

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), 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 – December 15, 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 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 (<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: <p style="text-align: center;">FIVE digits: <i>e.g.</i>, 01581 OR NINE digits: <i>e.g.</i>, 02767-1403</p> ZIP Code cannot contain spaces; hyphen is allowed for nine-digit codes. |
| Phone Number Fax Number | Must be 10 digits ; 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 35 characters ; 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 NOT ALLOWED in the same field. |
| Patient's DOB | Must be a valid date format (<i>e.g.</i> , MM/DD/YYYY) |
| SIG | Combination of <i>Take + Route + Frequency</i> ; cannot exceed 135 characters 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: | |
| | <i>CORRECT</i> | <i>INCORRECT</i> |
| | 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:

Changes Affecting eClinicalWorks Users

▼ Personal Info

| | | |
|---|---|---|
| Last Name * <input type="text" value="Jones"/> | First Name * <input type="text" value="Mary"/> | Middle Initial <input type="text"/> |
| Prefix <input type="text" value="Dr."/> | Suffix <input type="text"/> | Degrees/Credentials <input type="text" value="MD"/> |
| Taxonomy Code <input type="text" value="103G00000X"/> | Specialty <input type="text" value="Aerospace Medicine"/> | Provider Initials <input type="text" value="MJ"/> |
| Date of Birth <input type="text" value="08/31/1983"/> | Social Security No <input type="text"/> | Type <input type="text" value="Select Type"/> |
| DEA Number <input type="text" value="864654186"/> | DEA Active Date <input type="text" value="01/01/2012"/> | DEA Term Date <input type="text" value="01/01/2013"/> |
| Mailing Address <input type="text" value="1 main st"/> | City <input type="text" value="Westboro"/> | State <input type="text" value="MA"/> |
| Zip Code <input type="text" value="01581"/> | Home Phone <input type="text"/> | Mobile <input type="text"/> |
| Pager <input type="text"/> | Fax No. <input type="text" value="5081111111"/> | Print Name <input type="text" value="Sam Willis, MD"/> |
| Email <input type="text"/> | Primary Service Location <input type="text" value="Test Facility"/> | Languages Spoken ▼ <input type="text" value="English"/> |
| Network Affiliation <input type="text" value="-Select-"/> | <input type="radio"/> Male <input checked="" type="radio"/> Female | <input type="checkbox"/> Resident |

▼ Tax ID Details

| | | |
|--|---|--|
| Tax ID Type <input type="radio"/> Social Security No. <input checked="" type="radio"/> Employer ID Number <input type="radio"/> Corporate name, but Social Security Number | | |
| Provider Tax ID : <input type="text" value="856565656"/> | NPI <input type="text" value="2135647892"/> | UPIN <input type="text" value="111111"/> |
| EMCProviderID <input type="text" value="1354"/> | Organization Type <input type="text" value="Solo Practice"/> | Billing Facilities <input type="text" value="Westborough Medicine"/> |
| Medicare GRP# (or PIN#) <input type="text" value="564564564"/> | Medicaid GRP# (or PIN#) <input type="text" value="5648748942"/> | Mammography Cert No. <input type="text" value="654161894"/> |
| Champus GRP# (or PIN#) <input type="text" value="854489454641"/> | Blue Shield GRP# (or PIN#) <input type="text" value="864561564"/> | Tax ID Suffix / Provider Site ID <input type="text" value="4864861564"/> |
| Specialty License <input type="text" value="6848641564"/> | Anesthesia License <input type="text" value="4456486748"/> | DPS# / CTP# ? <input type="text" value="864864864186"/> |
| State License <input type="text" value="86748674864"/> | License Active Date <input type="text" value="01/01/2012"/> | License Term Date <input type="text" value="01/01/2013"/> |
| Prescriptive Auth# ? <input type="text" value="86465484"/> | | |

▼ Login Info

| | |
|--|--|
| Username * <input type="text" value="mary"/> | Status <input type="text" value="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

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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: Day Referring Provider: Charles,Andrew [Clear]

First Name: Charles MI: [] Referring 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: [] Sex: M [Male] [Transgender]

City: Westborough Marital Status: Single

State: MA Zip: 01581 Country: [] Social Security: - - Parent Info

Home Phone: 508-123-0813 Cell No: 508-203-8108 Employer Name: [Clear]

Work Phone: - - Ext: [] 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

Name: Day, Charles Emergency Contact: []

Relation: 1 Self - patient is the insured Acct Balance: 0.00 [Details] [Gr. Bal]

Last Appt: 03/15/2012 10:15 AM Patient: 0.00 [Acc Inquiry]

Next Appt: []

Insurances IE New Case

Fee Schedule: [] Self Pay: [Add] [Update] [Remove]

| | Name | State | Subscriber No | Rel | Insured | Co Pay | Group No |
|---|------|-------|---------------|-----|--------------|--------|-------------|
| P | BCBS | MA | 567892027 | 1 | Day, Charles | 15.00 | 24084081084 |

Release of Information: [] [] [] [] []

Rx History Consent: U [Scan]

Signature Date: / /

Advance Directive: [] [] []

Additional Info Alert Misc Info Options P.S.A.C [OK] [Cancel]

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*

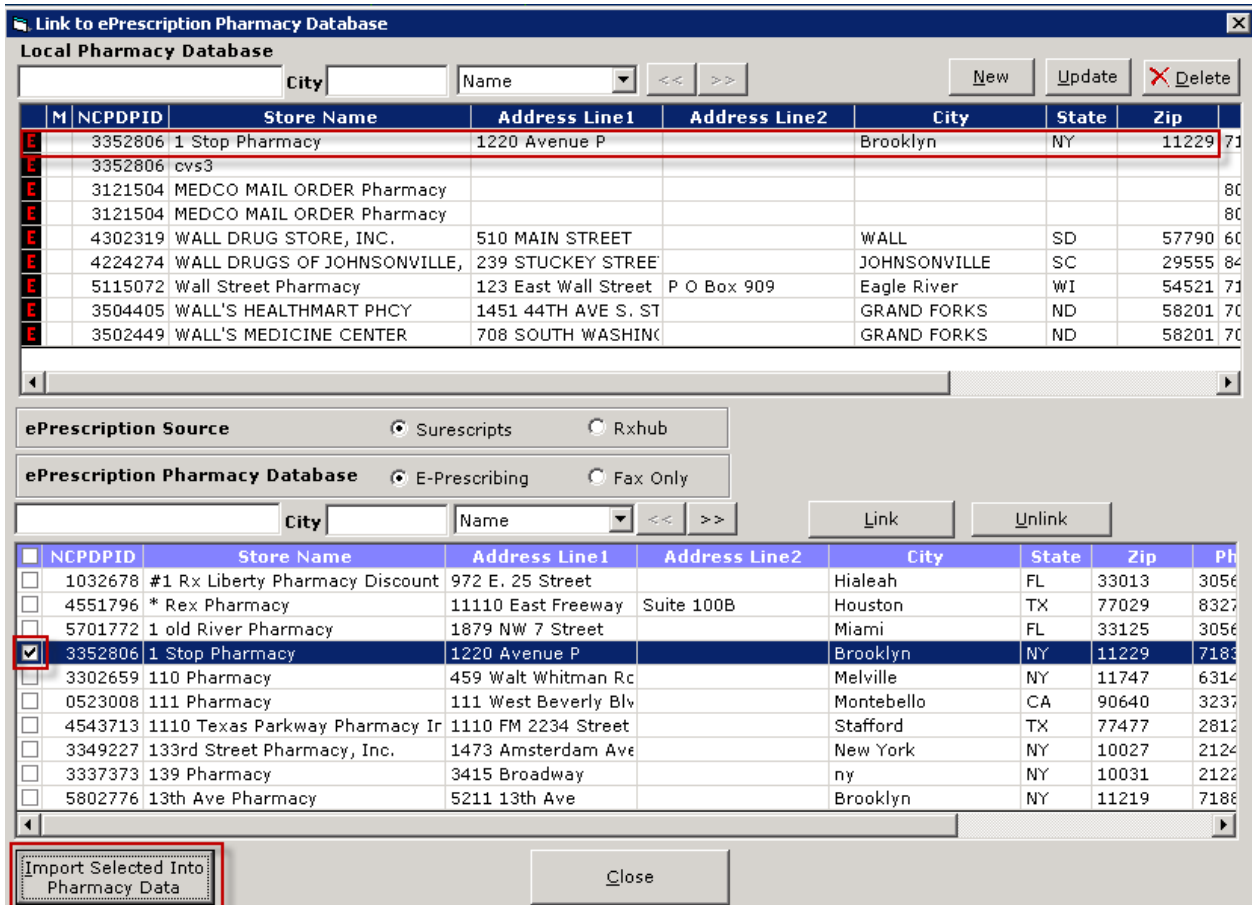
If Surescripts Error Code 900 displays in relation to Pharmacy details:

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:

The screenshot shows a dialog box titled "Update Pharmacy" with a close button (X) in the top right corner. The dialog contains the following fields and controls:

- Name: CVS
- Mail Order Pharmacy:
- Address: 232 K
- Address2: (empty)
- City: Westborough
- State: MA
- Zip Code: 01581
- Phone: 555-552-5555
- Fax: 1 - 555-556-5555
- E-mail: (empty)
- NCPDP ID: (empty)
- ePrescribe Enabled:
- Buttons: OK, 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:



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:

The screenshot shows the 'Facility Information' dialog box with the following data:

- Name: Test Facility
- Type: Practicing Facility
- Code: TF
- Primary Practice:
- Street Address:
 - Address Line 1: 78 Turnpike Road
 - Address Line 2: Suite 114
 - City: Westborough
 - State: MA
 - Zip: 01581
 - Country: (If US Leave Blank)
- Telephone: 508-465-4848
- Fax: 508-465-1564
- E-mail: (empty)
- Notes: (empty)
- Start Date: 1/28/2010 mm/dd/yyyy
- Service Location Qualifies for Health Professional Shortage Area (HPSA) Incentive:
- HPSA Modifier: (empty) (AQ/AR)
- Exclude Charges from Patient/Guarantor Statements:
- Messenger Phone Numbers:
 - Messenger CallerId Number: 508-064-4621
 - Messenger Operator Number: 508-546-1654

Dosage-Related Errors

Dosage fields affected by this change:

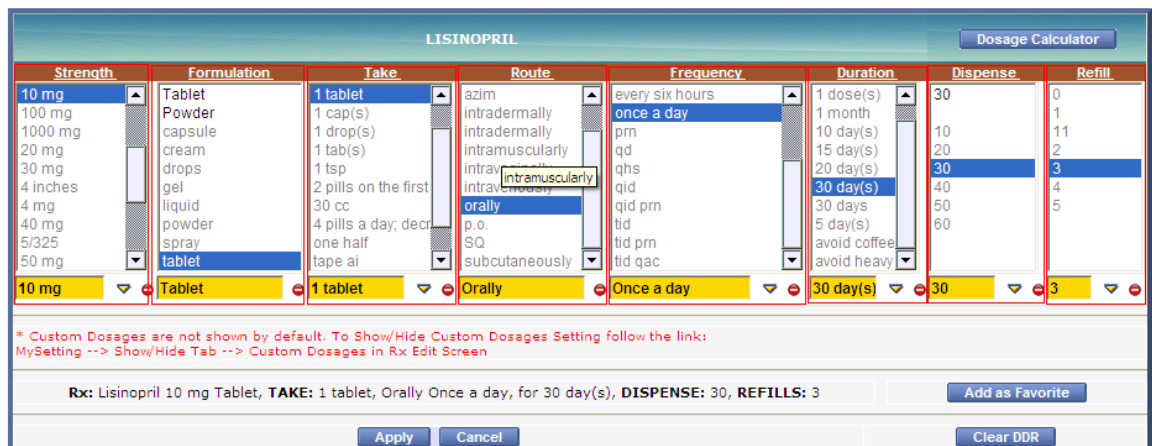
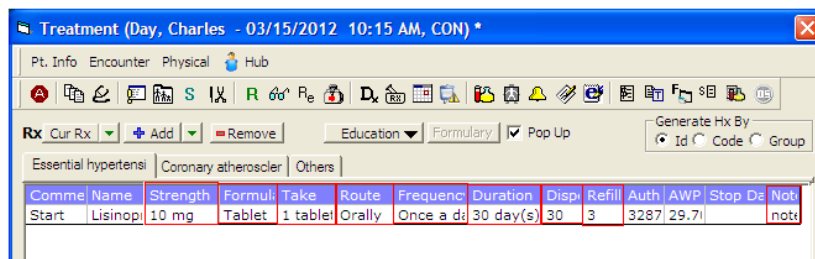
- Medication Strength
- Medication Formulation

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- 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

The screenshot shows the eClinicalWorks interface with a prescription receipt and a 900 error message. The receipt includes patient information, a prescription for Mestinon 60 MG Tablet, and refills. The error message, highlighted with a red box, states: "Status : 900, Transaction Failed - Rejected by Receiver (2012-01-17T18:37:36.5Z) Message ID: ***** Message Send Date:2012-01-17T13:37:36Z Prescriber Order No:*****". A red arrow points from this error message to a larger, more detailed error message box at the bottom, which contains the same error text: "Status : 900, Transaction Failed - Rejected by Receiver (2012-01-17T18:37:36.5Z) Message ID: ***** Message Send Date:2012-01-17T13:37:36Z Prescriber Order No:*****".

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:

Status : 900 Transaction Failed - Rejected by Receiver (2012-01-17T18:37:36.5Z)
Message ID: ***** Message Send Date:2012-01-17T13:37:36Z
Prescriber Order No:*****

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.