# **Commonwealth of Kentucky**

Cabinet for Health and Family Services



# eKASPER

# Institutional Master Account Login And Delegate Maintenance User Guide

Version 3.0 March 12, 2015

KASPER	Version: 3.0
Institutional Master Account Login and Delegate	Issue Date: 03/12/15
Maintenance User Guide	

# **Revision History**

Date	Version	Request #	Description	Author
05/02/2013	1.0		Initial Draft	Amanda Hudson
05/24/2013	2.0		Revised Draft	Amanda Hudson
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#### Introduction

Kentucky Statutes and Regulations allow the establishment of eKASPER institutional accounts and allow the eKASPER institutional master account holder to establish one or more delegate accounts who may request eKASPER reports on behalf of the institution. This document provides information on establishing and maintaining eKASPER delegate accounts under an eKASPER institutional master account.

### 1.0 Initial Login for a Master Account Holder

The Institutional Master Account Holder can login to eKASPER to establish their master account and to create a delegate account. Go to <u>https://portal.chfs.ky.gov/login/login.aspx</u>. The following login steps are for the first time the Institutional Master Account Holder logs into eKASPER.

If the account holder has already completed the initial login process, please login and proceed directly to Step 2.0 Creating a Delegate Account.

Kentucky.gov		
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES		
About CHFS   Contact Us   Forms and Documents		
User Login		
Enter your user name and password.		
User Name John.KasperIA		
Password		
Login I forgot my password.		

#### 1.1 User Login

Enter the username and password that was received via email. Click the Login button.



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Kentucky.gov KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES	KY Agencies   KY Services
About CHFS   Contact Us   Forms and Documents	
Change Password	
Your password must be changed. Please enter a new password.	
New Password:	
Confirm New Password:	
	Change Password (click once)

#### **1.2 Change Password**

The Password sent via email is temporary and must be changed. The new password requires at least 5 characters in length, an upper case letter, a lower case letter, a special character, and a

number. The password will expire every 90 days. Click the Change Password button.

Password Reset Questions	
Please provide an answer to the following questions. If you need to reset your password you will be prompted with these questions again in order to reset your passwo	d ord.
1. What is the make of your first car? Test	
2. What is your pet's name? Test	
3. What is your mother's maiden name? 💌 Test	
	Submit

#### **1.3 Password Reset Questions**

Answers to the Password Reset Questions are required; however the answers do not have to correspond to the questions. You can choose any answers you want, but need to remember the answers you enter to identify yourself to the system when requesting an automatic password change. The answers are case sensitive.

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Click the Submit button.

Terms And Conditions For Authorized Use Of eKasper	
This website contains protected health information and is intended only for an authorized individual or entity. Such confidential information is legally privileged and exempt from disclosure under applicable law. If you do not have authorization to handle protected health information, you are notified that any inappropriate dissemination, distribution or copying of this information is strictly prohibited. The terms of this disclosure are governed by 45 CFR Parts 160 and 164 as well as KRS 218Å.202.	
By using this website, I also certify that the information requested will be used only for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient, or determining the accuracy and completeness of the information in accordance with KRS 218A.202(6)(e). Furthermore, sharing passwords and usernames is expressly prohibited. I understand that if I grant authority to another person to utilize this website on my behalf, I am accepting full responsibility for that person's use of the information obtained.	

1.4 Terms and Conditions for Authorized Use of eKASPER

I accept

Click the

button.



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## 2.0 Creating a Delegate Account

Request Report		Request Report	- For Single Patient	
Summary Report				* Required Field
Status of Requests	Patient / Subject Details —			
Administration	First Name *		Last Name *	
For technical support	ID Type	SSN	SSN *	,
please contact	DOB(mm/dd/yyyy) *		Click here for Aligees	
eKASPER Helpdesk			Click Here for Allases	
at 502-564-2703		nto		
	Patient / Subject Address i	110		
	Address *		City *	
	State	KY 💽	Zip Code	
			Click have for Other Address	
			Click here for Other Address	ses
	Report Details (Date in mm	/dd/yyyy format)		
	From Date *	10 00 0012	Interstate Requests: (Help) Click here for Other States	
	To Date *		Olick Here for Other States	2 Border States
	10 Date			
	Facility	_KENTUCKY HOSPITAL, 859231 💌	]	
	Email Notification	For All Reports 💽		
	Submit	Reset		
	Comments & Questions on CHS Pr Web Site Comments & Questions	ograms & Services   Disclaimer Accessibility Statement   Privacy   FAQ	Copyright 2001 - 2015	Commonwealth of Kentucky. All rights reserved.
Click the Adn	ninistration	lint		
		ШПК.		

Account	Account Maintenance								
Maintenance	Master Acco	unt Informatio	n ———						
Dologato	First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details		
Administration	JOHN	KASPER-IA	þJOHN.KASPERIA	(502) 999-9999	Active		Select		
Home Page	Delegate Act	count Informat	ion						
	No Delegates	Found Add Del	<u>egate</u>						
				Prescribing Re	port Reques	t			
		NOTE: Please	call the business	office at (502) 56	4-2815 for a	report on any other DEA	numbers		
	Report Detai	Report Details (Date in mm/dd/yyyy format)							
	Report for Pre	Report for Prescriber DFA # IA0000001							
							_		
	From Date *		09/18/2014 🔡	To	Date *	10/18/2014	<b>H</b>		
	The From & To Date range defaults to a 30 day span; this can be expanded to 90 days. Please note for a larger date range, your report may take longer to complete.								
	View Re	eport							
	Comments & Que Web Site Comme	stions on CHS Pro nts & Questions   .	grams & Services   Disc Accessibility Statement	laimer   Privacy   FAQ	Copyright 20	)01 - 2015 Commonwealth of K	entucky. All rights reserved.00		

## 2.2 Delegate Administration

Click the Delegate Administration link.



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Account	Delegate Request							
Maintenance Delegate Administration	Please READ the instructions! Most questions are answered here. Print Instructions							
Administration Home Page	First Name*       Mary       Last Name*       Delegate         DOB*       01/01/1975       Account Type       Prescriber         ID Type*       Driver's License       ID*       DL1-234-567         Degree       ID*       B899         State Issued       KY       Image: Key State Issued       Key State Issued         Mother's maiden name*       More       More							
	Address*     321 Street Address       City*     Frankfort     State     KY     Zip Code*     40621       Home Phone*     555 564 2703     Requests Per Day     100     Email     None       Pro Lic. /Reg #							
	Facility Information         Name       Phone       Fax       Address       City       State       Zip       Select       Active         KENTUCKY HOSPITAL       (859) 231-2794       (859) 231-2795       1225 MEMORIAL WAY       LEXINGTON       KY       40502       Image: Comparison of the select in the							

#### 2.3 Delegate Request

Fields marked with an asterisk \* are required. For institutional delegate accounts the following information is required:

- 1. First Name
- 2. Last Name
- 3. Date of Birth (DOB)
- 4. ID Type (Driver's License)
- 5. ID (delegate's Kentucky Driver's License number)
- 6. Last 4 digits SSN
- 7. Email Address
- 8. Mother's maiden name
- 9. Address, City, State, and Zip
- 10. Home Phone Number

**IMPORTANT:** If the delegate already exists under a different eKASPER master account or there are plans to add the delegate under another eKASPER master account in the future, please ensure that the First Name, Last Name, Date of Birth (DOB) and Last 4 digits of the Social Security Number are entered exactly the same by all eKASPER master account holders. This



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will ensure the delegate only has one eKASPER account. The delegate will have the ability to select which eKASPER account for whom they are requesting a report.

#### 2.3.1 Facility Verification

Verify the check box is checked for the appropriate facility.

2.3.2 Automatically Add Delegate

Click the Automatically Add Delegate button.

**IMPORTANT:** The system will attempt to verify the delegate's Driver's License number with the Kentucky Department of Transportation Driver's License database. If the information entered does not match the information in the Driver's License database, you may bypass this verification. To do so, select "other type" for the ID Type, but still enter the delegate's Driver's License in the ID field. The system will not attempt to verify this identifier; however, the master account holder will be asked to confirm he/she accepts responsibility for verifying the delegate's identity. Click the 'OK' button, then the "Automatically Add Delegate" button for immediate approval of the delegate account.

Account	Confirmation
Maintenance	The delegate has been approved
Delegate	If the delegate has never had an existing account, the delegate should receive two emails with user name assignment and password (one is titled "Welcome to eKASPER"; the other is
Administration	"Descend and instructions for accessing ald ASPER" to the armal address received during the Delegate Descent process
Home Page	If the delegate has a previous delegate account, only the instructions email will be received.
	Submit another delegate request

#### 2.4 Confirmation

An eKASPER username and password will be sent separately to the email address provided for this delegate. The email that includes the username will be titled "Welcome to eKASPER", and the password email will be titled "Password and instructions for accessing eKASPER". If the delegate has a previous account they will use their existing username and password.

#### 2.5 Submit another Delegate Request

To add another delegate, click the Submit another delegate request link. This will take you back to the Delegate Request screen to enter the delegate's personal information. The Master Account Holder must complete this process for each delegate account and may add as many delegates as needed.



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## **3.0 Deactivating a Delegate**

To deactivate a delegate account the Master Account Holder must be logged into the eKASPER website: <u>https://portal.chfs.ky.gov/login/login.aspx</u>. Once logged in the following screen should appear:

Request Report		Request Report	t - For Single Patient
Summary Report			* Required Field
Status of Requests	Patient / Subject Details		
Administration	First Name *		Last Name *
For technical support	ID Type	SSN	SSN*
eKASPER Helpdesk at 502-564-2703	DOB(mm/dd/yyyy) *		Click here for Aliases
	Patient / Subject Addres	s Info	
	Address *		City *
	State	KY 💽	Zip Code
			Click here for Other Addresses
	Report Details (Date in m	nm/dd/yyyy format)	Interstate Requests: (Help)
	From Date *	10/28/2013 🔛	Click here for Other States Border States
	To Date *	10/28/2014	
	Facility	_KENTUCKY HOSPITAL, 859231	
	Email Notification	For All Reports	
	Submit	Reset	
	Comments & Questions on CHS Web Site Comments & Question	Programs & Services   Disclaimer is   Accessibility Statement   Privacy   FAQ	Copyright 2001 - 2015 Commonwealth of Kentudky. All rights reserved

## 3.1 Administration

Click the Administration

link.

Account				Account Main	tenance			
Maintenance	Master Acco	unt Information	i ———					
Dologoto	First Name	Last Name	Login Name	Phone	Status	View Delegate D	etails	View Details
Administration	JOHN	KASPER-IA	bJOHN.KASPERIA	(502) 999-9999	Active			Select
Auninisuauon	- Delegate Acc	count Informati	on — — — — — — — — — — — — — — — — — — —					
Home Page	First Name	Las	t Name	Login Name		Status	View Deta	nils
	MARY	DELE	EGATE	bMARY.DELEGATE		Active	Select	
				Prescribing Rep	ort Reques	t		
		NOTE: Please	call the busines	s office at (502) 564	2815 for a	report on any ot	ther DEA nur	nbers
	Report Detail	ls (Date in mm/	dd/yyyy format) —					
	Report for Pre	scriber DEA #:	IA0000001					
	From Date *		00/40/004 L 🕅	То Г	)oto *	404	0.004.4	
	From Date		09/18/2014	10 L	Jate	110/1	8/2014 🕮	
	The From &	To Date range	defaults to a 30 d	lav span: this can b	e expanded	i to 90 davs. Plea	ase note for a	a larger date
	range, your l	report may tak	e longer to com	olete.		,		5
	P							
	VIEW RE	port						
	Commonte & Oue	tions on CHS Pro	arams & Services I. Dir	olaimer	Convright 2	004 - 2045 Common	we alth of Keptud	loc. All rights received 000
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## **3.2 Delegate Selection**

Click the **Select** link that corresponds to the delegate that needs to be deactivated.

Account	Delegate Maintenance
Maintenance	Personal Information
Delegate Administration	
Home Page	First Name* DELEGATE
nomo r ugo	DOB* 1/1/1975 Account Type Prescriber
	ID Type* Driver's License DL1-234-567
	Degree Last 4 digit SSN* 8899
	State Issued KY
	Email Address* ekasperhelp@ky.gov
	Mother's maiden name* MOM
	Address* 321 STREET ADDRESS
	City* FRANKFORT State KY Zip Code* 40621
	Home Phone* 555 564 2703 Requests Per Day 100 Email None
	Acct Created Login D 2/24/2015 bMARY.DELEGATE
	Pro Lic. /Reg #
	DEA#
	- Facility Information
	Name Phone Fax Address City State Zip Select Active
	LKENTUCKY HOSPITAL (859) 231-2794 (859) 231-2795 1225 MEMORIAL WAY LEXINGTON KY 40502 M
	Delegate Roles
	Request View/Print
	Submit

#### **3.3 Delegate Deactivation**

Active

Uncheck the active check boxes for all facilities listed for the delegate and click the button.



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### **3.4 Account Maintenance**

Account	Account Maintenance								
Maintenance	Master Account Information								
Delegate	First Name	Last Name	Login Name	Phone	Status	View Delegate	Details	View Details	
Administration	JOHN	KASPER-IA	bJOHN.KASPERIA	(502) 999-9999	Active			Select	
Auninisuauon	-Delegate Ac	count Informatio	on ———						
Home Page	First Name	Last	Name	Login Name		Status	View De	tails	
	MARY	DELE	GATE	bMARY.DELEGATE		InActive	Select		
									-1
				Prescribing Rep	ort Reques	t			
		NOTE: Please	call the business	s office at (502) 564	-2815 for a	report on any	other DEA nu	umbers	
	Report Detai	ls (Date in mm/d	ld/yyyy format) —						$\neg$
	Report for Pre	escriber DEA #:	A0000001						
	Europeter *			т.	D-+- *			a	
	From Date "		09/18/2014	10	Date "	10	)/18/2014 🛛 🔛	J	
	The From &	To Date range	defaults to a 30 c	lav snan: this can l	he exnanded	to 90 days P	lease note fo	r a larger date	
	range, vour	report may tak	e longer to comp	lete.	, o onpanao	rio oo aayon		a larger date	
									-1
	View Re	eport							
									_
	Web Site Comme	stions on CHS Prog nts & Duestions I A	grams & Services   Dis coessibility Statement	Privacy I FAD	Copyright 2	001 - 2015 Comm	onwealth of Kenti	Joky. All rights reserved.U	100
1			,	1					

Please Note: The delegate status should now be Inactive and can be verified by clicking the

Account Maintenance

link.

## 4.0 Reactivating an Inactive Delegate

To reactivate an inactive delegate account the Master Account Holder must be logged into the eKASPER website: <u>https://portal.chfs.ky.gov/login/login.aspx</u>. Once logged in the following screen should appear:



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Request Report		Request Repo	rt - For Single Patient	
Summary Report	Patient / Subject Details			* Required Field
Administration	First Name *		Last Name *	
For technical support please contact eKASPER Helpdesk at 502-564-2703	ID Type DOB(mm/dd/yyyy) *	SSN 👤	SSN *	
	Patient / Subject Address	s Info		
	Address *		City *	
	State	KY 💽	Zip Code	
			Click here for Other Addresses	
	Report Details (Date in m	m/dd/yyyy format)		
	From Date * To Date *	10/28/2013 🔛 10/28/2014 🔛	Interstate Requests: <u>(Help)</u> <u>Click here for Other States</u> Border States	
	Facility Email Notification	_KENTUCKY HOSPITAL, 859231	-	
	Submit	Reset		
	Comments & Questions on CHS Web Site Comments & Question	Programs & Services   Disclaimer s   Accessibility Statement   Privacy   FAQ	Copyright 2001 - 2015 Commonwealth of Ker	ntucky. All rights reserved.

## 4.1 Administration

Click the Administration

link.

Account				Account Mair	ntenance			
Maintenance	⊢Master Acco	unt Information						
Delevate	First Name	Last Name	Login Name	Phone	Status	View Delegate	e Details	View Details
Administration	JOHN	KASPER-IA	bJOHN.KASPERIA	(502) 999-9999	Active			Select
Auninisuauon	Delegate Acc	count Informatio	n ————					
Home Page	First Name	Last	Name	Login Name		Status	View Det	tails
	MARY	DELE	GATE	bMARY.DELEGATE		InActive	Select	
				Prescribing Rep	ort Reques	t		
		NOTE: Please	call the busines	s office at (502) 564	-2815 for a	report on any	other DEA nu	ımbers
	Report Detai	ls (Date in mm/d	ld/yyyy format) —					
	Report for Pre	escriber DEA #:	A0000001					
				-		_		
	From Date *		09/18/2014 🔡	10	Jate 1	1	0/18/2014 🛛 🔛	J
	The From &	To Data randa	defaulte to a 30	day enan: this can f	a avnandar	aveb 00 ot b	Nassa nota for	a larger date
	range your	renort may tak	e langer to com	nay span, mis can i Nete	c expanded	10 30 00 00 00 00 00 00 00 00 00 00 00 00		a larger date
	rango, your	iopont may tan	e tenger te comp	10101				
	View Re	eport						
	Comments & Que	stions on CHS Prog	irams & Services   Di	solaimer I Brivanu III 560	Copyright 2	001 - 2015 Comm	onwealth of Kentu	uday. All rights reserved.000
4	web site Comme	ins & Questions   A	coessionity statement	. [Filoacy] FAQ				

## 4.2 Delegate Selection

Click the Select link that corresponds to that delegate.



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Account	Delegate Maintenance
Maintenance	Personal Information
Delegate Administration	First Name* DELEGATE DELEGATE
Home Page	DOB* 1/1/1975 Account Type Prescriber
	ID Type* Driver's License ID* DL1-234-567
	Degree Last 4 digit SSN* 8899
	State Issued
	Email Address* ekasperhelp@ky.gov
	Mother's maiden name* MOM
	Address* 321 STREET ADDRESS
	City* FRANKFORT State KY Zip Code* 40621
	Home Phone* 555 564 2703 Requests Per Day 100 Email None  Acct Created Notification Login ID
	2/24/2015 bMARY.DELEGATE
	Pro Lic. /Reg #
	DEA#
	Facility Information Name Phone Fax Address City State Zip Select Active
	KENTUCKY HOSPITAL (859) 231-2794 (859) 231-2795 1225 MEMORIAL WAY LEXINGTON KY 40502 🗹 🔲
	Delegate Roles
	Request View/Print
	Submit

## 4.3 Delegate Reactivation

Click the check box for each facility at which you wish to reactivate the delegate and click the submit button.



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### 4.4 Account Maintenance

Account				Account Main	itenance			
Maintenance	Master Acco	unt Information	ı ———					
Delevate	First Name	Last Name	Login Name	Phone	Status	View Delegate	Details View Details	
Administration	JOHN	KASPER-IA	þJOHN.KASPERIA	(502) 999-9999	Active		Select	
Auninisaauon	Delegate Ac	count Informati	on					
Home Page	First Name	Las	t Name	Login Name		Status	View Details	
	MARY	DELE	EGATE	bMARY.DELEGATE		Active	Select	
				Prescribing Rep	ort Reques	t		
		NOTE: Please	call the busines	s office at (502) 564	2815 for a	report on any	other DEA numbers	
	⊢Report Detai	ls (Date in mm/	dd/yyyy format) —					
	Report for Pre	escriber DEA #:	IA0000001					
	Even Dete *			ТаГ	) - t - *			
	From Date		09/18/2014	101	Jare	11	J/18/2014	
	The From &	To Date range	defaults to a 30 d	day soan: this can h	e expandeo	to 90 days. P	lease note for a larger date	
	range, your	report may tal	e longer to com	olete.	o onpanao.	. to oo aajoi i	interest a langer date	
	View Re	eport						
					0			
	Web Site Comme	stions on UHS Pro nts & Questions I A	grams & Services   Dis Accessibility Statement	solaimer I Privaor III FAO	Copyright 2	001 - 2015 Commo	onwealth of Kentucky. All rights resen	ved.000
1			in the second se					

Please Note: The delegate status should now be Active and can be verified by clicking the

Account Maintenance

link.

## **5.0 Auditing Delegate Reports**

To audit reports requested by delegates, the Master Account Holder must be logged into the eKASPER website: <u>https://ekasper.chfs.ky.gov</u>. Once logged in the following screen should appear:



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Request Report		Request Repo	t - For Single Patient	
Summary Report	Patient / Subject Details			* Required Field
Administration	First Name *		Last Name *	
For technical support please contact eKASPER Helpdesk at 502-564-2703	ID Type DOB(mm/dd/yyyy) *	SSN _	Click here for Aliases	
	Patient / Subject Address	s Info		
	Address *		City *	
	State	KY 💽	Zip Code	
			Click here for Other Addresses	
	<b>Report Details (Date in m</b> From Date * To Date *	m/dd/yyyy format) 10/28/2013 🔛 10/28/2014 🔛	Interstate Requests: ( <u>Help)</u> Click here for Other States Border States	
	Facility Email Notification	_KENTUCKY HOSPITAL, 859231 For All Reports	•	
	Submit	Reset		
	Comments & Questions on CHS Web Site Comments & Question	Programs & Services   Disclaimer s   Accessibility Statement   Privacy   FAQ	Copyright 2001 - 2015 Commonwealth of Kentuck	/. All rights reserved.

#### 5.1 Summary Report

Click the Summary Report

link.

Request Report	Summary Report
Summary Report Status of Permests	From Date* 02/01/2015 🔛 To Date* 03/03/2015
Administration	Search Reset Export Results
	Requests
	Comments & Questions on CHS Programs & Services   Disclaimer Copyright 2001 - 2015 Commonwealth of Kentucky. All rights reserved.000 Web Site Comments & Questions   Accessibility Statement   Privacy   FAQ

#### 5.2 Setting Date Parameters

On the Summary Report screen, the "To Date\*" will default on the current date. The "From Date\*" will default on one month prior to the "To Date\*". If you wish to change the date range, you may click in the date fields and key in the date parameter by using a MM/DD/YYYY format. Or, you may click on the calendar next to the date fields to select the date. Reports requested prior to 3 years from the current date will not display.



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Request Report	Summary Report
Summary Report	Search by Date (Date in implifibeged format)           From Date*         01/01/2015           Image: Search by Date (Date in implifibeged format)
Status of Requests Administration	Search Reset Export Results
	Requests
	Comments & Questions on CHS Programs & Services   Disclaimer Copyright 2001 - 2015 Commonwealth of Kentucky. All rights reserved.000 Web Site Comments & Questions   Accessibility Statement   Privacy   FAQ

#### 5.3 Search Results

Click the 'Search' button to display the reports requested within the selected date parameters.

Request Report			Summary R	eport				
Summary Report	From Date*	n/dd/yyyy format)	To Da	ate*		03/03/2015	133	
Status of Requests	Connah	Dinoin2013	Europe Deer			03/03/2013		
Administration	Search	Reset	Export Res	uits				
	4 Reports between 01/01/2015 and 03/03/2015							
	Requests							
	Facility Name	Requestor Name	Total # of Request Completed P		Pending	InProgress	Archived	
	_KENTUCKY HOSPITAL	KASPER-IA, JOHN	3	3	0	0	0	
	_KENTUCKY HOSPITAL	DELEGATE, MARY	2	2	0	0	0	
							1	
	Comments & Questions on CHS Pr Web Site Comments & Questions	ograms & Services   Disclair Accessibility Statement   P	mer rivacy  FAQ	Copyright 20	)01 - 2015 Co	mmonwealth of K	entucky. All rights	s reserved

#### 5.4 Viewing an Individual Requestor's Reports

In the Requests grid, the Requestor names will display as hyper-links. Clicking a hyper-linked Requestor name will navigate you to a KASPER reports screen for that particular requestor. In the List of Request Status grid, each report number (in the Req# column) will display as a hyper-link.

Request Report			Summary R	eport					
Summary Report Status of Requests	From Date*	m/dd/yyyy format) 01/01/2015	To Da	ate*		03/03/2015	<b>!!!</b>		
Administration	Search	Reset	Export Res	Export Results					
	5 Reports between 01/01/201	5 and 03/03/2015							
	Requests								
	Facility Name	Requestor Name	Total # of Request Completed Per		Pending	InProgress	Archived		
	_KENTUCKY HOSPITAL	KASPER-IA, JOHN	3	3	0	0	0		
	_KENTUCKY HOSPITAL	DELEGATE, MARY	2	2	0	0	0		
							1		
	L							1	
	Comments & Questions on CHS Pi Web Site Comments & Questions I	rograms & Services   Disclair Accessibility Statement   P	mer rivacy L EAO	Copyright 20	01 - 2015 Co	mmonwealth of K	entucky. All right	s reserved.0	
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Request Report	ZKASPER	Report Requested I	by DELEGATE, MARY for _KE	NTUCKY HOSPITAL be	etween 01/01/2015 and 03/03/201			
Summary Report	Reg# ± -	Date Requested <u>+</u> -	Patient Info <u>+ -</u>	Status <u>+ -</u>	Report Period			
Status of Requests	7292387	03/03/2015	Thompson, Bob, 03/30/1975	Ready	01/01/2013-10/28/2014			
Administration	7292342	03/03/2015	Moore, Susan, 09/09/1990	Ready	01/01/2012-10/28/2014			
	Back							
	Comments & Questions on CHS Programs & Services   Disclaimer Copyright 2001 - 2015 Commonwealth of Kentucky. All rights reserved.0							

NOTE: Clicking the hyper-linked request number will open the selected report in an Adobe window.

#### 5.5 Returning to the Summary Report Screen

To return to the Request grid from the List of Request Status grid, click the 'Back' hyper-link; do not click the 'Back' button for Internet Explorer or your Internet browser.

Request Report	2 KASPER	Report Requested   et Status	by DELEGATE, MARY for _KE	NTUCKY HOSPITAL b	etween 01/01/2015 and 03/03/201				
Summary Report	Reg# + -	Date Requested + -	Patient Info + -	Status + -	Report Period				
Status of Requests	7292387	03/03/2015	Thompson, Bob, 03/30/1975	Ready	01/01/2013-10/28/2014				
Administration	7292342	03/03/2015	Moore, Susan, 09/09/1990	Ready	01/01/2012-10/28/2014				
	Back				· · · · · · · · · · · · · · · · · · ·				
	Comments & Questions on CHS Programs & Services   Disclaimer Copyright 2001 - 2015 Commonwealth of Kentucky. All rights reserved.0 Web Site Comments & Questions   Accessibility Statement   Privacy   FAQ								

Request Report		Summary Report													
Summary Report	From Date*	n/dd/yyyy format)	To Date*			03/03/2015	133								
Status of Requests	Search	Reset	Export Res	ults		00/00/2010									
Administration	4 Reports between 01/01/201	5 and 03/03/2015													
	□ Requests														
	Facility Name	Facility Name Requestor Name			Pending	InProgress	Archived								
	_KENTUCKY HOSPITAL	KASPER-IA, JOHN	3	3	0	0	0	]							
	_KENTUCKY HOSPITAL	DELEGATE, MARY	2	2	0	0	0								
							1								
	Comments & Questions on CHS Pro Web Site Comments & Questions	ograms & Services   Disclair Accessibility Statement   Pi	ner rivacy   FAQ	Copyright 20	01 - 2015 Co	mmonwealth of K	entucky. All right	Comments & Questions on CHS Programs & Services   Disclaimer Copyright 2001 - 2015 Commonwealth of Kentudoy. All rights reserved.000 Web Site Comments & Questions   Accessibility Statement   Privacy   FAQ							

#### 5.6 Exporting Audit Results to an Excel Spreadsheet

Master account holders may export results from the Summary Report screen into an Excel spreadsheet by clicking the Export Results button. The spreadsheet results will display the following details: ID, Requestor, Facility, Request Date, Patient, DOB, Patient Address, City, Zip, Request From and Request To. *ID is the Request Number. Requestor is the individual who requested the report. Facility is the facility that was selected when the report was requested.* 



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Request Report			Summary R	eport					
Summary Report	From Date*	m/dd/yyyy format) 01/01/2015	To Da	ate*		03/03/2015			
Administration	Search	Reset	Export Res	ults					
	5 Reports between 01/01/2015 and 03/03/2015 <b>Requests</b>								
	Facility Name	Total # of Request Completed Pending			InProgress	Archived			
	_KENTUCKY HOSPITAL	KASPER-IA, JOHN	3	3	0	0	0		
	_KENTUCKY HOSPITAL	DELEGATE, MARY	2	2	0	0	0		
	Comments & Questions on CHS Pi Web Site Comments & Questions	ograms & Services   Disclain Accessibility Statement   Pr	ner ivacy   FAQ	Copyright 20	01 - 2015 Co	mmonwealth of K	entucky. All right	s reserved.00	

NOTE: A message may be received asking the user what they want to do with the viewpdf.xls; the user must choose to Open, Save, or Save As. Open or Save to view the spreadsheet.

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					1/	1/2015 - 2/	2/2015	inary					
1					1/	1/2015 - 5/.	5/2015						.4
3		ID Re	questor	Facility	Request	Patient	DOB	Patient Address	City	Zip	Request From	Request To	
4	72923	842 DE	LEGATE, MARY	_KENTUCKY HOSPITAL	3/3/2015	Moore, Susan	9/9/1990	789 Cherry Way	Townsville	40404	1/1/2012	10/28/2014	- =
5	72923	87 DE	LEGATE, MARY	_KENTUCKY HOSPITAL	3/3/2015	Thompson, Bob	3/30/1975	1001 Date Drive	Metropolis		1/1/2013	10/28/2014	
6	72922	204 KA	SPER-IA, JOHN	_KENTUCKY HOSPITAL	2/25/2015	Jones, Jane	11/11/1950	Street Address	City		10/28/2013	10/28/2014	
7	72922	206 KA	SPER-IA, JOHN	_KENTUCKY HOSPITAL	2/25/2015	Smith, Tom	10/20/1960	123 Apple St.	Townsville		10/28/2013	10/28/2014	
8	72922	217 KA	SPER-IA, JOHN	_KENTUCKY HOSPITAL	2/25/2015	Magoo, Cindy L.	12/21/1921	456 Banana Blvd	Towneship		10/28/2013	10/28/2014	
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## 6.0 How to Log Out of eKASPER

To log out of the eKASPER system click the Log Out link in the upper right hand corner of the eKASPER application.

KENTUCKY CABINET FOR HEALTH KENTUCKY ALL SCHEDULE PRES	AND FAMILY SERVICES	<b>Market</b>								
Request Report			Summary R	eport					Contact   Lo	og Out
Summary Report	From Date*	m/dd/yyyy format) 01/01/2015	To Da	ate*		03/03/2015	112			
Administration	Search	Reset	Export Res	ults						
	5 Reports between 01/01/201	5 and 03/03/2015								
	Requests	Dequeetor Name	Total # of Paguaget	Completed	Pending	InPrograme	Archived			
	KENTLICKY HOSPITAL	KASPER-JA JOHN	3	Completeu 3	n	nirrogress	noniveu			
	_KENTUCKY HOSPITAL	DELEGATE, MARY	2	2	0	0	0	1		
							1	]		
	Comments & Questions on CHS P	rograms & Services   Disclair	ner	Copyright 20	01 - 2015 Co	mmonwealth of K	entucky. All righ	ts reserved.000	1	



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