



Connecticut Medical Assistance Program
Policy Transmittal 2014-14

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Roderick L. Bremby, Commissioner

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Contact: Colleen Ryan @ 860-424-5195

To: Medical Equipment, Devices and Supplies (MEDS) providers, Physicians, Advanced Practice Registered Nurses, Physician Assistants, Medical Clinics, Family Planning Clinics

RE: Interim Guidance Regarding Electronic Orders for MEDS Products

This policy transmittal is to provide interim guidance on the Department's standards for electronic prescriptions to Medical Equipment, Devices and Supplies (MEDS) providers. The use of electronically transmitted prescriptions for Durable Medical Equipment (DME) is stipulated in specified circumstances pursuant to section 193 of Public Act 14-217 (the budget implementer statute) which was signed into law on June 13, 2014 and reads as follows:

Not later than July 1, 2014, the Commissioner of Social Services shall accept electronic transmission of prescriptions for reimbursements under the medical assistance program for durable medical equipment including, but not limited to, wheelchairs, walkers and canes. Any electronic prescription under this section shall be electronically signed by a licensed health care provider with prescriptive authority.

In accordance with that statute, beginning with prescriptions transmitted on or after July 1, 2014, the Department will allow payment for covered medically necessary MEDS products where the prescription is transmitted electronically **as described in this policy transmittal**, without the provider needing to obtain a hard copy original. All other applicable requirements

remain in effect and are not being changed by this bulletin.

This guidance is necessary to implement the statute referenced above and to ensure that electronically transmitted prescriptions for durable medical equipment comply with applicable requirements, as well as promoting the program integrity of the Connecticut Medical Assistance Program.

This bulletin applies to all MEDS products including DME, medical and surgical supplies, hearing aids, orthotic and prosthetic devices and parenteral and enteral supplies. Each provider is required to establish administrative, technical, and physical safeguards to guarantee certainty that the document has not been altered in any way after being electronically signed.

Interim Guidance

The following temporary requirements apply to all electronically transmitted orders for MEDS products until a permanent policy and system is developed regarding the electronic transmission of prescriptions for DME (see below). To be considered in compliance with the Department's standards, providers who submit orders electronically must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules and, at a minimum, meet the requirements listed below. In addition to the

method described below, prescriptions for wheeled mobility devices may also be electronically signed and submitted in a manner specifically approved in writing by the Department or its agent.

Requirements for MEDS Prescriptions Transmitted from the Prescriber to the MEDS Vendor Using E-mail:

1. The authorized signed order from the physician or other licensed practitioner authorized to issue an order for DME must be attached to an e-mail in PDF file format. E-mails must be directed through a secure e-mail system that is in compliance with HIPAA standards for e-PHI. **The e-mail must simultaneously be sent to both the MEDS provider with a copy (in the "cc" line of the email) to DSS at CTDSSMEDorders@ct.gov**
2. The DME provider's name and Medicaid provider number and the physician's name and provider number must be present in the subject line of the e-mail.
3. Consistent with existing requirement, documentation with an audit trail shall be retained for a period at least five (5) years and must be available to DSS for review and copying.
4. An appropriate privacy statement/disclosure must be present on every e-mail that indicates the e-mail is confidential, contains protected information, and includes instructions on how to address accidental disclosure to unintended recipients.
5. An original or electronically signed order must not be modified or altered.

Please note that this change does not affect the required content of the prescription, just the mode of transmission. Please consult the appropriate MEDS regulation for these requirements. Go to www.ctdssmap.com, and select "Information," "Publications," go to

Chapter 7, select "MEDS," then click view Chapter 7.

Future System and Guidance

The Department is in the process of developing a secure, integrated system for the purpose of transmitting and receiving electronic orders for DME and the exchange of other information that meets national standards. This system will be designed to improve integration with electronic health records systems, increase accuracy, and enhance program integrity. It is anticipated that this system will be implemented in early 2015. The Department will notify providers in advance of the effective date and provide training on the system.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Colleen Ryan, Policy Consultant, (860) 424-5195.

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