Gateway Licensee Questionnaire

The purpose of this document is to gather information related to access and use of PMP data. This information will be provided to the State PMP Administrator when requesting approval to access the State’s PMP data through PMP Gateway.

Licensee Name:

Licensee Address:

# of providers at facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe how Licensee’s credentialing process meets federal, state, and local requirements to ensure that only authorized users have access to PDMP Data .

1. Please describe Licensee’s role-based access controls to ensure that only the appropriate users have access to the PDMP data.

1. Does Licensee’s system keep track of user log-in attempts and use of the system? Yes or No

If yes, please describe how the logs are maintained.

1. Is Licensee aware of the state restrictions around access to PDMP data by specific roles (e.g., physician, physician assistant, pharmacist, pharmacy technician, etc.)? Yes or No
2. Does the role-based access control in Licensee’s system allow Licensee to restrict access to PDMP data in conformance with the restrictions placed on such data by the states in which Licensee operates facilities?

Yes or No

If yes, please describe how Licensee’s system restricts access to PDMP data in conformance with the restrictions placed on such data by the states in which Licensee operate facilities.