



EPCS Provider On-boarding Manual

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Table of Contents

EPCS Identity Proofing Checklist.....	2
Provider Invite and Identity Proofing.....	3
User Registration	8
Registering Tokens	11
Creating a Passphrase	13
Experian Transaction Number.....	14
SMS Text Message.....	14
USPS Mail	15
Re-Authentication	16
EPCS Logical Access Control (LAC)	18
Auditable Event Alerts.....	21

EPCS Identity Proofing Checklist

Items marked with a * are required, while the other items are recommended, optional, or only necessary for specific circumstances.

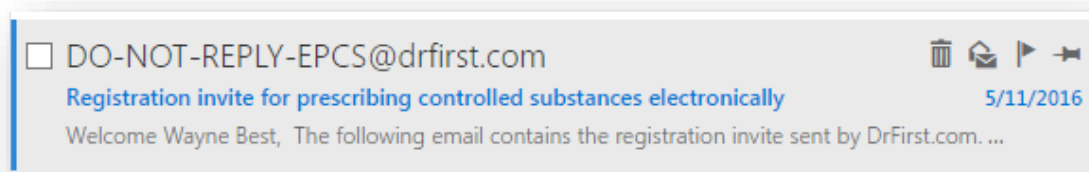
1. Hard or soft EPCS token (recommended to have at least two tokens) *
 - a. Hard token: Keychain device provided by DrFirst
 - b. Soft token: VIP Access smartphone/tablet app by Symantec
2. Remove any security / credit freezes from your credit accounts by contacting Experian
Please Note: IDP cannot be passed if there is any protection on your credit accounts
 - a. Instructions on how to remove freezes / alerts can be found at www.experian.com under “Credit Report Assistance”
3. Free Experian credit report from www.annualcreditreport.com
 - a. Identity proofing questions are formulated based upon credit history. This includes but is not limited to questions about home/auto loans, bank accounts, places of residency, etc. Having a credit report available can assist in answering these questions
4. First eight digits of a personal credit card (VISA or MasterCard) – no business or debit cards
5. Valid personal phone number (residential or cellular – must be associated with home address)
Please Note: If you enter a mobile phone number and Experian can verify that you are the primary account holder, you may receive your transaction ID instantly by SMS text message. Alternatively, you will receive a letter via USPS mail (takes approximately 3-5 business days)
6. Social Security Number *
7. DEA number and state – DO NOT use a narcotics addiction DEA number (NADEAN) *
8. An idea for a passphrase (password) that is a minimum of 8 characters with at least one capital letter, one lowercase letter, and a number *
 - a. A passphrase is necessary for the two-factor authentication step required for sending controlled substance prescriptions
 - b. It is HIGHLY recommended you write down the passphrase to save in a secure location
9. An idea for a security question and answer (necessary for resetting your passphrase) *
 - a. Example: Mother’s maiden name or make/model of your first car
 - b. Security answers are case sensitive

Provider Invite and Identity Proofing

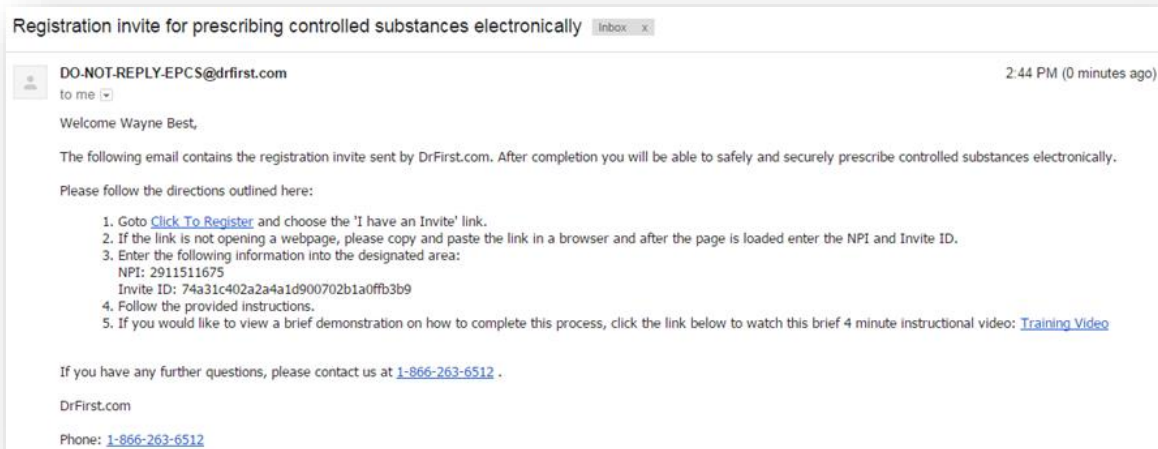
Every EPCS provider will receive an invite from DrFirst (DO-NOT-REPLY-EPCS@epcsdrfirst.com).

The provider must follow the instructions in this email in order to complete the EPCS registration process, which includes the IDP Process (Identity Proofing) and activating token devices. If unable to find the email, please check your junk/spam folder.

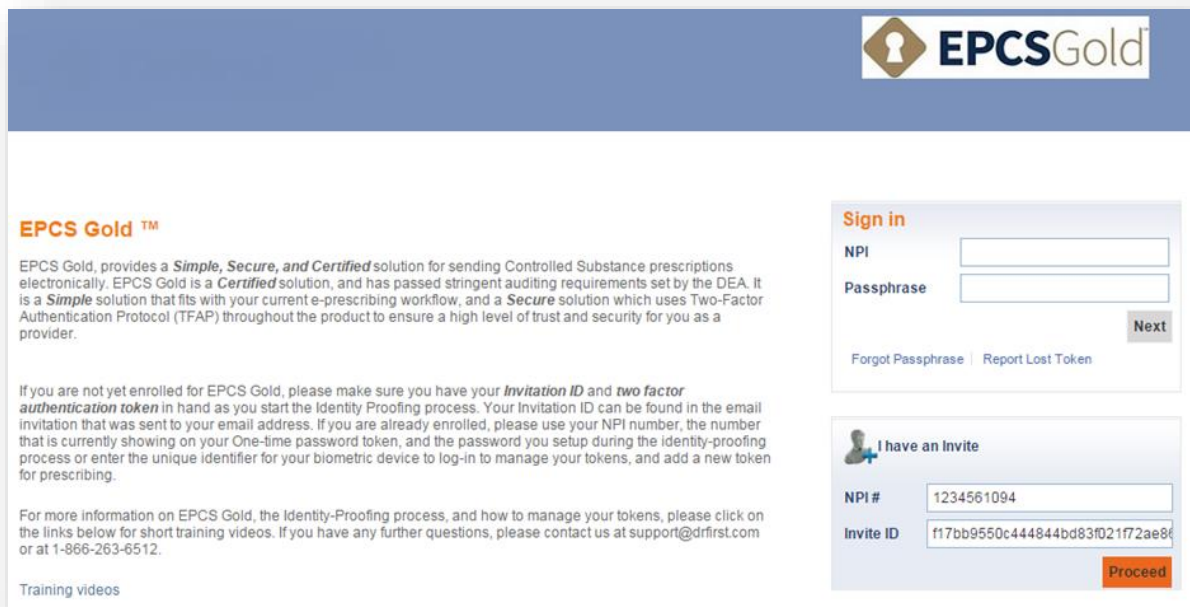
Please Note: Do not begin without at least one EPCS token. Even if you complete the IDP process, you cannot complete the last step without your token present.



1. In the email, a link will be appear in step 1 of the directions (**Click To Register**). Click this to begin. The invite email contains an **Invite ID**. We recommend saving the email with the **Invite ID** in case you are unable to complete the process and have to re-access this information later.



2. This link will take you a page where your **NPI #** and **Invite ID** will be pre-populated in the **I have an Invite** box. Please confirm that these fields are correct, and click the orange **Proceed** button.



The screenshot shows the EPCS Gold login interface. At the top right is the EPCS Gold logo. On the left, there is a section titled "EPCS Gold™" with descriptive text about the solution and a link to "Training videos". On the right, there are two main login sections. The first is "Sign in", which includes input fields for "NPI" and "Passphrase", a "Next" button, and links for "Forgot Passphrase" and "Report Lost Token". The second section is "I have an Invite", which includes input fields for "NPI #" (pre-filled with "1234561094") and "Invite ID" (pre-filled with "f17bb9550c444844bd83f021f72ae8"), and a prominent orange "Proceed" button.

Please Note: You may need to scroll down and to the right in order to find these boxes as some browsers do not condense information at the top of the page.

- The next step will be to accept the **Terms of Use and Conditions** by clicking the individual gray checkboxes and clicking the **I Agree** button in the bottom right corner



Agreement for EPCS Gold Services

TERMS OF USE AND CONDITIONS

- ☐ I agree to retain sole possession of the OTP token, and will not share the login passphrase with any other person.
- ☐ I agree that I shall not allow any other person to use the OTP token or enter the login passphrase in order to sign controlled substances.
- ☐ I understand that any failure to secure the OTP token or login passphrase, or any sharing of the OTP token or login passphrase with any other person, may provide a basis for revocation or suspension of my use of EPCS Gold.
- ☒ I agree that if using a hard or software token or mobile device application to generate a one-time-password for the two-factor authentication process, the hard or software token or mobile device application shall be separate from the device that I use to issue any electronic prescription for a controlled substance.
- ☒ I agree to notify the DEA and the persons in my organization designated to set logical access controls to the EPCS application and to notify my electronic prescribing or EHR/EMR vendor within one (1) business day of discovery if:
 - I discover that one or more controlled substance prescriptions issued using my DEA number were not consistent with the prescriptions I signed, or were not signed at all.
- ☒ I agree to notify the persons in my organization designated to set logical access controls to the EPCS application and to notify my electronic prescribing or EHR/EMR vendor within one (1) business day of discovery if:
 - I am contacted by a pharmacy because one or more of my controlled substance prescriptions are displaying the incorrect DEA number.
 - It appears that any of the functions of the electronic prescribing application functions otherwise appear to be functioning improperly.
 - My OTP token has been lost, stolen, or otherwise compromised or the authentication protocol has been compromised in any way.
 - I determine there is any other potential security problem not described above.
- ☒ I understand that in the event of misuse, I am responsible for any controlled substance prescriptions written using my two-factor authentication credential if I do not alert my electronic prescribing or EHR/EMR vendor as required in the provision above, and that I am responsible for any prescription information entered by an agent at my direction upon signing and authorizing any transmission.
- ☒ I agree to promptly install all application updates of which I am made aware.
- ☒ I understand that I have the same responsibilities when issuing electronic prescriptions for controlled substances as when issuing paper or oral prescriptions.
- ☒ I agree to prescribe controlled substances only for legitimate medical purposes.
- ☐ By clicking this box, you understand that, in addition to the EPCS Gold Terms of Use, you are subject to all applicable federal and state laws for the electronic prescribing of controlled substances, including but not limited to the DEA Interim Final Rule on Electronic Prescriptions for Controlled Substances.


PLEASE CHECK ALL CHECK BOXES AND CLICK THE AGREE BUTTON BELOW TO SIGNIFY THAT YOU HAVE READ AND AGREE TO THE ABOVE TERMS OF USE.

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- The next screen will present a temporary password. This allows you to resume the IDP session if you exit for any reason. This can be recorded before proceeding.


Please Note: This temporary password can only be used if IDP has been passed but you have yet to bind a token. If the IDP session needs to be exited and completed later, this password can be used to access the session within 24 hours. To use this password, click on the original invite link and enter the password.

5. The next screen lists some pre-requisites of the IDP process
- Token:** At least one hard or soft token is necessary to proceed
 - Personal credit card:** This is optional and can help pass the IDP process




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. (NIST Requirement)

[Continue](#) [Cancel](#)

6. Then, accept the **InfinID Application Terms of Use**

INFINID APPLICATION TERMS OF USE

DrFirst.com, Inc. ("DrFirst," "we," or "us") provides online and mobile application services related to the practice of medicine, including secure information exchange, electronic prescribing, and other tools to assist physician practices, individual physicians, and other healthcare providers to perform a variety of healthcare activities. Many of these services require healthcare providers to undergo Identity Proofing during their initial registration process, in order to verify that the provider actually is the person that the provider claims to be in accordance with state and federal laws. InfinID ("the Application") is a web-based application which enables a Healthcare Administrator ("End User") to more efficiently manage and authorize those healthcare providers, identity, and credentials. The Application is provided to End User only under the applicable terms of use below (the "Terms").

PLEASE READ THE TERMS CAREFULLY. BY CLICKING ON THE "ACCEPT" BUTTON BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ THESE TERMS, UNDERSTAND THEM, AND AGREE TO BE BOUND BY THEM.

IF YOU DO NOT AGREE TO ANY OF THE TERMS BELOW, YOUR SUBSCRIBER'S RIGHT TO ACCESS AND USE THE SERVICES WILL NOT COVER YOU AND YOU CANNOT BE GRANTED ACCESS TO THE SERVICES, THE SITE, OR ANY RELATED TOOLS OR SERVICES. IF YOU ARE IN THE PROCESS OF ELECTRONICALLY REGISTERING AND YOU DO NOT AGREE WITH THESE TERMS, YOU SHOULD CLICK ON THE "DO NOT ACCEPT" BUTTON TO DISCONTINUE THE REGISTRATION PROCESS OR EXIT THE APPLICATION REGISTRATION SCREEN.

A. END USER REQUIREMENTS By agreeing to these Terms as an End User, you represent that you are an End User at a healthcare entity, an authorized administrator appointed by a healthcare entity, or an authorized administrator appointed by an electronic medical record with the authority to access an entity's healthcare provider database in order to share provider identity verification information with DrFirst and authorized third parties. In the event that you cease to be an Authorized Credentialing Officer or an authorized administrator with the right to access and share healthcare provider information, these Terms will automatically terminate and you agree to discontinue your use of the Application immediately. You agree to use the Application to upload information for only those healthcare providers who have successfully completed your healthcare entity's identity proofing verification process in compliance with all applicable state and federal laws and regulations.

B. ACCESS TO SERVICES For so long as these Terms remain in effect and you remain a properly registered End User, the Application will remain available to you. You may access the Application only if the healthcare entity that you are affiliated with remains a DrFirst customer, subject to these Terms. During such time as you remain a properly registered End User, you are granted a limited, non-exclusive, nontransferable license to access and make use of the Application.

Version TOU 2.0, Last Modified 03/18/2016

☒ I have read and understood this agreement, and I declare that I am authorized to sign this agreement.

PLEASE SELECT THE ACCEPT BUTTON BELOW TO SIGNIFY THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE PRECEEDING TERMS AND CONDITIONS OF USE.

User Registration

Next, you must fill in all required fields on the User Registration page marked with a red asterisk (*).

Required (*)

- **NPI:** This will be pre-populated
- **First / Last Name:** These fields will be pre-populated
- **E-mail Address:** Must match the email where you received the EPCS invite
- **DEA Number:** When entering your DEA number, please use all capital letters. For example, AA1234567 and not aa1234567. Please enter your primary DEA number, not a specialty DEA or DEA for prescribing addiction medications.
- **Date of Birth:** Please click on the calendar icon and select your birth year followed by the month and then day. This will make ensure correct it is formatting.
- **Home Address** fields: Please enter the address related your financial records. This is typically a home address. Please do not input any special characters within the address field.
- **Social Security Number:** Personal SSN number

Optional (but recommended)

- **Mobile Phone Number:** While this is not required, if you enter a mobile phone number that Experian can verify, you will receive a text message with a confirmation code instead of a physical letter. This greatly speeds up the IDP process.
- **Credit Card Number:** While this is not required, this can increase your chances of passing IDP. Please enter a personal credit card that is either a VISA or MasterCard. You will NOT be charged; Experian requires only the first 8 digits

Please Note: Mobile phone number and credit card number are not required, but it is recommended that you complete both fields.

Additionally, the **Driver's License State**, **Driver's License #**, and **Residential Phone Number** are not required. If you enter your **Driver's License #**, please put the class of the license at the end of the number.


User Registration

Fields marked with * are mandatory
Fields marked with ** should be provided to prevent identity proofing failures or delays, see notes below form fields.

1
2
3
4
5
6
7

<p>NPI <input type="text" value="2911511675"/></p> <p>First Name* <input type="text" value="Wayne"/></p> <p>Last Name* <input type="text" value="Best"/></p> <p>Email Address* <input type="text" value="XXXXXXXXXXXXXXXXXX"/></p> <p>DEA Number* <input type="text" value="AA1258967"/></p> <p>Date of Birth (MMDDYYYY)* <input type="text" value="01011957"/></p> <p>Home Street Address* <input type="text" value="1361 K St SE Apt 204"/></p> <p>Home City* <input type="text" value="Washington"/></p> <p>Home State* <input type="text" value="District of Columbia (DC)"/></p> <p>Home Zip* <input type="text" value="20003"/></p> <p>Social Security Number* <input type="text" value="890-62-9517"/></p> <p>Mobile phone number** <input type="text" value="(301) 231-9510"/></p> <p>Credit Card Number** <input type="text" value="4250-0438-XXXX-XXXX"/></p>	<p>The following fields are optional; however, if entered accurately will help confirm your identity.</p> <p>Driver's License State <input type="text" value="Choose a Value"/></p> <p>Driver's License Number <input type="text"/></p> <p>Residential Phone Number <input type="text"/></p>
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Powered by



** A Experian Transaction Number will be sent to the mobile phone number provided. You will need to save and enter that code in later steps to complete the identity proofing process. If you do not provide a mobile number or if the mobile number can't be matched to your home address, the transaction number will be mailed to your home address.

** 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 the data entered on this screen. (NIST Requirement)
 Your credit card will NOT be charged.
 You must be the primary account holder of the credit card and it must be linked to your home address.
 If a credit freeze is in place on your credit card or credit profile which prevents your credit report from being accessed, you cannot complete the IDP at this time. It is necessary to temporarily remove the credit freeze to successfully complete the IDP. You may contact Experian's National Consumer Assistance Center (Experian Dispute Department) at 888-397-3742.

Note:
 The information you provide above will be utilized for purposes of identity proofing only. DrFirst does not use or store the information other than for auditing system activity.

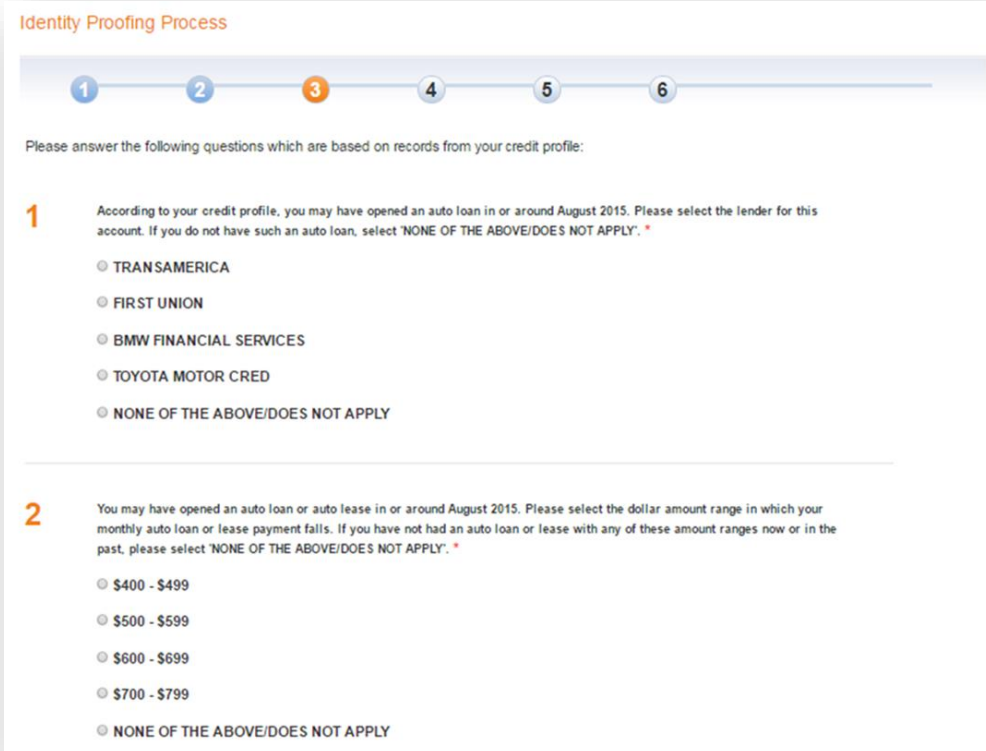
By clicking "I AGREE" below, you understand and agree that you are allowing DrFirst to send your personal information to Experian for identity verification purposes, which serves as an authentication credential in the onboarding process for the EPCS Gold product. Any credit reports or financial records used in the identity verification process shall be utilized in accordance with the Fair Credit Reporting Act. Allowing access to your credit information posts a soft inquiry on your credit report (which shall be visible only to you), but does not impact your credit score.

By clicking "QUIT" below, you will not be able to continue the onboarding process at this time.

I AGREE
Quit

7. You will then be required to answer 3-4 security questions pertaining to your financial history

Please Note: If you are not presented with IDP questions, this could be due to a number of different factors. These include but are not limited to a security freeze or fraud alert on your accounts. Instead of these questions, you will see a message that informs you of unsuccessful identity proofing.



Identity Proofing Process

1 2 3 4 5 6

Please answer the following questions which are based on records from your credit profile:

1 According to your credit profile, you may have opened an auto loan in or around August 2015. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

- ☐ TRANSAMERICA
- ☐ FIRST UNION
- ☐ BMW FINANCIAL SERVICES
- ☐ TOYOTA MOTOR CRED
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

2 You may have opened an auto loan or auto lease in or around August 2015. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'. *

- ☐ \$400 - \$499
- ☐ \$500 - \$599
- ☐ \$600 - \$699
- ☐ \$700 - \$799
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

8. Based on the answers to the questions presented, combined with the initial information entered by you on the **User Registration** screen, Experian will determine whether or not you have successfully passed IDP. If you fail IDP, you must start the IDP process over.

Please Note: If you fail three times, this will lock your account. You cannot attempt IDP again for a full 24 hours.

9. Once IDP has been completed successfully, you will receive a confirmation on the next screen that your identity has been successfully verified and be required to complete registration steps

Registering Tokens

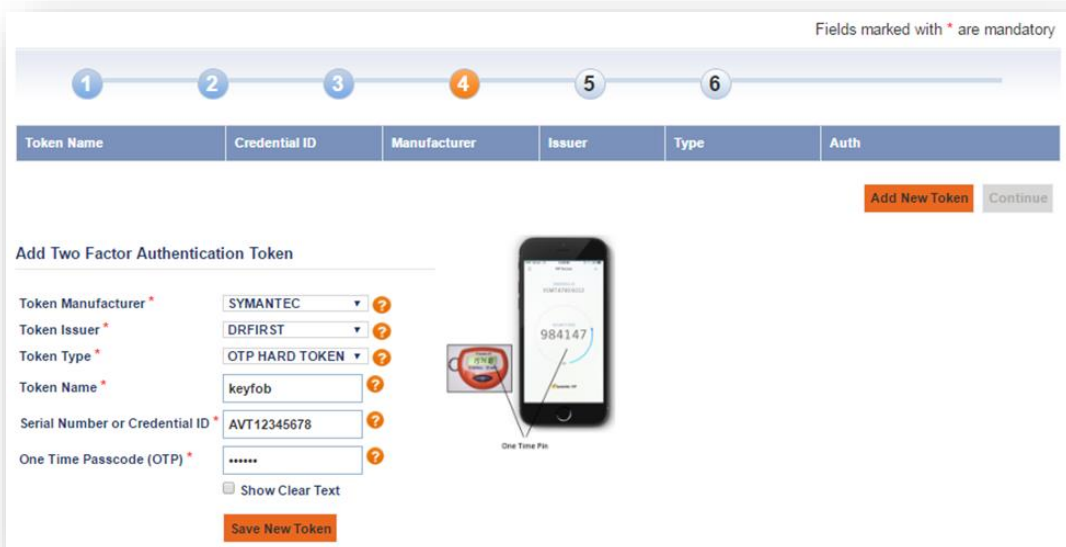
The first registration section asks you to register your EPCS token(s). In order to do this, you must have at least one token with you.

- **Hard token:** Keychain device issued by DrFirst
- **Soft token:** Available through the **VIP Access** mobile app (by Symantec), which can be downloaded onto a smart device from the app store.



Please Note: It is strongly recommended that you have at least two tokens attached to your account. You will need a token every time you send a controlled prescription electronically. If you only have one token on your account that is lost, stolen, dies, or is otherwise inaccessible (including getting a new phone), you will not be able to access your account. Your account will need to be DISABLED, and you will be required to complete IDP again from the beginning.

1. To begin, click the orange **Add New Token** button.
2. The following listed information will need to be entered per token.
 - a. **Token Manufacturer:** Symantec
 - b. **Token Issuer:** DrFirst
 - c. **Token Type:** OTP HARD TOKEN (key fob) or OTP SOFT TOKEN (VIP Access)
 - d. **Token Name:** Nickname for the token to help identify it (Ex. “iPhone token”, “key fob”, etc.)
 - e. **Serial Number** or **Credential ID:** The Serial Number (S/N) is on the back of the hard token. The Credential ID appears on the VIP Access app
 - f. **One Time Passcode (OTP):** The number generated on the hard token or the “Security Code” from the VIP Access app



Fields marked with * are mandatory

1 2 3 4 5 6

Token Name	Credential ID	Manufacturer	Issuer	Type	Auth

Add New Token **Continue**

Add Two Factor Authentication Token

Token Manufacturer * SYMANTEC ?

Token Issuer * DRFIRST ?

Token Type * OTP HARD TOKEN ?

Token Name * keyfob ?

Serial Number or Credential ID * AVT12345678 ?

One Time Passcode (OTP) * ***** ?

☐ Show Clear Text

Save New Token

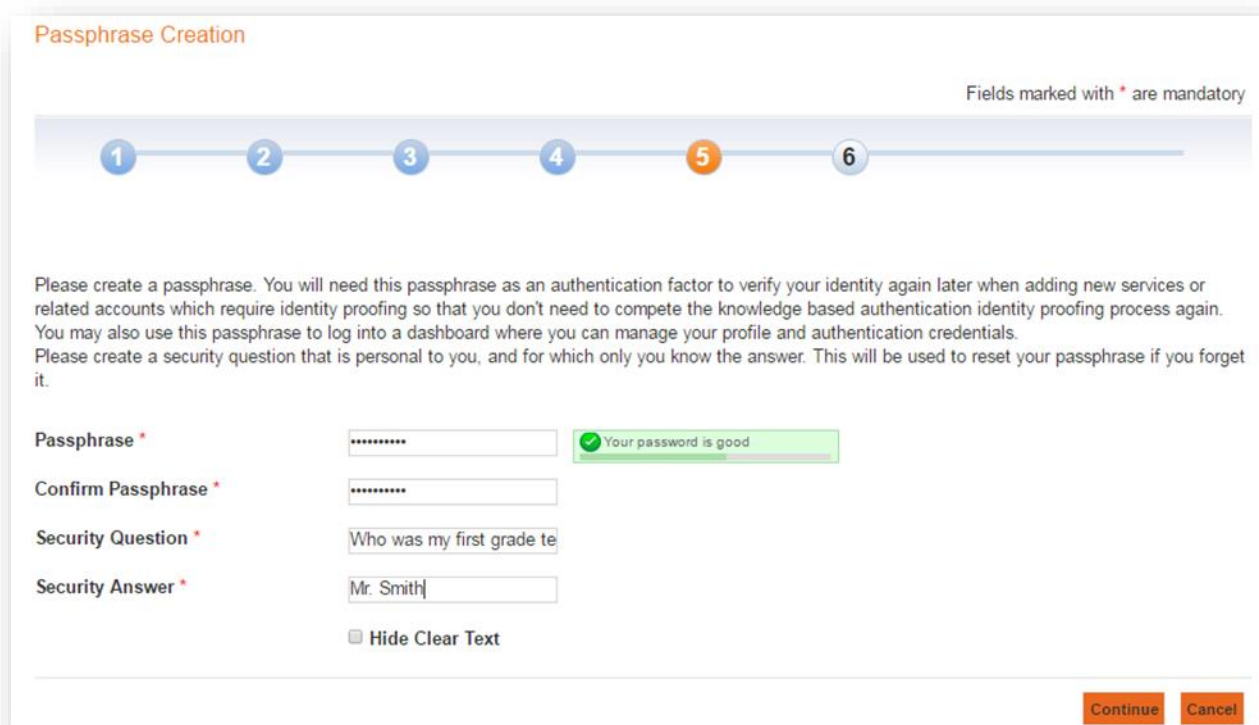
3. Once all of the required fields have been entered, click the **Save New Token** button. Upon successfully registering a token, a green success message will appear on the screen. You may save additional tokens or click **Continue** to proceed.

Creating a Passphrase

Next, a passphrase must be created for the account. This passphrase is a password that will be used to access the account and when a controlled substance is electronically prescribed.

1. The passphrase must be at least 8 characters long, be mixed case, and contain at least one number
2. A security question and security answer (case sensitive) will need to be entered as well. This will be used in the event the passphrase is forgotten.

Please Note: We strongly recommend that the passphrase and security question / answer are written down to be stored in a secure location. DrFirst cannot reset a passphrase. The passphrase can only be reset by correctly answering your security question. In the event that the passphrase is forgotten and cannot be reset, your account must be DISABLED, and you will be required to complete IDP again from the beginning.



The image shows a 'Passphrase Creation' form with a progress bar at the top indicating six steps. Step 5 is currently active. The form includes instructions on the importance of the passphrase and security question. It contains four input fields: 'Passphrase', 'Confirm Passphrase', 'Security Question', and 'Security Answer'. A green feedback message 'Your password is good' is shown next to the passphrase field. A 'Hide Clear Text' checkbox is located below the security answer field. 'Continue' and 'Cancel' buttons are at the bottom right.

Passphrase Creation

Fields marked with * are mandatory

1 2 3 4 5 6

Please create a passphrase. You will need this passphrase as an authentication factor to verify your identity again later when adding new services or related accounts which require identity proofing so that you don't need to complete the knowledge based authentication identity proofing process again. You may also use this passphrase to log into a dashboard where you can manage your profile and authentication credentials. Please create a security question that is personal to you, and for which only you know the answer. This will be used to reset your passphrase if you forget it.

Passphrase * ✓ Your password is good

Confirm Passphrase *

Security Question *

Security Answer *

☐ Hide Clear Text

Continue **Cancel**

3. When the **Passphrase**, **Security Question**, and **Security Answer** have been entered, click **Continue** to move forward

Experian Transaction Number

Once the IDP and registration steps have been completed as outlined on the previous pages, the next screen displays a field to enter in the **Experian Transaction Number**.


This step must be completed for the Experian process to be completed. This number will arrive immediately via SMS text message or in 5-6 business days by USPS mail.

If you must navigate away from this screen, it is safe to do so at this time. Experian sends an email congratulating you on completing identity proofing. Within this email is a link to enter the transaction number at a later time.

Identity Proofing Process

Thank you! Your credentials have successfully been bound to your identity. An Experian Transaction Number has been sent to you by one of the below methods. If you have received your code by text message, please enter it now. This is required to complete remote identity proofing at NIST standards to verify your identity using a second channel of verification.

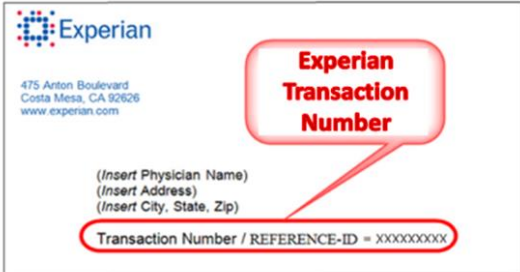
SMS Text/Voice



TRANSACTION NUMBER/
REFERENCE ID:
6549876548

If you entered a phone number but have not received your text message, please contact support to resend your Experian transaction number.

Mailed Letter



Experian
475 Anton Boulevard
Costa Mesa, CA 92626
www.experian.com

(Insert Physician Name)
(Insert Address)
(Insert City, State, Zip)

Experian Transaction Number

Transaction Number / REFERENCE-ID = XXXXXXXXX

If your code cannot be sent by text message, within the next 5-6 business days, you should receive a mailed letter from our identity verification vendor, Experian. **PLEASE DO NOT THROW THIS LETTER AWAY.**

Experian Transaction Number *

Verify Code

SMS Text Message

Experian will attempt to match the mobile number (if entered) to the home address to verify that you are the primary account holder for the phone. This **Experian Transaction Number** can be entered on the screen shown above to complete EPCS enrollment.

As previously mentioned, an email link is sent to return the user to the screen to enter the transaction number at a later time.

Please Note: The text message is only valid for 7 days. Once expired, a provider will have to go through IDP again.

USPS Mail

If a mobile phone number was not entered or if Experian is unable to verify that you are the primary account holder for the mobile phone number, Experian will send a letter via USPS mail containing the number. This typically takes 5-6 business days.

1. Once the letter arrives, you should access the IDP confirmation email and click the **link** in step 2 to enter the **Experian Transaction Number**

Dear Dr. Laurieann Radlein,

Congratulations! Experian has verified your identity. Experian will be sending you transaction number by text message or by letter in the mail. You will need to enter this code in the InfinID console in order to verify that you are the individual associated to the phone number and address information provided.

If you have already entered your Experian transaction number within InfinID you may ignore this email.

If you have not yet entered your Experian transaction number in InfinID, please follow the below instructions.

1. Have your transaction number sent by Experian ready.
2. Go to [link](#) and follow the instructions. If the link does not open a web page, please copy and paste the link in a browser.

If you have any further questions, please contact support at Rcopia support.

Rcopia

2. Enter the **Experian Transaction Number**, passphrase, and pin from the selected token. Then, click the **Submit** button to complete.

Experian Transaction Number Verification

Please enter your Experian transaction number and verify your identity with the credentials bound during your identity proofing session.

Experian Transaction Number

Passphrase

Select Token (SYMC37857183) SYMC37857183 ▼

One time passcode

☐ Show Clear Text

Submit

[Forgot Passphrase?](#)

Re-Authentication

If you are already an active EPCS prescriber and are on-boarding for EPCS at another organization, your account can be re-authenticated by leveraging your existing credentials. This prevents you from having to complete the IDP process for each organization you are in.

Once you have been invited for the new organization, please follow the steps below.

1. Once you receive the invite from DrFirst, click the **Click To Register** link within the email. If unable to find the email, please check your junk/spam folder.

Welcome Laurieann Radlein,

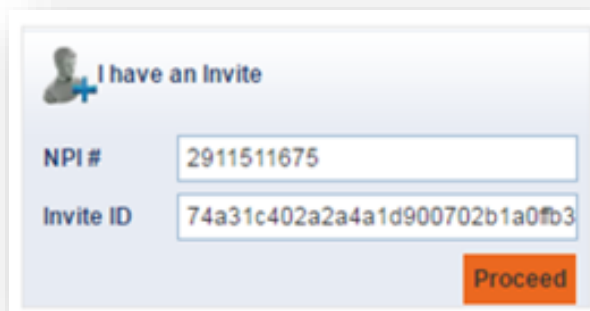
The following email contains the registration invite sent by DrFirst.com. After completion you will be able to safely and securely prescribe controlled substances electronically.

Please follow the directions outlined here:
Goto [Click To Register](#) and choose the 'I have an Invite' link.
If the link is not opening a webpage, please copy and paste the link in a browser and after the page is loaded enter the NPI and Invite ID.
Enter the following information into the designated area:
NPI: 6022717931
Invite ID: 279822514fbc895976ad8e3cf34e6
Follow the provided instructions.
If you would like to view a brief demonstration on how to complete this process, click the link below to watch this brief 4 minute instructional video: [Training Video](#)

If you have any further questions, please contact us at 1-866-263-6512 .

DrFirst.com
Phone: 1-866-263-6512

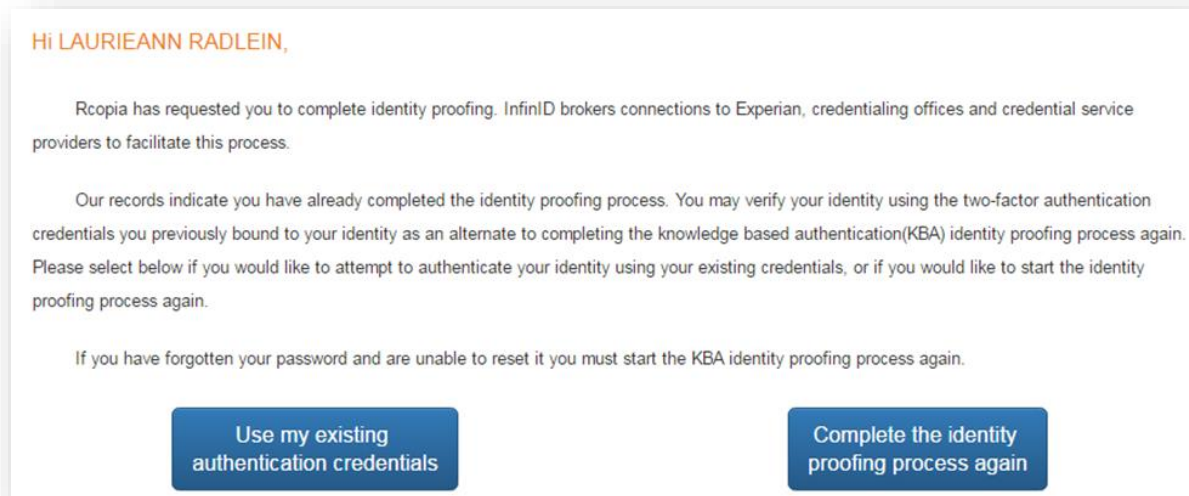
2. Within the **I have an invite** section, click the orange **Proceed** button



The screenshot shows a web form titled "I have an Invite" with a person icon and a plus sign. It contains two input fields: "NPI #" with the value "2911511675" and "Invite ID" with the value "74a31c402a2a4a1d900702b1a0fb3". An orange "Proceed" button is located at the bottom right of the form.

3. Next, accept the **Terms of Use and Conditions**

4. You will then be prompted to re-authenticate yourself by leveraging your existing credentials. Make sure to choose the **Use my existing authentication credentials** option to prevent having to complete identity proofing again from the beginning.



Hi LAURIEANN RADLEIN,

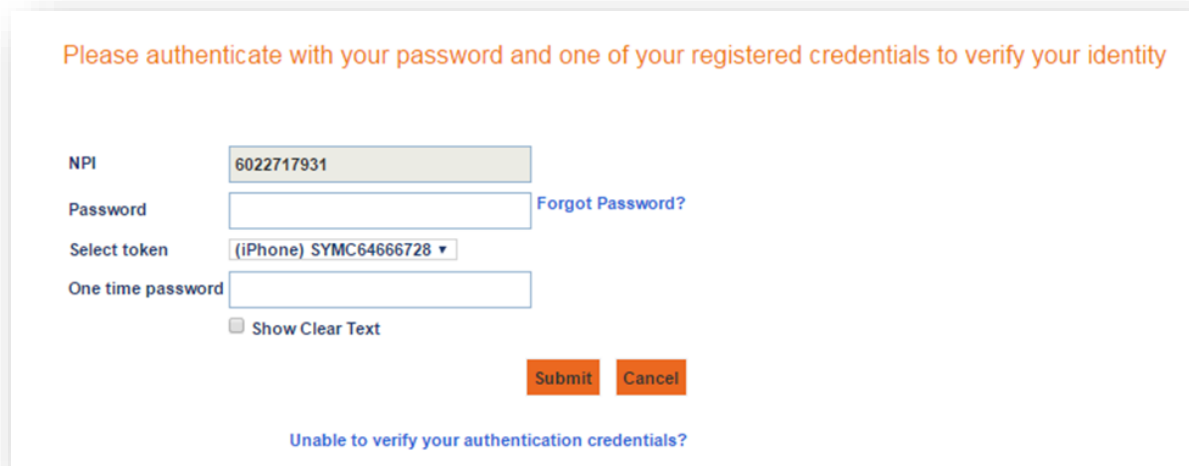
Rcopia has requested you to complete identity proofing. InfinID brokers connections to Experian, credentialing offices and credential service providers to facilitate this process.

Our records indicate you have already completed the identity proofing process. You may verify your identity using the two-factor authentication credentials you previously bound to your identity as an alternate to completing the knowledge based authentication(KBA) identity proofing process again. Please select below if you would like to attempt to authenticate your identity using your existing credentials, or if you would like to start the identity proofing process again.

If you have forgotten your password and are unable to reset it you must start the KBA identity proofing process again.

[Use my existing authentication credentials](#) [Complete the identity proofing process again](#)

5. Finally, you will enter your existing passphrase, choose a token, enter the one-time pin (OTP), and click the **Submit** button



Please authenticate with your password and one of your registered credentials to verify your identity

NPI

Password [Forgot Password?](#)

Select token

One time password

☐ Show Clear Text

[Submit](#) [Cancel](#)

[Unable to verify your authentication credentials?](#)

At this point in time, enrollment at the new organization is complete. However, you will need to work with an administrator to have your EPCS account activated before you can begin e-prescribing controlled substances for this additional organization.

EPCS Logical Access Control (LAC)

Through the Rcopia application, the practice administrator and a validating provider must be present to authorize a provider for EPCS and change the provider's grant status to active.

1. The administrator must log in to their account
2. The administrator will need to launch into the Logical Access Control (LAC) screen
 - a. In Rcopia 3, they will need to click on the **EPCS Gold** link from the toolbar at the top of the screen



- b. In Rcopia 4, they will hover over the menu icon in the top left, click Utilities, and click the **Logical Access Control (LAC)** option
3. This link will launch the administrator into the Logical Access Control (LAC) screen. This screen will list only providers who are enrolled, meaning that they have completed the IDP process with Experian, activated their token(s), and entered their Experian Transaction Number. Any providers with an **Inactive** grant will be listed first.

Please Note: This screen will display no more than 50 providers, so if the administrator cannot find the provider to activate, they will search for him/her at the top of the page.

Logical Access Control Activity Report		Auditable Event Alert Report		Alert Email Configuration		Exit									
Organization: Bob and Kyle test		Administrator: Kyle Admin (222516832)		Address: 12800 Middlebrook Road Germantown MD 21702											
<p>Two separate individuals are required to approve logical access control information in order to activate a prescriber's electronic prescribing of controlled substances privileges within each organization in accordance with DEA requirements. One individual must be an identity proofed registrant(Authorizing Prescriber) who will enter their two-factor authentication credentials to complete the authorization at the bottom of this screen. The other individual(Granting Administrator) must be someone who can verify that the prescriber(s) selected for activation are authorized to prescribe controlled substances for the organization with the DEA number selected and that the DEA license is active and in good standing.</p>															
<h3>Search Prescribers</h3> <table> <thead> <tr> <th>First Name</th> <th>Last Name</th> <th>NPI</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="button" value="Search"/></td> </tr> </tbody> </table>								First Name	Last Name	NPI		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Search"/>
First Name	Last Name	NPI													
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Prescriber	NPI	DEANumber	Last Change	Grant Status	Grant										
Hogan, Kyle	2981110911	AA1238965	Thu Dec 14 10:00:17 EST 2017	ACTIVE	<input type="radio"/> Active <input checked="" type="radio"/> Inactive										

- Next, the administrator will need to change the EPCS grant to **Active** for any providers that need authorization to electronically prescribe controlled substances. The administrator will find the provider to activate and toggle **Active** under the **Grant** column.

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

Organization: Bob and Kyle test
Administrator: Kyle Admin (222516832)
Address: 12800 Middlebrook Road Germantown MD 21702

Two separate individuals are required to approve logical access control information in order to activate a prescriber's electronic prescribing of controlled substances privileges within each organization in accordance with DEA requirements. One individual must be an identity proofed registrant(Authorizing Prescriber) who will enter their two-factor authentication credentials to complete the authorization at the bottom of this screen. The other individual(Granting Administrator) must be someone who can verify that the prescriber(s) selected for activation are authorized to prescribe controlled substances for the organization with the DEA number selected and that the DEA license is active and in good standing.

Search Prescribers

First Name
Last Name
NPI

Prescriber	NPI	DEANumber	Last Change	Grant Status	Grant
Hogan, Kyle	2981110911	AA1238965	Thu Dec 14 10:00:17 EST 2017	ACTIVE	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

- Once the administrator has changed the EPCS grant to **Active**, they will need to enter their first and last name into the **Granting Administrator** section on the LAC screen. This acknowledges that the administrator confirms the provider has valid licenses.

Prescriber	NPI	DEANumber	Last Change	Grant Status	Grant
Hogan, Kyle	2981110911	AA1238965	Thu Dec 14 10:00:17 EST 2017	ACTIVE	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

Granting Administrator

[EPCS Logical Access Control Help](#)

I have verified that each prescriber selected for activation above is authorized to prescribe controlled substances for this organization using the DEA number listed and that the DEA license for that DEA number is active and in good standing.

Please confirm your first and last name:

* Subject to DEA regulations, this will be audited within DEA auditable event records for each digitally signed access change

- Then, the validating provider will need to identify themselves on the LAC screen by entering in their NPI number. The validating provider can be any provider that has an EPCS Status of **ENROLLED**. This could be the provider currently being activated, another provider within the practice, or a provider at any practice who is **ENROLLED** with EPCS Gold.

7. Finally, the provider will choose the OTP token they wish to use from the dropdown box, enter his/her passphrase, and enter the OTP from the token
8. Once the fields have been filled, the provider will click **Authorize**. This will activate their EPCS grant, and they can begin electronically prescribing controlled substances.

Prescriber	NPI	DEANumber	Last Change	Grant Status	Grant
Hogan, Kyle	2981110911	AA1238965	Thu Dec 14 10:00:17 EST 2017	ACTIVE	<input checked="" type="radio"/> Active <input type="radio"/> Inactive

[? EPCS Logical Access Control Help](#)

Granting Administrator

I have verified that each prescriber selected for activation above is authorized to prescribe controlled substances for this organization using the DEA number listed and that the DEA license for that DEA number is active and in good standing.

Please confirm your first and last name: Admin Name

* Subject to DEA regulations, this will be audited within DEA auditable event records for each digitally signed access change

Authorizing Prescriber

Kyle Hogan 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

(AVT964424490) key fob

☐ Show Clear Text

9. If necessary, it is possible for the administrator to see the history of providers that have gone through this process via the **Logical Access Control Activity Report**

Logical Access Control


[? EPCS Logical Access Control Help](#)

Logical Access Control Activity Report

[Auditable Event Alert Report](#)
[Alert Email Configuration](#)
[Exit](#)

Organization: DrFirst, Inc.
Administrator: LAC Staff (222516832)

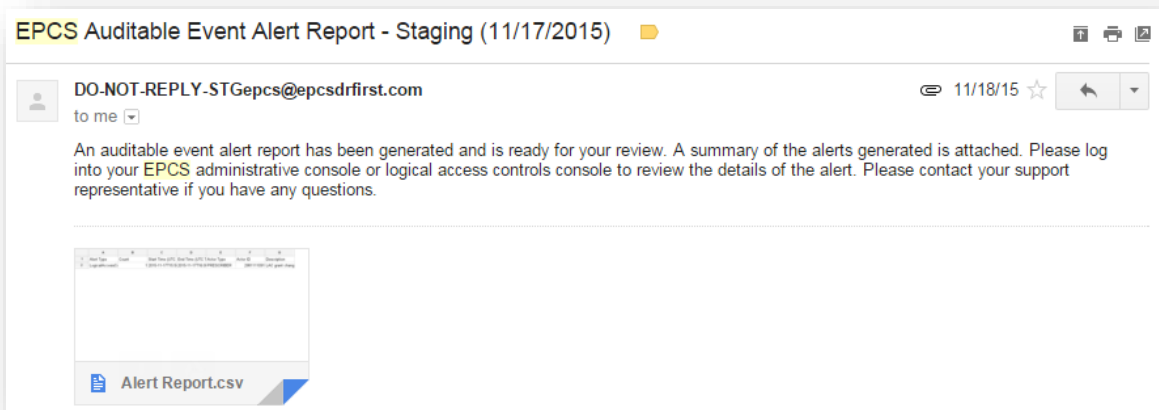
Auditable Event Alerts

Any time there is a grant status change, meaning a provider's grant status has changed from **Inactive** to **Active** or vice versa, an automatic report is generated and sent to the provider's email. Per DEA requirements, this report is sent for a provider to have for auditing purposes.

Within the Logical Access Control (LAC) screen, an administrator can view the **Auditable Event Alert Report** from the top toolbar. Additionally, the **Logical Access Control Activity Report** shows LAC activity. An administrator is able to add other users to receive the **Auditable Event Alert Report** by clicking on **Alert Email Configuration** and adding emails.



Below is a screenshot of the email a provider will receive.



A sample of the CSV file attached to the above email is shown below.

Alert Report.csv

File

Edit

View

Insert

Format

Data

Tools

Add-ons

Help

Last edit was seconds ago