

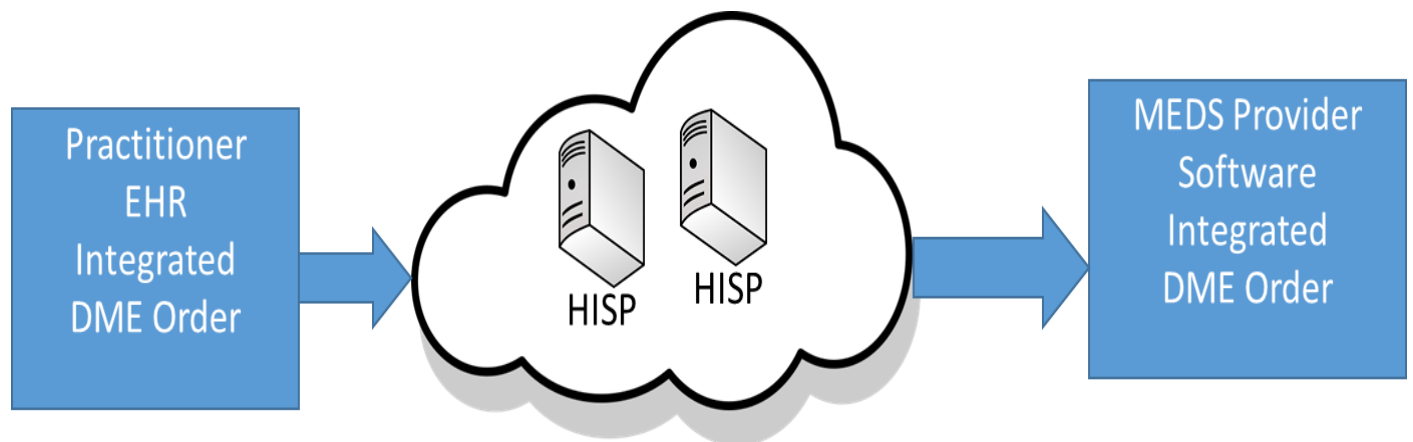
CT DSS DME Implementation Guide

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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.

Table 1

Metadata Elements Order Submission

The DME Order metadata elements is consistent with the EMDI Implementation Guide DME 22 Nov 2016.

<u>Elements Guide Metadata</u>	<u>Element (Optional or Required)</u>	<u>EMDI Implementation</u>
1. Id Metadata Element	Optional	Order Submission
2. Status	Optional	
3. Item Description	Optional	
4. Medical Justification	Optional	
5. Comments Metadata Element	Optional	Order Submission
6.		
7. Signed By Metadata Elements	Required	Signature Request
8. Created Date Metadata Elements	Required	Signature Request
9. Signature Date Metadata Elements	Required	Signature Request
10. File Attachments Metadata Element	Optional	Order Submission
11. Supplier		
a. Name Metadata Element	Required	Order Submission
b. Email Metadata Element	Required	Order Submission
c. Address 1 Metadata Element	Required	Order Submission
d. Address 2 Metadata Element	Optional	Order Submission
e. City Metadata Element	Required	Order Submission
f. State Metadata Element	Required	Order Submission
g. Zip Metadata Element	Required	Order Submission
h. Phone Metadata Element	Required	Order Submission
12. Practitioner		

a.	Name Metadata Elements	Required	Signature Request
b.	NPI Metadata Elements	Required	Signature Request
c.	Address Metadata Elements	Required	Signature Request
d.	City Metadata Elements	Required	Signature Request
e.	State Metadata Elements	Required	Signature Request
f.	Zip Metadata Elements	Required	Signature Request
g.	Phone Metadata Elements	Required	Signature Request
13.	Patient		
a.	Member Id Metadata Element	Required	Order Submission
b.	First Name Metadata Element	Required	Order Submission
c.	Last Name Metadata Element	Required	Order Submission
d.	DOB Metadata Element	Required	Order Submission
e.	Address Metadata Element	Required	Order Submission
f.	City Metadata Element	Required	Order Submission
g.	State Metadata Element	Required	Order Submission
h.	Zip Metadata Element	Required	Order Submission
i.	Care Type	Required	
14.	Supply Order		Order Submission
	Metadata Element		
a.	Product Description	Required	
b.	Quantity	Required	
c.	Length of Need	Optional	
d.	Frequency	Optional	
15.	Diagnosis Code		Order Submission
	Metadata Element		
a.	Code Type	Required	
b.	Code Value	Required	
16.	File Attachment	Optional	Order Submission
	Metadata Element		

- 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:	<input type="text"/>	NPI:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Phone:	<input type="text"/>
Zip:	<input type="text"/>		

Vendor Information

Vendor:	<input type="text" value="Select"/>	Send To:	<input type="text"/>
Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text" value="Optional"/>
City:	<input type="text"/>	State:	<input type="text" value="Select"/>
Phone:	<input type="text" value="Optional"/>	Zip:	<input type="text" value="55555"/>

Member General Information

Member ID:

Type:

First Name:

Last Name:

Date of Birth:



Address:

City:

State:

Zip:

Diagnosis Code

ICD 10 Enter Code

Supply Order

Product Description: <input type="text"/> <small>(Up to 50 characters)</small>	Special Options/Add Ons: <input type="text" value="Optional"/> <small>(Up to 50 characters)</small>	
Quantity: <input type="text" value="1"/>	Frequency: <input type="text" value="Select"/> <small>(Optional)</small>	Length of Need: <input type="text"/> <small>(Ex:2 days, wks, etc.)</small>
<input type="button" value="Add To Order"/> <input type="button" value="View All"/>		

Item Description

Optional (Up to 2000 characters)

Medical Justification

Optional (Up to 2000 characters)

Attachments

Choose File No file chosen

Attach 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

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:complexType>
</xs:element>
<xs:element name="Practitioner" minOccurs="1" maxOccurs="1">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="Name" type="xs:string" minOccurs="1" />
      <xs:element name="NPI" type="xs:string" minOccurs="1" />
      <xs:element name="Address" type="xs:string" minOccurs="1" />
      <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="1" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="Patient" minOccurs="1" maxOccurs="1">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="MemberId" type="xs:string" minOccurs="1" />
      <xs:element name="FirstName" type="xs:string" minOccurs="1" />
      <xs:element name="LastName" type="xs:string" minOccurs="1" />
      <xs:element name="DOB" type="xs:string" minOccurs="1" />
      <xs:element name="Address" type="xs:string" minOccurs="1" />
      <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="CareType" type="xs:string" minOccurs="1" />
    </xs:sequence>
  </xs:complexType>

```



```

</xs:element>
<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>
  </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: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>
</xs:schema>
```

Appendix C

Contact SES for API