



**Connecticut Department of Social Services**  
**Medical Assistance Program**  
[www.ctdssmap.com](http://www.ctdssmap.com)

**Provider Bulletin 2009-32**  
**August 2009**

**TO: Pharmacies, Physicians, Nurse Practitioners, Dental Providers, Optometrists, Podiatrists, Clinics, and Hospitals**  
**RE: Electronic Prescribing (e-Prescribing) Program**

The purpose of this bulletin is to provide important information on the Department of Social Services' new e-Prescribing Program that is being implemented in October 2009 for all of the Connecticut Medical Assistance Programs.

e-Prescribing allows licensed authorized practitioners, clinics, hospitals and pharmacies to provide enhanced patient service and ensure medication safety by streamlining practice workflows through the efficiency of electronic medication orders, receiving pharmacy program benefits for the patient and obtaining patient medication history information.

Licensed Authorized Practitioner means any physician or other licensed practitioner who is authorized to prescribe drugs within the scope of his or her professional practice as defined and limited by Federal and State law.

Beginning October 2009, DSS will be a certified payer in the Surescripts network. Surescripts operates the country's largest electronic prescribing network.

Through the Surescript network, the e-Prescribing technology is securely linked to the Connecticut Medicaid Management Information System (MMIS). Surescripts electronically routes up-to-date patient eligibility, medication history, and information about how the different pharmacy programs cover specific medications at every point of care.

This will allow providers who currently use an approved e-Prescribing system access to Medical Assistance Program client's eligibility, formulary, and medication claims history for:

- Medicaid (Fee-For-Service),
- HUSKY A and HUSKY B,
- State Administered General Assistance Program (SAGA),
- Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE),
- Connecticut Aids Drug Assistance Program (CADAP), and
- Charter Oak.

Hospitals and clinics will need to become certified directly with Surescripts so that the licensed authorized practitioners in your facilities may access the e-Prescribing information. Contact Surescripts at 866-797-3239 or online at [www.surescripts.com](http://www.surescripts.com)

**e-Prescribing Client Eligibility Information**

Connecticut Medical Assistance Program licensed authorized practitioners, clinics and hospitals will use your valid National Provider Identification number (NPI) to access real-time eligibility information for CT Medical Assistance Program clients.

Patient and eligibility data will be transmitted through Surescripts using the HIPAA compliant X12N 270/271 standard Health Care Eligibility Benefit Inquiry and Response transaction. Eligibility information will be retrieved from Surescript's Master Patient Index (MPI). The MPI is a directory of patients with minimal demographic information (name, date of birth, gender, and zip code). This demographic information is used by matching algorithms to identify data sources (such as insurance plans or PBMs) that have medication history and formulary benefit information for the specific patient.

To access a CT Medical Assistance Program client's eligibility information via Surescripts, ***providers must include the client's identification number from their CONNECT, ConnPACE or Charter Oak card and the client's date of birth on the eligibility request.*** Social Security Numbers will not be a data element used in retrieving eligibility information in e-Prescribing. ***Other key elements that are recommended for submission on the request are the client's first name, last name, zip code, and gender.***

In the event that a client is not found on Surescript's MPI the provider will receive a response in the 271 transaction stating "Patient not found". Eligibility requests for future dates of service will also return a rejected response in the 271 transaction.

**e-Prescribing Medication History Information**

Connecticut Medical Assistance Program licensed authorized practitioners, clinics and hospitals will use your valid NPI to access CT Medical Assistance Program clients' medication history. Providers will have access to two (2) years of medication history. Medication history transactions will be processed using the NCPDP Script 8.1 HIPAA standard transaction.

***As a reminder, medication history is classified as Protected Health Information (PHI) under HIPAA. HIV/mental health information may be disclosed within this transaction and confidentiality of this information is protected by state law which prohibits***

Questions? Need assistance? Call the EDS Provider Assistance Center Mon.-Fri. 8:00 a.m. – 5:00 p.m.  
In-state toll free 800-842-8440 or Out-of-state or in the local Farmington, CT area 860-269-2028  
Or write to EDS, PO Box 2991, Hartford CT 06104 / Program information at [www.ctdssmap.com](http://www.ctdssmap.com)



***re-disclosure without specific written consent of the client.***

The Coordination of Benefits segment of the NCPDP transaction is used to communicate any starting and ending dates which the requestor of the medication history has asked to be applied in order to limit the time-frame of the history that will be received. This segment is also where the provider confirms they have received the client's consent to access their medication history.

**Field COO-090 – Date/Time Period Qualifier –** These fields must be populated in the CCYYMMDD format to indicate the effective date and expiration date of the requested medication history. These fields are optional, but if used both dates must be present. If this element is not present on the request transaction, or if only one date is present, the most recent (up to 50) claims will be returned in the corresponding response transaction. The MMIS will limit its searches for medication history to the two years prior to the date on which the medication history request transaction is received.

**Field COO-130 – <Consent> Condition/Response Coded -** This field must always contain one of the following values to indicate that the client has given the prescriber authorization to access their medication history:

**“Y” – Consent given** - The MMIS will attempt to look up and return medication history for the patient when this value is used.

**“N” - No Consent** – The MMIS will not attempt to return medication history when this value is used – an ERROR response will be generated instead with a status type code of 900 (Transaction rejected) and an error code of 219 (COO Cannot process Medication History due to value of Condition/Response, Coded.).

**“X” - Parental/Guardian consent on behalf of a minor** - The MMIS will attempt to look up and return medication history for the patient when this value is used.

Any value found in this field other than those listed above will result in an error transaction with a status type code of 900 (Transaction rejected) and an error code of 124 (COO response code is invalid).

**e-Prescribing Pharmacy Benefit Information**

Connecticut Medical Assistance Program licensed authorized practitioners, clinics and hospitals will use your valid NPI to access real-time pharmacy programs benefit information. Benefit information will be at the prescriber's fingertips at the time of prescribing. This enables providers to:

- select medications that are on the formulary covered by the patient's pharmacy benefit,
- be informed of lower cost alternatives such as generic drugs and ultimately ensures that the staff in the pharmacy receives a “clean” script, and
- eliminate unnecessary phone calls from pharmacy staff to physician practices related to drug coverage.

Providers will access prescription benefit information through the software of their e-Prescribing vendor. For providers who are not currently using an e-Prescribing vendor, a list of certified vendors is available at the following website:

<http://www.surescripts.com/certification-status.html>.

Pharmacy program benefits information will be updated weekly. Providers with an existing e-Prescribing system should contact their Point-of-Care software vendors to determine their frequency for downloading pharmacy program benefits from Surescripts in order to ensure access to the most reliable, up-to-date information on each CT Medical Assistance pharmacy program. The types of pharmacy program benefits information available through e-Prescribing is summarized below:

**Prior Authorization**

All current medications requiring prior authorization (PA) will be identified for the provider at the time of prescribing.

**Preferred Drug List (PDL) Alternatives**

Providers will have access to the PDL formulary real-time. Providers will be able to identify which drugs are “non-preferred” and require PA. Preferred alternatives will be identified by drug name (*not* strength or dosage form) and the provider will be able to decide to either prescribe the preferred agent or to begin the prior authorization process in order to obtain coverage for the non-preferred drug.

**Resource Link**

Web links will be tied to specific drugs in each formulary. The web link for Prior Authorization forms will be provided for all drugs that currently require PA including Non-Preferred Drug (PDL), Optimal Dose, Synagis, and Serostim for the CADAP program.

**Coverage Text Message**

Text messages will be available to providers and allow specific messages to be conveyed about particular drugs. Examples include drugs that require diagnosis for coverage and drugs that are limited to once daily dosing.

**Quantity Limits**

Drugs that are limited by either quantity or days supply will be visible real-time.

**Age Limits**

Drugs where age restrictions are applicable for coverage will be visible real-time.

**Gender Restrictions**

Drugs where gender restrictions are applicable for coverage will be visible real-time. Gender restrictions are determined through the use of First Data Bank's clinical drug modules.

**Benefit Co-Pay**

Co-pay information will be identified for all State programs where co-pays are in effect. This includes ConnPACE (\$16.25 flat co-pay) and the HUSKY B and Charter Oak programs (tiered-co-pays based on generic and brand drugs). **Co-pay amounts identified are only an estimate of the client's liability.** Actual co-pay determination will be finalized during claims submission from the pharmacy.

**Submit the Prescription**

Once prescribers receive and review all of the patients' information, a prescription can be submitted electronically via your software vendor to the patients' pharmacy of choice. Prescriptions may also be rendered in the traditional prescription pad format and provided to the patient or faxed to the pharmacy.

Again, for providers who are not currently using an e-Prescribing vendor, a list of certified vendors is available at the following website:

<http://www.surescripts.com/certification-status.html>.

Providers looking for more information on e-Prescribing and its benefits can visit the Connecticut specific "Get Connected" website at <http://www.getrxconnected.com/CSMSIPA/site.aspx>.