# eClinicalWorks

# IMPORTANT CHANGES FOR SURESCRIPTS SUBMISSIONS THROUGH eCLINICALWORKS

**MARCH 2012**

## Overview

According to the *Surescripts New Computer Generated (CG) Fax Policy* communication distributed by Surescripts® ([www.surescripts.com](www.surescripts.com)), 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 $600_1$) into CG-faxes indefinitely. On the other hand, Surescripts has determined that the remaining faxable-error message types (i.e., error code $900_2$) 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 [my.eclinicalworks.com](my.eclinicalworks.com) 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 **TWO-character state code**; cannot contain spaces or punctuation (*e.g.,* NY, MA) |
| **ZIP Code** | Patient ZIP Code, Provider ZIP Code, Facility ZIP Code, and Pharmacy ZIP Code must be valid and: <br><br>**FIVE** digits: *e.g.,* 01581 <br>OR <br>**NINE** digits: *e.g.,* 02767-1403 <br><br>ZIP Code cannot contain spaces; hyphen is allowed for nine-digit codes. |
| **Phone Number** <br> **Fax Number** | Must be **10 digits**; hyphen is allowed as eCW removes it by default when sending e-Prescription. |
| **Facility Name** <br> **Pharmacy Name** <br> **Pharmacy Address Line 1** <br> **Provider** <br> **Facility** <br> **Patient Address** | Cannot exceed **35 characters**; includes spaces. Names can include hyphens, but cannot include apostrophe (*e.g.,* O'Connor should be entered as OConnor) |
| **Provider DEA Number** <br> **Provider NPI Number** | Must be valid number; multiple DEA or NPI numbers are **NOT ALLOWED** in the same field. |
| **Patient's DOB** | Must be a valid date format (*e.g.,* **MM/DD/YYYY**) |
| **SIG** | Combination of *Take + Route + Frequency*; cannot exceed **135 characters** including spaces. |
| **Duration/Day Supply** | Maximum of **999 characters**; format must be: <br>Numeric Value[[SPACE]]Unit. <br>(*e.g.,* 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 Tablets | 120Tablet |

# 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 | Type |
|---|---|---|
| 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 |
|---|---|---|
| | 5081111111 | Sam Willis, MD |

| Email | Primary Service Location | Languages Spoken ▽ |
|---|---|---|
| | Test Facility ▾ | English |

Network Affiliation
--Select-- ▾

○ Male
◉ Female

☐ Resident

▽ Tax ID Details

Tax ID Type
○ Social Security No.  ◉ Employer ID Number  ○ Corporate name, but Social Security Number

| Provider Tax ID : | NPI | UPIN |
|---|---|---|
| 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# ⊘
86465484

▽ Login Info

| Username * | Status |
|---|---|
| mary | Active ▾ |

▽ eClinicalMobile Access

☐ Enable eClinicalMobile Access
**Please note: Once eClinicalMobile access is enabled provider will have to go to 'My Settings' screen to complete the account creation.**

[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:

## 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:



**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:
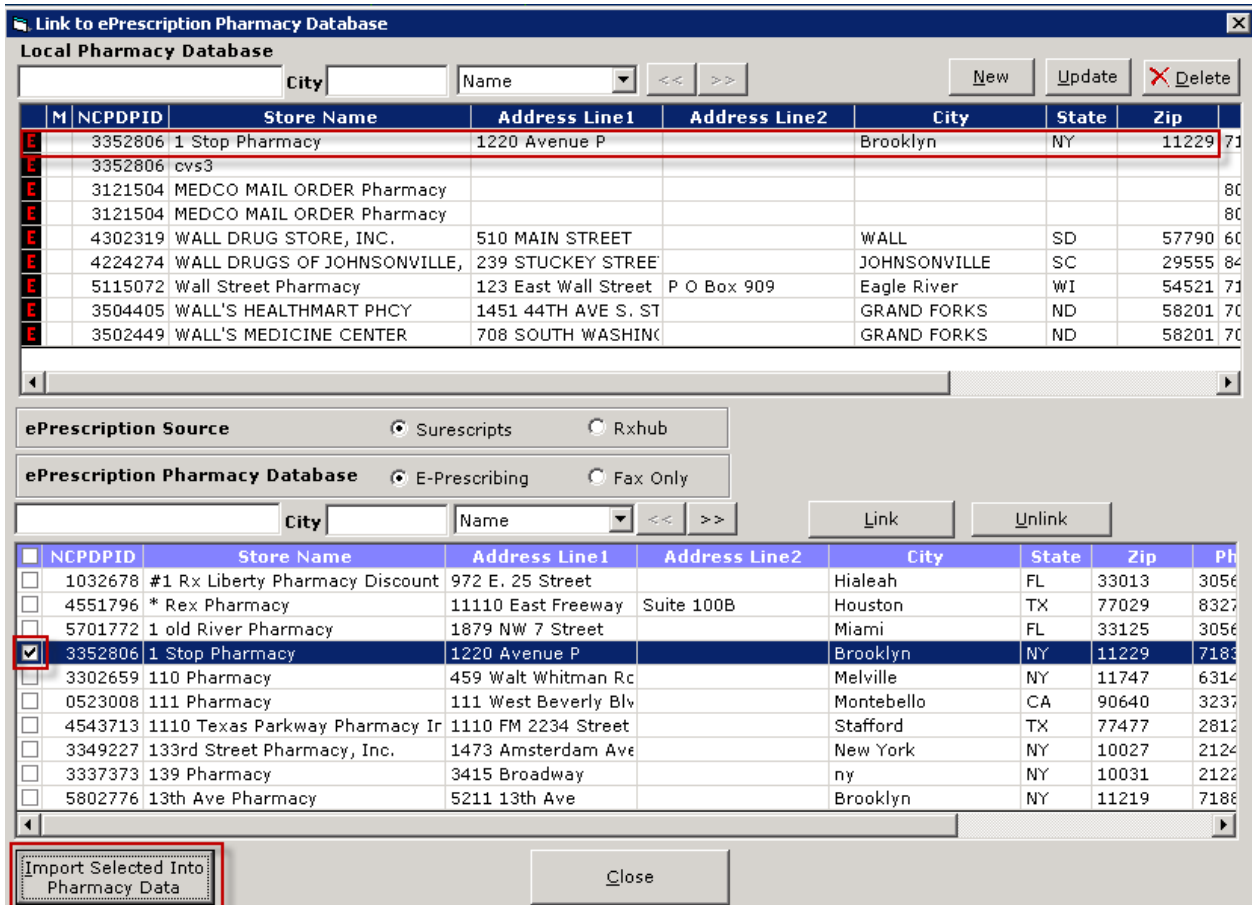
# Facility-Related Errors

**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:



## 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:
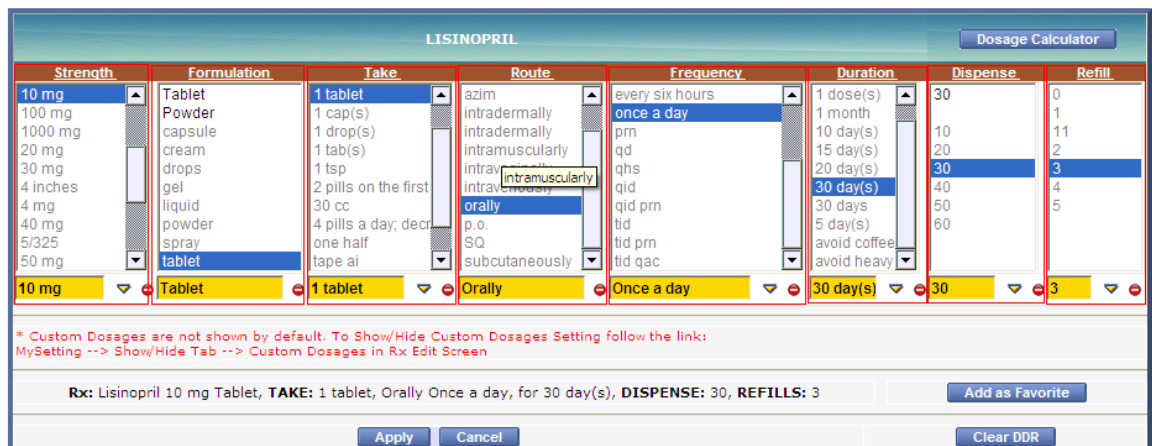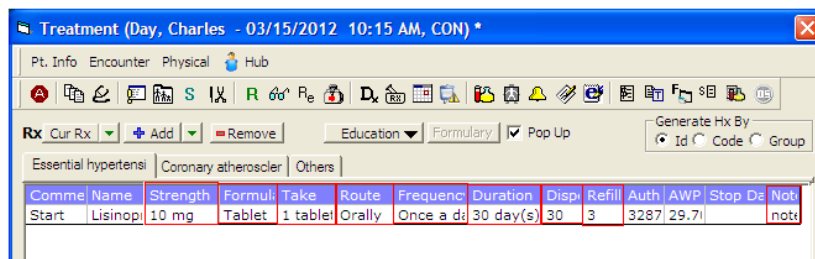


**Note:** Custom prescriptions **can** be e-prescribed if linked with Multum®/Medi-Span® Medication/NDC code.

# 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

# 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.