

# Managing Your Medical Cannabis Registry Account

### A GUIDE FOR HEALTH CARE PRACTITIONERS

11/21/2022

### Managing Your Medical Cannabis Registry Account

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To obtain this information in a different format, call: 651-201-5598.

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### Introduction

We created this reference guide to help health care practitioners complete common tasks in the Medical Cannabis Registry.

### Step 1: Log in to your Registry page

1. Select "Registry Login/Create Account" from the <u>Office of Medical Cannabis</u> (https://www.health.state.mn.us/people/cannabis/) web page.



Register yourself and certify your patients.

For Public Safety

### Petitions Process

Petitions are accepted annually, June 1 - July 31, to add a new qualifying condition and/or delivery method to the program

2. Select "Medical Cannabis Registry Login" link, as shown.



Office of Medical Cannabis

health.cannabis@state.mn.us

651-201-5598 844-879-3381 (toll-free) NOTE FOR NEW PATIENTS: You will enroll in the Medical Cannabis Program through an email link sent from the Office of Medical Cannabis once your health care

Medical Cannabis Registry

practitioner certifies you. Your enrollment application must be approved before you can access your Medical Cannabis Registry account at the link below.

Medical Cannabis Registry Login

This link is for patients (and, if appropriate, their caregivers, parents/legal guardians, or spouses) and health care practitioners who already have an account in the Medical Cannabis Registry. Current patients use this link to access their Self-evaluation Form.

#### Health Care Practitioner Registration (Create Your Account)

This link is for a health care practitioner (a Minnesota-licensed physician, physician assistant, or advanced practice registered nurse) who wants to certify patients for Minnesota's Medical Cannabis Program. To register, you will need:

- General information: name, address, email, and phone.
- Your medical license(s)
- Your DEA license.
- General information about the clinic(s) where you practice.



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3. Select "Login" to continue.

OF HEALTH	Medical Cannabis Registry	
	The Minnesota Department of Health can take 30 days to process applications for the Minnesota Medical Cannabis Program. Frequently requesting statut sources increases our call volume and takes time away from processing applications. If we are unable to answer your call, please only leave one voice message and allow us up to 48 hours to respond. All applications are processed in the order that they are received.	
Med	lical Cannabis Registry Enrollment Process	
Registra	ation involves the following steps:	
Registra • S • S	ation involves the following steps: tage 1: The patient visits hisher health care practitioner. tage 2: The patient bealth care practitioner enrolls in the Medical Cannabis Registry and certifies that the patient has a qualifying medical condition. tage 3: The patient gets an email with a link to the enrollment application. If the patient has a caregiver, the caregiver will need to complete an application and pass a advorumd check.	
Registr • 5 • 5 • 5 • 5	ation involves the following steps: tage 1: The patient visitis hisher health care practitioner. tage 2: The patient health care practitioner enrols in the Medical Cannabis Registry and certifies that the patient has a qualifying medical condition. tage 3: The patient gets an enail with a link to the enrollment application. If the patient has a caregiver, the caregiver will need to complete an application and pass a adground check. tage 4: The patient (and caregiver, if applicable) will be notified by the Office of Medical Cannabis once the application is approved.	

4. On the Login screen, type in your username/email and password, and click "Login."

Login	×
Email Address: *  Password: (Note: password is case sensitive) *  Forgot Your Password?	
Close	in

## Step 2: Certify/Recertify a new patient to you

1. To certify a new patient or re-certify a patient new to you, click on "Certify Patient."

Quick Links	My Healthcare Practit	ioner Information		Ec
My Patients	Practitioner ID	Name	Approved	
Certify Patient	Phone Number	Medical License Number	DEA Number	
Surveys	(777) 777-7777	736483	MN93848	
Account Settings	Clinic Info			
	Medical Group Health Department	Primary Clin Health Depa	nic artment	
	Email	Clinic Phone (777) 777-7	9 777	

2. Complete the Patient Information form and select "Submit" as shown below.

	attent receives enrollment link and instructions.	
s this a new patient?	OvesONo	
imail Address _		
first Name _		
Addle Initial		
ast Name *		
Date of Birth (mm/dd/yyyy) *	mm köd/yyyy	
*hone Num ber (888) 888-4888 *	1 (1913) 1938 - 1938	
Instant Clinic Cite 1		
a perir carac a tre		
Does the patient have a disability that equires a caregiver to assist in obtaining or administering medical annabis? <u>*</u>	⊖ ves⊖ No	
atient Notes		ł
Patient Medical Diagnosis		
Aedical Conditions (check all that apply	):	
Intractable Pain		
Post-Traumatic Stress Disorder (PTS	D) - Meeting DSM-5 Criteria	
Cancer - Severe or chronic pain		
Cancer - Cachexia or severe wasting		
Terminal Illness - Severe or chronic pa	ain	
Terminal Illness - Nausea or severe v	omiting	
Terminal Illness - Cachexia or severe	wasting	
Glaucoma		
Human Imm unodeficiency Virus (HIV)	or Acquired Immune Deficiency Syndrome (ADS)	
Tourette Syndrom e		
Amyotrophic Lateral Scierosis (ALS)	ir of Enilensy	
	s. including those characteristic of Multiple Scienosis (MS)	
Severe and persistent muscle snasm	n Crohok Disease	
Severe and persistent muscle spasm Inflammatory Bowel Disease. includin	IS CIUTITS DISEASE	
Severe and persistent muscle spasm Inflam matory Bowel Disease, includin Autism Spectrum Disorder (meeting D	g croms bisease DSM-5 diagnostic criteria)	
Severe and pensistent muscle spasm Infam matory Bowel Disease, includin Autism Spectrum Disorder (meeting D Obstructive Sleep Apnea (meeting put Azheimen's Disease	g virums unsease SSM-5 diagnostic criteria) Dished diagnostic criteria including interpretation of a formal sieep study)	

3. A validation message appears at the top of screen.

Quick Links	My Healthcare Pre	actitioner Information		Edi
My Patients	Practitioner ID H1832586	Name Brigham Achille	Approved	
Certify Patient	Phone Number	Medical License Number	DEA Number	
Surveys	(274) 344-7386	56423	FS1571719	

## **Step 3: View your patient information**

1. To view a patient's account including transactions, click on "My Patients" on your homepage and then do a search for the patient. Locate the patient on the right side of screen and click "View" to pull up the account.

To view patient notes entered by Health Care Practitioner(s) or Cannabis Patient Center (CPC) staff, or to add notes to the patient account, select "Notes."

To re-certify your patient, select "Recertify."

1	Results					Reset	
-	Showing results	1 - 2 of 2 total results for s	pecified criteri				
	11 Patient ID	† Full Name	Survey Due	Caregivers Allowed 🔒	Program Status 😑	View / Add Notes	Recertification Eligibility (3)
•	P6034902 View	POETAIPG 2487 Testing	No	Yes	Inactive	Notes	Recertify
	P8006571 View	POETAIPG 2488 W Testing22	No	No	Certification expired	Notes	Recertify

After pulling up the patient account, you can view the patient, parent/legal guardian/spouse and caregiver information, medical conditions, self-evaluations and dispensing transactions. To view a transaction, scroll down to the dispensing section and select "View."

Medicine Dispensing	Fransactions			
Patient does not have any medicin	e dispensing transactions			
Prior Patient Self-Eval	uation Reports			
Patient Name	Status	Approval Date	Approved By	Action
Test Patient Testing	Approved	May 21, 2020 4:54:34 PM	Stefan S Assing	View

### **Step 4: Complete patient experience survey**

1. Click on "Surveys" on your homepage to submit your patient experience surveys. Continue to Step 5 if you do not wish to take this action.

Then select the patient survey you would like to complete on the HCP Patient Experience Surveys page.

Quick Links	N	ly Healthcare Practi	tioner Information	
My Patients	P	ractitioner ID	Name	Approved
Certify Patient	P	4353630	Medical License Number	DEA Number
Surveys	0 (4	11) 111-1111 <sub>0</sub>	92374	982374
Account Settings				
	C	linic Info		
	M	edical Group Esting	Primary C TEsgitng	linic
	E	mail	Clinic Pho	ne

## **Step 5: Update account information**

1. From your homepage, click "Edit" to update your personal information including your name and phone number. Continue to Step 6 if you choose not to edit your information.

Quick Links		My Healthcare Pra	actitioner Information		Edit
My Patients		Practitioner ID H4353630	Name TEsting Testing	Approved	
Certity Patient Surveys	0	Phone Number (411) 111-1111	Medical License Number 92374	DEA Number 982374	
Account Settings		Clinic Info			

## Step 6: Edit account settings

1. On your Practitioner homepage, click on your username/email address on the right hand corner. Then select "Account Settings" to change your password and username/email address.

Go to Step 7 if you do not want to change your account settings at this time.

ns - Surveys 0			j.ulyomc2016@gmail.com
My Healthcare Pra	actitioner Information		Account Settings Logout
Practitioner ID H7240726	Name HCP Testing Testing	Approved	
Phone Number (112) 212-1221	Medical License Number BD30483	DEA Number 2934778	

2. Click "Change Username/Email" to edit your email address/username. Click "Change Password" to change your password.

Account Settings	
Change Username/Email	
Change Password	

### Step 7: Log out of your account

1. Select your username/email address on the right hand corner, and click on "Logout" to successfully logout of your account.

<sup>ions</sup> → Surveys My Healthcare Practitioner Information			j.ulyomc2016@gmail.com	
			Account Settings Logout	
Practitioner ID H7240726	Name HCP Testing Testing	Approved		
Phone Number (112) 212-1221	Medical License Number BD30483	DEA Number 2934778		