ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

CHAPTER		CHAPTER	SECTION	SUBJECT
Information Management		08	003	0030
SECTION	**SUBJECT**			
Electronic Health Records	OASIS - E-Prescribing			
WRITTEN BY	**REVIEWED BY**		**AUTHORIZED BY**	
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I.   APPLICATION:

☐ SCCMH Board
☐ SCCCMH Providers & Subcontractors
☒ Direct-Operated Programs
☒ Community Agency Contractors
☐ Residential Programs
☒ Specialized Foster Care

II.   PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall establish responsibility, standards and procedures for the permission to grant authority to prescribers to issue electronic prescription drug orders within the electronic health record (OASIS) and to ensure that prescribers meet and follow appropriate governmental guidelines and report any misuse related to e-prescribing.

III.   DEFINITIONS:

A.   Authorized Administrator: Refers to an End User who is authorized by the software vendor this being St. Clair County Community Mental Health (acting via an ASO agreement for People's Clinic for Better Health via a contract agreement) to perform relevant Diligence Checks prior to allowing a prescriber access to the ePrescription Module. It is the Authorized Administrator's responsibility to add, remove and monitor access to the ePrescription Module.

B.   Authorized Prescriber: A licensed physician, Nurse Practitioner, Physician's Assistant or other health care provider who is duly licensed and registered with the appropriate governmental authority to issue prescription orders, and who is authorized by SCCCMH to access and use the ePrescription Module in OASIS.

C.   EPCS: E-prescribing of Controlled Substances: A significant prescribing system modification that required rigorous independent auditing and certification processes to be approved by the Drug Enforcement Agency (DEA) and certified by Surescripts®. This means that all prescriptions may be sent electronically. Schedule II-V drugs will no longer need to be called into the pharmacy or printed and given to the patient. Restrictions may apply for Nurse Practitioners.

D.   ePrescription Module: Specific functions in OASIS that allow authorized prescribers to issue electronic prescription drug orders.

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E. Diligence Checks: Refers to background checks, credential checks, and any other due diligence to ensure compliance with applicable laws.

F. Identity Proofing Process: A formal Identity Proofing (IDP) process in accordance with the National Institute of Standards and Technology (NIST) Level of Assurance (LOA) 3 outlined in the NIST 800-63 (v2) standard. The NIST standard requires stringent methods to ensure authentication of users. The IDP process is a mandatory requirement dictated by the DEA for prescribers to use EPCS. It is requirement for all Surescripts® customers, regardless of the type of prescription (i.e., including those electing not to use EPCS). Prevention of fraudulent prescribing is the primary reason for this significant change. The IDP process is 2-tiered. The basic first tier must be completed by any prescriber using a PCE system (OASIS). The second tier must be completed for those prescribers who wish to electronically prescribe controlled substances.

G. Prescriber Agent: Provides additional oversight regarding nurses (or other assigned staff) that use the verbal order process (doctors have to choose what nurse/staff to assign as prescriber agents). Nurses/staff that use this process to e-Rx (does NOT include controlled substances). Since electronic faxing (due to Medicare Part B claims) was disabled, this allows the nurse/staff to use an efficient method for prescriptions without increasing manual faxing). E-prescribing via a prescriber agent provides additional tracking and security measures over faxing. And tracking for scripts that have been sent to the pharmacy.

H. OASIS: Optimal Alliance Software Information System – is the certified electronic health record utilized by Lapeer, Sanilac and St. Clair CMHAs, People's Clinic for Better Health and contract providers.

IV. STANDARDS:

A. An administrative staff will be granted privileges to be the "Authorized Administrator" for the Authority Module. The Authority Module indicates that the staff has the authority to grant a prescriber access to the ePrescription Module. Their electronic signature indicates that they have personally checked the prescriber's credentials and authorized the prescriber as a licensed professional by the applicable governmental entity.

B. SCCCMH is required to enter into a written agreement with PCE indicating that the Authorized Administrator will be bound by the terms set forth in the agreement. Additionally, Sanilac and Lapeer CMHs are each required to have their own written agreement with PCE for an Authorized Administrator.

C. The Authorized Administrator will produce an electronic signature in the form of the Grant of Authority Certification.

D. The Authorized Administrator will not grant any Prescriber access to the ePrescription Module without performing Diligence Checks nor allow any third party to grant Authority.

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E.   The Authorized Administrator will provide Diligence Checks that include, at a minimum if possible, a federal criminal check and a search of the criminal records of every county in which the person resided for the past seven years. Due to circumstances where information is provided by locum tenens and/or is limited, the Authorized Administrator will perform a Diligence Check with the information provided by the contracting employment agency and with the approval of the Chief Operating Officer. The Authorized Administrator is required to validate the current license of the Prescriber.

F.   The Authorized Administrator will assist the Prescribers in completing the two tier Identity Proofing Process and ensure that both steps are completed for those needing to e-prescribe controlled substances (EPCS).

G.   The Authorized Administrator agrees to be in compliance with applicable laws to prevent any misuse of their authority.

H.   In the event that misuse is discovered of the Authority Module or ePrescription Module, immediate termination should occur of the End User's access to OASIS, software vendor must be notified in writing, a reasonable investigation of the extent of the misuse must occur and reasonable action to remedy the effects of the misuse must occur.

I.   PCE will conduct a semi-annual audit of the activity of the Authorized Administrator to ensure that the agency is properly exercising its duties.

V.   PROCEDURES:

Authorized Administrator

1. Begins the process of collecting information about new prescribers seeking e-prescribing privileges, including their licenses.

2. Performs Diligence Checks prior to allowing the prescriber to access the ePrescription Module. These steps include validation of:

   a. The DEA License

   b. The Physician License (type, date of expiration and specialty)

   c. Privileging and Credentialing documentation

   d. Criminal background check (utilizing the Michigan ICHAT system) http://apps.michigan.gov/ichat/home.aspx)

   e. Background checks (going back 7 years for each county in which the prescriber resided, if possible)

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3. Adds, removes and oversees access to the ePrescription Module and Identity Proofing Process for EPCS.

4. Reports any Misuse of Authority Module or ePrescription Module to software vendor.

Authorized Prescribers

5. Signs and certifies in OASIS that he/she is a licensed physician or other health care provider with the ability to issue prescription drug orders. [See Exhibit A OASIS End User Agreement for specific language found in the OASIS ePrescription Module].

6. Assigns or dis-enrolls Prescriber Agents as necessary.

7. Agrees to keep his/her username and password secure as it is considered a signature in the ePrescription Module.

8. Agrees to report any disclosure, misuse of username and password to Authorized Administrator.

Contact Management Administration

9. Ensures that Authorized Prescribers (End Users) have received and signed the use Certification and Agreement and maintain the information in their contract file.

VI.   REFERENCES:

   None Available

VII.   EXHIBITS:

   A.   OASIS End User Certifications (from PCE vendor contract)

VIII.   REVISION DATES:

   Dates issued 12/13, 01/14, 01/15, 01/16, 01/17, 01/18, 03/18, 03/19, 03/20, 07/22, 7/23.

OASIS End User Certification Agreements

Grant of Authority Certification

By adding this function authority and through my electronic signature below, I hereby certify that I have the authority to grant this user access to the ePrescription Module and that I have personally checked this user's identification and credentials, and do verily believe this person to be a licensed physician or other health care provider who is duly licensed and registered with the appropriate governmental authority to issue prescription orders.

Use Certification and Agreement

I herby certify that I am a licensed physician or other health care provider who is duly licensed and registered with the appropriate governmental authority to issue prescription drug orders. I understand that the ePrescription Module will allow me to issue prescription drug orders to certain pharmacies. I agree not to (i) use the ePrescription Module in any manner which would allow the general public access thereto, or (ii) allow or authorize anyone other than myself to use the ePrescription Module. I further agree not to use the ePrescription Module to issue prescription drug orders that are outside of my authority as dictated by applicable governmental or regulatory bodies.

I agree and understand that warnings in the ePrescription Module, including drug-drug, drug-allergy, and other interaction warnings, are limited to available structured data in the system, and are not meant to substitute my professional judgment. I agree to evaluate the totality of information, circumstances, results, and other data available to me (within and outside the system) and to exercise independent professional judgment in evaluating the best course of treatment or interventions for a given clinical scenario.

I further understand that my username and password combination is considered my signature in the System and for the purposes of issuing and transmitting prescription drug orders. As such, I agree to protect my username and password combination, as well as my access to the ePrescription Module, in the same manner that I would protect my paper prescription pads and "wet ink" signature. It is my responsibility to safeguard my username and password, and I take responsibility for any and all use or misuse of my username and password combination. I understand that I must report any disclosure, misuse, or suspected disclosure or misuse of my username and password to a system administrator immediately, and in such event, I further agree to immediately change my password.