# eClinicalWorks

# I MPORTANT CHANGES FOR SURESCRIPTS SUBMISSIONS THROUGH eCLINICALWORKS

March 2012

# **Overview**

According to the *Surescripts New Computer Generated (CG) Fax Policy* communication distributed by Surescripts<sup>®</sup> (<u>www.surescripts.com</u>), format changes for submission will change:

Our analysis of faxable error messages on the Surescripts network indicates that some error conditions are analogous to the transient/temporary network transmission failures mentioned in the CY 2009 CMS PFS rule cited above. Thus, Surescripts will continue to convert these faxable errors (i.e., error code 6001) into CG-faxes indefinitely. On the other hand, Surescripts has determined that the remaining faxable error message types (i.e., error code 9002) are not analogous to transient/temporary network transmission failures, so Surescripts will discontinue the conversion of these error types into CG-faxes in order to be in compliance with CMS rule. Surescripts will implement the changes necessary to terminate the conversion of these latter types of faxable error messages on 03/28/2012 (CMS is aware that we will be taking additional time to implement this phase out).

(Source: Surescripts New Computer Generated (CG) Fax Policy – December15, 2011)

As a result, data entry formatting within eClinicalWorks must align with these new standards to avoid error messages and failed submissions. This notice expands on the *Surescripts Directory Update* communication distributed to all eClinicalWorks clients in September 2011. To review this earlier document, log on to <u>my.eclinicalworks.com</u> and click the Documents menu, and then click the Notifications tab.

# **Changes Affecting eClinicalWorks Users**

The following table describes the eClinicalWorks fields that are affected by the new Surescripts format requirements:

FIELD	DESCRIPTION
State	Must be valid <b>TWO-character state code</b> ; cannot contain spaces or punctuation ( <i>e.g.,</i> NY, MA)
ZIP Code	Patient ZIP Code, Provider ZIP Code, Facility ZIP Code, and Pharmacy ZIP Code must be valid and:
	FIVE digits: <i>e.g.,</i> 01581 OR NINE digits: <i>e.g.</i> , 02767-1403
	ZIP Code cannot contain spaces; hyphen is allowed for nine-digit codes.
Phone Number Fax Number	Must be <b>10 digits</b> ; hyphen is allowed as eCW removes it by default when sending e-Prescription.
Facility Name Pharmacy Name Pharmacy Address Line 1 Provider Facility Patient Address	Cannot exceed <b>35 characters</b> ; includes spaces. Names can include hyphens, but cannot include apostrophe ( <i>e.g.,</i> O'Connor should be entered as OConnor)
Provider DEA Number Provider NPI Number	Must be valid number; multiple DEA or NPI numbers are <b>NOT ALLOWED</b> in the same field.
Patient's DOB	Must be a valid date format ( <i>e.g., MM/DD/YYYY</i> )
SIG	Combination of <i>Take</i> + <i>Route</i> + <i>Frequency</i> ; cannot exceed <b>135 characters</b> including spaces.
Duration/Day Supply	Maximum of 999 characters; format must be:
	Numeric Value[[SPACE]]Unit.
	( <i>e.g.,</i> 10 days, 1 week, etc.)

FIELD	DESCRIPTION				
Duration, Dispense, and Refill	See the following examples for guidance in this area:				
	CORRECT	INCORRECT			
	1	1, 1+ 1-			
	10000	10,000			
	10 ml/day	10ml/day			
	12.857398	12.857399999999998			
	120 Tablets120 Tablet				

# **Error Resolution and Verification by Section**

The following sections outline the possible problem areas that may trigger Surescripts 900 errors, and describe how to verify data entry.

### **Provider-Related Errors**

#### Provider Demographic fields affected by this change:

- Provider First Name
- Provider Last Name
- Provider Middle Initial (if applicable)
- Provider DEA Number
- Provider NPI Number
- Provider Primary Service Location

#### If Surescripts Error Code 900 displays in relation to Provider details:

- **1.** From the Admin Band, select Providers, and then select the provider's account indicated in the Surescripts 900 error.
- **2.** Verify the information and format in accordance with the recent Surescripts requirements:

🗢 Personal Info		
Last Name *	First Name *	Middle Initial
Jones	Mary	
Prefix	Suffix	Degrees/Credentials
Dr.		MD
Taxonomy Code	Specialty	Provider Initials
103G00000X 🗸 🗸	Aerospace Medicine 💌	MJ
, Date of Birth	Social Security No	Туре
08/31/1983		Select Type
DEA Number	, DEA Active Date	DEA Term Date
864654186	01/01/2012	01/01/2013
Mailing Address	City	State
1 main st	Westboro	MA
Zip Code	Home Phone	Mobile
01581		
Pager	Fax No.	Print Name
	508111111	Sam Willis MD
Email		
	Primary Service Location	Languages Spoken 🗸
		English
Network Affiliation	O Male	
-Select-	• Female	Resident
656565656	2135647892	111111
656565656	2135647892	111111
EMCProviderID	Organization Type	Billing Facilities
1354	Solo Practice	Westborough Medica
Medicare GRP# (or PIN#)	Medicaid GRP# (or PIN#)	Mammography Cert No.
564564564	5648748942	654161894
Champus GRP# (or PIN#)	Blue Shield GRP# (or PIN#)	Tax ID Suffix / Provider Site ID
854489454641	864561564	4864861564
Specialty License	Anesthesia License	DPS# / CTP# 🥙
6848641564	4456486748	864864864186
State License	License Active Date	License Term Date
86748674864	01/01/2012	01/01/2013
Prescriptive Auth# 🕜		<b>,</b>
86465484		
		Status
mary		Active
Enable eClinicalMobile Acr	:ess	
Please note: Once eClinicalMo account creation.	bbile access is enabled provider will have to g	o to 'My Settings' screen to complete the
Save Delete	Change Password	Configure My Assigned Favorites View Provider Log

### **Patient-Related Errors**

#### Patient Demographic fields affected by this change:

- Patient First Name
- Patient Last Name
- Patient Address Line 1
- Patient Address Line 2 *if applicable (e.g., suite number)*
- Patient City
- Patient State
- Patient ZIP Code
- Patient Gender
- Patient DOB
- Patient Phone Number

#### If Surescripts Error Code 900 displays in relation to Patient details:

- **1.** From Patient Lookup, locate the patient account indicated in the Surescripts 900 error.
- 2. Select the patient's account.
- **3.** Click the Info button.
- **4.** Verify the information and format in accordance with the recent Surescripts requirements:

Patient Information (Day, Charles)	
Personal Info	
Account No CCD9304 Prefix	PCP Smith,Jim Clear
Last Name <sup>*</sup> Day	Referring Provider Charles,Andrew Clear
Eirst Name <sup>*</sup> Charles MI	Rendering Provider/ Primary Care Giver Willis,Sam
Previous Name	Date Of Birth * 01/01/1940 Age: 72Y
Address Line 1 1 main st	Gestational Age
Address Line 2	Se <u>x</u> * <sub>M</sub> Male Transgender
City Westborough	Marital Status Single
State MA V Zip 01581 Country	Social Security
Home Phone 508-123-0813 Cell No 508-203-8108	Employer Name Clear
Work Phone	Emp Status (None Selected)
(statements will be addressed to responsible party)	Student Status (None Selected)
Responsible Party* Select Set Emergency Contact	Family Hub Select Remove
Day, Charles	Emergency Contact
	Acct Balance Io on Details Gr. Bal
Relation 1 Self - patient is the insured	Patient 0.00 Acc Inquiry
Last Appt 03/15/2012 10:15 AM	Next Appt
Pee Schedule	Self PayAdd
P BCBS MA 567892027	a Insured Co Pay Group No 1 Day, Charles 15.00 24084081084
Release of Information	~
Rx History Consent U Scan	
Signature Date / /	
Advance Directive	
Additional Info Alert Misc Info Option	ns▼ P.S.A.C <u>OK</u> <u>C</u> ancel

### **Pharmacy-Related Errors**

#### Pharmacy fields affected by this change:

- Pharmacy Name
- Pharmacy Address line 1
- Pharmacy Address line 2 *if applicable (e.g., suite number)*
- Pharmacy City
- Pharmacy State
- Pharmacy ZIP Code

- Pharmacy Phone Number Optional
- Pharmacy Fax Number Optional

#### If Surescripts Error Code 900 displays in relation to Pharmacy details:

- 1. From the File Menu, select Pharmacies.
- **2.** Locate and select the pharmacy associated to the failed Surescripts transmission that generated the Surescripts 900 error.
- **3.** Verify the information and format in accordance with the recent Surescripts requirements:

🖣 Update Pharmacy 🛛 🔀							
<u>N</u> ame	DVS						
	Mail Order Pharmacy						
<u>A</u> ddress	232 K						
<u>A</u> ddress2							
<u>C</u> ity	Westborough						
<u>S</u> tate	MA						
Zip Code	01581						
<u>P</u> hone	555-552-5555						
<u>F</u> ax	1 _ 555-556-5555						
<u>E</u> -mail							
NCPDP ID							
	🔽 ePrescribe Enabled						
	<u>O</u> K Cancel						

**Note:** The most reliable option for pharmacy details that will pass Surescripts validation is to select the pharmacy name from the Surescripts Pharmacy Directory within the eClinicalWorks software. To import the Surescripts-formatted pharmacy entry into the Local Directory, select the pharmacy from the bottom half of the window, and then click the *Import Selected into Pharmacy Data* button, as shown below:

ar Pharmacy Dat	City	Name 💌	<< >>	<u>N</u> ev	v <u>U</u> po	late 🗙	<u>D</u> elet
1 NCPDPID	Store Name	Address Line1	Address Line2	City	Sta	ite Zij	)
3352806 1 Sto	op Pharmacy	1220 Avenue P		Brooklyn	NY	1	L229
3352806 cvs3	}						
3121504 MED	CO MAIL ORDER Pharmacy	r					
3121504 MED	CO MAIL ORDER Pharmacy	r					
4302319 WAL	L DRUG STORE, INC.	510 MAIN STREET		WALL	SD	5	7790
4224274 WAL	L DRUGS OF JOHNSONVILL	E, 239 STUCKEY STR	EE.	JOHNSONVILLE	SC	2	9555
5115072 Wall	Street Pharmacy	123 East Wall Stree	et POBox 909	Eagle River	WI	54	\$521
3504405 WAL	L'S HEALTHMART PHCY	1451 44TH AVE S.	ST	GRAND FORKS	ND	5	3201
3502449 WAL	L'S MEDICINE CENTER	708 SOUTH WASHI	NC	GRAND FORKS	ND	5	3201
escription Sourc	ce © Sur	rescripts C RxI	nub				
escription Sour escription Phar	ce © Sur macy Database @ E-P City	rescripts C Rxl rescribing C Fax	1ub : Only << >>	Link	<u>U</u> nlink	1	
escription Sourcescription Pharm	ce	rescripts ORXI rescribing OFax Name T Address Line 1	Address Line2	Link	<u>U</u> nlink State	Zip	
escription Sourcescription Phari CPDPID 1032678 #1 R× L	ce   Sur  Macy Database  E-P  City  Store Name  Liberty Pharmacy Discount	rescripts ORXI rescribing OFax Name Address Line1 972 E. 25 Street	Address Line2	Link City Hialeah	Unlink State FL	Zip 33013	31
escription Sour escription Phari (CPDPID 1032678 #1 R× L 4551796 * Rex P	ce Sur macy Database © E-P City Store Name Liberty Pharmacy Discount Pharmacy	rescripts O RxI rescribing O Fax Name Address Line1 972 E. 25 Street 11110 East Freeway	Address Line2	Link City Hialeah Houston	Unlink State FL TX	Zip 33013 77029	31
escription Sour escription Phari 02678 #1 R× L 4551796 * Rex P 5701772 1 old Ri	ce Sur macy Database E-P City Store Name Liberty Pharmacy Discount Pharmacy iver Pharmacy	rescripts ORXI rescribing OFax Name Address Line1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street	Address Line2	Link City Hialeah Houston Miami	Unlink State FL TX FL	Zip 33013 77029 33125	31
CPDPID         Image: secaration secaratis se	ce Sur macy Database © E-P City Store Name Liberty Pharmacy Discount Pharmacy Pharmacy Pharmacy	rescripts © Rxl rescribing © Fax Name Address Line1 972 E, 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P	Address Line2	Link City Hialeah Houston Miami Brooklyn	Unlink State FL TX FL NY	Zip 33013 77029 33125 11229	30 83 30 30
CPDPID           1032678         #1 R× L           4551796         * Rex P           5701772         1 old Ri           3352806         1 Stop           3302659         110 Pha	ce Sur macy Database E-P City Store Name Liberty Pharmacy Discount Pharmacy iver Pharmacy Pharmacy armacy	rescripts Rxl rescribing Fax Name Address Line1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville	Unlink FL TX FL NY NY	Zip 33013 77029 33125 11229 11747	30 83 30 71 63
escription Sours escription Phari 1032678 #1 R× L 4551796 * Rex P 5701772 1 old Ri 3352806 1 Stop 3302659 110 Pha 0523008 111 Pha	ce Sur macy Database E-P City Store Name Liberty Pharmacy Discount Pharmacy iver Pharmacy Pharmacy armacy armacy	rescripts © Rxl rescribing © Fax Name ▼ Address Line1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc 111 West Beverly Blv	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville Montebello	Unlink State FL TX FL NY NY CA	Zip 33013 77029 33125 11229 11747 90640	30 83 30 72 63 32
CPDPID 1032678 #1 R× I 4551796 * Rex P 5701772 1 old Ri 3352806 1 Stop 3302659 110 Pha 0523008 111 Pha 4543713 1110 Te	ce    Sur	rescripts C RxI rescribing C Fax Name V Address Line 1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc 111 West Beverly Blv 1110 FM 2234 Street	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville Montebello Stafford	Unlink State FL TX FL NY NY CA TX	Zip 33013 77029 33125 11229 11747 90640 77477	31 8: 31 7: 6: 32
CPDPID 1032678 #1 R× I 4551796 * Re× P 5701772 1 old Ri 3302659 110 Pha 0523008 111 Pha 4543713 1110 Te 3349227 133rd S	ce  Sur  macy Database  E-P  City  Store Name Liberty Pharmacy Discount Pharmacy Pharmacy armacy armacy armacy exas Parkway Pharmacy Inc.	rescripts C RXI rescribing Fax Name Address Line1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc 111 West Beverly Blv 1110 FM 2234 Street 1473 Amsterdam Ave	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville Montebello Stafford New York	Unlink FL TX FL NY CA TX NY	Zip 33013 77029 33125 11229 11747 90640 77477 10027	31 8: 31 7: 6: 3: 2: 2:
CPDPID CPDPID 1032678 #1 R× I 4551796 # Rex P 5701772 1 old Ri 3302659 110 Pha 0523008 111 Pha 4543713 1110 Te 3349227 133rd S 3337373 139 Pha	ce Sur macy Database E-P City Store Name Liberty Pharmacy Discount Pharmacy iver Pharmacy Pharmacy armacy exas Parkway Pharmacy Ir Street Pharmacy, Inc. armacy	rescripts C RXI rescribing Fax Name Address Line 1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc 111 West Beverly Blv 1110 FM 2234 Street 1473 Amsterdam Ave 3415 Broadway	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville Montebello Stafford New York ny	Unlink State FL TX FL NY CA TX TX NY NY	Zip 33013 77029 33125 11229 11747 90640 77477 10027 10031	30 83 30 72 63 32 28 22 22 22
CPDPID CPDPID 1032678 #1 R× I 4551796 # Rex P 5701772 1 old Ri 3322806 1 Stop 3302659 110 Pha 0523008 111 Pha 4543713 1110 Te 3349227 133rd S 3337373 139 Pha 5802776 13th Av	ce Sur macy Database E-P City Store Name Liberty Pharmacy Discount Pharmacy iver Pharmacy Pharmacy armacy armacy exas Parkway Pharmacy In Street Pharmacy, Inc. armacy ye Pharmacy	rescripts C RxI rescribing C Fax Name Address Line1 972 E. 25 Street 11110 East Freeway 1879 NW 7 Street 1220 Avenue P 459 Walt Whitman Rc 111 West Beverly Blv 1110 FM 2234 Street 1473 Amsterdam Ave 3415 Broadway 5211 13th Ave	Address Line2	Link City Hialeah Houston Miami Brooklyn Melville Montebello Stafford New York Ny Brooklyn	Unlink State FL TX FL NY NY CA TX TX NY NY NY	Zip 33013 77029 33125 11229 11747 90640 77477 10027 10031 11219	31 8: 31 6: 33 22 22 22 72

# **Facility-Related Errors**

#### Facility fields affected by this change:

- Facility Name
- Facility Address Line 1
- Facility Address Line 2– *if applicable (e.g., suite number)*
- Facility City
- Facility State
- Facility ZIP Code
- Facility Phone Number
- Facility Fax Number

#### If Surescripts Error Code 900 displays in relation to Facility details:

**1.** From the File Menu, click Facilities.

- **2.** Select the facility that was associated to the appointment that generated the Surescripts 900 error.
- **3.** Verify the information and format in accordance with the recent Surescripts requirements:

ame	Test Facili	ty					9
уре	Practicing	Facility		*	Resource	Color	<b></b>
ode	TF	- IV P	rimary Pra	ictice			
St	reet <u>A</u> ddre	15	<u>B</u> illing	Address		<u>F</u> acil	ity IDs
Addr	ess Line 1 7	8 Turnpik	e Road				
Addr	ess Line 2	uite 114				-	
	City V	Vestborov	ıgh			=	
	State N	1A 🔹	Zip 01581	c	ountry		(If US Leave Blank)
ſ	Telephone	08-465-4	848	Fax 50	8-465-1564		
	E-mail					_	
	Notes					^	
						-1	
	Start Date	/20/2010		del Junuar		Ľ	
	ониссонор Г	Service Area (Hi	Location Q PSA) Incen	ualifies fo tive	r Health Pro	fession	al Shortage
HPSA	Modifier	(AQ	(/AR)				
Mes	l senger Phon	Exclude Number	Charges f	rom Patie	nt/Guaranto	r Statei	ments
Me	ssenger Call	erId Num	ber: 508	-064-4621			
Mess	senger Opera	tor Numb	ber: 508	-546-1654			

## **Dosage-Related Errors**

Dosage fields affected by this change:

- Medication Strength
- Medication Formulation

- Medication Take
- Medication Route
- Medication Frequency
- Medication Dispense
- Medication Duration
- Medication Refill Optional
- Medication Note Optional

#### If Surescripts Error Code 900 displays in relation to the Strength, Formulation, Take, Route, Frequency, Dispense, Duration, Refill, and/or Notes fields:

- **1.** From the Treatment window, select the fields in question for the medication that generated the Surescripts 900 error.
- **2.** Verify the information and format in accordance with the recent Surescripts requirements:



**Note:** Custom prescriptions **can** be e-prescribed if linked with Multum<sup>®</sup>/Medi-Span<sup>®</sup> Medication/NDC code.

# **Examples of 900 Error Code**

The following sections are examples of failed submissions resulting in a 900 Error Code.

# Error Display in Surescripts Admin Console

Error (script codes: 900-000) 1/17/2012 6:37:36 PM

MessengerXml validation error 1 errors validating against SureScripts Xml 4.20.xsd

The 'DEANumber' element is invalid - The value 'BM7257872 ' is invalid according to its datatype 'an..35' - The Pattern constraint failed.

# Error Displayed in eClinicalWorks

Print Receipts for eRx	C Original XML	C Status Message	Befresh
THIS IS NOT PRESCRIPTION	r		<u>×</u>
*****	8		
***** Akron	0H 44306		
Tel:********			
	ePrescription	Receipt Copy Only - New Rx	
****			Date: 01/17/2012
123 ******* Akron, C	DH 44306		
DOB: *******			
Tel: ********			
Drug Store, Akron, OH 44306, NCPDP ID: ******	Tel:******* Fax: ****	*****	
Pr			
Meetin	on 60 MG Tablet 60 N	filligram	
Dien: *	**120*** Tablet Durat	ion: 30 day(s)	
Sig. T	ake 1 tablet every 4 hrs	Orally	
	ace I havier every 4 hav	or any	
Refills: ***1***			
SPI#: *********			
NPI#: ********			
Derr. TTTTTTTTT			
Status: 900, Transaction Failed - Re	jected by Receiver	(2012-01-17T18:37:36.5Z)	
Message ID: **********	************ Messa	ge Send Date:2012-01-17T13:37:36Z	
Prescriber Order No: *****	****		
			•
Status: 900, Tran	saction Failed - Rejecte	d by Receiver	(2012-01-17T18:37:36.5Z)
Massage Di tit		LAND Maccage	Sand Data 2012 01 177120
message m: ***		wiessage	Senii Dale:2012-01-17115.
Prescriber Orde	r No: *******	*****	
		Chara	
Print Preview Print		Floze	

# Troubleshooting

Q: I am not able to view the detail of the Error Message and am not able to correct the problem?

Please create a case on my.eclinicalworks.com.

#### Q: The error message displays a number other than 900?

If the message is difficult to interpret, please create a case on my.eclinicalworks.com. Be sure to include the Message ID Number listed below the error:



Q: I have corrected the error, but I get a similar error message the next time I send an e-prescription using the corrected information. What should I do?

Please create a case on my.eclinicalworks.com, and be sure to include the Message ID number noted above.