

2019 CMM IPA Technical Integration Specifications

Intelligent PA is designed to receive dispensing events from a pharmacy and support the pharmacist in filling a script by automating appropriate CoverMyMeds products.

Dispensing events are sent to the RxIntake web service. RxIntake processes and analyzes transactions from pharmacy dispensing systems. Its primary purpose is to initiate prescriber notifications or prior authorizations in response to payer rejects at the pharmacy. Since the web service is intended to receive all pharmacy billing outcomes, it can also cancel pending actions and advance PAs to approved/cancelled/etc. in the CoverMyMeds system when it receives billing approval transactions.

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Authentication

API Client Credentials

RxIntake authenticates with an `api_id` and `api_secret` pair. Your account manager can provide the credentials or reset them as needed.

Technical Specification

In order to use the API, the caller must pass these credentials. The following methods are supported:

- using a https basic auth header:
 - Auth Header: `Authorization: Basic base64_encode('<your_api_id>:<your_api_secret>')`

NOTE: Please avoid passing credentials or any other sensitive information as query string parameters.

Submitting Transactions

The goal of the RxIntake service is to receive all relevant transactions from a pharmacy and automate the necessary CMM products based on status changes at the pharmacy.

Outcomes can be submitted as D.O formatted claim strings with additional data or as discrete parameters. All outcomes should be submitted via HTTP POST to the `/messages` endpoint on RxIntake. Your account manager will provide exact URLs for staging and production environments. Based on the type and content of the outcome, RxIntake will initiate the appropriate action in CMM.

When to Send Transactions

Since the web service is intended to receive all pharmacy billing outcomes, it can also cancel pending actions and advance PAs to approved/cancelled/etc. in the CoverMyMeds system when it receives billing approval transactions.

Important

It is recommended to **send all approval or reversal transactions, including cash fill transactions**, especially when they followup on previously rejected claims.

It is recommended to **send all declined transactions**.

Claim Reject Automation

Submitting claims data with a rejection_code or transaction_response_status of 'R' will trigger the logic for handling rejected claims. Based on drug, plan, reject and customer specific criteria. CMM will take one of the following actions.

Action	Initiation	
Prior Authorization	after delay	CMM will initiate the prior auth request after a delay
Prior Authorization	info needed	additional info is needed to initiate prior authorization
Prior Authorization	manual	the pharmacist can initiate prior authorization
Reject Notification	after delay	CMM will message the prescriber with reject options after a delay
Reject Notification	info needed	additional info is needed to notify the prescriber
Reject Notification	manual	the pharmacist can notify the prescriber with reject options after a delay

When to Send a Rejected Claim

It is recommended to **send all declined transactions**. Our system will only initiate automation in cases where historical data has shown with high confidence that intervention by CMM would help resolve the reject. If automated PA or reject notification is appropriate, it will be scheduled to occur after a delay. We will automatically cancel the intervention should an approval or reversal be received.

Rejects containing the any of the following reject codes will be considered for automated intervention:

70, 75, 76, MR, AG, A5, A6, 569, 7X, 7Y, 9G

We generally do not initiate action for generic medications. In cases where we do not initiate action the user can still manually initiate the action through our system.

Static Button

To have a button available for the pharmacy at all times a static button can be built/kept within the dispensing system. The code behind the button should include an additional parameter of **'requested_action' = prior_authorization**

This button will allow pharmacies to start a PA whenever they feel one is needed. Please note that a combination of approval code and 'requested_action' = prior_authorization will result in an error and the request will not be completed.

Approval/Reversal Automation

Submitting either a NCPDP B2 (reversal) transaction, any non-blank approval_code, or a transaction_response_status of A, C, D, F, P, or Q will trigger CMM to cancel any delayed action and stop any prior auth or notification requests that may be pending.

In order to take full advantage of the services that CoverMyMeds offers, it is recommended to **send all approval or reversal transactions, including cash fill transactions**, especially when they followup on previously rejected claims. Approvals/Reversals have the ability to be actionable; the response returned by CoverMyMeds may include actionable information for the user. Responses that include the required_action portion should be made visible to the user for further action.

In order to mitigate risk of user performance degradation, we recommend setting a reasonable time-out when waiting for CoverMyMeds responses. This will allow the dispensing system workflow to remain unblocked even when network connectivity or service availability is degraded. This exact value of this time-out depends on dispensing software workflow and connectivity speeds at the customer site.

Request Schema

The following examples show supported containers for claim data supported by our API. In the examples the data is serialized as application/x-www-form-urlencoded content, but application/json is also acceptable.

Claim String Submission

When submitting a D.0 claim, most of the data used in the PA is contained in the claim. Some data elements not present in the claim can be passed as additional parameters.

The can be passed in urlencoded or json serializations. It is possible to pass all parameters in the query string portion of the request but this is highly discouraged since this could cause PHI to be visible in areas that don't need it.

URL Encoded Parameters:

When using URL encoding it is important to properly escape special characters such as "?", "&", spaces and many others. More information can be found here: <https://en.wikipedia.org/wiki/Percent-encoding>

```
POST /messages HTTPS/1.1
Host: rxintake.covermyeds.com
Authorization: Basic QWxhZGRpbjpv...
Content-Type: application/x-www-form-urlencoded

ncdp_claim=0200155351B1PCNUMBER          10110636930...&rejection_code=75&prescriber_fax=6145555555...
```

JSON Encoded Parameters:

In JSON encoding, non ASCII characters, for example those found in the D.0 claim, need to be escaped properly. More information here: <https://en.wikipedia.org/wiki/JSON>

```
POST /messages HTTPS/1.1
Host: rxintake.covermymeds.com

Authorization: Basic QWxhZGRpbjpv...

Content-Type: application/json
{
  "ncdpd_claim": "\u0002610014D0B1\u0020\u0020\u0020\u0020.....",
  "rejection_code": "75",
  "rejection_message": "Generic Rejection Message.",
  "service_provider_id": "0011223344",
  "service_provider_id_qualifier": "01",
  "product_service_id": "16590034530",
  "product_service_id_qualifier": "03"
}
```

Discrete Parameter Submission

Claims can be sent without a D.0 string as long as all the required information is present in the parameters.

What Data To Send

The goal of the RxIntake service is to receive all relevant transactions from a pharmacy and automate the necessary CMM products based on status changes at the pharmacy.

RxIntake also feeds data to other CMM products such as our Clinical Alerts system. Depending on involvement a different standard of data may be required.

Parameter List

The following guide will outline all parameter. Required can connote that a field is required either to avoid transactional errors, or to avoid Required Action user prompts.

		Data needed (where applicable) for all claims : <u>rejections, paid claims and reversed claims</u>	
Parameter	D.0 CODE	Required/Recommended Fields	Notes
prescriber_order_number	-	RECOMMENDED	eRx originated identifier used to determine routing to RxChange integrated EHRs

transaction_code	103-A3	REQUIRED	
transaction_response_status	112-AN	REQUIRED	
reject_code or rejection_code	511-FB	REQUIRED	Comma separate for multiple values
approval_code or approved_message_code	548-6F	REQUIRED	
rejection_message	526-FQ	RECOMMENDED	
prescription_service_reference_number or prescription_reference_number	402-D2	REQUIRED	
prescription_service_reference_number_qualifier	455-EM	REQUIRED	
fill_number	403-D3	REQUIRED	
number_of_refills_authorized	415-DF	RECOMMENDED	
number_of_refills_remaining	-	RECOMMENDED	
prescription_origin_code	419-DJ	RECOMMENDED	
product_service_id	407-D7	REQUIRED	
product_service_id_qualifier	436-E1	REQUIRED	
compound_code	406-D6	RECOMMENDED	
quantity_dispensed	422-E7	REQUIRED	
days_supply	405-D5	REQUIRED	
prescription_sig	-	REQUIRED	
daw_code	408-D8	RECOMMENDED	
patient_pay_amount	505-F5	RECOMMENDED	decimal number, e.g. "9.50". Should be the final amount owed by the patient to the pharmacy
amount_applied_to_periodic_deductible	517-FH	RECOMMENDED	decimal number, e.g. "9.50"
amount_of_copay	518-FI	RECOMMENDED	decimal number, e.g. "9.50"
amount_exceeding_periodic_benefit_maximum	520-FK	RECOMMENDED	decimal number, e.g. "9.50"
amount_of_coinsurance	518-FI	RECOMMENDED	decimal number, e.g. "9.50"
bin	101-A1	REQUIRED	
pcn	104-A4	REQUIRED	
group_id	301-C1	REQUIRED	
cardholder_id	302-C2	RECOMMENDED	
person_code	303-C3	RECOMMENDED	max length of 3 characters
service_provider_id	201-B1	REQUIRED	CMM needs NPI or NCPDP
service_provider_id_qualifier	201-B2	REQUIRED	CMM needs this to be either '1' or '7'
facility_id	-	RECOMMENDED	For LTC facility sharing
pharmacy_service_type	-	RECOMMENDED	

system_vendor_patient_id	-	RECOMMENDED	Unique identifier for patient
patient_age	-	RECOMMENDED	
patient_first_name	310-CA	REQUIRED	
patient_last_name	311-CB	REQUIRED	
patient_date_of_birth	304-C4	REQUIRED	
patient_address_street	322-CM	REQUIRED	
patient_state_province_address	324-CO	REQUIRED	
patient_address_zip	325-CP	REQUIRED	
patient_gender_code	305-C5	REQUIRED	male send '1' or female send '2'
patient_expected_next_visit_date	-	RECOMMENDED	
prescriber_id	411-DB	REQUIRED	CMM will surface an 'optional' prompt if this is not NPI
prescriber_id_qualifier	466-EZ	REQUIRED	
prescriber_fax	-	REQUIRED	
prescriber_specialty	-	RECOMMENDED	
prescriber_phone	-	RECOMMENDED	
prescriber_first_name	-	RECOMMENDED	
prescriber_last_name	427-DR	RECOMMENDED	
prescriber_address_1	-	RECOMMENDED	
prescriber_address_2	-	RECOMMENDED	
prescriber_city	-	RECOMMENDED	
prescriber_state	-	RECOMMENDED	
prescriber_zip	-	RECOMMENDED	
primary_care_provider_id	421-DL	RECOMMENDED	
primary_care_provider_id_qualifier	468-2E	RECOMMENDED	
primary_care_provider_last_name	470-4E	RECOMMENDED	
vaccine_lot_number	-	RECOMMENDED	If vaccine claim
vaccine_expiration_date	-	RECOMMENDED	If vaccine claim
workstation_id	-	REQUIRED	Unique string identifier for workstation that submitted the claim, e.g. "WORKSTATION01"

Additional Product Data Requirements

Please note that even for special products parameter requirements vary depending on transaction type and submitted data should be kept to the minimum necessary level to utilize the product.

API Responses

The response will contain a narrative message about available or pending CMM actions and hints on any missing or invalid data. Please keep in mind during development that CoverMyMeds may add additional information to the responses in order to help the implementation of other customers. This may include additional keys, but nothing will be removed in order to maintain compatibility across all customers.

Actions

Multiple Actions

There may be multiple action options available depending on the reject scenario. The response will include a list of `actions`, with button labels, descriptions and action urls. These actions can be displayed in a menu to present the user with options to get more info, manual start actions or cancel pending actions. Action urls such as cancel and start can be opened in a browser or requested by the dispensing system.

Required Action

In some cases CMM requires additional information or interventions from the user. When this happens our API response will contain the `required_action` section. This response portion will have a narrative message explaining the needed data and a url to a web page that prompts for the required information.

Response Samples

Delayed Action Response

```
{
  "message": "Prior Authorization Request initiating in 10 minutes, unless claim is approved.",
  "actions": {
    "info": {
      "button_label": "Reject Info",
      "description": "provides information about the reject",
      "url": "https://rxservice.covermymeds.com/scripts/1234XYZ?signature=123abc456def"
    },
    "cancel": {
      "button_label": "Cancel",
      "description": "cancels a pending prior auth request",
      "url": "https://rxservice.covermymeds.com/scripts/1234XYZ/cancel?signature=123abc456def"
    }
  }
}
```

Manual Start Response

```
{
  "message": "Prior Authorization May not be required. Click start to initiate a PA.",
  "actions": {
    "info": {
      "button_label": "Reject Info",
      "description": "provides information about the reject",
      "url": "https://rxservice.covermy..."
    },
    "start": {
      "button_label": "Start PA",
      "description": "initiates a pending prior auth request",
      "url": "https://rxservice.covermy..."
    }
  }
}
```

Info Needed Response

```
{
  "message": "Rejected: 75. Prior authorization required. A PA will be sent to prescriber for completion.",
  "actions": {
    "info": {
      "button_label": "Info",
      "description": "Information about this prescription",
      "url": "https://rxservice.covermy..."
    },
    "cancel": {
      "button_label": "Cancel",
      "description": "Cancel the pending reject action",
      "url": "https://rxservice.coverm..."
    }
  },
  "required_action": {
    "button_label": "Edit",
    "description": "Information needed for: Prescriber Fax",
    "url": "https://rxservice.coverm..."
  }
}
```

Error Codes

Some transactional data may be incomplete, malformed or otherwise problematic. The RxIntake web service uses standard HTTP error codes to inform your system of the nature of the problem. CoverMyMeds carefully logs all errors and associated data to provide the best possible support for troubleshooting your integration. The recommended handling for these errors is outlined here.

400 Malformed Data / Parsing Error

The RxIntake service is unable to parse or identify the transaction data. A message will be sent back with the error explaining the problem.

Possible Causes:

- Bad data serialization (eg. JSON, url encoding)
- Unescaped special characters (&, # etc.)
- Unable to identify transaction type. Missing reject or approval codes.

Recommended Handling:

- Record the incident in a log and notify your engineering team.
- Display a message to the user, "An error occurred..."
- It is *not* useful to show the CMM error message to the user
- Work with CMM tech account management to troubleshoot the transaction.

401 Bad Authentication

The RxIntake service is unable to identify your system based on the passed credentials. The transaction is rejected for security reasons.

Possible Causes:

- `api_secret` or `api_id` is missing
- `api_secret` or `api_id` is incorrect
- your API client account is not active

Recommended Handling:

- Record the incident in a log and notify your engineering team
- Display a message to the user, "An error occurred..."
- It is *not* useful to show the CMM error message to the user
- Work with CMM tech account management to update your API credentials

422 Unprocessable Transaction

The RxIntake service successfully parsed and identified the incoming transaction, but it is missing some critical transactional data that is required in order to initiate further action. The type of error is recoverable by your user by modifying claim data in your system. The response body will be JSON formatted with a `message` portion.

Possible Causes:

- invalid, outdated drug NDC or DDID

Recommended Handling:

- display the message portion of the response to the user
- allow the user to edit and retry the transaction

500/503 Internal Error at CoverMyMeds

The RxIntake service encountered an internal malfunction. When this occurs, the CMM engineering team is automatically notified and detailed technical data is logged.

Recommended Handling:

- Display a message to the user, "An error occurred..."
- Allow the user to retry the transaction, or schedule an automated retry.
- If the problem persists, notify a CMM tech account manager.

Callbacks

CoverMyMeds is building enhanced capabilities to provide visibility into the Prior Authorization workflow. Important status updates can be delivered to a pharmacy dispensing system in near-real-time. These updates can be used to trigger workflow automation that ultimately gets prescriptions filled sooner or provide messaging to pharmacists.

These are events within the CMM workflow that trigger callbacks. Depending on the workflow queue within the pharmacy system software, these events can be used to trigger automation. At a minimum they should be made visible to the user in the context of the referenced prescription. As CMM product and feature capabilities expand, new trigger events will become available. Our technical account management staff can assist in determining the best way to handle future updates.

Callback Events

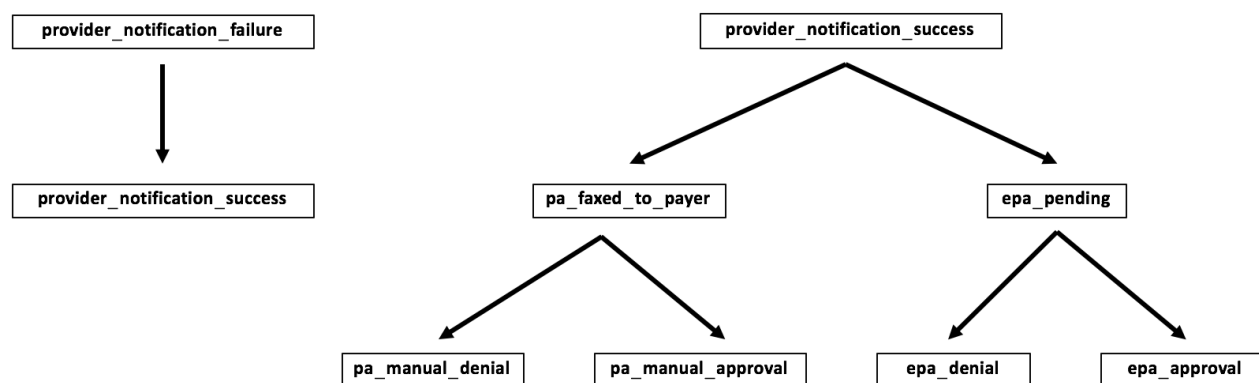
Event	Event Key	Callback Message	Description
Provider Notification Failure	provider_notification_failure	A prior authorization request for this prescription failed to be shared with the provider.	Using the given provider id and fax number, CMM was unable to notify a provider electronically or by fax.
Provider Notification Success	provider_notification_success	A prior authorization request for this prescription has been shared with the provider.	Using the given provider id and fax number, CMM successfully notified the provider.
Manual Submission	pa_faxed_to_payer	A prior authorization request for this prescription has been successfully faxed to the payer.	The PA was sent to the payer by Fax.
ePA Pending	epa_pending	A prior authorization request for this prescription has been submitted electronically to the payer.	An ePA integrated payer has started handling the request.
ePA Approval	epa_approval	A prior authorization request for this prescription has been approved by the payer.	An ePA integrated payer has approved the PA.
ePA Denial	epa_denial	A prior authorization request for this prescription has been denied by the payer.	An ePA integrated payer has denied the PA.
Manual Approval	pa_manual_approval	A prior authorization request for this prescription has been approved by the payer.	A payer has signaled via fax that they have approved the PA.
Manual Denial	pa_manual_denial	A prior authorization request for this prescription has been denied by the payer.	A payer has signaled via fax that they have denied the PA.
Future Items			
Provider Access	provider_access		A prescriber user has accessed the request
ePA Eligibility Error	epa_eligibility_error		An ePA integrated payer has denied the request due to patient eligibility issues. Usually caused by minor errors in patient information.
Therapy Change	provider_therapy_change		The provider has elected to change to an alternative therapy. A new prescription will likely be written by the provider.
Provider Cancellation	pa_provider_cancellation		The provider has elected to not go forward with the PA.
Predicted Approval	pa_suggest_readjudication		Predictions based on turn around time and outcomes from similar PA cases indicate that the PA is likely approved.

Message to Pharmacist	message_to_pharmacist		Direct communication to the pharmacist. May be originated by CMM systems carrying other products.
Clinical Alert	clinical_alert		Patient is eligible for a clinical program.

Prior Authorization State Transitions

To ensure the calculated state of a PA request is accurate, state changes must happen linearly within CoverMyMed's workflows. For instance, a request that has not reached the 'provider notification success' status will never arrive at the 'pa manual approval' status:

Possible Prior Authorization State Changes



Callback Delivery

When configuring callbacks, please discuss with your technical account manager whether you would like to consume them directly (push) or query CoverMyMeds (pull).

Push Callbacks

To receive callbacks from CoverMyMeds in real time, provide CoverMy Meds with a `callback_url` parameter on initial requests to IPA. CMM will post updates about a PA request to the given `callback_url`.

Pull Callbacks

To retrieve information about the latest state of an individual prescription, query the `api/ipa_callbacks` endpoint with your api key and secret and the following parameters:

- `service_provider_id_qualifier` (01 for npi; 07 for ncpdp_id) of the creating pharmacy
- `service_provider_id` of the creating pharmacy
- `prescription_reference_number` of the prescription

Sample https request:

```

GET /api/ipa_callbacks HTTPS/1.1
Content-Type: application/json
Authorization: Basic base64_encode({api_id}:{api_secret})
Host: env5-rxservice.integration.covermymeds.com

{
  "service_provider_id_qualifier": "01",
  "service_provider_id": "7878787878",
  "prescription_reference_number": "rxnumber123"
}
  
```

Sample Callbacks Payloads

```
{
  "rx_number": "0000123456",
  "pharmacy_npi": "9999999999",
  "event_key": "provider_notification_failure"
  "message": "A prior authorization request for this prescription failed to be shared with the provider."
}
```

```
{
  "rx_number": "0000123456",
  "pharmacy_npi": "9999999999",
  "event_key": "pa_faxed_to_payer"
  "message": "A prior authorization request for this prescription has been successfully faxed to the payer."
}
```

Note that other parameters may be added to this payload.