



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Electronic Health Record

(EHR)

e-Prescribing Supplemental User Guide

Version 1.1 Patch 26
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Office of Information Technology
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Preface

The Indian Health Service (IHS) and Surescripts, LLC (SS) have entered into a partnership that will provide an electronic highway between IHS sites and community pharmacies participating in the Surescripts network. The implementation of this new functionality improves clinical workflows revolving around medication management for both the patient and provider. e-Prescribing functionality has been shown to reduce healthcare costs, improve patient safety, and increase efficiency when it comes to processing prescriptions

IHS released the prescribing of new prescriptions using eRx in the Electronic Health Record (EHR) patch 12 and APSP patch 1016. Renewal requests were added in APSP patch 1023 and EHR patch 25 but not deployed to the field. Also included in those patches is the ability for the e-prescribing of controlled substances. Due to continued difficulties in balancing Surescripts requirements and IHS workflow needs, renewal requests will remain disabled in this patch. This functionality will be enabled in a future release.

EHR patch 26 and APSP patch 1024 add the ability to receive Fill messages, and Cancel messages can be sent to Surescripts and ultimately the receiving pharmacy. In addition, all message types were updated to the required NCPDP SCRIPT® 2017071 standard.

1.0 Introduction

The purpose of this document is to provide the information needed for providers to send electronic prescriptions to Surescripts and to process inbound messages from pharmacies.

This manual contains reference information about e-prescribing processes and step-by-step procedures to show end users how to perform activities.

E-prescribing builds upon the already existing functionality of the RPMS-EHR ordering and medication components and the outpatient pharmacy suite within RPMS. Customization of EHR layout templates is allowed; therefore, some images within this manual may differ from the user's version. However, all functionality remains consistent throughout the e-prescribing process.

Medicare Part D officially adopted NCPDP SCRIPT® version 2017071 for electronic prescribing (ePrescribing) on January 1, 2020 and simultaneously retired SCRIPT® version 10.6. In order to meet this requirement, RPMS needed to update its code to both send and receive the new format. At the same time, it was decided to update the message types that IHS currently receives and/or sends and add in Fill message and Rx Cancel.

This document will include all of the types of e-prescribing and what providers will need to do to process these messages.

The Provider Mailbox was originally created to include Renewal and Rx Change messages. However, these messages will be implemented in a future release. Therefore, the Provider Mailbox will not be populated at this time. Likewise, the Surescripts Renewal Queue component will be empty at this time. These components will become active and available to populate in the future release.

2.0 New Rx Message

The New Rx message to Surescripts is an existing functionality. The provider selects the patient and visit, then selects a medication as usual. The **Medication Order** dialog will then display.

There is a series of option buttons below the clinical indication field that allow the provider to determine how the prescription will be finished. The **Outside Pharmacy - eRx** button is only enabled if certain conditions are met, as follows:

- The site is approved to do e-prescribing and the parameters are turned on.
- The Provider has a Surescripts Provider Identifier (SPI) number registered with Surescripts and the NewRx functionality is turned on for this provider.
- If ordering a controlled substance (CS), the site and provider have EPCS turned on and their hash is valid.

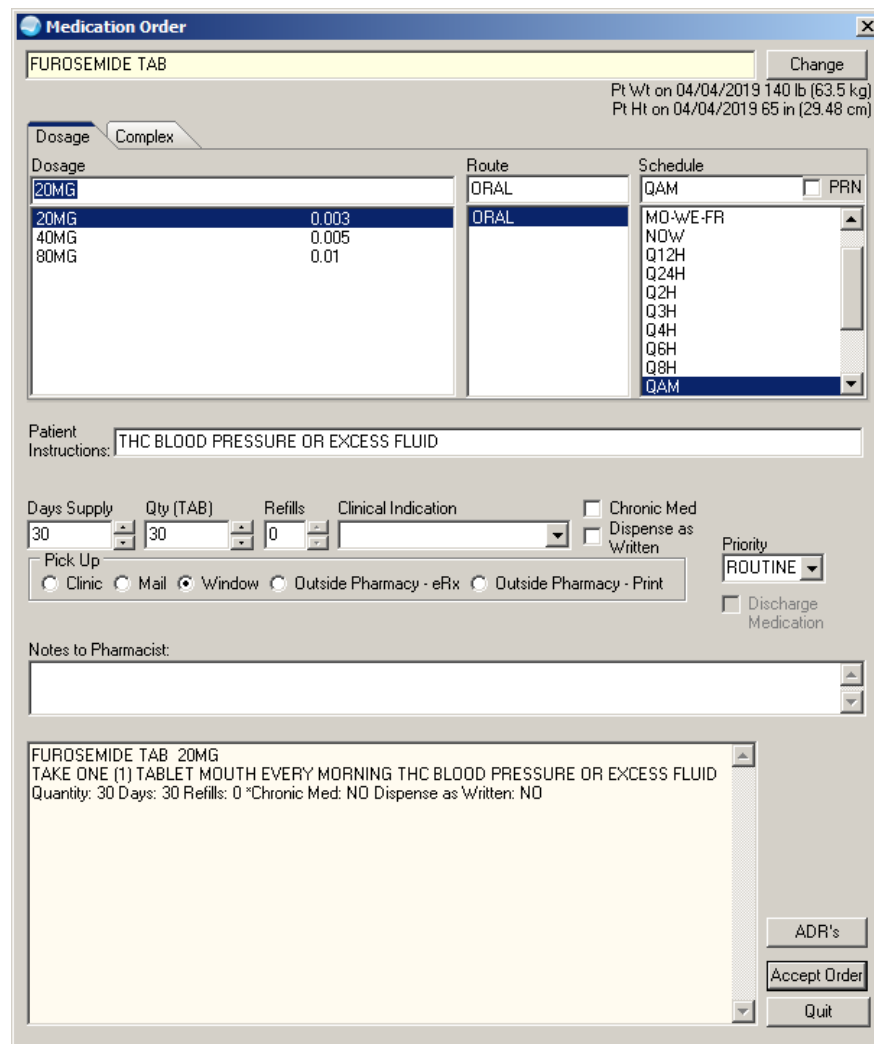


Figure 2-1: Medication Order dialog

After clicking the **Outside Pharmacy – eRx** button, a field will display for the user to select a pharmacy. If this patient has had previous eRx orders, the pharmacies used previously will display in the selection list.

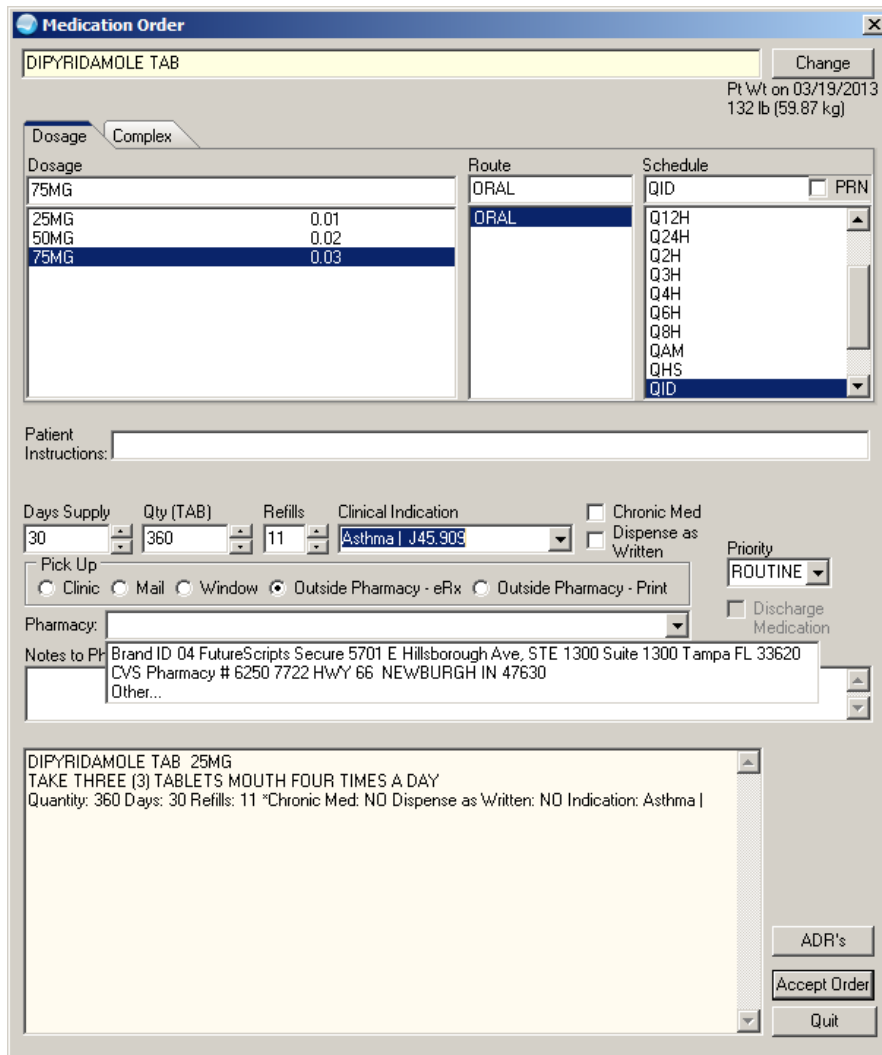


Figure 2-2: Previously used pharmacy list

If there are no previous pharmacies, select **Other** and a pharmacy selection dialog will display.

2.1 Pharmacy Selection

The **Select a Pharmacy** dialog contains information on all the pharmacies to which Surescripts can send prescriptions. There are many columns to this list, including Pharmacy, Address, City, State, ZIP Code, Fax, Voice, Distance, Type, and Service Level. Service level will list the types of messages the pharmacy can send and receive. If the Service level contains EPCS, then the pharmacy can accept CS prescriptions. The user may also sort the list by any of the columns by clicking on the column header. Clicking once sorts low to high or A–Z, while clicking a second time sorts high to low or Z–A.

Use the check boxes in the bottom portion to restrict the display to a distance from a defined ZIP code, a specific pharmacy name, or a specific city and state, or a combination of any of the preceding. The final parameter in this section allows a selection of all service levels or specific service levels.

Note: If ZIP code is selected and the APSP SS PHARMACY MAILORDER parameter is set, all mail order pharmacies are included.

The default search of within five miles of the facility ZIP code displays in Figure 2-3.

Note: The default ZIP code radius will adjust when the component is used and will thereafter default to the last used value.

Pharmacy	Address	City
LOVELACE OUTPATIENT PHARMACY	5400 GIBSON BLVD SE	ALBUQUERQUE
FillRite Pharmacy	4308 MacArthur Blvd	Albuquerque
Southwest CARE Center Pharmacy - Al	4710 Jefferson St NE Ste A	Albuquerque
EXPRESS SCRIPTS- QA Portal	123 Main Street	Palmetto
EXPRESS SCRIPTS- Integration Portal	456 Main Street	Palmetto
EXPRESS SCRIPTS HOME DELIVERY	457 Main Street	Palmetto
Careplus CVS/Pharmacy	1521 4th Avenue South	Birmingham
Workers Comp - EXPRESS SCRIPTS	255 Phillipi Rd	Columbus
CVS Caremark Inc (Mail Order)	9501 E Shea Blvd	Scottsdale
Humana Pharmacy Mail Delivery	4302 W BUCKEYE RD STE 109	PHOENIX
MedImpact Erix QA	1 Main St	San Diego
Location123	Company name	ciTY11
DPTUMRX MAIL SERVICE	2858 Loker Avenue East Suite #100	Carlsbad
1829 Downey	9521 Dalen Street, Room R	Downey
RDS Riverside 2	1001 Riverside Ave, Roseville, CA	CA
ALM MAIN	2417 Central Avenue	Alameda

Search Restrictions

ZipCode Facility Patient Other: 87110 Radius: 5 miles

Name Starts with Contains Exact

City, State City: State:

All Pharmacy Types Mail Order Fax Retail EPCS Special Long Term 24 Hour Compounding

Figure 2-3: Select a Pharmacy dialog

A search for pharmacies in Santa Fe, New Mexico displays in Figure 2-4.

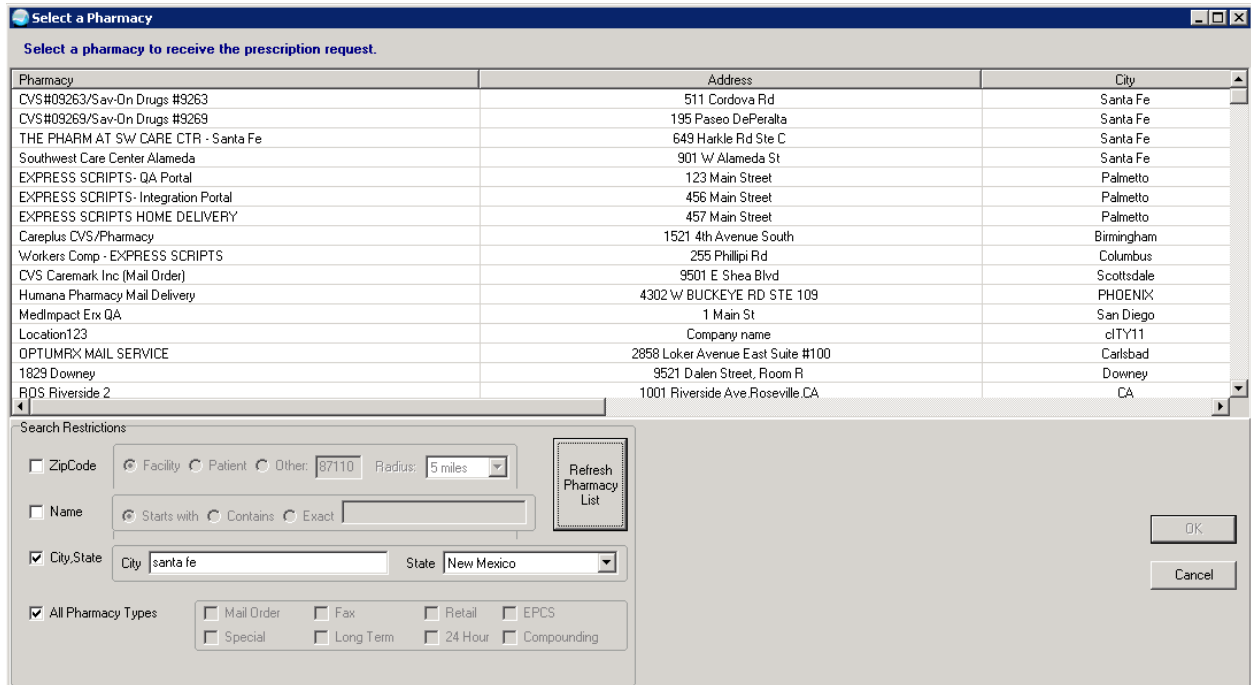


Figure 2-4: Search by City,State option

Note: Using too many of the available options together can cause the search to be so limited that the user will not find the desired pharmacy. In general, if the desired pharmacy does not display, try using fewer search criteria.

After selecting a pharmacy, the provider may select accept and sign the prescription. Before the **Accept Order** button will be available to select, the provider must scroll down through the review box to see what is actually being sent to Surescripts.

Medication Order

BUDESONIDE 160/FORMOTER 4.5MCG 120D INHL_ORAL Change

Dosage Complex

Dosage	Route	Schedule
1 PUFF BUDESONIDE 160/FORMOTER 4.5MCG 120D INH	INHALATION ORAL	BID <input type="checkbox"/> PRN
1 PUFF BUDESONIDE 160/FORMOTER 4.5MCG 120D INH	INHALATION ORAL	1-2 TIMES DAILY AT BEDTIME AT ONSET BEFORE BEDTIME BID NOW ON CALL ONCE ONSET OF HA Q12H

Patient Instructions: ****RINSE MOUTH AFTER USING****
 >> Quantity Dispensed: VA QTY = 1 <<

Days Supply: 60 Qty (GM): 1 Refills: 5 Clinical Indication: Asthma without status asthma Chronic Med Dispense as Written

Pick Up: Clinic Mail Window Outside Pharmacy - eRx Outside Pharmacy - Print Priority: ROUTINE

Pharmacy: Test000\ML4PharmacyStore 100 Giest Rd Indianapolis IN 46258 Discharge Medication

Notes to Pharmacist:

BUDESONIDE/FORMETEROL 160/4.5MCG MDI
 *BUDESONIDE 160/FORMOTER 4.5MCG 120D INH
 INHALE ONE (1) PUFF VIA INHALER TWICE A DAY ****RINSE MOUTH AFTER USING****
 Quantity: 1 Gram Days: 60 Refills: 5 *Chronic Med: YES Dispense as Written: NO Indication: Asthma without status asthmaticus Pharmacy: Test000\ML4PharmacyStore 100 Giest Rd Indianapolis IN 46258
 Date Written: 15-Oct-2019

RECEIVING PHARMACY: Test000\ML4PharmacyStore
 100 Giest Rd , Indianapolis, IN 46258
 P:3175559988

PATIENT:
 Demo, Patient One 24-Oct- F
 HC 81 BOX 21 A, ALB, NEW MEXICO 87119
 H:5555553698
 W:
 C:
 E:

PRESCRIBER:
 DEMO.PROVIDER MN
 2017 DEMO CLINIC
 1234567890 Longest Address Street Road40, ALBUQUERQUE, NEW MEXICO 87110-1234
 P:5052481111

*Order elements that are NOT transmitted to Surescripts Pharmacy

ADR's Accept Order Quit

Figure 2-5: Medication Order dialog – review box

2.2 Non-Controlled Substance Medications

The user will sign the medication order as usual, and no further authentication beyond the electronic signature code will be required. The order will be transmitted after the signature is applied.

2.3 Controlled Substance Medications

If ordering a CS medication, the EPCS rules will apply as described in the EHR v1.1 Patch 25 EPCS Supplemental User Guide.

If the controlled substance is schedule C-II and the BEHORX ENABLE EARLIEST FILL DATE is set to **Yes**, the provider will also see the **Earliest Fill Date** field. This field defaults to today. Providers may be able to order multiple C-II medications on the same day provided that:

- The total day’s supply is not greater than their state’s allowable limit, and
- The earliest fill dates do not overlap based on the day’s supply/quantity of each order.

The screenshot shows a 'Medication Order' window for MORPHINE TAB,SA. The patient's weight is 130 lb (58.97 kg). The dosage is 15MG, route is ORAL, and schedule is Q12H. The 'Earliest Fill Date' is set to 08-Feb-2019. The clinical indication is 'Congestive heart failure | I50.' The pharmacy is 'CVS Pharmacy # 6250 7722 Hwy 66 NEWBURGH IN 47630'. The form includes fields for Days Supply (30), Qty (TAB) (60), Refills (0), and Priority (ROUTINE). A 'Notes to Pharmacist' section contains the medication details and pharmacy information.

Dosage	Route	Schedule
15MG	ORAL	Q12H
30MG		
60MG		
100MG		
200MG		

Earliest Fill Date: 08-Feb-2019
Priority: ROUTINE
Pharmacy: CVS Pharmacy # 6250 7722 Hwy 66 NEWBURGH IN 47630

Notes to Pharmacist:
 MORPHINE 15MG SR TAB
 *MORPHINE TAB,SA 15MG
 TAKE ONE (1) TABLET MOUTH EVERY 12 HOURS THC PAIN
 Quantity: 60 Days: 30 Refills: 0 *Chronic Med: NO Dispense as Written: NO Indication: Congestive heart failure | Pharmacy: CVS Pharmacy # 6250 7722 Hwy 66 NEWBURGH IN 47630
 Date Written: 08-Feb-2019
 RECEIVING PHARMACY: CVS Pharmacy # 6250
 7722 Hwy 66 , NEWBURGH, IN 47630
 P:8128536141
 PRESCRIBER:

Figure 2-6: Earliest Fill Date for a C-II medication

If there is an overlap, the user will see a message indicating the earliest date the new order can be filled (Figure 2-7).

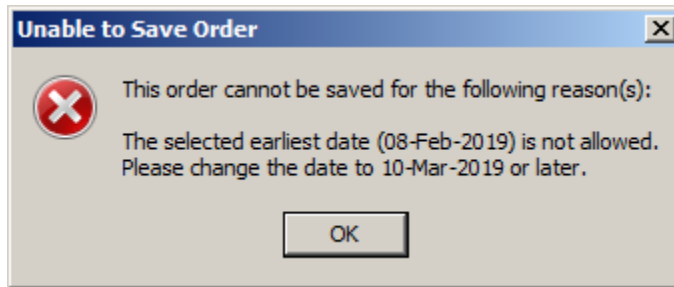


Figure 2-7: Unable to Save Order warning – earliest fill date too soon

Likewise, the user will see a message if no more orders may be entered on today's date (Figure 2-8).

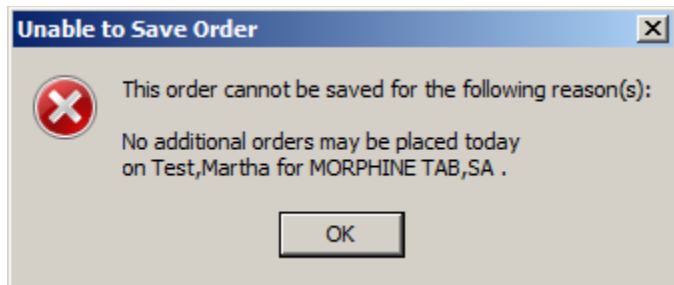


Figure 2-8: Unable to Save Order warning – no additional orders allowed

If the order is for a CS medication and the pharmacy selected does not participate in EPCS, an error message will display (Figure 2-9).

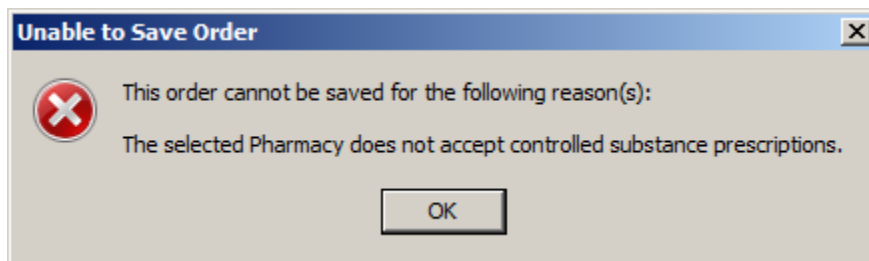


Figure 2-9: Unable to Save Order warning – Pharmacy does not participate in EPCS

Controlled substance orders will require the same two-factor authentication (2FA) process as required for in-house orders.

Review/Sign Changes for Test, Martha

TEST, MARTHA
 Date of Issuance: Feb 08, 2019
 Provider: USER, DEMO
 8100 RED BUD CT
 NEWBURGH, INDIANA 47630
 DEA: AU4267591

Signature will be applied to checked items
 All Orders Except Controlled Substance Orders

Orders -

LISINOPRIL TAB 20MG TAKE ONE (1) TABLET MOUTH EVERY DA

Controlled Substance Orders - Two-Factor authentication required

Orders -

MORPHINE TAB,SA 15MG TAKE ONE (1) TABLET MOUTH EVERY
 MORPHINE TAB,SA 15MG TAKE ONE (1) TABLET MOUTH EVERY
 MORPHINE TAB,SA 15MG TAKE ONE (1) TABLET MOUTH EVERY

By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

Electronic Signature Code:

If processing Surescripts, signature will be applied after action selected.

Figure 2-10: Review/Sign Changes dialog with CS orders and 2FA message

2.4 Transmission to Surescripts

The order is sent to Surescripts upon successful signing. The medication displays in the Medication Management component with a lightning bolt icon in the Process column. There will also be an X in front of the prescription number indicating it is filled outside the facility.

The Process icon will initially be a lightning bolt with a circle of dashes, meaning the order is being transmitted.



Figure 2-11: Transmission in progress icon

Once the transmission is received and an acknowledgement is sent back, a green check mark will display with the lightning icon.



Figure 2-12: Successful transmission icon

If the transmission fails, the lightning icon will have a red circle and line indicator.



Figure 2-13: Failed transmission icon

The provider will also receive a notification of the failed transmission. Processing the notification will open the **Transmission Failed** dialog. The provider can attempt to transmit it again, choose to print the prescription, or quit.

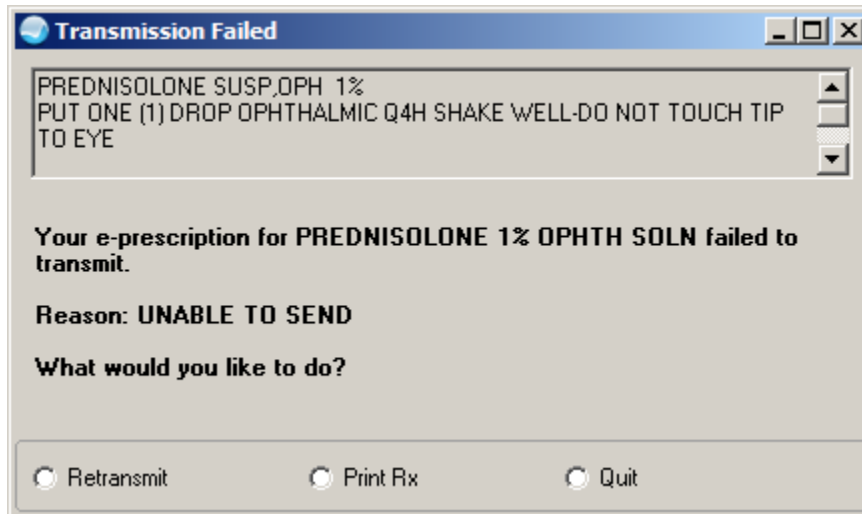


Figure 2-14: Transmission Failed dialog with options

3.0 Renewal Request/Response – Not Yet Enabled

This functionality is not yet enabled. This functionality will be enabled in a future release of the EHR.

The renewal request (REFREQ) is an inbound message from the pharmacy to the provider asking for a renewal of a medication because the patient is out of refills. The renewal requests may match up to an existing order, in which case the renewal order will be automatically created and the provider sent a notification to process this order; or the renewal request will not match up to an order and will be sent to the Surescripts Renewal Queue (see Section 4.0) for mapping prior to order creation. When the provider processes the request, a renewal response (REFRES) will be sent back to the pharmacy.

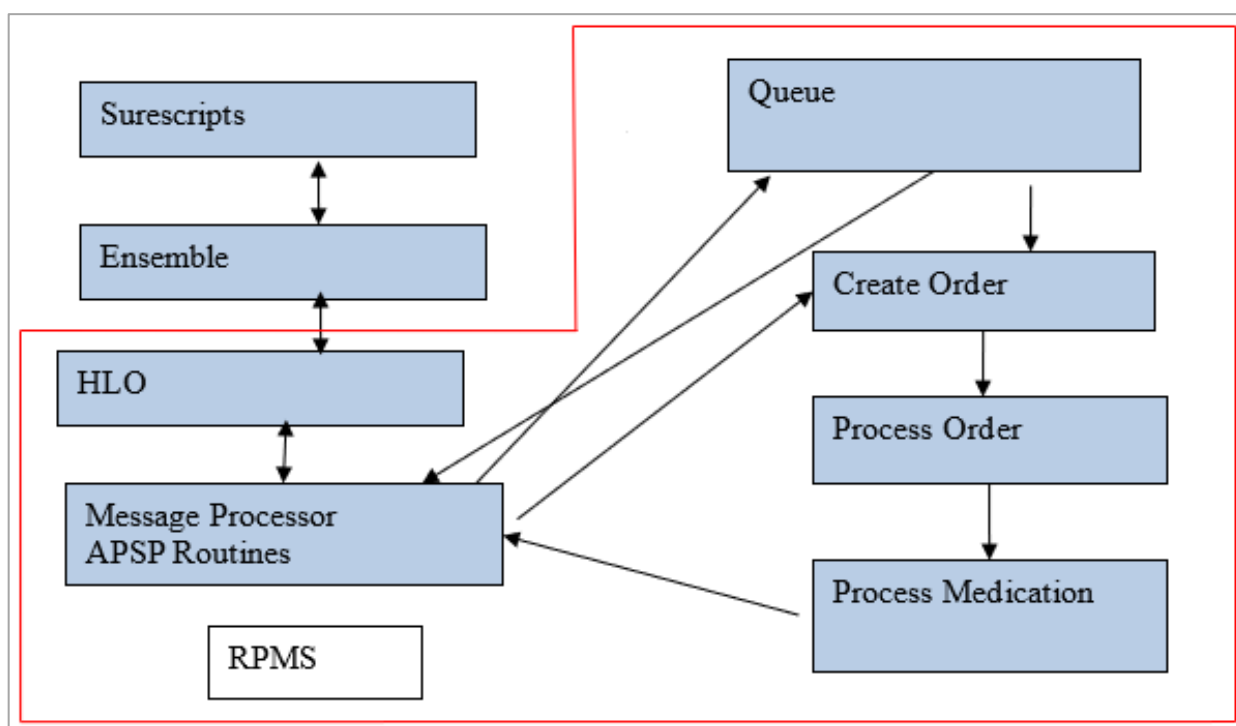


Figure 3-1: Renewal process flow

3.1 Receiving a Renewal Request

All renewal requests that come in are processed. RPMS parses the incoming request and compares the data to see if:

- A matching order exists in the database
- The patient name, birthdate, and sex match the patient in the request
- The provider matches

- The orderable item matches

If all four items match, the renewal order is created automatically based on data from the order in the database, and a notification is sent to the provider.

Surescripts does not allow orders to be automatically denied. If the items do not match, they must be sent to the Surescripts Renewal Queue (see Section 4.0). From there, a decision is made on what to do with them.

3.2 Processing the Renew Request Order

3.2.1 Notification

The provider will receive a new notification. This notification is based on the UNSIGNED ORDER notification, but it has specific wording to differentiate it from a regular unsigned order.

Notifications for All Patients						
⚠	Patient	Location	Notification	Delivered	Sent/Forwarded By	
⚠	DEMO_PATIENT EIGHT		Surescripts request requires electronic signature.	24-Oct-2019 15:07	POSTMASTER	
⚠	DEMO_PATIENT ONE-TWO		Surescripts request requires electronic signature.	12-Apr-2019 13:05	POSTMASTER	

Figure 3-2: Surescripts notification request – electronic signature required

Processing the notification will take the user to the order referenced in the notification. Right-clicking the order displays the option to process Surescripts.

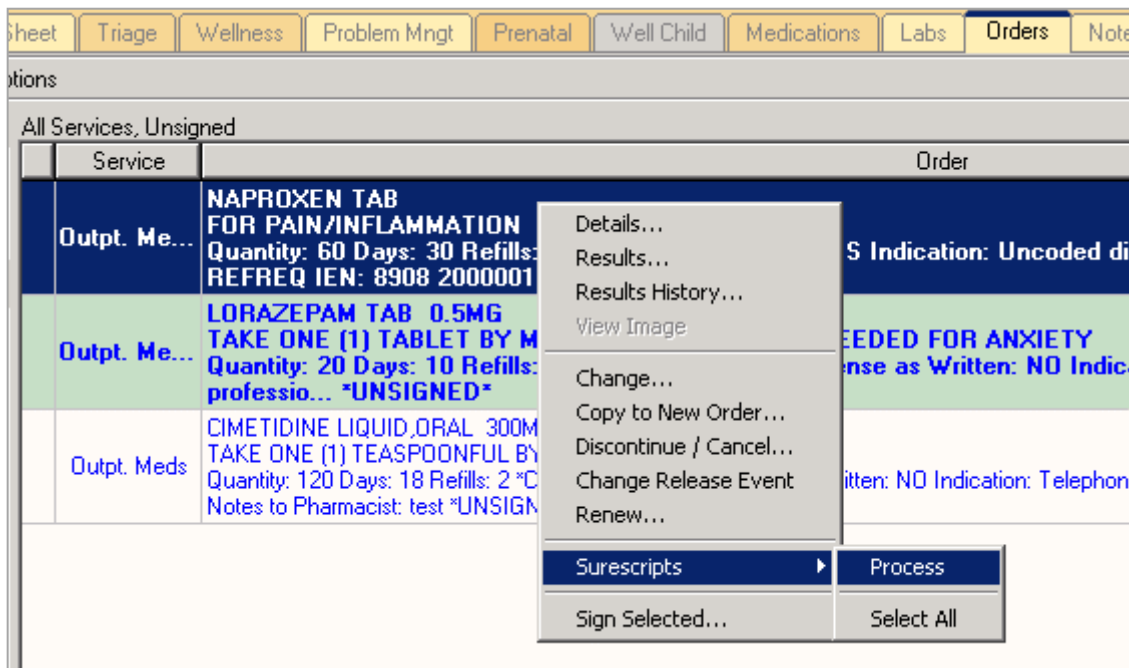


Figure 3-3: Surescripts Process option

Select the **Process** option to open the **Review/Sign Changes** dialog.

3.2.2 Signing the Surescripts Renewal Request

Like other Surescripts processes, the prescriber will apply an electronic signature before selecting a response.

The normal electronic signature code is used for most medications.

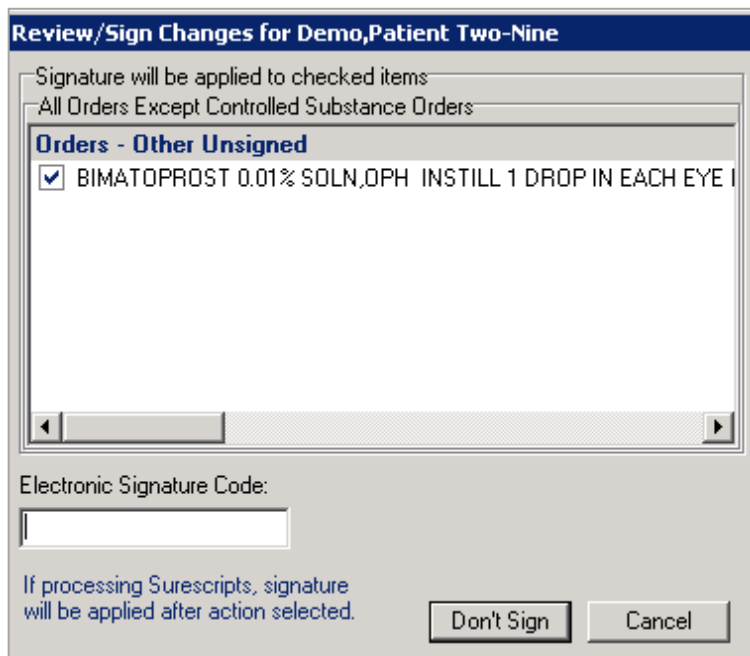


Figure 3-4: Review/Sign Changes dialog

However, for CS medications, the provider will need to complete 2FA using a token or PIV card and the associated PIN.

3.2.3 Renewal Response Options

After signing, the **Electronic Renewal request** dialog opens. The user will be presented with up to five actions on this order. The user will be able to view both what was ordered and what was dispensed. The renewal request is for the medication that was dispensed and may differ from the medication ordered.

The order created from the incoming request will have the dosage listed as “See Sig,” the route as “SEE SIG,” and the schedule as “AS WRITTEN.” This is because RPMS does not send a structured sig to Surescripts (i.e., with distinct and separate fields with standardized terms for dose, route, schedule, etc.). Therefore, the dispensed medication is also not structured and cannot be properly parsed to fit the existing RPMS fields. The provider must return what was dispensed, so the order created will be without a structured sig. The sig for the dispensed med may be seen in the **Dispensed Med** field and in the review box below the order components.

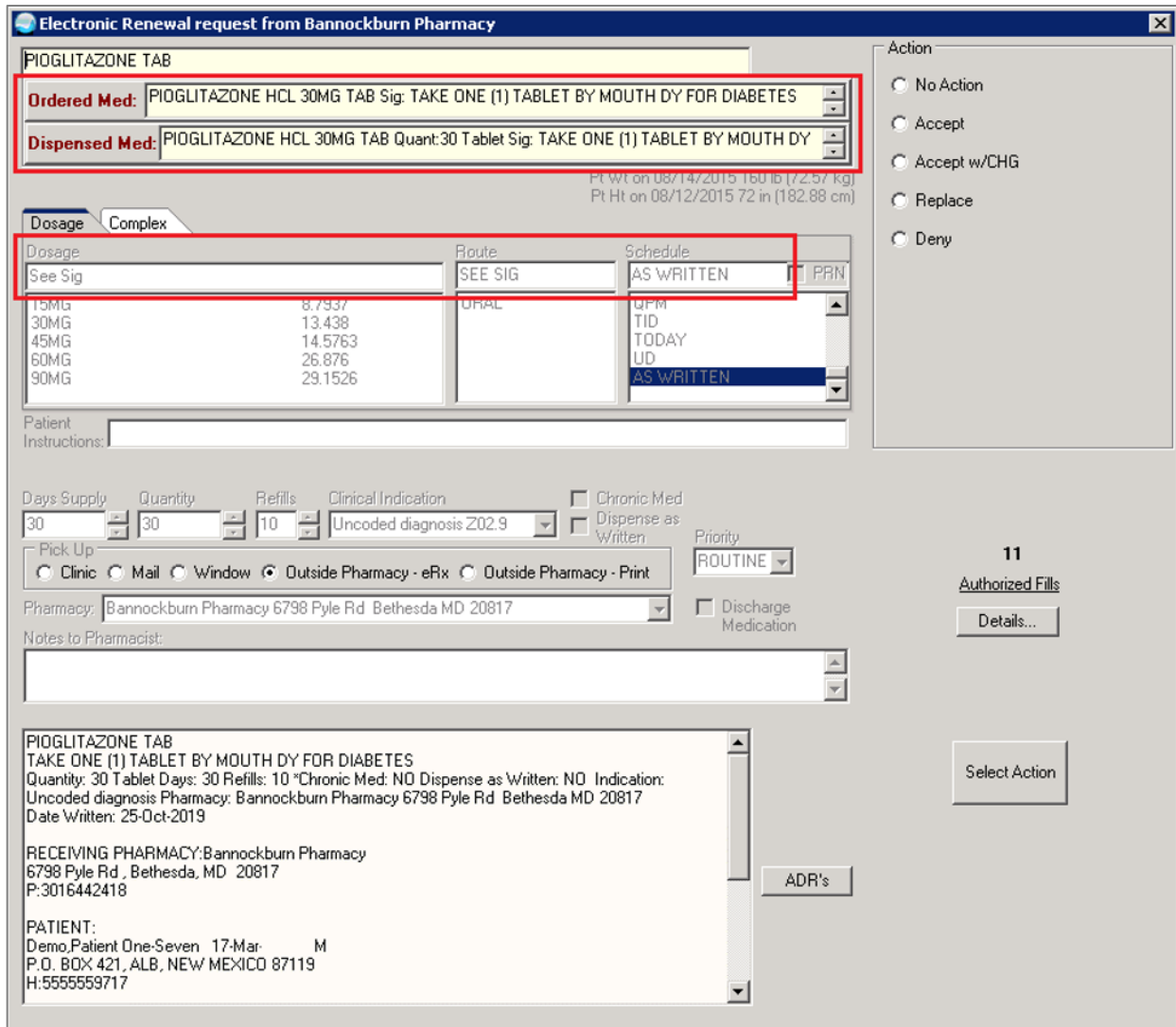


Figure 3-5: Electronic Renewal request dialog

On the right, the action pane contains the actions a provider may take on this order:

- **No Action:** Do not do anything at this time.
- **Accept:** Accept the order as auto-created from the renewal request. All boxes in the order dialog are disabled, and the provider cannot make changes.

- **Accept w/CHG:** Accept the order but change the number of fills authorized. This is the normal default for orders created in the Surescripts queue. The number of refills is the only item that can be changed.
- **Deny:** Deny the request. A reason for the denial is required.
- **Replace:** Replace the requested renewal with a new order. This allows a new order made and any of the items can be changed, including the medication.

Not all actions are available for all renewal requests. This may be because the pharmacy has not yet upgraded to the new SCRIPT® standard, the pharmacy or provider service level has changed, or the schedule of the drug prevents a specific response. Items that had to be mapped to the patient or medication will also have limited responses available. The actions not allowed will be grayed out and not selectable, but the user may hover the mouse over the action to see why this action is not allowed.

Note: If the pharmacy is still on the 10.6 SCRIPT® standard, the prescriber will need to deny the request and manually create a new order if any changes need to be made. This should be a limited-time process as pharmacies move to the new standard.

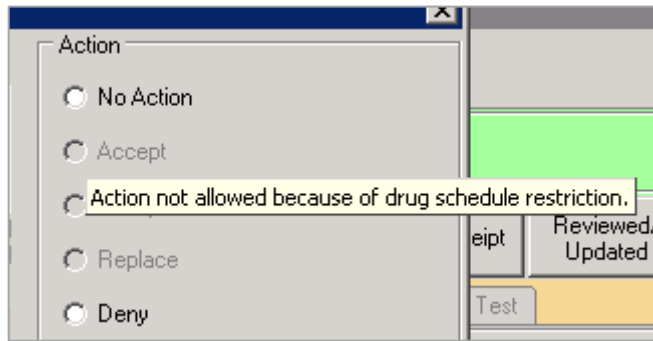


Figure 3-6: Hover text on the Accept action

If the user selects the **Deny** action, the user is prompted to select a reason or enter a free-text reason. The supplied reasons should normally be sufficient and free text should rarely be needed.

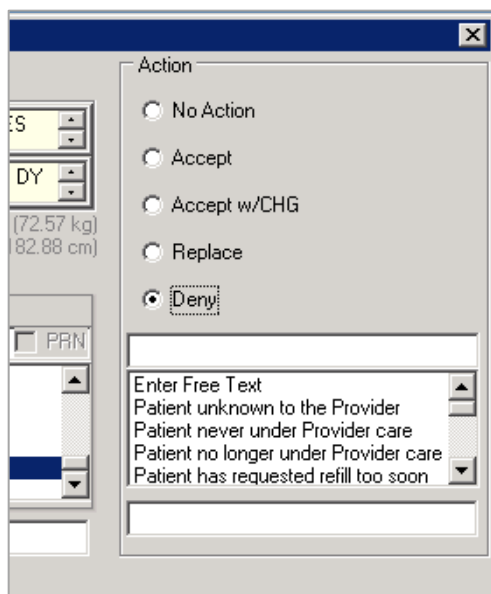


Figure 3-7: Deny action and reason field

3.2.4 Dispensed Med Different from Ordered Med

When the dispensed medication sent in the renewal request is different from the medication ordered, a warning will display to the prescriber. This most commonly occurs if:

- The pharmacy dispenses a different National Drug Code (NDC) from the one ordered in RPMS, including using a brand NDC instead of a generic NDC or vice versa.
- The sig is slightly different.

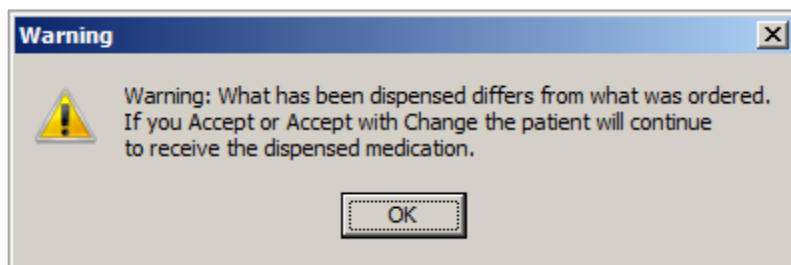


Figure 3-8: Warning for dispensed med and ordered med mismatch

The warning will display when the **Electronic Renewal request** dialog displays.

Note: The user should compare the dispensed med with the ordered med before selecting a renewal. If the user selects **Accept** or **Accept w/CHG**, the dispensed med is what the patient will receive, not the ordered medication.

Figure 3-9: Portion of Electronic Renewal request dialog – Ordered Med and Dispensed Med

3.2.5 Unknown Miscellaneous Drug

In special circumstances, sites may receive renewal requests that do not map to a medication in the drug file or the request may contain issues that would prevent the Surescripts queue manager from processing it without consulting the prescriber first.

To account for these unique situations, sites need to establish an Unknown Miscellaneous Drug file entry in Pharmacy Data Management. Sites may already have this entry from previous EHR patch requirements. If present, the entry should be reviewed for accuracy.

Note: Variations of “Unknown” are acceptable, such as Unknown Medication, Unknown Med, Unk Med. However, the dosage form of “Miscellaneous” should be used for this purpose. It is possible to have several entries of “unknown” in the drug file with different dosage forms.

1. Create or review the drug file entry. In Figure 3-10, the entry is already present in the system.

```
Select DRUG: UNKNOW
  Lookup: GENERIC NAME
UNKNOWN  UNKNOWN MED MISC f      N/F                TEST PHARMACY
      ...OK? Yes//      (Yes)

*****
This entry is marked for the following PHARMACY packages:
Outpatient
Non-VA Med
GENERIC NAME: UNKNOWN MED MISC//
LONG NAME: UNKNOWN MED MISC//
VA CLASSIFICATION:
DEA, SPECIAL HDLG: 9//
DAW CODE:

NATIONAL FORMULARY INDICATOR: Not Matched To NDF
LOCAL NON-FORMULARY: N/F//
VISN NON-FORMULARY:
Select DRUG TEXT ENTRY:
Select FORMULARY ALTERNATIVE:
Select SYNONYM:
MESSAGE:
RESTRICTION:
```

```

FSN:
INACTIVE DATE:

WARNING LABEL SOURCE is not 'NEW'.
WARNING LABEL will be used until the WARNING LABEL SOURCE is set to 'NEW'.
WARNING LABEL:
Current Warning labels for UNKNOWN MED MISC
No warnings from the new data source exist for this drug.
Verify that the drug is matched to the National Drug File.

Would you like to edit this list of warnings? N//
ORDER UNIT:
DISPENSE UNIT:
DISPENSE UNITS PER ORDER UNIT:
DISPENSE UNIT NCPDP CODE:
NDC:
PRICE PER ORDER UNIT:
LAST PRICE UPDATE:
BENCHMARK PRICE PER ORDER UNIT:
BENCHMARK PRICE PER DISP UNIT is
SOURCE OF SUPPLY:
DISPENSING LOCATION:
STORAGE LOCATION:
RESTRICT BY PAT ELIGIBILITY:
Select OUTPATIENT SITE:
Mark this Drug for e-Prescribing?: NOT AVAILABLE//
Product NDC:
EXTEND PRESCRIPTION EXPIRATION:

Do you wish to match/rematch to NATIONAL DRUG file? Yes//No
Just a reminder...you are editing UNKNOWN MED MISC.

LOCAL POSSIBLE DOSAGES:

Do you want to edit Local Possible Dosages? N//
*****
This entry is marked for the following PHARMACY packages:
Outpatient
Unit Dose
Non-VA Med

MARK THIS DRUG AND EDIT IT FOR:
O - Outpatient
U - Unit Dose
I - IV
W - Ward Stock
D - Drug Accountability
C - Controlled Substances
X - Non-VA Med
Z - Compounding
A - ALL

Enter your choice(s) separated by commas :
** You are NOW in the ORDERABLE ITEM matching for the dispense drug. **

UNKNOWN MED MISC is already matched to

```

```
UNKNOWN MED MISCELLANEOUS
```

```
Do you want to match to a different Orderable Item? NO//
```

Figure 3-10: Example of Unknown Miscellaneous Drug entry in Pharmacy Data Management

2. Ensure the Orderable Item is set up correctly (Figure 3-11).

```
Select Pharmacy Data Management Option: orderable Item Management

    Edit Orderable Items
    Dispense Drug/Orderable Item Maintenance
    Orderable Item/Dosages Report
    Patient Instructions Report
    Orderable Item Report
Select Orderable Item Management Option: edit Orderable Items

This option enables you to edit Orderable Item names, Formulary status,
drug text, Inactive Dates, and Synonyms.

Select PHARMACY ORDERABLE ITEM NAME: unknown UNKNOWN MED MISCELLANEOUS
N/F

    Orderable Item -> UNKNOWN MED
    Dosage Form     -> MISCELLANEOUS

List all Drugs/Additives/Solutions tied to this Orderable Item? YES//
Dispense Drugs:
-----
UNKNOWN MED MISC    N/F

Are you sure you want to edit this Orderable Item? NO// y YES

    Now editing Orderable Item:
    UNKNOWN MED MISCELLANEOUS
Orderable Item Name: UNKNOWN MED//

This Orderable Item is Non-Formulary.

This Orderable Item is marked as a Non-VA Med.

Select OI-DRUG TEXT ENTRY:
INACTIVE DATE:
DAY (nD) or DOSE (nL) LIMIT:
MED ROUTE:
SCHEDULE TYPE:
SCHEDULE:
PATIENT INSTRUCTIONS:

Select SYNONYM:
```

Figure 3-11: Orderable Item management

3. Review the BEHORX UNKNOWN MED parameter (Figure 3-12).

```
Select General Parameter Tools Option: EP  Edit Parameter Values
      --- Edit Parameter Values ---

Select PARAMETER DEFINITION NAME:    BEHORX UNKNOWN MED  Orderable Item for Unknown
Med

----- Setting BEHORX UNKNOWN MED  for System: DEMO.OKLAHOMA.IHS.GOV -----
Orderable Item: UNKNOWN MED MISCELLANEOUS //
```

Figure 3-12: BEHORX UNKNOWN MED parameter

4. Review the BEHORX OUTSIDE MED DOSAGE FORM parameter (Figure 3-13).

```
Select General Parameter Tools Option: EP  Edit Parameter Values
      --- Edit Parameter Values ---

Select PARAMETER DEFINITION NAME:    BEHORX OUTSIDE MED DOSAGE FORM  Outside Med
Dosage Form

- Setting BEHORX OUTSIDE MED DOSAGE FORM  for System: DEMO.OKLAHOMA.IHS.GOV-
Dosage Form for Outside Med: MISCELLANEOUS//
```

Figure 3-13: BEHORX OUTSIDE MED DOSAGE FORM parameter

3.2.6 Related Requests

It is possible for one or more duplicate requests to come in prior to the provider processing the request. In this case, the system will flag it as a duplicate in the refill request file, attach it to the parent request, and allow the provider to see it when processing.

A **Related Requests** button will display on the **Electronic Renewal request** dialog (Figure 3-14).

Figure 3-14: Electronic Renewal request dialog with Related Requests button

Click the **Related Requests** button to display the details of the duplicate or duplicates.

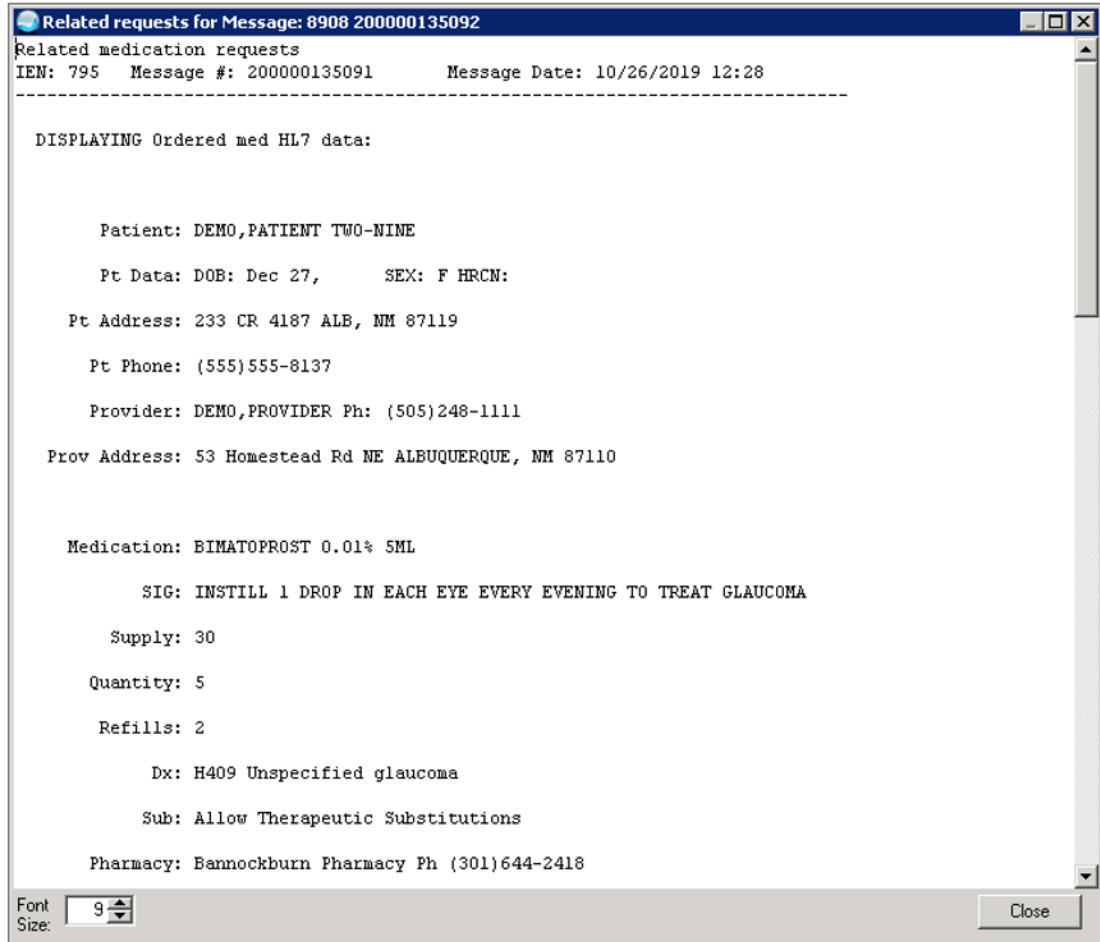


Figure 3-15: Related requests detail window

When the provider processes the renewal, a deny message will be sent for all duplicates with the reason that it is a duplicate message.

If a duplicate request message comes after the provider processes the request, the system will deny the message automatically.

3.2.7 Duplicate Requests Notifications

Providers will receive notifications for duplicate renewal requests, for duplicates with mismatch on patient, and for an invalid RPMS number.

The Duplicate SS Request received notification notes that a duplicate was sent. This notification contains the order number (when available), the medication name, and the patient name.

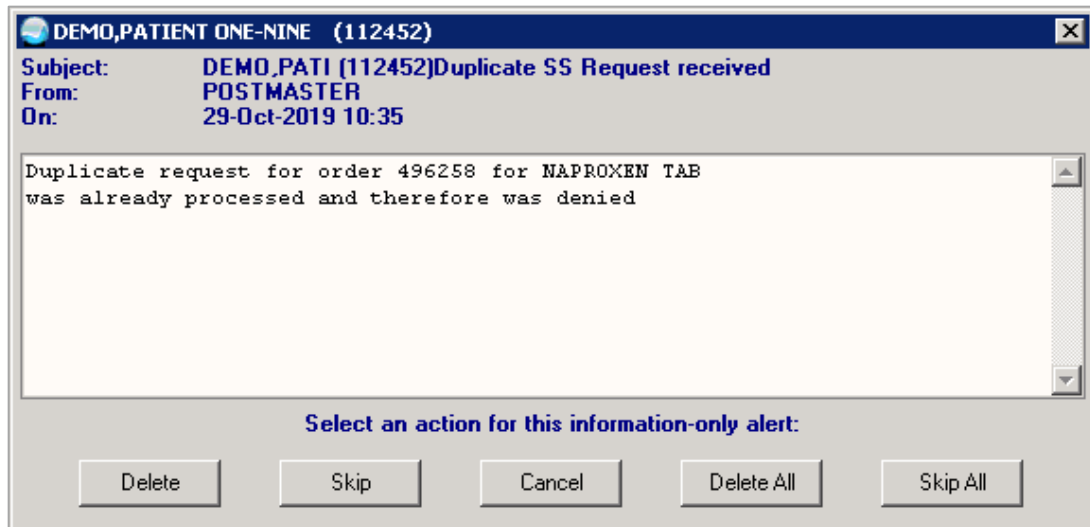


Figure 3-16: Notification for Duplicate SS Request received

The SS prescription number received that did not match patient notification contains the medication name and the patient name.

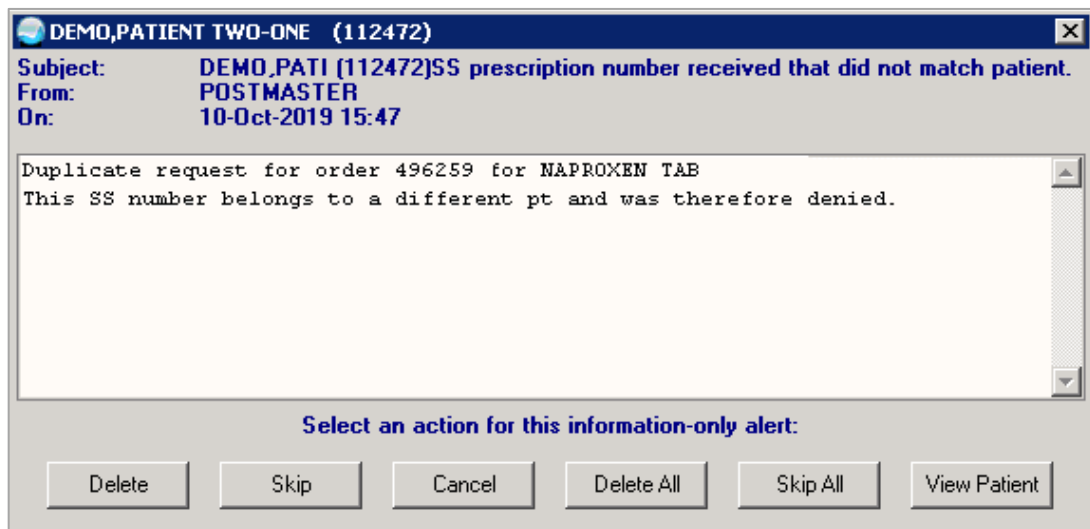


Figure 3-17: Notification for SS prescription number received that did not match patient

The final notification is if the RPMS number is invalid and displays text similar to the following: "An invalid refill request, RX number: T3W2I11was received. Request was sent to the refill request queue for processing."

3.2.8 Deny Reasons

The Deny reason codes transmitted to Surescripts include the following:

- Free Text Option
- AA = Patient unknown to the provider

- AB = Patient never under provider care
- AC = Patient no longer under provider care
- AD = Refill too soon
- AE = Medication never prescribed for patient
- AF = Patient should contact provider
- AG = Refill not appropriate
- AH = Patient has picked up prescription
- AJ = Patient has picked up partial fill of prescription
- AK = Patient has not picked up prescription, drug returned to stock
- AL = Change not appropriate
- AM = Patient needs appointment
- AN = Prescriber not associated with this practice or location
- AO = No attempt will be made to obtain Prior Authorization
- AP = Request already responded to by other means (e.g., phone or fax)

3.3 Renewal for Controlled Substances

As of the release of EHR patch 25, the electronic prescribing of controlled substances is allowed and now renewal requests for CS medications can also be received, provided the site parameters and site and user Surescripts service levels have been set to allow the sending and receiving of CS medications (see the EPCS Configuration Guide and Section 7.0 of this manual). The same rules for new EPCS orders will apply to the renewal requests.

The checks listed below are done on the inbound message:

- Prescriber:
 - The prescriber’s complete name was included in the message
 - The prescriber is authorized for EPCS
 - The prescriber is authorized to prescribe this class of controlled substance
- Patient Address: The patient’s address is present and complete
- Issue Date: The incoming request is within the issue date restriction. For example, if the medication has a 30-day issue date restriction, a renewal request must come before day 30.
- Notes to Pharmacist: The notes to pharmacist on the incoming request are not too large to fit into the RPMS notes field.

Even if the incoming message does not meet these checks, the message must still go to the prescriber regardless of their ability to approve the request. As for other Surescripts processes, a signature will be required prior to completing the renewal response.

If the prescriber is not EPCS enabled or does not have the Surescripts service level of controlled substances, or if the request is coming from a pharmacy still on the older 10.6 SCRIPT® standard, the prescriber will only be able to deny the request. The prescriber can create a new order separately if the patient still requires the medication. If the prescriber is not EPCS enabled, the new order would be a paper, signed-in-ink prescription.

If the prescriber is EPCS enabled and has the Surescripts service level of controlled substances, the request will be sent to that prescriber for signature, 2FA, and selection of a renewal response. Drug Enforcement Administration (DEA) and Surescripts rules require that the responses for these requests be limited to **Deny** and **Replace**, so the other action option buttons will be grayed out.

Electronic Renewal request from Bannockburn Pharmacy

LORAZEPAM TAB

Ordered Med: LORAZEPAM 0.5MG TAB Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY IF NEEDED

Dispensed Med: LORAZEPAM 0.5MG TAB Quant:12 Tablet Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A

Dosage Complex

Dosage See Sig Route SEE SIG Schedule AS WRITTEN PRN

Action

No Action

Accept

Accept w/CHG

Replace

Deny

Figure 3-18: CS renewal request – No Action, Replace, and Deny actions available

4.0 Surescripts Renew Request Queue Component

This component will have no data until the Renewal service is enabled in a future patch. Sites may defer adding this component until that functionality is enabled in a future patch.

The Surescripts Renew Request Queue (hereafter referred to as Surescripts Queue) is a new component that must be added to the EHR graphical user interface (GUI) template before sites can manage the renewal requests. The queue is designed for a non-prescriber such as a pharmacy tech, pharmacist, or nurse to manage renewal requests, especially those that have been received but cannot be automatically sent to a prescriber for processing.

An incoming message may not automatically go to a prescriber if it did not match to a patient, prescriber, medication, or order number in the RPMS file and therefore needs human intervention.

4.1 Adding the Component

The Surescripts Renew Request Queue component is a button-style component suitable to add to the header bar used in most EHR templates, similar to the **Reminders**, **Postings**, and **Signature** buttons. This component should, where possible, only be on the template of those who will be processing the renewal request queue.

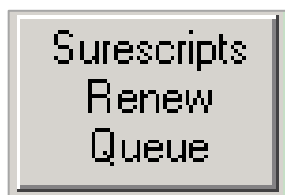


Figure 4-1: Surescripts Renew Queue button

The properties of this object allow the site to change the caption text, add a display count of the number of orders in the queue, and link the unmapped renewals to a Health Summary Report.

The REPORT property uses the format of IHS^7^ADULT REGULAR where “IHS” denotes this is the IHS Health Summary Type, the “7” is the IEN of the specific Health Summary, and “ADULT REGULAR” is the name of the specific Health Summary. Any Health Summary Type available on the local database may be used here.

CAPTIONCOLOR1 will change the color of the count text if desired. See Figure 4-2.

Properties for Surescripts Renew Request Queue	
Property	Value
TOP	0
LEFT	315
HEIGHT	41
WIDTH	72
ALIGN	Left
ANCHORS	<input checked="" type="checkbox"/> Top; Left; Bottom
CAPTIONCOLOR1	
CAPTIONCOLOR2	
CAPTIONTEXT	Renew "Q"
DISPLAYCOUNT	<input checked="" type="checkbox"/> True
REPORT	IHS^7^ADULT REGULAR

Figure 4-2: Properties for Surescripts Renew Request Queue component

The Surescripts Queue component display will change after the user changes the caption and enables the display count (Figure 4-3).

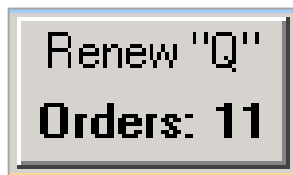


Figure 4-3: Surescripts Queue display with caption change and enabled display count

4.2 Managing the Surescripts Queue

The Surescripts Queue is designed to monitor and manage renewal requests received from Surescripts. It is not designed for prescribers to respond to the requests; they should use the notifications (see Section 3.2) or Mailbox (see Section 6.0) for this process.

Surescripts requirements are that these requests must be responded to within 72 hours of receipt. The Surescripts Queue allows selected users to monitor requests, manually map requests that did not map automatically, review denied requests, and (in the future) review change requests. The queue has four tabs to facilitate these functions:

- **Renewals Pending Prescriber Response** – Contains orders that were automatically or manually mapped but are waiting for the provider to process.
- **Renewal Requests Unmapped** – Contains orders waiting to be mapped and processed into new orders.
- **Denied eRx Report** – Contains a list of denied requests.
- **Change Requests** – Contains a list of change requests. Change Requests are not currently supported, so this tab will not be populated at this time.

4.2.1 Renewals Pending Prescriber Response

This tab allows the queue managers to view pending requests that are still waiting for provider action, and users can see which requests are in danger of exceeding the 72-hour response requirement.

Items display on the Renewals Pending Prescriber Response Queue (also called “Pending Queue”) if they automatically mapped and created an order, or if the order was created after mapping and processing from the **Renewal Requests Unmapped** tab. The following columns are present:

- Request Date/Time
- Patient Name Date of Birth Gender Phone
- Surescripts Request Details
- Prescriber
- Pharmacy Information
- RPMS Request Details

The user may sort the list by any of the columns by clicking on the column header. Click once to sort low to high or A–Z; click a second time to sorts high to low or Z–A. See Figure 4-4.

Request Date/Time	Patient Name Date of Birth Gender Phone	Surescripts Request Details	Prescriber	Pharmacy Information	RPMS Request Details
09/09/2019 1...	DEMO.PATIENT ONE-FIVE (04/17/...) Female (555)555-3515	KETAMINE 0.5%-AMITRIPTYLINE 1%-LIDOCAINE 4% TOPICAL CREAM APPLY A THIN LAYER TO AFFECTED AREA EVERY 6 HOURS FOR PAIN D:30 QTY:30 RF:1 DAW:NO Indication: Chart evaluation by healthcare professional	[REDACTED]	Lawrence Academy Rx 10.6 235 Main St Groton ,MA 01450 P:(978)451-4477 F:(978)450-1122	
09/09/2019 1...	DEMO.PATIENT ONE-FIVE (04/17/...) Female (555)555-3515	BD 3ML SYRINGE 25Gx1 USE 1 SYRINGE UNDER THE SKIN EVERY 6 HOURS D:30 QTY:100 RF:2 DAW:NO Indication: Chart evaluation by healthcare professional	[REDACTED]	Lawrence Academy Rx 10.6 235 Main St Groton ,MA 01450 P:(978)451-4477 F:(978)450-1122	
09/09/2019 1...	DEMO.PATIENT ONE-FIVE (04/17/...) Female (555)555-3515	LOMOTIL 2.5 MG-0.025 MG TAB TAKE 1-2 TABLETS BY MOUTH 2-4 TIMES DY FOR DIARRHEA D:3 QTY:24 RF:1 DAW:NO Indication: Chart evaluation by healthcare professional	[REDACTED]	Lawrence Academy Rx 10.6 235 Main St Groton ,MA 01450 P:(978)451-4477 F:(978)450-1122	
09/09/2019 1...	DEMO.PATIENT ONE-FIVE (04/17/...) Female (555)555-3515	TWCOMPOUND - NON-CS 1500 BY MOUTH THREE TIMES A DAY D:1 QTY:2 RF:3 DAW:NO Indication: Chart evaluation by healthcare professional	[REDACTED]	Lawrence Academy Rx 10.6 235 Main St Groton ,MA 01450 P:(978)451-4477 F:(978)450-1122	
09/09/2019 1...	DEMO.PATIENT ONE-FIVE (04/17/...) Female (555)555-3515	TWCOMPOUND - CS TAKE 10 TWCOMPOUND - CS BY MOUTH THREE TIMES A DAY D:3 QTY:3 RF:1 DAW:NO Indication: Chart evaluation by healthcare professional	[REDACTED]	Lawrence Academy Rx 10.6 235 Main St Groton ,MA 01450 P:(978)451-4477 F:(978)450-1122	

Figure 4-4: Renewals Pending Prescriber Response tab in the Surescripts queue

The user may right-click on an entry in the list to open the **Actions** menu. The options available on this tab include **Details**, **Change Prescriber**, and **Refresh**. **Refresh** updates the display contents. **Details** and **Change Prescriber** are discussed below.

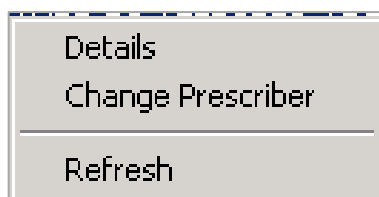


Figure 4-5: Renewals Pending Prescriber Response menu

4.2.1.1 Details

This action displays the mapped data and the original Health Level Seven (HL7) message data from the renewal request so the user can compare the two. The top portion contains the information in the original order, while the **DISPENSED Drug Information** section contains information on what the pharmacy actually dispensed. The **MAPPED DATA** lists the patient, provider, and medication data that was used to map the request.

Information received for Message: 8908 200000135092

DISPLAYING Ordered med HL7 data:

Patient: DEMO,PATIENT TWO-NINE
 Pt Data: DOB: Dec 27, 19 SEX: F HRCN: -----
 Pt Address: 233 CR 4187 ALB, NM 87119
 Pt Phone: (555)555-8137
 Provider: DEMO,PROVIDER Ph: (505)248-1111
 Prov Address: 53 Homestead Rd NE ALBUQUERQUE, NM 87110

Medication: BIMATOPROST 0.01% SML
 SIG: INSTILL 1 DROP IN EACH EYE EVERY EVENING TO TREAT GLAUCOMA
 Supply: 30
 Quantity: 5
 Refills: 2
 Dx: H409 Unspecified glaucoma
 Sub: Allow Therapeutic Substitutions
 Pharmacy: Bannockburn Pharmacy Ph (301)644-2418
 Ph Address: 6798 Pyle Rd Bethesda, MD 20817

Notes to Pharm:
 Issue Dt: 10/16/2019

DISPENSED Drug Information

Dispensed Drug: BIMATOPROST 0.01% SML (ND:00023320505)
 SIG: INSTILL 1 DROP IN EACH EYE EVERY EVENING TO TREAT GLAUCOMA
 Supply: 30
 Quantity: 5 Milliliter
 Fills: 2
 Sub: Allow Therapeutic Substitutions
 Written Date: 10/16/2019
 Notes to Prov:

MAPPED DATA:

Patient: DEMO,PATIENT TWO-NINE
 Pt Data: DOB: DEC 27, 19 SEX: FEMALE HRCN: .
 Address: 233 CR 4187 ALB ,NEW MEXICO 87119
 Pt Phone: (555)555-8137
 Provider: DEMO,PROVIDER MN Ph:
 Prov Address: ,

Medication: BIMATOPROST 0.01% SOLN,OPH
 SIG: INSTILL 1 DROP IN EACH EYE EVERY EVENING TO TREAT GLAUCOMA
 Supply: 30
 Quantity: 5
 Refills: 1
 Dx: Unspecified glaucoma
 Sub: Allow substitution
 Pharmacy: Bannockburn Pharmacy Ph: (301)644-2418
 Ph Address: 6798 Pyle Rd Bethesda ,MD 20817

Font Size: 9

Figure 4-6: Surescripts Renewal Request details

4.2.1.2 Change Prescriber

This action allows a prescriber to be changed. For an automatically mapped renewal request, this would normally only be done if the original prescriber is not available, such as when a provider leaves a facility or is on leave and has not identified a surrogate in the EHR system.

When using this option, the user will receive a **Confirm** warning (Figure 4-7).

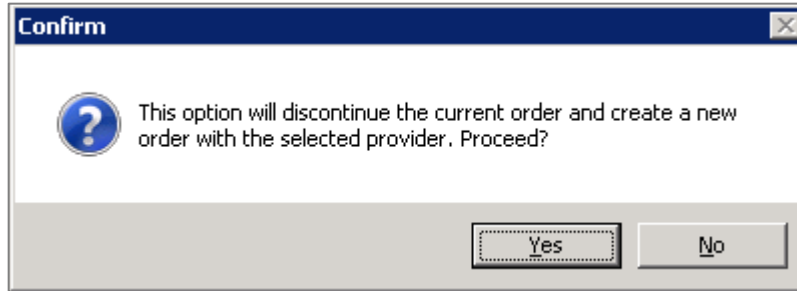


Figure 4-7: Confirm warning for a new order

Once the user clicks the **Yes** button to confirm the change, the **Ordering Provider** dialog opens. A user will display in the list if they have an SPI and the new service level (Figure 4-8).

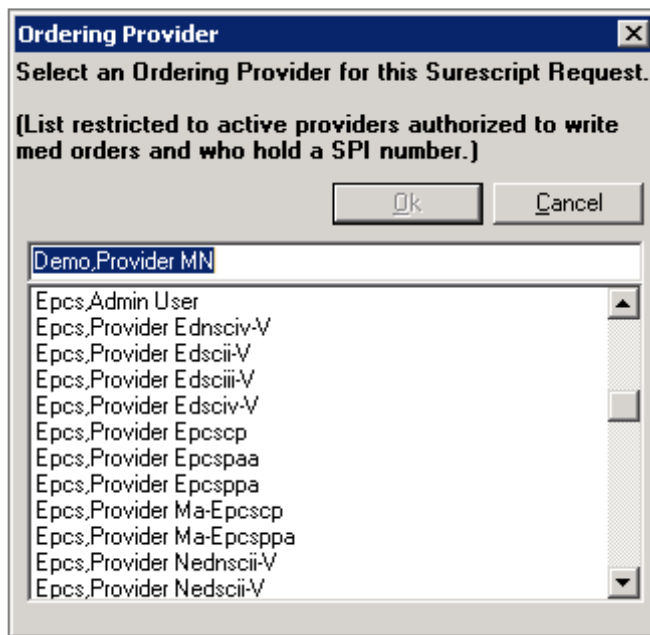


Figure 4-8. Ordering Provider dialog

Select a different provider, and the **OK** button becomes active. Click **OK** to create the new order, close the **Ordering Provider** dialog, and display the updated request in the **Renewals Pending Prescriber Response** tab.

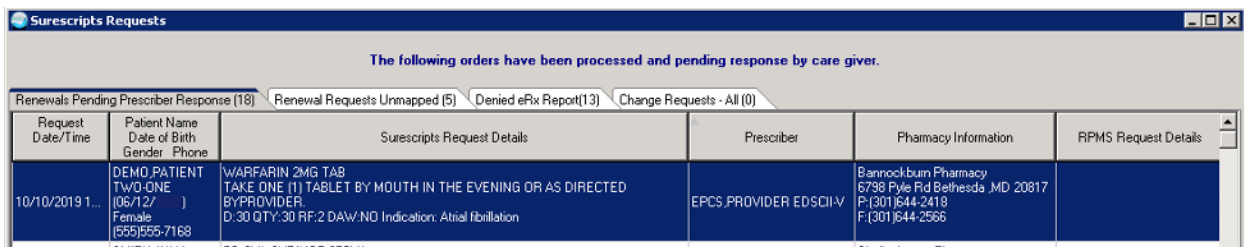


Figure 4-9: Updated prescriber in the Renewals Pending Prescriber Response tab

4.2.2 Renewal Requests Unmapped

This tab allows the queue managers to see the renewal requests that were not automatically mapped, manually map them, and create the order for the provider to act upon.

Items display on the **Renewal Requests Unmapped** tab if they are ready for mapping and processing. Users can review each item that failed to map. There is also a Health Summary Link (if configured in the component properties) that enables users to view patient data to use while mapping. However, if the item failed to map to the patient, the Health Summary Link will not work.

The **Processing Status** column contains a red icon with the text “Incomplete” if the mapping has not yet begun. That column contains a yellow icon with the text “In Progress” if the mapping has begun but is not yet complete. See Figure 4-10.

Processing Status	Request Date/Time	Patient Name Date of Birth Gender Phone	Renewal Request Details	Prescriber	Pharmacy Information	RPMS Request Details	Patient Health Summary
Incomplete	09/12/2019 08:19	DEMO.PATIENT THREE-TWO (09/14/███) Male (555)555-6293	AMPHETAMINE/DEXTRORAMPHET XR 10MG CAP TAKE ONE (1) CAPSULE BY MOUTH DY FOR ADHD D:0 QTY:30 RF:1 DAW:NO Indication:	EPCS_PROVIDER...	Shollenberger Pharmacy 2002 S. McDowell Blvd Ext Petaluma CA 94954 P:(707)584-5571 F:(707)588-4744	Duplicate Request (2) Failed to map Order Number [MAP OR DENY]	Health Summary Link
In Progress	10/10/2019 16:09	██████████ Female (555)555-6706	LISINAPRIL 20MG TAB TAKE ONE (1) TABLET BY MOUTH DY D:30 QTY:30 RF:11 DAW:NO Indication: Diabetes mellitus type 2 without retinopathy	DEMO_PROVIDE...	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	Failed to map Patient [MAP OR DENY]	Health Summary Link
Incomplete	10/10/2019 16:43	DEMO.PATIENT TWO (11/15/███) Male (555)555-6706	SIMVASTATIN 10MG TAB TAKE ONE (1) TABLET BY MOUTH DY FOR HYPERLIPIDEMIA D:30 QTY:30 RF:11 DAW:NO Indication:	DEMO_PROVIDE...	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	Failed to map Prescriber Failed to map Patient [DENY ONLY]	Health Summary Link
In Progress	10/14/2019 16:30	██████████ Male (555)555-7091	CELEXIDOB 100MG CAPSULE TAKE TWO (2) CAPSULES BY MOUTH DY FOR 2 DAYS, THEN TAKE ONE (1)CAPSULE DY FOR 6 DAYS D:8 QTY:10 RF:2 DAW:NO Indication: Chart evaluation by healthcare professional	██████████	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	Failed to map Patient [MAP OR DENY]	Health Summary Link
Incomplete	10/16/2019 10:31	DEMO.PATIENT TWO-NINE (12/27/███) Female (555)555-8137	BIMATOPROST 0.01% SML INSTILL 1 DROP IN EACH EYE EVERY EVENING TO TREAT GLAUCOMA D:30 QTY:5 RF:2 DAW:NO Indication: Glaucoma	DEMO_PROVIDE...	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	Failed to map Med [MAP OR DENY]	Health Summary Link

Figure 4-10: Renewal Requests Unmapped tab

The user may select an action by right-clicking on the line item and selecting from the menu. Actions available on this tab include **Details**, **Map**, **Process**, **Change Patient**, **Change Prescriber**, **Deny Renew Request**, and **Refresh** (Figure 4-11).

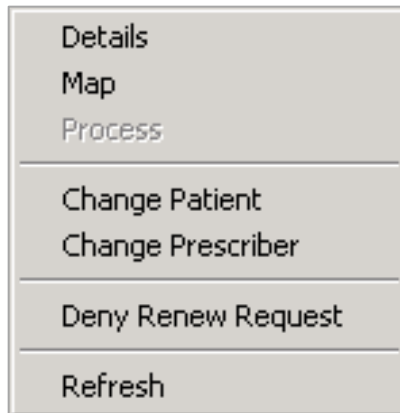


Figure 4-11: Renewal Requests Unmapped menu

4.2.2.1 Details

See Section 4.2.1.1.

4.2.2.2 Map

This action enables the user to map the data for creating a new order. Selecting this action will change the patient context in the EHR.

This action requires a visit context, so if one is not set, the user must select a clinic. Sites must determine which clinic is appropriate for this type of visit. A clinic that is tied to a chart review visit type is a logical choice.

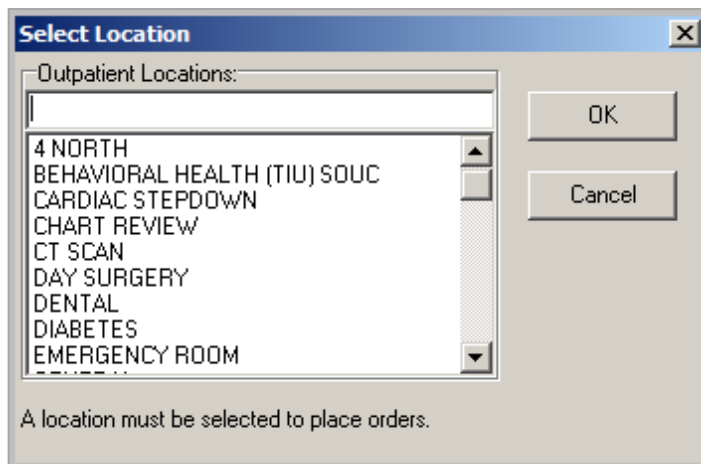


Figure 4-12: Select Location dialog

If the request is for a controlled substance, the patient must have an address in the patient file. If there is no address, the user will be stopped at this point.

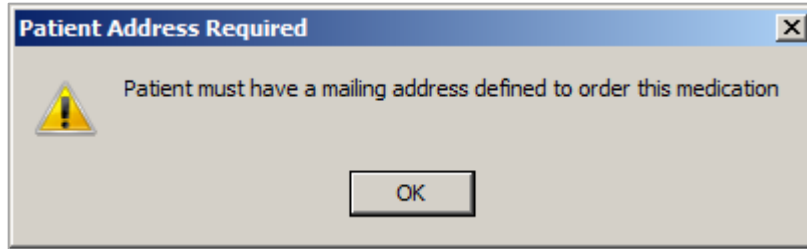


Figure 4-13: Patient Address Required warning

If the patient or the provider did not initially map, dialogs will display prompting the user to select the correct patient and/or provider.

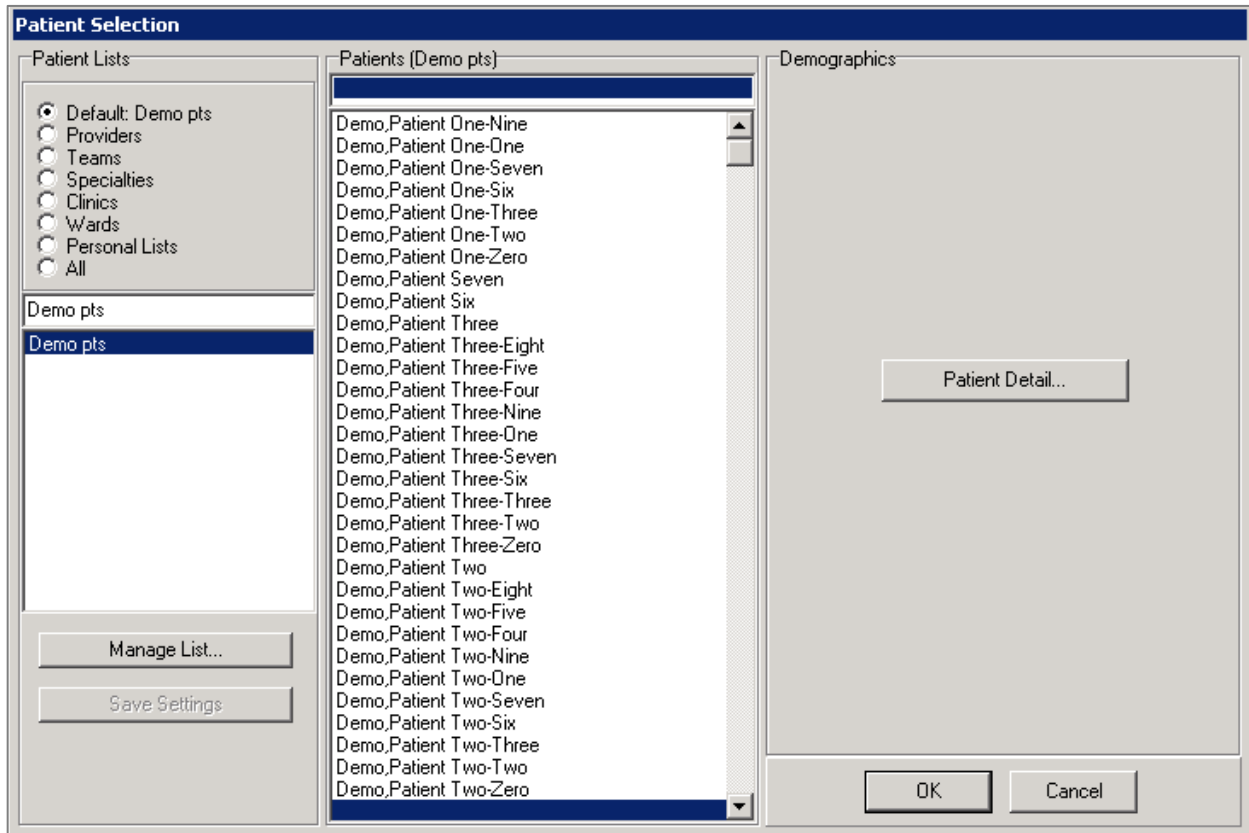


Figure 4-14: Patient Selection dialog

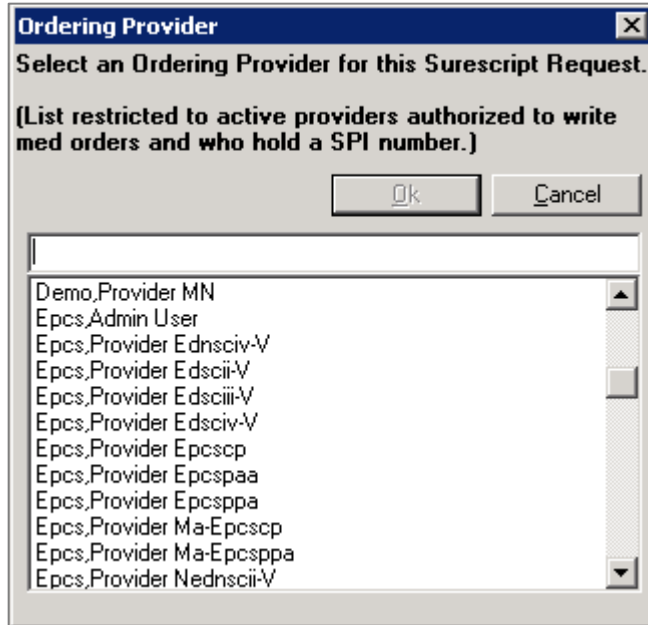


Figure 4-15: Ordering provider dialog

The **Orderable Item** lookup dialog may display. If the drug matched on RxNorm code or NDC code, it is pre-populated but may or may not match exactly to the site's orderable item name. If needed, the user should select the Orderable Item from the list and click **OK**.

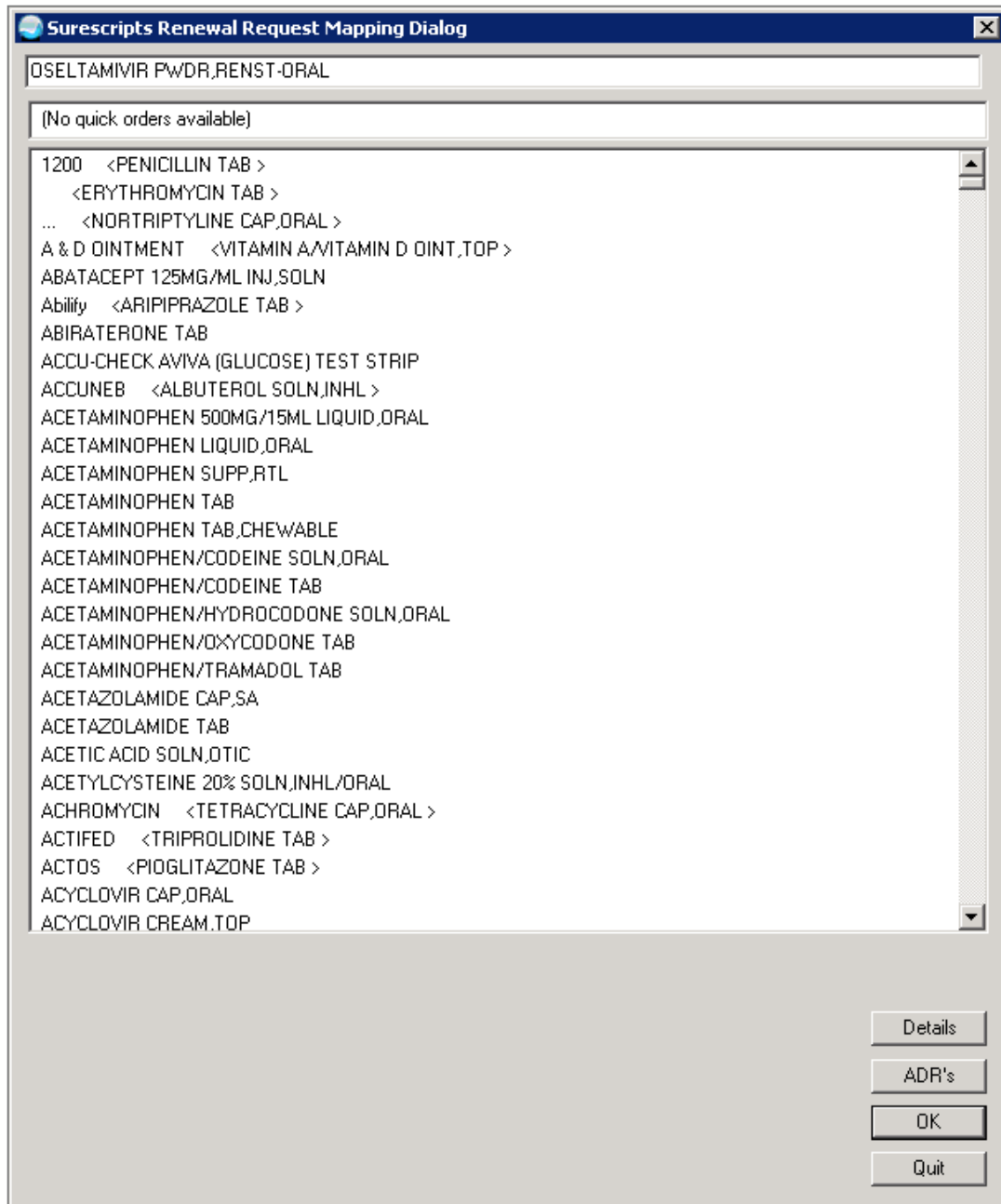


Figure 4-16: Surescripts Renewal Request Mapping Dialog – medication selection

The dialog now displays the order elements. As many fields of the drug order as possible to map will be filled in. In many cases, the orderable item will be found, but the system will not be able to match to a dispense drug.

Because of differences in how external pharmacies and the RPMS system build the Sig, the **Dosage**, **Route**, and **Schedule** fields may display “See Sig” or “AS WRITTEN.” The actual Sig text will be visible in the summary portion at the bottom of the dialog. It is strongly recommended that the user performing the mapping use the **Details** button to place the details side by side with the Mapping dialog to ensure that the order is correct.

The screenshot displays the Surescripts Renewal Request Mapping dialog. The top section shows the HL7 data being received for message 8908 200000134899. The data includes patient information (DEMO, PATIENT two-three TWO-THREE), provider information (DEMO, PROVIDER), and medication details for OSELTAMIVIR 6MG/ML ORAL SUSP. The medication details are highlighted in red, showing the sig: SHAKE WELL AND GIVE 5.OMLS BY MOUTH TWICE A DAY FOR 5 DAYS. The summary pane at the bottom shows the medication details in a more readable format, also highlighted in red, and includes buttons for Details, ADR's, Save, and Quit.

```

Information received for Message: 8908 200000134899
-----
DISPLAYING incoming HL7 data:

      Patient: DEMO,PATIENT two-three TWO-THREE
      Pt Data: DOB: May 29,      SEX: M HRCN:
      Pt Address: ████████████████████████████████████████
      Pt Phone: (555)555-7422
      Provider: DEMO,PROVIDER Ph: (505)248-1111
      Prov Address: 53 Homestead Rd NE ALBUQUERQUE, NM 87110

      Medication: OSELTAMIVIR 6MG/ML ORAL SUSP
      SIG: SHAKE WELL AND GIVE 5.OMLS BY MOUTH TWICE A DAY FOR 5 DAYS
      Supply:
      Quantity: 50
      Refills: 0
      Dx: J09X2 Flu due to ident novel influenza A virus w oth resp manifest
      Sub: Allow Therapeutic Substitutions
      Pharmacy: Bannockburn Pharmacy Ph (301)644-2418
      Ph Address: 6798 Pyle Rd Bethesda, MD 20817
      Notes to Pharm:
      Issue Dt: 10/17/2019

Font Size: 9
-----
OSELTAMIVIR PwDR,RENST-ORAL
SHAKE WELL AND GIVE 5.OMLS BY MOUTH TWICE A DAY FOR 5 DAYS FOR 5 DAYS
Quantity: 50 Days: 5 Refills: 0 *Chronic Med: NO Dispense as Written: NO Indication: Flu due to ident
novel influenza A virus... Pharmacy: Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817

Information transmitted to pharmacy:
PHARMACY: Bannockburn Pharmacy 6798 Pyle Rd, Bethesda, MD 20817
301.644.2418

PRESCRIBER: DEMO,PROVIDER MN
2017 DEMO CLINIC 1234567890 Longest Address Street Road40, ALBUQUERQUE, NEW
MEXICO 87110-1234
5052481111

*Order elements that are NOT transmitted to Surescripts Pharmacy

Details
ADR's
Save
Quit
  
```

Figure 4-17: Renewal Request details with Surescripts Renewal Request Mapping dialog summary pane

In some cases, the mapper will need to add the clinical indication. This will occur if there was not an order number in the message, or if the incoming message includes an ICD-10 code and not a SNOMED code. The patient’s problem list will appear in the menu, or the user can select **Other** to search for another indication.

Once the order is correct, click the **Save** button to save the order. If the system is unable to find the dispense drug, the **Select a Dispense Drug** dialog may appear. Select the appropriate drug and click **OK**.

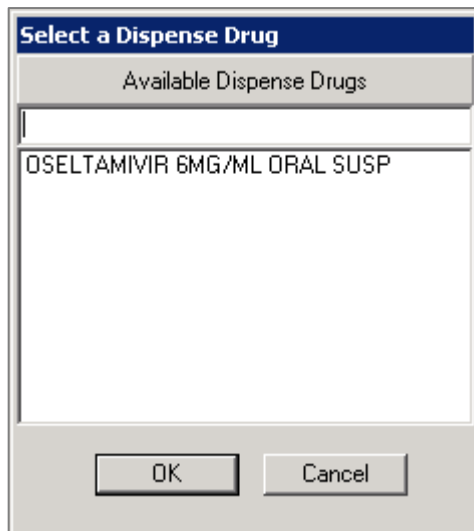


Figure 4-18: Select a Dispense Drug dialog

The dialog closes, and the line item in the **Renewal Requests Unmapped** tab will now display a green icon with the text “Create Order.”


		Dispensing medication		
 Create Order	10/17/2019 ...	DEMO,PATIENT TWO-THREE (05/29/) Male (555)555-7422	OSELTAMIVIR 6MG/ML ORAL SUSP SHAKE WELL AND GIVE 5.0MLS BY MOUTH TWICE A DAY FOR 5 DAYS D:5 QTY:50 RF:1 DAW:NO Indication: Influenza due to Influenza A virus FOR 5 DAYS	DEMO,PF

Figure 4-19: The mapped line item displays a green icon and the text “Create Order”

4.2.2.3 Process

The last step is to process the request and create the new order for the provider. Right-click on the line item and select **Process**. The **Confirm** warning displays. Click **Yes** to create the new order and send a notification to the ordering provider.

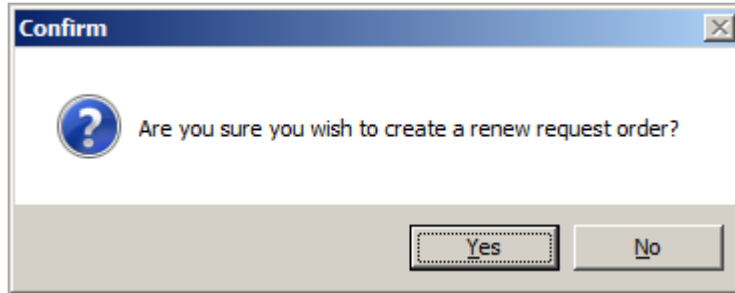


Figure 4-20: Confirm to create a new order

4.2.2.4 Change Patient

The **Renewal Requests Unmapped** tab allows the user to change the patient without performing the remaining mapping. To access this option, right-click on the line item and select **Change Patient**.

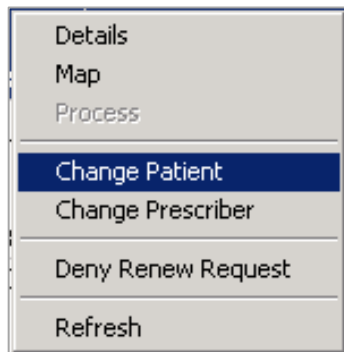


Figure 4-21: Renewal Requests Unmapped tab – Change Patient menu option

Keep in mind that the incoming requests without an order number will not contain the patient's health record number, only the name, address, and date of birth. It may be helpful to first open the details, position them to be readable, then select the **Change Patient** action. Compare the information carefully, then select the appropriate patient.

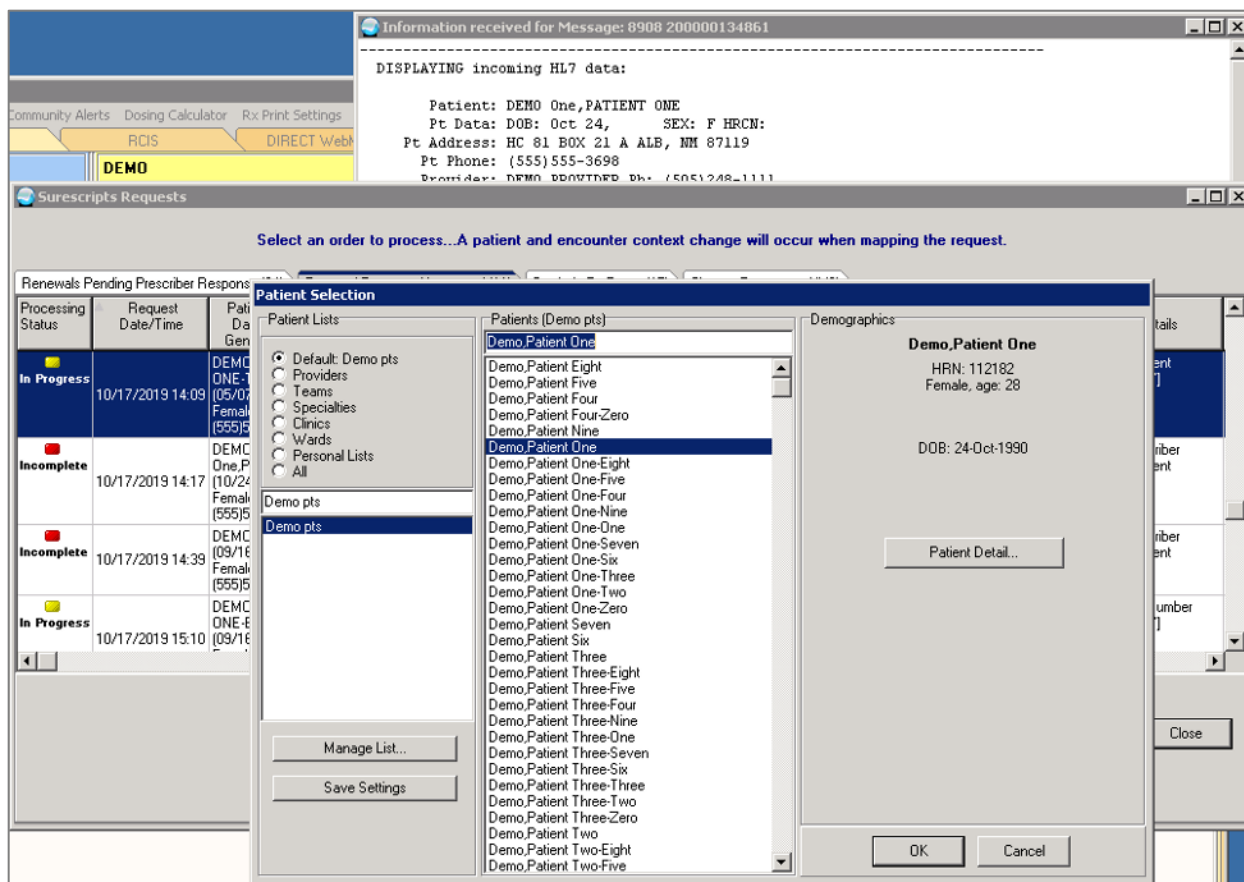


Figure 4-22: Change Patient action Patient Selection dialog with request detail

Select the patient and click **OK**. The patient context in EHR will change at this point. If the user had already selected a patient, warnings may display if applicable, such as Unsigned orders.

If the patient cannot be mapped, the request must be denied.

4.2.2.5 Change Prescriber

See Section 4.2.1.2.

4.2.2.6 Deny Renew Request

The person processing the queue may be able to ascertain that the request will not be approved and choose to do a deny early in the process. To deny a request from the **Renewal Requests Unmapped** tab list, right-click on the line item and select **Deny Renew Request**.

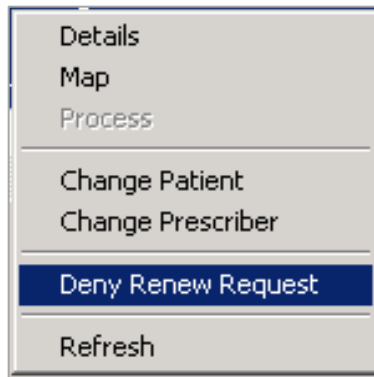


Figure 4-23: Deny Renew Request context menu option

A dialog displays the reason for the denial. Select the appropriate reason or select **Enter Free Text** and type in the desired message. In most cases, the listed reasons should be sufficient and free text should not be necessary.

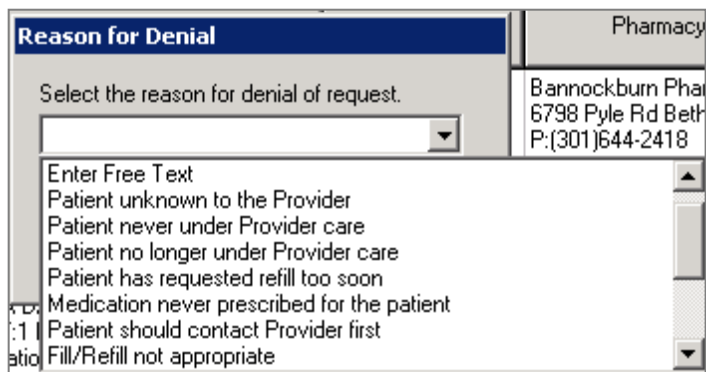


Figure 4-24: Reason for Denial dialog with reasons options

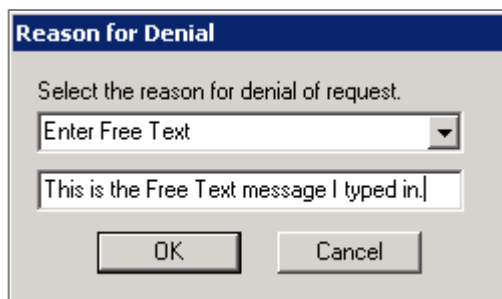


Figure 4-25: Reason for Denial dialog with free text message

After selecting or typing in the reason, click **OK** to send the Deny message.

Potential reasons to deny early in the process include that the patient is deceased or not in the database, the medication is not in the database, or that there is insufficient information in the request to determine what the order is supposed to be or who the provider is.

4.2.3 Denied eRx Report

Denied requests display on the **Denied eRx Report** tab with the reason for denial for purposes of auditing and accountability. Click the **Change Date Range** button to change the displayed date range; the default display is the last month.

Request Denied on	Request Date/Time	Patient Name Date of Birth Gender Phone	Request Details	Prescriber	Pharmacy Information	Request Q Manager ...	Reason Request Denied (Activ...
10/10/2019...	10/10/2019...	DEMO_PATIENT TWO-ONE (06/12/) Female (555)555-7168	WARFARIN 2MG TAB TAKE ONE (1) TABLET BY MOUTH IN THE EVENING OR AS DIRECTED BY PROVIDER. D:30 QTY:30 RF:2 DAW:NO Indication: Atrial fibrillation	DEMO.PROVIDER MN	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	DEMO.PROVIDER MN	AD-Patient has requested refill too soon
10/10/2019...	10/10/2019...	DEMO_PATIENT TWO-THREE (05/28/) Male (555)555-7422	LEVOTHYRONE 50MCG TAB TAKE ONE (1) TABLET BY MOUTH DY FOR THYROID D:30 QTY:30 RF:11 DAW:NO Indication: Hypothyroidism	DEMO.PROVIDER MN	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	DEMO.PROVIDER MN	AD-Patient has requested refill too soon
10/10/2019...	10/10/2019...	DEMO_PATIENT TWO-ZERO (11/15/) Male (555)555-6706	LISINPRIL 20MG TAB TAKE ONE (1) TABLET BY MOUTH DY D:30 QTY:30 RF:11 DAW:NO Indication: Diabetes mellitus type 2 without retinopathy	DEMO.PROVIDER MN	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	DEMO.PROVIDER MN	AD-Patient has requested refill too soon
10/10/2019...	10/10/2019...	DEMO_PATIENT TWO-ZERO (11/15/) Male (555)555-6706	SIMVASTATIN 10MG TAB TAKE ONE (1) TABLET BY MOUTH DY FOR HYPERLIPIDEMIA D:30 QTY:30 RF:11 DAW:NO Indication: Hyperlipidemia	DEMO.PROVIDER MN	Bannockburn Pharmacy 6798 Pyle Rd Bethesda MD 20817 P:(301)644-2418 F:(301)644-2566	DEMO.PROVIDER MN	AD-Patient has requested refill too soon

Figure 4-26: Denied eRx Report

4.3 Change Requests

This tab is not currently functional and will not have any entries at this time.

4.4 Mapping Matrix for the Queue

When a renewal request comes to RPMS, the system will attempt to map it to an existing order in RPMS based on the order number, patient, medication, and prescriber. When the system can create mappings, the following letters are assigned:

- O – mapped on order number
- P – mapped on patient
- M – mapped on medication
- D – mapped on prescriber

A single request can have more than one letter assigned. For example, OPMD is assigned when all four items can be mapped. When the system is unable to create an order or the order sent in the request is not in RPMS, the system assigns a Z.

The criteria above will help establish the following:

- Whether an order will automatically be created in the patient's profile
- Where the request will be placed in the Surescripts queue
 - Renewals Pending Prescriber Response tab (1st)
 - Renewal Requests Unmapped tab (2nd)
 - Denied eRx Report tab (3rd)
- Which actions will be available for the request in the Surescripts Queue
 - Details
 - Map
 - Process
 - Change Patient
 - Change Prescriber
 - Deny Renew Request
- Which responses will be available for the request in the Electronic Renewal Request dialog
 - Accept
 - Accept w/CHG
 - Replace
 - Deny

The RPMS program communicates this information to the EHR, then presents the user with the resulting choices. The prescription order number (PON) is the prescription number that is sent back from Surescripts in the renewal request. There will not be a PON if the original order was written completely on paper with no entry in EHR or RPMS.

Table 4-1: Mapping matrix for Surescripts requests

Mapping	Create Order?	Surescripts Queue Tab	Allowed Actions in Surescripts Queue	Allowed Responses in Electronic Renewal Request dialog***	Send Default Deny Comment of:
OPMD	Yes	1st	Details Change Order Provider	Accept Accept w/CHG Replace Deny	
OPD	Yes	1st	Details Change Order Provider	Accept w/CHG Replace Deny	

Mapping	Create Order?	Surescripts Queue Tab	Allowed Actions in Surescripts Queue	Allowed Responses in Electronic Renewal Request dialog***	Send Default Deny Comment of:
PMD	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Accept w/CHG Replace Deny	
OMD	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Replace Deny	
OM	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
OD	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Replace Deny	
OP	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
OZ	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
OPM	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber

Mapping	Create Order?	Surescripts Queue Tab	Allowed Actions in Surescripts Queue	Allowed Responses in Electronic Renewal Request dialog***	Send Default Deny Comment of:
PD	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Replace Deny	
PM	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
MD	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Replace Deny	
M	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
P	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
D	No	2nd	Details Map Process** Change Patient Change Prescriber Deny Renew Request	Replace Deny	
OPMDZ*	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber
OPDZ*	No	2nd	Details Deny Renew Request	<i>Item will not get this far</i>	Patient Contact Prescriber

*Z is used when the renewal request matches an existing order number in RPMS, but that order is no longer active due to having been changed, renewed, or discontinued by the prescriber prior to receiving the renewal request.

**Process will be available once the mapping has been completed.

***CS Medications will have allowed responses of Replace and Deny only.

5.0 Cancel Order

Cancel Rx is a new message that will be sent to Surescripts if a provider chooses to discontinue (DC) an electronic order. Previous to this patch, the provider received a message telling them that they could DC the order, but that no message would be sent to Surescripts. The Rx Cancel message will allow discontinued meds to be passed on to Surescripts and the external pharmacy so that the patient does not continue to receive them. The ability to send cancellations depends on the site and prescriber Surescripts service levels.

For the provider, this is a fairly invisible change, although there are minor changes to the **Discontinue / Cancel Order** dialog. The units related to the quantity value are now listed with the actual quantity value. For example, if the quantity value is 17 and the units are grams, the box will display “Quantity: 17 Grams.” Another example is shown in Figure 5-1.

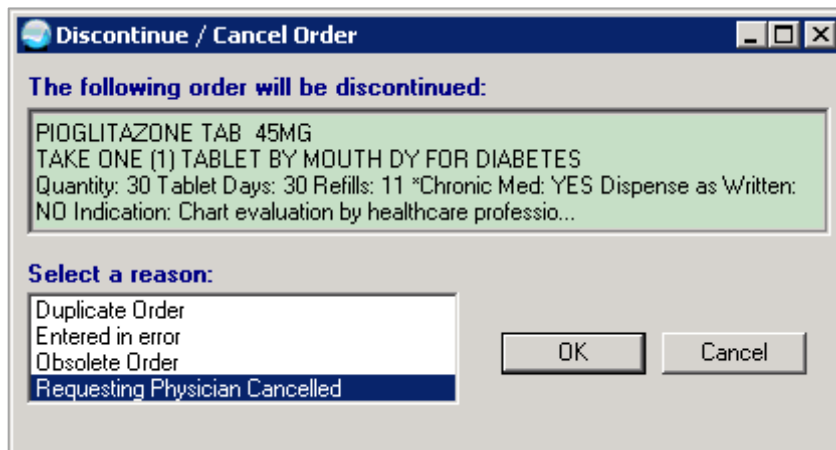


Figure 5-1: Discontinue / Cancel Order dialog with quantity display

After processing, the order will be discontinued and a message will be sent. The activity log in the order details will show that the DC was transmitted to Surescripts.

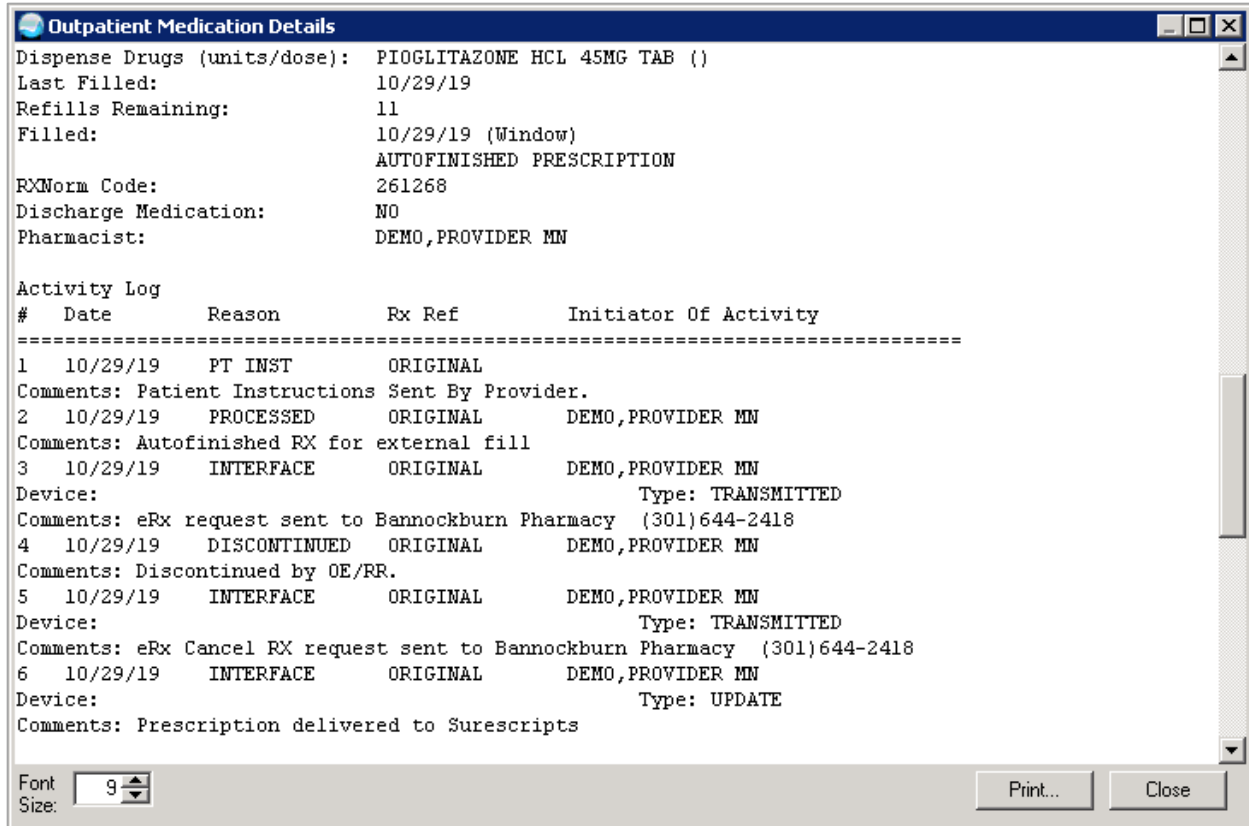


Figure 5-2: Cancel and delivery entry entries in activity log – items 5 and 6

6.0 Surescripts Mailbox Component

This component will have no data until the Renewal and Change services are enabled in a future patch. Sites may defer adding this component until that functionality is enabled in a future patch.

The Surescripts Mailbox is a component designed to assist the provider in managing incoming Surescripts requests and reviewing past Surescripts orders.

6.1 Adding the Component

The Surescripts Mailbox component is another button-style component suitable to add to the header bar used in most EHR templates. The component may be added to the template or templates used by the prescribers and their surrogates.

The properties of the component allow the user to add caption text and to set two different caption colors. These colors will be used to change the display when the user is on a patient who does not have any pending requests (CAPTIONCOLOR1) and when the user is on a patient who has pending requests (CAPTIONCOLOR2).

Properties for Surescripts Mailbox	
Property	Value
TOP	0
LEFT	385
HEIGHT	42
WIDTH	72
ALIGN	None
ANCHORS	<input checked="" type="checkbox"/> Top; Left; Bottom
CAPTIONCOLOR1	
CAPTIONCOLOR2	
CAPTIONTEXT	View Mailbox

Figure 6-1: Properties for Surescripts Mailbox dialog

The component will display counts of the incoming requests. The format is **RnCnVn**:

- R represents Renewal Requests,
- C represents Change Requests,
- V represents Validation requests, and
- The n represents a numerical value

Because Change and Validation requests are not supported at this time, these will display 0. When these request types are released, the component will reflect these requests, as well. In Figure 6-2, R9C0V0 displays 9 renewal requests, 0 change requests, and 0 validation requests.



Figure 6-2: Surescripts Mailbox component

6.2 Surescripts Mailbox Use

When the user clicks on the **Surescripts Mailbox** button, the component opens. The Mailbox contains five sections:

- **My SS Orders**
- **Renewal Requests**
- **Change Requests**
- **Validation Requests**
- **Requests Denied**
- **Reporting**

The user may open or expand each section by clicking the down-arrows button. Color icons let the prescriber know how old the requests are. The component also includes an icon legend and a Days Back control that allows the prescriber to change the date range within set time frames.

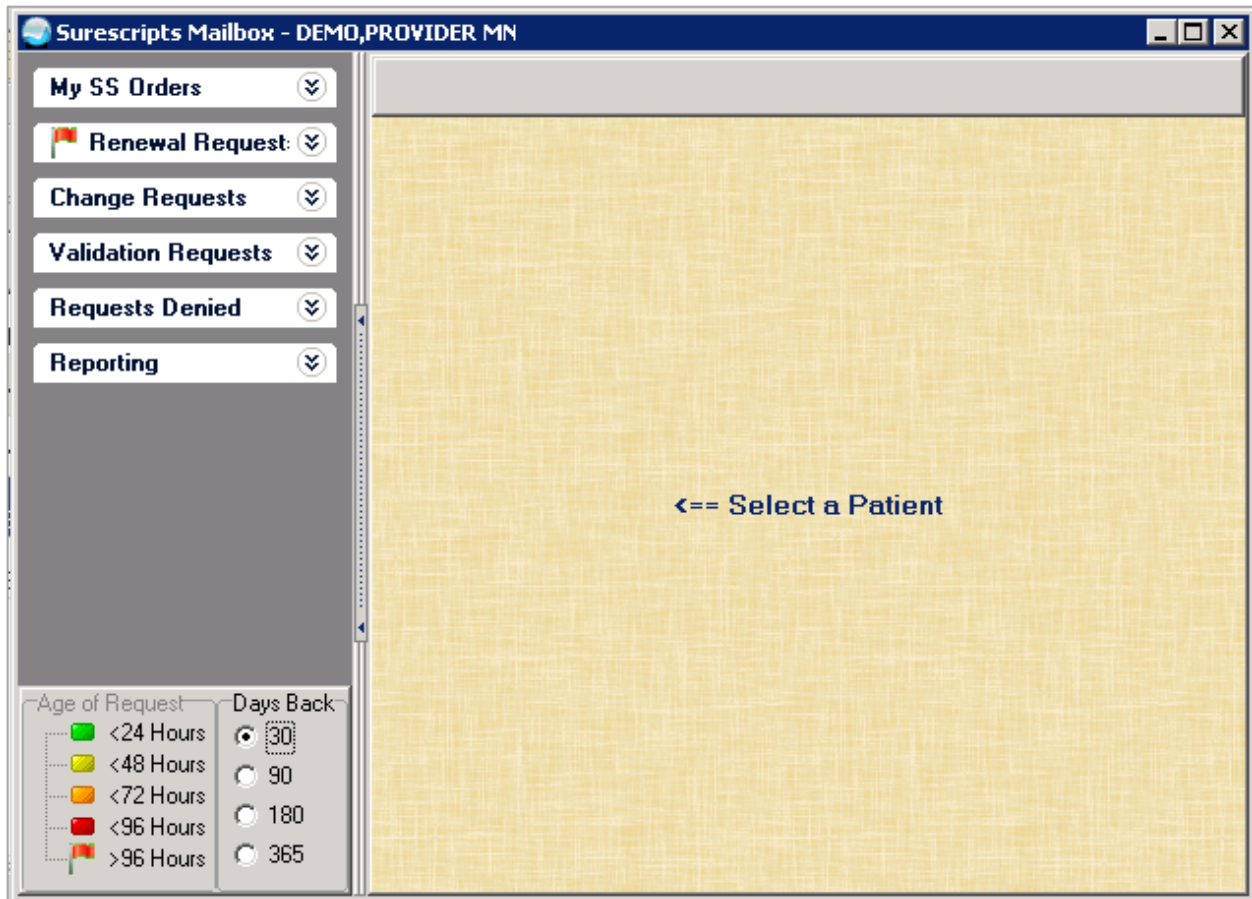


Figure 6-3: Surescripts Mailbox with sections closed

The sections with active requests will have an icon that denotes the oldest request that is in that section. In the example above, at least one of the requests has been pending for over 96 hours. The icons are to help the prescribers meet the Surescripts requirement that all requests be responded to within 72 hours.

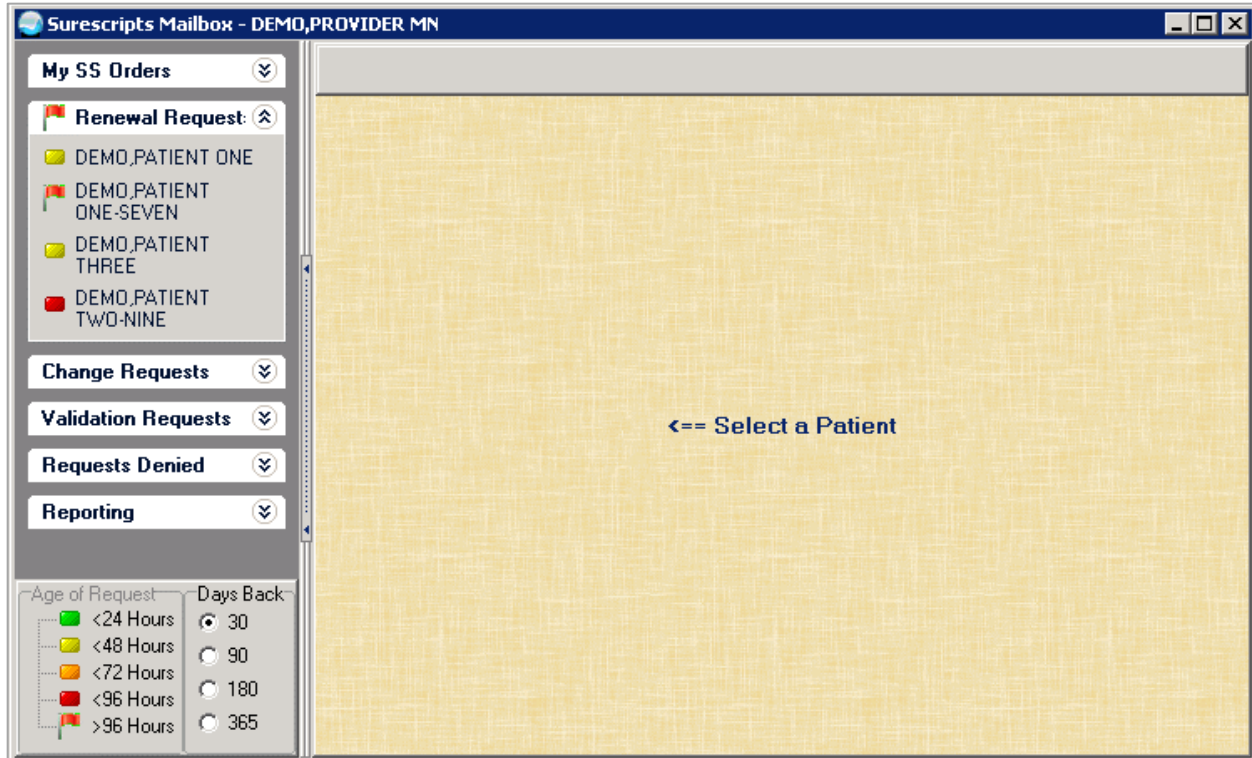


Figure 6-4: Surescripts Mailbox with Renewal Requests open

When open, each patient with one or more requests for that section type is listed, complete with the icon denoting the oldest request pending for that patient.

Click on the patient to display all the pending requests for the section type for that patient.

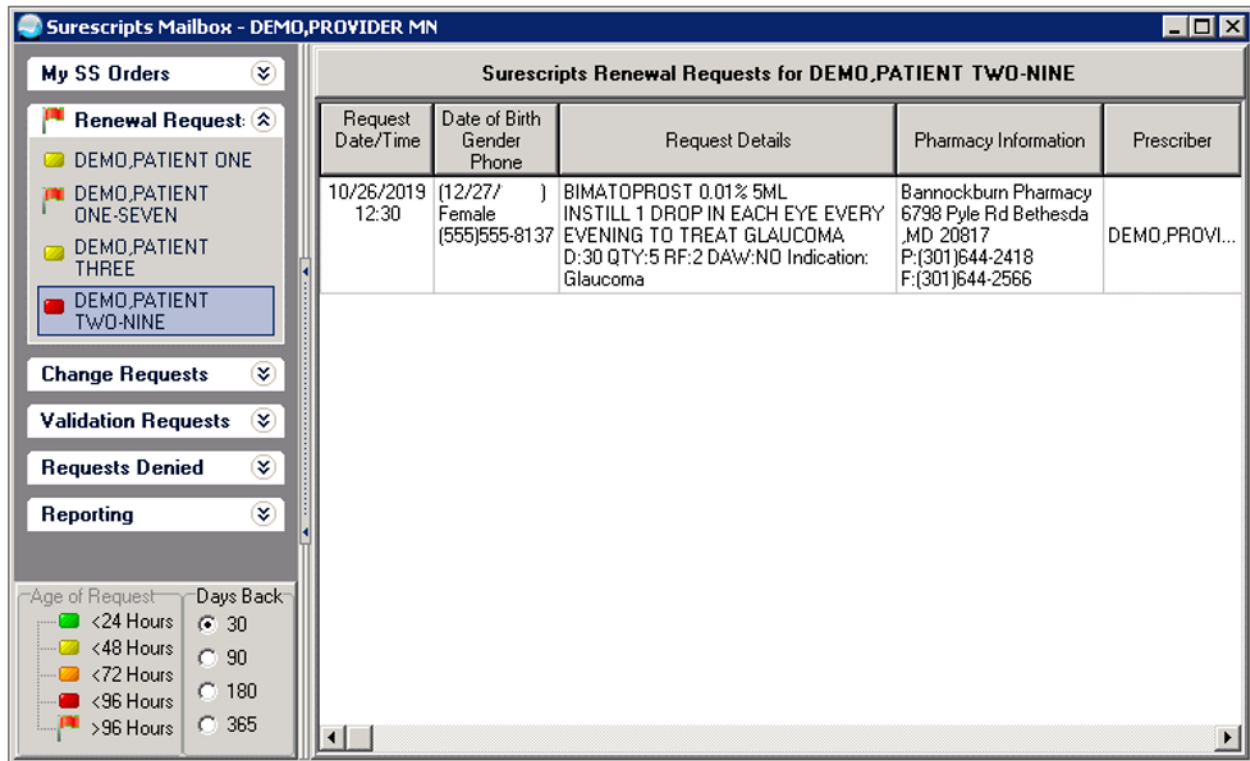


Figure 6-5: Surescripts mailbox with Renewal Request patient selected

Again, because Change requests and Validation requests are not yet supported, these sections will not have any data at this time.

6.3 Surrogates

Prescribers who are enabled for incoming Surescripts requests must set up a surrogate when they will not be available to process these requests for more than 72 hours.

6.3.1 Setting a Surrogate

In the EHR, surrogates are set up on the **Tools** menu, under **Options**. Surrogate settings are on the **Notifications** tab.

Click the **Surrogate Settings** button, select the appropriate prescriber, and optionally set a date range for the surrogate to cover. Click **OK** to save the surrogate.

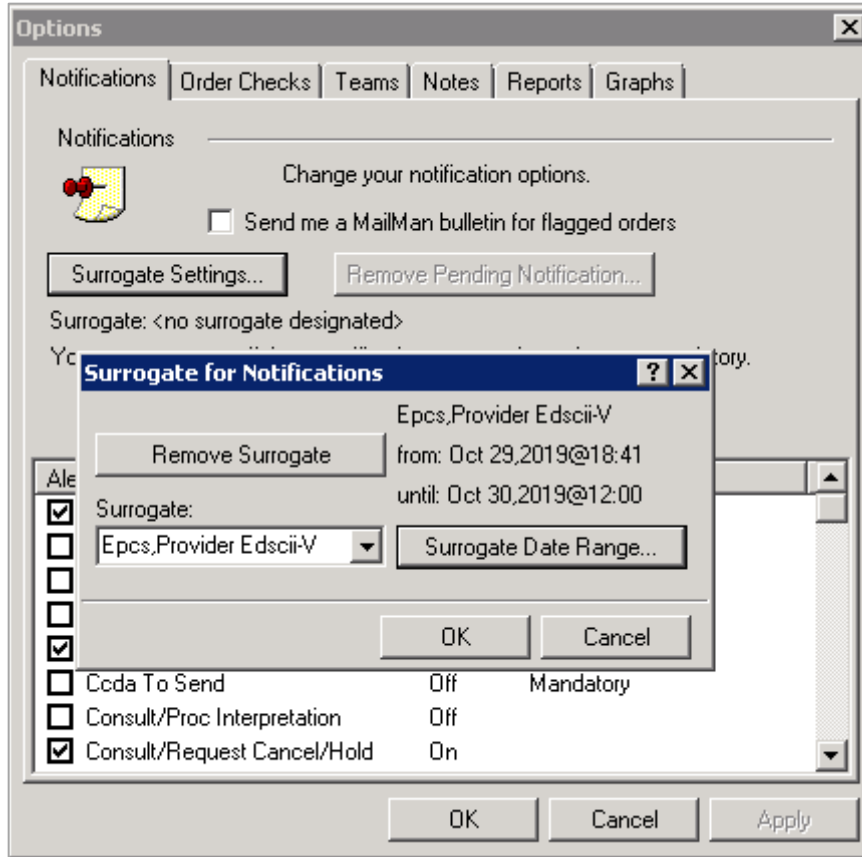


Figure 6-6: Surrogate for Notifications dialog with Options dialog

The surrogate information displays below the **Surrogate Settings** button.

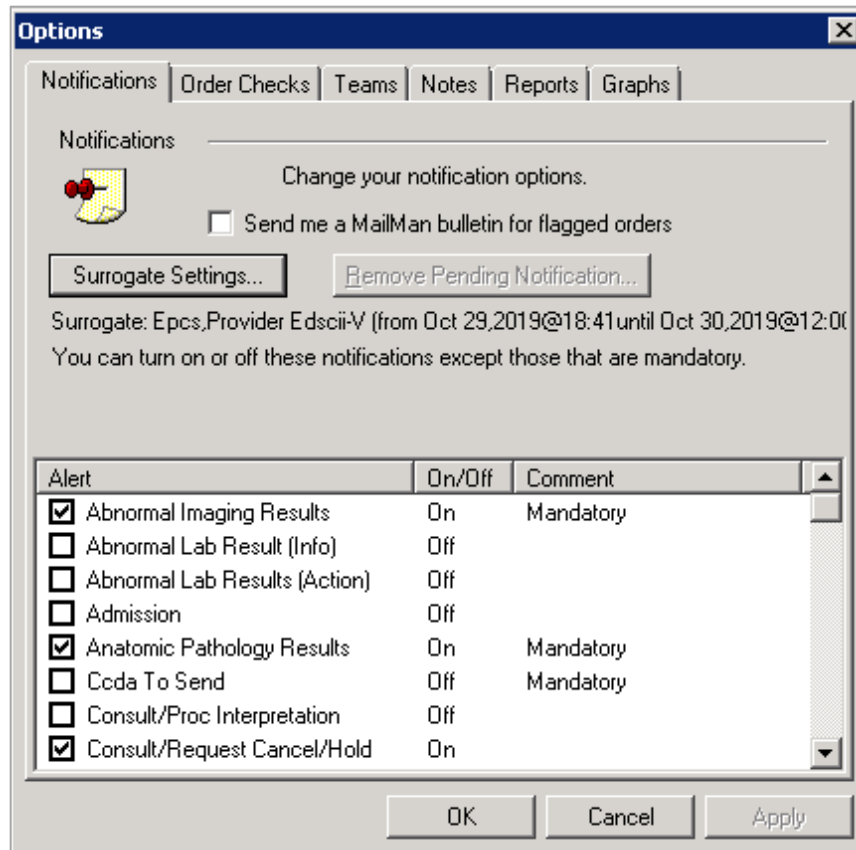


Figure 6-7: Options dialog with surrogate information

If the prescriber forgets to set a surrogate before being unavailable, or if an emergency occurs where the prescriber is unable to set a surrogate, a surrogate may be set in RPMS by the appropriately privileged personnel, such as IT personnel.

6.3.2 Viewing a Surrogate's Requests

Once a prescriber has a surrogate set up, all generated notifications will go to the surrogate.

In the **Surescripts Mailbox**, the items in the mailbox that belong to another prescriber will display in italics. A new icon is displayed in the upper right corner of the component. Clicking on the icon will display the surrogate information.

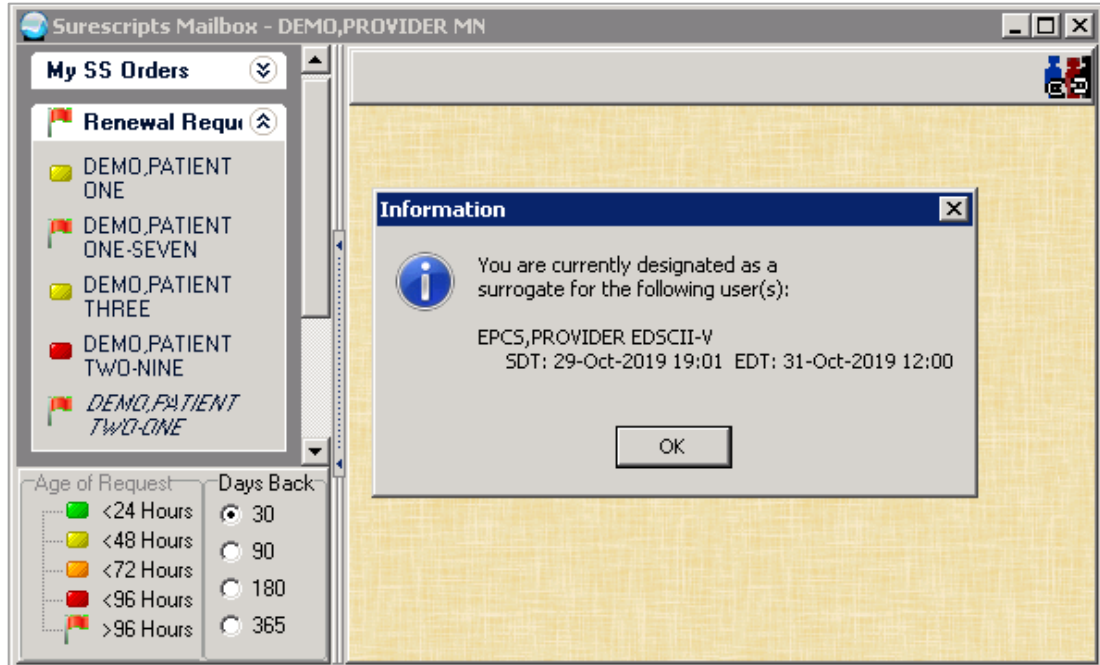


Figure 6-8: Surescripts Mailbox with one patient name in italics, surrogate icon, and surrogate information

6.4 Processing from the Mailbox

Requests may be processed through the mailbox by opening the relevant section, selecting a patient, then right-clicking to select **Process Request** from the menu. The prescriber may elect to view the **Details** from this menu as well. The remaining procedure will be different depending on the type of request. For this patch, only Renewal Requests may be processed.

6.4.1 Renewal Requests

Processing the renewal in the mailbox is the same as processing it from the alert. Select the item in the mailbox, then the **Process Request** option. The prescriber will be prompted to sign (and if a CS, use 2FA)., The prescriber may see order checks, the EHR will change patient context, and if necessary, the system will ask for a visit to be selected or created. The **Electronic Renewal request** dialog opens, and the renewal request is processed as per Section 3.2.3.

Selecting the **Details** option will show the same details as seen in the Surescripts Queue or **Electronic Renewal request** dialog.

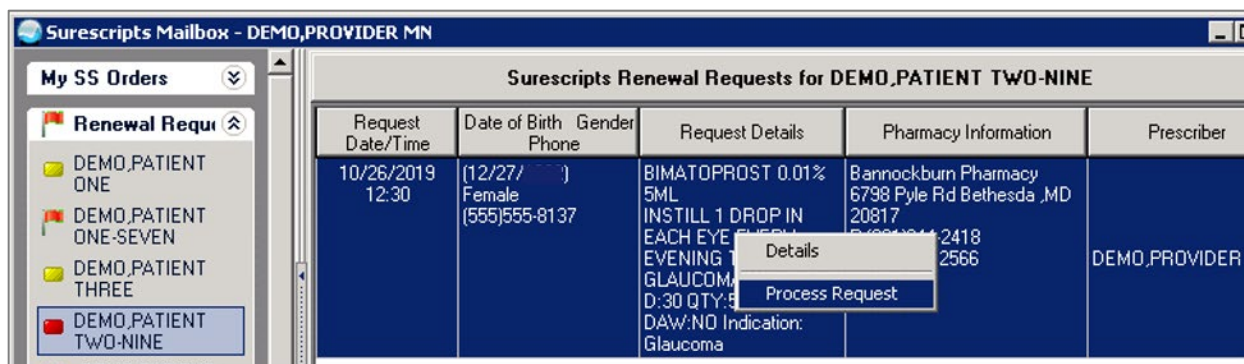


Figure 6-9: Portion of the Surescripts Mailbox with renewal request and context menu

6.5 Other Mailbox Options

There are three mailbox options that are for viewing only. These include **My SS Orders**, **Requests Denied**, and **Reporting**.

6.5.1 My SS Orders

Selecting **My SS Orders** will display a list of patients for whom the provider has sent messages to Surescripts over the date range. Click on a patient name to view a listing of the orders for the selected patient. Information displayed by default includes **Medication**, **Issue date**, **Expiration date**, **Prescription number**, and **Chronic** indicator. Right-click on the headers to change which information displays. Select an option button in the Days Back section in the lower left to change the date range displayed. This will cause the component to refresh and the section and patient must be re-selected. This is a view-only option.

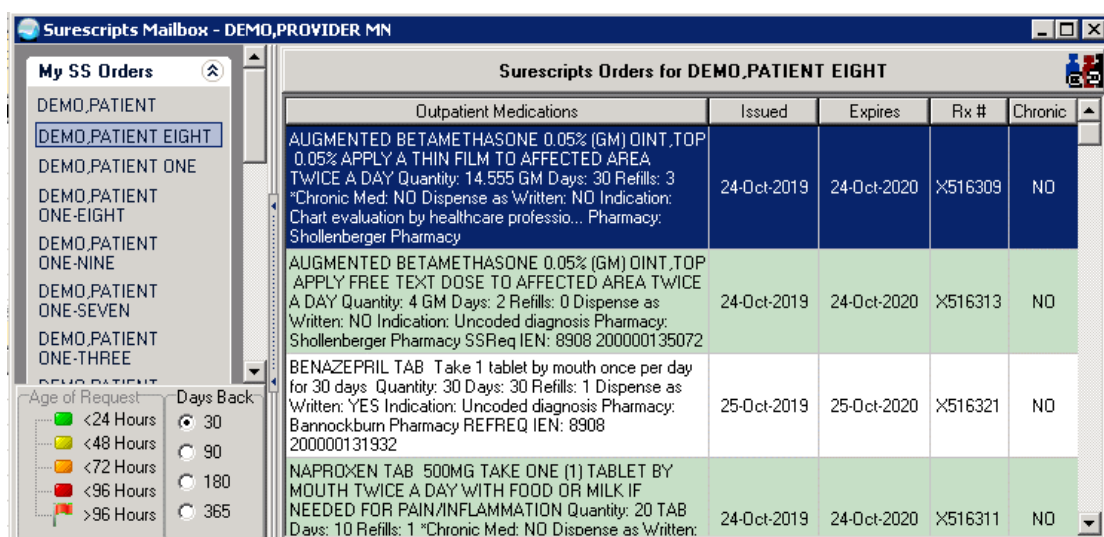


Figure 6-10: My SS Orders with patient selected

Double-click on the order to display the normal order details.

Order Details - 496218

AUGMENTED BETAMETHASONE 0.05% (GM) OINT, TOP 0.05%
 APPLY A THIN FILM TO AFFECTED AREA TWICE A DAY
 Quantity: 14.555 GM Days: 30 Refills: 3 *Chronic Med: NO Dispense as Written: NO
 Indication: Chart evaluation by healthcare professio... Pharmacy: Shollenberger
 Pharmacy

Activity:
 10/24/2019 14:37 New Order entered by DEMO, PROVIDER MN
 Order Text: AUGMENTED BETAMETHASONE 0.05% (GM) OINT, TOP 0.05%
 APPLY A THIN FILM TO AFFECTED AREA TWICE A DAY
 Quantity: 14.555 GM Days: 30 Refills: 3 *Chronic Med: NO Dispense as
 Written: NO
 Indication: Chart evaluation by healthcare professio... Pharmacy:
 Shollenberger
 Pharmacy
 Nature of Order: ELECTRONICALLY ENTERED
 Elec Signature: DEMO, PROVIDER MN on 10/24/2019 14:37
 Ordered by: DEMO, PROVIDER MN

Current Data:
 Treating Specialty:
 Ordering Location: DEMO
 Start Date/Time: 10/24/2019
 Stop Date/Time: 10/24/2020
 Current Status: ACTIVE
 Orders that are active or have been accepted by the service for processing.
 e.g., Dietetic orders are active upon being ordered, Pharmacy orders are
 active when the order is verified, Lab orders are active when the sample
 has been collected, Radiology orders are active upon registration.
 Order #496218

Order:
 Medication: AUGMENTED BETAMETHASONE 0.05% (GM) OINT, TOP 0.05%
 Instructions: A THIN FILM 0.05% TOPICAL BID
 Sig:
 APPLY A THIN FILM TO AFFECTED AREA TWICE A DAY
 Days Supply: 30

Font Size: 9

Figure 6-11: Order details from the My SS Orders section of the Mailbox

6.5.2 Requests Denied

Selecting **Requests Denied** will display a listing of patients that have had requests denied in the date range, with the default range being 30 days. Click on a patient name to view a listing of the denied requests for the selected patient. The information displayed includes Request date and time, Date of denial response, Patient information (date of birth, gender, and phone), Request details, Pharmacy information, Prescriber, Reason request denied, and Surescripts request type.

Click the options in the **Days Back** section at the lower left to change the date range displayed. This will refresh the component, and the section and patient must be re-selected. This is a view-only option.

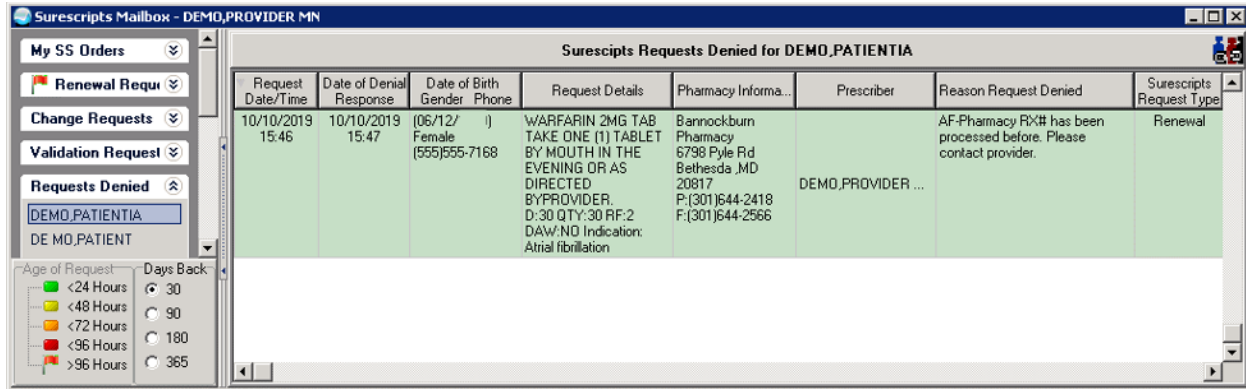


Figure 6-12: Requests Denied with patient selected

Double-click on the line item to display the request details.

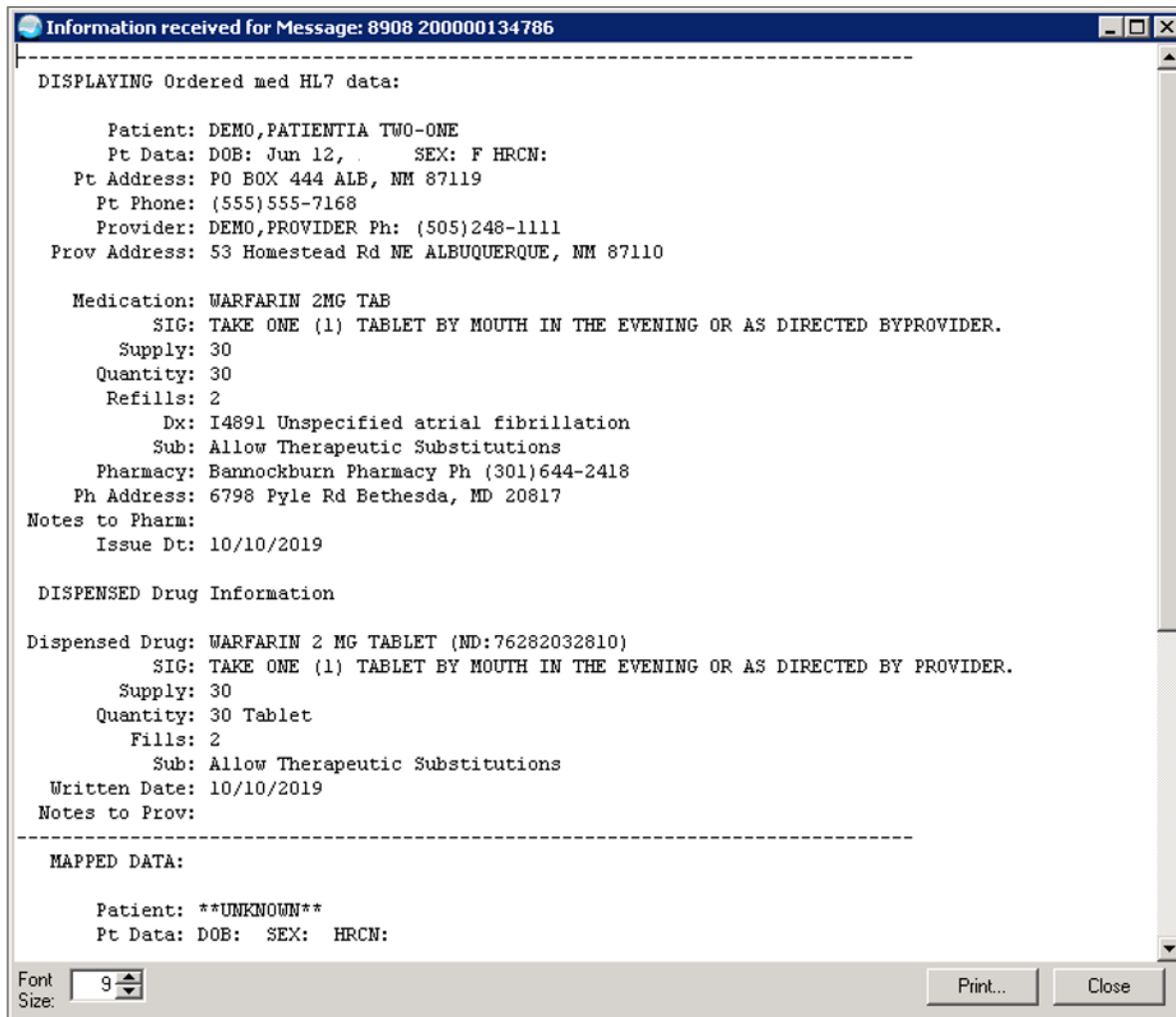


Figure 6-13: Information Received window showing the request details

6.6 Reporting

A reporting option has been added to the mailbox to allow prescribers to get reports on the items that they have processed. It has varying degrees of detail which can be selected depending on the prescribers' needs.

Open the **Reporting** section and click on **Utilization**. The retrieval criteria display at the far right. Select a pre-set time period from the menu or select **Date Range** and enter the start and end dates. To include actions where the user was a Prescriber Agent, select the **Include Prescriber Agent Actions** check box. Select the desired level of detail, 1–6 or 9–10. Levels 7 and 8 are not functional at this time. Once the criteria are set, click the **Generate Report** button to view the results. There is an information button (with a lower case “i” icon) that will show examples of the various levels.

Note: If the retrieval criteria or **Generate Report** button are not visible, make the Mailbox window larger.

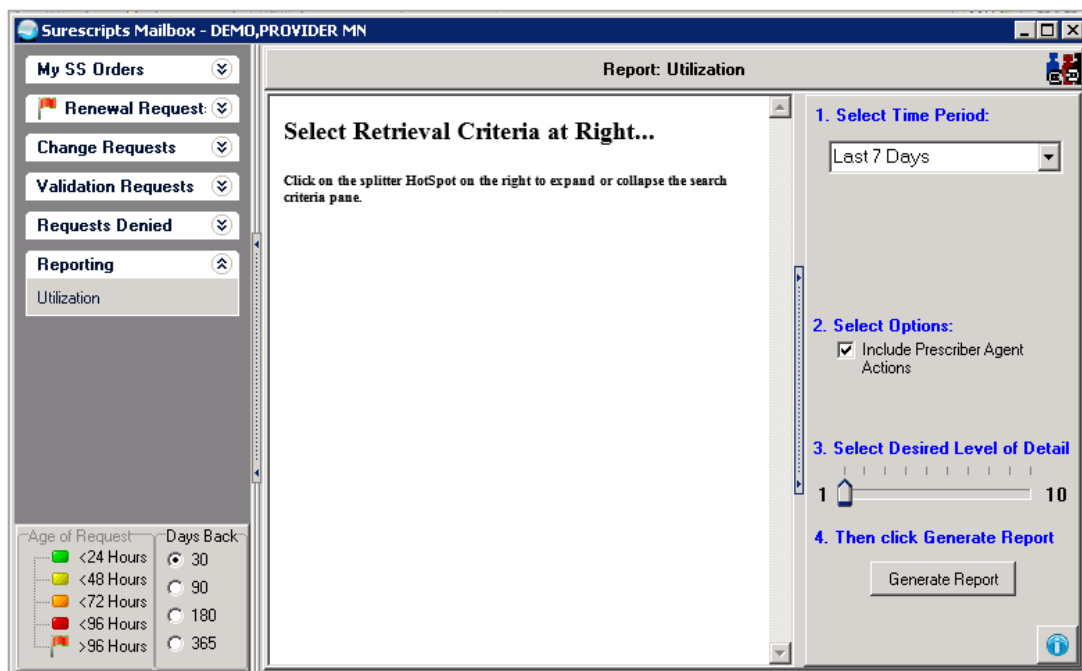


Figure 6-14: Reporting Utilization retrieval criteria

Once the report is generated, it will display in the middle pane. The user can right-click and print it to a windows printer or export it to Microsoft Excel.

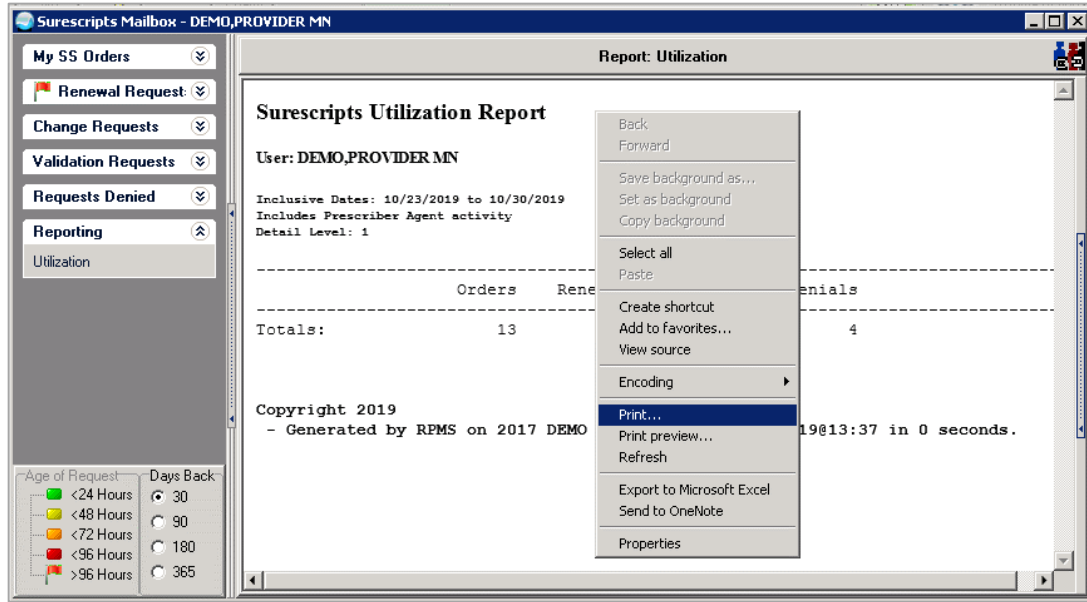


Figure 6-15: Context menu options for a generated report

To get back to the retrieval criteria, click **Utilization** again, or use the grab bar (on the far right above next to the vertical scroll bar) to adjust the panes so that the criteria selection can be seen.

6.6.1 Level 1 – Totals

Level 1 returns only the totals of each type:

- Orders – all new orders processed using eRx
- Renewals – all renewals received
- Changes – all change requests (not currently active — will always read 0 for now)
- Denials – all items that were denied (currently only renewals but will include changes once the functionality is active)

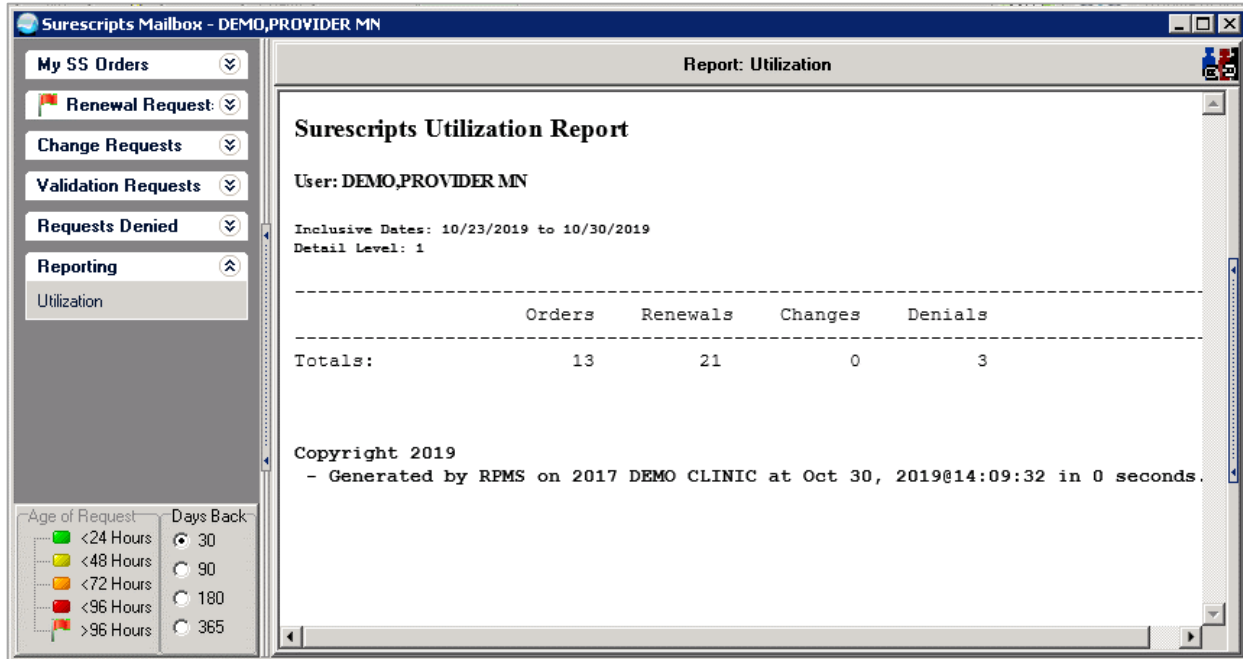


Figure 6-16: Level 1 report

6.6.2 Level 2 – Totals with Subtypes

The level 2 report adds in all the different subtypes of change requests. Because Change is not currently supported, this report will essentially echo level 1 at this time.

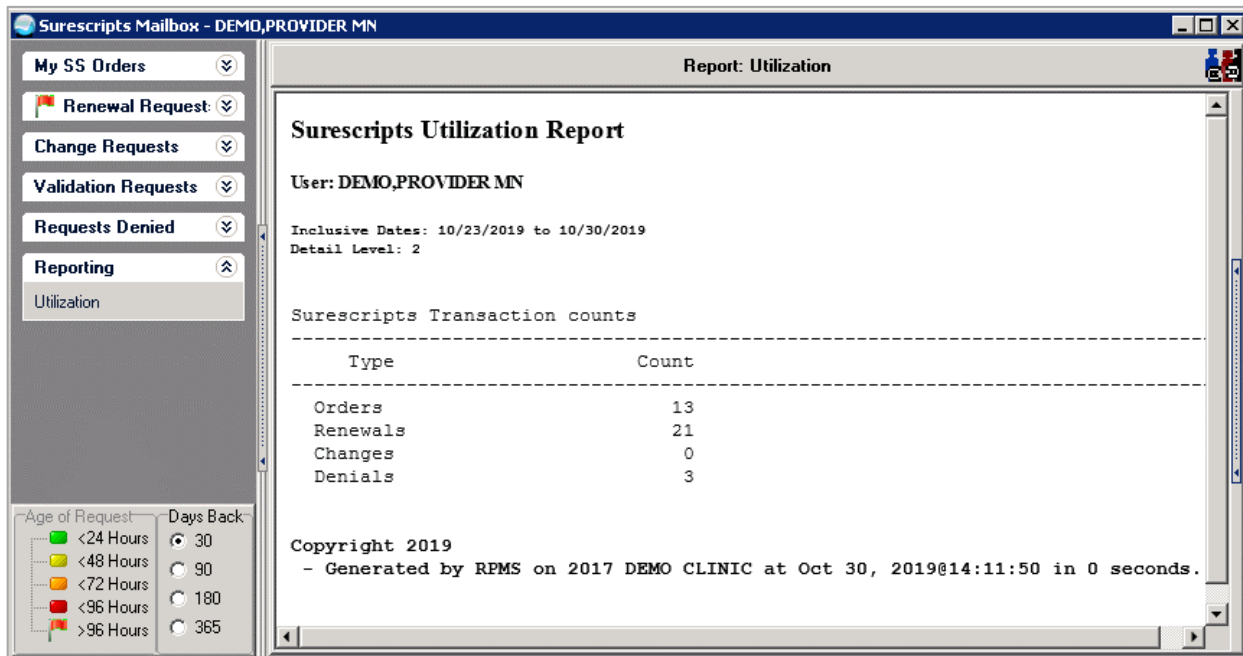


Figure 6-17: Level 2 report

6.6.3 Level 3 – Totals by Patient

Level 3 shows the counts by patient.

Surescripts Mailbox - DEMO, PROVIDER MN

Report: Utilization

Surescripts Utilization Report

User: DEMO, PROVIDER MN

Inclusive Dates: 10/23/2019 to 10/30/2019
Includes Prescriber Agent activity
Detail Level: 3

Surescripts Counts by Patient

Patient	Orders	Renewals	Changes	Denials
DEMO, PATIENT	2	0	0	0
DEMO, PATIENT EIGHT	5	1	0	0
DEMO, PATIENT ONE	0	4	0	0
DEMO, PATIENT ONE-EIGHT	0	1	0	0
DEMO, PATIENT ONE-NINE	4	3	0	0
DEMO, PATIENT ONE-SEVEN	0	2	0	0
DEMO, PATIENT ONE-THREE	1	1	0	1
DEMO, PATIENT ONE-ZERO	1	4	0	2
DEMO, PATIENT THREE	0	1	0	0
DEMO, PATIENT THREE-NINE	1	1	0	0
DEMO, PATIENT TWO-NINE	0	2	0	0

Copyright 2019
- Generated by RPMS on 2017 DEMO CLINIC at Oct 30, 2019@20:40:53 in 0 seconds.

Figure 6-18: Level 3 report

6.6.4 Level 4 – Totals by Medication

Level 4 shows the counts by medication.

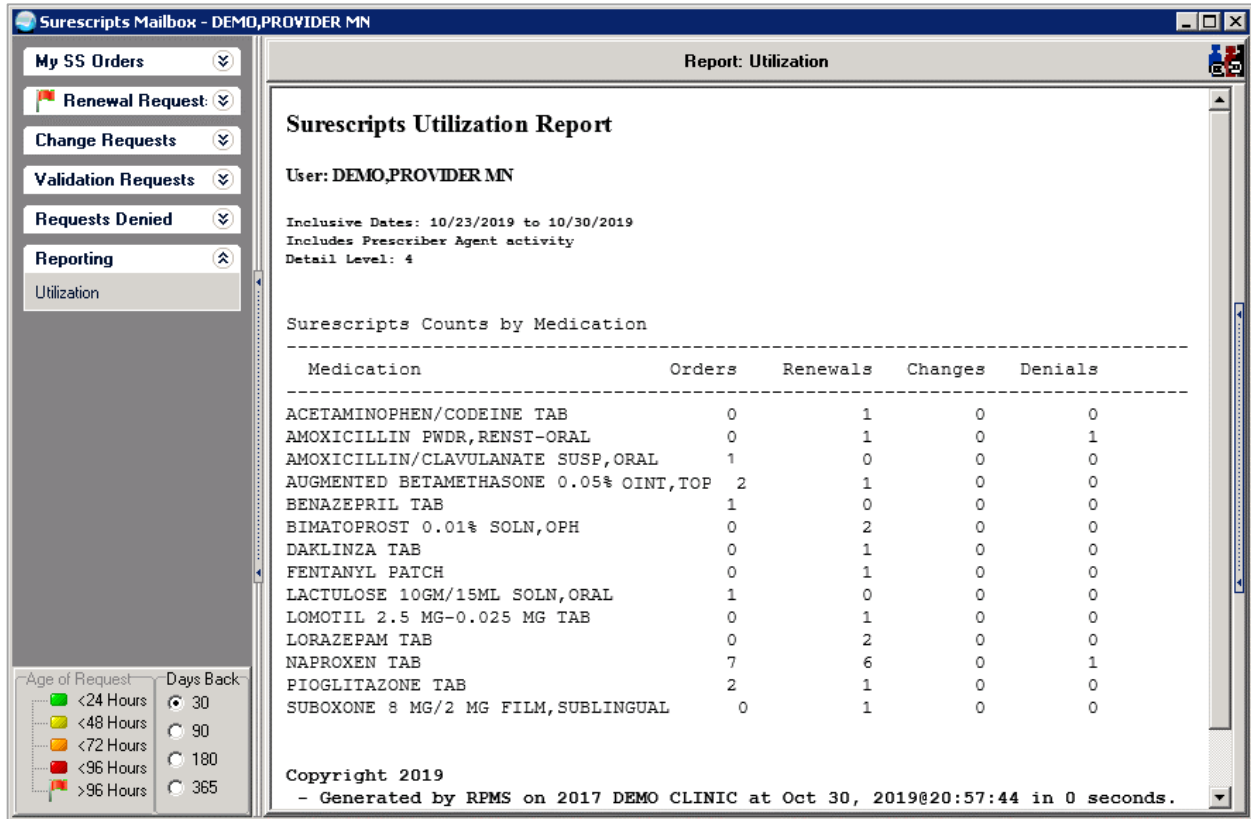


Figure 6-19: Level 4 report

6.6.5 Level 5 – Patient and Medication

Level 5 shows each patient and the medication or medications associated with that patient.

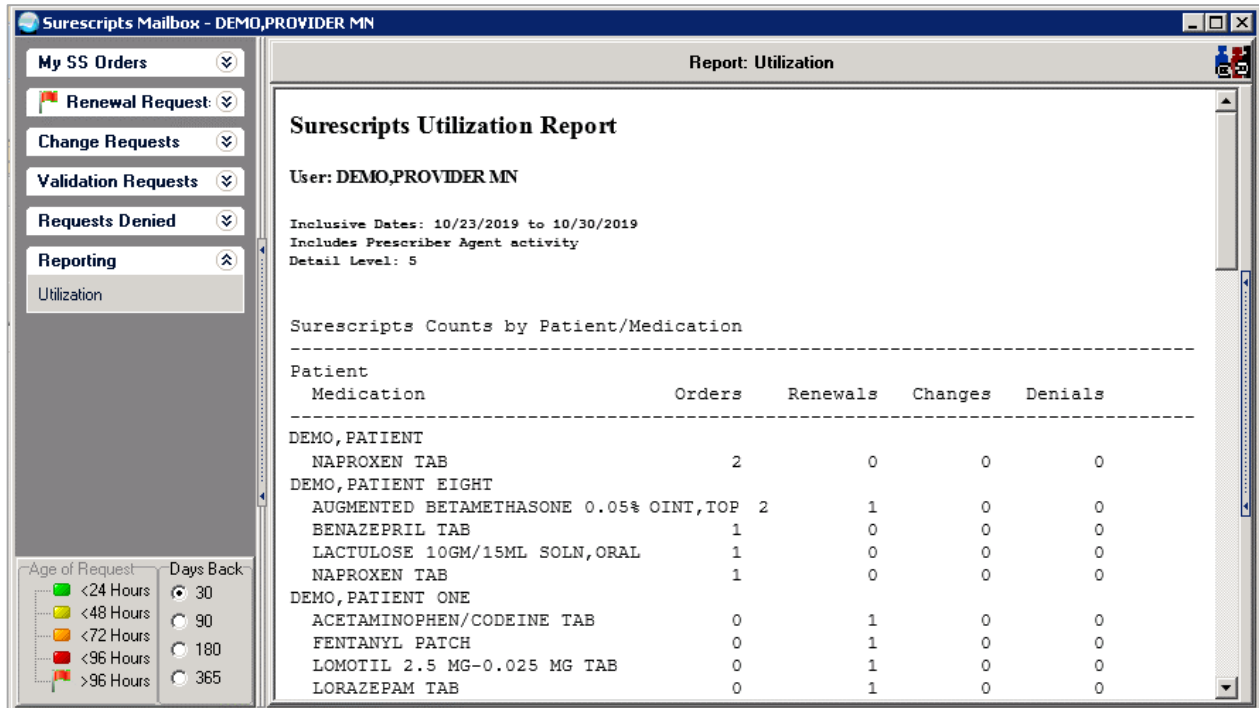


Figure 6-20: Level 5 report

6.6.6 Level 6 – Order Date

Level 6 is by patient and shows transmitted orders with the order number and details on each order. After the order details will be the requests received from Surescripts with the request number, type, status, and details.

Surescripts Mailbox - DEMO, PROVIDER MN

Report: Utilization

DEMO, PATIENT ONE-SEVEN
Surescripts Order Descriptions

Order #	Tx Date	Details
Transmitted Orders...		
496230	10/25/2019 14:50	PIOGLITAZONE TAB 30MG TAKE ONE (1) TABLET BY MOUTH DY FOR DIABETES Quantity: 30 TAB Days: 30 Refills: 11 *Chronic Med: YES Dispense as Written: NO Indication: Chart evaluation by healthcare professio... Pharmacy: Bannockburn Pharmacy
Transmitted Orders...		
496232	10/25/2019 15:12	SUBOXONE 8 MG-2 MG SUBLINGUAL FILM PLACE ONE (1) FILM UNDER THE TONGUE DAILY Quantity: 30 FM Days: 30 Refills: 1 *Chronic Med: NO Dispense as Written: NO Indication: Chart evaluation by healthcare professio... Pharmacy: Lawrence Academy Rx 10.6

Surescripts Request Descriptions

Request #	Date	Type	Status
Requests Received			
8908 200000135088 (793)	10/25/2019 14:51	RENEW	PROCESSING
Pharmacy: Bannockburn Pharmacy			
PIOGLITAZONE TAB TAKE ONE (1) TABLET BY MOUTH DY FOR DIABETES Quantity: 30 TAB Days: 30 Refills: 10 Dispense as Written: NO Indication: Uncoded diagnosis Pharmacy: Bannockburn Pharmacy SSRq IEN:			

Age of Request: <24 Hours <48 Hours <72 Hours <96 Hours >96 Hours

Days Back: 30 90 180 365

Figure 6-21: Portion of Level 6 report

6.6.7 Level 9 – Order Details

Level 9 can only be generated for date ranges of 14 days or less. This report contains all the order details but does not contain the inbound request data for renewals.

```

Patient: TEST,KENT                      Order Number: 2824

CITALOPRAM TAB 20MG
TAKE ONE TABLET BY MOUTH EVERY MORNING
Quantity: 30 Days: 30 Refills: 11 *Chronic Med: NO Dispense as Written: YES
Indication: Major depressive disorder, single episod... Pharmacy: CVS
Pharmacy #
6250 REFREQ IEN: 353135 574

Activity:
04/18/2019 16:21 New Order entered by USER,DEMO (DOCTOR)
Order Text: CITALOPRAM TAB
TAKE ONE TABLET BY MOUTH EVERY MORNING
Quantity: 30 Days: 30 Refills: 11 Dispense as
Written: YES Indication: Major
  
```

```

depressive disorder, single episod... Pharmacy: CVS
Pharmacy # 6250 REFREQ IEN:
353135 574
Nature of Order: ELECTRONICALLY ENTERED
Elec Signature: USER,DEMO (DOCTOR) on 04/18/2019 16:22
Ordered by: USER,DEMO (DOCTOR)
04/18/2019 16:22 Change entered by USER,DEMO (DOCTOR)
Changed to: CITALOPRAM TAB 20MG
TAKE ONE TABLET BY MOUTH EVERY MORNING
Quantity: 30 Days: 30 Refills: 11 *Chronic Med: NO
Dispense as Written: YES
Indication: Major depressive disorder, single
episod... Pharmacy: CVS Pharmacy #
6250 REFREQ IEN: 353135 574
Nature of Order: SERVICE CORRECTION
Signature: SERVICE CORRECTION TO SIGNED ORDER

Current Data:
Treating Specialty:
Ordering Location: DIABETES
Start Date/Time: 04/18/2019
Stop Date/Time: 04/18/2020
Current Status: ACTIVE
Orders that are active or have been accepted by the service for
processing.
e.g., Dietetic orders are active upon being ordered, Pharmacy orders are
active when the order is verified, Lab orders are active when the sample
has been collected, Radiology orders are active upon registration.
Order #2824

Order:
Medication: CITALOPRAM TAB 20MG
Instructions: SEE SIG SEE SIG AS WRITTEN
Sig:
TAKE ONE TABLET BY MOUTH EVERY MORNING
Patient Instructions:
TAKE ONE TABLET BY MOUTH EVERY MORNING
Days: 30
Quantity: 30
Refills: 11
Pick Up: ELECTRONIC
Pharmacy: CVS Pharmacy # 6250
Indication: Major depressive disorder, single episode,
moderate
SNOMED Concept ID: 832007

Dispense Drugs (units/dose): CITALOPRAM 20MG TAB ()
Last Filled: 4/18/19
Refills Remaining: 11
Filled: 4/18/19 (Window)
AUTOFINISHED PRESCRIPTION
RXNorm Code: 200371
Discharge Medication:
Pharmacist: USER,DEMO

Activity Log
# Date Reason Rx Ref Initiator Of Activity
=====
====
1 04/18/19 PT INST ORIGINAL
Comments: Patient Instructions Not Sent By Provider.
2 04/18/19 PROCESSED ORIGINAL USER,DEMO
    
```

```

Comments: Autofinished RX for external fill
3 04/18/19 INTERFACE ORIGINAL USER, DEMO
Device: Type: TRANSMITTED
Comments: eRx ACCEPT response sent to CVS Pharmacy # 6250 (812)853-6141

```

Figure 6-22: Level 9 – Order details

6.6.8 Level 10 – Full Details

Level 10 can only be generated for date ranges of 14 days or less. It contains full order details including activity log data for each order. It also includes all the data that was in the incoming message from Surescripts.

```

Order Number: 2861

PHENOBARBITAL TAB 60MG
TAKE ONE TABLET BY MOUTH AT BEDTIME
Quantity: 30 Days: 60 Refills: 0 *Chronic Med: NO Dispense as Written: YES
Indication: Uncoded diagnosis Pharmacy: CVS Pharmacy # 6250 REFREQ IEN:
353135
595

Activity:
05/01/2019 11:39 New Order entered by USER, DEMO (DOCTOR)
Order Text: PHENOBARBITAL TAB
TAKE ONE TABLET BY MOUTH AT BEDTIME
Quantity: 30 Days: 60 Refills: 0 Dispense as
Written: YES Indication: Uncoded
diagnosis Pharmacy: CVS Pharmacy # 6250 REFREQ IEN:
353135 595
Nature of Order: ELECTRONICALLY ENTERED
Dig Signature: USER, DEMO (DOCTOR) on 05/01/2019 11:40
Ordered by: USER, DEMO (DOCTOR)
05/01/2019 11:40 Change entered by USER, DEMO (DOCTOR)
Changed to: PHENOBARBITAL TAB 60MG
TAKE ONE TABLET BY MOUTH AT BEDTIME
Quantity: 30 Days: 60 Refills: 0 *Chronic Med: NO
Dispense as Written: YES
Indication: Uncoded diagnosis Pharmacy: CVS
Pharmacy # 6250 REFREQ IEN: 353135
595
Nature of Order: SERVICE CORRECTION
Signature: SERVICE CORRECTION TO SIGNED ORDER

Current Data:
Treating Specialty:
Ordering Location: EMERGENCY ROOM
Start Date/Time: 05/01/2019
Stop Date/Time: 05/01/2020
Current Status: ACTIVE
Orders that are active or have been accepted by the service for
processing.
e.g., Dietetic orders are active upon being ordered, Pharmacy orders are
active when the order is verified, Lab orders are active when the sample
has been collected, Radiology orders are active upon registration.
Order #2861

Order:
Medication: PHENOBARBITAL TAB 60MG

```



```

Instructions:                SEE SIG SEE SIG AS WRITTEN
Sig:
  TAKE ONE TABLET BY MOUTH AT BEDTIME
Patient Instructions:
  TAKE ONE TABLET BY MOUTH AT BEDTIME
Days:                        60
Quantity:                    30
Refills:                      0
Pick Up:                      ELECTRONIC
Pharmacy:                     CVS Pharmacy # 6250
Indication:                   Uncoded diagnosis
SNOMED Concept ID:           169576004

Dispense Drugs (units/dose): PHENOBARBITAL 65MG TAB** ()
Last Filled:                  5/1/19
Refills Remaining:           0
Filled:                       5/1/19 (Window)
                              AUTOFINISHED PRESCRIPTION
RXNorm Code:                  198089
Discharge Medication:
Pharmacist:                   USER,DEMO

Activity Log
#   Date       Reason           Rx Ref           Initiator Of Activity
=====
1   05/01/19   PT INST           ORIGINAL
Comments: Patient Instructions Not Sent By Provider.
2   05/01/19   PROCESSED        ORIGINAL         USER,DEMO
Comments: Autofinished RX for external fill
3   05/01/19   INTERFACE        ORIGINAL         USER,DEMO
Device:
                              Type: TRANSMITTED
Comments: eRx ACCEPT W/CHG response sent to CVS Pharmacy # 6250 (812)853-6141

REQUESTS DETAILS
Message ID: 353135 595

-----
DISPLAYING incoming HL7 data:

Patient: CAREFX,ONE A
Pt Data: DOB: May 24, XXXX SEX: F HRCN: 0
Pt Address:
Pt Phone:
Provider: USER,DEMO Ph:
Prov Address: 8100 RED BUD CT NEWBURGH, IN 47630

Medication: PHENOBARBITAL 65MG
SIG: TAKE ONE(1) TABLET TWICE A DAT
Supply: 30
Quantity: 60
Fills: 0
Dx: J449 Chronic obstructive pulmonary disease, unspecified
Sub: Allow Therapeutic Substitutions
Pharmacy: CVS Pharmacy # 6250 Ph
Ph Address: 7722 HWY 66 NEWBURGH, IN 47630
Notes to Pharm:
Issue Dt: 05/01/2019

DISPENSED Drug Information
    
```

```
Dispensed Drug:
  SIG:
  Supply:
  Quantity:
  Fills:
    Sub: Allow Therapeutic Substitutions
Written Date:
Notes to Prov:
-----
MAPPED DATA:

  Patient: **UNKNOWN**
  Pt Data: DOB:  SEX:  HRCN:
  Address:
  Pt Phone:
  Provider:  Ph:
  Prov Address:  ,

  Medication:
  SIG:
  Supply:
  Quantity:
  Fills:
    Dx:
    Sub:
  Pharmacy:  Ph:
  Ph Address:  ,

Dosing information: (multiple line items indicates complex dosing)
Units/Dose Interval Duration Conjunction
1                30
-----
```

Figure 6-23: Level 10 – Full Details

7.0 Rx Fill Messages

This release also includes the Rx Fill messages, allowing a pharmacy to send back information when a prescription is dispensed, partially dispensed, not dispensed, or transferred. The information will primarily be in the order details, though dispense messages will incrementally decrease the refills remaining.

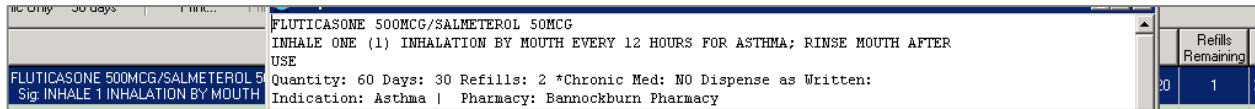


Figure 7-1: Outpatient medication list, refill details – two ordered and one remaining

The order details for each message will display similar to the one shown in Figure 7-2.

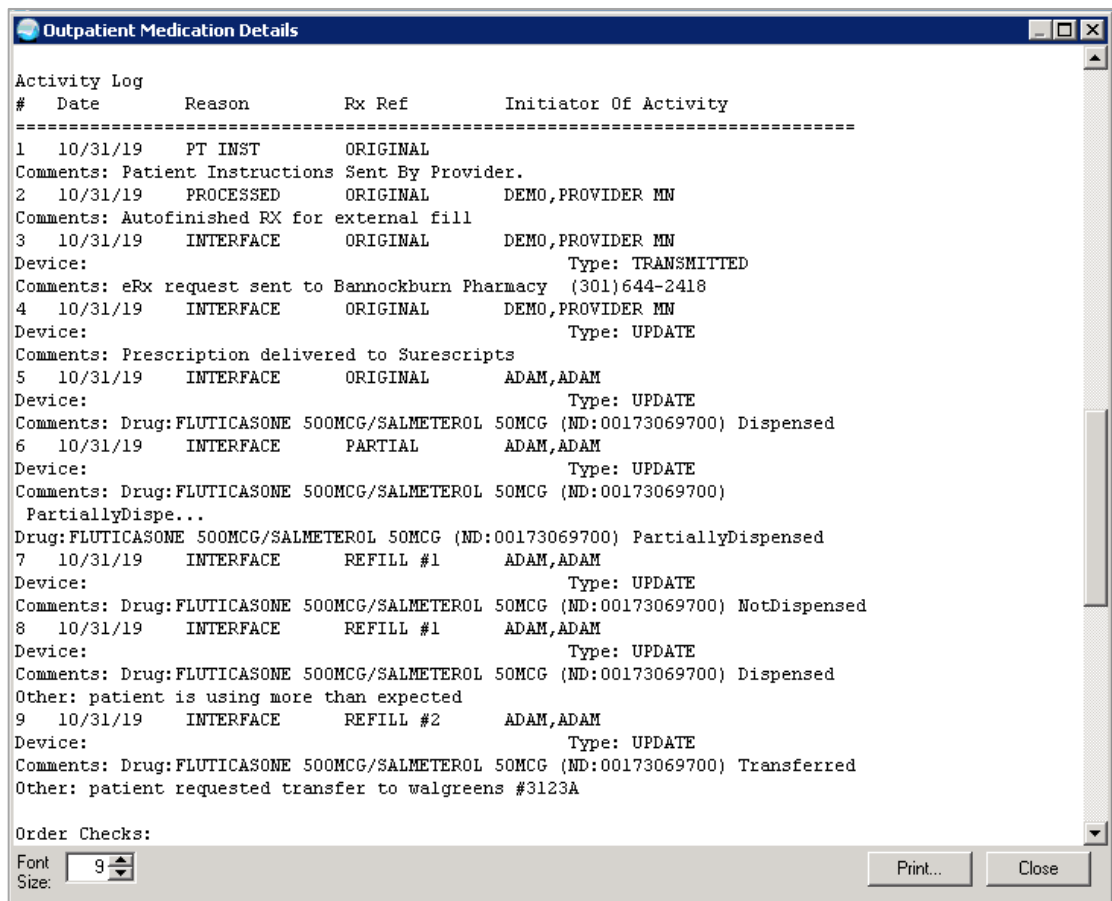


Figure 7-2: The Order details Activity log with example fill messages

8.0 Surescripts Service Levels

Previously only one provider service level was maintained so that if a provider had an SPI they were setup for New Rx only. There are now several service levels available and each site and provider will need to be assigned the level or levels that they are allowed to use for Surescripts. If a provider no longer qualifies for or needs a particular service level, that level should be removed from the provider.

The currently available levels are New, Cancel, ControlledSubstance, and RxFill. Please note that other levels may be visible for the service level and should not be used at this time. Setting service levels outside the ones listed above may affect the site's ability to continue using the Surescripts network.

To accommodate a way to send this data to Surescripts, a new menu was created with the options available to those responsible for the SPI numbers of Surescripts providers. The new menu is **SPI Service Level Menu** (APSP SPI NCPDP MENU) as shown in Figure 8-1.

```
VIEW  View SPI data for provider
SPI   Request/Update SPI Number for a Provider
SITE  Set Service Level for site
```

Figure 8-1: SPI Service Level Menu

8.1 Set Service Level for Site

This option will set a parameter for the different types of messages that can be sent to and or received from Surescripts at a site. Providers cannot have more access than what is set at the Service level. This parameter can be set at the System or Division level. The site will turn on the site service level when directed to do so by the eRx team. Do not select any other service levels beyond what the team has authorized.

```
-- Setting NCODO Site Service Level for System: 2017-DEMO-HQ.ABQ.IHS.GOV -
Select Select Service Level: ?

Select Service Level  Value
-----
New                   YES
Cancel                YES
Controlled Substance  YES
RxFill                YES
RxFillIndicatorChange YES
```

Figure 8-2: Set Service level for site settings

8.2 View SPI Data for Provider

This option allows the user to view which service levels are currently set for a provider.

The option will ask for the name of the provider and then display their data. Additional providers may be checked but they are selected one at a time.

```

Surescripts Provider's SPI Service Levels

Select Provider: DEMO,MN  DEMO,PROVIDER MN      PMD
NPI: 235795XXXX
FAX: 505-123-1212          EMAIL: MNTEST.EPCS.164@IHS.GOV
SPI: 614934112XXXX

Service Level TYPE          VALUE
New                          Active
Cancel                        Active
Controlled Substances        Active
RxFill                        Active

Would you like to check another provider? Yes//

```

Figure 8-3: View SPI data for provider

8.3 Request/Update SPI Number for a Provider.

This option will request an SPI number if the provider does not have one, update service levels, inactivate service levels or, deactivate a provider. Each provider will have allowed service levels that may be different from the site service level, though a provider may not have a service level for which the site is not authorized. As an example, the site might be certified for controlled substances, but the provider is not EPCS enabled, so the provider would not have that service level activated.

8.3.1 Provider with SPI

If the provider already has an SPI, the option will ask if they wish to update or deactivate. An update message is an overwrite so all the service levels must be asked and entered.

```

Surescripts Provider ID Request Utility

Select Provider:  DEMO,PROVIDER MN      PMD

Processing request for: DEMO,PROVIDER MN
User has already been assigned an SPI number.

      Select one of the following:

          1          Update
          2          Deactivate

Action Choice: 1//

```

Figure 8-4: Request/Update SPI Number for a provider with an SPI

Updates overwrite existing entries, so all questions must be answered. The number of questions asked depends on how many service levels are turned on in the Set Service Level for site option. The defaults will be what is currently assigned to the user.

A message will be sent to Surescripts with the changes. However, the provider's parameter will not be updated until the acknowledgment is successfully returned.

```
Surescripts Provider ID Request Utility

Select Provider:      DEMO, PROVIDER MN      PMD

Processing request for: DEMO, PROVIDER MN
User has already been assigned an SPI number.

      Select one of the following:

          1          Update
          2          Deactivate

Action Choice: 1//   Update
Updates overwrite existing entries so please answer all questions
Will provider be doing New messages electronically? YES//
Will provider be doing Cancel messages electronically? YES//
Will provider be doing Controlled Substance messages electronically? YES//
Will provider be doing Fill/Dispense messages electronically? YES//

Are you sure you want to update this provider? Yes//
```

Figure 8-5: Request/Update SPI for a Provider with existing SPI

A deactivate message will remove all service levels from the provider's parameter. It does not remove the SPI number.

8.3.2 Provider Without SPI

For an SPI number request, enter the provider's name, and the system will check for necessary data to request an SPI. If all the data is available, enter the service levels for the provider, then request the SPI. The SPI will be returned in a MailMan message and will need to be added manually.

```
Surescripts Provider ID Request Utility

Select Provider:      DEMO, PROVIDER NOSPIMN      PND

Processing request for: DEMO, PROVIDER NOSPIMN
Updates overwrite existing entries so please answer all questions
Will provider be doing New messages electronically? NO// y  YES
Will provider be doing Cancel messages electronically? NO// y  YES
Will provider be doing Controlled Substance messages electronically? NO// y  YES
Will provider be doing Fill/Dispense messages electronically? NO// y  YES
```

```
Are you sure you have selected the correct service levels for this
provider? Yes//
```

Figure 8-6: Request/Update SPI Number for a Provider without existing SPI

If any required data is missing, the user will be prompted to enter it before proceeding.

```
Surescripts Provider ID Request Utility
Select Provider:      DEMO,PROVIDER NOSPIMN      PND

Processing request for: DEMO,PROVIDER NOSPIMN
The selected user must have an NPI assigned.

NPI: 1234512345
The user lacks a fax number. This will need to be corrected before you can
continue with the request.
FAX NUMBER: 555-555-5555
The user lacks an email address. This will need to be corrected before you
can continue with the request.
EMAIL ADDRESS: TESTPND@TEST.TEST
Updates overwrite existing entries so please answer all questions
Will provider be doing New messages electronically? NO//
```

Figure 8-7: SPI request with missing data asked for and added

The facility must also have a phone number assigned, which is not pictured above.

After the SPI number is returned in a MailMan message, it can be added using AVA ADD/EDIT PROVIDER.

Appendix A: Response Codes

The response codes transmitted to Surescripts when processing include the following:

- AF = Approved
- DF = Denied
- RP = Replaced
- CF = Approved with changes

Appendix B: Setting Up a Supervisor

When setting up a new user, the user is assigned a Service/Section. The Service/Section file (49) was historically not well set up within IHS facilities, but it has become more useful with the release of the RPMS-EHR. For EPCS, it is where the supervisor information will be pulled when a user is required to have medical supervisor information on a CS medication order. It is therefore also important that this file be reviewed regularly and maintained appropriately as personnel changes occur.

Sites may use a single Service/Section for all providers requiring a medical supervisor or set up specialized entries for more complex configurations. For example, if a site has three mid-level providers who are all supervised by the same person, a single Service/Section may be used for all three. However, if the three mid-level providers are each supervised by a different provider, the site may wish to set up individual Service/Section entries for each mid-level provider.

The **Chief** field should hold the person who is the medical supervisor of the user. This field is a pointer to the **New Person** file, so must be filled with a user currently set up in the RPMS system.

The file is usually edited from the **FileMan** menu. This file should only be edited by a user with the appropriate permissions and knowledge. An example of editing this file is shown in Figure B-1.

```
Select VA FileMan <TEST ACCOUNT> Option: ENTER or Edit File Entries

INPUT TO WHAT FILE: DRUG// 49  SERVICE/SECTION  (6 entries)
EDIT WHICH FIELD: ALL//

Select SERVICE/SECTION NAME: MEDICINE          MED
NAME: MEDICINE//
ABBREVIATION: MED//
DESCRIPTION:
  No existing text
  Edit? NO//
MAIL SYMBOL:
PARENT SERVICE:
TYPE OF SERVICE: PATIENT CARE//
CHIEF: EPCS,EDS
   1  EPCS,PROVIDER EDSCII-V          PE
   2  EPCS,PROVIDER EDSCIII-V         PE
   3  EPCS,PROVIDER EDSCIV-V         PE
CHOOSE 1-3: 1  EPCS,PROVIDER EDSCII-V          PE
Select CHIEF PHONE:
ASST CHIEF:
Select ASST CHIEF PHONE:
LOCATION:
MIS COSTING CODE:
COST CENTER:
TYPE OF COSTING SECTION:
AMBULATORY CARE FLAG:
Select DATE CLOSED:
```

```

NATIONAL SERVICE: MEDICINE//
COORDINATOR (IRM):
SCOPE OF CARE:
  No existing text
  Edit? NO//

Select SERVICE/SECTION NAME:

```

Figure B-1: Editing the Service/Section file

B.1 Assigning a Service/Section to a User

When the **Service/Section** file is set up, the Service/Section may be assigned to a user. This may be changed by editing an existing user in the User Management options. An example of this is shown in the following figures:

- Before editing:

```

                                Edit an Existing User
NAME: EPCS,PROVIDER NEDNSCII-V                                     Page 1 of 5
-----
NAME... EPCS,PROVIDER NEDNSCII-V                                INITIAL: PNE
TITLE:                                                            NICK NAME:
  SSN: 000002024                                                DOB:
DEGREE:                                                            MAIL CODE:
DISUSER:                                                            TERMINATION DATE:
Termination Reason:

        PRIMARY MENU OPTION: AKMOCORE
Select SECONDARY MENU OPTIONS: BSTSRPC
Want to edit ACCESS CODE (Y/N):          FILE MANAGER ACCESS CODE: @
Want to edit VERIFY CODE (Y/N):

        Select DIVISION: 2017 DEMO CLINIC
        SERVICE/SECTION: PHARMACY

-----
COMMAND:                                                            Press <PF1>H for help

```

Figure B-2: Edit an Existing User showing Service/Section

- After editing:

```

                                Edit an Existing User
NAME: EPCS,PROVIDER NEDNSCII-V                                     Page 1 of 5
-----
NAME... EPCS,PROVIDER NEDNSCII-V                                INITIAL: PNE
TITLE:                                                            NICK NAME:
  SSN: 000002024                                                DOB:
DEGREE:                                                            MAIL CODE:
DISUSER:                                                            TERMINATION DATE:
Termination Reason:

        PRIMARY MENU OPTION: AKMOCORE
Select SECONDARY MENU OPTIONS: BSTSRPC
Want to edit ACCESS CODE (Y/N):          FILE MANAGER ACCESS CODE: @
Want to edit VERIFY CODE (Y/N):

```

```
Select DIVISION: 2017 DEMO CLINIC
SERVICE/SECTION: MEDICINE

Exit      Save      Next Page      Refresh

Enter a command or ^^ followed by a caption to jump to a specific field.

COMMAND:                                     Press <PF1>H for help
```

Figure B-3: Edit an Existing User with the Service/Section changed

Appendix C: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).
- Both documents are available at this IHS Web site: <http://security.ihs.gov/>.

Note: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

C.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

C.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

C.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

C.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

C.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

C.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

C.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

C.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

C.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

C.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

C.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

C.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

C.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

C.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

C.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

C.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Acronym List

Acronym	Meaning
2FA	Two-factor authentication
CHG	Change
C-II	Schedule II Controlled Substance
CISO	Chief Information Security Officer
CS	Controlled Substance
DEA	Drug Enforcement Administration
EHR	Electronic Health Record
EPCS	Electronic Prescribing of Controlled Substances
eRx	Electronic Prescription
GUI	Graphical User Interface
HHS	U.S. Department of Health and Human Services
HIPAA	Health Information Portability and Accountability Act
HL7	Health Level Seven
HLO	Health Level Seven Optimized
ICD-10	International Classification of Diseases, 10th Revision
IHS	Indian Health Service
ISSO	Information System Security Officer
IT	Information Technology
LLC	Limited Liability Corporation
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
PC	Personal Computer
PIN	Personal Identification Number
PIV	Personal Identity Verification
PON	Prescription Order Number
REFREQ	Refill (Renewal) Request
REFRES	Refill (Renewal) Response
ROB	Rules of Behavior
RPMS	Resource and Patient Management System
SAC	Standards and Conventions
Sig	Abbreviation for the Latin term “signatura” — denotes the physician's directions
SNOMED-CT	Systematized Nomenclature of Medicine – Clinical Terms
SPI	Surescripts Provider Identifier

Acronym	Meaning
SS	Surescripts, LLC
VA	Department of Veterans Affairs
VPN	Virtual Private Network
ZIP	Zone Improvement Plan

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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