

Prescription Entry User Guide

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Chapter 1 Introduction

1.1 Attestation Disclaimer

Promoting Interoperability Program attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. TruBridge Promoting Interoperability Program certified products, recommended processes, and supporting documentation are based on TruBridge's Interpretation of the Promoting Interoperability Program regulations, technical specifications, and vendor specifications provided by CMS, ONC, and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, TruBridge bears no responsibility for attestation information submitted by the client.

Chapter 2 Overview

Providers and Nursing staff can access Prescription Entry to enter prescriptions. Providers have the ability to print, fax, or electronically send prescriptions to pharmacies.

TruBridge has partnered with SureScripts®, a vendor that electronically sends prescriptions to pharmacies that are SureScripts affiliates.

Prescription Entry works in correlation with the Escribe application, which allows prescriptions to be sent to pharmacies that accept prescriptions electronically.

NOTE: Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY, or YYMMDD to be used throughout the Prescription Entry application. Contact a TruBridge representative if you want the date format changed for your facility.

Chapter 3 Hospital Reconciliation

3.1 Discharge Reconciliation

It is recommended that a Discharge Reconciliation be performed through Medication Reconciliation before prescriptions are entered. After all Home and Active medications have been addressed and **Reconcile** is selected, the user will then address any discontinue reasons for Home medications that are being modified or discontinued. Any medications that were selected to be modified will also prompt the user to select the desired alternative medication.

NOTE: Prescription Entry does not require a Discharge Reconciliation to be performed in order to access the application. The only exception to this is in the Emergency Department (EDIS) if the ED General Control table is set to require a Medication Reconciliation for that Stay Type.

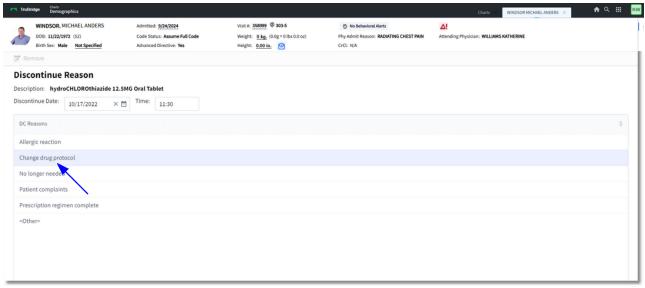
WINDSOR, MICHAEL ANDERS Admitted: 9/24/2024 Visit #: 358999 @ 303-5 Δ ! DOB: 11/22/1972 (52) Weight: 0 kg. (0.0g = 0 lbs 0.0 oz) Birth Sex: Male Not Specified Advanced Directive: Yes Height: 0.00 in. CrCl: N/A Reconcile // Clear Selected O Clear Dest. Select Patient's Pharmacy **Medication Reconciliation** Ascending Destination: Discharge Display Show Removed Descending Select Options: Select All Home Select All Active Home Meds **Active Meds** Pending Actions 0 Furosemide 20MG Oral Tablet FUROSEMIDE (LASIX) 20 MG TAB Continue Hom 20 MILLIGRAMS ORALLY Daily Start Date: 07/29/2021 20 MG ORAL DAILY 0 HumuLIN 70/30 70U-30U/1ML Subcutaneous Suspension (Insulin Human Isophane (Nph)-Insulin Human Regular) NPH Insulin U-100 70/30 Inj:(Human) Continue Active 1 UNIT SUBCUTANEOUS ACHS Per Protocol Unit(s) SUBCUTANEOUS Before Meals/At Bedtime Start Date: 08/28/2019 0 hydroCHLOROthiazide 12.5MG Oral Table 12.5 MILLIGRAMS ORAL Daily Start Date: 02/10/2015 0 Ipratropium Bromide 0.02% Inhalation Solution ALBUTEROL SYRUP (PROVENTIL): 2MG/5ML Continue Home 1 PUFF INHALATION Daily Start Date: 08/28/2019 5 ML NASOGASTRIC TUBE PRNO8H **②** 1 TABLET BY MOUTH Daily Start Date: 08/28/2019 0 Phenergan 25MG/1ML Injection Solution (Promethazine Hcl) Modify Home 1 TABLET ORAL As Needed Twice A Day Start Date: 07/29/2021 Plavix 75MG Oral Tablet (Clopidogrel Bisulfate) CLOPIDOGREL (PLAVIX) 75 MG TABLET Continue Home 75 MILLIGRAMS ORALLY 1 TIME DAILY (QD) Start Date: 08/28/2019 LISINOPRIL (PRINIVIL) 10 MG TAB Continue Active 10 MG ORAL DAILY Pending Actions: 9 Total: 9

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation

Medication Reconciliation

Once **Reconcile** is selected, the user will address any Discontinue Reasons for Home medications that were discontinued or modified. If the user exits the chart or closes out of the TruBridge EHR without selecting a Discontinue Reason, the previously processed Rx (Home Medication) will not fully discontinue. The medication will still show in Prescription Entry and pull to the Discharge Instructions (Discharge Med List). It is best practice to select a Discontinue Reason every time a medication is discontinued during a Discharge Medication Reconciliation. Not doing so could create an inaccurate Discharge Med List.

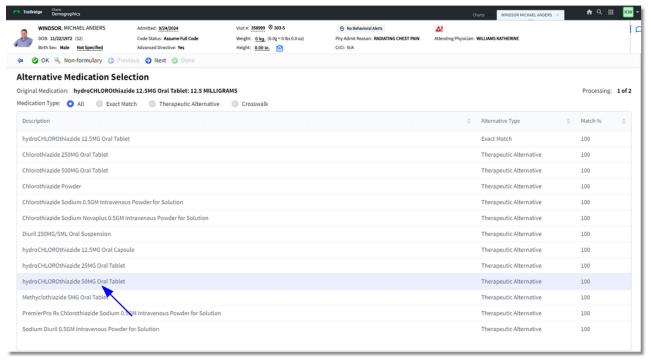
Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation > Discharge > Reconcile



Discontinue Reason

If a home or active medication was modified, the Alternative Medication Selection screen will appear to prompt for the selection of the desired replacement medication.

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation > Discharge > Reconcile



Alternative Medication Selection

If no alternative medication matches are available, the non-formulary option may be selected to conduct a medication search. From the Medication Search screen, the user can select an alternate medication in the same drug class as the original home or active medication.

When all discontinue reasons and new medications have been addressed, the Pending Prescription screens will automatically open for new medications and medications that have required fields and Clinical Monitoring. The required fields may be addressed at this time and individually processed or saved and processed all at one time from the Prescription Entry main screen.

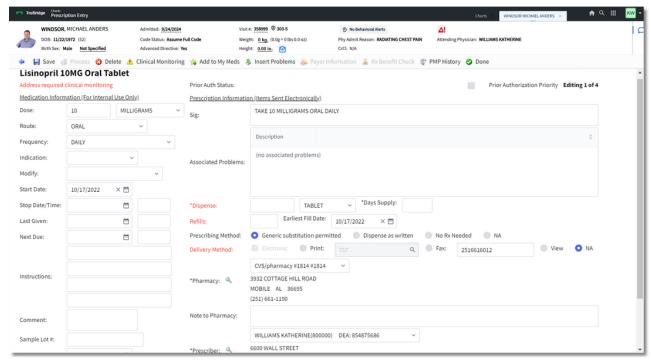
NOTE: All active oral liquid medications that are continued upon performing a Discharge Reconciliation will default and require a dose unit of **mL**. The numeric dose quantity will also be required on the Prescription Detail screens.

Continuing Active Medications

Active medications set to continue from Medication Reconciliation (Med Rec) will initiate new prescriptions. Home medications continued from Med Rec during a discharge reconciliation will automatically process as No Rx Needed.

If **Cont. Active** is selected in Med Rec, a blank prescription template will be opened for each Active medication continued. The Unit, Route, and Frequency fields will convert to layman's terms following Medication Management Crosswalk setup.

1. Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation > Destination: Discharge > Select Med(s) > Continue Active > Reconcile



Prescription Entry

- 2. The chosen Pharmacy and Delivery Method will pull over to subsequent medications so that the user will not have to select these options for each medication. The Pharmacy drop-down stores pharmacies that were previously selected for that patient.
- 3. Controlled substances may be included in the Discharge Reconciliation process performed via the Medication Reconciliation application. When a controlled substance is included in the Discharge Reconciliation and the "Reconcile" button is selected, the TruBridge EHR will generate non-controlled substance prescriptions that need to be addressed first, followed by any controlled substance prescriptions. The procedure for completing required fields for a controlled substance generated from a Discharge Reconciliation is the same as when completing required fields for a new controlled substance prescription.

See New Prescription of Prescription Entry details.

Chapter 4 Prescription Entry

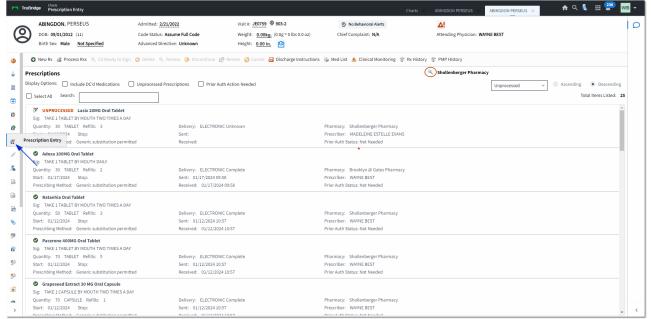
4.1 Overview

Prescription Entry provides a list of all active and pending medications. Providers can enter a new prescription, review current medications, and discontinue and renew medications as needed from the profile. In addition, start and stop times will display for current medications.

Hospital Inpatient stay types require a Discharge Medication Reconciliation to be completed in order to access Prescription Entry. Clinic, Emergency Department, and Outpatient stay types may access Prescription Entry without completing a Discharge Medication Reconciliation.

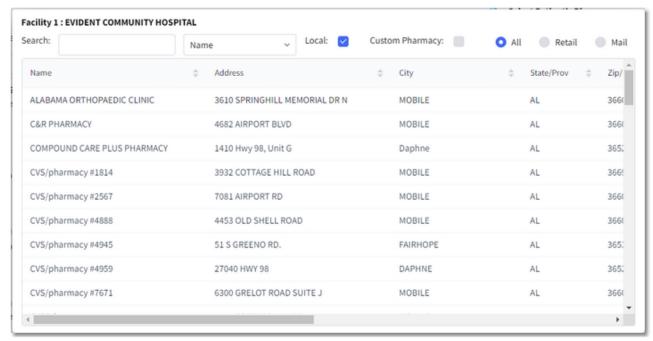
A magnifying glass is available next to **Select Patient's Pharmacy** prior to processing prescriptions. This will allow all electronic prescriptions to default to the patient's Preferred Pharmacy. The selected pharmacy's name will appear in this space once it has been selected.

Select Web Client > Charts > Select Patient > Select Account > <u>Prescription Entry</u>



Prescriptions

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > <u>Select Patient's Pharmacy</u>



Pharmacy Lookup

Three **Display options** are available for the Prescriptions screen:

- Include DC'd Medications: Adds any discontinued medications to the display and includes the discontinue reason.
- Unprocessed Prescriptions: Displays unprocessed prescriptions only.
- Prior Auth Needed: Displays prescriptions that require an Electronic Prior Authorization to be performed. If a Prior Authorization has been run or is required, a Prior Auth label will appear next to the Stop Date label. The status options include Needed, In Progress, Open, Approved, Denied, Closed, and Error.

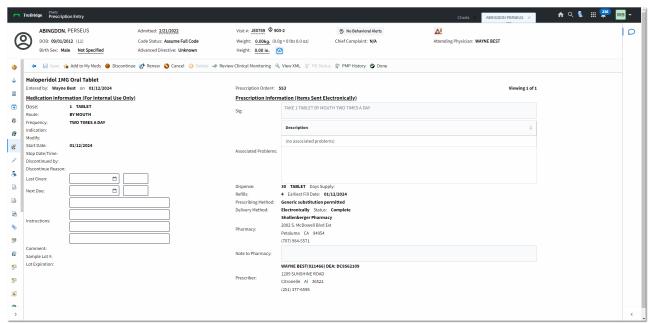
The patient's medications can be sorted from the drop-down by **Med Name**, **Start Date**, **Stop Date**, **Prior Auth**, or **Unprocessed**.

The patient's preferred pharmacy will display above the drop-down box if it was entered during the Medication Reconciliation process. If not, then it may be entered now by selecting the looking glass icon and selecting the preferred pharmacy from the lookup box. If a preferred pharmacy has been selected, the pharmacy will also populate as an option in the Prescription Entry Edit screen. If the provider has previously selected another pharmacy for the patient, that pharmacy will still be the default, but the preferred pharmacy will display as an option.

The screen defaults to display in **Descending** order but may be changed by selecting **Ascending**.

To view the details of a Processed prescription, double-click on the prescription item.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > <u>Prescription</u>

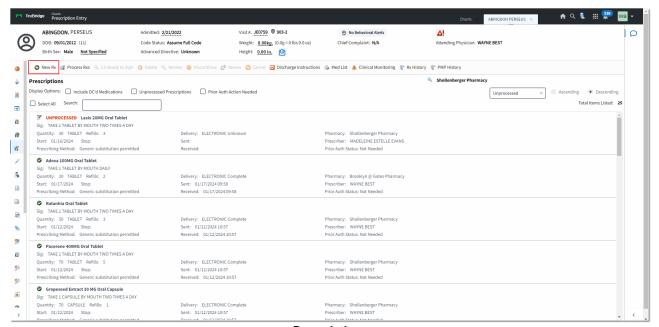


Processed Prescription

4.2 New Prescription

To enter a new prescription or review Processed and Unprocessed prescriptions:

1. Select Web Client > Charts > Select Patient > Select Account > <u>Prescription Entry</u>



Prescriptions

- 2. Select **New Rx**. (See Clinical Monitoring stiff drug allergies have not been addressed.)
- 3. Enter the appropriate medication into the search field. Medications may be selected from the following:
 - My Meds: Provides the user with a favorites list. It is user specific and will bring up a list of commonly prescribed medications saved by the user. If the user has medications saved to their My Meds list, the medication lookup defaults to My Meds. My Meds retains the Frequency, Route, Modifier, and Dispense Information.

NOTE: All oral liquid medications require a unit of "mL" to be sent electronically. If an existing oral liquid medication is saved to My Meds, the system will run a check and default the unit to mL if that is not already the selected unit, and the numeric dose will need to be entered. Medications that are set as an Oral Powder for Suspension, Oral Tablet for Suspension, or A0 medications that do not have mL in the strength should not default to mL.

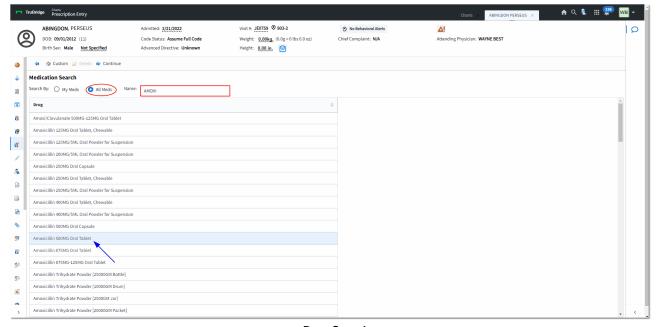
• All Meds: Provides a search of the entire Merative listing for the medication, and displays a list of medications based on what has been entered into the search field. Enter the first few letters of the medication and then select the medication from the list.

NOTE: To help providers know the package size of a medication they are prescribing, the package size information provided by Merative has been added to the right of the medication description (e.g., Triamcinolone Acetonide 0.025% Topical Application Cream [15GM Tube]).

This information is included only in the Prescription Entry application. The package size is displayed on the main prescription entry screen, the medication search, the prescription writing screen, and the prescription detail/review screen after the prescription is processed. This information will also display if the medication strength change modal is accessed. The package size information will display only for bulk items (e.g., drops, creams, ointments, inhalers, etc.). Note that the addition of the package size information can mean duplicate search results for a particular medication. For example, if Triamcinolone Acetonide 0.025% Topical Application Cream comes in a 15gm tube, 80gm tube, and 454gm jar, and there will be a search result for each package size. Also note that due to NCPDP-approved Quantity Units of Measure (i.e., dispense units) becoming a shortened list, we are now defaulting the dispense unit for bulk items to EACH, GRAM, or MILLILITER based on the package size information. For example, Albuterol Sulfate 0.083% Inhalation Solution [3ML Vial] would have a defaulted dispense unit of MILLILITER.

• **Custom:** Allows the user to enter a medication that is not in the Merative listing. When this option is selected, the system allows the medication description to be entered via free-text. See <u>Sending a Custom Prescription Electronically</u> .

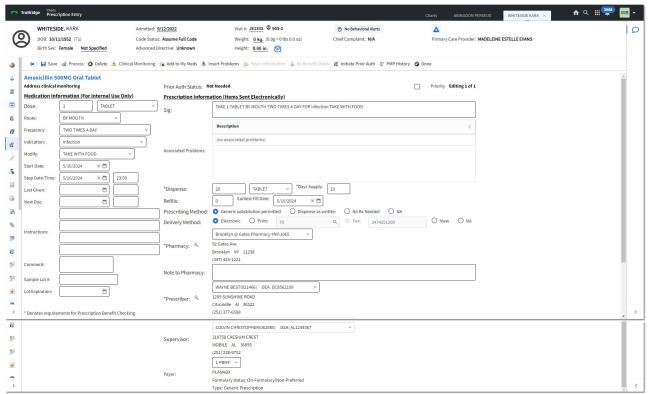




Drug Search

4. Select the medication; then select **Continue**. The prescription entry screen displays. The prescription entry screen contains two areas: **Medication Information** and **Prescription Information**.

NOTE: The Prior Authorization option on this screen will be enabled if a prior authorization is required based upon the date received from SureScripts.



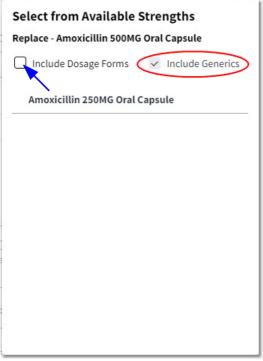
Pending Prescription

5. Complete the Medication and Prescription Information as follows.

Medication Information

All prescription details for the pharmacy are entered in these fields. Required fields display in red until they are completed.

- **Medication Description:** The medication description populates at the top of the screen. Hovering over the medication description will highlight the text in blue, indicating a link the user can select. Selecting this link opens the **Select from Available Strengths** pop-up screen, which displays a list of available strengths for the selected medication.
 - o The pop-up screen contains two check boxes: Include Dosage Forms and Include Generics. Selecting Include Dosage Forms extends the list of available medications to include additional forms of the medication (e.g., capsule, oral solution, disintegrating tablet). Selecting Include Generics extends the list of available medications to include generic substitutions. If the medication that is already selected is a generic, the Include Generics check box will be inactive (grayed out).



Available Strengths

- o If no alternative strengths are available, the pop-up screen will state, "There are no available alternative strengths." To close the screen, click a blank area outside of it.
- o To select a medication from the pop-up screen, double-click it. This deletes the existing prescription and replaces it with the newly selected medication.

NOTE: This feature is available when accessing the Prescription Edit screen while creating a New Prescription, when selecting Renew from the main Prescription Entry screen, and when responding to a Refill or Change request from the Home Screen and launching to Prescription Edit. It is available in Web Client only.

- **Dose:** This is a two-part field, to enter the dose quantity and units.
 - o In the text box, enter the dose quantity. This is a free-text field. A hyphen, forward slash, or a decimal may be used in the field for dose ranges.
 - From the drop-down, select the dose units. Dosage strength units should accurately and completely indicate the dosage form strength. The units (from the facility Units table in Table Maintenance) used should match the Truven data. Each site has a custom Prescription Entry Units table where they can set up a default unit.
 - If there is no default unit, the medication has no unit (Truven data), or the unit is not in the Prescription Entry Units Table, then no unit will pull.
 - If there is a default unit, the medication has no unit (Truven data), or the unit is not in the Prescription Entry Units Table, then the default unit will pull.
 - If there is a default unit, the medication has a unit (Truven data), **and** the unit is in the Prescription Entry Units Table, then the medication unit will pull.
 - If there is a default unit, the medication has a unit (Truven data), **but** the unit is **not** in the Prescription Entry Units Table, then the default unit will pull.

NOTE: This logic will not override the logic that currently defaults certain liquid medications to mL. The Dose Unit field will be populated with mL and made inactive when prescribing an oral liquid.

- Route: The Route is a user defined drop-down. If the route "BY MOUTH" is in the route table, then the Truven data should prompt the Route field to use that route title. If "BY MOUTH" is not present, but ORAL is, then the Truven data should prompt the route field to use ORAL instead. If neither "BY MOUTH" or "ORAL" are in the route table, then the system should pull the default route.
 - o The identified dosage route should be specific and not abbreviated.
 - The routes (from the facility Route table in Table Maintenance) used should match the Truven data. Sites have a custom Prescription Entry Routes table where they can set up a default route.
 - If there is no default route, the medication has no route (Truven data), or the route is not in the Prescription Entry Routes Table, then no route will pull.
 - If there is a default route, the medication has no route (Truven data), or the route is not in the Prescription Entry Routes Table, then the default route will pull.
 - If there is a default route, the medication has a route (Truven data), **and** the route is in the Prescription Entry Routes Table, then the medication route will pull.
 - If there is a default route, the medication has a route (Truven data), **but** the route is **not** in the Prescription Entry Routes Table, then the default route will pull.
- **Frequency:** The Frequency is a user defined drop-down. If there is a default frequency, the default frequency will pull.
- Indication: An indication may be selected from the drop-down. If <OTHER> is selected, free text may be used. If previously entered in Medication Reconciliation, the indication will pull to the Prescription Entry detail screen and all subsequent visits. This will pull to the Sig Line. It will also populate to the Discharge Instructions report.
- Modify: The Modify field is a user defined drop-down that allows additional instructions for the
 prescription. This field is for auxiliary information, which may include special instructions or
 other additional information.
- Start Date: The current date will default to the field. Edit if necessary.
- Stop Date/Time: If appropriate, enter a stop date and time for the medication. If no time is indicated, the system will default to 23:59 so that the prescription discontinues at the end of the selected date. This will not pull to the Discharge Instructions report unless this field is addressed.
- Last Given: Enter the date and time the last dose was administered. This field will not display on the Discharge Instructions and Discharge Summary reports unless it has been addressed.
- **Next Due:** Enter the date/time the patient should take the medication. If not indicated, the Discharge Instructions report will default to "Take as Directed" for the Next Due Date/Time.
- Instructions: Enter any administration instructions.
- Comment: Enter additional information as needed.

- Sample lot #: Enter the lot # of the sample.
- Lot Expiration Date: Enter the lot expiration date.

Prescription Information

The Prescription Information is the information sent electronically or within a printed/faxed prescription (although no pharmacy is selected for printed prescription).

- **Sig:** The predefined pharmacy administration instructions will populate in this field, but the instructions can be edited as needed. This field will hold up to 1000 characters.
 - The Sig Line will contain the Dose, Dose Unit, Route, Frequency, Modifier, and Indication information to ensure that the Sig is constructed with all essential elements in the appropriate order so that the patient directions can be clearly understood. (An indication should be entered to help the patient and the pharmacist fully understand the intended use of the medication.)
 - If a liquid medication is ordered, the characters "mL" must display somewhere in the Sig Line in order for the prescription to be processed electronically.

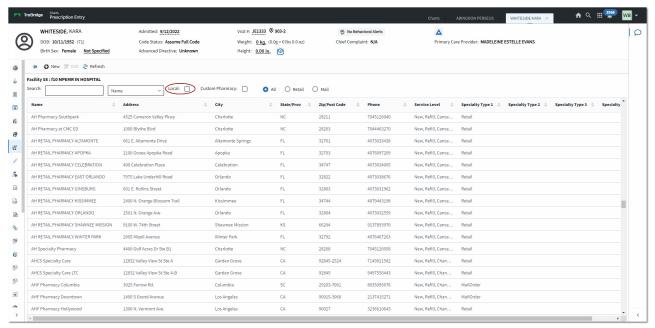
NOTE: The Sig field displays on the CCD Patient Summary and the CCD Transition of Care Summary under Active Medications.

- Associated Problems: When selected, the user is taken to the patient's Problem List. The
 inclusion of diagnosis information in its designated field can help pharmacists validate the eprescription's purpose. This can improve patient counseling and help pharmacists identify
 opportunities to optimize patient care. TruBridge recommends that a diagnosis be attached to
 each e-prescription. To access the Problem List screen, select Insert Problems from the action
 bar or double-click on the text in the box. See the Physician Problem List user guide for more
 information.
- **Dispense:** This is a two-part field in which to specify the dispense quantity and units. This is a required field.
 - In the text box, enter the dispense quantity. This is a free text field. Note that the value should not conflict with the information entered in the SigLine or Note to Pharmacy fields.
 - o From the drop-down, select the dispense units.
 - When available, the most specific Dispense Unit should be used to qualify the dispense quantity of the prescribed drug. The system will default the Dispense Unit to the Dose Unit of the medication.
 - The Unit "Each" is to be used only for products that are not measured in volume or weight, and can only be expressed in units of one/each, such as canes, wheelchairs, various braces or orthotics, and other DME supplies.
 - If the user selects "Other" and free-texts a value, the Electronic Delivery Method will be grayed out. Only pre-approved NCPDP Displense Unit values can be used for eprescriptions.
- Days Supply: If appropriate, enter the Days Supply for the medication. This is one of the required fields for Prescription Benefit Checking. The Days Supply field will clear if the user selects an alternative medication from the Payer Information screen or selects a different medication strength via the change modal (by selecting the medication description on the Prescription Edit

screen). If the user selects an alternative medication from the Prescription Benefit Information screen, the system will populate the Days Supply field based off the medication selected.

- **Refills:** Enter the number of refills available to the patient. This is a required field.
- Earliest Fill Date: Select the earliest fill date. It is the date after which the e-prescription being transmitted can be dispensed (i.e., "Do not fill before date") as authorized by the prescriber. This field can be helpful for titrated and controlled medications. The earliest fill date should NEVER preceded the Written Date.
- Prescribing Method: Select the method of prescribing. This is a required field.
 - Generic Substitution Permitted: Allows a generic substitution to be made in the case that
 the pharmacy may not carry the specific medication. This will be the default selection for new
 prescriptions. If a Prior Authorization request has been selected, this will send the Generic
 NDC (if available) for the medication.
 - Dispense as Written: If selected, "Dispense as written" will display on the printed or faxed prescription. If Prior Authorization request has been selected, this will send the original NDC for the selected medication.
 - No Rx Needed: May be used for OTC drugs that do not require a prescription. This will be the
 default selection for continued home medications.
- Delivery Method: This is a required field. The delivery method that has been chosen will pull
 over to subsequent medications so that the user will not have to select the option for each
 medication.
 - Electronic: Allows the prescription to be sent through the E-scribe application. A provider must have an SPI number provided by SureScripts® in order to send prescriptions electronically. If the electronic option is selected, the user may select a SureScripts networked pharmacy by selecting the binoculars to pull up a list of available pharmacies.
 - Print: Provides a printed copy of the prescription. A signature line will display for manual signature. This field is sticky and will display the last-selected printer used by the login. This will override the department default printer.
 - Fax: Sends the written prescription to the Fax Number entered. The phrase
 "ELECTRONICALLY SIGNED" will display. If the provider has the ability to send prescriptions electronically, the fax option will be grayed out. This is a requirement by SureScripts.
 - o View: Selecting View as the delivery method will open the processed prescription as a PDF.
 - Not Addressed: Defaults to Not Addressed but a Delivery Method must be selected to process.
- **Pharmacy:** Select the pharmacy that should receive the prescription.
 - If a pharmacy was selected from the main Medication Reconciliation or Prescription Entry
 Select Patient's Pharmacy option, that will be the default pharmacy for the new prescriptions.
 There is also a look-up available when using the E-Scribe application.
 - o The pharmacy drop-down will store pharmacies that have already been selected for the patient. If a medication was imported by completing a Clinical Reconciliation, the last pharmacy that filled the prescription will populate in the pharmacy drop-down. NOTE: SureScripts updates this list nightly and a full replacement is done on a weekly basis. Any custom pharmacies added by a facility will not be updated.
 - To use the pharmacy lookup, select the magnifying glass to the right of the **Pharmacy** field label. A list of pharmacies is displayed. The list will default to all pharmacies that are connected to SureScripts, but the user will also have the option to search by pharmacy name, city, state,

zip code, and phone number. By default, the **Local** check box is selected. You can deselect this check box to search the entire pharmacy list. You can sort the list by **All**, **Retail**, or **Mail** order pharmacies. Specialty types will also display.



Pharmacy Lookup

- **Note to Pharmacy:** If you choose to print or fax the prescription, the information in this field will be included on the prescription. This field is for additional information that needs to be communicated to the Pharmacy staff.
 - Information that may be transmitted through the Note to Pharmacy field includes, but is not limited to:
 - Prescription pick-up times
 - Instructions to place a prescription on hold/file
 - Patient-preferred language or labeling instructions
 - Medication flavoring requests
 - Number of prescriptions in batch
 - Mail order bridge, vacation, lost, stolen, replacement supply
 - Change in therapy or increase/decrease in dose
 - Information that should NOT be transmitted through the Note to Pharmacy field includes, but is not limited to:
 - "DOB: 12-12-1900"
 - "Prescribed by: Dr. XYZ NPI: 123456789"
 - "DAW 1" or "OK to substitute"
 - "Take as directed by AC Clinic"
 - "Metoprolol Tartrate 50 mg oral tablet"
 - "Dx: 401.9"
 - Discount card or coupon information
- Prescriber: The Prescriber field will reflect the name of the current provider if the provider is performing the Discharge Reconciliation. This is a required field.

 If a nurse is logged into the system, the provider may be selected from the drop-down available or by selecting **Other** and searching for the appropriate physician. The drop-down will list the assigned Hospitalist first (if applicable), followed by the attending physician and any other assigned physicians listed on the Census.

NOTE: If the "Add Prescribing Physician" behavior control is set to "Deny User Ability," a provider will not be allowed to process prescriptions under another provider's name. The physician look-up option (magnifying glass icon) will be disabled, the "OTHER" option will be removed from the drop-down menu, and temporary prescriptions from another provider may not be processed until the prescribing physician for that prescription is changed to the currently logged-in user.

- For employee users, only the physicians (Attending, Primary, Secondary, and assigned Hospitalist) who are listed on the patient's Census > Stay fields are available in the Prescriber drop-down menu.
- When a user processes a prescription in Prescription Entry, the Entered By field is updated with the user's information.
- The Prescriber lookup contains the Physician Number, Provider Name, Address, City, State,
 Zip, Phone, and DEA#, pulled from page 1 of Physician setup in Table Maintenance:
- **Supervisor:** This field will display if a provider requires a supervising physician. The supervising physician's address and phone number information will display (same demographic information as **Prescriber**).
- Payer: After the drug has been selected, the system automatically retrieves the patient's payer
 information, which is provided by SureScripts. The Payer field will then display any formulary or
 coverage data. The data can include copay information or preferred alternative drugs if the
 selected medication is not on the formulary for the payer.
 - If alternative medications are available based on the PBM, this will enable the Payer Information button on the action bar.
 - If alternative medications are not available based on the PBM, the Payer Information button will be disabled.
 - o If the **Payer Information** button is available, select this button to view the Coverage Restrictions/Coverage and Formulary Information. The screen will return results for the selected payer. Use the back arrow to return to the previous screen. See more detail in the Payer Information and Rx Benefit Check chapter.

NOTE: An eligibility request is automatically generated and sent when the visit is created. If no visit is created, the system will retrieve the information at the time of prescription entry. It is a standard 270/271 format. Coverage status is viewable during prescription entry.

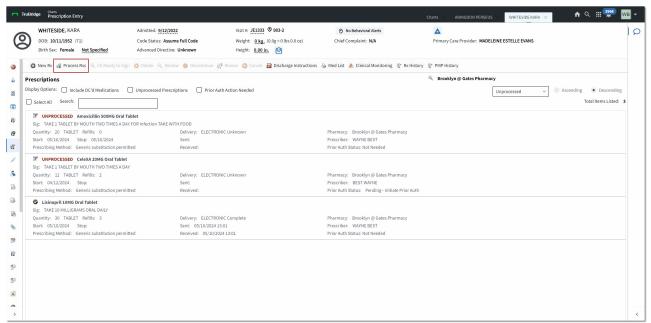
Select additional options from the action bar as necessary.



Action Bar

- Back Arrow: Exits the prescription without saving any changes to the order.
- Save: Saves the prescription to the patient's medication profile.
- **Process:** Processes the prescription by selected delivery method.

- **Delete:** Deletes the prescription.
- Clinical Monitoring: If Clinical Monitoring has been turned on within Table Maintenance, the user
 will be prompted to address any clinical monitoring issues with the medication. This will include
 addressing override reasons.
- Add to My Meds: Saves the prescription to the user's My Meds list so the provider can save time when entering future prescriptions for the same medication. This essentially creates a template that includes the following fields of information:
 - o Sig Line
 - o Dose & Dose Unit
 - o Route
 - o Frequency
 - Indication
 - Modifier
 - Any free-text that has been entered manually into the Sig Line
 - Instructions (all 4 lines)
 - o Comments
 - Days Supply
 - o Dispense Quantity and Units
 - o Refills
- **Insert Problems:** Takes the user to the Problem List screen to select problem entries to associate with the medication.
- Payer Information: Takes the user to the Payer Information screen.
- Rx Benefit Check: Takes the user back to the Payer Information screen.
- Initiate Prior Auth: Selecting this option will send for a Prior Authorization. See <u>Electronic Prior</u> Authorization of for more information.
- PMP History: This option opens Prescription Monitoring Program screen.
- **Done:** Exits from prescription entry back to the medication profile.
- 7. Once the information for the medication has been entered, select **Save** to save changes without processing or **Process** to process the prescription by the selected Delivery Method. Any subsequent medications selected will open for the user to address.
- 8. When all medications have been addressed, the user will be taken back to the Prescriptions screen. Unprocessed medications will appear at the top of the list with "UNPROCESSED" in bold red letters in front of the medication description. A green circle with a white check mark icon will indicate that the prescription has been processed.
- 9. To process unprocessed medications, select **Process Rxs** on the action bar. The medication(s) will then be processed and sent via the selected delivery method.



Prescriptions

10.Once the medication has been processed, the green check mark will appear before the medication description icon and the Renew and Discontinue options on the action bar will be available to select for the processed medication.

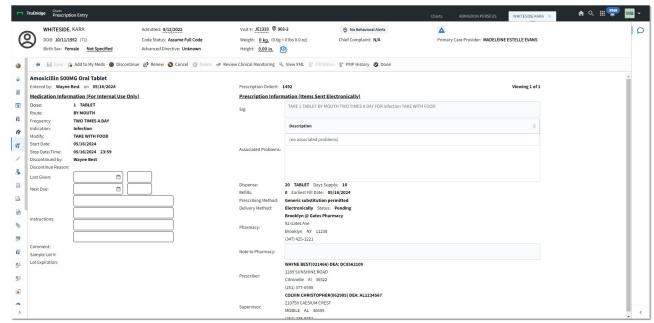
NOTES: When an oral liquid medication is Processed, but the unit "mL" is missing from the Sig Line, a prompt will be received stating that the mL is missing from the Sig Line. The mL must be present prior to being able to Process the prescription.

The processed/signed medication will display with the Delivery Method and Status (e.g., Delivery: ELECTRONIC Ready to Sign Not Processed).

When selecting from My Meds or choosing to renew a medication, only clinical monitoring issues will need to be readdressed.

Viewing Prescription Details

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > double-click to select prescription > view the prescription details



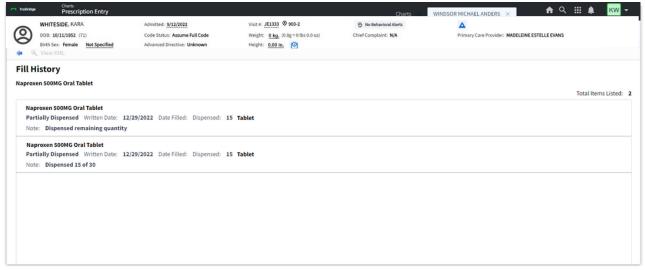
Prescription Detail

- If the selected delivery method for the medication was Print and the med needs to be reprinted, select the prescription and then select Re-print from the action bar. (This button appears on the action bar only when viewing Print medications.)
- The Last Given Date/Time, Next Due Date/Time, and Instructions fields information may be completed at this time, if not previously addressed. To save the changes, select Save.

Checking the Fill Status

The **Fill Status** option is available on the action bar only if there is additional information to display.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > double-click to select prescription > Fill Status



Fill History

The Fill History screen displays each Rx Fill status on a separate line. The following information is provided:

- Medication Name
- Date Prescribed
- Info Sent by Pharmacy Dispensed, Partially Dispensed, or Not Dispensed
 - o If Dispensed, these details are listed:
 - Dispensed Medication Name
 - Written Date
 - Date Filled
 - Note
 - o If Partially Dispensed, these details are listed:
 - Dispensed Medication Name
 - Written Date
 - Date Filled
 - Number of Tablets or Amount Filled
 - Reason for Partial Dispense (Note)
 - o If Not Dispensed, these details are listed:
 - Prescribed Medication Name
 - Written Date
 - Note

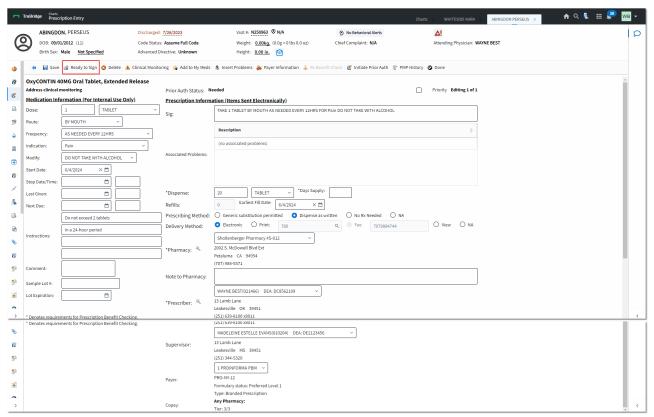
RxFill will be matched with the Prescriber Order Number.

Electronic Prescribing of Controlled Substances

The ability to send electronic prescriptions for federally regulated Controlled Substances is available within Prescription Entry. For substances that are controlled on a state-level, the TruBridge EHR has the capability to store these medications in a table for future reference.

TruBridge has partnered with DrFirst as the EPCS vendor. All Controlled Substance prescriptions must be signed and sent through DrFirst. Each provider must have a soft or hard token to generate a 6-digit PIN that must be entered for verification. The provider will also be required to enter their electronic signature (passphrase). The general functionality of "Escribe" will remain unchanged for clinic, emergency department, and inpatients as appropriate by stay type. The following information is applicable to EPCS functionality and providers with the Controlled Substances service level in place.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Rx > select Medication > <u>Pending Prescription</u>

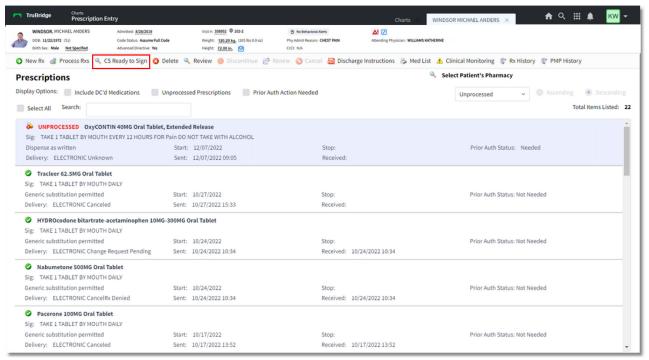


Prescriptions

1. To create a new prescription for a controlled substance from the "Prescription Entry" main screen, a prescriber will select "New Prescription" and then search for and select the controlled substance (medication). He/she will complete all required fields and Clinical Monitoring (indicated in red) and then select the **Ready to Sign** option. The prescriber will then be returned to the Prescription Entry main screen where the new prescription for the controlled substance will display with a new icon of a pill and exclamation point.

NOTE: No refills are allowed for Schedule 2 medications per DEA regulations. This field will be inaccessible (grayed out) in the Prescription Detail for appropriate medications. If the user selects "Save" or "Done" instead of "Ready to Sign," the system will not flag the controlled substance as "Ready to Sign" and it will not pull to the new controlled substance "Ready to Sign" screen.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Rx > select Medication > CS Ready to Sign



Prescriptions

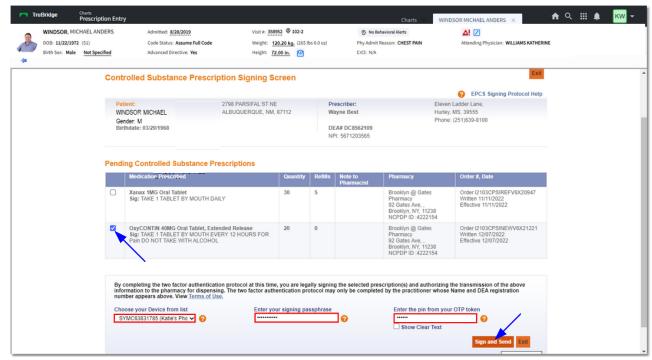
2. A option titled "CS Ready to Sign" is also on the Prescription Entry main screen. This will be selected in order to launch the two-factor authentication. The prescriber will enter his/her Passphrase and a one-time password from his/her token and select the checkboxes for prescriptions he/she wishes to sign. Once the information is entered, select **Sign and Send**.

NOTE: There is an option to use a hard token device provided from DrFirst or a cell phone application.



Token Devices

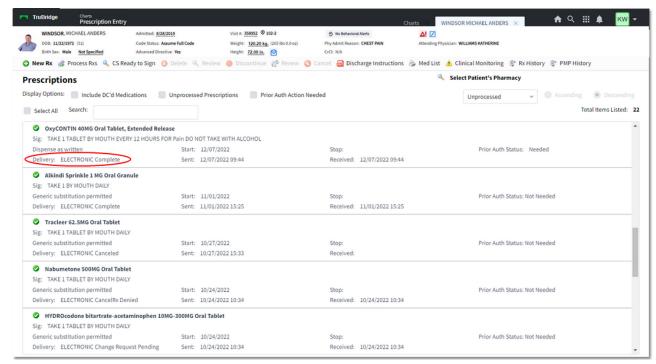
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Rx > select Medication > CS Ready to Sign



Controlled Substance Prescription Signing Screen

3. A message will appear stating, "Please wait as we connect back to your e-prescribing application..." The prescriber will be directed back to the Prescription Entry screen. The prescription will display with a Delivery status of "ELECTRONIC Complete."

Select Web Client > Charts > Select Patient > Select Account > <u>Prescription Entry</u>



Prescriptions

State Specific Controlled Substance Meds

Some medications are not considered controlled substances on the federal level, but are at the individual state level. Once an electronic prescription is returned for being a State Controlled Substance, the system will add the medication to the table for State Specific Controlled Substance. See Table Maintenance - Clinical.

The check has also been added for whenever a New/Renew/Refill Prescription is created. The TruBridge EHR will determine if the prescription is listed in the State Controlled Substance Table. If the medication is found, the system will flag the prescription as a Controlled Substance, insert the listed DEA Class into the Prescription file, and prompt users accordingly. If the medication is not listed in the State Controlled Substance table or the Federal Controlled Substance Database, the system will allow the prescription to be processed as a Non-Controlled Substance.

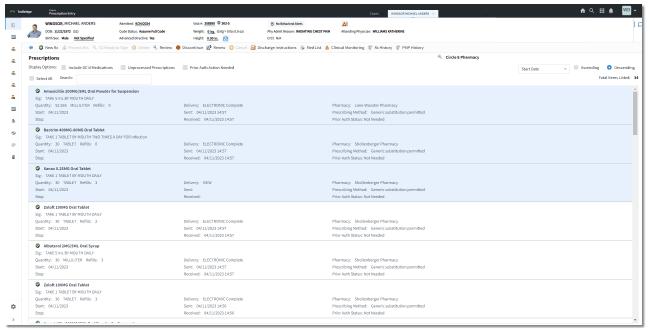
See Changing a Prescription for information on sending a change request for any EPCS.

Bulk Renewal

This chapter discusses the bulk renewal option within Prescription Entry. This option allows providers to renew multiple prescriptions in a single click, rather than editing each one separately.

Select Web Client > Charts > Select Patient > Prescription Entry > select the prescriptions to renew > Select Renew

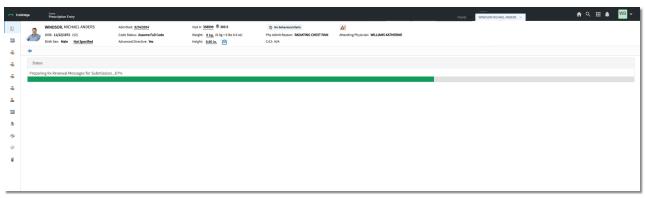
NOTE: To select multiple prescriptions, hold down the **<Ctrl>** key as you select each one, or use the **Select All** check box above the prescription list to select all prescriptions in the list.



Prescription Entry Bulk Renewal

- Selecting one or more existing prescriptions and then selecting the Renew button copies the selected prescription(s) forward into a new prescription. A progress bar displays to inform the provider of the progress made.
- The Clinical Monitoring process still occurs with this workflow. If any of the prescriptions have required Clinical Monitoring alerts, the provider will be taken to address those first. After required Clinical Monitoring alerts are addressed, the prescriptions may be processed. If Clinical Monitoring alerts were found, but none are required, the provider is taken to review those alerts. The provider can choose to review any of the Clinical Monitoring alerts that were found and then process the prescriptions. If no Clinical Monitoring alerts were found, the prescriptions are then processed.

Select Web Client > Charts > Select Patient > Prescription Entry > select multiple prescriptions > Select Renew > <u>Address Clinical Monitoring</u> (if needed) > User will see the progress bar in the screenshot below



Prescription Entry Bulk Renewal Progress Bar

- If the provider aborts the renewal process by not addressing required Clinical Monitoring alerts, this will result in the original prescriptions being Discontinued and new Unprocessed prescriptions being created on the Prescription Entry main screen.
- Prescriptions that were sent electronically, printed, viewed, or faxed are all included in this
 updated process. For any EPCS prescriptions that are renewed, after the non-controlled
 substance prescriptions are processed, the provider is taken into DrFirst to perform the twofactor authentication and sign the EPCS prescriptions. If there are multiple EPCS prescriptions to
 be signed, they can all be signed at one time and will only require one OTP from the token.
- If a prescription was unable to be processed, a message will display to inform the provider which
 prescriptions were unable to be processed. This will display after any other prescriptions have
 been processed.
- To offer the provider more information about the existing prescription, the Prescription Entry list screen includes the Dispense Quantity, Dispense Unit, and Refills for the prescription. The Refills number reflects how many refills the existing prescription was written for initially.
- If the provider wants to renew a prescription, but needs to make edits, they can do so by either double-clicking the existing prescription from the Prescription Entry list screen or single-clicking the prescription and selecting the Review button. This displays the Prescription Entry detail screen, which lists all the information about the existing prescription. If the provider selects the Renew button from the action bar, the provider will be taken into the Prescription Entry edit screen to make any edits needed and then process the prescription.
- If the selected pharmacy has been disabled by SureScripts, then the user will be prompted with a pop-up modal to allow the user to select a different pharmacy for the affected prescription(s). The modal will default to the patient's preferred pharmacy. If the preferred pharmacy is disabled, it will default to a list of pharmacies that prescriptions have previously been sent to for the patient. There is also a look-up option to select a different pharmacy. NOTE: The user is able to exit the bulk renewal process by clicking outside of the pop-up modal. Any prescription that did NOT have a new pharmacy selected will be left in the state that it was in prior to selecting the Renew option.

Payer Information and Rx Benefits Check

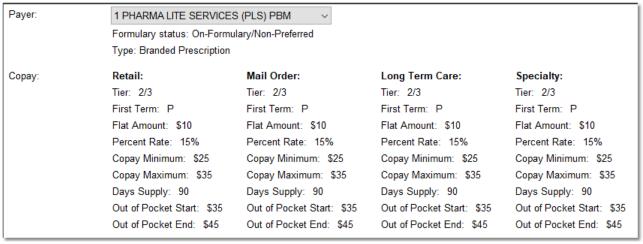
This chapter discusses the Payer Information and Rx Benefit Check options.

Real Time Formulary is the SureScripts process wherein real-time **Request** and **Response** messages (271 information) are received and the Payer Information will populate to the bottom of the Prescription Edit screen. This provides data that informs the prescriber of the medication's formulary status, payer-provided alternatives, coverage factors, and copay details.

There are two message types associated with the Real Time Formulary and Real Time Prescription Benefits functionality:

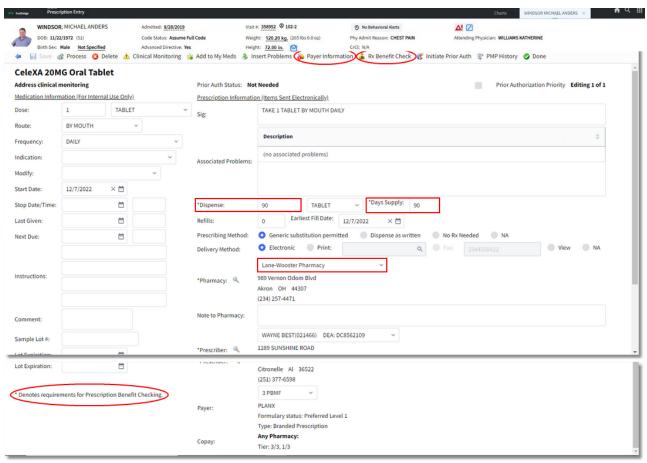
- The Benefit Request message is used to request representative formulary information or
 patient-specific estimated cost and benefit information. The message content and endpoint will
 dictate whether representative formulary (RFS) or patient specific (RTPB) estimated cost and
 benefit information is returned in the Benefit Response.
- The **Benefit Response** message returns representative formulary information or patient-specific estimated cost and benefit information, or the response may return business errors (e.g., Patient Not Found, Unknown Formulary ID, etc.). The information contained in the Benefit Response is dictated by the Benefit Request workflow and content.

Select Web Client > Charts > Select Patient > Prescription Entry > New Rx > Select Medication > Selected Payer options will populate



Prescription Edit screen - Payer section

Select Web Client > Charts > Select Patient > Prescription Entry > New Rx > Select Medication > <u>Prescription Edit</u>



Prescription Edit Screen

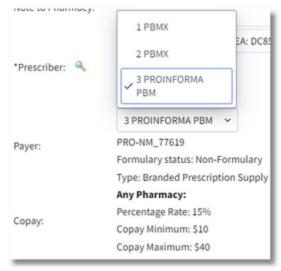
- Payer: After the drug has been selected, the system automatically retrieves the patient's payer information, which is provided by SureScripts. The Payer field will then display any formulary or coverage data. The data can include copay information or preferred alternative drugs if the selected medication is not on the formulary for the payer.
 - If alternative medications are available based on the PBM, this will enable the Coverage and Formulary button on the action bar.
 - If alternative medications are not available based on the PBM, the Coverage and Formulary button will be disabled.

Coverage and Formulary/Payer

 Once the medication has been selected, a coverage and formulary screen will display to notify the user if the current medication is on formulary with the patient's insurance.

NOTE: An eligibility request is automatically generated and sent when the visit is created. If no visit is created, the system will retrieve the information at the time of prescription entry. It is a standard 270/271 format. Coverage status is viewable during prescription entry.

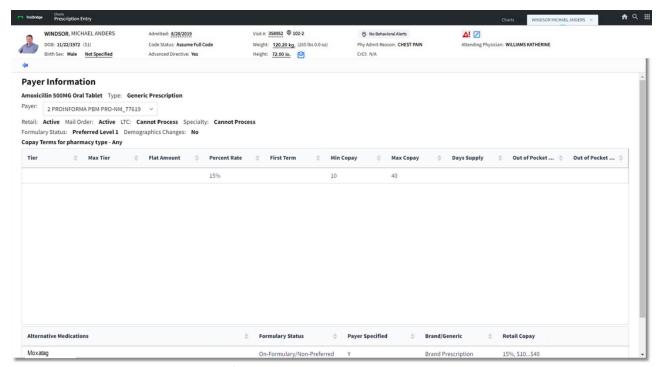
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > select Medication > <u>Payer</u>



Payer

To view the Coverage Restrictions/Coverage and Formulary Information, select the **Payer Information** (if enabled) option. The screen will return results for the selected payer. Use the back arrow to return to the previous screen.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > select Medication > <u>Payer Information</u>



Coverage and Formulary Information

- If the medication is on formulary, the formulary status will display the Payer (formulary alternatives), formulary status and Co-pay Terms for pharmacy type.
 - If the patient is not in the Surescrips database, e.g. a newborn without coverage information or someone who has never had prior insurance coverage, the user will see a message at the bottom of the Formulary screen display. The message will read, "Rejection received from eligibility request. The formulary information may not be accurate. Rejection code: 75 Subscriber/Insured Not Found Resubmission Not Allowed." This will not prevent the user from entering the medication.
- If it is not on formulary, a list of Preferred Alternative Drugs will populate at the bottom of the screen. Once the medication has been selected, the user will select Continue. If the Restrict Payer Disclosure option is selected on the Guarantor/Ins tab in the Registration and ADT screens, the Prescription Entry screen will display. The only options available will be Print and View in Prescription Writer. Please refer to the Person Profile and Registration User Guide for more information on the Restrict Payer Disclosure option.
 - If a medication is selected from the Preferred Alternatives list, the system will present formulary information on the medication. Even if the medication is on formulary, there may be additional coverage rules and/or information.

Real Time Prescription Benefits is a real-time Request and Response message between the provider vendor and PBM. The RTPB message is designed to give provider a real-time estimated cost for the specific patient, allowing the prescriber to make prescription decisions at the point of care. Once the Medication with a valid NDC number, Days Supply, Dispense Quantity, Quantity Unit of Measure, and Pharmacy have been selected, the provider vendor automatically sends a **Benefit Request** for patient specific estimated cost and benefit data. SureScripts receives the **Benefit Request** message and requests patient benefit information from the PBMPayer. The PBMPayer will then process the request and format a **Benefit Response** message with patient specific cost and benefit information and sends to SureScripts, which will forward the **Benefit Response** synchronously to the provider vendor. The provider may then select the Benefit Checking option and select the Requested Medication or Alternative Medication. The message information will include point-in-time estimated cost, alternative medication options, pharmacy type options, and formulary information. The data is referenced prior to the NewRx to inform the prescriber and patient of the specific estimated out-of-pocket cost for the selected therapy. If an Alternative is selected, then a new prescription will be created for that item. Alternative medications shall be displayed in the order they're in from the response.

If the prescriber selects an alternative medication that references a sunset QuantityUnitOfMeasure code, the prescriber should send a valid QuantityUnitOfMeasure. The BenefitResponse AlternativeMedications section will need to be compared to what is current.

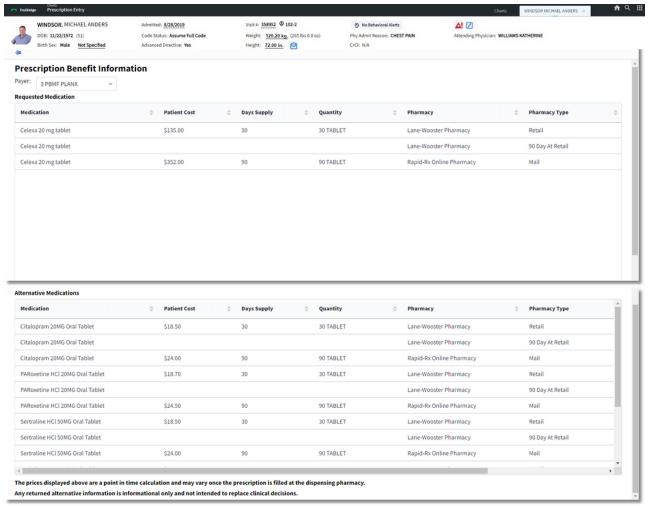
- If the alternative medication is selected, the current logic of auto-populating the Dispense Unit should still be present.
- If no match is found, the Dispense Unit should be blank. The Dispense Quantity and Dispense Unit fields will be red to indicate that they are required.

SureScripts has updated their RTF benefit request standards to only allow up to 250 Alternative Medications to be sent in the request.

The bottom the screen will display verbiage regarding how the user shall be made aware that the above pricing data is a point in time calculation based and may vary once the prescription is filled at the dispensing pharmacy. Any returned alternative information is informational only and not intended to replace clinical decisions.

Rx Benefit Check: Once a medication or therapeutic alternative has been selected, the provider sends the Benefit Request for representative formulary data. SureScripts then processes the benefit Request message, gathers the applicable representative formulary data (information listed above) and returns a **Benefit Response** to the provider vendor The prescriber may then select the Alternative Meds/Restrictions option from the action bar. This will only be available to select if any Coverage and Formulary alternatives or restrictions exist for the selected payer. The requests may be used for a period of up to 24 hours and will have to be resent if that time frame is exceeded.

Select Web Client > Charts > Select Patient > Prescription Entry > New Rx > Select Medication > Prescription Edit > Rx Benefit Check



Prescription Benefit Information

Message IDs

- For an RTF Benefit Request, the RelatesToMessageID tag should be in the ICN from the eligibility response.
- For an RTPB Benefit Request, the RelatesToMessageID tag should be the ICN from the eligibility response.
- For NewRX message, the RelatesToMessageID tag should be the MessageID from the RTF Benefit Response if an RTPB Benefit Request is never sent and, subsequently, an RTPB Benefit Response is never received. If an RTPB Benefit Response is received, then the MessageID from the RTPB Benefit Response should be used for the RelatesToMessageID tag.

Clinic Address Functionality

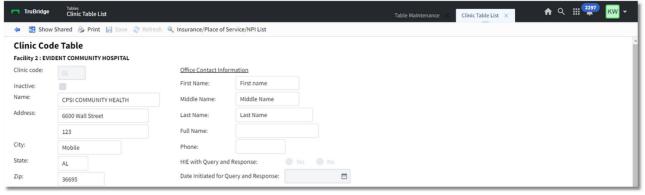
Per SureScripts requirements, when a prescription message is sent, the address of the prescriber (provider) must reflect the address of the location where the patient was seen. If a facility has a

clinic that is a department of the hospital, the system will look to see if the department is tied to a Clinic Code via the Department Table or if the department associated with charges on the account is tied to a Clinic Code.

- If a patient's visit is associated to a clinic code, the clinic's address will be sent as the prescriber address in the prescription message. The clinic's address will display on the Prescription Entry Edit screen as the address of the prescriber, and after a prescription has been processed, the clinic's address will display on the Prescription Entry Detail screen as the address for the prescriber as well.
- The prescriber address sent in the renewal request from a pharmacy will update the prescriber address in the renewal response. If the prescriber address sent in the change request from a pharmacy, it will update the prescriber address in the change response. If a cancel request is sent by the prescriber, the prescriber address in the request will reflect what was sent in the original prescription.
- If a prescription is printed or faxed, the address information for the clinic is sent to any prescriber address mnemonics being used on the template.

NOTE: No additional setup needs to be performed by customers, because the system will autogenerate a SureScripts Learned Location (-LL) SPI for each additional clinic address. This functionality is only available for SPIs that have the Refill service level activated (under the Physician Security > Escribe table).

Select Web Client > Tables > Business Office > Clinic Table



Clinic Table List

Sending Custom Prescriptions Electronically

If a custom prescription is created in Prescription Entry and sent electronically, the XML must contain either the NDC number or Supply flag. The medication description should be entered as Drug Name, Strength, and Dosage Form in order to meet SureScripts standards.

If a user has the access to send electronic prescriptions, the TruBridge EHR will reflex a new set of options once the radio button labeled "Electronic" under Delivery Method has been selected. The new options will display in red, which indicates that they are required prior to selecting the

Process/Ready to Sign options. If a different delivery method is selected, this option will remain hidden.

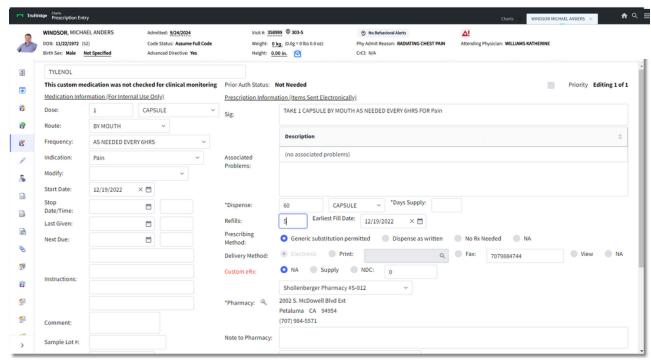
The label "Custom eRX" option will default to **Not Addressed**, but **Supply** or **NDC** may be selected.

- NDC#: If selected, the 11-digit NDC# must be entered in the text box to the right. The TruBridge EHR will then run the NDC# through the current drug datafile to locate a match. If a match is found, the prompt, "NDC# matched to Medication Description: ************* Would you like to use Medication:************* instead?" displays, with Yes or No options for the user to select.
 - If Yes is selected, the system will replace the Custom Med Name with the Medication Description from the matching datafile. Clinical Monitoring will run for the NDC# and all other fields will remain unchanged. The NDC# will be inserted in the <PRODUCTCODE> portion of the XML. The Payer Information will then recalculate based upon the selected medication.
 - If No is selected, the system will maintain the Custom Med Name and continue to process as a Custom Rx.
- **Supply:** If selected, the "Custom eRX" label will change from red to black and the user will continue the normal Escribe Process. The Supply flag will be inserted into the XML.
- Controlled Substance: This field will default to "N/A", but is required and must be addressed with "Yes" or "No" prior to selecting the Process/Ready to Sign options.

NOTE: The user must be set up for Electronic Prescribing of Controlled Substances in order to select "Yes" and access the Process/Ready to Sign options.

- If **Yes** is selected, a DEA Class must be selected from the drop-down. The "Custom eRx" label will turn black and the "READY TO SIGN" button will be available to select.
- If No is selected, the label for "Custom eRx:" will turn black and the normal Escribe process may be continued.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > Enter Rx Name > Custom > <u>Electronic</u>



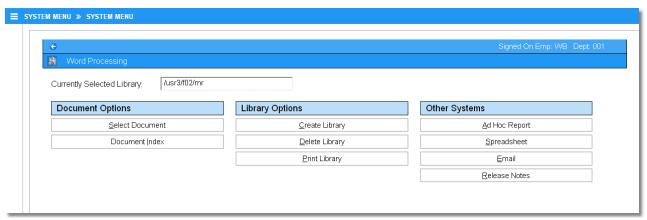
Prescription Detail

4.3 Prescription Format

The prescription format is set up for printed prescriptions. The format is set up in Word Processing. Different mnemonics are used to display information such as physician's name, supervisor's name, address, phone number, city name, state name, zip code, etc., on the prescription.

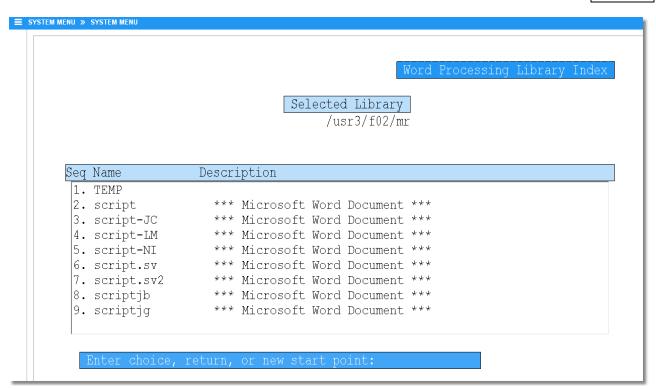
The patient name mnemonic will pull both the first and last name to the Rx. The last name has a limit of 20 characters and the first name has a limit of 15 characters. This was changed to avoid the prescription being denied because of an incomplete name.

Select Web Client > System Menu > Clinic Base Menu > Other Applications and Functions > Word Processing



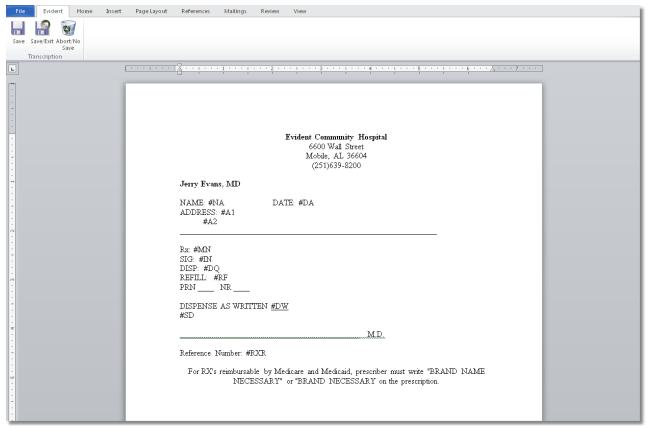
Word Processing

Select Web Client > System Menu > Clinic Base Menu > Other Applications and Functions > Word Processing > <u>Document Index</u>



Word Processing Library Index

Select Web Client > System Menu > Clinic Base Menu > Other Applications and Functions > Word Processing > Document Index > Select Script > Select Standard Edit



Prescription Template

The document will display as a Microsoft Word document.

Prescription Entry Mnemonics

Medication

#MN Name of Medication

#RF Refill Information

#IN Instructions (This will pull the information that is in the SIG line)

#DW "Dispense as Written must be written in ink"

#DI "Dispense as Written"

#DQ Dispense Quantity (numeric)

#TQ Dispense Quantity (alpha)

#DU Dispense Unit

#PRB Associated Diagnosis (code and description)

#PDC Disclaimer for fax table. "Valid only if transmitted by facsimile machine."

#FM "This prescription has been electronically transmitted via facsimile to:"

#NTP Note to Pharmacy

#SL Signature Line on printed Rx or "Electronically Signed" on Faxed Rx (This will add an actual signature line for the provider to sign)

#SUDAY Days Supply

<u>Pharmacy</u>

#PN Pharmacy name

#PA1 Address Line 1

#PA2 Address Line 2

#PC Pharmacy City

#PST Pharmacy State

#PZ Pharmacy Zip

#BY Pulls the word "by"

#PE Sending Employee/Physician

Patient Information

#NU Account number

#NA Patient name

#MR Med Rec number

#SN Second name

#AG Age

#SX Sex

#BD DOB

#PH Home Phone

#BP Business Phone

#A1 Address 1

#A2 Address 2

#CI City (/usr3/f)

#CU City

#ST State

#SA ST (/usr3/f)

#ZI Zip code

Guarantor Information

#GN Name

#G1 Address 1

#G2 Address 2

#GC City

#GS State

#GZ Zip code

#EM Employer

Practice Information

#CN Name

#C1 Address

#C2 Address2

#CC City

#CS State

#CZ Zip

#CP Phone

Prescribing Physician Information

#DR Name

#PRCR Prescriber Credentials

#PRA1 Prescriber Address

#PRA2 Prescriber Address 2

#PRCI Prescriber City

#PRS Prescriber State

#PRZ Prescriber Zip Code

#PRP Prescriber Phone Number

#DN Provider Number

#DS SSN (only transmitted if no DEA Number is available for the ordering of Controlled Substances)

#DEA DEA Number

#FDEA DEA Number with Suffix

#CTP State ID (DPS) WR#1108231616

#DX Tax ID or License#

#NPI NPI Number

Supervising Physician

#SUN Supervisor Name

#SUA1 Supervisor Address

#SUA2 Supervisor Address 2

#SUC Supervisor City

#SUS Supervisor State

#SUZ Supervisor Zip Code

#SUP Supervisor Phone Number

Referring Physician Info

#RP Name

#RA ABBRNAME

#R1 Address 1

#R2 Address 2

#RC City

#RS State

#RZ Zip

General Information

#DA System Date

#DT System Date-Full

#TM Time

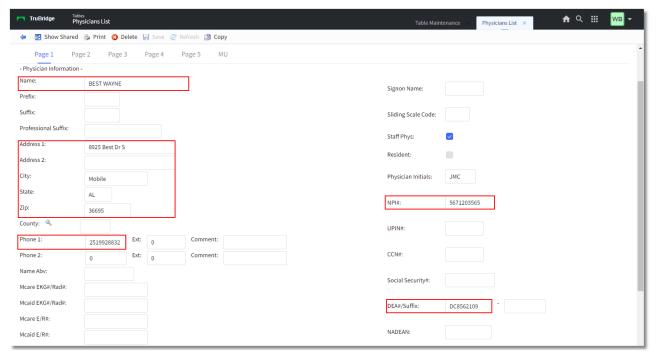
#FT Encounter #

#IN Comment (Appts)

4.4 E-scribe Setup

Each prescribing provider must be assigned a SureScripts Provider Identifier (SPI) from SureScripts.

Select Web Client > Tables > Clinical > Physicians > Physician Name



Physician Information

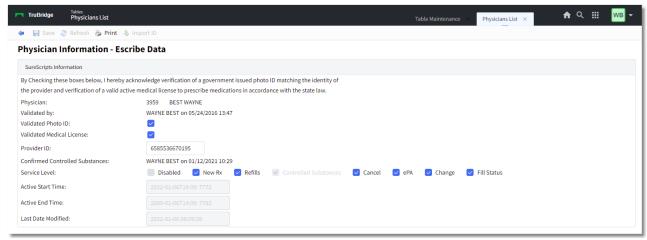
The following information is required in the Physician Information to retrieve an SPI number from SureScripts:

- Page 1: Name, Address, City, State, Zip Code, Phone Number, NPI#, DEA#
 - o **Address Line 1:** The physical address location from which the provider is sending electronic prescriptions. This cannot be a P.O. Box or the name of the facility/clinic.
 - o **Address Line 2:** This should include any additional location information such as a suite or building number. The name of the clinic and 340B Contract# may also be added to this field.
- Page 3: Fax phone #
- Page 4: E-mail Address

When the Physician Information table is changed for a physician that has an SPI number, a message will display stating "Updating SureScripts."

NOTE: An SPI number will not be obtained if the user enters a P.O. Box in the Address field.

Select Web Client > Tables > Clinical > Physician Security > select Physician > Page 3 > <u>Escribe</u> <u>Data</u>



Physician Information - Escribe Data

Within Escribe Data, the user must verify then select the Validated Photo ID and Validated Medical License check boxes when generating an SPI number. This documents the employee name that validated the physician credentials along with the Date & Time the validation occurred. The provider's Service Levels must be indicated prior to selecting Import ID (see following chapters for an explanation of each Service Level). Once Import ID has been selected, the Provider ID field will display the Provider's SPI (SureScripts Provide ID) number. The ePA option will automatically become enabled for any provider that has the New Rx service level enabled.

NOTE: The system will not allow an SPI number to be entered if that same SPI number is already being used in another facility. If attempting to enter a duplicate SPI number, a pop-up message will display "Error trying to save record. SPI:######## already assigned in Facility (Facility Name). Please IMPORT a new location using the first 10 digits of the SPI#".

4.5 Renewing Prescriptions

If the provider selects an existing prescription, or multiple existing prescriptions, and selects the **Renew** button, the prescription is copied forward into a new prescription. A progress bar displays to inform the provider of the progress made.

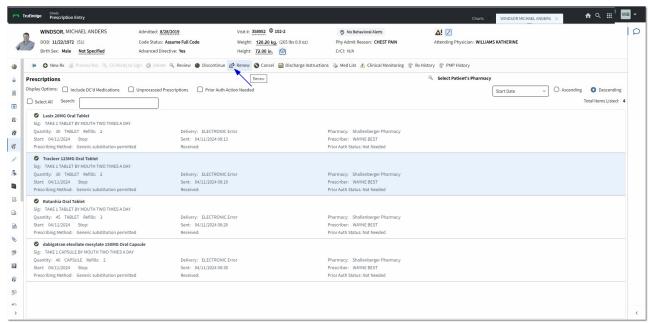
- The Clinical Monitoring process occurs with this work flow. If any of the prescriptions have required Clinical Monitoring alerts, the provider will be taken to address those first. After required Clinical Monitoring alerts are addressed, the prescriptions may be processed. If Clinical Monitoring alerts were found, but none are required, the provider is taken to review those alerts. The provider can choose to review any of the Clinical Monitoring alerts that were found and then process the prescriptions. If no Clinical Monitoring alerts were found, the prescriptions are then processed.
- If the provider aborts the renewal process by not addressing required Clinical Monitoring alerts, this will result in the original prescriptions being Discontinued and new Unprocessed prescriptions being created on the Prescription Entry main screen.
- Prescriptions that were sent Electronically, Printed, Viewed, or Faxed are all included in this
 process. For any EPCS prescriptions that are renewed, after the non-controlled substance
 prescriptions are processed, the provider is taken into DrFirst to perform the two-factor
 authentication and sign the EPCS prescriptions. If there are multiple EPCS prescriptions to be
 signed, they can all be signed at one time and will only require one OTP from the token.
- If a prescription is unable to be processed, a message will display to inform the provider which prescriptions are unable to be processed. This will display after any other prescriptions have been processed.
- To provide more information about the existing prescription to the provider, the Prescription Entry list screen includes the Dispense Quantity, Dispense Unit, and Refills for the prescription. The Refills reflects how many refills the existing prescription was written for initially.
- If the provider wants to renew a prescription, but needs to make edits, they can do so by either double-clicking the existing prescription from the Prescription Entry list screen or single-clicking the prescription and selecting the **Review** button. This displays the Prescription Entry detail screen, which lists all the information about the existing prescription. If the provider selects the **Renew** button from the action bar, the provider will be taken into the Prescription Entry edit screen to make any edits needed and then process the prescription.

To renew a medication, follow these steps.

1. Select the medication from the Prescriptions screen:

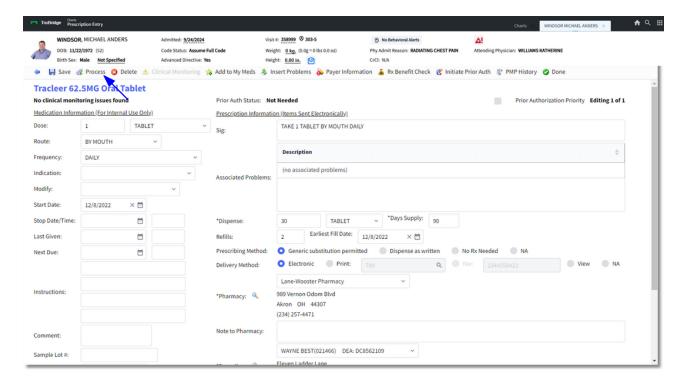
Select Web Client > Charts > Select Patient > Prescription Entry > Select medication to renew

2. Select Renew.



Prescriptions

- 3. Select Renew.
- 4. Complete the required fields for the New Prescription.
- 5. Select the Delivery Method.
- 6. Select Process.





Pending Prescription

For information on Electronic Prescription Renewal Requests, please see Renewal Requests & 1.

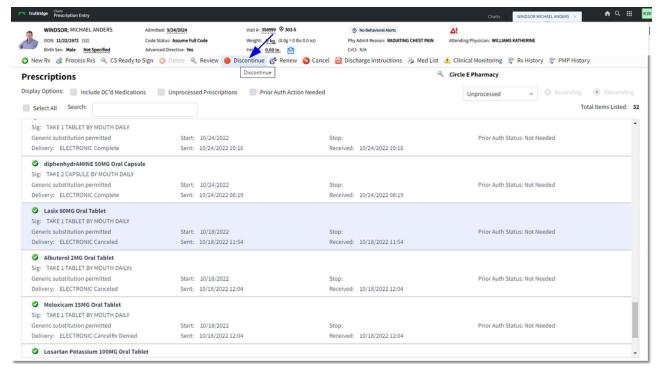
4.6 Discontinuing Prescriptions

To discontinue a medication, follow these steps.

1. Select the medication from the Prescriptions screen:

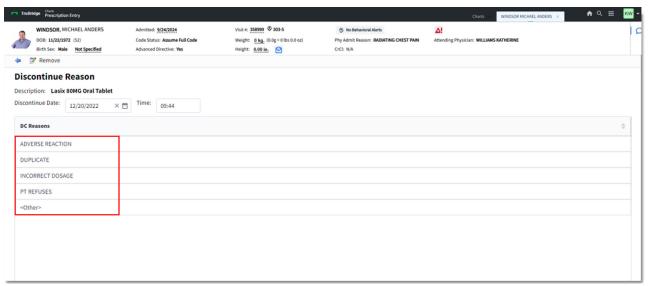
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > <u>Select the medication to discontinue</u>

Select Discontinue.



Prescriptions

Select the discontinue reason from the predefined list of DC Reasons or select <Other> and enter a free-text reason in the Reason field.



Discontinue Reason

Once the medication is discontinued, it will no longer display on the Prescription Entry screen as an active/current medication.

4.7 Canceling a Prescription

The Cancel option allows providers and their agents to send a Cancel message for a processed electronic prescription to the pharmacy.

For the Cancel option to be enabled, the following criteria must be met:

- The prescriber of the prescription must have the Discontinue Prescription behavior control as well as a Cancel service level indicated in their EScribe setup in the Physician Security table.
- The prescription must be processed (no temporary prescriptions).
- The prescription must be sent electronically to the pharmacy.
- The pharmacy selected must have a Cancel service level.
- Controlled substance prescriptions must not be over 6 months from the date written.
- Non-controlled substance prescriptions must not be over 1 year from the date written.
- The prescription cannot be previously canceled.
- In order for a different provider or a nurse to process the Cancel request, the user should be a Prescriber Agent in the "cancel xml" message.

NOTE: More than one processed prescription may be selected for cancellation at the same time.

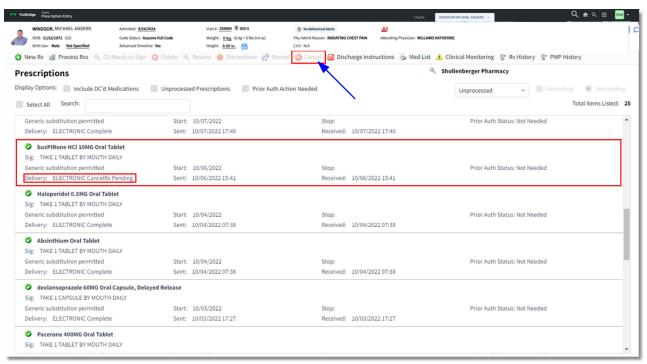
Please see the Identity Management user guide for physician and employee setup.

To Cancel a Prescription

From the Prescriptions screen, highlight the processed prescription(s) to cancel; then select the **Cancel** button on the action bar.

When prescriptions are canceled, the following occurs:

- The status of the prescription will change to CancelRx Pending. The Renew and Cancel
 options will be disabled on the action bar.
- If the receiving pharmacy approves the Cancel request, the Status on the Delivery line will change from CancelRx Pending to Cancel Approved.
- The prescription will not be discontinued from the Prescription Profile until an Approved status is received from the pharmacy. Once the approval response is received from the pharmacy, the med will discontinue from the Prescription Profile with a reason of Provider Cancel.
- If the pharmacy does not approve the Cancel request, the prescription status will change from CancelRx Pending to Cancel Denied.



Prescriptions

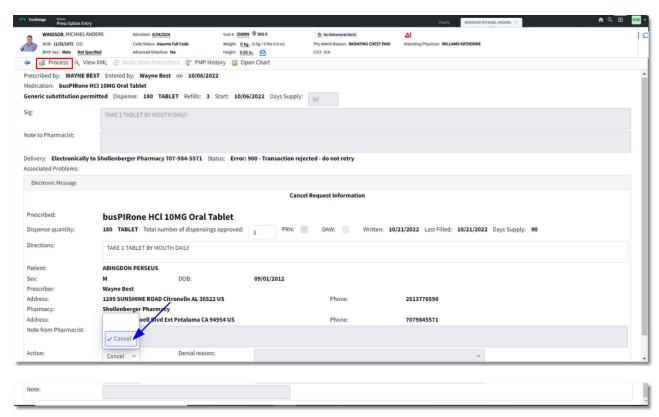
Prescription Detail screen

- While the Cancel action is pending, the status on the delivery line will change from Complete to Cancel - Pending.
- If the Cancel response is approved, the Status on the Delivery line will change from **Cancel Pending** to **Cancel Approved**.
- If the Cancel response is Deny, the status on the Delivery line will change from **Cancel Pending** to **Cancel Denied**.
- If a prescription has been discontinued prior to Cancel or Cancel response, the previous Discontinue information will be overwritten by the cancel information from the response (when it is received).

EScribe Queue (Electronic Prescriptions)

- The pending cancel message will not display in the EScribe queue.
- If the SureScripts response message comes back as an error, it will go to the EScribe queue to be addressed.
- When the Cancel Denied response record is accessed from the EScribe queue, the top-half of the screen will remain the same as the refill request, but with the matched prescription info displayed.
- A label will appear for "Note from Pharmacy:" that will include all details of the note from pharmacy and any Denial reasons in the cancel response xml. The Note will appear in the "Note to Pharmacy" box on the EScribe queue screen.
- An Acknowledge option will appear on the action bar that will clear the Denied Cancel response from the Escribe queue.
- If the pharmacy response is Approve and the user Acknowledges/Processes the record from the Escribe queue, the prescription should be Discontinued with a reason of Provider Cancel.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > Tasks > <u>Electronic Prescriptions</u>

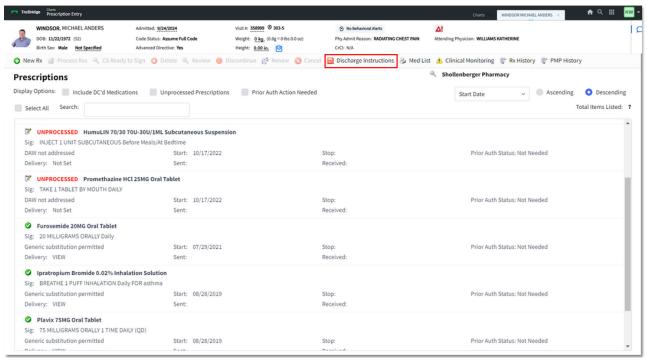


New Prescription Information

4.8 Discharge Instructions Report

The Discharge Instructions report is available to view/print from the Prescription Entry main screen action bar. This report is titled "Discharge Medication List" and will append to the end of the current Discharge Instructions report.

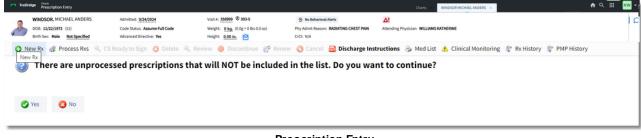
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > <u>Discharge</u> <u>Instructions</u>



Prescription Entry

Once selected, the report will generate. However, if there are any unprocessed prescriptions, the following message will appear as a reminder that **Process Rxs** should be selected. The drug monograph may be set to pull to the end of the Discharge Instructions when printed, if the switch is turned on in the Discharge Medication List table.

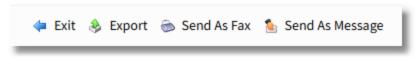
 $Select\ Web\ Client > Charts > Select\ Patient > Select\ Account > Prescription\ Entry > \underline{Discharge}$ Instructions



Prescription Entry

The action bar options on the report display above the generated report.

- Exit: Returns to Prescription Entry.
- Export: Opens the document in a separate window so that it may be saved or printed.
- **Send As Fax:** Uses the Communication Center's Compose Fax option to send the report via fax (there is a look-up list of contacts). A Subject line is available, an option for a Cover Page, and a Body where text may be entered prior to Faxing.
- **Send as Message:** Uses the Communication Center's Compose Mail option to send the report via e-mail (there is a look-up list of contacts). The message includes the To, CC, Subject line, and Patient Lookup (will display the current patient's name, but may be changed). There is also a section for the attachment and a Body, where text may be entered prior to sending the message/e-mail.



Discharge Instructions Action Bar

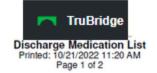
The Discharge Medication List will display in rows and columns for ease of reading. The final page will print a "pocket" version that is a summarized version of the report. Three columns will display the prescription information. The Medication column will include Medication Name (if brand med, the generic name will also display), Dose, Unit and Route. If a prescription was created for the current visit and sent electronically or printed, the label **Prescription: Sent to (Name of Pharmacy)** or **Prescription: Printed** will display underneath the medication info. The How to take column will display any information entered on the Sig Line (including Indication) as well as Last Dose Given information (if indicated). The Instructions column will display any information entered in the Instructions field of Prescription Entry as well as the Next Dose Due information (if indicated).

The Pharmacy Detail will print below the medication list.

NOTE: The UNPROCESSED medications do not appear on this report.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > <u>Discharge</u> <u>Instructions</u>

Evident Community Hospital 6600 Wall Street Mobile, AL 36695 251-639-8100



Patient: WINDSOR MICHAEL ANDERS Account: 356741 Date of Birth: 11/22/1972 Admilt: 01/11/2022

Current Medications as of: 10/21/2022 11:20 AM

Medication:	How to take:	Instructions:
Coumadin 2MG Oral Tablet Prescription: Sent to Shollenberger Pharmacy	TAKE 1 TABLET BY MOUTH Daily FOR BLOOD THINNER	Follow up with Doctor for refills
Furosemide 20MG Oral Tablet	20 MILLIGRAMS ORALLY Daily	
HumuLIN 70/30 70U-30U/1ML Subcutaneous Suspension (Generic: insulin human isophane (NPH)-insulin human regular)	INJECT 1 UNIT SUBCUTANEOUS Before Meals/ At Bedtime	
Prescription: Printed		
hydroCHLOROthiazide 50MG Oral Tablet	TAKE 1 TABLET BY MOUTH DAILY	
Prescription: Printed		
Ipratropium Bromide 0.02% Inhalation Solution	BREATHE 1 PUFF INHALATION Daily FOR asthma	
Lisinoprii 10MG Oral Tablet	TAKE 10 MILLIGRAMS ORAL DAILY	
Prescription: Sent to Shollenberger Pharmacy	Last Dose: 10/21/2022 12:00 AM	Next Dose: 10/22/2022 9:00 AM
Plavix 75MG Oral Tablet (Generic: clopidogrel hydrogen sulfate)	75 MILLIGRAMS ORALLY 1 TIME DAILY (QD)	
Promethazine HCl 25MG Oral Tablet	TAKE 1 TABLET BY MOUTH DAILY	Take for nausea as needed
Prescription: Printed		

Patient: WINDSOR MICHAEL Evident Community Hospital TruBridge 6600 Wall Street ANDERS Mobile, AL 36695 Account: 356741 Discharge Medication List Printed: 10/21/2022 11:20 AM 251-639-8100 Date of Birth: 11/22/1972 Admit: 01/11/2022 Page 2 of 2 Current Medications as of: 10/21/2022 11:20 AM Pocket Version (same information as above) Coumadin 2MG Oral Tablet TAKE 1 TABLET BY MOUTH Daily FOR BLOOD THINNER Furosemide 20MG Oral Tablet 20 MILLIGRAMS ORALLY Daily HumuLIN 70/30 70U-30U/1ML Subcutaneous Suspension (insulin human isophane (NPH)-insulin human regular) INJECT 1 UNIT SUBCUTANEOUS Before Meals/At hydroCHLOROthiazide 50MG Oral Tablet TAKE 1 TABLET BY MOUTH DAILY Ipratropium Bromide 0.02% Inhalation Solution BREATHE 1 PUFF INHALATION Daily FOR asthma Lisinopril 10MG Oral Tablet TAKE 10 MILLIGRAMS ORAL DAILY Plavix 75MG Oral Tablet (clopidogrel hydrogen sulfate) 75 MILLIGRAMS ORALLY 1 TIME DAILY (QD) Promethazine HCI 25MG Oral Tablet TAKE 1 TABLET BY MOUTH DAILY

Pocket Discharge Med List

4.9 Clinical Monitoring

Clinical Monitoring checks are automatically performed on new medication orders placed in the TruBridge system. Checks are performed at time of order entry and may include checks for allergy, drug interaction, duplicate therapy, food interaction, disease interaction, and general precautions. Clinical Monitoring checks will display at the time of order entry and can also be reviewed at any time by selecting the **Clinical Monitoring** option from the action bar or from **Clinical Monitoring** on the Prescription Information screen.

NOTE: Clinical Monitoring checks are controlled by switches located in the Clinical Monitoring Control Table. Once the Clinical Monitoring switches are turned on, they can be turned off only by an administrator.

Clinical Monitoring checks are done from the following actions/locations within the system.

- Allergy: Whenever a medication is entered from the Drug Formulary for a patient, the system automatically runs an allergy checking program. The new medication selected will be compared to any drug allergies entered on the patient through the TruBridge system. This check is hard-coded and cannot be turned off.
 - o If Drug Allergy checks have been set to required in the <u>E-Prescription Control Table</u> of and have not been previously addressed, the user will be prompted to address drug allergies when **New Rx** is selected. If an unverified allergy exists on the account, they will receive a prompt to verify the allergy, but may bypass this prompt. Selecting **Yes** will open the Allergies screen and **No** will open the Prescription Entry screen. The user will only be prompted again during a new session.

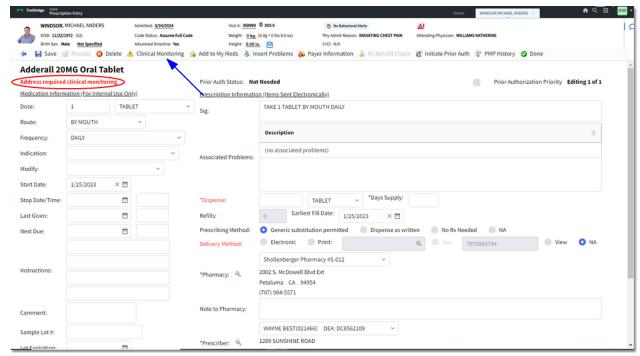
NOTE: If an allergy is entered using the **Other** option, the allergy will be highlighted yellow to denote that Clinical Monitoring cannot be provided.

- **Drug Interaction:** The Pharmacy Drug Interaction Module detects drug-drug interactions. Micromedex provides the drug interaction database along with quarterly updates. Interaction checks are performed based upon item NDC number placed in the Item Master. *This check is hard-coded and cannot be turned off.*
- **Duplicate Therapy:** The TruBridge EHR Pharmacy system automatically screens new orders for duplication of therapy. The system reviews the current patient orders and warns if the patient is receiving a similar medication.
- Food Interaction: The Pharmacy Food Interaction module detects food-drug interactions. Micromedex provides the food-drug interaction database along with quarterly updates. Interaction checks are performed based upon item NDC number within the Item Master.
- Disease Interaction: Disease interaction checks will perform and provide dosing recommendations along with other clinical monitoring checks during medication order entry. The check will ensure the drug ordered does not interfere with the diagnosis for the patient. It will also provide a drug/drug screening for current medications that the patient is taking, checking for disease monitoring.

NOTE: The diagnosis for Disease Interaction checks is pulled from the diagnosis entered in the pharmacy department by the pharmacist in the **RX Diagnosis**.

• General Precautions: The system will review the patient age and gender for contraindications.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > Select Medication > Continue



Pending Prescription

When a medication is ordered, the system will display "No Clinical Monitoring Issues Found" or "Address required Clinical Monitoring."

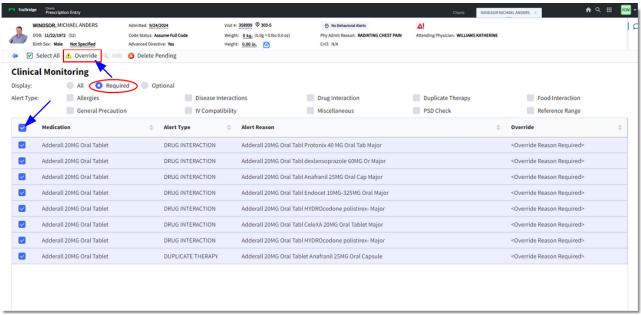
NOTE: The Clinical Monitoring Control Table may be set to require Override Reasons. If this is the case, the system will display "Address Required Clinical Monitoring."

If an order is placed that recommends clinical monitoring:

1. Select **Clinical Monitoring** from the action bar.

NOTE: Selecting **Clinical Monitoring** will open the Clinical Monitoring screen, displaying all results with the filter selections. Selecting **Required** on the Clinical Monitoring screen will narrow the list to only Required overrides. Selecting the Medication check boxes and then selecting the **Override** option will open the Clinical Monitoring Override screen so that an Override reason may be selected.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > Select Medication > Continue > Clinical Monitoring

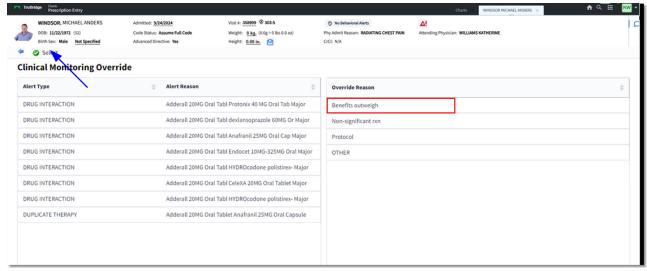


Override Reason

- 2. The Info icon provides the drug monograph information about the monitoring alert selected.
- 3. Alert Type: The check boxes will allow the user to filter by specific alert types:
 - Allergies
 - Disease Interactions
 - Drug Interaction
 - Duplicate Therapy
 - Food Interaction
 - General Precaution
 - IV Compatibility
 - Miscellaneous
 - PSD Check
 - Reference Range
- 4. If an override reason is required, it may be individually addressed by double-clicking on the item or by highlighting the item and selecting the **Override** option on the action bar. The filters may be used to view only certain types of alerts. Selecting the **Select All** option will select all alerts that apply to the selected filters so that the same override reason may be applied to all of the selected results.
- 5. The **Select All** option will select all rows. Once this is selected, the option will change to **Deselect All**. Selecting **Deselect All** will deselect all rows.
- 6. The Clinical Monitoring Override screen will appear with a list of predefined reasons. If multiple alert types have been selected, the list of Override Reasons will be a combination of all override lists for the selected alert types (with the exception of duplicate reasons). If the list of Override Reasons does not list the option a provider requires, then OTHER may be selected to free-text the entry. The selected override reason will apply to every selected alert.

NOTE: Select OTHER to enter a free-text Override Reason.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > New Prescription > Select Medication > Continue > Address Clinical Monitoring > Override Reason > Done



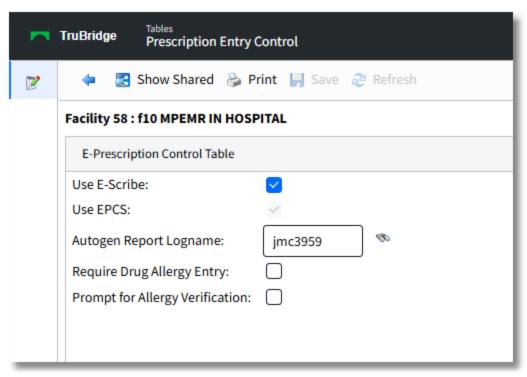
Clinical Monitoring

7. Select the Override Reason by single-clicking and then selecting Select or by double-clicking. Once this is completed, the user will be directed back to the Clinical Monitoring screen to address additional override reasons or select the back arrow to return to the main Prescription Entry screen or to the Prescription Information screen for the med that is being addressed/edited.

E-Prescription Control Table Allergies

The E-Prescription Control Table includes options to Require Drug Allergy Entry and Prompt for Allergy Verification.

Select Web Client > Tables > Clinical > Prescription Entry - Control Table



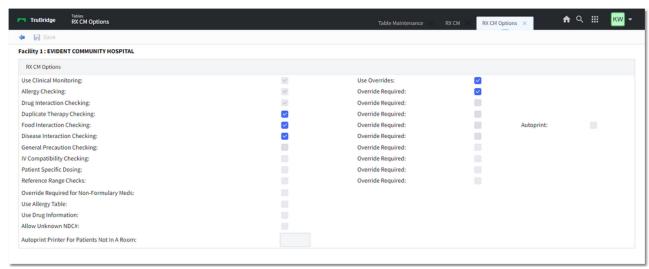
E-Prescription Control Table

- If the **Require Drug Allergy Entry** check box is selected AND the patient has no allergy information already entered, the system will prompt the user to enter allergy info before allowing them to enter an order. This is a hard stop; the user cannot create an order until the allergy information has been entered.
- If the **Prompt for Allergy Verification** check box is selected AND the patient has unverified documented allergy information, the system will prompt the user to verify the allergy info before allowing them to enter an order. This is a soft stop; the user may bypass the prompt and proceed to create an order.

Clinical Monitoring Setup and Table

Clinical Monitoring Control Tables are available for medication order entry performed by Nurses, Physicians, and/or Pharmacy. The Prescription Entry Clinical Monitoring Table only affects orders placed via Prescription Entry within the clinic. Clinical Monitoring may be set up within Table Maintenance. Once the Clinical Monitoring is turned on, it may only be turned off by programming.

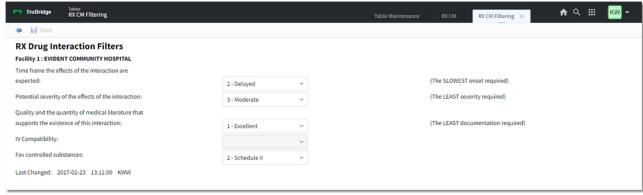
Select Web Client > Tables > Clinical > Prescription Entry - Clinical Monitoring > <u>General</u> Settings



Clinical Monitoring Table

- Use Clinical Monitoring: When selected, Clinical Monitoring is available during the Prescription Entry process.
- Use Overrides: When selected, the system requires the user to select an override reason.

Select Web Client > Tables > Clinical > Prescription Entry - Clinical Monitoring > <u>Drug</u> <u>Interaction Filters</u>

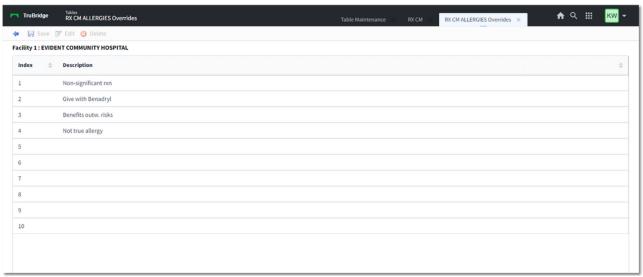


Clinical Monitoring Table

- Drug Interaction filtering Options:
 - **Onset Code:** Indicates the time frame in which the effects of the interaction are expected. Select the slowest onset required to trigger a display from the following options:
 - o 1-Rapid
 - o 2-Delayed
 - **Severity Code:** Indicates the potential severity of the effects of the interaction. Select the least severity required to trigger a display from the following options:
 - 1-Contraindicated
 - 2-Major
 - 3-Moderate

- o 4-Minor
- Documentation Code: Indicates the quality and the quantity of medical literature that supports
 the existence of the interaction. Select the least documentation required to trigger a display
 from the following options:
 - o 1-Excellent
 - o 2-Good
 - o 3-Fair
 - o 4-Poor
- Fax Controlled Substances: Based on specific state guidelines for faxing Controlled Substances update the Fax Controlled Substances field. The Fax Control will apply to the fax delivery method in Prescription Entry as follows:
 - o 1-Schedule I
 - o 2-Schedule II
 - o 3-Schedule III
 - o 4-Schedule IV
 - o 5-Schedule V
 - o 6-n/a

Select Web Client > Tables > Clinical > Prescription Entry - Clinical Monitoring > <u>Allergy</u> <u>Overrides</u>



Rx CM Allergies Overrides

Performing the Clinical Monitoring is optional for **Allergy**, **Drug**, **Duplicate Therapy**, **Food**, **Disease**, or **General Precautions** checks from the tabs along the top toolbar by selecting the Perform Checking option. When **Require Override Reason** is checked, the user will be required to select an override reason for any clinical monitoring issues when ordering or renewing prescriptions.

The predefined Override Reasons are entered on the screen. Up to 10 reasons may be entered for each.

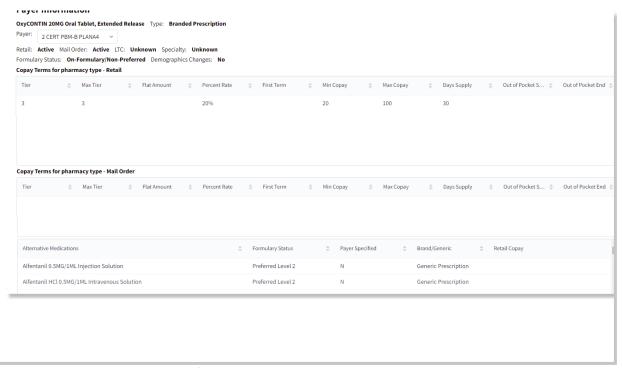
4.10 Electronic Prior Authorization

Electronic Prior Authorization (ePA) is powered by SureScripts and provides actionable patient intelligence in the form of real-time electronic prior authorizations for medications. Clinicians may send authorization requests and receive responses while the patient is still in the office. Pharmacies will receive the prescriptions with the authorization number so that the medication may be dispensed to the patient right away. (The AuthorizationNumber is not required from the PBM for an ePA that has been Approved or Partially Denied.)

The Tasks screen folder will have a task type of **SureScripts EPA Notification**.

Selecting a medication to prescribe will take the user to the prescription edit screen. The Payer Information screen where the patient coverages may be reviewed can be accessed by selecting the **Payer Information** button on the action bar. (The patient's SSN will not be included in the ePA message, as it is an optional field.)

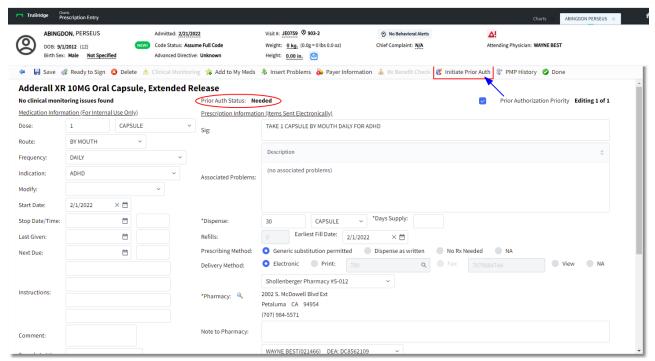
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > <u>Payer Information</u>



Coverage and Formulary Information

The label "Prior Auth Status" will indicate whether or not the medication requires a Prior Authorization. Select **Initiate Prior Auth** from the action bar to initiate an ePA case for the patient's medication.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > <u>Initiate Prior Auth</u>



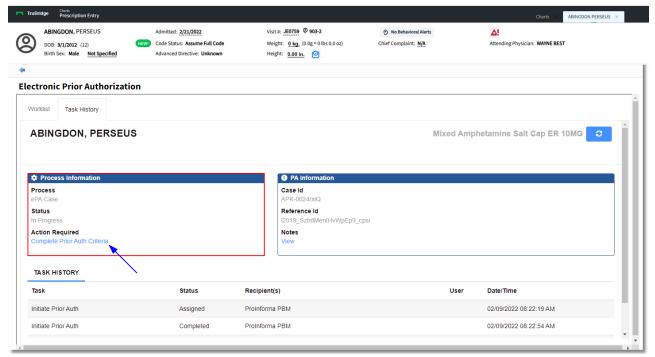
Prescription Edit

The option will then disable and the PAlnitiationRequest is sent to SureScripts. When a PAlnitiationRequest is sent, the data will be mapped to XML tags as well as the account for the Prior Auth in the RTF/RTPB response. Suprescripts sends a PAlnitiationResponse and once the API calls to the Accelerator that a PAlnitiationResponse has been received, the prescriber is then able to answer questions provided. The Prior Auth Status label will update to "Review - Complete Prior Auth Criteria" once the PAlnitiationResponse has been received. The option will then be named **Prior Auth Accelerator** and this will indicate the item is ready to be addressed in the Accelerator.

If the **Prior Authorization Priority** check box is selected, the PAInitiationRequest should include a PAPriorityIndicator tag in the section. The tag will only appear if this label is selected.

A screen will open, displaying the SureScripts Accelerator. The Task History tab will display the patient name, the medication being authorized, the current status of the ePA case, and any action required. Select **Complete Prior Auth Criteria** to address the information needed to process the authorization.

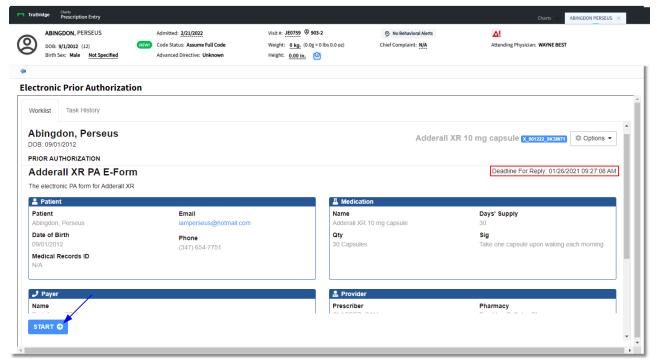
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Prior Auth Accelerator



Electronic Prior Authorization

A screen will display the Patient Information, Medication information, Payer Information, Provider Information, and any Notes entered on the case. The case number will display at the top next to the medication name. The **Deadline for Reply** will display the date/time by which the provider must address the Prior Authorization Criteria. The Options drop-down will allow the provider to select from the options of **Go to Worklist**, **Go to Task History**, and **Cancel Prior Authorization**. Select the Start option at the bottom of the screen to begin addressing the information for the medication.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Continue > Prior Authorization > Complete Prior Auth Criteria

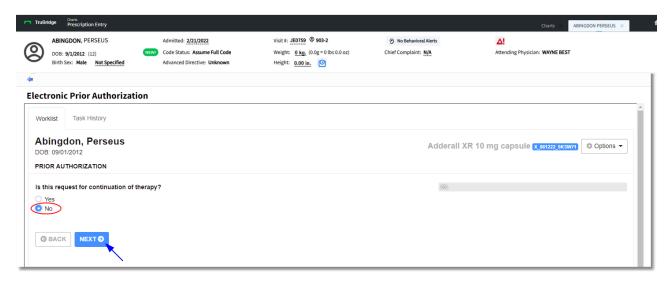


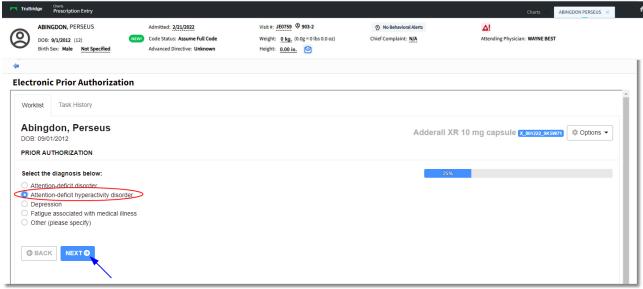
Electronic Prior Authorization - Worklist

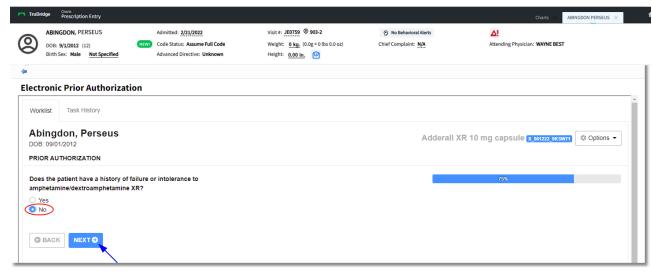
Once **Start** has been selected, the Prior Auth Questionnaire will need to be addressed. Questions will vary based upon the medication selected, and will be based upon the answers to previous questions. Each question must be addressed prior to selecting **Next** to move on to the next step. The progression percentage will display at the top, however some question numbers may be skipped along the way. The **Back** option may be selected to return to the previous screen.

Questions may require the selection of a radio button or a free-text answer.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Continue > Prior Authorization > Complete Prior Auth Criteria > Start



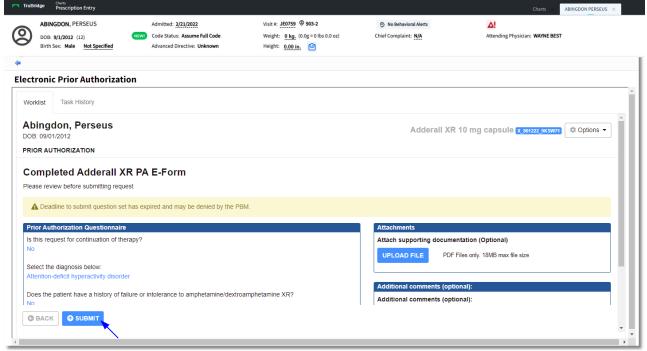




Electronic Prior Authorization - ePA Questions

Once all questions have been answered, the submission screen will display a summary of all the questions and answers. A PDF file may be attached, if desired. The Options drop-down selections include Start Questionnaire Over, Go to Worklist, Go to Task History, and Cancel Prior Authorization. Select **Submit** to send the entered information and return to the Task History screen. The message sent when **Submit** is selected is a PARequest. The Prior Auth Status will return as Pending - PBM Response. The PBM will then review the request and send a response.

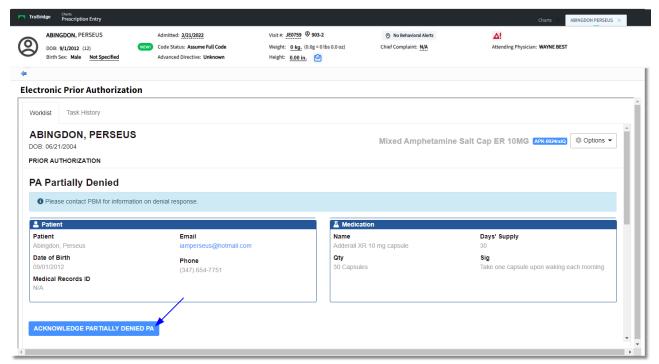
Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Initiate Prior Auth > Complete Prior Auth Criteria > Submit



Electronic Prior Authorization - Worklist

NOTE: A task may be added to the Tasks screen folder to be notified of whether there is Prior Authorization Action Needed. This task will disappear from Alerts and the Tasks screen once the Approval or Denial is Acknowledged via the SureScripts screen.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Initiate Prior Auth > <u>Acknowledge Partially Denied PA</u>



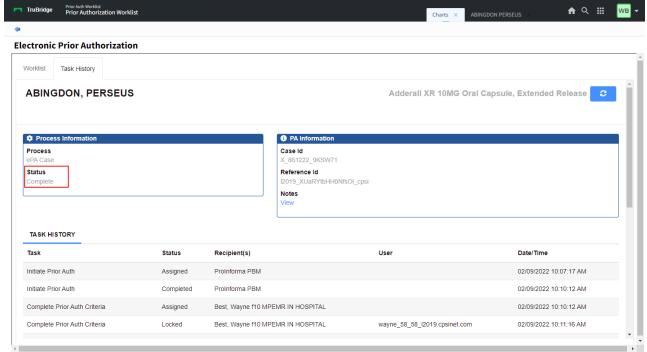
Electronic Prior Authorization

If the request is partially denied, the option **Acknowledge Partially Denied PA** should be selected and the status will change to Complete.

If the Prior Authorization is denied, the Notes section will state "Product not approved for patient" and there will be an **Acknowledge Denied PA** option at the bottom. There is an Appeal option next to the Acknowledge Denied PA option. Select this to make an appeal for the denial and add a PA Note, then select **Appeal**. If Approved, the status will return as **Prior Auth Approved**. The user may then select **Acknowledge Approved Appeal** to complete the process. The Prior Auth Status should then show a status of Approved on the Prescription Edit Screen.

When **Acknowledge Approved PA** is selected, the authorization number will be appended to the medication order when it is sent to the pharmacy. Once Acknowledge Approved PA is selected, the Status will change to Approved in Prior Auth Status. The case may be reviewed at any time by selecting the Task History. To continue with the eScribe process, use the back arrow to return to the Prescription Edit screen and sign the prescription.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > select Prescription > Continue > Prior Authorization > <u>Acknowledge Approved PA</u>

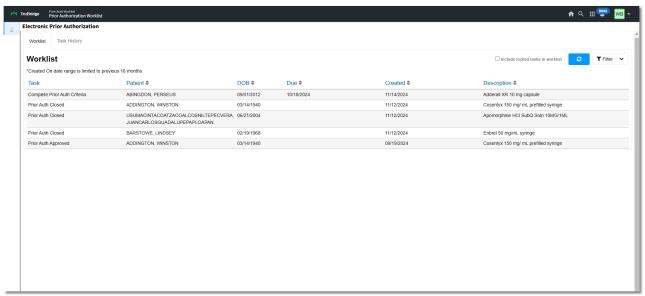


Electronic Prior Authorization

Prior Authorization Worklist

The Prior Auth Worklist will display ePA cases for all patients and requires an auth token, just as the Chart-level ePA in Prescription Entry. If a non-provider needs access to the Prior Authorization Worklist screen, their login must be set up in the Login Associations table under Table Maintenance > Control to cover or monitor for the provider. The non-provider or nurse login may now access the SureScripts Accelerator screens. Nurses may view multiple worklists if they are set to monitor or cover for multiple physicians.

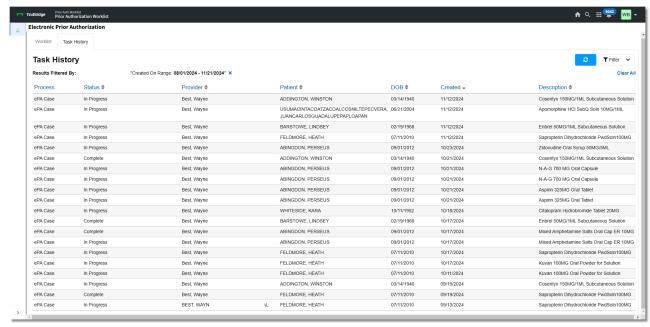
Select Web Client > Application Drawer > <u>Prior Auth Worklist</u>



Prior Auth Worklist - Worklist

For additional search options, select the **Filter** option to enter more specific search parameters. The **Created On Range** and **Completed On Range** have date-picker calendar options in addition to free-texting. Select the desired parameters and select **Apply.**

Select Web Client > Application Drawer > Prior Auth Worklist > <u>Task History</u>



Prior Auth Worklist - Task History

The preparer roles are set up as Behavior Controls in the System Administration tables. They are default behaviors for the roles of Registered Nurse, Licensed Practical Nurse, and Nursing staff. If a

user does not have any of these behavior controls, the Prior Authorization option on the Rx Edit screen will be disabled.

- Prepare Prior Authorization (PAPreparer)
- Review Prior Authorization (PAReviewer)
- Submit Prior Authorization (PASubmitter) This control is a default control for the physician, LPN, RN, and Nursing Staff roles in Identity Management.

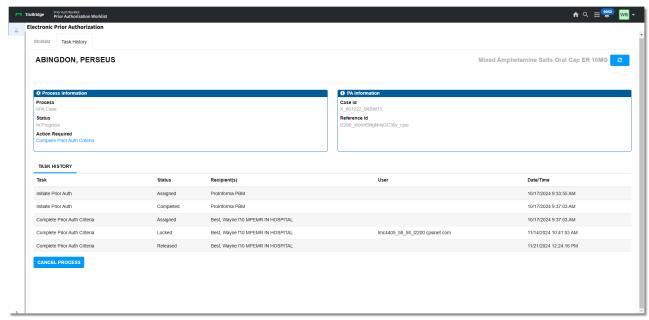
For reference, below is a Role/Permission map that explains the activity each level are able to perform it.

Role/Permission Map

Activity	Description/Notes	PAPreparer	PAReviewer	PASubmitter
View Worklist	View and select tasks that require action. Note: Tasks may also be filtered by the provider or patient included in the auth token.	Х	Х	Х
View Response Details	Read-only access to all response data including answers to questions for an Open response.	X	Х	Х
Prepare Open Response	Answer questions on Open response.	Х		Х
Submit PARequest	Take the answers created from 'Prepare Open Response' and submit the PARequest message to PBM/payer.			Х
Acknowledge Closed	Ends the workflow process for the associated ePA case.	Х		Х
Acknowledge Denial	Ends the workflow process for the associated ePA case.	X		Х
Acknowledge Approval	User indicates agreement with approval restrictions (if any). Ends the workflow process for the associated ePA case.	Х		х
Acknowledge Deferred	User indicates they have acknowledged that the PA has been deferred.	Х		Х
Create Appeal	Add information required to submit initial PAAppeal Request and submit.	Х		Х
Submit Appeal	Take the answers created from 'Prepare Open Response' and submit the PAAppealRequest message to PBM/payer.	Х		Х
Cancel Process	Submit PACancelRequest request to the PBM/payer.	Х		Х
Acknowledge Cancel	Ends the workflow process for the associated PA case.	Х		Х

ePA . Role/Permission Map

Select Web Client > Application Drawer > Prior Auth Worklist > Select Task > Task History



Task History

Reference ID: SPI of the initiator of the original ePA request.

Task: Task type will be listed for each time an action was selected or a response received.

Status: The Status of the corresponding task.

Recipients: The collection of recipients for which Accelerator-based tasks will be retrieved. This includes a list of SPI numbers or a single SPI number.

User: The unique provider vendor user ID representing the user working the task list. This user is not required to be a clinician vendor with a registered SPI.

4.11 Print Medication List

The medication list may be printed via the Medications yellow tab, the Print yellow tab, or through the patient profile. There is the ability to print only the patient's current medications list or to select **Include DC'd** and print the patient's entire medication list. When choosing to include the discontinued medications, the discontinue reason will display on the Medication List. When the Med List is printed from Prescription Entry, the system will capture it as a "Print" action and this will place an entry on the Patient Audit Log report in the "Data Accessed" field.

To print the medication list via the Medications yellow tab:

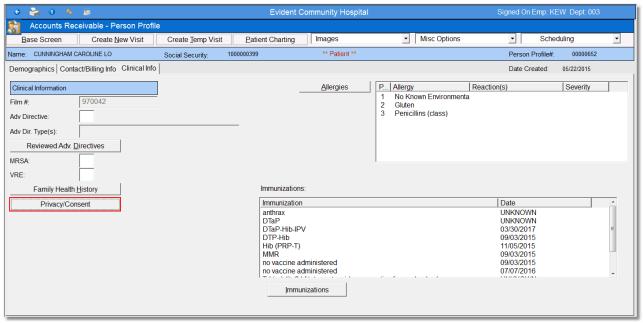
- 1. Select **Print Medication List**.
- 2. Select a printer.
- 3. Enter a date range.
- 4. Select whether or not to Include DC'd Medications.
- 5. Select **Print**.

4.12 Rx History

Rx History displays based on a patient's level of consent. The medication history includes medication, dose information, and the date last filled. The user may retrieve up to two years of available data.

The level of consent is determined during the admission process.

Select Web Client > System Menu > Hospital Base Menu > Profile Listing > Patient Profile > Clinical Info tab > Privacy/Consent

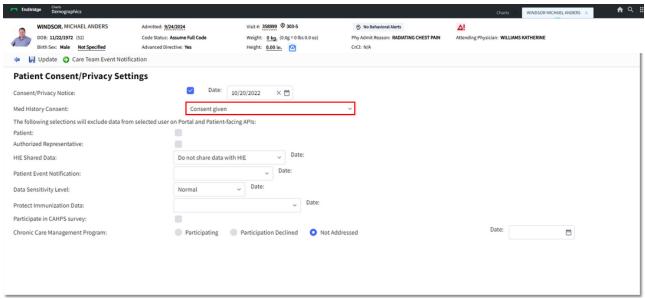


AR - Person Profile

The consent is entered on the visit screen when the visit is created. The user will need to address the Consent/Privacy Settings option in order to have the ability to retrieve the prescription history from SureScripts. The user may select **Consent/Privacy Settings** to view the Medical History Consent lookup.

Select Web Client > Charts > Select Patient > Select Account > Demographics > Consent/Privacy Settings

Select Web Client > Charts > Select Patient > Select Account > Reports & Attachments > Med. Rec. > Consent/Privacy Settings



Patient Consent/Privacy Settings

Med History Consent: This field is used to determine if the provider is allowed to retrieve
medication history from SureScripts and the eligibility of the patient coverages. E-scribe must be
turned on for this to be accessible. When a visit is created, the system will send a request to
SureScripts for all of the patient's coverages along with their consent level. SureScripts will return
the appropriate information according to the consent level to display for the provider. Appropriate
responses to the field are:

Select Web Client > Charts > Select Patient > Select Account > Demographics > Consent/Privacy Settings



Med History Consent Drop-down

- No Consent
- Parental/Guardian consent from any prescriber
- Consent Given

When Prescription History is accessed for a **non-Clinic (Inpatient, ED visit) patient**, a Medication History Request (MHR) will be sent to SureScripts. The system will retrieve the prescription history and display the last 50 prescriptions. If there is additional history to retrieve, the **More** option will be enabled, and the user may select it to load the additional history. If multiple payers are attached to the patient, those separate histories will be available from the drop-down. Only one successful query per Inpatient or ED visit may be sent, because the data is stored in a database table and the query will not be run again unless the "No records returned" or "Patient Not Found" responses are received.

The information sent to SureScripts for the patient is the following:

- Patient Name: Last Name, First Name
- Gender
- Date of Birth
- Address: Physical Address, City, State, and ZipCode

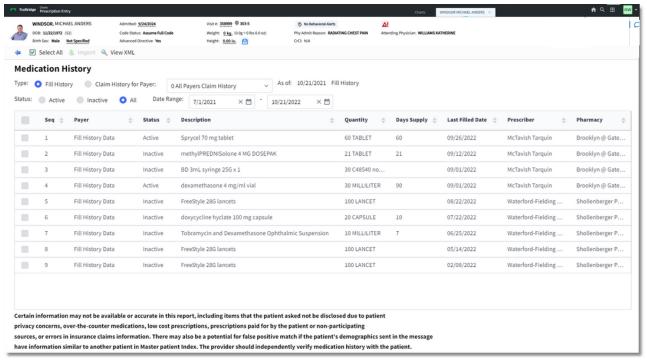
Additional Info to be sent with the MHR request is the name of the facility where the patient is being seen, as well as the National Provider Identifier for the facility where the patient is being seen.

For **Clinic** visits, the XML temp file used for the Medication History will retain the information in the database. The Medication History will display the data housed in the database tables for SureScripts Payer History and SureScripts Prescription History. Outpatient stay types will function the same way. Medication History Requests will work for Inpatient and Emergency Department visits only. (See <u>View XML</u> [34])

- Import: Imports Rx History so that it may be reconciled using Clinical Reconciliation(link). See Clinical Reconciliation 2
- Select All: Selects all rows visible on the screen.
- View XML: See View XML 84.

NOTE: If the Medication History for Reconciliation is not active, the **Import** and **Select All** options will not be available for selection.

Select Web Client > Charts > Select Patient > Select Account > Prescription Entry > Rx History



Medication History - Fill History

• **Fill History:** If selected, this option displays the fill history of prescriptions from Rx. Access to this is determined by what is selected for the Med History consent on the patient visit screen.

The following information is provided:

- Claim History for Payer
- Status
 - o Active: Displays all active records.
 - Inactive: Displays all inactive records.
 - All: Displays both active and inactive records.
- Date Range: Sets start/end dates in the MM/DD/YYYY format.
 - As of: Will display the date the history was obtained by either the current date or the date from the retained history (last-selected date).
- Payer: Payer from Coverage and Formulary
- Status: The Last Filled Date + the Days Supply. If the calculated date is greater than today's
 date, then it will display as Active. If the calculated date is less than today's date, it will display as
 lnactive.
- NDC: National Drug Code entered in the Item Master
- Description: Medication description from the Item Master

- Quantity: Dispensed quantity
- Last Filled Date: Date prescription was last filled
- Prescriber: Name of prescribing physician
- **Pharmacy**: Name of the Pharmacy from which the prescription was last filled. Information displayed will be from the Rx Medical History Request as well as clinic 270/271 information.

The **Source** column on the Medication History screen displays the data source of the PMP information (e.g., "IL PMP" for Illinois PMP database). SureScripts entries will not have this column populated at this time.

NOTE: If Escribe is disabled, the Medication History screen will omit the Claim History for Payer and Fill History viewing options.

• Example of MHR functionality:

- 1. The requester sends a **Medication History Request** for a patient to **Rx**. Only one query may be sent per ED and Inpatient visit.
- 2. **Rx** validates the **Medication History Request** message.
 - a. If an error occurs, **Rx** sends back an **ERROR** response to the requester.
 - b. If no error occurs, **Rx** sends **STATUS** to the requester acknowledging that the request was received and the process continues per Step 3.
- 3. **Rx** attempts to locate patient.
 - a. If patient is not found, **Rx** sends **Medication History Response** back to the requester indicating the patient was not found.
 - b. If patient is found, the process continues per Step 4.
- 4. The request is routed to the appropriate **PBM/payer(s)** for processing. For fill data, the request is handled internally using the pharmacy database.
- 5. **Rx** compiles the claim and fill data results.
- Rx sends one response back to the requester with up to 300 aggregated medication records. If the patient has more than 300 medication records, Rx sends a second response that may include up to 200 additional medication records, for a total maximum of 500 medication records.
- 7. The requester sends a **STATUS** message to **Rx** acknowledging each response.

Clinical Reconciliation

The **Import** option imports Prescription History so that it may be reconciled using Clinical Reconciliation. If Clinical Reconciliation has not been activated at the facility, the message "Application Not Activated" will appear when the Import option is selected.

NOTE: The SIG information from the imported medication should pull to Prescription Entry. If it is not present, the SIG line area will be red and must be addressed prior to processing.

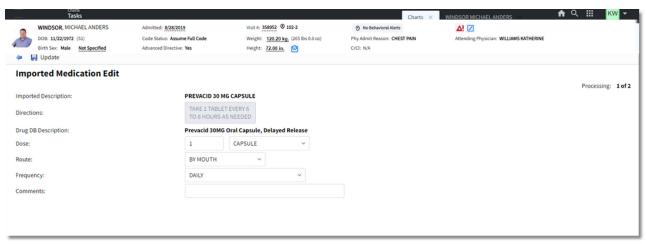
NOTE: At least one line must be selected for the Import option to be available to select.

When **Import** is selected, the Clinical Reconciliation screen will open.

- From this screen, the user may select **Postpone** to return to the Medication History screen.
- If the Clinical Reconciliation is performed at this time, the user will be directed back to the main Prescription Entry screen. The prescription list should refresh and display any newly imported data. The data will no longer display for any medications that were removed in the process. If any prescriptions are removed, the "Discontinue Medication" screen must be addressed.
- Data should not be duplicated in the pending Clinical Reconciliation table. When Import is selected, the system will remove records from the pending tables and replace them if a record exists with a more recent Last Modified Date.

If data exists in the **Directions** field and the user selects **Reconcile** from the Pending Home Medication List, an Import Medication Edit screen will open prior to taking the user into Med Rec or Prescription Entry.

Select Web Client > Charts > Select Patient > Prescription Entry > Rx History > Clinical Reconciliation > Review



Imported Medication Edit

- Imported Description: Description of Imported Medication
- **Directions**: Directions attached to Imported Medication
- **Drug DB Description:** The system will find the match when generating the data that is applied to the reconciled item.
- Dose: The Dose and Unit values will display as they would for a Home Medication entered in Medication Reconciliation. e.g. 75MG will be split to two fields for "75" and "Milligrams".
- **Route:** The Route will display as it would for Home Medication entered in Medication Reconciliation.
- **Frequency:** This field will not default to any value, but the drop-down options will include options from the Frequency table in <u>Table Maintenance Clinical</u>
- Comments: Defaults to blank and allows up to 50 characters to be entered.
- **Processing:** X of Y Label indicates that X is the sequence number of the prescription being edited while Y is the total number of prescriptions currently being edited.

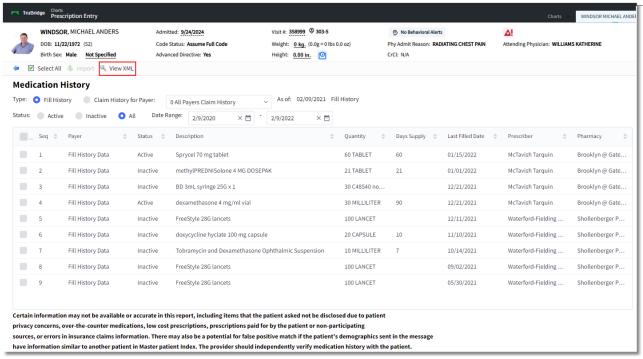
Action bar options:

- Back arrow: This option will return the user to the Pending Home Medication list screen. The screen will not retain any values that may have been entered on the Imported Medication Edit screen.
- **Update:** This option will update the reconciled item, or the prescription, with the values entered on the Imported Medication Edit screen.

View XML

If History is selected for hospital visits, the system will retain and display the data received from SureScripts via the MHR changes. SureScripts will send a synchronous status response message indicating either a success or failure. If no match for the patient query is returned, "No Records Found" will display.

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation > $\underline{\mathbf{Rx}}$ $\underline{\mathbf{History}}$



Medication History - Claim History

When **View XML** is selected, the XML that displays will reflect what is currently being displayed on the screen. If the user has selected **All** in the Payer drop-down, all payers should display in the XML. If only one payer is selected, then only that payer should display in the XML. If a patient has more than 50 medications, the View XML is capable of displaying all of the meds at one time. For Clinic and Outpatient visits, the information will refresh and generate a new XML file every 72 hours.

The message request will display the following sections:

- Header
 - To Qualifier and From Qualifier
 - MessageID will include: uname_profilenum_visitnum_arid_spid
- Patient
- Prescriber
 - Includes Organizational NPI from the Presciber/Identification field, if there is one existing. If not, the Individual NPI of the prescriber should be provided. The NPI will be validated against the industry standard check digit routine (LUHN check).
 - When a nurse accesses Prescription History, the attending physician's NPI will be used for the query.
 - When the provider associated to the prescription is not the person addressing it, the tag PrescriberAgent tag will be included to show who took the action. This field should be sent if the sender of the message isn't the actual prescriber referenced in Prescriber/Identification.
 - Examples of this when the tag would be included are: a Nurse entering a Telephone Order, a Pharmacist enters a Verbal Order, or the Provider that is covering for the original Prescriber answers a Refill Request.
 - This element would be sent for NewRx, RefillResponse, CancelRx, or RxChangeResponse. For RxRenewalResponses, the PrescriberAgent could appear in ApprovedWithChanges response. A Replace response would populate the Prescriber elements with the new prescriber's information.
- Benefits Coordination
 - The EffectiveDate of the request cannot be more than 1 year into the past and may not be set to go into the future.
 - The ExpirationDate should be set to the current date.

NOTE: For ExpirationDate, errors will occur if the date range is more than one year or a future date.

- o Consent Values:
 - Y = Consent Given
 - X = Parental/Guardian consent on behalf of a minor for prescriber to receive the medication history from any prescriber.

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation > Rx History > View XML

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classifiers/clinicalinformationQualifier)
classifiers/asfc/Qualifier)
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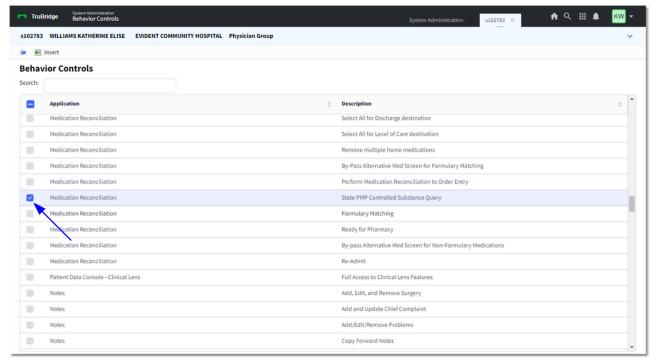
Rx XML

4.13 Prescription Monitoring Program (PMP) History

The Prescription Monitoring Program (PMP) History feature is an electronic tool that collects information on controlled substance prescriptions: Schedules II, III, IV, and V. This data is reported on a weekly basis by retail pharmacies dispensing in Illinois. Prescribers and Dispensers of controlled substances are allowed access to guery their current or prospective patients.

PMP may be viewed from both the Medication Reconciliation application and the Prescription Entry application (once a discharge reconciliation has been performed). In order to access the option, the correct behavior control must be added to the login via Identity Management. To add this option:

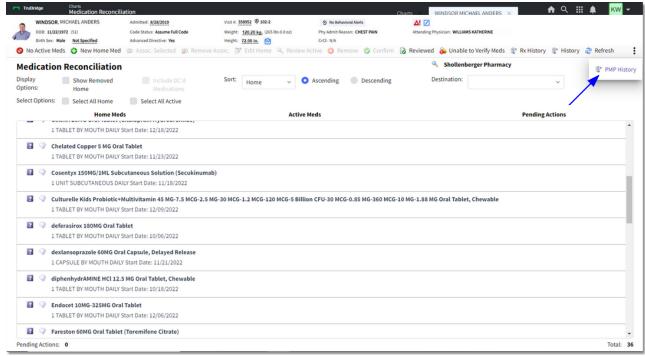
Select Web Client > System Administration > Select Login OR Role > Behavior Controls > New > Step 1: Behavior Control is Behavior Control > Step 2: Allow > Step 3: Behavior Control is Behavior Control > Add > Application: Medication Reconciliation and Description: State PMP Controlled Substance Query



Behavior Controls

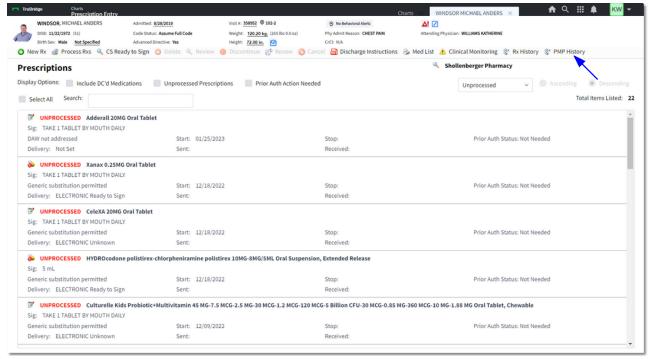
Once the behavior control has been added, the PMP History button will become available on the action bar in both Medication Reconciliation and Prescription Entry. Selecting the option will take the patient to the same screen.

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation



Medication Reconciliation

Select Web Client > Charts > Select Patient > Select Account > <u>Prescription Entry</u>



Prescriptions

Select the PMP History option to view the data. (If the query is successful, it will be captured in the audit log.)

The Prescription Monitoring Program screen displays as follows:

- Source: Source of the PMP information (database)
- As of Date: (current date)

The patient section will show the patient:

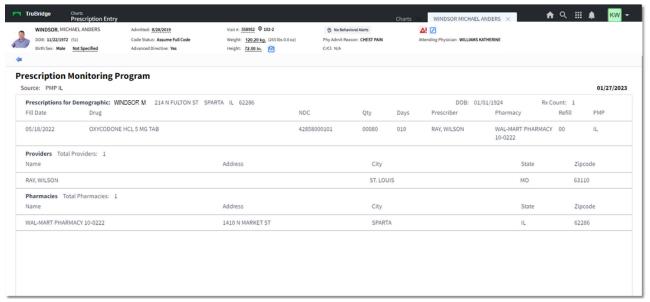
- First/Last Name
- Address
- DOB
- Rx Count

Prescription Section:

- Fill date: Date prescription was filled
- Drug: Drug description and dose unit
- NDC: NDC number of the medication
- Quantity: Quantity of medication dispensed
- · Days: Days supplied
- Prescriber: Name of prescribing provider
- Pharmacy: Pharmacy that filled the prescription
- Refill: Number of refills allowed
- PMP

NOTE: Prescriber and Pharmacy columns will pull an abbreviated version of that data.

Select Web Client > Charts > Select Patient > Select Account > Medication Reconciliation or Prescription Entry > <u>PMP History</u>



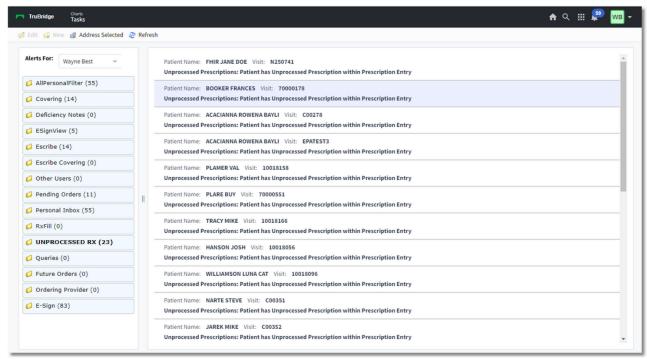
Prescription Monitoring Program

NOTE: PMP History is a purchased feature. For details about purchasing the PMP feature or to see if your state's PMP is available, please reach out to your Account Manager.

4.14 Unprocessed Prescriptions

Any unprocessed prescriptions by a user that are currently pending on a patient's Prescription Entry page will display in the Tasks folder **UNPROCESSED RX**. Double-clicking on the patient's alert will launch the user to the Prescription Entry application on the patient's chart where it can then be processed. The alert type in the folder setup is RxUnprocessed.

Select Web Client > Charts > Select Patient > Select Account > <u>Tasks</u>



Unprocessed Prescriptions - Tasks

- If the user selects Address All, then they should cycle through each patient for which the user has an alert, allowing the user to Process the Prescriptions. Selecting the back arrow skips to the next patient, until the user is taken back to the Tasks screen. If the alert is selected individually, the back arrow from the Rx Entry screen will take the user back to the Tasks screen.
- All typical Prescription Entry functionality should remain as is, including opening Clinical Reconciliation, if the scenario is triggered.
- If a scenario occurs where a provider has an alert from Unprocessed Prescriptions, but
 Prescription Entry is locked down because the patient is now an inpatient, selecting the alert
 would send a prompt to the user that Prescription Entry is locked down until a Discharge Med
 Reconciliation has been completed.

Chapter 5 Electronic Prescriptions Tasks Screen Folder

The Electronic Prescriptions Home Screen Folder allows the user to respond to refill requests sent from the pharmacy and to view the status of messages including any errors in communication format.

The Electronic Prescriptions Home Screen Folder will allow for the following options:

- View new prescriptions pending response from the pharmacy.
- View any errors in transmittal.
- View and respond to refill, cancel, or change requests sent from networked SureScripts pharmacies.
- Cover for another provider's Electronic Prescriptions.
- View alerts that have been responded to via the History tab.

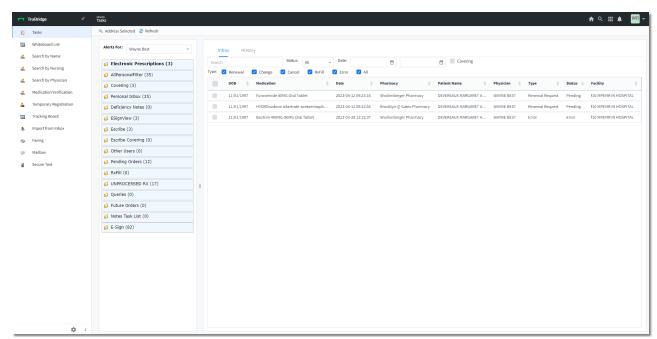
5.1 Functionality

The Electronic Prescriptions Tasks folder is only available via Web Client. The existing Tasks folders, subscription types and task types for e-Scribe will maintain their current functionality. However, the Electronic Prescriptions Tasks folder will offer additional functionality and benefits for the user. An update has also been made so that if the E-Scribe Queue is selected from the Application Drawer, it will redirect the user to their Electronic Prescriptions folder.

- The Electronic Prescriptions folder will automatically refresh after 10 seconds.
- The columns will display in a default order, but may be re-ordered by the user to their desired display.
- The Search box allows to search alerts by Patient Name, DOB, Medication, Physician or Date in correlation with the alert 'Status'.
- When writing a NewRx there is a check box labeled 'Priority'. If a user processes a prescription
 marked 'Priority,' then any response sent for that prescription will include that 'Priority' status.
 This also allows the pharmacy to send a 'Priority' status on an alert.
- Filter alerts by 'Type' using check boxes.
- Sort columns with a single click.
- Reorganize columns to your preference using the 'drag and drop' method. This feature is 'sticky'
 per login, the column order will remain from session to session for that login.
- Non-Providers will have access to alerts for all providers they have a Login Association with.

- Provider logins will have a 'Covering' Checkbox available to select. This will include in the display all e-Scribe messages from each provider that the user is setup to cover for in Login Associations.
- History 107 option allows the user access to view alerts that have been addressed.

Select Web Client > Application Drawer > Tasks > <u>Electronic Prescriptions</u>



Electronic Prescriptions Home Screen Holder

Alerts For:

As mentioned above, a Login Association will need to be setup for covering providers and non-provider logins that need access to a specific Prescribing Physician's e-Scribe messages.

Select Web Client > Application Drawer > Control > Login Associations

- Select the Login of the Provider whose e-Scribe messages a Non-Provider or Covering Provider need to see.
 - The initial list is all of the users that already have Login Associations setup, if you do not see the provider you are looking for then select the 'New' option.
 - If you select 'New', you can then search for the provider using either their name or login.
- Once you have selected the provider the system will load all of the Login Associations the provider already has setup. To create a new association, select the 'New' option
- You then will search for the Non-Provider Login or Covering Physician that needs to see the e-Scribe messages.
- One you have selected the Associated Login the Login Association Edit screen will load.

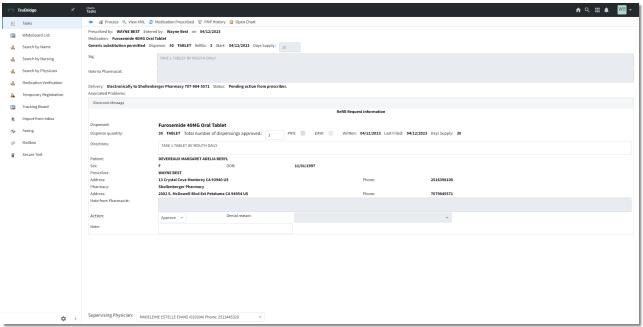
- Here the only option that can be modified is the 'Association Type' dropdown.
 - You will need to select the 'Covering' Association Type for Covering Physicians and the 'Monitoring' Association Type for Non-Providers.

5.2 Refill Requests

Refill Requests may be Matched or Unmatched.

If a request is Unmatched and then matched to a prescription to a provider's address that is a PO Box, the matching screen will identify this information. These prescriptions are marked with a note in red text that reads, "Not selectable - Physician address cannot contain PO Box." The Unmatched refill request may still be denied by using the "Reject Match" or "Accept without Med Match" options.

Select Web Client > Application Drawer > Tasks > Electronic Prescriptions > <u>Matched Refill</u> <u>Request</u>



Refill Request

The action bar has the following options:

- Process: When selected, the selected Action will be submitted to SureScripts. The system will
 attach the most recent visit to the refilled prescription for that facility.
- **View XML:** When selected, the XML file opens for the refill request.
- **Medication Prescribed:** When selected, the medication prescribed detail will display. The action bar will then show the option as Medication Dispensed.

- **PMP History:** When selected, the Prescription Monitoring Program for controlled substances for the patient may be viewed.
- Open Chart: Allows access to the patient's chart and medication profile, defaulting to the Prescription Entry application. Selecting this option will open to the patient's most recent visit. This button will be available on Refill Requests for accounts that have purged to Clinical History.

Refills (Non-Controlled Renewal Requests from the Pharmacy)

Only a few prescription details may be edited while addressing refill requests sent from the pharmacy. Once these details are reviewed and edited, the following options are:

- **Approve:** The user selects to **approve the refill** and is only required to modify the quantity (total number of dispensings approved) field. If the quantity is 0 and the user attempts to send, the system will prompt to enter a quantity. A note to the pharmacy may also be entered if needed.
- **Deny:** This will be the default option for Unmatched Prescriptions. Select a **Denial reason** from the drop-down menu and **Process.** The system sends a denial response to SureScripts, who then routes that to the selected Pharmacy. The list of denial reasons is hard-coded and governed by the NCPDP.
- **Replace:** When selecting **Replace** and **Process**, the system will take the user to the medication search list. The user is then able to search and select a new medication from MicroMedex. Once on the Medication Edit screen, the user can update the needed fields. Once the user selects **Process.** the new Rx is sent and the alert will close.
 - The medication that was Replaced will now show as Discontinued/Stopped in Prescription Entry, with a Stop Reason of Replaced.

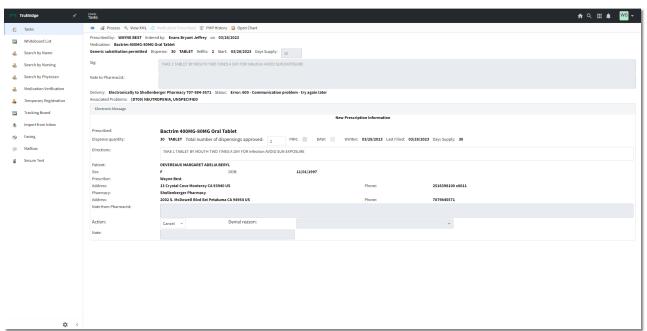
Refills (Controlled Renewal Requests from the Pharmacy)

Only the provider listed in the Refill Request will have the option to Approve the prescription. A nurse or covering physician will only have the option to Deny or Replace, which should enable the Process option on the action bar.

- Renew: Selecting Renew and Process will take the user to the Prescription Edit screen where changes can be made before selecting Ready to Sign, which will launch the DrFirst EPCS Gold signing screen.
 - The medication that was Renewed will now show as Discontinued/Stopped in Prescription Entry, with a Stop Reason of Replaced. The new medication will show as active.
 - Controlled Substance Level 2 medication can only have a total number of 1 dispensing, Levels 3-5 may not exceed 5.
- **Replace:** When selecting **Replace** and **Process**, the system will take the user to the medication search list. The user is then able to search and select a new medication. Once on the Medication Edit screen, the user can update the needed fields. Once the user selects **Process**, the new Rx is sent and the alert will close.
 - The medication that was Replaced will now show as Discontinued/Stopped in Prescription Entry, with a Stop Reason of Replaced. The new medication will show as active.

• **Deny:** This will be the default option for Unmatched Prescriptions. When selecting **deny reason** from the drop-down menu and **processing**, and the system sends a denial response to SureScripts, who then routes that to the selected Pharmacy. The list of denial reasons is hard coded, governed by the NCPDP.

Select Web Client > Application Drawer > Tasks > Electronic Prescriptions > Error

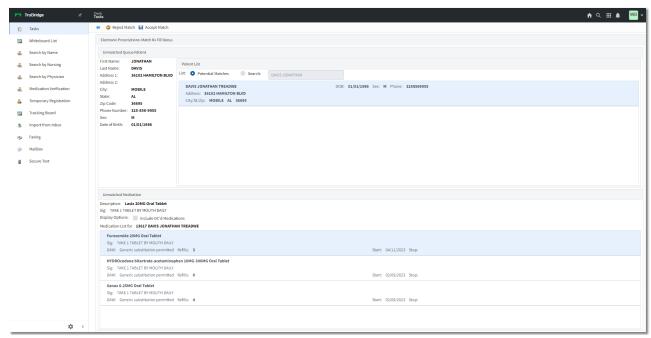


Error

Cancel

- If the SureScripts response comes back as an Error, the error message will appear on the Tasks screen. Based off of the error type, the Action drop down will have Cancel or Cancel and Resend
- If a prescription is Canceled from the Prescription Profile on the patient chart, then the prescription will not display on the Tasks screen.
- If the pharmacy response is returned as **Denied**, the message will need to be Acknowledged in order to clear it from the screen.
- When the Denied Cancel message is received and accessed, the top-half of the screen will remain the same as a refill request (with the matched prescription information displayed). A Note from Pharmacist field will include all details of the note from the pharmacy and any Denial reasons. An Acknowledge option will be available on the action bar. Selecting this option will clear the Denied - Cancel response from the Escribe queue.
- If the Cancel request is returned as Approved, the message will be automatically removed from the Tasks screen. The Note will display on the Prescription Detail screen next to the Stop Date and Reason For fields.

Select Web Client > Application Drawer > Tasks > Electronic Prescriptions > Rx Fill



Rx Fill

Rx Fill

Matched Rx Fill alerts will not show in the Electronic Prescriptions folder. Unmatched Rx Fill alerts will prompt the user to **Reject Match** or **Accept Match**. There is a Search option to find a different patient other than those listed under Potential Matches which may be used to search by Patient Name, DOB, or Visit #. After Rejecting or Accepting, the alert will clear. The Rx Fill information is

available for review in Prescription Entry. The medication will have a icon next to the medication description, which alerts the user that there is Rx Fill information. Once opening the medication, the **Fill Status** button will be available.

Change

See Change Requests 99

NOTE: If a Refill Request for an oral liquid medication is received by the pharmacy and it does not have a dose unit of "mL" in the Sig Line, only the options for "Deny" or "Replace" may be selected. Above the action drop down menu, the reason why the refill request cannot be accepted will display in red: 'Medication cannot be refilled as units must be in mL. A new prescription will need to be entered."

NOTE: A "Clear" option will display in the action drop down for some alerts after 48 hours has passed since receiving the alert.

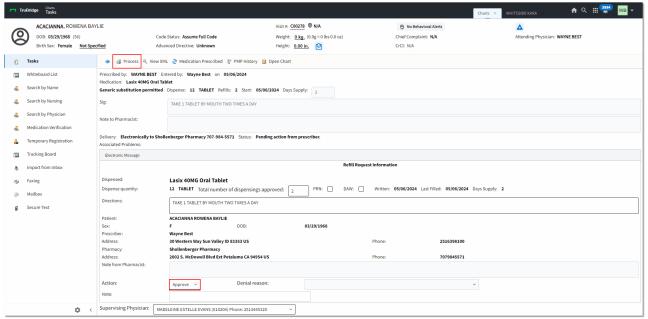
5.3 Renewal Requests

Renewal Requests may be addressed from the Tasks/Homescreen folder.

- If a Renewal Request that references a sunset QuantityUnitOfMeasure code is received, the
 prescriber should send either an Replace or Denied Response Type. This will check the
 Medication Requested section of the Change Request and compare the QuantityUnitOfMeasure
 code to what is current. If the code is sunset, the actions will need to be limited to Replace or
 Deny. (Approve will not be available for this request type).
 - If Replace is selected, then when the user is taken to the rx_edit.xml, the current logic of auto-populating the Dispense Unit should still be present. If no match is found, the Dispense Unit should be blank. The Dispense Quantity and Dispense Unit fields will be red to indicate there is required information.
 - If Deny is selected, then the normal denial logic should follow. The sunset code may be sent in the Renewal Response.
- Bulk prescription (ointments, eye drops, etc.) renewals will look for the active, non-repackaged NDC for the same package size.
 - If it cannot be found, the oldest active NDC for the medication will be used.
 - If the pre-existing NDC is not inactive, the, the system will try to find an active, non-repackaged NDC for the same package size. If one cannot be found, it will use the oldest active NDC for the medication.
 - o If the pre-existing NDC is active and not repackaged, the system will use the same NDC.

NOTE: All non-bulk medication renewals will continue to use the oldest active NDC.

Select Web Client > Tasks > Electronic Prescriptions > Renewal Request

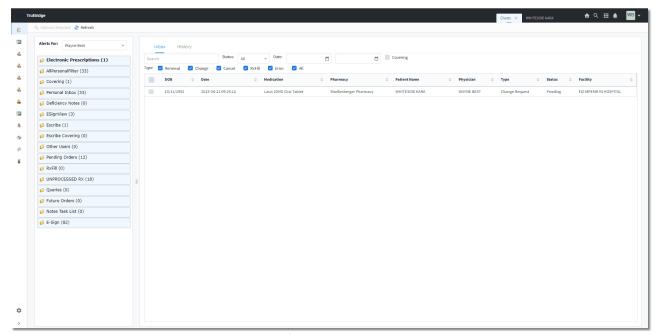


Renewal Request

5.4 Change Requests

The Change Request alerts the user that a Change Request has been sent from the Pharmacy. Change Requests may be Matched or Unmatched.

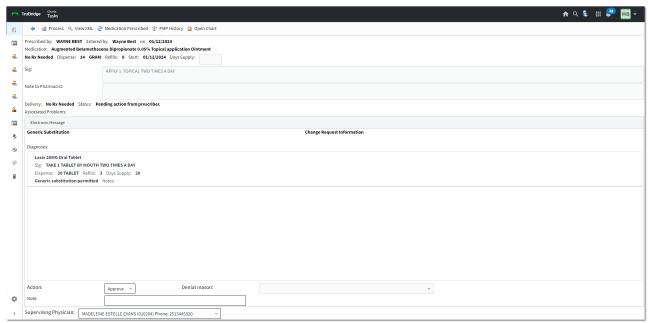
Select Web Client > Application Drawer > Tasks > <u>Electronic Prescriptions</u>



Change Request

Once the Change Request has been accessed, the user will be taken to the prescription change screen. If a pharmacy hasn't received a response from a Refill or Change request, they may send a follow-up request. In this case, the initial request will be removed so that only one request will display in the Electronic Prescriptions folder.

Select Web Client > Application Drawer > Tasks > Electronic Prescriptions > Change Request



Change Request Information

The top half of the screen will list the original prescribed medication information from the XML in the following order:

- Prescribed by: (name) Entered by: (name) On: (date entered)
- Medication Name
- Dispense as written/Generic Subs: Dispense qty/units: (# unit) Refills: (#) Start: (date)
 Days Supply: (#)
- Sig line:
- Note to Pharmacist:
- Delivery: Status:
- Associated Problems:

The bottom half of the Change Request screen will list the Change Request type and the medication details sent from the Pharmacy. This will show the medication name, **Sig** line, dispense, refill, Dispense As Written/Generic Sub, and **Note from Pharmacy**.

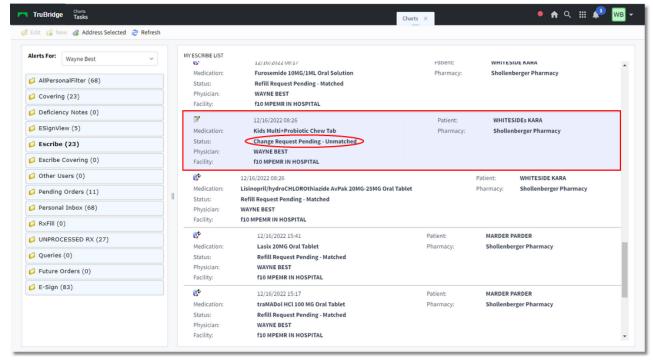
- The Change Request type will be shown in BOLD
 - o G = Generic Substitution
 - P = Prior Authorization Required
 - T = Therapeutic Interchange/Substitution
 - D = Drug Use Evaluation
 - S = Script Clarification
 - OS = Pharmacy is Out of Stock
 - U = Prescriber Authorization

- An Action drop-down will have the following options available for selection based off the Change Request type:
 - For Generic Substitution, Therapeutic Interchange/Substitution, Drug Use Evaluation, Script Clarification or Pharmacy is Out of Stock:
 - Approve: For Generic Substitution: This will take the user to the Medication Edit screen, most of the screen will be locked down, but the user can edit the dispense quantity and unit before Processing the prescription. For Therapeutic Interchange/Substitution, Drug Use Evaluation, Script Clarification or Pharmacy is Out of Stock: This will take the user to the Medication Edit screen, where the user can edit the prescription before Processing.
 - Deny: Selecting the Deny option will require the user to also address a Denial reason before processing.
 - Replace: Selecting the Replace option will take the user to the Medication Search screen, defaulting to the 'All Meds' radio button, with the original medication name in the 'Name:' search field. If needed, the user can search for a different medication name. After selecting a medication from the list, the user will be taken to the Medication Edit screen to review and edit the prescription before Processing.
 - o For Prior Authorization Required
 - Approve: Selecting Approve and Process will send the Change Response back to the Pharmacy. When Approve is selected for Prior Authorization, a Note with the response should be sent. (e.g. If a prior authorization number is needed, this should be entered in the Note field.)
 - Deny: Selecting the Deny option will require the user to also address a Denial reason before processing.
 - For Prescriber Authorization
 - Validate: Selecting the Validate option will send a Change Response back to the Pharmacy, validating the requested information such as (but not limited to) the providers DEA number.
 - Deny: Selecting the Deny option will require the user to also address a Denial reason before processing.

NOTE: For Change Responses that get stuck, an option for 'Clear' will display in the dropdown within the alert after 48 hours has passed.

For an Unmatched Change Request, the workflow is slightly different:

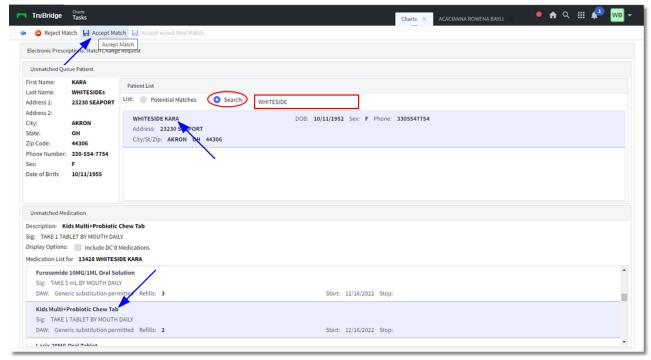
Select Web Client > Tasks > EScribe



Escribe

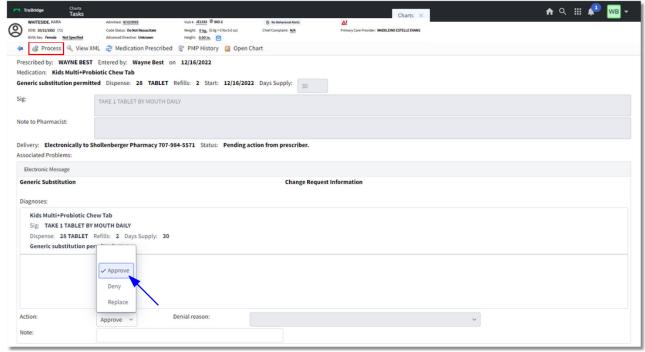
The Unmatched Change Request will need to be addressed. Potential Matches may be listed based on certain demographics. The Search option may also be used to locate the correct patient name. If the matched patient is selected, the Medication List for that patient will display. A match may be selected from the list and then **Accept Match** may be selected.

Select Web Client > Tasks > EScribe > Pending Change Request - Unmatched



Escribe - Unmatched Change Request

$Select\ Web\ Client > EScribe > Pending\ Change\ Request - Unmatched > Match\ Patient > \underline{Accept}$ \underline{Match}



Escribe

Change Requests for Controlled Substances

- A prescription Change XML message will not be sent to DrFirst.
- Prescription Change Response messages will include the same validation logic as a new prescription. It must require a sourcePrescriptionId and unique messageID.
- If the Prescription Change request is only for Prior Authorization, the Prescription Change Response message will not need to go to EPCS Gold or need a digital signature.
- Any Denied Prescription Change Response XML messages should go directly to the intermediary and not to DrFirst.
- No more than 5 refills may be given for Controlled Substance classes 3-5.

Quantity Unit of Measure Code within Change Requests

- If a Generic Substitution (G) ChangeRequest, a Therapuetic Interchange/Substitution (T)
 ChangeRequest, a Drug Use Evaluation (D) ChangeRequest, Script Clarification (S)
 ChangeRequest, or Out of Stock (OS) ChangeRequest is received that references a sunset
 Quantity Unit of Measure code, the prescriber should send either an Replace or Denied
 ResponseType. This will check the MedicationRequested section of the ChangeRequest and
 compare the QuantityUnitOfMeasure code to what is current. This will need to be based on the
 selected medication from the MedicationRequested section.
 - If the code is sunset, display the following message: "The Quantity Unit of Measure code has been sunset by NCPDP. The Quantity of Unit Measure code will need to be updated or the request should be denied.
 - If Approve is selected, then when the user is taken to the rx_edit.xml, the current logic of auto-populating the Dispense Unit should still be present. If no match is found, the Dispense Unit should be blank. The Dispense Quantity and Dispense Unit fields will be red to indicate there is required information.
 - If Deny is selected, then the normal denial logic should follow. The sunset code may be sent in the ChangeResponse.
- If a Prior Authorization (P) ChangeRequest is received that references a sunset Quantity Unit of Measure code, the prescriber should send an Approved or Denied ResponseType. This will check the MedicationRequested section of the ChangeRequest and compare the QuantityUnitOfMeasure code to what is current.
 - If the code is sunset, display the following message: "The Quantity Unit of Measure code has been sunset by NCPDP. The Quantity of Unit Measure code will need to be updated or the request should be denied.
 - If Approve is selected, then when the user is taken to the rx_edit.xml, the current logic of auto-populating the Dispense Unit should still be present. If no match is found, the Dispense Unit should be blank. The Dispense Quantity and Dispense Unit fields will be red to indicate there is required information.
 - If Deny is selected, then the normal denial logic should follow. The sunset code may be sent in the ChangeResponse.
- If a Prescriber Authorization (U) Change request is received that references a sunset Quantity Unit of Measure code, the prescriber should send a Validated or Denied Response Type. This will check the MedicationRequested section of the ChangeRequest and compare the

QuantityUnitOfMeasure code to what is current. This will need to be based on the selected medication from the MedicationRequested section.

- If the code is sunset, display the following message: "The Quantity Unit of Measure code has been sunset by NCPDP. The Quantity of Unit Measure code will need to be updated or the request should be denied.
 - If Validate is selected, then when the user is taken to the rx.edit.xml, the current logic of autopopulating the Dispense Unit should still be present. If no match is found, the Dispense Unit
 should be blank. The Dispense Quantity and Dispense Unit fields will be red to indicate there
 is required information.
 - If Deny is selected, then the normal denial logic should follow. The sunset code may be sent in the ChangeResponse.
- If the MessageRequestSubCode F is part of the request, it will display as a text field to document the provider's NADEAN number. This complies with the latest NCPDP standard. The returned Reason Code in the XML response will display as GM.

5.5 Unmatched Patients

At times, a patient cannot be matched to demographics saved within TruBridge system. When this occurs, the patient is listed as Unmatched within the Electronic Prescriptions folder on the Tasks screen or in the E-scribe queue.

Select Web Client > Tasks > <u>Electronic Prescriptions</u>



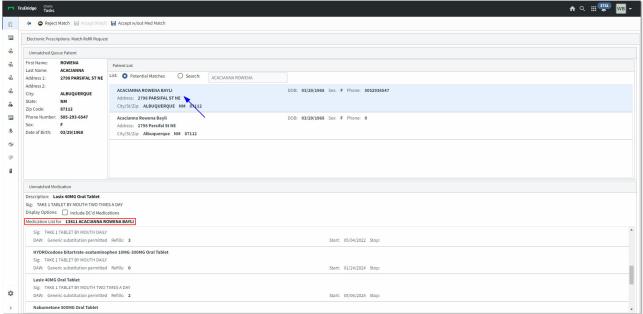
Electronic Prescriptions

- If a patient requesting a refill is flagged as unmatched within the queue, the provider will select the refill alert, and the system will attempt to match the patient's demographics from SureScripts to those within the system. If no Potential Matches are found, the user can select the radio button for Search, searching for the patient by name or DOB. If the patient is matched within the system (in the Patient List), selecting the patient will display the patient's medication list under the Unmatched Medications section.
- If the prescription needing to be refilled matches a medication within the medication list, the user may select the medication from the list and select Accept Match. The user will then have the ability to either approve and send the request back to the pharmacy, deny the refill request or deny the refill and write a new prescription.
- When denying a refill request, a denial reason must be selected from the drop-down box. The denial reasons are pre-defined and provided by SureScripts.
- If the patient or patient's medication is not matched within the system, the user's only option will be to select Reject Match.

TruBridge EHR will check the PON (Prescriber Order Number) as well as the patient's DOB, as identifiers, to determine if a refill request is matched or unmatched. If the DOB in the request matches the DOB on the patient's profile, and the Prescriber Order Number is the same, the refill will be labeled as matched.

The user will then be taken to the Refill Request screen and the only option will be to deny the refill. A denial reason must be entered. Select Save/Send.

Select Web Client > Charts > Select Patient > Select Account > EScribe > Refill Request

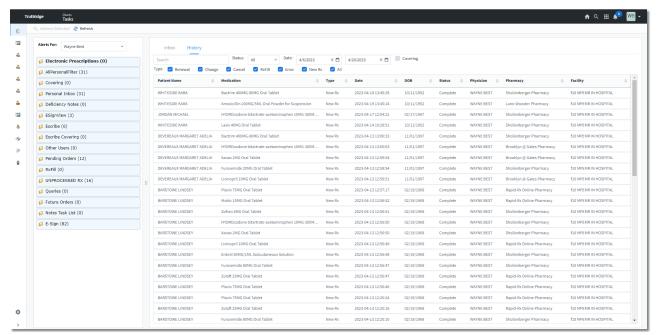


Unmatched Medication

5.6 History

The Electronic Prescriptions Home Screen Folder has an option to view the users e-Scribe history. The e-Scribe alert will move to the history once it is completed. The date field will default for the past two weeks, users may adjust if needed.

Select Web Client > Tasks > Electronic Prescriptions > <u>History</u>



E-scribe History

The History tab functions the same as the Inbox:

- Search alerts by Patient Name, DOB, Medication, Physician or Date in correlation with the alert "Status."
- Filter alerts by "Type" using check boxes. The History tab includes any NewRxs that are sent in addition to the other "Types" that are also available for selection within the Inbox tab.
- Sort columns with a single click.
- Reorganize columns to your preference using the drag and drop method. This feature is "sticky" per login, meaning the column order will remain from session to session for that login.
- Provider logins will have a "Covering" check box available to select. This will include in the display all addressed e-Scribe messages from each provider that the user is set up to cover for in Login Associations.

Chapter 6 Reports

6.1 Prescription Detail Audit

The Prescription Detail Audit report will display the log of changes made to the Comments, Instructions, and Next Due Date/Time fields from within Prescription Entry.

Running the Report

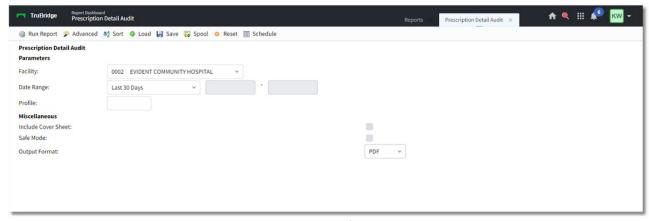
To run the Prescription Detail Audit report:

- 1. Go to Web Client > Application Drawer > Report Dashboard.
- Select Add from the action bar.
- 3. Search for and highlight Prescription Detail Audit.
- 4. Select Insert.
- 5. Select **Prescription Detail Audit** from the Report Dictionary screen.
- 6. Select Run.
- 7. Select the appropriate parameters and options for the report:
 - Facility: Select the facility for which the report is needed.
 - Date Range: Select the date range to include in the report.
 - **Profile:** Enter the patient profile number.
 - **Include Cover Sheet:** To include a cover sheet with the generated report, select this check box. To exclude a cover sheet, leave it unchecked.
 - Safe Mode: To run the report in safe mode, select this check box.
 - Output Format: Choose the file format for the generated report (PDF, XML, CSV, HTML, MAPLIST, or TXT).
- 8. Select **Run Report**. The report displays in the selected output format.

Additional Options

Once the desired parameters have been set, the action bar on the Report Writer screen provides several options in addition to simply running the report.

Select Web Client > Report Dashboard > <u>Prescription Detail Audit</u>



Report Writer Screen

The action bar includes the following options:

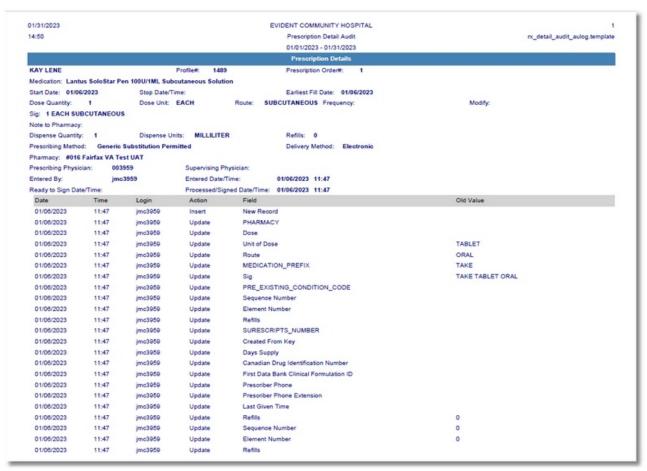
- Run Report: Select this option to generate the report based on the selected parameters and criteria.
- Advanced: Select this option to set and save additional fields and parameters for the report.
- **Sort:** Select this option to change the default sorts.
- Save: Use this option to save the selected parameters for future use. After selecting the Save button, enter a name for the saved parameters in the Parameter Set Name field and select Save. Then, to use the saved parameters again, select the Load button and choose the appropriate saved parameter name from the list. To delete saved parameters you no longer need, select them from the list and select Delete.
- Load: If you have previously saved certain parameters (using the Save button, described above),
 use this option to load those saved parameters again. Select the parameters you want to use
 from the list; then select Load. Note that the list will be empty if no parameters have been saved.
- **Spool:** Select this option if you want to generate the spool file for the report rather than open the report file for viewing/printing.
- Reset: Select this option to clear all field selections.

After selecting **Run Report**, the following information will display on the report:

- All Prescription Detail from Prescription Entry will display at the top of the report.
- The detailed audit information will appear under a separate header below all of the Prescription Detail.
- The report will display the following details:

- Date: Date of changeTime: Time of change
- Login: Login that made change
- o Action: The action that was taken (Insert, Update, Delete)
- o Field (title of field): The field that was changed
- o **Old Value:** The previous value in the field, if any. This column will be blank if there was not a previous (removed) value in the field.

Prescription Detail Audit Report Example



Prescription Detail Audit

6.2 Prescription Entry Cleared Temporary Orders Report

The Prescription Entry Cleared Temporary Orders Report generates a list of deleted prescriptions.

Running the Report

To run the Prescription Entry Cleared Temporary Orders report:

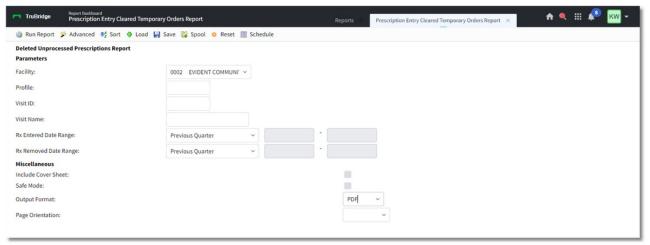
1. Go to Web Client > Application Drawer > Report Dashboard.

- 2. Select Add from the action bar.
- 3. Search for and highlight Prescription Entry Cleared Temporary Orders Report.
- 4. Select Insert.
- 5. Select **Prescription Entry Cleared Temporary Orders Report** from the Report Dictionary screen.
- 6. Select Run.
- 7. Select the appropriate parameters and options for the report:
 - Facility: Select the facility for which the report is needed.
 - **Profile:** Enter the patient profile number.
 - Visit ID: Enter the unique patient visit ID (account number).
 - Visit Name: Enter the patient name.
 - Rx Entered Date Range: Enter a date range to search for prescriptions added during that time frame.
 - Rx Removed Date Range: Enter a date range to search for prescriptions removed during that time frame.
 - **Include Cover Sheet:** To include a cover sheet with the generated report, select this check box. To exclude a cover sheet, leave it unchecked.
 - Safe Mode: To run the report in safe mode, select this check box.
 - Output Format: Choose the file format for the generated report (PDF, XML, CSV, HTML, MAPLIST, or TXT).
 - Page Orientation: Choose the page orientation for the printed report (Portrait or Landscape).
- 8. Select **Run Report**. The report displays in the selected output format.

Additional Options

Once the desired parameters have been set, the action bar on the Report Writer screen provides several options in addition to simply running the report.

Select Web Client > Report Dashboard > <u>Prescription Entry Cleared Temporary Orders Report</u>



Report Writer Report Screen

The action bar includes the following options:

- Run Report: Select this option to generate the report based on the selected parameters and criteria.
- Advanced: Select this option to set and save additional fields and parameters for the report.
- Sort: Select this option to change the default sorts.
- Save: Use this option to save the selected parameters for future use. After selecting the Save button, enter a name for the saved parameters in the Parameter Set Name field and select Save. Then, to use the saved parameters again, select the Load button and choose the appropriate saved parameter name from the list. To delete saved parameters you no longer need, select them from the list and select Delete.
- Load: If you have previously saved certain parameters (using the Save button, described above),
 use this option to load those saved parameters again. Select the parameters you want to use
 from the list; then select Load. Note that the list will be empty if no parameters have been saved.
- **Spool:** Select this option if you want to generate the spool file for the report rather than open the report file for viewing/printing.
- Reset: Select this option to clear all field selections.

After selecting **Run Report**, the following information will display on the report:

• Patient: Patient Name

• Visit: Account Number

• Profile: Patient Profile Number

• **Medication:** Medication Description

• **Dose/Unit:** Dose/Unit of Medication

• Route: Route of Medication

• Modify: Modifier (if addressed)

• Prescribed by: Name of Prescribing Provider

• **Frequency:** Frequency of Medication

• Start / Stop / Time: Start Date / Stop Date / Stop Time

• Entered by: Name of Entering Provider

• Date/Time: Date/Time Prescription Entered

• Removed by: Name of Provider Discontinuing Medication

• Date/Time: Date/Time Prescription Removed

Prescription Entry Cleared Temporary Orders Report Example

02/01/2023		EVIDENT COMMUNITY HOSPITAL	1
10:40		Deleted Unprocessed Prescriptions Report	rx_cleared_temp_orders.template
Patient:	AARONS JAMES		
Visit	E0000261		
Profile:	1552		
Medication:	Lasix 20MG Oral Tablet		
Dose/Unit:	1 TABLET	Prescribed by: Wayne Best (003959)	
Route:	BY MOUTH	Frequency: DAILY	
Modify:		Start: 10/11/2022 Stop:	Time:
Entered by:	Lauren Clayton	10/11/2022 09:59	
Removed by:	WAYNE BEST	10/13/2022 08:43:15	
Patient:	ACACIANNA ROWENA BAYLI		
Visit	EPATEST3		
Profile:	4937		
Medication:	Amoxicillin 500MG Oral Tablet		
Dose/Unit:	TABLET	Prescribed by: BEST WAYNE (021466)	
Route:	BY MOUTH	Frequency:	
Modify:		Start: 10/24/2022 Stop:	Time:
Entered by:	Wayne Best	10/24/2022 08:30	
Removed by:	Wayne Best	10/24/2022 08:31:53	
Patient:	ACACIANNA ROWENA BAYLI		
Visit	EPATEST3		
Profile:	4937		
Medication:	Amoxicillin 500MG Oral Tablet		
Dose/Unit:	TABLET	Prescribed by: BEST WAYNE (021466)	

Prescription Entry Cleared Temporary Orders Report

6.3 Prescription History

The Prescription History Report generates a list of all items that have been entered via Prescription Entry as well as prescriptions that have been addressed via the E-scribe Queue.

Running the Report

To run the Prescription History report:

- 1. Go to Web Client > Application Drawer > Report Dashboard.
- Select Add from the action bar.
- 3. Search for and highlight **Prescription History**.
- Select Insert.
- 5. Select **Prescription History** from the Report Dictionary screen.
- Select Run.
- 7. Select the appropriate parameters and options for the report:
 - Facility: Select the facility for which the report is needed.
 - **Date:** Manually select a date range to include in the report or choose a predefined time frame from the drop-down list.
 - My Prescriptions, My Group, or My Physician Prescriptions: Select the desired check box to narrow the search results.
 - Delivery Method: Select the prescription delivery method(s) to include in the report (Print, Electronic, View, Fax, and/or No Rx Needed). If no check boxes are selected, the report will include all delivery methods.
 - **Sort:** Select a sort option for the report (by DEA Class, Description, Drug Class, Entered By, Patient Name, Pharmacy Name, Prescribing Method, Prescribing Physician, or Supervising Physician), and choose whether to sort in Ascending or Descending order.
 - **Search**: Type free-text in the **Search** field and select one of the Search options from the drop-down list to narrow the search results by specific DEA Class, Description, Drug Class, Entered By, Patient Name, Pharmacy Name, Prescribing Method, Prescribing Physician, or Supervising Physician.
 - **Controlled Substances Only:** If you want to include only controlled substance prescriptions in the report, select this check box.
- Select Run Report.
- Select PDF from the action bar to display the report as a PDF or select CSV to display it as a CSV file.

Additional Options

After selecting **Run Report**, the following information will display on the report:

- Patient Name
- Medication Description
- DOB
- Visit #
- Phone Number
- Drug Class
- Start Date
- Stop Date
- DEA Class
- Sample Lot #
- Lot Expiration
- Message ID
- Electronic Status
- Prescribing Method
- Delivery Method
- Pharmacy
- Prescribing Physician
- Supervising Physician
- Entered By
- Discontinued By
- Drug Class

The **Delivery Method** shows the following information:

- If Delivery Method is Print, the Printer Number to which the prescription was sent will display.
- If Delivery Method is **Electronic**, the Pharmacy selected will display.
- If Delivery Method is View, delivery method will show as "Viewed."
- If Delivery Method is Fax, the Fax Number to which the prescription was sent will display.
- If Delivery Method is No Rx Needed, delivery method will show as "No Rx Needed."

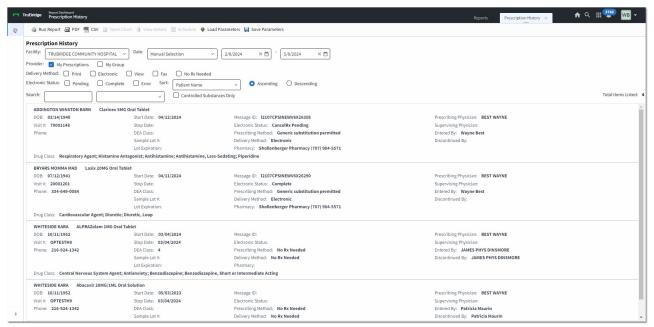
NOTE: If no Delivery Method check boxes were selected, all methods will be included in the report.

The **Electronic Status check** boxes allow the user to filter the results by **Pending**, **Complete**, and/or **Error**. If none are checked, all statuses will be included in the report.

The **Sort** option allows the user to sort by the following: DEA Class, Description, Drug Class, Entered By, Patient Name, Pharmacy Name, Prescribing Method, Prescribing Physician, and/or Supervising Physician.

The **Search** field allows the user to free text and select from the following options: DEA Class, Description, Drug Class, Entered By, Patient Name, Pharmacy Name, Prescribing Method, Prescribing Physician, Supervising Physician

If checked, the **Controlled Substances Only** check-box will delimit the report so that it only pulls controlled substance prescriptions.



Prescription History

The action bar options include the following:

- Run Report: Select this option to generate the report based on the selected parameters and criteria.
- **PDF**: Select this option to generate a PDF copy of the report.
- CSV: Select this option to generate a CSV version of the report.
- Open Chart: Select this option to display the patient's chart and launche Prescription Entry.
- **View Details:** Select this option to display all messages associated with the selected prescription criteria.
- **Schedule:** Select this option to set up the report in Report Scheduler.
- Save Parameters: Use this option to save the selected parameters for future use. After selecting
 the Save Parameters button, enter a name for the saved parameters in the Parameter Set
 Name field and select Save. Then, to use the saved parameters again, select the Load button
 and choose the appropriate saved parameter name from the list. To delete saved parameters
 you no longer need, select them from the list and select Delete.

 Load Parameters: If you have previously saved certain parameters (using the Save Parameters button, described above), use this option to load those saved parameters again.
 Select the parameters you want to use from the list; then select Load. Note that the list will be empty if no parameters have been saved.

Prescription History Details

Select Web Client > Report Dashboard > Prescription History > Run Report > <u>select (double-click) Patient History entry</u>



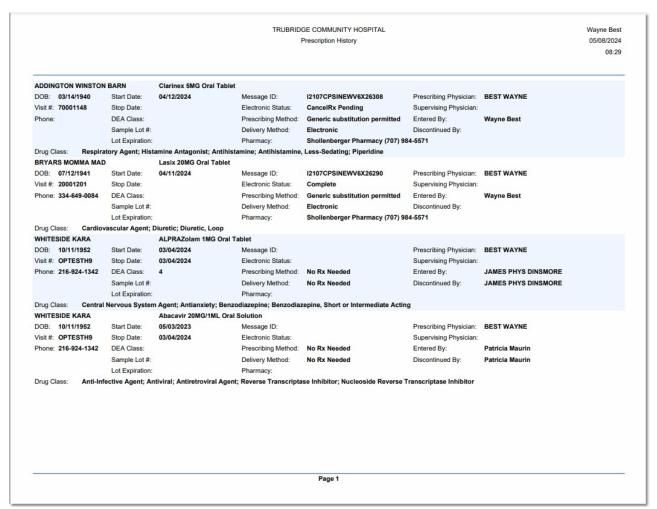
Prescription History Details

NOTE: Selecting the **View XML** button on the action bar will display the XML message associated with the message selected. This button is available only once an Electronic Prescription has been selected.

Prescription History Report Example - PDF

After selecting **PDF**, the report generates in PDF format.

Select Web Client > Report Dashboard > Prescription History > Run Report > PDF

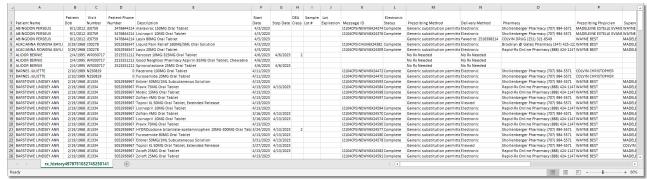


Prescription History PDF

Prescription History Report Example - CSV

After selecting **CSV**, the report generates in CSV format.

Select Web Client > Report Dashboard > Prescription History > Run Report > CSV



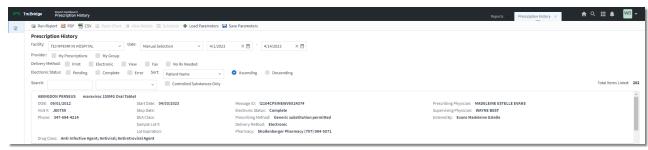
Prescription History CSV

Physician Parameters Display

The format in which the Prescription History report parameters are displayed depends on the role of the logname.

If a Provider is generating the Prescription History Report, the report will display as shown below.

Select Web Client > Report Dashboard > Prescription History > Run Report



Physician Parameters

Provider: The "My Prescriptions" option displays the Prescriptions created by the currently logged in Provider. The "My Group" option displays if the Provider is setup in a ChartLink Group. Selecting this option will display both the currently logged in Physician's Prescriptions as well as the Prescriptions created by Providers in the Physician's group.

Employee Parameters Display

The format in which the Prescription History Report parameters are displayed depends on the role of the individual logged in to the system.

If an employee is generating the Prescription History Report, the report will display as shown below.

Select Web Client > Report Dashboard > Prescription History > Run Report



Employee Parameters

Select the icon to launch the Filter Builder in order to set up filters to view specific physician's prescriptions.

My Physician Prescriptions: If the employee has physicians loaded in the ACD security table, there will be a check box for "My Physician Prescriptions" followed by any filters set up by the employee.

6.4 EPCS 1311 Audit

The certification process for the Electronic Prescribing of Controlled Substances (EPCS) through SureScripts requires an increased level of auditing capability. Four reports have been created that may be accessed through the Report Writer application and will provide the ability to track EScribe/Prescription Entry.

The Advanced, Sort, Load, and Spool options, which are common to all Report Writer templates, are available for these four reports. Additionally, when EPCS is set up, these reports will autogenerate at the time of the nightly server reboot. These auto-generated reports are available via Report Image from the TruBridge server screen for the logins with appropriate security in place.

1. The **System Access Report** captures successful logins, failed login attempts due to entering an unknown login, and failed login attempts due to entering the wrong password. The delimiters for the report are date range and/or logname. The report is in a column format and displays the Login, Event Date, Event Time, Event, IP Address and Access Event.

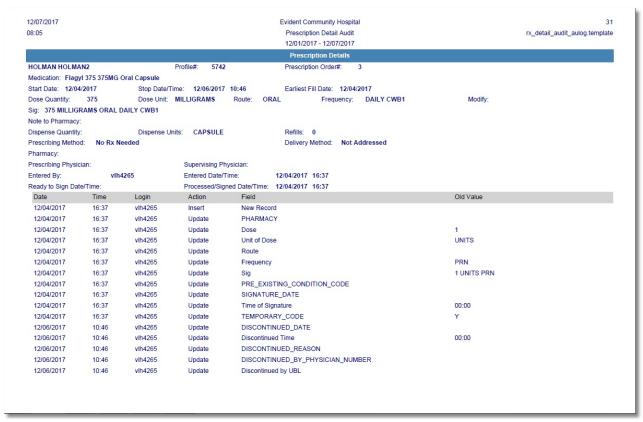
Select Web Client > Report Dashboard > System Access Report > Run Report



System Access Report

2. The Prescription Detail Audit Report captures all prescriptions that have been generated, along with the specifics of each field in the Prescription Detail. The report may be delimited by date range and/or profile number. For each entry listed in the report, the current Prescription Detail is shown in a similar format to the Prescription Detail screen in the TruBridge EHR. This is followed by a column formatted display that includes any changes that have been made to that prescription. The Date, Time, Login, Action, and Field display on the screen as well as the old value.

Select Web Client > Report Dashboard > Prescription Detail Audit > Run Report



Prescription Detail Audit Report

3. The Audit Log - Escribe Physician Service Level Report captures changes made to the Escribe Info page in the Physicians table within Table Maintenance. The report may be delimited by Date Range, Physician Number, User, and/or Field Name. The report is in a column format and displays the Date, Time, User, Physician Number, Action, and Field as well as the old (if any) and new value.

Select Web Client > Report Dashboard > Audit Log - Escribe Physician Service Level > <u>Run</u> <u>Report</u>



Audit Log - Escribe Physician Service Level Report

4. The Unauthorized Access Report captures the occurrence of the "YOU ARE NOT AUTHORIZED" screen. This message appears due to the user not having been granted access in Rule Based Security. The report may be delimited by Facility, Date Range, User, Role, Application Code, Description, Program Name, and/or Patient Identifier. The report is in a column format and displays the User, Date, Time, Facility, Role, Patient, Message, Application, Description, and Program Name.

Select Web Client > Report Dashboard > Unauthorized Access > Run Report

07:18								orized Access	unauthorized_access_report.template
		_	_					16 - 02/16/2016	
User	Date	Time	Fac	Role	Patient ID	Message	App		Program Name
seanb	01/04/2016		58	RN	N250590	Application is not activated!	PY	Clinical Review Menu	Unknown
seanb	01/04/2016		58	RN	N250590	Application is not activated!	PY	Instruction List Screen	Unknown
seanb	01/04/2016	14:43	58	RN	N250590	Application is not activated!	PY	Markup List Screen	Unknown
seanb	01/04/2016		58	RN	N250590	Application is not activated!	PY	Medication List	Unknown
seanb	01/04/2016	14:43	58	RN	N250590	Application is not activated!	PY	PhysDoc Problem List Screen	Unknown
melanie	01/05/2016	08:39	2	sysadmin	003345	You are not authorized!	CD	Patient Diagnosis Menu	mr_patient_diagnosis_list
markb2	01/05/2016		58	phys	JE0210	Application is not activated!	PY	PhysDoc Main Screen	physdoc
markb2	01/05/2016		58	phys	JE0120	Application is not activated!	PY	PhysDoc Problem List Screen	Unknown
markb2	01/05/2016		58	phys	JE0120	Application is not activated!	PY	Clinical Review Menu	Unknown
markb2	01/05/2016	13:18	58	phys	JE0120	Application is not activated!	PY	Instruction List Screen	Unknown
markb2	01/05/2016	13:18	58	phys	JE0120	Application is not activated!	PY	Markup List Screen	Unknown
markb2	01/05/2016	13:18	58	phys	JE0120	Application is not activated!	PY	Medication List	Unknown
markb2	01/05/2016	13:18	58	phys	JE0120	Application is not activated!	PY	PhysDoc Problem List Screen	Unknown
markb2	01/05/2016	13:20	58	phys	JE0120	Application is not activated!	PY	PhysDoc Problem List Screen	Unknown
seanb	01/05/2016	14:18	58	RN	JE0120	Application is not activated!	PY	Medication List	Unknown
seanb	01/05/2016	14:19	58	RN	JE0120	Application is not activated!	PY	Markup List Screen	Unknown
seanb	01/05/2016	14:25	58	RN	N251419	Application is not activated!	PY	Markup List Screen	Unknown
seanb	01/05/2016	14:31	58	RN	T3256585	Application is not activated!	PY	Markup List Screen	Unknown
klw3447	01/05/2016	15:00	58	emps	WR020615	You are not authorized!	MD	Medication Reconciliation Screen	medrec
klw3447	01/05/2016	15:00	58	emps	WR020615	You are not authorized!	MD	Medication Reconciliation Screen	medrec
klw3447	01/05/2016	15:03	58	emps	WR020615	You are not authorized!	MD	Medication Reconciliation Screen	medrec
jad3053	01/05/2016	15:25	58	RN	JAO1920	Application is not activated!	PL	Patient Problem Screen	problist
jme4709	01/05/2016	15:28	58	RN	663263	Application is not activated!	PL	Patient Problem Screen	problist
jme4709	01/05/2016	15:29	58	RN	10017839	Application is not activated!	PL	Patient Problem Screen	problist
seanb	01/05/2016	15:36	58	RN	T3256585	Application is not activated!	PY	Markup Editing Screen	Unknown
seanb	01/05/2016	15:38	58	RN	T3256585	Application is not activated!	PL	PhysDoc Problem List Screen	Unknown
seanb	01/05/2016	15:38	58	RN	T3256585	Application is not activated!	PL	PhysDoc Problem List Screen	Unknown
seanb	01/05/2016	15:39	58	RN	T3256585	Application is not activated!	PL	Social History	Unknown
jad3053	01/05/2016	15:42	58	RN	10018460	Application is not activated!	PL	Patient Problem Screen	problist
jad3053	01/05/2016	15:44	58	RN	10017847	Application is not activated!	PL	Patient Problem Screen	problist
jad3053	01/05/2016	15:45	58	RN	10017915	Application is not activated!	PL	Patient Problem Screen	problist
seanb	01/05/2016	15:46	58	RN	T3256585	Application is not activated!	PY	Clinical Review Menu	Unknown
seanb	01/05/2016	15:47	58	RN	T3256585	Application is not activated!	PY	Clinical Review Menu	Unknown
seanb	01/05/2016	15:47	58	RN	T3256585	Application is not activated!	PY	Instruction List Screen	Unknown
seanb	01/05/2016	15:47	58	RN	T3256585	Application is not activated!	PY	Markup List Screen	Unknown
seanb	01/05/2016	15:48	58	RN	T3256585	Application is not activated!	PY	Medication List	Unknown
seanb	01/05/2016	15:48	58	RN	T3256585	Application is not activated!	PY	PhysDoc Problem List Screen	Unknown
								Page 1	

Unauthorized Access Report