

Online Electronic Prescribing Waiver Request Process - Medical Group Practice (Two or more practitioners)

Can be completed by a licensed practitioner or staff with either one of the following roles:

1. HCS Coordinator
2. Electronic Prescribing Waivers (EPW) Requestor

Complete the steps below to access the Electronic Prescribing Waiver (EPW) application in the NYS Health Commerce System (HCS):

1. Log into the HCS at <https://commerce.health.state.ny.us>
2. Under “My Content” click on “All Applications”
3. Click on “E”
4. Scroll down to Electronic Prescribing Waivers and double click to open the application. You may also click on the “+” sign to add this application under “My Applications” on the left side of the Home screen.

Complete the steps below to request a waiver within the EPW application for the first time:

1. Select the Medical Group Practice that is requesting the waiver. If the medical group practice name is not displayed, then select the practitioner name from the list that starts with the profession (i.e., Medicine-##### Doe John).

The screenshot shows the user interface for the Electronic Prescribing Waivers application. At the top left, there is a blue button labeled "Electronic Prescribing Waivers". To the right, the user is logged in as "John X Doe", with a navigation menu containing "Profession Codes", "FAQ", "Help", and "Update Personal Info". Below the navigation bar is a blue header with "Waiver Requests" and a grey header with "ELECTRONIC PRESCRIBING WAIVERS". The main content area contains the following text:

All practitioners, medical group practices, and institutions requesting a waiver from the requirement to electronically prescribe must indicate each site/practice address where the practitioners are unable to issue an electronic prescription. For each waiver request, the shipping address for the Official NYS Prescription (OPP) forms used at each site requiring a waiver must be identified.

Note: Other site addresses associated with the OPP shipping address can be added to the waiver request as appropriate. Documentation in support of the need for a waiver must also be provided.

Notification that a waiver is no longer necessary at each site/practice address may be indicated by the practitioner.

To get started, please select the practitioner, medical group practice or institution that needs to request a waiver.

Below this text is a "Choose One" dropdown menu with three radio button options:

- 8888 - Hospital (pfi) Z Test Hospital (PFI)
- 6099999 - Medical Practice GoBlue Medical PC
- Medicine - 999999 Doctor John Doe

At the bottom of the form is a "Continue" button.

2. Provide contact information for the person who should be contacted if additional information is needed regarding the waiver request and click "Save".

Waiver Requests Waiver Requests (Internal) Administration

Contact Information

Organization Requesting Waiver	
Name:	Z Test Hospital (PFI)
Organization ID:	8888
Organization Type:	Hospital (pfi)

Please identify the person to be contacted if additional information is needed regarding waiver requests.

Contact Information	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
E-mail:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Phone number format is XXX-XXX-XXXX</small>
Phone Ext:	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

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- 3a. If the Medical Group Practice is selected in Step 1, on the "Waiver Requests Summary" screen click on "Create Waiver Request" and proceed to Step 4.

Waiver Requests Waiver Requests (Internal) Administration

Waiver Requests Summary

Contact Information has been saved

[Back To Home](#)

Organization Requesting Waiver	
Name:	Z Test Hospital (PFI)
Organization ID:	8888
Organization Type:	Hospital (pfi)

[Edit Contact Information](#)

Contact Information	
Name:	mickey mouse
E-mail:	mmm@disney.org
Phone:	555-555-1212

3b. If the Practitioner name is selected in Step 1, on the “Waiver Requests Summary” screen click on “Create Waiver Request for Multiple Practitioners” and proceed to Step 4.

Electronic Prescribing Waivers

Welcome John X Doe

[Profession Codes](#) | [FAQ](#) | [Help](#) | [Update Personal Info](#)

Waiver Requests

Waiver Requests Summary

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Practitioner Requesting Waiver	
Name:	Doctor John
NYS License Number:	999999
Profession:	Medicine

[Edit Contact Information](#)

Contact Information	
Name:	John X Doe
E-mail:	john.Doe@a.com
Phone:	555-555-5555

[+ Create Waiver Request for Self](#) [+ Create Waiver Request for Multiple Practitioners](#)

4. Search for the Official NYS Prescription (OPP) shipping address for the site requiring a waiver. The requestor can search by the following options:

1. Upload the Practitioner License List (CSV file)

This option is recommended if requesting a waiver for your medical group practice site.

2. Enter the DOH Article 33 License Number (030#####, 03A#####, 03B#####)

Medical Group Practices Do Not Use - This option is for institutions only

3. Enter an OPP serial number from a prescription form used at the site requiring a waiver

Use this option only if you cannot identify your OPP shipping address from Option 1.

Electronic Prescribing Waivers

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Waiver Requests

CREATE WAIVER REQUEST

Search for Official NYS Prescription (OPP) Shipping Address

An Official NYS Prescription (OPP) Shipping Address is required to request a waiver. Please use one of the search options shown below to find the OPP Shipping Address for this request.

Search By Uploading Practitioner Licenses

Search By DOH Article 33 License Number

Use this search option when requesting a waiver for an institution

030#####, 03A#####, 03B#####

Search By Prescription Serial Number

8 characters, no vowels

5. Select the OPP shipping address from the list returned and click “Create Waiver Request”. Please note: Only active OPP shipping addresses will be displayed; i.e., the practitioner is currently registered with the Official NYS Prescription Program. Additional OPP shipping addresses will require separate waiver requests and can be initiated at the completion of this waiver request, if needed.

The screenshot shows the user interface for the Electronic Prescribing Waivers system. At the top left is a blue button labeled "Electronic Prescribing Waivers". To the right, a user is logged in as "John X Doe", with a navigation menu containing "Profession Codes", "FAQ", "Help", and "Update Personal Info". Below the navigation is a blue bar for "Waiver Requests" and a grey bar with the text "CREATE WAIVER REQUEST". The main heading is "Official NYS Prescription (OPP) Shipping Address". A message instructs the user to choose an address from the list below. The list shows one address: "55 Avenue U, Nowhere" with a radio button. At the bottom of the list are two buttons: "Create Waiver Request" and "Back to Search". The footer contains the copyright information "© 2015 NYS Department of Health - Bureau of Narcotic Enforcement" and the timestamp "12/21/2015 08:45".

Electronic Prescribing Waivers

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Waiver Requests

CREATE WAIVER REQUEST

Official NYS Prescription (OPP) Shipping Address

Please choose the OPP Shipping Address for this request. If the OPP Shipping Address is not listed below, please review your search criteria and run another search.

OPP Shipping Address

- 55 Avenue U, Nowhere

[Create Waiver Request](#) [Back to Search](#)

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6. After selecting the OPP shipping address, the “Waiver Request” screen will display (see below). On this screen, you will provide additional information required to complete the waiver request: the waiver site address(es), the Rx type(s), reason(s) for the waiver, uploading a file of the practitioners included in this request, supporting documentation and uploading a file of the practitioner attestations.

Electronic Prescribing Waivers

Welcome John X Doe

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Waiver Requests

Waiver Request

Unsubmitted

Organization Requesting Waiver	
Name:	Z Test Hospital (PFI)
Organization ID:	8888
Organization Type:	Hospital (pfi)

Official NYS Prescription (OPP) Shipping Address
55 Avenue U, Nowhere

[Include OPP Shipping Address as a Waiver Site](#)

Waiver Site Addresses

Indicate below the sites that require a waiver.

[Add an address](#)

Waiver Address
No addresses have been added

Practitioners

Provide the list of practitioners included in this waiver request by uploading a comma-separated-values (CSV) file.

[Upload Practitioner Licenses](#)

Number of Practitioners Included in this Request
3 practitioners

Rx Type (Check all that apply)

Controlled Substances

Non-controlled substances

Waiver Reason (Check all that apply)

Economic Hardship

Technological Limitations

Other Exceptional Circumstances

Information to Support Need for Waiver

Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate, and any other pertinent information related to the request.

(Upload supporting documents if necessary)

[Upload Supporting Document](#)

Supporting Document
supporting Doc1.pdf Remove

Practitioner Attestations

Upload a signed attestation from each practitioner to whom this waiver request applies. Date and printed name of practitioner must be included. Note: Multiple practitioner signatures may be provided in a single attestation document.

[Upload Attestation Document](#)

Attestation Document
Practitioner Attestations.pdf Remove

- [Save For Later](#) [Submit Waiver Request](#) [Back To Summary](#)

7. The requestor must indicate if the OPP shipping address should be included as a waiver site by clicking on the link "Include OPP Shipping Address as a Waiver Site". In addition, a medical group practice can add up to 3 additional waiver site addresses associated with the OPP shipping address, if necessary, by clicking on the link "Add New Address".

Electronic Prescribing Waivers

Welcome John X Doe

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Waiver Requests

New Waiver Site Address

Please enter the address of a site that requires a waiver.

Address Line 1

Address Line 2

City

State

ZIP Code

- [Save](#) [Cancel](#)

8. If not already completed in Step 4, upload the comma-separated-values (CSV) file listing the practitioners included in the waiver request by clicking on the link “Upload Practitioner Licenses”. Please note: Only practitioners with a valid NYS license (##, #####) will be loaded. Each CSV file will replace the prior file that was uploaded.

Electronic Prescribing Waivers

Welcome John X Doe

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Waiver Requests

CREATE WAIVER REQUEST

Upload Practitioner Licenses

Upload a comma-separated-values (CSV) file listing the practitioners included in this request. You can view the specifications for the CSV file here: [Practitioner License File Specification](#)

Select File: No file selected.

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9. Select the type of prescription for which a waiver is required (check all that apply)
10. Select the reason for the waiver (check all that apply)

Rx Type (Check all that apply)

- Controlled Substances
- Non-controlled substances

Waiver Reason (Check all that apply)

- Economic Hardship
- Technological Limitations
- Other Exceptional Circumstances

11. Provide documentation in support of the need for a waiver by entering the justification in the box provided and/or uploading a supporting document(s) by clicking on the link "Upload Supporting Document".

Electronic Prescribing Waivers

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Waiver Requests

Upload Supporting Documentation

Acceptable file formats are Adobe PDF document (*.pdf) and image (*.gif, *.jpg, *.jpeg, *.tif, *.tiff, *.png).

Upload File: No file selected.

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12. Upload the signed practitioner attestations file(s) by clicking on the link "Upload Attestation Document".

Electronic Prescribing Waivers

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Waiver Requests

Upload Attestation Document

Acceptable file formats are Adobe PDF document (*.pdf) and image (*.gif, *.jpg, *.jpeg, *.tif, *.tiff, *.png).

Upload File: No file selected.

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13. Verify that all information, including ALL waiver site addresses, is complete and accurate.
14. Select "Submit Waiver Request" at the bottom of the screen if all of the information is complete and accurate. Select "Save for Later" if additional information is required.

Information to Support Need for Waiver

Provide a detailed description of the economic hardship, technological limitations not reasonably within the control of the practitioner, and other exceptional circumstances that are relevant. Include each site's current electronic prescribing capabilities, the date when those capabilities are expected to be fully operational, steps that are being taken to meet the e-prescribing mandate, and any other pertinent information related to the request.

(Upload supporting documents if necessary)

[Upload Supporting Document](#)

Supporting Document	
supporting Doc1.pdf	Remove

Practitioner Attestations

Upload a signed attestation from each practitioner to whom this waiver request applies. Date and printed name of practitioner must be included. Note: Multiple practitioner signatures may be provided in a single attestation document.

[Upload Attestation Document](#)

Attestation Document	
Practitioner Attestations.pdf	Remove

[Save For Later](#) [Submit Waiver Request](#) [Back To Summary](#)

15. If all of the requirements to submit a waiver request are checked, click on the button “Attest/Submit Waiver Request”. If one or more of the requirements are unchecked, click on the button “Back to Request Screen” and complete the missing requirements.

Submission of Waiver Request

Organization Requesting Waiver

Name:	Z Test Hospital (PFI)
Organization ID:	8888
Organization Type:	Hospital (pfi)

All items below must be checked in order for your waiver request to be processed. If incomplete, Click "Back to Request Screen" below.
Note: **X** indicates requirement is not completed.

Requirements to Submit a Waiver Request

- ✓ Selected OPP Shipping Address
- ✓ Provided Supporting Documentation
- ✓ Indicated Waiver Site Address(es)
- ✓ Uploaded Practitioner License File
- ✓ Uploaded Practitioner Attestations

I affirm that the statements herein are true and complete including an attached signed attestation from each practitioner to whom this waiver request applies.

False statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal law.

Attest/Submit Waiver Request

Back To Request Screen

16. Once the request has been submitted, a confirmation message will display on the Waiver Request Summary screen. The waiver request status will be marked as “Under Review”.

Electronic Prescribing Waivers

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Waiver Requests

Waiver Requests Summary

Your Waiver Request has been Submitted

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Organization Requesting Waiver

Name: Z Test Hospital (PFI)

Organization ID: 8888

Organization Type: Hospital (pfi)

[Edit Contact Information](#)

Contact Information

Name: Joe X Doe

E-mail: a@c.com

Phone: 518-555-5555

+ Create Waiver Request

Waiver Requests

Official NYS Prescription (OPP) Shipping Address	Status	Submit Date	Status Change Date	Action
123 Nowhere Lane, Pumpkin City	Cancelled		12/18/2015	
999 KING STREET, BURGER PLACE	Under review	12/18/2015	12/18/2015	Cancel
4015 AVENUE U, SomeWhere	Under review	12/21/2015	12/21/2015	Cancel

17. Click on “Create Waiver Request” if the requestor needs to request a waiver for another site associated with a different OPP shipping address.
18. The “Waiver Requests Summary” screen will reflect the current status of each waiver request, including approval and denial. Medical Group Practices and Practitioners should monitor the status of each waiver request via the EPW application.