/21/2015	Cancel

- 17. Click on "Create Waiver Request" if the requestor needs to request a waiver for another site associated with a different OPP shipping address.
- 18. The "Waiver Requests Summary" screen will reflect the current status of each waiver request, including approval and denial. Medical Group Practices and Practitioners should monitor the status of each waiver request via the EPW application.