KASPER-Kentucky Online Gateway Integration User Guide

**Cabinet for Health and Family Services
Office of Inspector General**

**Version 3.0
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Document Purpose

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) is Kentucky's Prescription Drug Monitoring Program. KASPER is housed in the Office of Inspector General in the Cabinet for Health and Family Services (CHFS).

The cabinet utilizes a secure single sign-on application called the Kentucky Online Gateway (KOG) for access to its systems including KASPER. This user guide provides information to assist new users in registering for a KASPER account. **The old KASPER access portal is now inactive, and existing KASPER users who have not completed the KOG-KASPER onboarding process will not be able to access KASPER.**

Follow the instructions in this user guide to complete the following:

- Create and log into a Kentucky Online Gateway (KOG) account.
- Complete the onboarding process to connect your KOG account to your existing KASPER account or to create a KOG and KASPER account if you are a new user.
- Complete the process by which prescriber and pharmacist master account holders can add delegates to their accounts.

Attention delegates (nurses, medical assistants, pharmacy technicians and other office staff) who request reports on behalf of a prescriber or pharmacist. You will not be able to onboard your existing KASPER account to a KOG account until the Master Account Holder (the prescriber or pharmacist for whom you work) completes the onboarding process for their own account, and follows the process to establish you as a delegate under their account. Refer to Section 4, Delegate Management for information on completing this process.

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1 Registration and Security Requirements

1.1 Registration Requirements

- All users of KASPER must have a unique and personal Kentucky Online Gateway (henceforth known as KOG) account to access KASPER. Prescribers and pharmacists must complete this process to remain compliant with the statutory mandate to register and maintain a KASPER account. An existing KOG account may be used for KASPER access. If a user already has a KOG account, there is no need to create a new KOG account.
- New KASPER users (those who do not currently have a KASPER account) must establish a KOG account in order to create a new KASPER account unless they already have a KOG account to access other cabinet services.

1.2 Account Security

- Each individual who will use KASPER must obtain his or her own KOG account and agree not to share login credentials with others.

Important KOG and KASPER Account Security Cautions

1. Ensure you have a unique email address that only you use.
2. **If you are a prescriber or pharmacist**, do not allow anyone else, including those who you previously designated to request KASPER reports on your behalf, to create your KOG account or attempt to onboard your existing KASPER master account to your KOG account.
3. **If you work for a prescriber or pharmacist** who wants to authorize you to request KASPER reports on their behalf, you may create your own KOG account at this time. However, you should take no action until you receive a delegate invitation email from the KOG system. The delegate invitation email will be generated after the prescriber or pharmacist has completed the KASPER-KOG onboarding process and submitted a request via KOG for you to be a delegate under their account. When you receive a delegate invitation email, please follow the directions to onboard your existing KASPER delegate account (if you previously had one) or to create a new KASPER delegate account.
4. **Do not provide your KOG login id or password or your old KASPER user name or password to anyone!**
5. If you are onboarding an existing KASPER account and do not remember your old KASPER username or password, please call the KASPER Help Desk at 502-564-2703 for assistance.

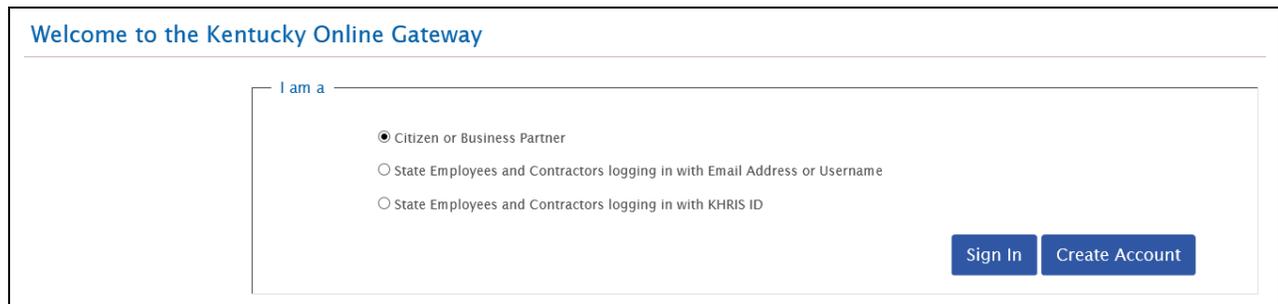
2   Kentucky Online Gateway Account Registration

2.1 Creating a KOG Account

You need to create a KOG account if you do not currently have one. If you already have a KOG account to access other Cabinet services such as Vital Statistics for birth or death certificates or Benefind for benefit information, please use this account. To request your KOG account you must complete the KOG user registration process. Each user must have a unique e-mail address to complete the registration process. KOG will support unique email addresses provided by a free email service. Please note that the email address you use to register with KOG will become your KOG login ID.

> **IMPORTANT:** *If you already have a KOG account, you do not need to create another one. Instead, follow the KASPER Onboarding Procedure in Section 3 of this user guide.*

2.1.1 Browse to the KOG Website

Make sure your web browser is updated to the latest version. In your web browser, go to https://KOG.chfs.ky.gov/home, select **Citizen or Business Partner** and click the **Create Account** button.

2.1.2 Complete Account Profile Information

Complete the fields on the **User Profile Form.** You must complete the required fields that are marked with an asterisk (*****). You will receive an error message if you do not complete all required fields.

Please complete your Kentucky Online Gateway Profile

ℹ If you already have an existing Kentucky Online Gateway (KOG) Account, please click here to reset your password OR click on the **Cancel** button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

* First Name   Middle Name   * Last Name

Mobile Phone   Language Preference
                            English

* Password   * Verify Password

* E-Mail Address   * Verify E-Mail Address

Street Address 1   Street Address 2

City   State   Zip Code
                            Kentucky

Question   * Answer
In what city were you born? (Enter full name of city only)

Question   * Answer
What was the name of your first pet?

Cancel   Sign Up

In addition, you should also complete the following fields which are *required by KASPER*. If you leave them blank here (which KOG will allow), **you will be required** to come back and complete them later before you can access KASPER, so it is best to do so now.

- Mobile Phone
- Street Address
- City
- State
- ZIP Code

2.1.2.1 Choosing a Password

- Passwords must be at least 8 characters in length and contain at least one number, one lower case letter, and one upper case letter. Passwords may not contain more than 3 consecutive characters from your email address.
- Please remember your new password. You will need it to access KASPER from now on!

2.1.2.2 Security Questions

Select two security questions from the drop down box and enter the answer to each question. It is very important to complete the security questions and to remember how you answered them. The answers to these security questions will be used to verify your identity in the event that you lose/forget your password or your account expires. Answers to the security questions are **not** case sensitive.

Complete all fields and click the **Sign Up** button. The confirmation screen shown below will be displayed.

2.1.3 E-mail Confirmation

An automated e-mail will be immediately sent to the e-mail address you provided on the User Profile form. When you receive and open the e-mail, click the link included in the e-mail. ***You must click on the link shown in the e-mail within four hours to complete the verification process or your account request will be deleted.*** If this happens, you will have to begin the registration/verification process again.

Sample e-mail message:

When you click on the link in the automated e-mail, the screen shown below will be displayed. Enter the answers to your two security questions **exactly as the answers were entered on the User Profile Form,** and then click the **Verify Account** button. This is the only time the link in the automated e-mail will work. From this point forward you must use the following URL to access KOG: https://kog.chfs.ky.gov

Validate New Account

To verify your identity, please answer the following security question(s).

Question   In what city were you born? (Enter full name of city only)

* Answer   [   ]

Question   What was the name of your first pet?

* Answer   [   ]

Verify Account

2.1.4 Mobile Phone Number Registration

If you provided your mobile phone number at the account creation screen, you will be prompted to register the mobile number for KOG account communications. If you want to register your mobile phone number click the **Send Passcode** button next to the number you provided during registration earlier, which will be pre-populated in the "Enter Mobile Phone" field.

> *If you would prefer to skip mobile registration at this time, please click the **Skip and Continue** link and you will get the message "Your account has been successfully created". Click on the **Continue to Logon** link, where you will be returned to the Kentucky Online Gateway home page, and you will log in as a citizen with the account information you created.*

Validate New Account

ⓘ Providing your mobile number will allow for easy retrieval of username and password. It will also allow participating applications to send critical communications about your account.

Register Your Mobile Number

Enter Mobile Phone   [(555) 555-5555]   **Send Passcode**

Skip and Continue

If you registered your mobile device, you will receive a text message containing an 8-digit code. Enter the code received in the "Enter Passcode" field and click the **Validate & Verify** button.

You will now receive a message notifying you that your mobile device has been successfully validated and your account has been created.

2.2 Forgotten Username or Password

If you forget your KOG username or password, follow these steps:

1. In your browser, go to https://kog.chfs.ky.gov to access the KOG login page.

2. Click on <u>Forgot/Reset Password?</u> If you need help with your password. If you have issues resetting your password, click on Help and follow the instructions under Login/Password Help bullet point.

3 KASPER Account Procedure

3.1 Special Instructions for Onboarding Institutional Master Accounts

This section does not apply to Practitioner, Mid-Level Practitioner, Pharmacist, Law Enforcement, Judge or Regulatory Agent accounts! It applies only to hospitals and long term care facilities that have created a KASPER Institutional Master Account. If you want to create a **new** KASPER Institutional Master Account, please contact the KASPER administrator at eKASPER.Admin@ky.gov for the appropriate forms and instructions.

If you are onboarding an existing KASPER Institutional Master Account, please use the following values as you complete the "missing" KASPER information as instructed in **Section 3.7 Missing KASPER Information Page**.

- For Area of Work select "Institutional Master Account"
- For Specialty select "Institutional Master Account"

3.2 Log into Your KOG Account

If you have not yet established your KOG account please follow the process in Section 2 Kentucky Online Gateway Account Registration.

Once you have completed KOG registration, you can associate your KOG account to KASPER by following these steps.

In your browser, go to https://ekasper.chfs.ky.gov to access the KASPER website. You should immediately be redirected to the Kentucky Online Gateway login page, unless you are already signed into KOG in your current browser session. You may wish to bookmark this URL or add it to your browser favorites to simplify future KASPER access.

If you have an application that requires multi-factor authentication, you must follow the OKTA verification processes. For assistance, please click on Help button at the bottom right side.
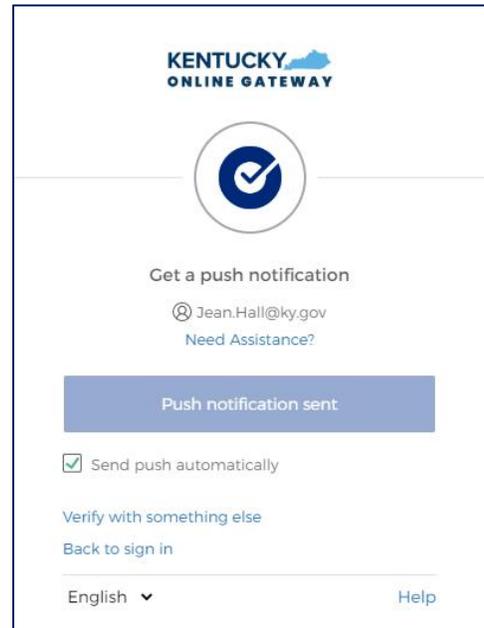
On the left side, enter your KOG account name and the password, and click **Log In**. You will be sent to KASPER automatically if you began with a KASPER URL (browser bookmark). If not, you will see "KASPER" on your My Apps page and simply click it to go to KASPER.
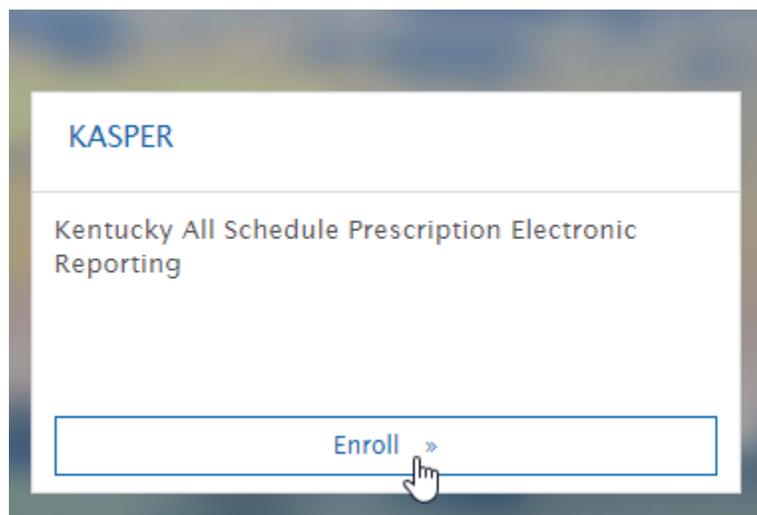
3.3 Request the KASPER Application

Once you have logged in to KOG, you will select the KASPER application by clicking on K in the All Apps list.
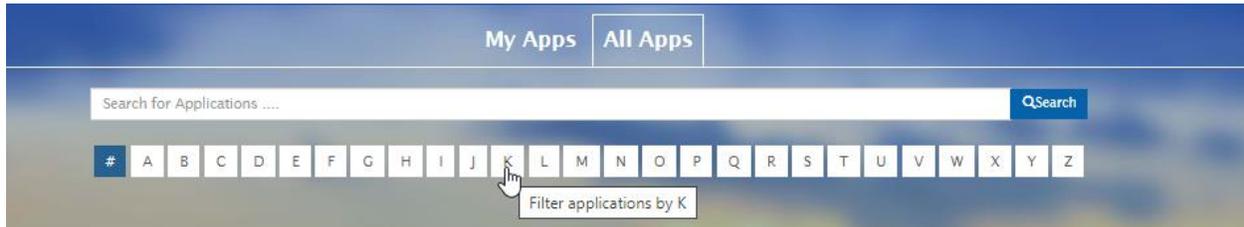
Go to KASPER and click on Enroll.

3.4 Provide Missing KOG Information Needed by KASPER

Some fields are required by KASPER but not by KOG. If you did not complete any of these fields during KOG account registration, KASPER will require you to go back to KOG and supply them now. This is required in order to proceed to KASPER.

If you are shown the screen below, click the link to return to KOG and be sure to complete the information which was listed as missing, and then click "Back to Application" to return to KASPER.

- Street Address
- City
- State
- ZIP Code

- Mobile Phone Number
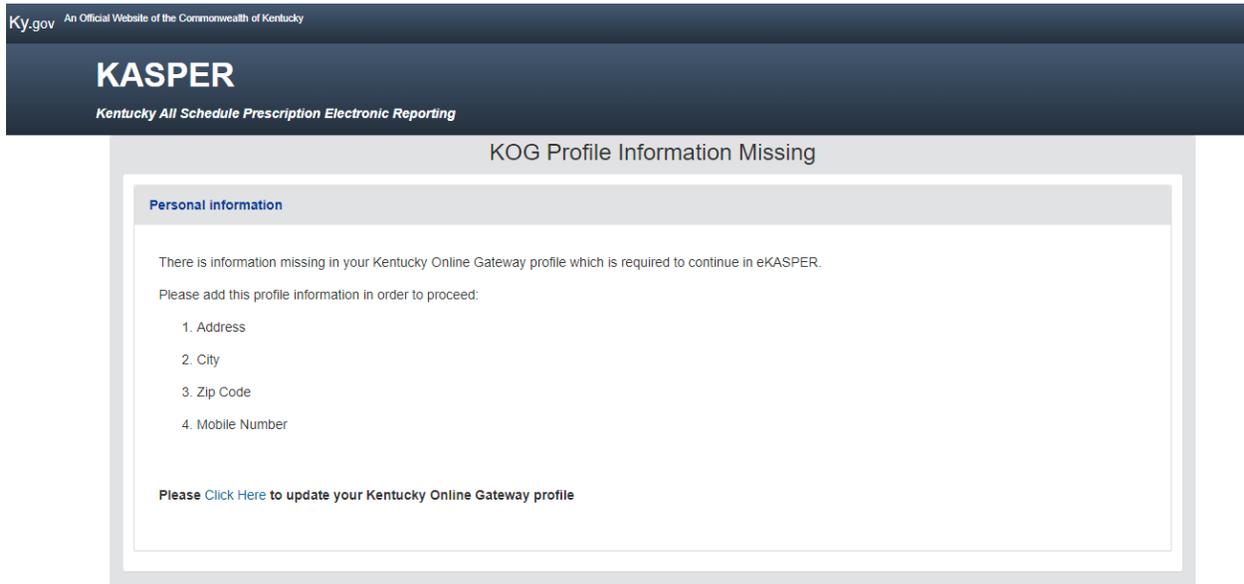
3.5 Complete the KASPER Account Request Process

Select your KASPER user role. **If you are an APRN/Nurse Practitioner, Optometrist or Physician Assistant, please choose Mid-Level Practitioner.** Click Request a KASPER Account.

Note: If you are a delegate, only choose the Delegate role.
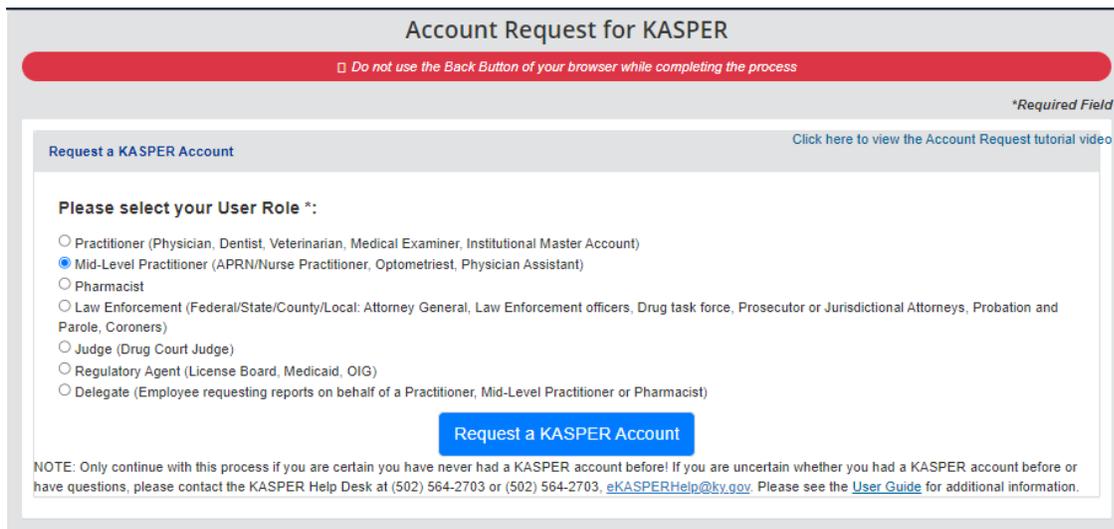
Confirm that you meet all the minimum requirements by checking each. Keep in mind that pop-up blockers may be turned ON in your browser settings. You will need to turn them off so that the required Application Form "pops up" in a separate display window using Adobe Acrobat Reader You will need to disable the pop-up blockers in your browser settings through the privacy tab now because once your account is approved, the KASPER reports you request will display in

a "pop-up" Adobe window. We recommend adding our address (or URL) to Trusted Sites from browser settings within your web browser. That address is: https://ekasper.chfs.ky.gov

Minimum Requirements

Click each box next to each option as you verify that you have the minimum requirements necessary to complete the account request process.

☑ Firefox, version 12 or higher, Chrome, Edge, Safari

☑ Adobe Reader, version 8.0 or higher (Download free Adobe Acrobat Reader)

☐ Printer (Optional for users uploading documents)

☐ Email address (for correspondence and notices)

☐ All pop up blockers are disabled

It is important to carefully review all of the instructions on this screen before moving on. You can choose to submit your application documentation electronically or by mailing them in. **If you choose to submit them electronically, please be sure to upload the documentation prior to submitting your application.**

To be approved for an account, you may choose to either submit your application and required documents electronically (online) or in hardcopy via US Mail. If you choose electronic (online), you will be prompted to upload your required documents and sign electronically. If you choose hardcopy, please don't forget to sign your application and include copies of the required documents.

For your convenience, you can choose either an electronic or paper submission:

    a) Electronic submission: Upload all the required documentation and then click the submit button.

    b) Paper submission: Make copies of all the required documentation and mail it to the address provided on the application..

Your application and required documentation will be processed when it is received. Upon account approval you will receive an email with instructions to access your KASPER account. If you have not received email confirmation of your account within fourteen (14) days of submitting your required documents, contact the Business Office at (502) 564-7985, eKASPER.Admin@ky.gov.

Your account type will auto-populate from the initial screen. Please confirm that you have selected the appropriate account type. If you need to change it, please select from the dropdown list and click next.

-- Select --
- -- Select --
- Prescriber Master
- Pharmacist Master
- Mid-Level Practitioner Master
- Law Enforcement Officer
- Judge
- Regulatory Agency

Physician Assistant or an Optometrist, please select account type of Mid-Level Practitioner.

Next

NOTE: If you are a Nurse Practitioner or Physician Assistant, please select Mid-Level Practitioner as the account type, not Prescriber.

NOTE: If you are attempting to register as a delegate, **do not proceed**! The KASPER master account holder(s) must use the Kentucky Online Gateway to invite you to be a delegate under their account. Please contact the appropriate master account holder(s) and request they access KOG and use the delegate invitation process to allow you as a delegate under their KASPER account.

Review your KOG Personal Identification Information for accuracy. You can return to KOG to modify your information by clicking on the link Click here to update Kentucky Online Gateway account information.

You will need to provide additional KASPER Identification Information including
- Your Date of Birth
- Last four digits of your SSN
- A phone number for KASPER to contact you
- An email for KASPER to contact you (this can be the same as your KOG email)
- Identification
At any time, you can Save and continue later.

Select your identification type and enter your Identification Number.

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Next, please add your professional credentials. Select your Title/Degree, Area of Work, and Specialty. Add your license by selecting the State, the appropriate licensure board, enter the license number and clickAdd License button.

Professional credential information

> **All User Groups**: Select your Area of Work and your Specialty. For some account types, there will only be one choice for these selections.
> **Prescribers**: Select your degree from the 'Degree' list selection. For all other user groups, this field will display your account type.
> **Prescribers and Mid-Level Practitioners**: 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. Please see the following addendum for adding your professional credentials.
> **Pharmacists**: Your professional license is required. The NPI number is your NPI number (not the pharmacy's NPI number).
> **Law Enforcement**: Must select either Badge or Employee ID for Law Enforcement ID Type. You will also be asked to provide the ID type number.
> **Judges**: 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.
> **Regulatory Agency**: You must provide your Employee ID issued by your employer, whether that is the Cabinet for Health and Family Services, Medicaid, or a Licensing Board.

To add another state professional license number: Change the default state of 'KY' in the drop-down field to the appropriate state which issued your professional license; the Select Board box will become inactivated.

Required Documentation
The required documentation for each account type is shown below:

Prescriber and Mid-Level Practitioner Accounts	Pharmacist Accounts	Law Enforcement Accounts	Judge Accounts	Regulatory Agency Accounts
DEA Certificate	Professional License	Badge or Employee ID	Certification of Election or Letter of Appointment	Employee ID
Professional License	Driver's License	Driver's License	Driver's License	Driver's License
Driver's License				

Prescribers, Mid-Level Practitioners, and Pharmacists
If you have professional licenses issued by multiple states, you may add up to a total of three licenses. If you have an active license issued by the state of Kentucky, be sure to include it when requesting an account, even if you are not currently practicing in Kentucky, as it may be used in compliance reports to your licensing board.

Add your DEA by entering the number and clicking Add DEA. Please add all of your DEA registration numbers.

If you are submitting electronically, please upload all corresponding documentation. If you choose to mail them in, you may click Next to proceed without having to upload.

To add documents, begin by clicking Choose File under Upload File for each area. Pick the file you choose to upload and click Open. **Note:** The file size is limited to 2 MB. Please upload each document separately.
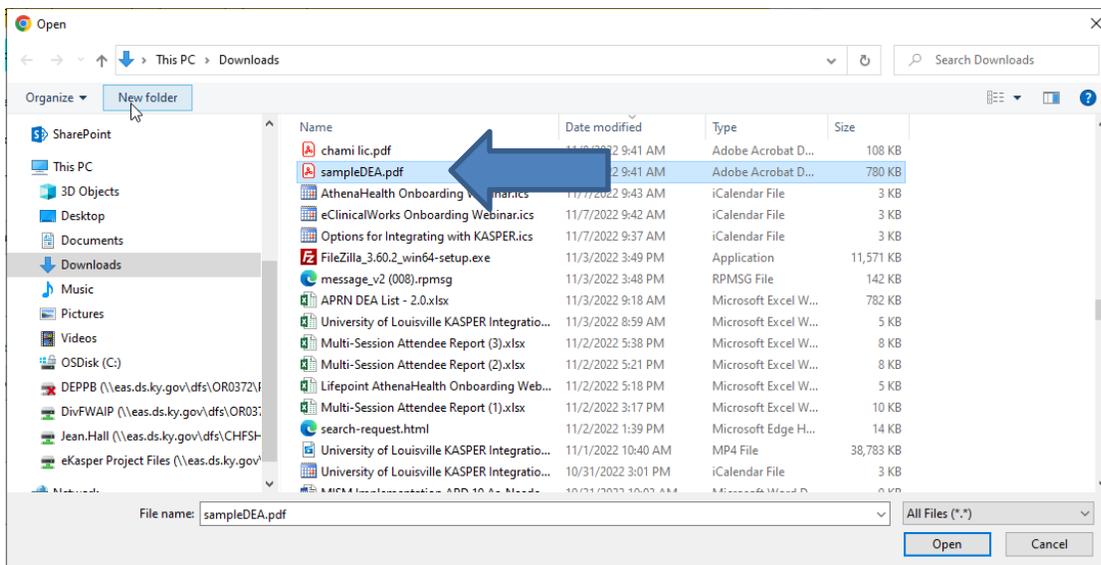
Then, click Upload.

Repeat this process until all files have been uploaded and click Next.

You will be prompted to **add your NPI number**. When you have completed this screen, click Next.

NPI Number:	8789878453

☐ Note: Click the Add button after entering your document number to add a credential.

[Save]   [Previous]   [Next]

Please carefully review your entire application for accuracy. If you find any discrepancies, click No under 'Is the information above correct?' to return to the application and edit the information. If all information is accurate, click Yes/

Click here to view the Account Request tutorial video

| 1 Step 1 | 2 Step 2 | **3** Step 3 | 4 Step 4 | 5 Step 5 |

Review

Please review the information below for accuracy:

Personal Information

First Name:	phar	SSN:	1234
Last Name:	▓▓▓	DOB:	1975-01-01
Address:	12 St	City:	lex
State:	KY	ZIP Code:	12345
KOG Email:	phar.ak2.21@keups.net	KOG Phone:	1234567890
KASPER Email:	▓▓▓▓▓▓▓	KASPER Phone:	1234567891
ID/Driver's License:	K123456		

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

Professional Credentials

Credential	Number	File Name
Driver's License	K123456	No File
NPI	1234567890	No File
Prof License	12345	No File

Work Information

Area of Work:	Pharmacist	Title/Degree:	Pharmacist
Speciality:	Pharmacist		

Is the information above correct?

[Yes] [No]

Add your Driver's license or other identification prior to completing the application. Click Choose File as with previously added DEA and License documentation. When this is complete, you will need to acknowledge the attestation at the bottom of the screen and electronically sign the document.

Electronic Signature Agreement

Please read this information carefully.

You will now be asked to electronically sign and submit the KASPER application that you prepared using this online tool. Your electronic signature makes this request for access to the KASPER valid. By signing and indicating your assent electronically, you are agreeing to the following:

1. Electronic signatures are the same as a handwritten signatures for the purposes of validity, enforceability, and admissibility.

2. I have given true answers to all the questions presented during this application process, to the best of my knowledge.

3. The required documents that I have provided with my application, including, but not limited to, my state-issued identification, professional licensing verification, and DEA registration, are true and accurate, to the best of my knowledge.

4. I am signing this application under penalty of perjury, which means that it has the same effect as an affidavit or sworn declaration. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

KASPER Terms of Acount Use

By my signature below, I indicate my agreement to the following terms, statements, and/or conditions regarding use of my KASPER account. 1. I understand my access to KASPER is granted only with the authority and rights allowed under [KRS 218A.202].

2. I understand I am responsible for the security of the reports and agree to use, share and store the reports only as set forth under [KRS 218A.202].

3. I understand prescriber, mid-level practitioner and pharmacist master account holders are responsible for the actions of their delegates, and for deactivating delegates who should no longer have access under my account.

4. I will maintain accurate KASPER account information and will notify KASPER staff of any changes to the status of my professional credentials.

5. As a KASPER authorized user, I understand that I may request reports only as authorized per [KRS 218A.202] and may not request reports for individuals such as personal acquaintances, potential employees, co-workers or public figures.

6. I understand that the last four digits of my social security number or other personal information will be utilized only to verify my identity when contacting KASPER support.

Please sign

☑ By checking this box, I am indicating my agreement to complete the submission of the attached KASPER application, including the *Terms of Use*, with my electronic signature and indicating my intention to sign electronically.

| * First Name and Last Name | Paul Newby | Date/Time | 2/21/2023 14:16 |

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

[Submit My Information]

Check the box to acknowledge the Electronic Signature Agreement and the KASPER Terms of Account Use. Enter your First Name and Last Name, and click Submit My Information.

If you are filing electronically, you will receive the Account Request Confirmation below.

You may also save or print a copy of your application by clicking Print My Application and following the normal steps for printing within your browser. You will also receive an email confirmation.

If you are filing a paper application, you will see the following screen.

If you would like to submit your documents electronically, you can change your answer to Yes and upload the documents.

If you chose to mail your documents, you will receive the following confirmation screen.

PRESCRIBER/APRN AND PHARMACIST APPLICANTS, PLEASE NOTE: Due to the COVID-19 pandemic and the potential need for additional healthcare workers in Kentucky, The Cabinet for Health and Family Services, Office of Inspector General is temporarily waiving the requirement for prescriber and pharmacist KASPER applications to be notarized and submitted via hardcopy. Prescribers and pharmacists should print and follow the instructions in the KASPER Account Request Wizard to complete the application process. You must print and sign the application, but you do not need to have it notarized. You should then scan the signed application along with copies of the required supporting documentation and email the scanned file(s) to: eKASPER.Admin@ky.gov.

Law enforcement and Judge applicants must sign the application form, have the form notarized, and mail the application along with copies of the required supporting documents to the address shown on the form.

3.6 Account Request in Process

If you attempt to log in before your KASPER account registration has been approved, you will see the above page. You will not be allowed to use any KASPER functionality until your KASPER account has been approved.
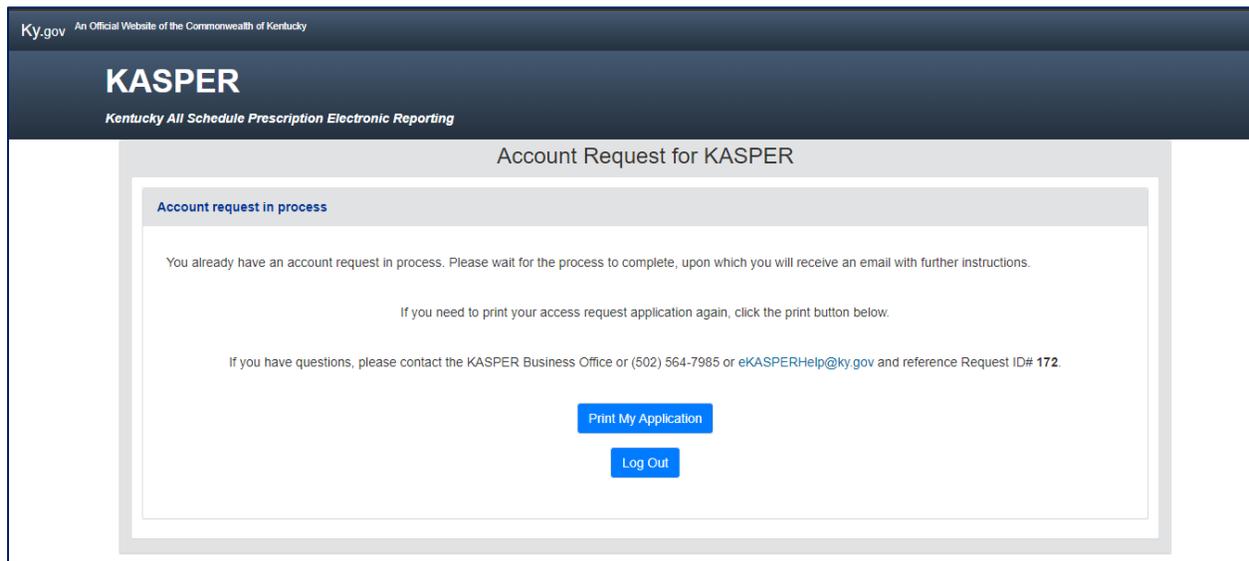
3.7 Missing KASPER Information Page

Once you have successfully associated your KOG account with either an existing or new KASPER account, you will be asked to supply a few additional fields as a final step in the onboarding process. Complete these fields click the **Submit** button. You will be taken to KASPER with full access.

Please note there are expanded areas of work and specialties from which Master Account Holders may select. Please take time to review all the options and select those that are the most accurate for your profession and primary specialty area. **Prescribers should not select "Institutional Master Account" as the area of work unless you have a prior approved account for a hospital or long term care facility in addition to your prescriber KASPER master account.** If you are unsure about what Area of Work or Specialty you should select, please contact the KASPER business office at 502-564-2815 for guidance.

> *Note: Area of Work and Specialty selections will only appear for Master Account Holders, not Delegates.*

# 4 Delegate Management for Prescriber and Pharmacist Master Account Holders

4.1 Inviting Delegates

> *Note: This section applies only to Prescriber and Pharmacist Master Account Holders.*

All Master Account Holders must re-invite their delegates by going through the steps below in KOG. This can be initiated from within KOG or by selecting the Manage Delegates option in your KASPER Account Maintenance page which will take you to this function in KOG.
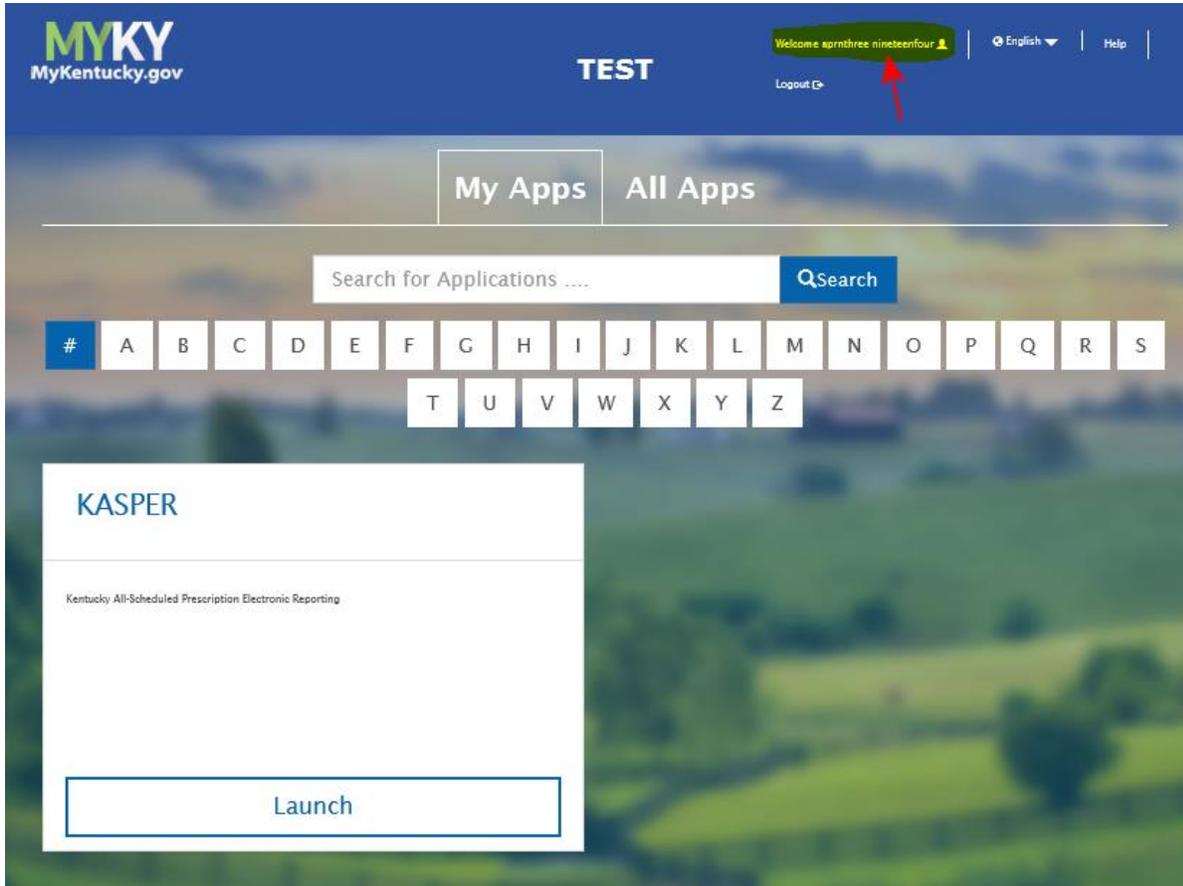
Log onto your KOG account by going to **https://kog.chfs.ky.gov. Do __NOT__ go to KASPER**. Click on your user name in the upper right, which opens **Account Management** in a new tab.
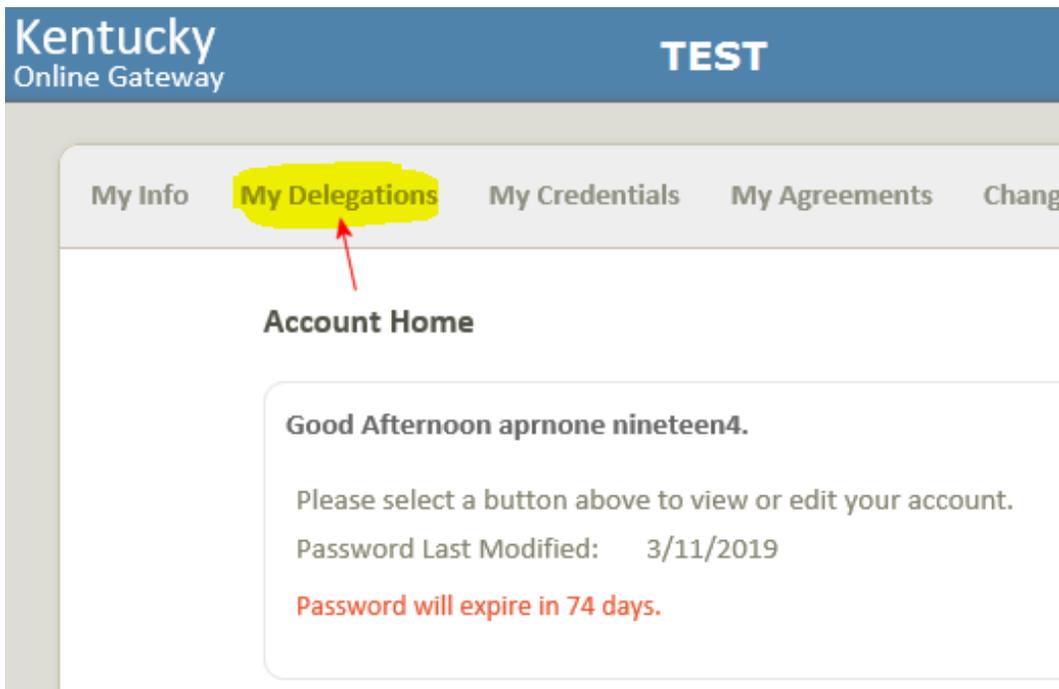
Click on **My Delegations**.

Enter the name or email address (partial or full) under "Choose a user to invite" and click **Search**.

In the search results window , click the delegate you wish to invite so that row highlights, and then click **OK**.

If you can't find the delegate or if you know they do not yet have a KOG account, you can instead enter their first name, last name, and email address below the **Search** *field.* **IMPORTANT:** *You must provide the exact email address which the delegate will use when creating their KOG account!*

Once the delegate's name and email are in the form, check the **Select** box for the role you wish to delegate and click **Delegate Roles**. You should be shown a success confirmation message. The delegate will receive an invitation email. They must follow the instructions to create an account.

4.2 Pending Delegations

Pending delegations are invitations which have been sent, but have not been completed by the invited delegate. By clicking on **Pending Delegations** you can see any pending requests and can elect to delete them by clicking on **Delete** for the appropriate delegate. This action effectively removes the invitation for that delegate, making the invitation they received unusable.
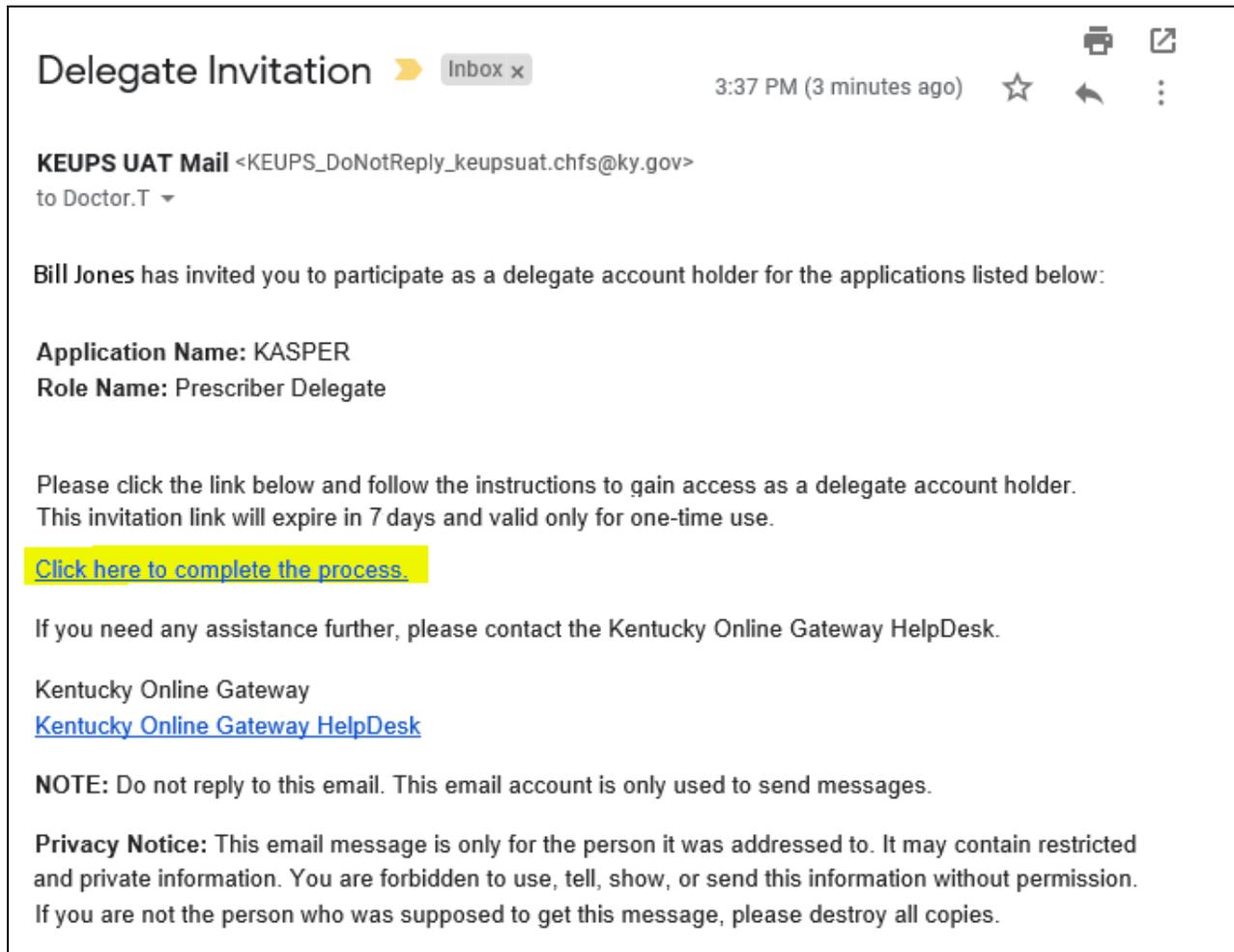
4.3 Manage Delegated Users (Removing Delegates)

If you need to remove a delegate's access to KASPER, click on **Manage Delegated Users**.

For each delegate you want to remove, click the **Manage** button which will highlight the entire row, and then check the **Select** box for the delegated role and click **Remove Roles**.

4.4 Delegate Email Invitations

If you are a delegate and receive an invitation from a Master Account Holder, you need to click on the Click here to complete the process link in the email as shown above, and then either log into KOG or create a new KOG account as described above in Chapter 2. If this is the first delegate invitation you have received, please proceed with the steps for onboarding an existing account if you already have a KASPER delegate account, or for creating a new KASPER delegate account, as described above in Chapter 3. If you previously completed the delegate invitation process for another Master Account Holder, simply click on the Click here to complete the process link and your new delegation will be in effect upon your next KASPER login.

5 KASPER Support Contacts

5.1 KASPER Help Desk

Contact the KASPER Help Desk:

Email address:	eKASPERHelp@ky.gov
Phone:	502-564-2703

5.2 KASPER Program Support

Contact the Drug Enforcement and Professional Practices Branch:

Email address:	eKASPER.Admin@ky.gov
Phone:	502-564-7985
Address:	Drug Enforcement Branch
	275 East Main Street, 5E-D
	Frankfort, KY 40621