Connecticut Medical Assistance Program Policy Transmittal 2016-22 Overview

Connecticut Department of Social Services will be transitioning to secure electronic ordering for Medical Equipment, Devices and Supplies (MEDS) prescription orders by 2019. The Department has partnered with Secure Exchange Solutions (SES) to provide practitioners and MEDS providers with an option for electronic ordering. SES has implemented a secure DME form leveraging Direct Secure Messaging.

As part of the secure forms implementation SES is publishing the Implementation documentation for practitioners EHR vendors and MEDS providers’ software vendors to integrate the form directly into their systems using the Direct transport layer.

Electronic DME Benefits
Connecticut Department of Social Services has implemented a secure form for DME orders. 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

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 signer’s 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.
DME Implementation Guide

EHR Software
The DME Implementation Guide enables the secure electronic movement of the DME order from the EHR system to the DME vendor. The metadata for the DME order is included in Table 1. The sample XML Schema is included in Appendix B. The EHR System will send the order based on the defined XML Schema to the DME vendor using the DME vendors Direct address. The EHR vendor has the option to search for the DME vendors’ organizations that are part of the ctproviderdirect.org domain using the SES Connect API. Using the Secure Directory Search API, a list of the DME registered vendors will be returned. API document is included in Appendix C. (Specialty type = Supplier)

DME Software
The DME vendor receives the order either directly into their software when sent from an EHR or by using the DME portal to obtain the order information. The DME vendor is not allowed to change any of the order information. The DME vendor can also download the XML Schema from the DME portal to integrate with their software. Using the DME Portal, will reduce paper work and provide signed orders efficiently. Once the DME Vendor has approved the order in the DME Portal the XML can be download for integration into your software system.

SSO Option
OpenID Connect 1.0 is a simple identity layer on top of the OAuth 2.0 protocol. It allows Clients to verify the identity of the End-User based on the authentication performed by an Authorization Server, as well as to obtain basic profile information about the End-User in an interoperable and REST-like manner.

OpenID Connect allows clients of all types, including Web-based, mobile, and JavaScript clients, to request and receive information about authenticated sessions and end-users. The specification suite is extensible, allowing participants to use optional features such as encryption of identity data, discovery of OpenID Providers, and session management, when it makes sense for them.
SES uses OpenID Connect and that available identity claims must include role, contact information, NPI and Direct address of the provider. Please contact SES to discuss the approach for OpenID Connect.
The DME Order metadata elements is consistent with the EMDI Implementation Guide DME 22 Nov 2016.

<table>
<thead>
<tr>
<th>Elements Guide Metadata</th>
<th>Element (Optional or Required)</th>
<th>EMDI Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Id Metadata Element</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>2. Status</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>3. Item Description</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>4. Medical Justification</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>5. Comments Metadata Element</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>6. Signed By Metadata Elements</td>
<td>Required</td>
<td>Signature Request</td>
</tr>
<tr>
<td>7. Created Date Metadata Elements</td>
<td>Required</td>
<td>Signature Request</td>
</tr>
<tr>
<td>8. Signature Date Metadata Elements</td>
<td>Required</td>
<td>Signature Request</td>
</tr>
<tr>
<td>9. File Attachments Metadata Element</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>10. Supplier Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>a. Name Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>b. Email Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>c. Address 1 Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>d. Address 2 Metadata Element</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
<tr>
<td>e. City Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>f. State Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>g. Zip Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>h. Phone Metadata Element</td>
<td>Required</td>
<td>Order Submission</td>
</tr>
<tr>
<td>12. Practitioner Metadata Element</td>
<td>Optional</td>
<td>Order Submission</td>
</tr>
</tbody>
</table>
13. Patient
   a. Member Id Required Order Submission
      Metadata Element
   b. First Name Required Order Submission
      Metadata Element
   c. Last Name Required Order Submission
      Metadata Element
   d. DOB Required Order Submission
      Metadata Element
   e. Address Required Order Submission
      Metadata Element
   f. City Required Order Submission
      Metadata Element
   g. State Required Order Submission
      Metadata Element
   h. Zip Required Order Submission
      Metadata Element
   i. Care Type Required

14. Supply Order
    Metadata Element
    a. Product Description Required Order Submission
       Metadata Element
    b. Quantity Required
    c. Length of Need Optional
    d. Frequency Optional

15. Diagnosis Code
    Metadata Element
    a. Code Type Required Order Submission
    b. Code Value Required
    
16. File Attachment
    Metadata Element
    Optional Order Submission
a. File Name
b. Content Type
c. Size Bytes
d. Binary data

17. History
   a. Record Optional
   b. Processed Date Optional
   c. Processing Comment Optional
   d. Processed By Optional
Appendix A

New Order

**Practitioner Information**

- **Name:**
- **NPI:**
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**

**Vendor Information**

- **Vendor:** Select
- **Send To:**
- **Address Line 1:**
- **Address Line 2:** Optional
- **City:**
- **State:**
- **Zip:** Select 55555
- **Phone:** Optional
## Member General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID:</td>
<td></td>
</tr>
<tr>
<td>Type:</td>
<td>Medicaid</td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Select</td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
</tbody>
</table>
### Diagnosis Code

- **ICD 10**

### Supply Order

**Product Description:**

(Up to 50 characters)

**Special Options/Add Ons:**

(Optional)

**Quantity:**

1

(Optional)

**Frequency:**

Select

(Up to 50 characters)

**Length of Need:**

(Ex. 2 days, wks, etc.)

- **Add To Order**
- **View All**
Comments

Optional (Up to 500 characters)

Prescribing Practitioner's Attention and Signature

I certify that I am the prescribing provider identified in the Practitioner Information section of this form. I certify that the medical necessity information on this form is true, accurate and complete, to the best of my knowledge. I UNDERSTAND THAT THERE ARE CIVIL AND CRIMINAL PENALTIES FOR MEDICAID-RELATED OFFENSES.

Enter Full Name: __________________________ Date: 01/04/2017

Prescribing Practitioner’s Signature: __________________________ Date: ____________

Save Draft  Cancel  Sign & Send
Appendix B
DME XDS Scheme

<?xml version="1.0" encoding="utf-8"?>
<xs:schema id="DME_Order" xmlns="" xmlns:xs="http://www.w3.org/2001/XMLSchema"
xmlns:msdata="urn:schemas-microsoft-com:xml-msdata">
  <xs:element name="Order">
    <xs:complexType>
      <xs:sequence>
        <xs:element name="Id" type="xs:string" minOccurs="0" />
        <xs:element name="Status" type="xs:string" minOccurs="0" />
        <xs:element name="ItemDescription" type="xs:string" minOccurs="0" />
        <xs:element name="MedicalJustification" type="xs:string" minOccurs="0" />
        <xs:element name="Comments" type="xs:string" minOccurs="0" />
        <xs:element name="SignedBy" type="xs:string" minOccurs="1" />
        <xs:element name="CreatedDate" type="xs:string" minOccurs="1" />
        <xs:element name="SignatureDate" type="xs:string" minOccurs="1" />
        <xs:element name="FileAttachments" type="xs:string" minOccurs="0" />
        <xs:element name="Supplier" minOccurs="1" maxOccurs="1">
          <xs:complexType>
            <xs:sequence>
              <xs:element name="Name" type="xs:string" minOccurs="1" />
              <xs:element name="Email" type="xs:string" minOccurs="1" />
              <xs:element name="Address1" type="xs:string" minOccurs="1" />
              <xs:element name="Address2" type="xs:string" minOccurs="0" />
              <xs:element name="City" type="xs:string" minOccurs="1" />
              <xs:element name="State" type="xs:string" minOccurs="1" />
              <xs:element name="Zip" type="xs:string" minOccurs="1" />
              <xs:element name="Phone" type="xs:string" minOccurs="0" />
            </xs:sequence>
          </xs:complexType>
        </xs:element>
      </xs:sequence>
    </xs:complexType>
  </xs:element>
</xs:schema>
<xs:element name="SupplyOrders" minOccurs="1" maxOccurs="1">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="SupplyOrder" minOccurs="1" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="ProductDescription" type="xs:string" minOccurs="1" />
            <xs:element name="AddOns" type="xs:string" minOccurs="0" />
            <xs:element name="HCPCCode" type="xs:string" minOccurs="0" />
            <xs:element name="Quantity" type="xs:string" minOccurs="1" />
            <xs:element name="LengthOfNeed" type="xs:string" minOccurs="1" />
            <xs:element name="Frequency" type="xs:string" minOccurs="0" />
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>

<xs:element name="DiagnosisCodes" minOccurs="1" maxOccurs="1">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="DiagnosisCode" minOccurs="1" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="CodeType" type="xs:string" minOccurs="1" />
            <xs:element name="CodeValue" type="xs:string" minOccurs="1" />
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="FileAttachments" minOccurs="0" maxOccurs="unbounded">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="File" minOccurs="1" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="FileName" type="xs:string" minOccurs="1" />
            <xs:element name="ContentType" type="xs:string" minOccurs="1" />
            <xs:element name="SizeBytes" type="xs:string" minOccurs="1" />
            <xs:element name="binary_data" nillable="true" minOccurs="1" maxOccurs="1">
              <xs:complexType>
                <xs:simpleContent msdata:ColumnName="binary_data_Text" msdata:Ordinal="1">
                  <xs:extension base="xs:string">
                    <xs:attribute ref="app1:dt" />
                  </xs:extension>
                </xs:simpleContent>
              </xs:complexType>
            </xs:element>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="History" minOccurs="0" maxOccurs="unbounded">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="Record" minOccurs="1" maxOccurs="unbounded">
        <xs:complexType>
          <xs:sequence>
            <xs:element name="ProcessedDate" type="xs:string" minOccurs="1"/>
            <xs:element name="ProcessingComment" type="xs:string" minOccurs="1"/>
            <xs:element name="ProcessedBy" type="xs:string" minOccurs="1"/>
          </xs:sequence>
        </xs:complexType>
      </xs:element>
    </xs:sequence>
  </xs:complexType>
</xs:element>
Appendix C

Contact SES for API