

Registration Process

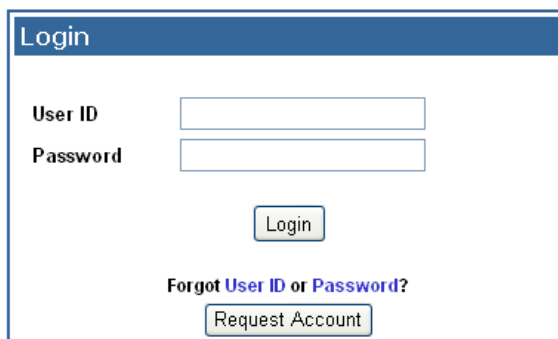
Two methods of registering are available, depending on your situation.

Note. If you need to register to submit for a chain of stores or to submit centrally as a vendor for your customer stores, special registration is required. Please contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance.

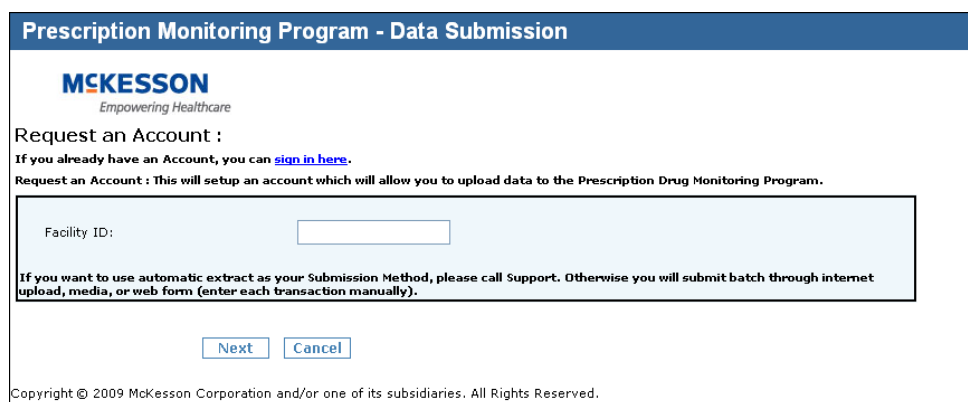
Online Registration

If you plan to use Online Internet Submission to supply batch files and/or use the online submission forms, the quickest way to register is via the online account registration form, as follows:

1. Using your Web browser (Internet Explorer 6), go to this Internet site: <https://dc.pmp.relayhealth.com/HI>
2. The site Login window displays. Select the **Request Account** button.



3. A validation screen displays that lists information about the process and requests your Facility ID (which is your dispensing facility DEA number).



4. Enter your dispensing facility DEA number and click **Next**.
5. If your Facility ID is recognized, the Account Setup form displays.

Note. If the facility DEA number that you enter is already registered or is not found in the expected DEA list, an error message displays. If you typed the number incorrectly,

please reenter it. Otherwise, call RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance in creating your account.

Prescription Monitoring Program - Data Submission

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Request an Account :
If you already have an Account, you can [sign in here](#).
Request an Account : This will setup an account which will allow you to upload data to the Prescription Drug Monitoring Program.

Facility ID:

If you want to use automatic extract as your Submission Method, please call Support. Otherwise you will submit batch through internet upload, media, or web form (enter each transaction manually).

Profile Information

<input type="text"/> * First Name	<input type="text"/> * Last Name	-- Select Type -- * Facility Type
<input type="text"/> NPI Validate	<input type="text"/> NCPDP	
<input type="text"/> * Facility Name	<input type="text"/> * Address 1	<input type="text"/> Address 2
<input type="text"/> * City	-- Select State -- * State	<input type="text"/> * Zip
<input type="text"/> * Phone	<input type="text"/> Fax	
<input type="text"/> * Email	<input type="text"/> * Re-Enter Email	
* Select User ID		
<input type="text"/> User ID		
Hint Question and Answer If you forget your password, we will verify your identity with the answer to the following question and email you a new password.		
<input type="text"/> Hint Question		<input type="text"/> Hint Answer

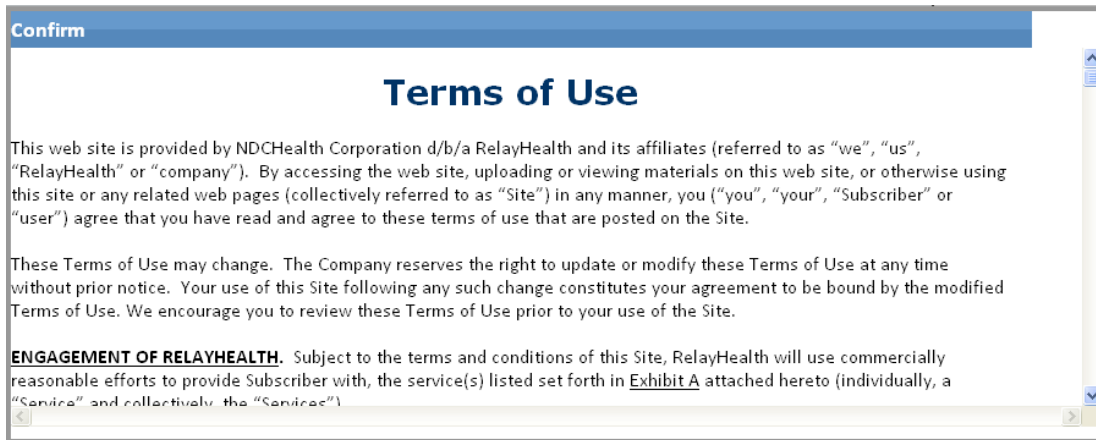
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6. Type information into all required fields (those marked with an asterisk “*”), plus any optional fields you wish to complete (see Note below). Be sure to create a User Name that you will remember.

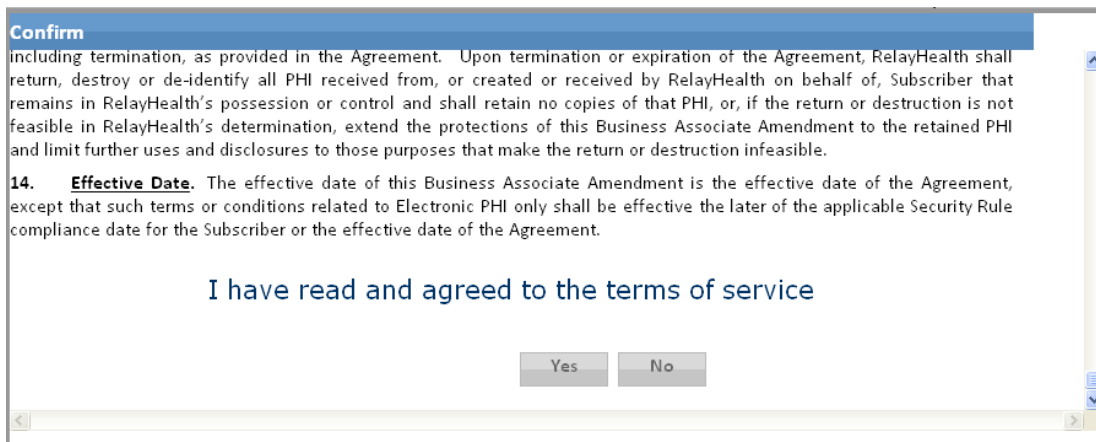
Note. We **require** an email address so that we can easily communicate with you regarding the status of your submitted files and other important information related to HI Data Submission. If you do not enter a valid email address, you will be required to contact Customer Support to complete your registration process.

7. Click **Request Account** to submit the form.

If all required fields were correctly completed, the Terms of Service dialog displays. (Otherwise, a message will indicate any errors that need corrected. Correct the issues and select **Request Account** again.)



8. Scroll down and read through the Terms of Use until you get to the agreement buttons at the bottom of the text. You must click the **Yes** button there to accept the terms in order to complete registration successfully.



9. After clicking the **Yes** button, a success messages displays. Click **OK** to acknowledge the message and the Login window re-displays.

You have successfully requested an account. Two emails will be sent to the email address that you entered in the registration screen. You will need to use those emails to complete the registration process, as described next.

Using Automatic Emails to Complete Registration

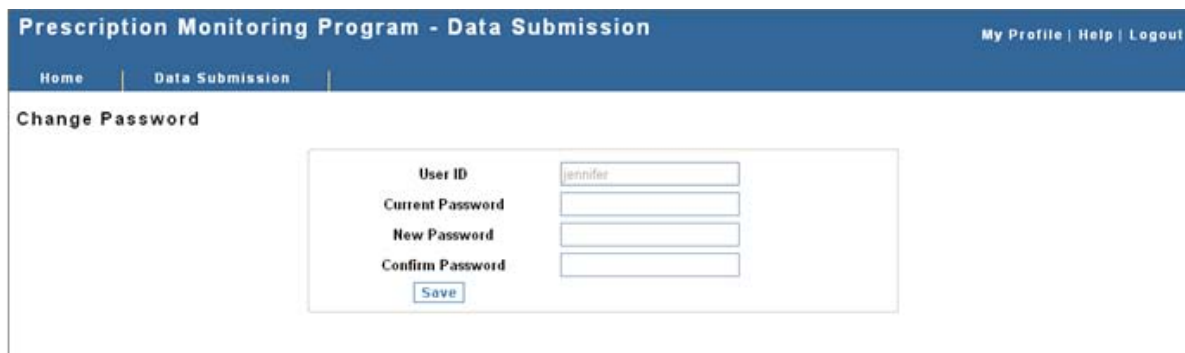
To verify that you requested an account and to test the email address you supplied, a confirmation email will be sent to you at that email address.

Note. *If the confirmation email does not arrive within 10 minutes, it is possible you entered an incorrect email address when you registered. Please contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance.*

To activate your account, click the link in that first email, which will take you back to the site Login window. Your account is then activated and a second email is sent to you with your temporary password.

Congratulations! You can now use the temporary one-time password in that second email to log into the site.

When you login that first time, you will be required to create a new password that you will use for subsequent logins, similar to the screen below.



The screenshot shows a web interface for the Prescription Monitoring Program - Data Submission. The page title is "Change Password". The form contains the following fields and a button:

User ID	<input type="text" value="jennifer"/>
Current Password	<input type="password"/>
New Password	<input type="password"/>
Confirm Password	<input type="password"/>
<input type="button" value="Save"/>	

Password Rules

Your password must contain:

- One lower case letter
- One upper case letter
- One number
- Minimum of 6 characters
- Two character cannot be repeated in succession (for instance, “Asset1” is not a valid password due to the repeating “ss”)
- New password and confirm passwords must match

Special characters such as the following are not required but are accepted.

- + (plus sign)
- “ (quotes)
- ? (question mark)
- , (comma)
- = (equal sign)

***Note.** If Customer Support had to register on your behalf, after you define a new password, your profile management screen will appear. You must define your User Hint Question and Answer on that screen and save those changes to finish your first login.*

Registration by Paper (or Microsoft Word) Form

If you are unable to register yourself online, you will have to register through RelayHealth PMP Customer Care. You also need to register through Customer Care if you: plan to submit information using one of the following options (instead of Online Internet Submission):

- Automatic PMP Data Extract
- Batch files via US Mail
- Paper forms

For these submission options, you may register by completing a Microsoft Word or paper form. You may have already completed the registration form, but if not, a copy is included in *Appendix A - Forms* of this guide, and the Word version is

available at <http://pmp.relayhealth.com/HI>. The completed form should be emailed or faxed to RelayHealth using the email address or fax number on the form.

***Note.** If you are registering multiple facilities (for example, for a chain), you may also register by filling out a Microsoft Excel spreadsheet with the required information. The spreadsheet template is available from the RelayHealth Implementations team. Contact RelayHealth HI PMP Customer Care at 1-800-892-0333 for assistance. Note that Pharmacy chains or vendors handling HI PMP reporting for multiple stores will enter all stores in one spreadsheet.*