

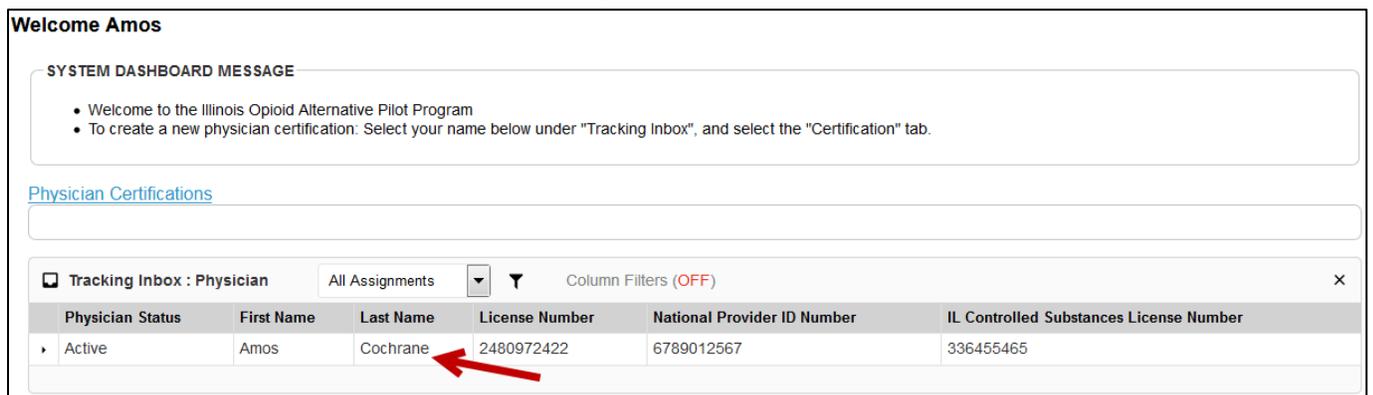
Information Bulletin: Opioid Alternative Pilot Program Creating a Physician Certification

<https://icts.illinois.gov>

Creating a Physician Certification

To Create a Physician Certification for a qualifying patient:

1. Sign In to ICTS.
2. In the Certification section, click the Physician's record.



>Welcome Amos

SYSTEM DASHBOARD MESSAGE

- Welcome to the Illinois Opioid Alternative Pilot Program
- To create a new physician certification: Select your name below under "Tracking Inbox", and select the "Certification" tab.

[Physician Certifications](#)

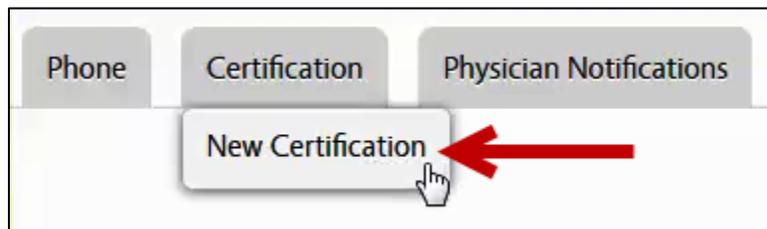
Tracking Inbox : Physician All Assignments Column Filters (OFF) ×

Physician Status	First Name	Last Name	License Number	National Provider ID Number	IL Controlled Substances License Number
Active	Amos	Cochrane	2480972422	6789012567	336455465

A red arrow points to the 'Cochrane' entry in the 'Last Name' column of the table.

Figure 3-1 Physician's record

3. Hover over the Certification tab and click New Certification.



Phone Certification Physician Notifications

New Certification

A red arrow points to the 'New Certification' button, which is highlighted by a mouse cursor.

Figure 3-2 New Certification tab

4. The New Certification page appears.

Physician Address Phone **Certification** Physician Notifications

To create a new Physician Certification, complete the fields below, enter your PIN and electronic signature, and click "Save"
To update or correct a Physician Certification, click "Edit" below, make any changes as necessary and click "Save"
To revoke a Physician Certification, click "Edit" below, change the "Certification Status" to "Revoked" and click "Save"
IMPORTANT: Before you click "Save" verify the patient name, social security number, and date of birth are entered correctly. Inaccurate

Physician Certification Number

Last four of Patient's SSN R

Patient Last Name R

Patient First Name R

Patient DOB (mm/dd/yyyy) R

Date of In-Person Physical Exam (mm/dd/yyyy) R

I have checked the prescription drug monitoring system so ensure patient hasn't obtained medical cannabis through another physician Yes No R

The qualifying patient for whom this physician certification is being completed (check one): R

The qualifying patient's condition involves (check one): R

The qualifying patient is diagnosed with and is currently undergoing treatment for the following for which an opioid Back or neck pain (not caused by injury/trauma) Cancer pain

Figure 3-3 Certification page

5. Read the instructions at the top of the page.

Physician Address Phone **Certification** Physician Notifications

To create a new Physician Certification, complete the fields below, enter your PIN and electronic signature, and click "Save"
To update or correct a Physician Certification, click "Edit" below, make any changes as necessary and click "Save"
To revoke a Physician Certification, click "Edit" below, change the "Certification Status" to "Revoked" and click "Save"
IMPORTANT: Before you click "Save" verify the patient name, social security number, and date of birth are entered correctly. Inaccurate information results in processing delays for the patient.

Figure 3-4 Instructions

6. Physicians should have the Patient SSN, Patient Last Name, Patient First Name, and the Date of Birth available so that they can enter the correct information.

Last four of Patient's SSN R

Patient Last Name R

Patient First Name R

Patient DOB (mm/dd/yyyy) R

Date of In-Person Physical Exam (mm/dd/yyyy) R

Figure 3-5 Physician fields

7. Be sure to complete the Monitoring System field.

I have checked the prescription drug monitoring system to ensure patient hasn't obtained medical cannabis through another physician Yes No R

The qualifying patient for whom this physician certification is being completed (check one): R

The qualifying patient's condition involves (check one): R

The qualifying patient is diagnosed with and is currently undergoing treatment for the following for which an opioid has been prescribed or could be prescribed based on generally accepted standards of care (check all that apply): R

- Back or neck pain (not caused by injury/trauma)
- Cancer pain
- Chronic headaches or orofacial pain, including migraine
- Joint, neck, or back pain

Figure 3-6 Monitoring System field

8. Complete the two Qualifying dropdown fields.

The qualifying patient for whom this physician certification is being completed (check one): R

The qualifying patient's condition involves (check one): R

The qualifying patient is diagnosed with and is currently undergoing treatment for the following for which an opioid has been prescribed or could be prescribed based on generally accepted standards of care (check all that apply):

could be prescribed an opioid based on generally: R ←

Chronic (constant or intermittent pain lasting for: R ←

Chronic (constant or intermittent pain lasting for more than 3 to 6 months)

Acute (pain lasting less than 3 months)

- Chronic headaches or orofacial pain, including migraine
- Joint, neck, or back pain
- Injury or trauma-related pain, including burns
- Intractable pain
- Neuropathic or chronic nerve pain (pain caused by nerve damage)

Figure 3-7 Qualifying dropdown fields

9. Physicians may select multiple "Diagnosis" values.

The qualifying patient is diagnosed with and is currently undergoing treatment for the following for which an opioid has been prescribed or could be prescribed based on generally accepted standards of care (check all that apply):

- Back or neck pain (not caused by injury/trauma)
- Cancer pain
- Chronic headaches or orofacial pain, including migraine
- Joint, neck, or back pain
- Injury or trauma-related pain, including burns
- Intractable pain
- Neuropathic or chronic nerve pain (pain caused by nerve damage)
- Musculoskeletal pain
- Pelvic pain
- Post-Operative Pain

Figure 3-8 Medical Condition checkboxes

10. The Certification Status should be auto-populated with *Eligible*.

Certification Status	Eligible 
Amended Date	<input type="text"/>  (mm/dd/yyyy)
Amend Reason	<input type="checkbox"/> Updated Exam Date <input type="checkbox"/> Updated Patient SSN <input type="checkbox"/> Updated Patient DOB <input type="checkbox"/> Updated Patient Name <input type="checkbox"/> ...
Amend Other Reason	<input type="text"/>

11. Enter the Physician PIN.

Physician PIN	<input type="text" value="....."/> 
<p>I hereby certify that I am a physician duly licensed in good standing to practice medicine in the state. I have a bona fide relationship with the patient. I conducted this patient's personal physical examination in person and in a clinical setting, and did not use telemedicine for the diagnosis of the patient's medical condition. I conclude that this patient may benefit from the medical use of cannabis. I do not have a financial interest in the use of cannabis. In the event that I revoke this certification, I hereby certify that I no longer provide medical or care to the patient.</p>	
Physician Signature	<input type="text"/> 

Figure 3-9 Physician PIN

12. Read the following text and enter your full name.

I hereby certify I have made or confirmed the patient has been diagnosed with and is currently undergoing treatment for which an opioid has been prescribed or could be prescribed based on generally accepted standards of care under the requirements of the Opioid Alternative Pilot Program Act and by my signature below certify the following:

1. I have established a bona-fide physician-patient relationship with the qualifying patient. The qualifying patient is under my care, as specified on this physician certification. This bona-fide physician-patient relationship is not limited to the preparation of a written certification for the patient to participate in the Opioid Alternative Pilot Program or a consultation simply for that purpose.
2. I have conducted an in-person physical examination of the qualifying patient within the last 30 calendar days. I completed an assessment of the qualifying patient's current medical condition and any needed diagnostic testing, related to the diagnosis and treatment of the patient for a condition for which an opioid was prescribed or could be prescribed based on generally accepted standards of care. I understand the Illinois Department of Public Health may request additional confirmation of the assessment(s) performed for this qualifying patient.
3. I have completed an assessment of the qualifying patient's medical history, including the review of medical records from other treating physicians, if any, from the previous 12 I have established a medical record for the qualifying patient and his/her continued treatment for the condition(s) under my care.

I hereby certify I am a physician duly licensed to practice medicine in the state of Illinois. The qualifying patient is under my treatment or management and/or their primary care. I attest the information provided in this physician certification is true and correct.

A patient in possession of a written certification indicating eligibility to participate in the Opioid Alternative Pilot Program shall not be considered an unlawful user or addicted to narcotics solely as a result of his/her pending application to or participation in the program. The physician certification does not constitute a prescription for medical cannabis.

Physician Signature 

Figure 3-10 Signature field

13. Click Save. The Certification List appears where Physicians can gain access to Patient Certification records.

Last Name: Cochrane

First Name: Amos

To create a new Physician Certification, click "New" and complete the form.

To view, amend, or revoke an existing Physician Certification, click on the appropriate record below.

[+ New](#) [Print](#) [CSV](#) [Column Filters \(OFF\)](#)

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Physician Certification Number	Last 4 of SSN	Patient Last Name	Patient First Name
PC-2019-000019	8654	Fallon	Henry

Figure 3-11 Physician Certification and Patient Listing

Note: Physician Certifications will be automatically set to Expired after 90 days if the Certification is not used for a Patient Registration application. In that situation, no manual action is required.