Kentucky All Schedule Prescription Electronic Reporting (KASPER)

What is KASPER?
Abuse, misuse, diversion and illegal sale of prescription drugs are some of the largest threats facing the safety and welfare of the citizens of Kentucky. **What is KASPER?** The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) tracks controlled substance prescriptions dispensed within the state. A KASPER report shows all scheduled prescriptions for an individual over a specified time period, the prescriber and the dispenser. Enhanced KASPER (eKASPER) provides Web-based access to KASPER data. KASPER is a reporting system designed to be:

- A source of information for practitioners and pharmacists.
- An investigative tool for law enforcement.

KASPER is **not** intended to:

- Prevent people from obtaining needed drugs.
- Decrease the number of doses dispensed.

**Who can obtain a KASPER report?**
Access to KASPER reports is carefully controlled through identity and credential checks and secure Web access. KASPER reports are available only to the entities and health care professionals listed below:

- Prescribers for medical treatment of a current or prospective patient,
- Dispensers for pharmaceutical treatment for a patient,
- Law enforcement officers for a bona fide drug-related investigation,
- Licensure boards for an investigation of a licensee,
- Medicaid for utilization review on a recipient,
- A grand jury by subpoena, and
- A judge or probation or parole officer administering a drug diversion or probation program.

For general information about KASPER or to schedule a presentation or training, please contact:

**Dave Hopkins**
Office of Inspector General
275 E. Main St., 5ED
Frankfort, KY 40621
(502) 564-2815, ext. 3162
INSTRUCTIONS FOR ACCOUNT REQUEST TO eKASPER

To request your account for eKASPER access, you must complete a 9-step process. Most questions about the sign-up process will be addressed in these instructions. If your question has not been addressed, please contact the eKASPER Help Desk by emailing eKASPERHelp@ky.gov or calling (502) 564-2703.

Each step of the process is addressed individually in the instructions. Please note, however, some “rules” apply for all steps:

- Accounts are to be requested by qualifying individuals, not by places of business. All information provided must be regarding the individual applicant. Delegates can be added to the account once it has been approved. A delegate may request reports on the behalf of a master account holder.
- Do not use the ‘Back’ button of Internet Explorer. Using the ‘Back’ button in Internet Explorer will result in the following error: “Warning: Page Expired”. Navigate only by using the ‘Previous’ and ‘Next’ buttons at the bottom of your screen, when needed.
- If you are unable to continue to a subsequent step, look for a “red error message” on your screen. These messages will state specifically what information is required before you will be able to proceed.
- An asterisk (*) next to a title indicates a required field.
- Do not leave your computer ‘idle’ on any screen for longer than 15 minutes. The system will time you out.

Click on a step below to quickly jump to that section of this document:

- Step 1 – Welcome
- Step 2 – Instructions
- Step 3 – Account Type
- Step 4 – Personal Information
- Step 5 – Home Address
- Step 6 – Professional Credentials
- Step 7 – Work Location(s)
- Step 8 – Review
- Step 9 – Print and Submit

Step 1—Welcome:

Before proceeding, you must ensure you have met the minimum requirements. All boxes must be checked in order to utilize the ‘Next’ button.
Minimum Requirements:
Click the box next to each option as you verify that you have the minimum requirements necessary to complete the account request process.

- Internet: Explorer, version 5.5 or higher (You have 6.0)
  Other browsers, such as Mozilla or Netscape, are not supported by our application.
- Adobe Reader, version 8.0 or higher (Download free Adobe Acrobat Reader)
- Printer
- Email Address (for correspondence and notices)
- All pop up blockers disabled (a required hard-copy application form for printing will not generate if pop-up blockers are on)

*NOTE: You have a pop-up blocker turned ON if you see this message:

⚠️ Pop up windows are blocked on your internet browser.
We have detected pop up blockers on this computer. You must disable ALL pop up blockers and refresh this page before you can proceed to the next step. Click here for more information or contact the eKASPER Help Desk at ekASPERhelp@chfs.ky.gov or call (606) 564-2703.

Keep in mind that pop-up blockers may exist in more than one area on your computer. You will need to learn where all the pop-up blockers are on your computer in order to turn them off so that the required Application Form "pops up" in a separate display window using Adobe Acrobat Reader. You should learn how to disable any pop up blockers now, as the reports you would be requesting to view will also need to 'pop-up' in an Adobe window. We recommend adding our address (or URL) to Trusted Sites in Internet Options. That address is: https://ekasper.chfs.ky.gov

Step 2—Instructions:

By clicking on the ‘Print Instructions’ hyper-link Print Instructions, a separate (Adobe) window should open with the Account Request instructions inside. These may be printed out (if desired) from within the Adobe window by clicking on the printer icon in the toolbar at the top of the Adobe Window or by selecting FILE + PRINT from the menu options.

By clicking on the ‘Terms of Account Use’ hyper-link, a separate window should open with the Terms of Account Use document inside. It is not necessary to print this document as it will automatically print out with your hard-copy application at the end of the Account Request process. You must check the box agreeing to the terms before you may utilize the ‘Next’ button.

- I have read and agree to the Terms of Account Use

Step 3—Account Type:
On Step 3, you will see the following message:

☐ Please check this box if you have ever applied for a KASPER account before.

1. Check this box IF:
   a. You believe you may have previously signed up for an account and you are uncertain if it has been approved, or
   b. If you have been a fax user in the past, but you are uncertain if you have a web account.

Additionally, if you are attempting to make updates to your existing account, it is not necessary via the Account Request process—please contact the eKASPER Help Desk for assistance.

If you do not know if you have an account or not, you may contact the eKASPER Help Desk for assistance.

Select your account type by clicking on the downward arrow next to “Select from list”

Step 4—Personal Information:

Personal information is required of each applicant. This information is for identification purposes only. Please note the following information:

- First Name and Last Name should be given exactly as it appears on your driver’s license.
- Date of Birth must be entered in the following format: MM/DD/YYYY
- Identification Type means Driver’s License. If you do not have a driver’s license, you may select “Other Type” (you will be required to send a photocopy of whichever ID type you choose)
Step 5—Home Address:

Step 5 relates to the individual applicant’s place of residence, not to their place of business.

Enter home address information: * Required field.

- **Home Street Address**: 123 Address St.
- **City**: City
- **State**: KY
- **Zip Code**: 44444
- **Home Phone Number**: 555 555 5555

Step 6—Professional Credentials:

**For Prescribers**: ‘Title’ is your degree. For all other user groups, this field will display your account type.

**For all user groups**: the Area of Work is your specialty.

**For Prescribers, ARNPs, and Pharmacists**: your professional license/registration number and DEA number are required. NPI is an optional field; however, please provide this number as it may become required in the future.

**For Pharmacists**: the NPI number on Step 6 is your NPI number (not the pharmacy’s).

**For Law Enforcement**: you must select either Badge or Employee ID for Law Enforcement ID Type. You will also be asked to provide the ID type number.

**For Judges**: you must select from Judge Authority Type whether you are an elected official or if this is an appointment position. You must also provide the Date Term Expires.
### Step 7—Work Location(s):

Your place of business must be entered on Step 7. Please note the following information:

- If you work at more than one place of business, you may enter in multiple locations. Enter your primary location first and click the ‘Save’ button.
- For Pharmacists: NCPDP Number is an optional field; however, please provide this number as it may become required in the future.

#### Work Locations:

Enter a location from which you will request KASPER reports and click Save.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location Name*</td>
<td>General Hospital</td>
</tr>
<tr>
<td>Street Address*</td>
<td>Location Address</td>
</tr>
<tr>
<td>City*</td>
<td>City</td>
</tr>
<tr>
<td>State*</td>
<td>KY</td>
</tr>
<tr>
<td>Zip Code*</td>
<td>44444</td>
</tr>
<tr>
<td>Phone Number*</td>
<td>555 555 9000</td>
</tr>
<tr>
<td>Fax Number*</td>
<td>555 555 8000</td>
</tr>
</tbody>
</table>

Upon clicking the ‘Save’ button, you will see the following:
To make corrections to a location: Click the ‘Edit’ hyperlink for the location you wish to amend. Make any necessary changes and click ‘Save’.

To add another location: Click the ‘Yes’ button and you will return to the Enter Work Location screen.

If you do not need to add another location, click the ‘No’ button and you will proceed to Step 8.

Step 8—Review:

On the Review screen, you will see all of the information you entered on the previous screens.

PLEASE CAREFULLY REVIEW THIS INFORMATION FOR ACCURACY!
Please review the information below for accuracy:

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Name: Jane Doe</th>
<th>SSN: 999-99-9999</th>
<th>DOB: 01/01/50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 123 Address St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>City</td>
<td>State: KY</td>
</tr>
<tr>
<td>Email Address: <a href="mailto:email@address.com">email@address.com</a></td>
<td>Home Phone Number: (555) 555-5555</td>
<td></td>
</tr>
<tr>
<td>ID / Driver’s License: DLD-123-456</td>
<td>KY</td>
<td>Mother's Maiden Name: Jones</td>
</tr>
</tbody>
</table>

Your home address will be verified using the address as printed on your driver’s license. Please note Kentucky State Law requires that your home address be accurate and allow 10 days for any change of address with the Department of Transportation.

**PROFESSIONAL CREDENTIALS** (Applicable by account type - See instructions for specific requirements)

| DEA #: DE0456789 | Prof Lic / Reg #: PL345 |

**WORK INFORMATION** (Note: Only one location will be printed; however, all locations will be verified)

<table>
<thead>
<tr>
<th>Work Location Name: General Hospital</th>
<th>Address: Location Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: City</td>
<td>State: KY</td>
</tr>
<tr>
<td>Work Phone Number: (555) 555-9000</td>
<td>ZIP: 44444</td>
</tr>
<tr>
<td>Fax Number: (555) 555-8000</td>
<td>Title / Degree: ARNP</td>
</tr>
</tbody>
</table>

Is the information above correct?

[ ] Yes  [ ] No

*If corrections are necessary upon reviewing:* Click the ‘No’ button. At the top of the Review screen, you will see the following hyperlinks:

Which section do you need to change?

- Personal Information
- Home Address
- Professional Credentials
- Work Locations

Select the hyperlink for the area in which you need to make a correction and you will return to that screen. Make any necessary changes and click the ‘Save’ button at the bottom of the screen. Clicking the ‘Cancel’ button will allow you to return to the Review screen without saving changes.

*If no corrections are necessary upon reviewing:* click the ‘Yes’ button

Step 9—Print and Submit:
Click the "Print My Application" button below:

![Print My Application Button]

Submit My Application

Click the “Print My Application” button. An Adobe window will open separately from your Internet Explorer session. This window will contain the hard-copy application that you are required to print-out.

![Application Form Image]

Your application will state “APPLICATION FORM FOR ACCESS TO KASPER DATA” and have your confirmation number printed below the bar code in the top right corner. Print out the application from inside the Adobe window (by clicking on the printer icon or by going to File and selecting Print).

Your Internet Explorer screen will now appear as follows:
If the Adobe window did not open with your application OR, if your application did not print correctly, click ‘No’ and a message will appear asking you to contact the eKASPER Help Desk:

You must print your application for mailing.

Click the "Print My Application" button below:

![Print My Application]

Did your application print correctly?

[Yes] [No]

Submit My Application

If the Adobe window opened with your application and it printed out correctly, click ‘Yes’:

You must print your application for mailing.

Click the "Print My Application" button below:

![Print My Application]

Did your application print correctly?

[Yes] [No]

Please contact the eKASPER Help Desk at (502) 564-2703.
A representative will provide you with assistance.

Submit My Application

If the Adobe window opened with your application and it printed out correctly, click ‘Yes’:

You must print your application for mailing.

Click the "Print My Application" button below:

![Print My Application]

Did your application print correctly?

[Yes] [No]

Click the "Submit My Application" button to submit your application and receive your confirmation number.

Submit My Application

The ‘Submit My Application’ button is now active for you to click.

Once you have submitted your information, your Internet Explorer screen will display:
The following email will be sent the email address you entered during the sign-up process:

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Subject: eKASPHER - Confirmation of Account Request 2712

You have completed the Account Request process. Your Account Request confirmation number is 2712.

Please remember to sign and mail all required documents per the instructions on page 3 of your application. Once your application has been processed and approved, you will receive two emails with user name assignment and password (one is titled "Welcome to eKASPHER", the other is "Password and instructions for accessing eKASPHER"). Please do not share your user name and password with anyone else.

If you do not receive these messages within 7 days after mailing your application and supporting documents, please contact the eKASPHER Help Desk at eKASPHERHelp@ky.gov or by phone at (502) 564-2703.

Once your account has been approved, you may add persons to your account as 'delegates'. Delegates may request reports on your behalf.

For more information on KASPHER, visit the information page at http://chfs.ky.gov/oig/KASPHER.htm
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