



What is a MAPS report and how is it helpful?

Briefly, a Michigan Automated Prescription System (MAPS) report is a detailed history of all the Schedule 2-5 controlled substances that a particular patient has legally obtained. This information can be helpful when determining a patient's dose of medication, contact information of their prescriber(s), whether they have multiple opioid prescribers or regularly visit emergency departments to supplement a single prescriber and, ultimately, how the opioid dose can be effectively and safely tapered.

The Michigan Department of Licensing and Regulatory Affairs further describes the history and utility of this helpful resource:

“The Health Professional Recovery Program (HPRP) was established by the Legislature in 1993 as part of a disciplinary reform effort. The HPRP is a confidential, non-disciplinary program designed to assist licensed or registered health professionals recover from substance abuse/chemical dependency problems or a mental health problem.

Out of the HPRP came the Michigan Automated Prescription System (MAPS). This prescription monitoring program is somewhat unique to the State of Michigan. Prescription monitoring programs are used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substances prescriptions dispensed by pharmacies and practitioners.

Collection of this prescription information allows physicians, dentists, pharmacists, nurse practitioners, physician's assistants, podiatrists and veterinarians to query this data for patient-specific reports which allow a review of the patient's Schedules 2-5 controlled substance prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Prescription data collected by pharmacies and dispensing practitioners is stored into a secure central database within the Department of Licensing and Regulatory Affairs. Only those persons authorized by Section 333.7333a of the Michigan Public Health Code are allowed access to the information contained in the MAPS database, which includes health professionals and law enforcement agencies.”

The following link to online MAPS registration and request, as well as step-by-step instructions to register for, then request a MAPS report:

[Register to MAPS Online](#)

[Request a MAPS Report](#)

[Practitioner Registration to MAPS Online - Instructions](#)

[Practitioner Request a MAPS Report - Instructions](#)

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

Practitioner Registration to MAPS Online – Instructions

Access the Single Sign On (SSO) by opening your web browser and going to <https://sso.state.mi.us/>.

Select *Register* from the State of Michigan Single Sign On screen.



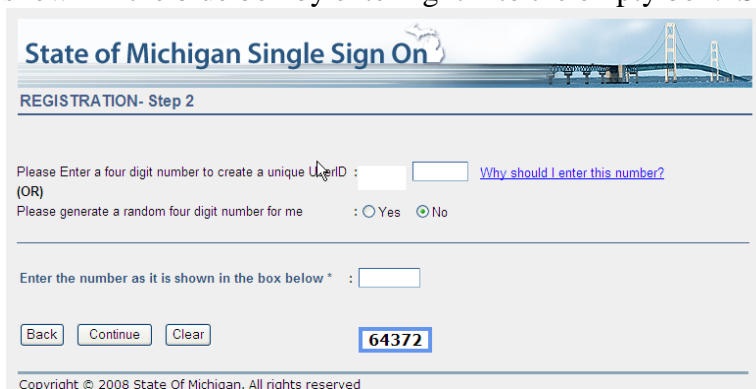
The screenshot shows the 'State of Michigan Single Sign On' login page. At the top, there is a header with the state logo and a bridge image. Below the header, there are two input fields: 'User ID' and 'Password'. A 'Login' button is positioned below the password field. Below the login fields, there is a message: '* If you do not have a User ID, please click' followed by a 'Register' button. A blue link labeled 'I forgot my Password' is located below the 'Register' button.

Complete the requested information and select *Continue*.



The screenshot shows the 'State of Michigan Single Sign On' registration page, Step 1. The header is the same as the login page. Below the header, it says 'REGISTRATION- Step 1' and '* Indicates required field'. There are four input fields: 'First Name *', 'Middle Initial', 'Last Name *', and 'Email Address *'. Below the fields, there is a note: 'NOTE: Users who have been assigned a State of Michigan email address must use this address to register.' At the bottom, there are 'Continue' and 'Clear' buttons. A copyright notice at the very bottom reads 'Copyright © 2008 State Of Michigan. All rights reserved'.

Enter a four digit number of your choice OR generate a random four digit number to create your User ID. Confirm the number shown in the blue box by entering it into the empty box. Select *Continue*.



The screenshot shows the 'State of Michigan Single Sign On' registration page, Step 2. The header is the same. Below the header, it says 'REGISTRATION- Step 2'. There are two options for creating a User ID: 'Please Enter a four digit number to create a unique User ID : [input box] Why should I enter this number?' and '(OR) Please generate a random four digit number for me : Yes No'. Below this, there is a required field: 'Enter the number as it is shown in the box below * : [input box]'. At the bottom, there are 'Back', 'Continue', and 'Clear' buttons. A blue box containing the number '64372' is shown to the right of the 'Continue' button. A copyright notice at the very bottom reads 'Copyright © 2008 State Of Michigan. All rights reserved'.

A *User Registration Confirmation* screen will appear. Confirm all information and select *Submit*.

The screenshot shows the 'State of Michigan Single Sign On' header with a bridge image. Below the header is the title 'USER REGISTRATION CONFIRMATION'. The main content area contains the text 'Please review the following information. Click Submit' followed by a list of fields: 'First Name', 'Initial', 'Last Name', 'Email Address', and 'Your User Id will be', each with a corresponding input box. At the bottom of the form are two buttons: 'Back' and 'Submit'. A copyright notice at the very bottom reads 'Copyright © 2008 State Of Michigan. All rights reserved'.

You will receive a message stating your request is being processed. Select *Close*.

The screenshot shows the 'State of Michigan Single Sign On' header. The main content area contains the text: 'Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with your User Id and password.' Below this text is a single button labeled 'Close'. At the bottom, there is a copyright notice: 'Copyright © 2008 State Of Michigan. All rights reserved'.

You will receive an email from SSO_Administrator@michigan.gov which will provide you with your User ID and Temporary Password.

The screenshot shows an email interface. The header includes the subject 'New UserId Information from State of Michigan Single Sign ON' and the sender 'SSO_Administrator@michigan.gov'. The main body of the email contains a link: 'Click here to login'. Below the link, it states: 'The following new UserId has been created for you:'. This is followed by a table with four rows: 'Owner Name:', 'User Id:', 'Password:', and 'Time of service provision:'. Each row has an input field for the information.

Access the SSO website at <https://sso.state.mi.us/> and enter your assigned User ID and Temporary Password. Select *Login*.

The screenshot shows the 'State of Michigan Single Sign On' header. The main content area contains two input fields: 'User ID' and 'Password'. Below these fields is a 'Login' button. At the bottom, there is a note: '* If you do not have a User ID, please click' followed by a 'Register' button and a link for 'I forgot my Password'.

Your **Temporary** Password will automatically expire and you will be prompted to create a new password. Complete the information and select *Change Password*.

The screenshot shows the 'State of Michigan Single Sign On' header with a bridge image. Below the header, there are three input fields: 'Input old password', 'Input new password', and 'Confirm new password'. A 'Change Password' button is located below these fields. Underneath the button, the text 'Password rules are:' is followed by a numbered list of five rules: 1. Minimum password length is 5, 2. Passwords are case sensitive, 3. Maximum number of repeated characters is 2, 4. Password cannot be same as userid or user name, and 5. New password cannot be same as old password.

You will be presented with a *Change Challenge/Response Answers* screen. Complete questions and confirm answers. This action will allow you to reset your password in the event you forget your password. Select *OK*.

The screenshot shows the 'State of Michigan Single Sign On' header with a bridge image and a 'Sign Off' link. The main heading is 'Change Challenge/Response Answers' with a sub-heading 'Change your answers and click OK. You must provide an answer to each challenge.' There are four challenge questions, each with an 'Answer' and 'Confirm Answer' input field: 1. 'What is the name of the city in which you were born?', 2. 'What are the last four (4) digits of your social security number?', 3. 'What is your mothers maiden name?', and 4. 'What is your fathers middle name?'.

Select *OK* for the following screen.

The screenshot shows the 'State of Michigan Single Sign On' header with a bridge image and a 'Sign Off' link. The main heading is 'Change Challenge/Response Answers' with a sub-heading 'Your challenge/response answers have been updated.' There is an 'OK' button below the text.

Select *Done* for the following screen.

The screenshot shows the 'State of Michigan Single Sign On' header with a bridge image and a 'Sign Off' link. The main heading is 'Account Maintenance'. Below the heading, there is a list of three links: 'Change My Personal Information', 'Change My Password', and 'Change My Challenge/Response Answers'. A 'Done' button is located at the bottom of the screen.

You will automatically be routed to the *SOM-DCH Application Portal*. Select *Subscribe to Applications*.

Subscribe to Applications link below.' At the bottom, there are three links: 'Subscribe to Applications', 'Account Maintenance', and 'Sign Off'." data-bbox="251 62 738 255"/>

State of Michigan Single Sign On

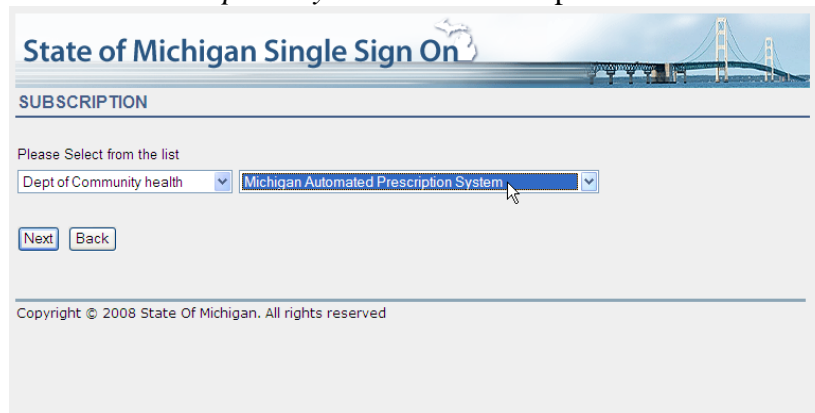
Application Portal

WELCOME

You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the [Subscribe to Applications](#) link below.

[Subscribe to Applications](#) [Account Maintenance](#) [Sign Off](#)

Select *Michigan Automated Prescription System* from the drop down menu and select *Continue*.



State of Michigan Single Sign On

SUBSCRIPTION


Please Select from the list

Dept of Community health Michigan Automated Prescription System

Next Back

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Enter your work telephone and select *Continue*.



State of Michigan Single Sign On

Subscription For: Michigan Automated Prescription System

* Indicates required field

Work Phone* Your E-mail*

555-555-5555

(Include area code eg: 517-123-3456)

Continue Reset Back

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Confirm information and select *Confirm*.



State of Michigan Single Sign On

User Enrollment Confirmation For: Michigan Automated Prescription System

Please review the following information Click Confirm or Back.

User Info

User ID	
Email Address	
Full Name	
Phone Number	

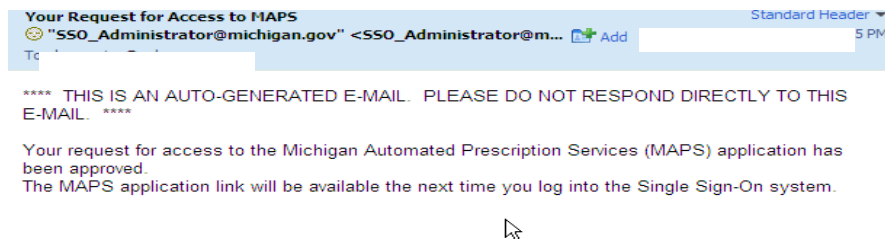
Confirm Back

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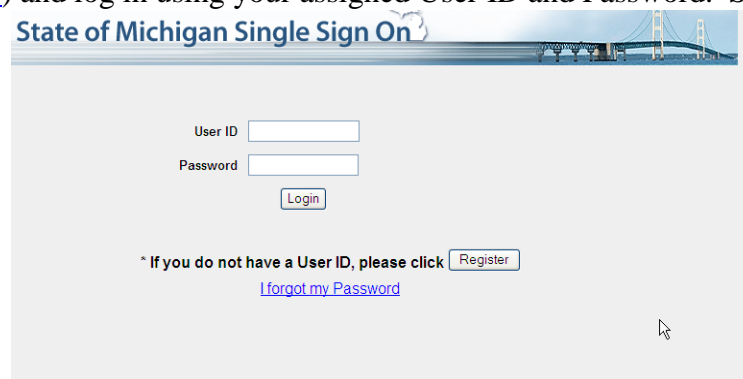
At this time, your subscription request has been submitted. Select *Close*.



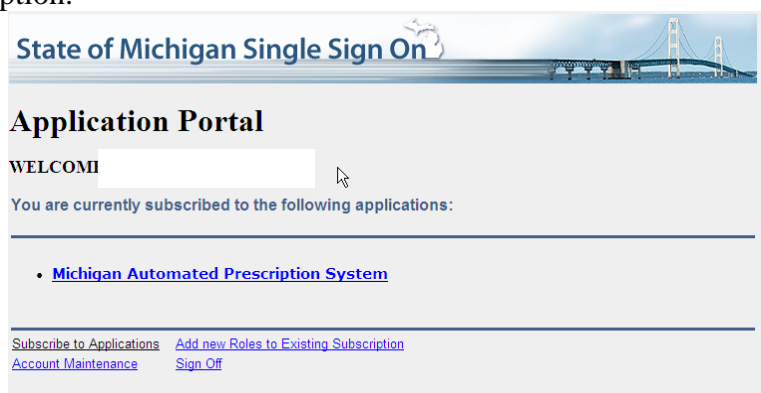
You will receive an email notification confirming your subscription.



Once you received email notification of your subscription confirmation, access the SSO (<https://sso.state.mi.us/>) and log in using your assigned User ID and Password. Select *Login*.



The *Michigan Automated Prescription System* link will be available at this time. Select this link to finalize your subscription.



The following *User Details* screen will appear and you will need to finalize your subscription. Select “NO” for the question *Do you work for MDCH?* and complete one of the three following options pertaining to your licensed profession.

NOTE

- **DEA #s will begin with two letters and consist of seven numbers (i.e. AB0101010)**
- **License #s will begin with a prefix of two numbers pertaining to each type of license and then an additional eight numbers:**
 - Medicine 43 (4301234567-a total of 10 numbers)**
 - Osteopathic 51**
 - Podiatric 59**
 - Pharmacist/Pharmacy 53**
 - Registered Nurse 47**
 - Physician Assistant 56**

IF YOU ARE A PRACTITIONER WHO DOES NOT DISPENSE CONTROLLED SUBSTANCES IN YOUR OFFICE complete as shown in the following box:

The screenshot shows a registration form titled "User Type". At the top, there are three radio button options: "Practitioner" (checked), "Pharmacist", and "Pharmacy Software Vendor". To the right of these options is a text box that reads: "Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS". Below the radio buttons are several input fields: "Name", "User Id", "Email", "*Phone", "*Last 4 of SSN", "*DEA #", and "*License #". A note below the license field states "(10 Digit License Number.No Alpha Characters)".

IF YOU ARE A PRACTITIONER WHO DISPENSES CONTROLLED SUBSTANCES IN YOUR OFFICE complete as shown in the following box:

The screenshot shows a registration form titled "User Type". At the top, there is a question "Do you work for MDCH?" with two radio button options: "Yes" and "No" (checked). Below this are three radio button options for "User Type": "Practitioner" (checked), "Pharmacist" (checked), and "Pharmacy Software Vendor". To the right is the same text box as in the previous form: "Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS". Below are input fields for "Name", "User Id", "Email", "*Phone", "*Last 4 of SSN", "*DEA #", and "*License #". A note below the license field states "(Enter practitioner License #)".

IF YOU ARE A PHARMACIST/PHARMACY complete as shown in the following box:

Do you work for MDCH? Yes No

User Type

Practitioner
 Pharmacist
 Pharmacy Software Vendor

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name []
User Id []
Email []
*Phone []
*Last 4 of SSN []
*DEA # []
*License # []

IF YOU ARE A PHARMACY SOFTWARE VENDOR complete as shown in the following box:

User Details

Do you work for MDCH? Yes No

User Type

Practitioner
 Pharmacist
 Pharmacy Software Vendor

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name []
User Id []
Email []
*Phone []

* Contact Name []
* Address line 1 []
Address line 2 []
* City []
* Zip []
State []

Submit

Once you select *Submit* your subscription will be activated at which time you will be able to request MAPS reports on patients and/or submit prescription data information.

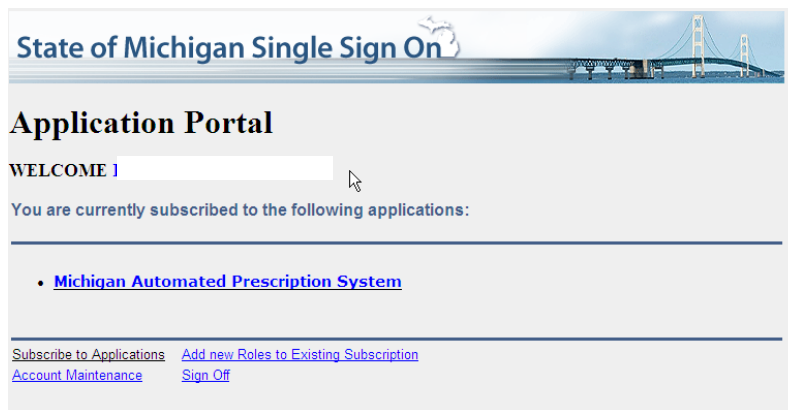
Practitioner Request a MAPS Report - Instructions

1. Log on to the Single-Sign on website at <https://sso.state.mi.us/>. Enter in your User ID and Password to access MAPS. Select *Login*.



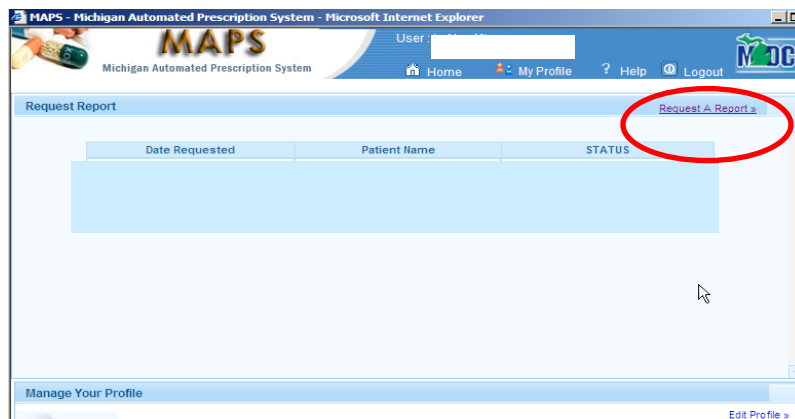
The screenshot shows the 'State of Michigan Single Sign On' login page. It features a header with the state logo and a bridge image. Below the header, there are two input fields: 'User ID' and 'Password'. A 'Login' button is positioned below the password field. At the bottom of the form, there is a note: '* If you do not have a User ID, please click [Register](#)' and a link for '[I forgot my Password](#)'.

2. Select the Michigan Automated Prescription System link.



The screenshot displays the 'Application Portal' after a successful login. It includes a 'WELCOME' message and a list of applications the user is subscribed to. The 'Michigan Automated Prescription System' is listed as the only application. At the bottom, there are links for 'Subscribe to Applications', 'Add new Roles to Existing Subscription', 'Account Maintenance', and 'Sign Off'.

3. Select Request a Report located in the upper right-hand corner.



The screenshot shows the MAPS (Michigan Automated Prescription System) interface in a Microsoft Internet Explorer browser. The page title is 'MAPS - Michigan Automated Prescription System'. The main content area is titled 'Request Report' and contains a table with columns for 'Date Requested', 'Patient Name', and 'STATUS'. A red circle highlights the 'Request a Report' link in the upper right-hand corner of the page. At the bottom, there is a 'Manage Your Profile' section with an 'Edit Profile' link.

4. Enter the patient's first name, last name and date of birth only. Select *Next* at the bottom of the screen.

Request a Patient Report - Patient Details

Current Patient Details

* First Name Middle Initial * Last Name

Address

City State MI Zip

* Date of Birth

Customer ID Customer ID 2

Additional Feature

You can now search for prescription data on the above patient using just the patient Customer ID. If you would like a search on the Customer ID to be performed, please fill in the section below, thank you.

First Name Middle Initial (Optional) Last Name

Customer ID Customer ID 2 (Optional)

Other Names Used By This Patient

5. Provide reason for requesting report. Select *Next*.

Reasons

In the boxes below, check all the reasons that apply to this request.
If none apply, check the 'Other/Additional Information' box and provide at least a 10 character description reason for your request.
You may also use the 'Other/Additional Information' box to elaborate on other reason selection.

Patient requesting specific narcotics by name.

Drug screen positive for medications not prescribed.

Patient signed pain contract, verify narcotic usage.

Patient taking more medication than prescribed, asking for early refills.

Practitioner contacted by pharmacy indicating patient is getting prescriptions from multiple physicians/pharmacies.

Patient claiming prescription was lost/stolen.

Patient paying cash for prescriptions when they are insured.

Patient exhibiting erratic behavior.

New Patient.

Other/Additional Information (100 characters max.)

Next >>

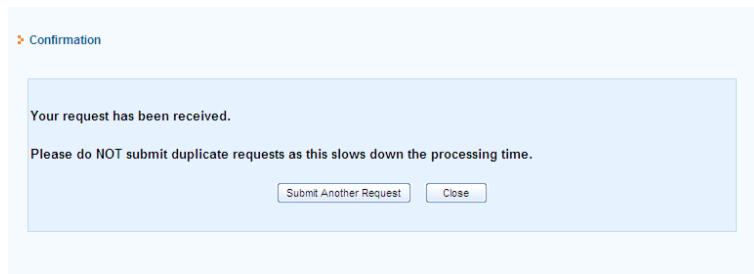
6. Read the certification section and select *I so certify* to process your request.

Certification

I certify that this information shall be used for the purpose of providing medical or pharmaceutical treatment to a bona fide patient. I shall not provide this information to any other person or entity except by order of a court or competent jurisdiction.

I So Certify Cancel

7. After confirmation that your request has been received, select *Submit Another Request* or *Close*.



8. The status of your requested report will be listed in the Request Report section of the MAPS home page. The status will state *Processing* during the search of your report. The status will change to *View Report* when the report is ready to view. If the status changes to *Denied* you may contact MAPS staff at 517-373-1737 or at mapsinfo@michigan.gov. Reports will be available for review for 5 days.

