



**Connecticut Medical Assistance Program**  
Policy Transmittal 2016-22

Roderick L. Bremby, Commissioner

Provider Bulletin 2016-77  
November 2016

Effective Date: January 1, 2017  
Contact: Colleen Johnson @ 860-424-5195

**TO: Medical Equipment, Devices and Supplies (MEDS) providers, Physicians, Advanced Practice Registered Nurses, Physician Assistants, Medical Clinics, Family Planning Clinics, Certified Nurse Midwives, Podiatrists, FQHCs, General Acute Care Hospitals, Long Term Care Facilities**

**RE: Updated Guidance Regarding Electronic Orders for MEDS Products**

Over the course of the next eighteen (18) months, the Department of Social Services will be transitioning to secure electronic ordering for the transmission of Medical Equipment, Devices and Supplies (MEDS) prescription orders. Although practitioners and providers have the next 18 months to transition, it is recommended that MEDS providers and ordering practitioners start adopting and utilizing a mode of secure electronic ordering as soon as possible.

This policy transmittal updates **PB 2015-49** – “*Important Changes to Electronic Orders for MEDS Products*” and applies to all MEDS products, including durable medical equipment (DME), medical surgical supplies, hearing aids, orthotic and prosthetic devices, and parenteral and enteral supplies.

The transition to the use of electronic orders does not change or replace current policy and regulations. Please consult the appropriate MEDS regulation by going to [www.ctdssmap.com](http://www.ctdssmap.com), then selecting “Information,” then going to “Publications,” then going to Chapter 7, then selecting “MEDS,” then clicking view Chapter 7.

### **Electronic Ordering**

The Department believes electronic ordering offers the following benefits:

- reduces the time spent obtaining completed original prescriptions;
- replaces non-secure fax, phone and mail;
- provides a structured way to import data directly into an Electronic Health Records (EHR) system;
- includes delivery confirmation;
- complies with Health Insurance Portability and Accountability Act (HIPAA) security rules;
- decreases the risk of errors due to illegibility;

- decreases fraud and abuse
- provides user authentication, message integrity, and nonrepudiation; and
- permits use of a secure electronic system such as Direct Secure Messaging

### **Options for Electronic Ordering**

The Department has partnered with Secure Exchange Solutions (SES) to provide practitioners and MEDS providers with an option for electronic ordering. For further information on DIRECT Secure Messaging available through Secure Exchange Solutions (SES) please see the sections below titled *Electronic Ordering System – DIRECT Secure Message* and *Obtaining a DIRECT Secure Messaging Account through SES*.

Alternatively, providers may use other electronic ordering systems to transmit MEDS orders. Some of the available options for electronic ordering include, but are not limited to:

- DIRECT Secure Messaging account integrated through a certified electronic health record system (EHR), or e-prescribing system;
- DIRECT Secure Messaging account through the Department’s vendor – SES; or
- other electronic ordering systems (e.g. Surescripts)

**Please note: A hard copy prescription remains an allowable means of transmitting MEDS orders.** All other applicable requirements for MEDS orders remain in effect and are not being changed by this transmittal. For further information regarding current policy and regulations, please go to [www.ctdssmap.com](http://www.ctdssmap.com), and select “Information”, then “Publications”. Once on the Publications page, go to Chapter 7 and select “MEDS”, then click “View Chapter 7”.

### **Electronic Ordering System – DIRECT Secure Message**

Direct Secure Messaging is a secure, encrypted, standards-based method for exchanging Protected Health Information (PHI) that functions like regular e-mail. Ordering practitioners and other care providers will now not only be able to share PHI, but also be able to securely transmit prescription orders to MEDS providers. DIRECT Secure Messaging can be obtained either through a current EHR system, or via stand-alone account through SES. In order to participate in DIRECT secure messaging, both the sender and recipient users will need a specific DIRECT email address.

### **Obtaining a DIRECT Secure Messaging Account through SES**

All CMAP enrolled practitioners and MEDS providers will be eligible, effective January 1, 2017, for a SES DIRECT Secure Messaging account. The Department will cover the cost of the DIRECT accounts. There will be no charge to practitioners or MEDS providers. Enrollment for free accounts will expire June 30, 2021, or when the allotted free accounts have been allocated, whichever occurs first.

CMAP ordering practitioners who do not currently have an EHR system or Direct Secure Messaging capabilities can now enroll for a **free** Direct Secure Messaging account through SES, without enrolling in the Medicaid EHR incentive program.

If you are a CMAP enrolled practitioner and do have an EHR system with Direct Secure Messaging capabilities, you will now be able to transmit prescription orders to MEDS providers that have enrolled and received a SES Direct account. Your current system and workflow will be compatible with the Direct Secure Messaging system that DSS is implementing.

The account enrollment process includes an identity verification process that confirms that users are members of the health provider community and that they have a legitimate reason to exchange patient health information. Direct Secure Messaging is limited to users who have been authorized for an account; therefore, validation is necessary to gain access to a trusted network. This enrollment process helps ensure

that transmission of prescriptions for MEDS items is secure and accurate.

### **Requirements for Ordering Practitioners and MEDS Providers Utilizing Electronic Ordering Systems and Electronic Signatures**

MEDS providers and ordering practitioners must have internal documentation and software in place to protect against modifications and alterations of electronic prescription orders. The Department will accept electronic orders and signatures for MEDS orders only if the following internal requirements are met:

- each user shall certify, in writing, that, the user will not release his/her user identification code or password to anyone, or allow anyone to access or alter information under his/her identity;
- each provider and each user shall certify, in writing, that the electronic signature is intended to be the legally binding equivalent of the User's traditional handwritten signature;
- passwords or other personal identifiers must be controlled carefully to ensure that only the authorized individual can access and apply a specific e-signature.
- each user shall ensure that passwords are revised periodically, and no less often than every 60 days, except as otherwise agreed to in writing by DSS;
- each user shall ensure that no two users have the same combination of identification components (such as identification code and password);
- each user shall follow loss management procedures to electronically de-authorize lost, stolen, missing or otherwise compromised documents or devices that bear or generate identification code or password information and use suitable, rigorous controls to issue temporary or permanent replacements; and
- each user shall ensure that all HIPAA Security Rules are followed.

As required by the Health Insurance Portability and Accountability Act (HIPAA) covered entities, ordering practitioners and MEDS providers must assure that the system they are using has safeguards so that:

- the signer cannot deny having signed the document in the future;
- there is verification of the signers identity at the time the signature was generated; and
- there is certainty that the document has not been altered after it was signed.

Ordering practitioners and MEDS providers must use a secure, computer-generated, time-stamped audit trail that independently records the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information. Audit trail documentation shall be retained for a period of at least five (5) years and shall be available to the Department for review and copying.

**For further information regarding DIRECT Secure Messaging enrollment, integrating your EHR system, or other system related questions please contact SES at:** 1-888-470-9913 ext. 1 Monday-Friday from 8:00 AM to 8:00 PM or email [ctmeds@securexsolutions.com](mailto:ctmeds@securexsolutions.com).

**Please note:** When contacting SES via email, please specify in the subject line of the email if you are an ordering practitioner or a MEDS provider.

### **Prescription Compliance**

As a reminder, the *Regulations of Connecticut State Agencies (R.C.S.A.) Sections 17b-262-721(c), (d), and (f), Sections 17b-262-802 (c), (d), and (i), Sections 17b-262-681(c),(d), and (f) and Sections 17b-262-745(c), (d), and (f)* provide that all MEDS orders regardless, of format used, shall, at a minimum, meet the requirements stated on attachment 1A of this policy bulletin.

In the event of an audit, lack of the following may result in the recoupment of payment:

- documentation to substantiate the billed amount;
- an audit trail to identify that the prescription was not altered;
- adherence to the required guidelines and prescription compliance stated in this policy transmittal.

### **Prior Authorization**

The transition to electronic transmission of prescriptions that is outlined in this bulletin does not change or replace current requirements for the submission of prior authorization requests for MEDS items to CHNCT.

DME Providers must continue to submit prior authorization requests for these items to CHNCT via fax (203) 265-3994 using the "Outpatient Prior Authorization Request Form" or via the provider web portal. When submitting authorization requests, providers must include all required documentation, including any additional forms, and the necessary clinical information to support the medical necessity of the requested item(s).

Additional guidance pertaining to the prior authorization of certain MEDS items may be found on the provider page of the HUSKY

Web site at:

[http://www.huskyhealthct.org/providers/policies\\_procedures.html](http://www.huskyhealthct.org/providers/policies_procedures.html)

<http://www.huskyhealthct.org/providers/providerswheeledmobility.html>

### **Future System and Updates**

The Department is in the process of developing a secure web form that will be integrated into the DIRECT Secure Messaging system for the purpose of transmitting and receiving electronic orders for MEDS. The use of this standard web form will eliminate receipt of incomplete orders. The web form will include features such as auto population of standard information and will require completion of certain fields.

In partnership with SES, the Department's Direct Messaging system will continue to be refined and improved, support integration with EHR systems, increase accuracy, and enhance program integrity. It is anticipated that this system will be fully operational around January 2017.

The Department will notify providers and practitioners in advance of further requirements regarding secure electronic ordering.

**Posting Instructions:** Policy transmittals can be downloaded from the web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy and Regulations, Colleen Johnson, Medical Policy.

**For further information regarding DIRECT Secure Messaging enrollment, integrating your EHR system, or other system related questions please contact SES at: 1-888-470-9913 ext. 1 Monday-Friday from 8:00 AM to 8:00 PM or email [ctmeds@secureexesolutions.com](mailto:ctmeds@secureexesolutions.com)**

**For questions related to MEDS/DME policy please contact Ginny Mahoney at (860) 424-5145**

**For questions related to this bulletin please contact Colleen Johnson at (860) 424-5195**

**Date Issued:** November 2016

## **Attachment 1A**

### *Regulations of Connecticut State Agencies Sections 17b-262-721(c), (d), and (f) state:*

The licensed practitioner's original prescription for medical and surgical supplies shall be on file with the provider and shall be subject to review by the department. The department requires that providers maintain fiscal and medical records to fully disclose services and goods rendered or delivered to clients. All orders for medical and surgical supplies, regardless of format used, which includes verbal, telephone and faxed orders, shall, at a minimum, contain the following:

- (1) client's name, address and date of birth;
- (2) diagnosis for which the medical and surgical supplies are required;
- (3) detailed description of the medical and surgical supplies, including quantities and directions for usage, when appropriate;
- (4) length of need for the medical and surgical supplies prescribed;
- (5) name and address of prescribing practitioner; and
- (6) prescribing practitioner's signature and date signed.

### *Regulations of Connecticut State Agencies Sections 17b-262-681(c),(d), and (f) state:*

The licensed practitioner's original prescription for DME shall be on file with the DME provider and shall be subject to review by the department. Such prescription shall specify the items ordered. The department requires that DME providers maintain fiscal and medical records to fully disclose services and goods rendered or delivered to Medicaid clients. A new prescription is required prior to replacement of DME. All prescriptions for DME regardless of the format used (e.g., CMN, prescription pad or letter) shall, at a minimum, contain the following elements:

- (1) the client's name, address, and date of birth;
- (2) diagnosis for which the DME is required;
- (3) detailed description of the DME, including quantities and any special option or add-ons;
- (4) length of need for the DME use;
- (5) name and address of the prescribing practitioner; and
- (6) prescribing practitioner's signature and date signed.

### *Regulations of Connecticut State Agencies Sections 17b-262-745(c), (d), and (f) state:*

The licensed practitioner's original prescription for an orthotic or prosthetic device and documentation of all notes related to fittings and adjustments shall be kept at the provider's primary place of business and shall be subject to review by the department. Providers shall maintain all fiscal and medical records related to services and goods rendered or delivered to Medicaid clients. A prescription for an orthotic or prosthetic device, regardless of the format used, shall, at a minimum, contain the following elements:

- (1) the client's name, address, and date of birth;
- (2) the diagnosis for which the orthotic or prosthetic device is required;

- (3) a detailed description of the orthotic or prosthetic device, including the quantity and any special options or add-ons, and, if needed, directions for usage;
- (4) the length of need for the orthotic or prosthetic device prescribed;
- (5) the name and address of the prescribing licensed practitioner; and
- (6) the prescribing licensed practitioner's signature and date of his or her signature.

*Regulations of Connecticut State Agencies Sections 17b-262-802 (c), (d), and (i) state:*

The Department shall accept, when feasible, faxed or electronic medical evaluations and other orders. If evidence indicates that the documentation being reviewed has been falsified or the provider is unable to provide adequate assurance of the medical necessity of the items or services, the department may request additional information, including an original signature, in order to obtain that assurance. Any documentation, including a medical evaluation, that is electronically submitted to a vendor shall identify the sender and display the sender's fax number and date. The department may request the original medical evaluation and results of the hearing test whenever medical necessity is in question. A prescription or order for hearing aids and supplies, regardless of the format used, shall, at a minimum, contain the following:

- (1) The client's name, address and date of birth; and
- (2) the diagnosis for which the hearing aid is required.