



UTAH DEPARTMENT OF
HEALTH

Center for Medical Cannabis

Qualified Medical Provider User Guide

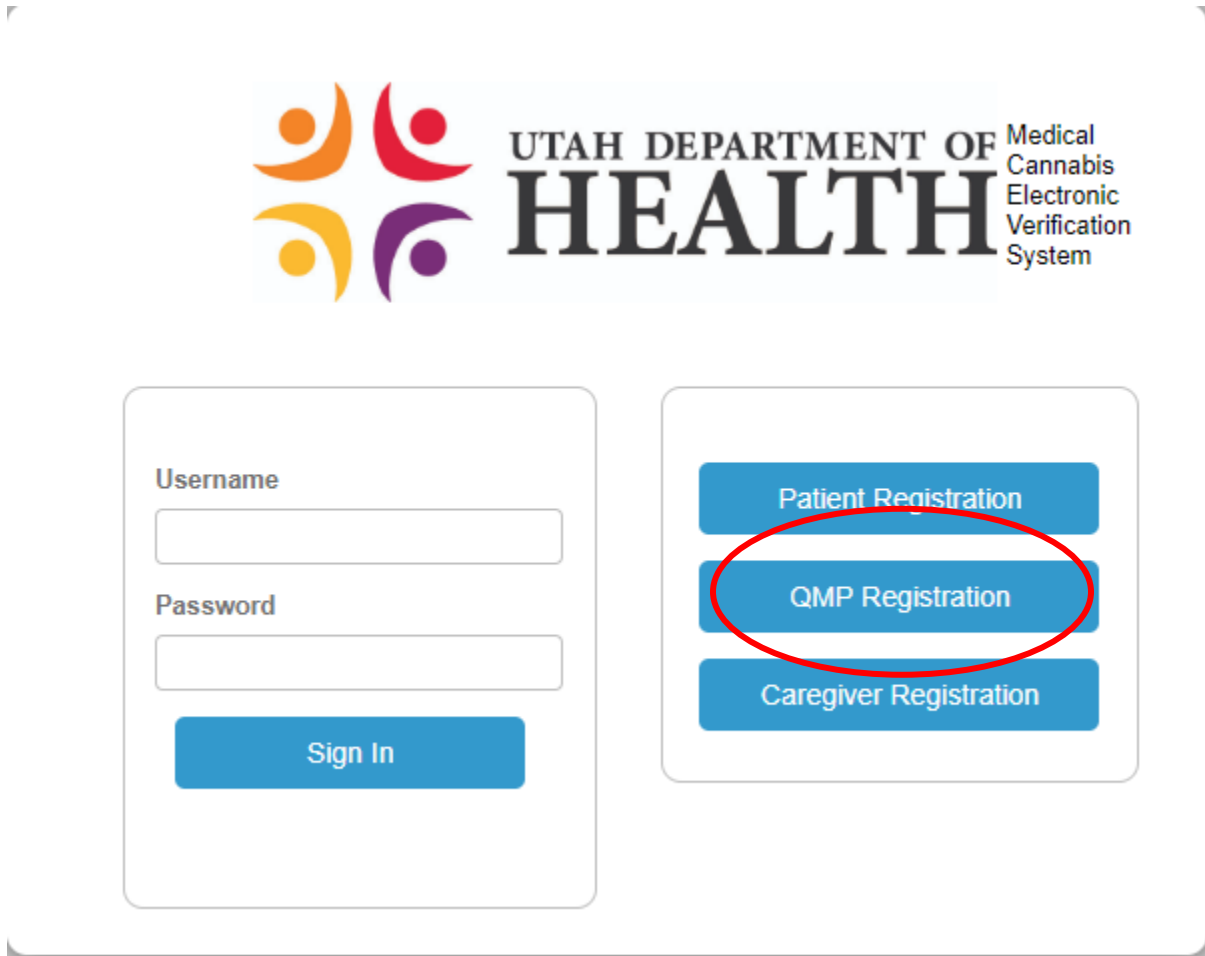
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Registering

NOTE: You will need a Utah-ID to register. If you do not already have one, please refer to the Utah-ID tutorial.

1. Visit the Electronic Verification System login page.
 - a. Click 'QMP Registration.'



The screenshot shows the login page for the Utah Department of Health's Medical Cannabis Electronic Verification System. At the top left is the department's logo, which consists of four stylized human figures in orange, red, yellow, and purple. To the right of the logo, the text reads "UTAH DEPARTMENT OF HEALTH" in a large, bold, serif font, with "Medical Cannabis Electronic Verification System" in a smaller, sans-serif font to its right. Below the logo and text are two main sections. On the left is a login form with two input fields labeled "Username" and "Password", and a blue "Sign In" button below them. On the right is a registration section with three blue buttons: "Patient Registration", "QMP Registration" (which is circled in red), and "Caregiver Registration".

Figure 1 - QMP Registration

2. Fill our registration page.
 - a. Fields marked 'R' are required.
 - b. Utah ID is the same Utah ID username you created earlier.
 - c. When you are done, click 'Register.'



UTAH DEPARTMENT OF
HEALTH

Medical Cannabis Electronic
Verification System

Registration Type
QMP

User Information

Type of Qualified Medical Professional

 R

Utah ID

 R

First Name

 R

Last Name

 R

Suffix

Last Four Digits of SSN

 R

Date of Birth

 R

Email Address

 R

Figure 2 - QMP Registration Form

You will now see the confirmation page.



Figure 3 - QMP Confirmation Page

Click 'Click Here' to continue.

3. Check your email for an email with the subject 'UTEVS User Registration.'

UTEVS User Registration Inbox x

System Admin <AWS-UTEVS-NoReply@micropact.com>
to me ▾

CMC, thank you for registering with Utah Electronic Verification System

Below is your login information.

Username: CMCTest

Password: ZZE3s\$MU - *Please type into Password field; do not cut and paste.*

[Click here](#) to login to continue.

Sincerely,

Utah Electronic Verification System

Figure 4 - QMP Registration Email

4. Copy the password and return to the EVS login page.
 - a. Enter your username in the 'Username' box.
 - b. Paste or type the password into the 'Password' box.
 - c. Click 'Sign In.'



Figure 5 - QMP Login

- 5. Create a new password.
 - a. Enter the same password from your confirmation email in the 'Current password' box.
 - b. Create a new password and enter it in the 'New password' and 'Confirm password boxes.'

NOTE: Passwords must be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters.

- c. Click 'Change Password.'

[Sign Out](#)

Password has expired. Please change your password to continue using this system.

Password should be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters, and should be different from your last 10 passwords.

Current password

New password

Confirm Password

[Change Password](#)

Figure 6 - Change Password

Creating a QMP Application

1. Hover over the Tracking Inbox and click the QMP tab.

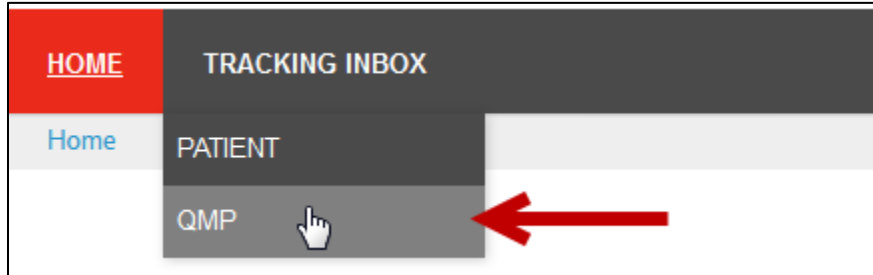


Figure 7 - QMP Tab

2. Click your name in the QMP listing.

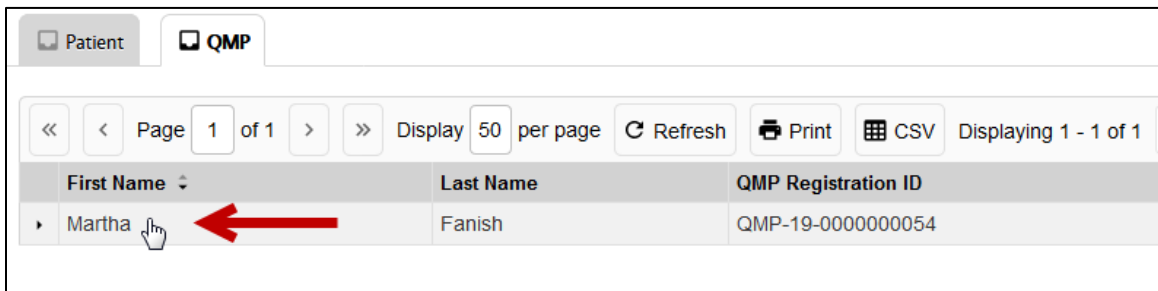


Figure 8 - QMP Listing

3. The QMP page with the New Application form appears.
 - a. Some fields are pre-populated.
 - b. Fill out the rest of the form.
 - c. Do not enter information into the Application Information (Official Use) section.

| QMP | | Change of Information | Corrected Documentation | QMP Address | CME | Certification/Recommendation | Phone Number | Payment |
|--|--|-----------------------|-------------------------|-------------|--|---|--------------|---------|
| Registration Information (Official Use) | | | | | QMP Proof of Identity | | | |
| Utah ID | mfanish | | | | State of ID | Utah R | | |
| QMP Registration ID | QMP-19-0000000054 | | | | State ID Type | R | | |
| Status | Draft | | | | ID Number | R | | |
| Effective Date | | | | | ID Issue Date | __/__/__ (mm/dd/yyyy) R | | |
| Expiration Date | | | | | ID Expiration Date | __/__/__ (mm/dd/yyyy) R | | |
| Qualified Medical Provider Information | | | | | Qualified Medical Provider Credentials | | | |
| First Name | Martha R | | | | Type of Qualified Medical Provider | Physician R | | |
| Last Name | Fanish R | | | | Utah Professional License Number | R | | |
| Suffix | R | | | | Utah Controlled Substance License Number | R | | |
| Last 4 Digits of SSN | 6080 R | | | | American Medical Board Certification Patient Limit | <input type="radio"/> Yes <input type="radio"/> No R | | |
| Date of Birth | 11/22/1975 (mm/dd/yyyy) R | | | | Are you employed or contracted for a specific purpose of hospice and palliative care? | <input type="radio"/> Yes <input type="radio"/> No R | | |
| Gender | R | | | | Do you Authorize UDOH to publish your information on our website so Patients can contact a registered QMP? | <input type="radio"/> Yes <input type="radio"/> No R | | |
| Email Address | mfanish@hmed.net R | | | | Acknowledgement | | | |
| QMP PIN | R | | | | | | | |
| Addresses | | | | | | | | |
| Type | Status | Address | City | | | | | |


Figure 9 - QMP Application

- For the Addresses and Phone Numbers Records sections, click the appropriate links to reveal the data panel where you can enter the information.

Addresses ▼

| Type ▲ | Status ▼ | Address ▼ | City ▼ |
|----------------------------|----------|-----------|--------|
| No data available in table | | | |

Showing 0 to 0 of 0 entries Previous Next

[+ New Address](#) 

Phone Numbers ▼

| Phone ▲ | Type ▼ |
|----------------------------|--------|
| No data available in table | |

Showing 0 to 0 of 0 entries Previous Next


[+ New Phone Number](#) 

Figure 10 - New Address and New Phone Number Links

New Address

Address Status
Active

Address Type
Office

Address
1000 Medical Street

Apt/Suite#
100

City
Ephraim

State
Utah

County
Sanpete

Zip Code
84627

Save

products. In c
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Figure 11 - New Address Panel

5. Click Save.
6. The new Addresses record appears in the Address section.

Note: Before submitting the application for payment, you will need to enter an Office and Home Address.

7. To add a CME, click the New CME Record link.

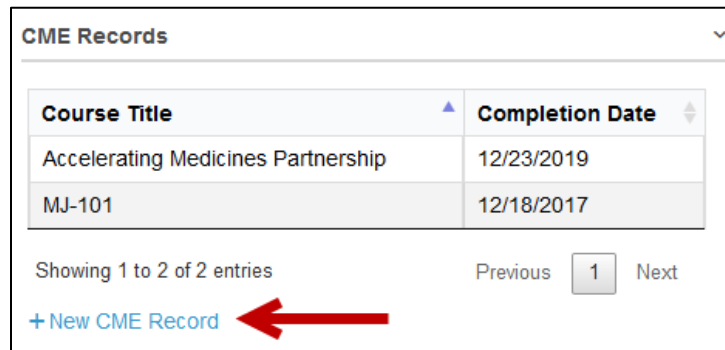


Figure 12 - CME Records

8. Complete the fields.

The screenshot shows the "New CME Record" form with the following fields and values:

- Course Title: Accelerating Medicines Advance
- Course Provider: National Institutes of Health
- Course Completion Date: 12/02/2019 (mm/dd/yyyy)
- Number of CME Hours: 50
- Certificate: C:\fakepath\Certificate.docx (with a "Browse" button)

A "Save" button is located at the bottom of the form.

Figure 13 - CME Panel

9. Click Save in the panel.
10. The new CME record appears in the CME section.
11. Complete the other Required fields and Optional fields as needed.

[QMP](#) | [Change of Information](#) | [Corrected Documentation](#) | [QMP Address](#) | [CME](#) | [Certification/Recommendation](#) | [Phone Number](#) | [Payment](#)

Registration Information (Official Use)

Utah ID: mfanish
 QMP Registration ID: QMP-19-000000054
 Status: Draft
 Effective Date:
 Expiration Date:

Qualified Medical Provider Information

First Name: Martha
 Last Name: Fanish
 Suffix:
 Last 4 Digits of SSN: 6080
 Date of Birth: 11/22/1975
 Gender:
 Email Address: scotthicks2@verizon.net
 QMP PIN: 4048

Addresses

| Type | Status | Address | City |
|-------------|--------|------------------------|---------|
| Office | Active | 1000 Medical Street | Ephraim |
| Residential | Active | 100 Mountain View Road | Ephraim |

Showing 2 of 2 records

QMP Proof of Identity

State of ID: Utah
 State ID Type: Driver's License
 ID Number: 13592468
 ID Issue Date: 12/18/2017
 ID Expiration Date: 12/17/2020

Qualified Medical Provider Credentials

Type of Qualified Medical Provider: Physician
 Utah Professional License Number: 18222-2422
 Utah Controlled Substance License Number: CS14599
 American Medical Board Certification: Yes No
 Patient Limit: 175
 Are you employed or contracted for a specific purpose of hospice and palliative care? Yes No
 Do you Authorize UDOH to publish your information on our website so Patients can contact a registered QMP? Yes No

Acknowledgement

QMP Acknowledgement

...in the process. Deliverable Certification: MicroPact will review deliverable work products to contractual requirements before certifying the deliverable for submission. Performance An approach to collect and report metrics on the status of quality control activities and to facili...

Figure 14 - Completed QMP Application Form

Note:

If the American Medical Board Certification field = No, the patient limit is set to 175.
 If the American Medical Board Certification field = Yes, you must complete additional fields:

| | |
|---|---|
| American Medical Board Certification | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Patient Limit | 175 |
| American Medical Board Certification Number | <input type="text"/> |
| Indicate American Medical Board Certification Specialty | <input type="text"/> |

And, patient limit is set to 300.

- In the QMP Acknowledgement section, read the text. Select the Patient Acknowledgment checkbox.

QMP Acknowledgement

I understand that the Utah Department of Health (UDOH) may revoke the registration of a qualified medical provider who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.

I certify that I have completed four hours of UDOH-approved continuing education.


Qualified Medical Provider Acknowledgement 

Figure 15 - Acknowledgement Section

13. Click Save & Keep in Draft.
14. Your application Status changes to *Draft*. You can still edit your application form.

Editing and Saving & Submitting a QMP Application

When you have reviewed and edited the application and are ready to submit the application to a QMP for certification, you can click the Save & Submit Registration button. You can edit the Application page until payment has been made and the application is in *Awaiting State Review*. Then only specific fields are editable.

To Save and Submit the Application:

1. Sign-on to EVS.
2. Hover over the Tracking Inbox and click the QMP tab.

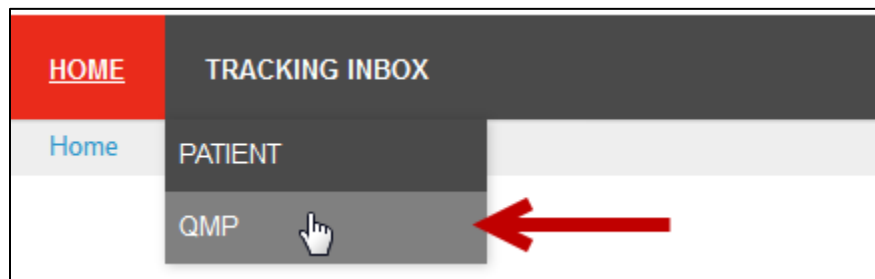


Figure 16 - QMP Tab

3. Click your name in the QMP listing.

| Patient <input type="checkbox"/> QMP <input checked="" type="checkbox"/> | | |
|--|-----------|---------------------|
| First Name | Last Name | QMP Registration ID |
| Martha | Fanish | QMP-19-0000000054 |

Navigation: << < Page 1 of 1 > >> Display 50 per page Refresh Print CSV Displaying 1 - 1 of 1

Figure 17 - QMP Listing

4. Review and edit the application form as needed.
5. When you have completed revising the application, click the Save & Submit Registration button.

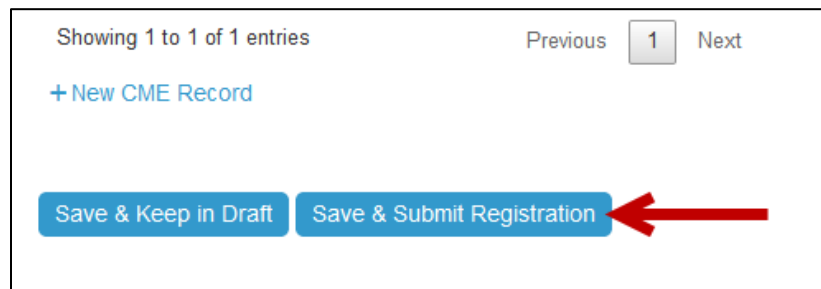


Figure 18 - Save & Submit Patient Registration button

After Saving & Submitting, the following occurs:

- The Status changes to Awaiting Payment.
- The next step is for the QMP to make a payment.

Making a Payment

After you Save and Submit your application, the next step is to make a payment.

During the Application process and Renewal process you will need to pay for your Utah Medical Cannabis Card:

1. Hover over Payment and click New Payment.

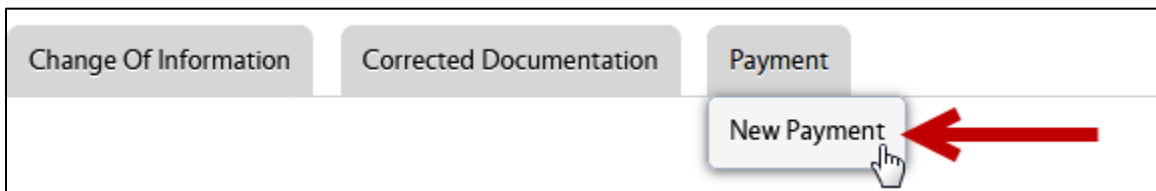


Figure 19 - New Payment Tab

Note: Tabs, as shown above, will differ depending on your role.

2. Click the Click Here to Pay button.

Patient Patient Certification Patient Petition Compassionate Use Board **Payment**

Fields will auto-populate once you have successfully completed payment.

[Click Here to Pay](#)

| | |
|-------------------------|------------|
| Payment Date | 02/12/2020 |
| Payment Amount | 15.00 |
| Payment Type | |
| Payment Status | |
| Payment Approval Number | |

Figure 20 - Click Here to Pay Button

3. The Credit Card Payment window appears. Notice some of the fields are auto-populated with your information.
4. Complete the Credit Card Payment form.

Credit Card Payment

| Item | Quantity | Item Amount | Total |
|---|----------|-------------|---------|
| UTEVS Registration Fee PAT-20-0000000053 | 1 | \$15.00 | \$15.00 |
| Total Amount: | | | \$15.00 |

Credit Card Information

Card Number:* 4111111111111111 VISA Visa

CVV Number:* 123 Where's this?

Expiration Date:* 01 - January / 2020

Account Holder Information

Name on Card:* John Clare

Country:* United States

Address:* 1502 Shelly Lane

Address Line 2:

City:* Park City

State:* Utah


Postal Code:* 84060

Email Address: jclare@penny.com

Figure 21 - Credit Card Payment page

5. The Total Amount Due is auto-selected in the How much would you like to put on this card section.

How much would you like to put on this card?

The Total Amount: \$15.00 

Remaining on Card
Use this option to make a partial payment with a card containing limited funds.

Other Amount:

CANCEL PAYMENT CONTINUE

** Are Required Fields.*

Figure 22 - Total Amount is Auto-Selected


6. Click the Continue button.

How much would you like to put on this card?

The Total Amount: \$15.00

Remaining on Card
Use this option to make a partial payment with a card containing limited funds.

Other Amount:

CANCEL PAYMENT  CONTINUE

** Are Required Fields.*

Figure 23 - Continue Button

7. The Verify page appears.

Verify Credit Card Payment Information

Please verify your Credit Card Information and click "Yes" to proceed with payment.

Credit Card Information

| | |
|------------------|-----------|
| Card Type: | Visa |
| Card Number: | *****1111 |
| Expiration Date: | 05/2020 |

Account Holder information

| | |
|--------------------|------------------|
| Cardholder's Name: | John Clare |
| Address: | 1502 Shelly Lane |
| City: | Park City |
| State: | UT |
| Postal Code: | 84060 |
| Country: | US |
| Email Address: | jclare@penny.com |

Your Order

| Item | Quantity | Item Amount | Total |
|---|----------|-------------|---------|
| UTEVS Registration Fee PAT-20-0000000053 | 1 | \$15.00 | \$15.00 |
| Total Amount: | | | \$15.00 |

IS THIS INFORMATION CORRECT?

NO

YES

Figure 24 - Verify Page

8. Review the information.
9. Click the Yes button.

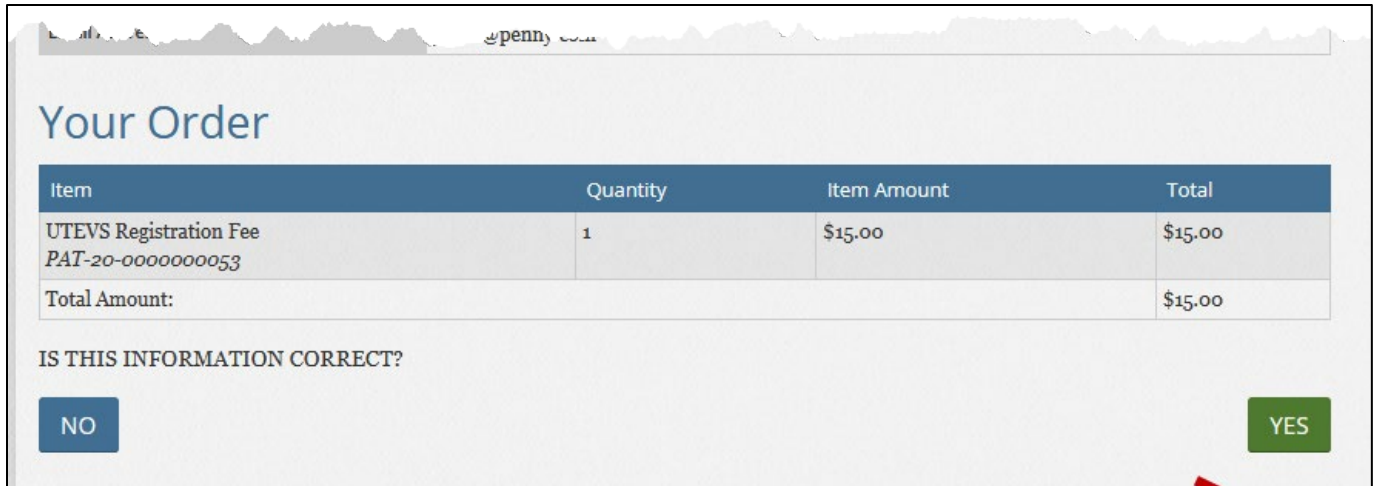


Figure 25 - Yes Button

10. A Receipt page appears.
11. Click Continue to return to the Payment page.

After you make a payment:

After making a payment, The Status changes to *Awaiting State Review*.

An Approver will review your application.

If you are Approved, you will receive an email and your Status changes to *Active*.

The Approver may request more information. You will receive an email with the request. The Status changes to *Incomplete*.

If the Approver Denies your application, your Status changes to *Denied* and you will receive an email.

Making a Name, Address, or Driver's License/State ID Number Change Request

You can update your address and other contact information via the Change of Information tab.

To change your patient information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



Figure 26 - QMP Tab

3. In the QMP Listing, click your name.
4. Hover over the Change of Information tab and click New Change of Information.
5. Enter changed information.

Note: If you do not enter information into a field, the current information will not be updated.

A screenshot of the 'Change of Information' page. At the top, there are three tabs: 'QMP', 'Change of Information' (active), and 'Corrected Documentation'. The page is divided into two main sections: 'Name Change' and 'State Information Change'. The 'Name Change' section includes fields for 'First Name', 'Last Name', and 'Suffix'. The 'State Information Change' section includes fields for 'State of ID', 'State ID Type' (set to 'Passport'), 'ID Number' (29898902), 'ID Issue Date' (12/16/2019), and 'ID Expiration Date' (12/31/2021). A blue 'Save' button is located at the bottom left of the form.

Figure 27 - Change of Information Page

6. Click Save.

Corrected Documentation

When an EVS Approver finds an error with any of a QMP's uploaded documents (*Photo ID, State Driver's License/State ID Card, Proof of Residency document, etc.*), the QMP will supply the correct valid identification.

To provide corrected information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.

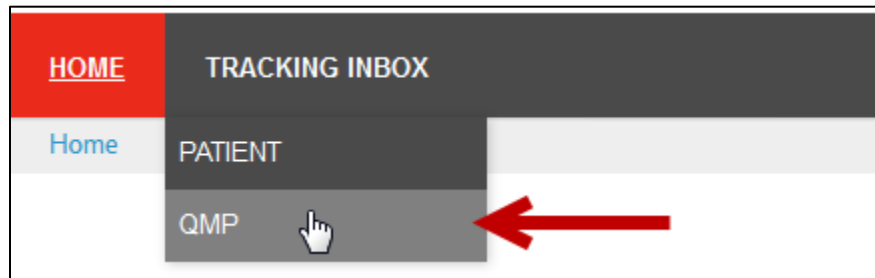


Figure 28 - QMP Tab

3. In the QMP Listing, click your name.
4. In the Corrected Documentation page, upload the requested corrected file(s).
5. Click the Browse button to upload the file.

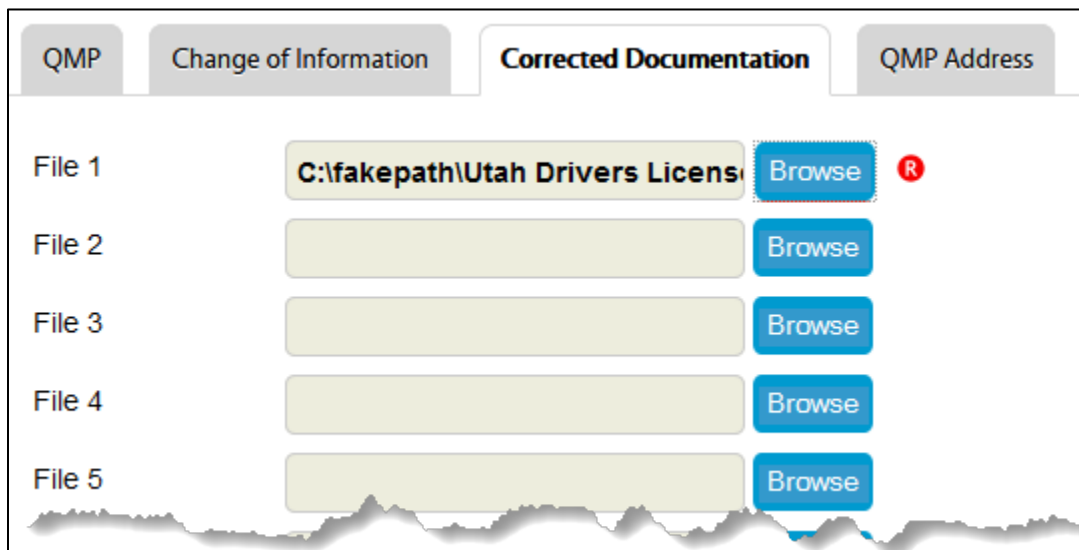


Figure 29 - Corrected Documentation Page

6. Click Save. The system sends an email to the approver informing him or her that the corrected documentation has been uploaded.

Address Tab

To add a new address:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



Figure 30 - QMP Tab

3. In the QMP Listing, click your name.
4. Complete the Required fields and Optional field as needed.

A screenshot of a web form titled 'QMP Address'. The form has four tabs: 'QMP', 'Change of Information', 'Corrected Documentation', and 'QMP Address' (which is selected). The form contains several input fields, each with a red 'R' icon indicating it is a required field. The fields are: 'Address Status' (dropdown menu with 'Active' selected), 'Address Type' (dropdown menu with 'Mailing' selected), 'Address' (text input with 'PO Box 19'), 'Apt/Suite#' (text input), 'City' (text input with 'Provo'), 'State' (dropdown menu with 'Utah' selected), 'County' (dropdown menu with 'Utah' selected), and 'Zip Code' (text input with '84601'). A blue 'Save' button is located at the bottom left of the form.

Figure 31 - QMP Address

5. Click Save. The new address is added to the Addresses section in the QMP page.

CME Tab

To add CME information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



Figure Error! No text of specified style in document.2 - QMP Tab

3. In the QMP Listing, click your name.
4. Hover over the CME tab and click New CME.
5. Complete all of the Required fields.

 A screenshot of the 'New CME' form in the application. The breadcrumb trail at the top reads 'Tracking Inbox » QMP » New CME'. Below this are several tabs: 'QMP', 'Change of Information', 'Corrected Documentation', 'QMP Address', 'CME', and a partially visible 'C'. The 'CME' tab is active. The form contains the following fields:

- Course Title: Text input with value '\Accelerating Medicines Partnership' and a red 'R' icon.
- Course Provider: Text input with value 'National Institutes of Health' and a red 'R' icon.
- Course Completion Date: Date picker with value '12/23/2019' and a red 'R' icon.
- Number of CME Hours: Text input with value '100' and a red 'R' icon.
- Certificate: Text input with value 'C:\fakepath\Accelerating Medici' and a 'Browse' button, with a red 'R' icon.

 A 'Save' button is located at the bottom left of the form.

Figure Error! No text of specified style in document.3 - CME Page

6. Click Save. The new CME is added to the CME section in the QMP page.

Note: You can also use the New CME Record link in the QMP page.

Adding a New Phone Number

To add a phone number:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



Figure Error! No text of specified style in document.4 - QMP Tab

3. In the QMP Listing, click your name.
4. Hover over the Phone Number tab and click New Phone Number.
5. Complete the Required and Optional fields.
6. Click Save. The new phone number is added to the Phone Numbers section in the QMP page.

Cancelling an Application

A QMP has the option to Cancel an Application if the applications has the following statuses:

- Awaiting Payment
- Awaiting State Review
- Active
- Pending Renewal
- Renewal Completed

If the QMP cancels his or her application, the Designated QMP name is removed from the Patient's page.

To cancel an application:

1. Open the Application page.
2. Click the Cancel My Registration button.
3. A confirmation email is sent to the QMP.

QMP Denied Application

If a QMP Application is denied, you will receive an email about the denial. You can discuss the decision by calling the number in the email.

Dear Mary Clark,

This is to inform you that your medical cannabis card application has been denied by the Utah Department of Health. If you would like to discuss this decision, please contact our office at 801-538-6504.

Thank you,

Center for Medical Cannabis
Utah Department of Health
801-538-6504
medicalcannabis@utah.gov

Figure Error! No text of specified style in document.-1 Application Denied Email

The Status of your Application changes to *Denied*.

After your application is denied, your record remains in EVS. You can still apply to participate in the Medical Cannabis program. To apply, you would open the patient application page again, edit your information as needed, and click the Save & Submit button. The application will proceed through the entire approval process.

Requests for More Information

When an Approver reviews an application and wants more information from the applicant, he or she will make a request for more information. The application Status changes to *Incomplete* and an email is sent to the applicant.

The applicant will edit the application and Save & Submit the application for another review.

To edit to your application:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox and click QMP.
3. The New Application page appears.
4. Make the edits.
5. Click the Save button.