DOH 329 Registry

Physician Initiated Application

Detailed Instructions

For Certifying Physicians
Background

• On January 1, 2015, the Department of Health began managing the State’s Medical Marijuana Registry Program.

• As of January 1, 2015, the DOH Interim System was in place and applications were submitted partially online (entered by physicians or their staff) and partially via hard copies that were mailed to DOH.

• As of December 1, 2015, ALL applications will be handled electronically.

• Applications that were initiated and entered into the DOH Interim System prior to December 1, 2015, will continue to be accepted temporarily. All new applications must be submitted using the new Patient Application System in one of the following formats:
  – Patient Initiated Application
  – Physician Initiated Application

This training is for Physician Initiated Applications
Introduction

• This document will show physicians the steps involved in submitting an electronic application, on behalf of a qualifying patient, to the DOH.
• This process is similar to the **DOH Interim System** in that the physician enters ALL data however the physician does NOT submit hard copies. All required documents MUST be uploaded and Money Orders/Cashier’s Checks are NOT accepted.
• Typically, patients should submit their portion of the online application to you electronically via the **Patient Initiated Application**.
• The option of submitting a **Physician Initiated Application** is intended to be a back up for those patients that, for whatever reason, are unable to submit their portion electronically.
Introduction (cont’d)

• Before you begin
  – Electronic Signature Agreement Form - *REQUIRED*
  – Link to MyPVL - *REQUIRED*

• First Time Access to medmj.ehawaii.gov

• Subsequent Access

• Required Documents

• Security Reminders

• **Physician** Initiated Application – step by step process
Electronic Signature Agreement Form


- Please download the form, complete it on a computer (or type), print it out, sign it, date it, and return it to DOH. Electronic signatures on this form are NOT ACCEPTABLE. Mail completed form to: DOH, 4348 Waialae Avenue, #648, Honolulu, Hawaii 96816.
Link MyPVL

• Next, prior to accessing the Medical Marijuana Registry application system, you will need to link your Professional & Vocational Licensing (My PVL) account to the email address you plan to use for the Medical Marijuana Registry.

• Follow the instructions here: http://health.hawaii.gov/medicalmarijuana/files/2014/11/Creating-a-MyPVL-Account-12-30-14-Revised-FINAL.pdf
First Time Access

The first time you go to the Medical Marijuana Registry web site, https://medmj.ehawaii.gov you will see the screen to the right and you will need to click the ‘Doctors, first time logging in?’ link in the upper right corner.

You will be taken to a different screen.
First Time Access

You will need to login using the same email address and password you currently use to access the Professional & Vocational Licensing site (MyPVL Renewal site: https://pvl.ehawaii.gov/mypvl) for your MD or DOS license. You will also need to input your PVL license # and your controlled substance #.

- Visit https://pvl.ehawaii.gov/mypvl/docs/MyPVL%20Instructions.pdf for more information

If you have forgotten your PVL system password, you can use the ‘Forgot Password’ link to reset the password. A new password will be sent to the PVL email.
Subsequent Logins

After you have logged in the first time successfully, you can then log in with just your email & password at the main landing page: https://medmj.ehawaii.gov
Required Documents to UPLOAD

• Patient - NO CAREGIVER, you need a minimum of a valid ID to upload (everything else can be done electronically)

• Patient - WITH a Caregiver, you need a minimum of (the above plus):
  – Caregiver’s valid ID
  – Caregiver Certification Form - you will be prompted to print this during the application process, if applicable. It must be (downloaded) printed, signed, and uploaded before your application can be submitted to DOH

• IF your Caregiver is associated with your grow site, you also need:
  – Grow Site Certification Form – you will be prompted during the application process, as noted above.
Security Reminder

• Treat the uploaded files (photocopies of IDs, signed documents) with same care used for ALL medical records.

• Always protect your username and password.
Physician Initiated Application

• The next steps focus on creating a record for a patient that is unable to enter their own electronic application and requires that the certifying physician enter **all data fields** required for a patient application.

• This process is *similar* to the **Interim Application System** but allows for the uploading of applicable supporting documents (*i.e. no need to mail hard copies*)
Steps

1. Login and click on **Create Application**
2. Enter Patient Data
3. Enter Caregiver Data, if applicable
4. Enter Debilitating Medical Condition & Physician Data
5. Enter Grow Site Data
6. Download Required Documents – handwritten signatures required
7. Upload Required Documents (certifications & ID)
8. Final Review before Submitting to DOH - corrections requested after DOH issues the 329 Card will require a $16.50 payment (for a replacement 329 Card) and appropriate forms
9. Certify the Application – this is the equivalent of the physician’s signature page.
10. Pay $38.50 using credit card, MasterCard or VISA Debit card, or Check (no Money orders/Cashier Checks)
11. Review your Pending Queue daily for returns from DOH or new applications from patients
Step 1 – Login &
Click Create Application

Once you have logged into the Medical Marijuana System, click on the Create Application icon to create a new patient record.

**WARNING**: Please be aware that the record will not be saved unless it is complete, so it is necessary to enter all the patient data at one time.
Step 2 – Enter Patient Data

Using the qualifying patient’s valid identification (ID) carefully fill out the patient’s full name exactly as it appears on their valid ID.

Valid ID, in order of preference is driver’s license, state ID or passport.

Note: For minor applicants, state ID is required if age 10 or older. If under 10, Birth Certificate is acceptable.
Step 2 – Enter Patient Data

Continue entering patient information as prompted.

Check the box provided if the patient is an adult lacking legal capacity.

Enter gender of Patient and then move on to Address, ID, and Contact Information.

NOTE: When entering the patient’s data, be careful NOT to:
- Misspell the patients name,
- Omit last name suffix (i.e. Jr., I, II, III)
- Transpose the first name for the last name, and vice versa
- Omit any part of the address (i.e., house number, street suffix, apartment number)
- Enter the WRONG Date of Birth (DOB)
- Enter the WRONG ID# or ID Expiration Date
- Enter the WRONG City or Zip Code

WARNING: Data entry errors will be returned as INCOMPLETE.
Step 2 – Enter Patient Data

Continue entering information as prompted

• If the Mailing address is the same as the residence address, click the ‘Same as Residence Address’ box for the Mailing address
• The preferred ID type is a Driver’s License, followed by state ID and then passport
• For Minor patients only: Birth Certificate is one of the ID options if under age 10.
• For all forms of ID, enter the state or country of Issue and the expiration date
• Enter a minimum of one phone number for the patient
• An alternate phone and a patient email address are requested but not required

**Warning:** Residence address can NOT be a P.O. Box or Application will be returned as INCOMPLETE.
Step 3 – Enter Caregiver Data

If there is NO CAREGIVER, click Next.

Two Reminders:
1. If a caregiver is named, enter the information required AND a completed, signed, caregiver Certification MUST be signed & uploaded.

2. If the Applicant/Qualifying Patient is a Minor or an Adult lacking legal capacity, the CAREGIVER information is REQUIRED.

WARNING: A caregiver is someone other than the patient. DO NOT enter patient as their own caregiver.
Step 3 – Enter Caregiver Data

Continue entering information as prompted.

• Full Name
• Date of Birth
• Gender
• If the Mailing address is the same as the residence address, click the ‘Same as Residence Address’ box for the Mailing address.
• The preferred ID type is a Driver’s License, followed by state ID and then passport
• For all forms of ID, enter the state or country of Issue and the expiration date
• Enter a minimum of one phone number for the caregiver
• An alternate phone and an email address are requested but not required

**Warning:** Residence address can NOT be a P.O. Box or Application will be returned as INCOMPLETE.
Step 4 – Enter Medical Condition

In this section, you will identify the debilitating medical condition(s) for which you are certifying the applicant/qualifying patient.

You will need to enter your personal data (name, address, license numbers, etc.) the FIRST time you enter a patient’s application.

Once your personal data is entered the FIRST time, you will not need to fill all of it in for each patient that you certify. The form will automatically fill in your information.

On this screen, you will need to:

• Identify the debilitating medical condition(s) that makes the patient eligible for the medical use of marijuana. Select as many as apply for the patient and click ‘Add’ after each one.
• Enter the type of doctor you are
• Enter your PVL license number and expiration date
• Enter your Controlled Substance license number and expiration date
• Enter the name you use for Professional & Vocational Licensing
Step 4 – Enter Physician Data

• Continue entering information as prompted

• Enter your business address
• Enter your mailing address if not the same as business address
• Enter your phone number
• An alternate phone is also requested
• Email address is pre-filled

Remember, once your personal data is entered the FIRST time, you will not need to fill it in for each patient that you certify, the form will fill it in automatically.
Step 5 – Enter Grow Site Data

If the qualifying patient is not planning to grow their medical marijuana, click Next on the Grow Site screen.

If the qualifying patient is planning to grow or is planning to have their caregiver grow their medical marijuana, this section must be completed.

Reminder: The Grow Site Certification MUST BE completed and signed by the patient – this is REQUIRED regardless of intent to grow when the doctor is creating the application. In addition, if a caregiver either is identified to grow OR owns or controls the property on which the medical marijuana will be grown, they are also REQUIRED to complete and sign the Certification.
Step 5 – Enter Grow Site Data

Indicate if the grow site address is the:

• Patient’s address
• Caregiver’s address
• Another address
• A TMK location (NOT recommended)

Once you have indicated the address, select who controls the grow site, patient or caregiver. Typically, the individual that resides at the location is said to control the grow site.

If the address is another address or at a TMK location, you will need to fill out additional information.
Step 5 – Enter Grow Site Data

If you select ‘I’ll enter an address’, or “I’ll enter a TMK”, you will need to indicate if this site is under the control of the patient or the caregiver AND you will need to fill out the address in the section that displays.

It is in the patient’s best interest to be as specific as possible. A COMPLETE street address is preferred, however, if no street address is available, a Tax Map Key (TMK) and a description/directions of/to the address is required.

You MUST indicate whether the grow site is under the control of the patient or the caregiver AND they must attest to this, in writing, on the required Certification.
Step 6 – Download Required Documents

On this screen, a list of required documents displays BASED ON WHAT WAS ENTERED.

**RECOMMENDED**

- It is recommended that you download the certification forms from this screen. They will be pre-filled with the application number, patient name, and should correlate to information that you have entered thus far.
- The patient (and, if applicable, caregiver) must check the correct boxes on the forms and sign (wet signatures required) and date the documents before they are scanned in and uploaded.

You should check to ensure you have all the required documents ready to upload in the next step, including copies of ID.

**NOT RECOMMENDED**

- If the patient brings signed certification(s) that match the information you are submitting online, you do not need to download the certifications. Just be sure the information MATCHES what was entered online or it will be considered INCOMPLETE.
Step 7 – Upload Required Documents

On this screen, you will be able to browse your computer or electronic device and upload the scanned documents.

You should save your scanned documents in a way that makes them easily identifiable.

Select the first file to upload.

Your document NAME will be displayed.

**WARNING:** If you upload the same type of document (e.g., Patient ID), the system will overwrite the previous upload of the same type.
Step 7 – Upload Documents

Once the file is selected, click ‘Upload’ to upload the document.

**WARNING:** If you upload the same type of document (i.e. Patient ID), the system will overwrite the previous upload of the same type.
Step 7 – Upload Documents

After you have clicked ‘Upload’, the document will display and the ‘Remove’ button is available in case you need to remove the document.

**WARNING:** If you upload the same type of document (i.e. Patient ID), the system will overwrite the previous upload of the same type.
Step 7 – Upload Documents

Repeat this step for all of the documents that must be uploaded.

There is an ‘Other Documents’ option for documents that are not required.
### Step 8 – Review Data

This screen displays all the data you have entered.

- Click the ‘Show/Hide All’ button on the upper right of the screen, or click arrows on the right side to display or hide section data.
- Review all the data carefully to ensure it is correct.
- Note the highlighted fields:
  - ‘1’ – Minor Patient - Displays ‘No’ unless patient is a minor
  - ‘2’ – Adult lacking legal capacity - Displays ‘No’ unless you indicated that patient is an adult lacking legal capability
  - ‘3’ – Patient electronic signature - not filled in for applications initiated by Doctor
Step 8 – Review Data

- Note that in the Medical Information Section, the Physician Certification Electronic Signature is blank until you electronically certify the application in the next step.
Step 8 – Review Data

All uploaded documents are listed

Payment Options display in the dropdown

Electronic payment by credit/debit card or direct withdrawal from a savings or checking account are accepted

NO MONEY ORDERS or CASHIER CHECKS will be accepted

Continue reading for slides relating to payment options
Step 9 – Physician’s Certification

- Electronic signature – the doctor will view a screen with the certification text shown to the right.
- Read the information and check the box certifying that you agree with the above statements
- Then click ‘Continue’
- The Continue button becomes active, payment can be accepted, and once payment is made, the application moves into the queue for DOH approval
- There is no need to submit paper documents
- Print a copy of the Thank you screen for your records and for the patient.

**WARNING**

- You must have a Signature Agreement on File with DOH BEFORE you can utilize this feature or the application will not be processed.
- Your name will appear on the 329 Card.
Step 10 – Payment

In this next phase of the process, payment, the steps are different based on the type of payment by the patient.

The amount that must be paid is $38.50 – regardless of payment type. All payments are nonrefundable.

The next slides focus on:

a) Credit/Debit Card payments
b) eCheck payment (direct debit from checking or savings account)
10 - Payment Options

Payment options are:

a) Credit/Debit Card – has the fastest turnaround time and/or no delay for the issue of the card once the signed application is received and verified by DOH.

b) Electronic Debit from Checking/Savings Account – there may be some delay as DOH will not issue the card until the payment has had time to clear your account or a minimum of 10 business days from the electronic submittal & verification of the signed application by DOH.
Step 10a – Credit/Debit Card Payment

At this point, you have selected via the dropdown that the form of payment is either a Credit Card or Debit Card.

Click the Submit button at the bottom of the screen.

You will be collecting payment as described on the pages that follow.

**Warning**: All payments are non-refundable, even if a card is NOT issued.
Step 10 a – Credit/Debit Card Payment

If payment is via Debit or Credit Card, you will need to follow the directions below for accepting payment. The screen to the right displays after you click ‘Submit’.

In the Contact Information Section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the Credit Card Information Section, Enter the name on the credit or debit card (note that only MasterCard and VISA debit cards are accepted), the type of card, the number, and the expiration month and year.

In the Billing Address section, enter the billing address of the card holder.

Click Continue.
Step 10a – Credit/Debit Card Payment Confirmation

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.
Step 10 a – Credit/Debit Card Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

**VERY IMPORTANT**: Click Continue to return to the **Final Version** of the Application (Thank You screen) and to **PRINT THE THANK YOU SCREEN**.
Step 10 b – eCheck (Electronic Debit from Checking or Savings)

For electronic debits from checking or savings accounts, you will need to follow the directions below for accepting payment.

In the **Contact Information** section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the **Notice** section, confirm that the bank the check is written on is a U.S. Bank by checking the box. *Payment is only accepted from U.S. banks.*

In the **Account Information** section, select Business or Personal account. If Personal, select Checking or Savings account. Enter the name of the bank, the routing number (twice) - the screen provides help on this, and the name of the Account Holder. Enter the Account Number twice – again, the screen provides help for this. In the **Billing Address** section, enter the address of the account holder.

Click Continue.
Step 10b – eCheck Payment Confirmation

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.

**WARNING**: If Electronic debit is returned, there will be a $25 fee and the application will not be approved.
Step 10b – eCheck Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

**VERY IMPORTANT**: Click Continue to return to the Final Version of the Application (Thank You screen) and to PRINT THE THANK YOU SCREEN.

**WARNING**: If Electronic debit is returned, there will be a $25 fee and the application will not be approved.
11 - Check your Pending Queue Daily for Returned Applications

If you have submitted an application to DOH and there was an error, DOH will return the application to you and it will display in your Pending Queue as ‘Returned by DOH’. DOH will notify you of the reason for the return. Check your Pending Queue daily in case this occurs.
11 - Check your Pending Queue Daily for Returned Applications

Open the application, make the change(s) and then re-submit to DOH.

There is no additional fee for this during the application submittal process.
Thank you for participating in the DOH 329 Registry Patient Application System Training