

<http://chfs.ky.gov/os/oig/KASPER.htm>

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@ky.gov or call (502) 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>

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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](#)

Previous

Next

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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.

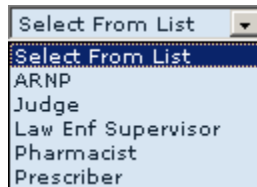
1. Check this box IF:

- 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”



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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)

Enter personal identification information: * Required field.

First Name*	<input type="text" value="Jane"/>
Last Name*	<input type="text" value="Doe"/>
Social Security Number*	<input type="text" value="999"/> <input type="text" value="99"/> <input type="text" value="9999"/>
Date of Birth*	Month <input type="text" value="01"/> Day <input type="text" value="01"/> Year <input type="text" value="1950"/>
Identification Type*	<input type="text" value="Driver's License"/>
Identification Number*	<input type="text" value="DLO-123-456"/>
State Issued*	<input type="text" value="KY"/>
Mother's maiden name*	<input type="text" value="Hart"/> (used for identification purposes)
Email Address*	<input type="text" value="email@address.com"/>

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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*	<input type="text" value="123 Address St."/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Home Phone Number*	<input type="text" value="555"/> <input type="text" value="555"/> <input type="text" value="5555"/>

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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.

Enter professional credential information: * Required field.

Title*	<input type="text" value="ARNP"/>
Area of Work*	<input type="text" value="Nurse Practitioner"/>
Prof Lic. /Registration Number*	<input type="text" value="PL345"/>
DEA Number*	<input type="text" value="DE0456789"/>
NPI Number	<input type="text"/>

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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: * Required field.

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

Location Name*	<input type="text" value="General Hospital"/>
Street Address*	<input type="text" value="Location Address"/>
City*	<input type="text" value="City"/>
State*	<input type="text" value="KY"/>
Zip Code*	<input type="text" value="44444"/>
Phone Number*	<input type="text" value="555"/> <input type="text" value="555"/> <input type="text" value="9000"/>
Fax Number*	<input type="text" value="555"/> <input type="text" value="555"/> <input type="text" value="8000"/>

Upon clicking the 'Save' button, you will see the following:

Work Locations:

Summary of Location(s) Entered

Name	Phone Number	Fax Number	Address	City	State	Zip		
General Hospital	(555) 555-9000	(555) 555-8000	Location Address	City	KY	44444	Edit	Remove

(Click "Edit" or "Remove" next to a location in the grid to change or remove location information.)

You have entered the location(s) above.

You must add each location from which you will request KASPER reports.

Do you wish to add another location?

Yes

No

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.

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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!

Account Request for eKASPER

Review - Step 8 of 9

Account Type: **ARNP**

Please review the information below for accuracy:

PERSONAL INFORMATION

Name:	Jane Doe	SSN:	999-99-9999	DOB:	01/01/50
Address:	123 Address St.				
City:	City	State:	KY	Zip:	44444
Email Address:	email@address.com		Home Phone Number:	(555) 555-5555	
ID / Driver's License:	DLD-123-456	KY	Mother's Maiden Name:	Jones	
Your home addresss 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
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WORK INFORMATION (Note: Only one location will be printed; however, all locations will be verified)

Work Location Name:	General Hospital				
Address:	Location Address				
City:	City	State:	KY	Zip:	44444
Work Phone Number:	(555) 555-9000		Fax Number:	(555) 555-8000	
Area of Work / Specialty:	Nurse Practitioner		Title / Degree:	ARNP	

Is the information above correct?

<input type="button" value="Yes"/>	<input type="button" value="No"/>
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* **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

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Step 9—Print and Submit:

You must print your application for mailing.

Click the "Print My Application" button below:



Print My Application

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.

Kentucky
UNBROKEN SPIRIT

2712

APPLICATION FORM FOR ACCESS TO KASPER DATA

PERSONAL INFORMATION

Name:	Jane Doe	SSN:	999-99-9999	DOB:	01/01/50
Address:	123 Address St.				
City:	City	State:	KY	Zip:	44444
Email Address:	email@address.com	Home Phone Number:	(555) 555-5555		
ID / Driver's License Number:	DL0-123-456	KY	Mother's Maiden Name:	Jones	

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 allows 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
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8.50 x 11.00 in

1 of 3

Done

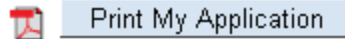
Unknown Zone

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:

You must print your application for mailing.

Click the "Print My Application" button below:



Did your application print correctly?

Yes

No

Submit My Application

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:



Did your application print correctly?

Yes

No

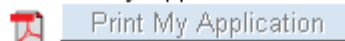
**Please contact the eKASPER Help Desk at (502) 564-2703.
A representative will provide you with assistance.**

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:



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:

Request Received - Remember to sign your application, Terms of Account Use Agreement and mail all supporting documentation according to the instructions.

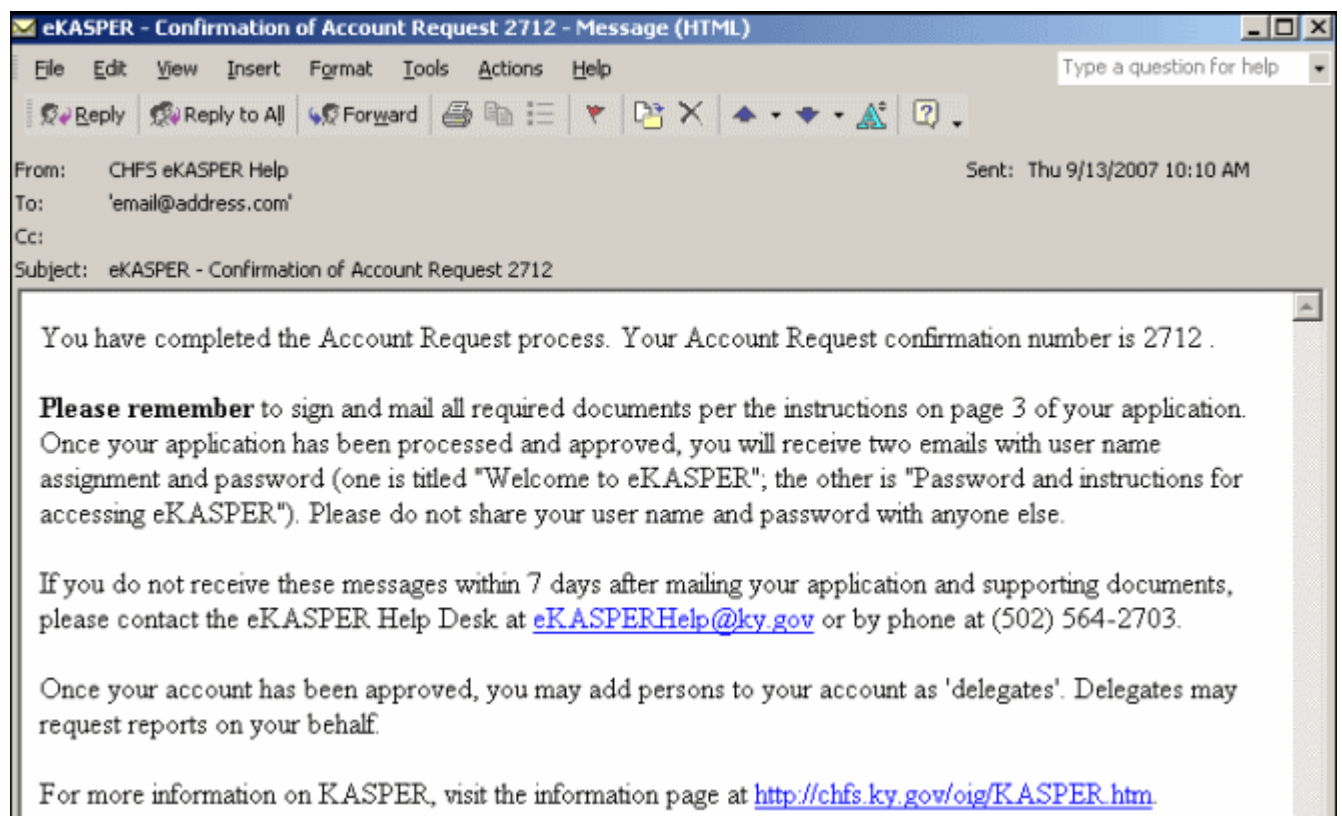
Your request number is 2712

A confirmation email has been sent to email@address.com

If you do not receive your User Name and Password within 7 days after mailing your application and supporting documents, please contact the eKASPER Help Desk at ekASPERHelp@ky.gov or by phone at (502) 564-2703.

- [Complete another application.](#)
- [Go to the KASPER Information Page.](#)
- [Go to the CHFS Home Page](#)

The following email will be sent the email address you entered during the sign-up process:



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