ELECTRONIC CLAIMS MANAGEMENT ENGINE (ECME)

USER MANUAL

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1 Introduction

The Electronic Claims Management Engine (ECME) generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V. 5.1 and D.0 formats, based on the Outpatient Pharmacy V. 7.0 workflow. ECME:

- Allows pharmacy claims processing staff to submit, resubmit, and reverse electronic claims;
- Provides reports for end users and management on claims status, transaction history, and system configuration standings;
- Allows Automated Data Processing Application Coordinator (ADPAC) and Information Resources Management Service (IRMS) staff to configure ECME to pharmacy site specifications.
- Allows Eligibility Inquiry and Verification transactions for verification of valid patient pharmacy insurance.

ECME claims processing begins when events within Outpatient Pharmacy V. 7.0 meet specific criteria, based on Integrated Billing (IB) V. 2.0 determination, that indicate the system should generate an electronic claim. To build a claim through ECME, several conditions must be met. First, the patient must be registered and have pharmacy prescription insurance coverage. Second, the patient must be a non-service connected patient or, if service connected, the prescription must not be for the service connected condition. The patient must not have an environmental indicators condition. Finally, the drug must be billable. Logic embedded within ECME manages the creation of the electronic claim, which requires integration with IB V. 2.0, Pharmacy Data Management, and National Drug File (NDF) V. 4.0. ECME also generates claims during Consolidated Mail Outpatient Pharmacy (CMOP) V. 2.0 processing for prescriptions that meet billing requirements.

The Veterans Health Administration (VHA) developed ECME software in order to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and updated it to comply to the HIPAA rule of 2009, which requires health care providers to electronically transmit outpatient pharmacy prescription claims to payers in the NCPDP format and to receive responses on a real-time basis. ECME is derived from the Point of Sale (POS) Application developed by the Indian Health Service (IHS) and is assigned to the BPS namespace.

The ECME User Manual helps users submit electronic claims, aids ADPAC and IRMS staff in configuring ECME to pharmacy site specifications, and is a reference manual for all screens and options within ECME. While the ECME User Manual does explain how to use the Electronic Management Claims Engine, it is not intended to show how ECME interacts with Outpatient Pharmacy V. 7.0, IB V. 2.0, the Austin Information Technology

Center, and other software packages to build, submit, receive, and process an electronic claim.

The ECME User Manual assumes that you are familiar with the VistA computing environment, including the Outpatient Pharmacy V. 7.0 workflow and the Department of Veterans Affairs (DVA) FileMan data structures and terminology.

The ECME User Manual consists of the following sections.

- **ECME Introduction:** Outlines the history, use and intent of the ECME software.
- **ECME Orientation:** Shows how to use the menus and options to generate an electronic claim, obtain online help, and find related manuals.
- **ECME Menu Structures:** Lists the complete ECME menu structure. It also lists the ECME User, Manager, and Reports menus.
- **Accessing the ECME Menu:** Describes how to gain access to the ECME main Menu.
- **Accessing the ECME User Screen:** Describes the elements of submitting pharmacy claims to insurers through the ECME system.
- **Accessing the ECME PHARMACY COB menu:** Describes the elements of submitting pharmacy claims to secondary insurers and submitting TRICARE claims.
- **Accessing the Pharmacy ECME Manager Menu**: Describes electronic claims management features that require management level decisions.
- **Accessing the Pharmacy Electronic Claims Reports:** Describes the reports generated by ECME.
- **ECME Background Jobs:** Describes the tasks performed by the Nightly Background Job.
- **Glossary:** Defines common ECME-related terms.
- **Acronyms:** Lists ECME-related acronyms.
- **Index:** Lists subjects, options, and menus alphabetically.

2 Orientation

2.1 Working with the ECME User Manual

The Electronic Claims Management Engine (ECME) User Manual is a menu- and option-oriented manual. In most cases, the manual describes a menu or option, shows how to access it, and uses tables and screen shots to describe its fields.

The ECME User Manual uses the following methods to enhance readability.

- Menu options and screen actions are italicized.
  Example: The *Continuous Update* action redisplays the ECME User Screen.

- Screen prompts are denoted with quotation marks around them.
  Example: The "Select Action:" prompt will display next.

- Variable names, formal name of options, field and file names, and security keys are completely uppercase.
  Example: The BPS USER key.

- Screen captures/dialogues are shaded and shown in a non-proportional font.

  (A) User responses to online prompts are in boldface type.
  Example:

```
Select Pharmacy ECME User Menu Option: RPT
```

  (B) <Enter> indicates you must press the Enter key (or Return key) on the keyboard to proceed to the next prompt. Other keys are represented within < > angle brackets.
  Example: Select Pharmacy ECME Manager Menu Option: **?<Enter>**

- The following symbols alert you to special information.

Symbol	Description
	Cautions you to notice critical information.
	Indicates especially important or helpful information.
	Indicates that you must hold a particular security key to perform a specific task. **Example:** You must hold the BPS MANAGER and BPS MENU keys to access the *Pharmacy ECME Manager Menu* options.

2.2 Obtaining Online Help

The ECME software provides online help and commonly used system default prompts. You can enter question marks at any response prompt. At the end of the help display, VistA (Veterans Health Information Systems and Technology Architecture) immediately returns you to the point from which you started.

To retrieve Online Help in any VistA character-based product:

- Enter a single question mark (**?**) at a field/prompt to obtain a brief description:

  (A) If a field is a pointer, entering one question mark (**?**) displays the HELP PROMPT field contents and a list of choices, if the list is short.

  (B) If the list is long, the system will ask you if the entire list should be displayed. A **Y**(ES) response will invoke the display. By prefacing the starting point with an up-arrow (^) as a response, you can give the display a starting point. For example, **^M** starts an alphabetic listing at the letter M instead of the letter A while **^127** starts any listing at the 127th entry.

- Enter two question marks (**??**) at a field/prompt for a more detailed description. If a field is a pointer, entering two question marks displays the HELP PROMPT field contents and the list of choices.

- Enter three question marks (**???**) at a field/prompt to invoke any additional Help text stored in Help Frames.

2.3 Finding Related Manuals

To learn more about the ECME V. 1.0 software, please consult the following:

- *Electronic Claims Management Engine (ECME) V. 1.0 Technical Manual/Security Guide*

All ECME V. 1.0 documentation can be found at the VistA Documentation Library at http://www.va.gov/vdl.

VHA-oriented HIPAA (Health Insurance Portability and Accountability Act) information can be found at http://vista.med.va.gov/hipaa/.

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3 ECME Menu Structures

This section provides a map of the Electronic Claims Management Engine (ECME) menu structure including a list of all options. ECME is a menu-driven system that allows access based on the security keys that you hold.

Currently, ECME has the following security keys: BPSMENU, BPS USER, BPS MANAGER, BPS MASTER, and BPS REPORTS. All users must have the BPSMENU key in addition to the specific keys listed below.

The following table lists the type of users who would need access to a specific menu and the ECME Security Keys you must hold in order to access a particular ECME menu. For example, the OPECC (Outpatient Pharmacy Electronic Claims Coordinator) would need access to all ECME menus, while a Pharmacy Technician might only need access to the Main Menu, ECME User Screen, and Reports menus.

Table 3-1: List of Users with Suggested ECME Menus and Security Keys

Type of User	*ECME Menu	ECME Security Keys
OPECC	All ECME Menus ECME Main Menu ECME User Screen ECME Pharmacy COB Pharmacy ECME Manager Menu Pharmacy Electronic Claims Reports	All ECME Security Keys BPSMENU BPS USER BPS MANAGER BPS MASTER BPS REPORTS
Pharmacist, Pharmacy Technician	ECME Main Menu ECME User Screen Pharmacy Electronic Claims Reports	BPSMENU BPS USER BPS REPORTS
ePharmacy Site Manager and back-up	ECME Main Menu ECME User Screen Pharmacy ECME Manager Menu Pharmacy Electronic Claims Reports	BPSMENU BPS USER BPS MANAGER BPS MASTER BPS REPORTS
ADPAC (Automated Data Processing Application Coordinator)	ECME Main Menu ECME Pharmacy COB Pharmacy ECME Manager Menu Pharmacy Electronic Claims Reports	BPSMENU BPS MANAGER (BPS MASTER is also required to access certain MGR menu options) BPS REPORTS

IRMS (Information Resources Management Service)	ECME Main Menu Pharmacy ECME Manager Menu Pharmacy Electronic Claims Reports	BPSMENU BPS MANAGER (BPS MASTER is also required to access certain MGR menu options) BPS REPORTS

3.1 The Complete ECME Menu Structure

The complete list of ECME menu options is shown below. The OPECC needs to access all ECME options.

You must hold the BPSMENU and BPS MANAGER keys to view the *Pharmacy ECME Manager Menu* option. The BPS MASTER key is also required to view the *Edit ECME Pharmacy Data (PHAR), Pharmacy ECME Setup Menu (SET), Edit Basic ECME Parameters (BAS)* and *Register Pharmacy with Austin Information Technology Center (REG)* options.

U **ECME User Screen**
COB **ECME Pharmacy COB ...**
- **SEC** **Potential Secondary Rx Claims Report**
- **TRI** **Potential TRICARE Claims Report**
- **PRO** **Process Secondary/TRICARE Rx to ECME**

MGR **Pharmacy ECME Manager Menu . . .**
- **MNT** **ECME transaction maintenance options …**
  - UNS View/Unstrand Submissions Not Completed
  - ROC Re Open CLOSED Claim
  - NON Drugs non covered report
- **SET** **Pharmacy ECME Setup Menu ...**
  - BAS Edit Basic ECME Parameters
  - PHAR Edit ECME Pharmacy Data
  - REG Register Pharmacy with Austin Information Technology Center
- **STAT** **Statistics Screen**

RPT **Pharmacy Electronic Claims Reports . . .**
- **CLA** **Claim Results and Status . . .**
  - PAY Payable Claims Report
  - REJ Rejected Claims Report
  - ECMP CMOP/ECME Activity Report
  - REV Reversal Claims Report
  - NYR Claims Submitted, Not Yet Released
  - REC Recent Transactions
  - DAY Totals by Date
  - CLO Closed Claims Report
  - SPA Spending Account Report
- **OTH** **Other Reports . . .**
  - CRI ECME Claims-Response Inquiry
  - PAY Payer Sheet Detail Report
  - PHAR ECME Setup - Pharmacies Report
  - TAT Turn-around time statistics

3.2 ECME User Screen

The ECME User Screen structure is listed below. The ECME User Screen is a List Manager screen which has multiple actions contained within the option. OPECCs must have access to this option. It may be helpful for Pharmacists, and the ePharmacy Site Manager to have access also.

You must hold the BPS MENU and BPS USER keys to view the ECME User Screen option.

U ECME User Screen

3.3 ECME Pharmacy COB Menu Structure

The *ECME Pharmacy COB Menu* option structure is listed below. OPECCs must be able to access this menu.

You must hold the BPSMENU keys to view the *ECME Pharmacy COB* option.

COB ECME Pharmacy COB . . .
- **SEC Potential Secondary Rx Claims Report**
- **TRI Potential TRICARE Claims Report**
- **PRO Process Secondary/TRICARE Rx to ECME**

3.4 Pharmacy ECME Manager Menu Structure

The *Pharmacy ECME Manager Menu* option structure is listed below. ADPAC, IRMS (Information Resources Management Service) and OPECC staff must be able to use this menu.

You must hold the BPSMENU and BPS MANAGER keys to view the *Pharmacy ECME Manager Menu* option.

MGR Pharmacy ECME Manager Menu . . .
- **MNT ECME transaction maintenance options …**
  - UNS View/Unstrand Submissions Not Completed
  - ROC Re Open CLOSED Claim
  - NON Drugs non covered report
- **SET Pharmacy ECME Setup Menu ...**
  - BAS Edit Basic ECME Parameters
  - PHAR Edit ECME Pharmacy Data
  - REG Register Pharmacy with WebMD
- **STAT Statistics Screen**

3.5 Pharmacy Electronic Claims Reports Menu Structure

The *Pharmacy Electronic Claims Reports* menu option structure is listed below. OPECCs and Pharmacy staff involved with the ePharmacy process must be able to access this menu.

You must hold the BPSMENU and BPS REPORT keys to view the *Pharmacy Electronic Claims Reports* option.

RPT Pharmacy Electronic Claims Reports . . .

CLA Claim Results and Status . . .

PAY	Payable Claims Report
REJ	Rejected Claims Report
ECMP	CMOP/ECME Activity Report
REV	Reversal Clams Report
NYR	Claims Submitted, Not Yet Released
REC	Recent Transactions
DAY	Totals by Date
CLO	Closed Claims Report
SPA	Spending Account Report

OTH Other Reports . . .

CRI	ECME Claims-Response Inquiry
PAY	Payer Sheet Detail Report
PHAR	ECME Setup - Pharmacies Report
TAT	Turn-around time statistics

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4 Accessing the ECME Main Menu

The *Electronic Claims Management Engine Main Menu* option is usually accessed through the *Core Applications Menu*.

You must hold the BPSMENU key to view the Electronic Claims Management Engine (ECME) Main Menu.

Example 4-1: Accessing the Electronic Claims Management Engine Main Menu

```
Select Core Applications Option: ?

          Laboratory ...
   PIMS   MAS MANAGER ...
          Mental Health ...
          Military Retirees ...
          Patient Data Log
          Information Management Systems (SWIMS) ...
          Voluntary Services' Menu ...
   AR     Finance AR Manager Menu ...
   BPS    ECME ...
   EN     Engineering Main Menu ...
   FEE    Fee Basis Main Menu ...
   HL7    HL7 Main Menu ...
   IB     Integrated Billing Master Menu ...
   NS     Nursing System Manager's Menu ...
   PSO    Outpatient Pharmacy Manager ...
   VOL    Voluntary Service Master Menu ...

Select Core Applications Option: BPS  ECME
```

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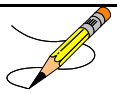
5 Accessing the ECME User Screen

The *ECME User Screen* provides access to pharmacy claims that have been submitted electronically to third party payers/Pharmacy Benefit Managers (PBMs). This option allows you to review, close, reverse, or resubmit electronic claims.

From the ECME User Screen you can access additional actions needed to process electronic pharmacy claims, including the *Further Research* action, which allows you to research insurance, eligibility and prescription information.

You must hold the BPSMENU AND BPS USER key to view the ECME User Screen option.

This screen is accessed by selecting the **U** (ECME User Screen) option on the ECME Main Menu screen.

	The screen will display nothing the first time you enter this menu option. Select the Change View option, **CV,** as in section 5.3, and specify preferences to be displayed on the screen. The system will then default to these settings and display current information about active patients and prescriptions for the time frame requested.

Example 5-1: Accessing the ECME User Screen Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *                   Main Menu                  *
               ************************************************


   U      ECME User Screen
   COB    ECME Pharmacy COB ...
   MGR    Pharmacy ECME Manager Menu ...
   RPT    Pharmacy Electronic Claims Reports ...


Select ECME Option: U  ECME User Screen
Please wait...
```

Example 5-2: Displaying the ECME User Screen Option

```
PHARMACY ECME                 Jul 03, 2010@14:55:01              Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#         STATUS/LOC/TYP/RXINF
1   ECMEPatient,FIVE  (XXXX) IBINSUR1/              Vet Pb:0 Rj:1 AcRv:3 RjRv:0
  1.1   COLCHICINE 0.6MG  00074-3781-01 06/24 101297$     1/000000001653      M RT DS/N
     10/19/10 - Clarification Code 8 submitted.
     (oppuser,two)
     p-Reversal accepted
          Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

This section diagrams and describes the different elements of your ECME User Screen.

Diagram 5-1: ECME User Screen Areas

Header Area

Patient/ Rx Area

Message Window

Action Area

```
PHARMACY ECME                 Jul 03, 2010@14:55:01              Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default

 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#         STATUS/LOC/TYP/RXINF
1   ECMEPatient,FIVE  (XXXX) IBINSUR1/              Vet Pb:0 Rj:1 AcRv:3 RjRv:0
  1.1   COLCHICINE 0.6MG  00074-3781-01 06/24 101297$     1/000000001653      M RT DS/N
     10/19/10 - Clarification Code 8 submitted.
     (OPPUSER,TWO)
     p-Reversal accepted

          Enter ?? for more actions


CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

The table below describes the four areas of the ECME User Screen.

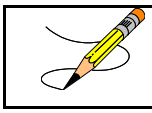
Table 5-1: Description of ECME User Screen Areas

Screen Area	Description	
Header Area	Displays the date/time the screen was built, page status, selected division(s), user and activity date range.	
Patient/ Rx Area	Displays information about the patient and prescription:	
	#	Line Number. Sequential line number for each patient and associated prescription line(s).

	Patient Lines	`# PATIENT (Patient ID) INSURANCE/ EligIndicator SummaryStatus`
		`ECMEPatient,FIVE (XXXX) IBINSUR1/ Vet Pb:0 Rj:1 AcRv:3 RjRv:0`
		
		The first line is the Patient Summary Information line, which displays the patient's name, (patient ID), insurance company and phone; eligibility indicator for the patient and insurance: Vet = Veterans, Tri = TRICARE; claim progress status and a summary status of all claims submitted for this patient within the time frame requested in the ECME User Screen parameters. The codes for the summary status are as follows:
		Pb = Payable
		Rj = Rejected
		AcRv = Reversal Accepted
		RjRv = Reversal Rejected
		
		Example: Vet Pb:17 Rj:4 AcRv:0 RjRv:0.

	Claim/ Prescription Information Line	The Prescription line(s) follow the patient information lines sequentially. For each fill, an ECME claim is sent to the payer and each of these claims is displayed as a separate line on the User Screen (ECME User Screen).
		
		`Drug Name NDC FILL RX# Copay Refill/ECME#`
		`COLCHICINE 0.6MG 00074-3781-01 06/24 101297 $ 1`
		`/000000001653`
		
		`LOC /BillTYPE /RXStatus /Release Status`
		`M/ RT/ DS /N`
		
		These show for each claim:
		• Drug Name
		• NDC (National Drug Code)
		• Fill/Refill Date
		• Rx#
		• $ Patient Copay (if applicable)
		• Refill#
		• ECME#
		• Fill Location
		C = Consolidated Mail Outpatient Pharmacy (CMOP)
		M = LOCAL MAIL
		W = WINDOW FILL
		• Bill Type
		BB = Backbill
		RT = Real Time Fill
		• RX Status
		AC = Active
		NV = Non-verified
		HL = Hold
		SU = Suspend
		EX = Expired
		DS = Discontinued
		DL = Deleted
		?? = Unknown
		• Release Status
		N = Rx NOT Released
		R = Rx Released
		• Coordination of Benefits Indicator
		p- primary claim
		s- secondary claim
		s-Payable (p-Payable)
		The status is displayed only for those fill lines (claims) that represent the most recent fill. If there is more than one fill for the same prescription within the time frame requested in the ECME User Screen parameters, the previous refill/claim is indicated with "***" instead of Rx status, and the most current fill will display the RX status. If a fill has been created and put on suspense, the screen displays "***".

	User-Input Comments	The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. The most recent comment is displayed under the Prescription Information line.
	Payer Returned Responses	The Payer Returned Response information is displayed beneath the user-input comments or beneath the patient information line, if no comments were entered. Each response will begin on a separate line. Valid payer-returned responses include Rejected (with a National Council for Prescription Drug Programs (NCPDP) rejection code described in the ePharmacy Rejects & Resolutions Guide on the e-Pharmacy Training Home Page, with additional lines of descriptive error messages), Payable, Reversal Accepted, Reversal Rejected, Stranded, Stranded reversal, Captured, Duplicate, Other, Cancelled, Corrupt, Unknown status and In Progress. If a claim is closed, "Closed" is added to the status, e.g., "Reversal accepted/Closed".
Message Window	This section displays a plus (+) sign, minus (-) sign or informational text (i.e., Enter ?? for more actions). The plus and minus signs, entered at the action prompt, are used to jump forward or back a screen.	
Action Area	A list of *Claims Data Entry* options is available to you as described in Section 5 of this manual. A double question mark (**??**) may be entered at the "Select Action" prompt for a list of all List Manager options available.	



An option chosen at the patient information level is performed on all claim items for that patient.

The ECME User Screen has several actions that help you navigate it, as shown below. Actions are entered at the "Select Action" prompt by typing the synonym for the action (e.g., **CV** for *Change View*), the first unique letter(s) of the action name (e.g., **CL** for *Close*) or the full name of the action (e.g., **Sort List** for *Sort List*).

Example 5-2: List of all ECME User Screen Actions

```
+          Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
```

List Manager provides generic actions applicable to List Manager Screens. A double question mark (**??**) may be entered at the "Select Action" prompt for a list of other actions available. Entering the synonym is the quickest way to select an action.

Example 5-3: Displaying List Manager Actions by Entering "??"

```
Select Action: Next Screen// ??

The following actions are also available:
+    Next Screen
-    Previous Screen
UP   Up a Line
DN   Down a Line
>    Shift View to Right
<    Shift View to Left
FS   First Screen
LS   Last Screen
GO   Go to Page
RD   Re Display Screen
PS   Print Screen
PL   Print List
SL   Search List
ADPL Auto Display(On/Off)

Press RETURN to continue or '^' to exit:

Q    Quit
ROC  Reopen Closed Claims
DV   Print Developer Claim Log
RED  Resubmit Claim w/EDITS

Enter RETURN to continue or '^' to exit:
```

5.1 Continuous Update

The *Continuous Update* action redisplays the ECME User Screen once every fifteen seconds with the latest information about the status of a patient's prescriptions. In most cases, this option is only used when monitoring ECME processing for a short amount of time.

The *Continuous Update* action is accessed by entering the synonym **CU** at the "Select Action:" prompt. You can stop the continuous updating process by pressing **Q** to quit.

Example 5.1-1: Accessing the Continuous Update Action

```
PHARMACY ECME                Apr 30, 2005@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient
Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP
RXINF
6   ECMEpatient,TWO (XXXX) WEBMD TE/                Vet  Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/22 100004065$  0/000000504691 W RT
AC/R
      p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/22 100004066$  0/000000504692 W RT
AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (XXXX) WEBMD TE/                Vet  ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 04/28 100003744$  0/000000504304 W RT
AC/R
      p-Payable
```

```
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 100004054$  0/000000504677 W RT
AC/N
      p-Payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// CU   Continuous Update
```

Example 5.1-2: ECME User Screen in Continuous Update Mode

```
PHARMACY ECME                 Apr 26, 2006@11:44:45          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient
Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP
RXINF
6   ECMEpatient,Two    (XXXX) WEBMD TE/                Vet  Pb:1 Rj:0 AcRv:0
RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/22 100004065$  0/000000504691 W RT
AC/R
      p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/22 100004066$  0/000000504692 W RT
AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (XXXX) WEBMD TE/                Vet  ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 04/25 100003744$  0/000000504304 W RT
AC/R
      p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 100004054$  0/000000504677 W RT
AC/N
      p-Payable
8   ECMEpatient,Three  (XXXX) WEBMD TE/                Vet  ALL payable
+         Enter ?? for more actions

The screen has been updated on Apr 26, 2006@11:45:46. Press "Q" to quit.
Press "Q" to quit.
Updating screen.

The screen has been updated on Apr 26, 2006@11:46:03. Press "Q" to quit.
```

5.2 Display Update

The *Display Update* action revises the ECME User Screen with the latest information about the status of patients' prescriptions using the current filter settings. This action, unlike the *Continuous Update* action, updates the ECME User Screen only once.

The action is accessed by entering **UD** at the "Select Action:" prompt on the ECME User Screen.

(This page included for two-sided copying.)

Example 5.2-1: Accessing the Display Update Action

```
PHARMACY ECME                  Apr 26, 2006@11:44:45              Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
6   ECMEpatient,Two    (XXXX) WEBMD TE/                Vet   Pb:1 Rj:0 AcRv:0 RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/22 100004065$  0/000000504691 W RT AC/R
      p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/22 100004066$  0/000000504692 W RT AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (XXXX) WEBMD TE/                Vet   ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 04/26 100003744$  0/000000504304 W RT AC/R
      p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 100004054$  0/000000504677 W RT AC/N
      s-Payable (p-Payable)
8   ECMEpatient,Three  (XXXX) WEBMD TE/                Vet   ALL payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// UD   Display Update
Updating screen...
```

(This page included for two-sided copying.)

5.3 Change View

The *Change View* action allows you to customize information you want to see displayed on the ECME User Screen.

The action is accessed by entering **CV** at the "Select Action:" prompt on the ECME User Screen. The system gives you the option to "SAVE" these selections as your "preferred view".

(This page included for two-sided copying.)

Example 5.3-1: Accessing the Change View Action

```
PHARMACY ECME                  Apr 26, 2006@11:44:45              Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
6   ECMEpatient,Two   (XXXX) WEBMD TE/                Vet   Pb:1 Rj:0 AcRv:0 RjRv:1
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/18 100004065$  0/000000504691 W RT AC/R
      p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/19 100004066$  0/000000504692 W RT AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One   (XXXX) WEBMD TE/                Vet   ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 04/26 100003744$  0/000000504304 W RT AC/R
      p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 100004054$  0/000000504677 W RT AC/N
      p-Payable
8   ECMEpatient,Three (XXXX) WEBMD TE/                Vet   ALL payable
+         Enter ?? for more actions
The screen has been updated on AUG 5,2005@14:50:47. Press "Q" to quit.
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//CV Change View
```

(This page included for two-sided copying.)

(A) View data by division(s) or all divisions.

Example 5.3-2: Selecting Views by Division

```
     Select one of the following:

          D         DIVISION
          A         ALL

Select Certain Pharmacy (D)ivisions or (A)LL: A// DIVISION


  Selected:
Select ECME Pharmacy Division(s): BAY PINES
          BAY PINES
```

(B) View data by Eligibility Type of the claim.

Example 5.3-3: Selecting Views by Eligibility Type

```
     Select one of the following:

          V         VETERAN
          T         TRICARE
          A         ALL

Select Certain Eligibility Type or (A)ll: A// LL
```

(C) View data for one ECME user or all users. The ECME user is defined as the person who last processed/finished/resubmitted, etc., the prescription fill.

Example 5.3-4: Selecting Views from Entries by One User

```
     Select one of the following:

          U         ONE USER
          A         ALL   Display One ECME (U)ser or (A)LL: A// U  ONE USER

Select User: USER
     1   ECMEuser,One                UO     PHARMACIST
     2   ECMEuser,Two                UTW    PHARMACIST
     3   ECMEuser,Three              UTH    PHARMACIST
CHOOSE 1-3: 1  ECMEuser,One          UO     PHARMACIST
```

(D) View data from one patient or all patients.

Example 5.3-5: Selecting Views from Entries for One Patient

```
        Select one of the following:

          P         ONE PATIENT
          A         ALL

Display One (P)atient or (A)LL: A// P  ONE PATIENT
Select Patient: ECMEpatient,ONE// ECME
   1   ECMEpatient,One        1-1-65    666443333       NO     NSC VETERAN

   2   ECMEpatient,Two        1-1-65    666443444       NO     NSC VETERAN

   3   ECMEpatient,Three      1-1-68    666773333       YES     SC VETERAN


ENTER '^' TO STOP, OR
CHOOSE 1-3: 2  ECMEpatient,Two        1-1-65    666443444       NO     NSC
VETERAN
 Enrollment Priority: GROUP 8g   Category: NOT ENROLLED  End Date: 08/01/2005
```

(E) View data about one prescription or all prescriptions.

Example 5.3-6: Selecting Views from Entries for One Prescription

```
        Select one of the following:

          R         ONE RX
          A         ALL

Display One (R)x or (A)LL: A// R  ONE RX
Select RX: 123456
```

(F) Choose data for a period of days or hours.

Example 5.3-7: Selecting Views by Timeframe of the Default of Days

```
     Select one of the following:

          D         DAYS
          H         HOURS

Activity Timeframe (H)ours or (D)ays: D// <Enter> AYS
```

(G) Enter a number for the timeframe value for the number of days, or number of hours, to view.

Example 5.3-8: Selecting Views by Timeframe Number of Days or Hours

```
Activity Timeframe Value: (1-999): 40// 10
```

(H) Choose which types of claims will display on the User Screen.

Example 5.3-9: Selecting Types of Claims

```
     Select one of the following:

          O         OPEN CLAIMS
          C         CLOSED CLAIMS
          A         ALL

Select Open/Closed or All Claims: A// <Enter> LL

     Select one of the following:

          B         BILLING REQUESTS
          R         REVERSALS
          A         ALL

Select Submission Type: A// <Enter> LL
```

(I) View rejected claims, payable claims or all claims.

Example 5.3-10: Selecting Views of Rejected Claims

```
     Select one of the following:

          R         REJECTS
          P         PAYABLES
          A         ALL

Display (R)ejects or (P)ayables or (A)LL: R// R   REJECTS
```

(J) View released claims, non-released claims or all claims.

Example 5.3-11: Selecting Views of Released Claims

```
     Select one of the following:

          R         RELEASED
          N         NON-RELEASED
          A         ALL

Display (R)eleased Rxs or (N)on-Released Rxs or (A)LL: A// RELEASED
```

(K) View CMOP, Mail, Window or all claims.

Example 5.3-12: Selecting Views of CMOP Claims

```
     Select one of the following:

          C         CMOP
          M         MAIL
          W         WINDOW
          A         ALL
Display (C)MOP or (M)ail or (W)indow or (A)LL: A// CMOP
```

(L) View real time, back bills or all claims.

Example 5.3-13: Selecting Views of Real Time Claims

```
          Select one of the following:

          R         REALTIME
          B         BACKBILLS
          A         ALL

Display (R)ealTime Fills or (B)ackbills or (A)LL: A// REALTIME
```

(M) View one reject code or all reject codes if the option "REJECTS" was chosen for types of claims to view in (G) Rejected Claims, above.

Example 5.3-14: Selecting Views of One Reject Code

```
     Select one of the following:

          R         REJECT CODE
          A         ALL

Display Specific (R)eject Code or (A)LL: A// REJECT CODE
Select Reject Code: 29       M/I Number Refills Authorized
```

(N) View data for a specific insurance company or all insurance companies.

Example 5.3-15: Selecting Views by a Specific Insurance Company

```
     Select one of the following:

          I         SPECIFIC INSURANCES(S)
          A         ALL

Select Certain (I)NSURANCE or (A)LL): I// <Enter>  SPECIFIC INSURANCES(S)
  Selected: OPINSUR2

Select INSURANCE: DEVELOPMENT INS       123 HERE STREET         SAN FRANCISCO
  CALIFORNIA       Y
  Selected: DEVELOPMENT INS
            OPINSUR2

Select INSURANCE: OPINSUR2       25 INS WAY         BIRM     ALABAMA       Y


     Select one of the following:

          Y         YES
          N         NO

Delete OPINSUR2 from your list?: NO// y  YES
  Selected: DEVELOPMENT INS

Select INSURANCE:
```

(O) You must answer **Y** or **N** to keep the *Change View* action selections as your preferred view. If you enter **Y**, the preferred view is stored in ECME for use when you enter the ECME User Screen. If you enter **N**, the display will only show the

selected views until you quit ECME User Screen or use the *Change View* action again.

Example 5.3-16: Entering "Y" to Save Selections as User's Preferred View

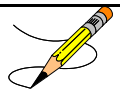
```
DO YOU WANT TO SAVE THIS VIEW AS YOUR PREFERRED VIEW (Y/N)?: YES
Updating screen...
```

5.4 Sort List

The *Sort List* screen action allows you to customize the sort order of data displayed on the ECME User Screen.

Sort Order (Defaults);

T	Transaction Date/Time	(descending)
D	Division	(ascending)
I	Insurance Company	(ascending)
C	Reject Code	(ascending)
P	Patient Name	(ascending)
N	Drug Name	(ascending)
B	Bill Type [BB/RT]	(ascending)
L	Fill Location	(ascending)
R	Released/Non-Release	(ascending)
A	Active/Discontinued Rx	(ascending)



- Transaction Date/Time (descending) is the secondary sort for ALL primary sort selections. Sorting is by PATIENTS (not claims), based on the date/time of their most recent transaction.
- Active/Discontinued Rx option sorts claims by the Rx status.

Access this action by entering **SO** at the "Select Action:" prompt on the ECME User Screen. The system will give you the option to "SAVE" these selections as the User's "Preferred View".

Example 5.4-1: Accessing the Sort List Option

```
PHARMACY ECME                 Apr 30, 2005@09:10:18          Page:    1 of    2
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient
Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP
RXINF
6   ECMEpatient,Two (XXXX) WEBMD   /              *89%* Pb:5 Rj:0 AcRv:0
RjRv:0
  6.1   FUROSEMIDE 10MG/M  00641-2312-25 04/21 100004065$  0/000000504691 W RT
AC/R
      p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/21 100004066$  0/000000504692 W RT
AC/R
      p-Reversal rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
7   ECMEpatient,One    (XXXX) WEBMD TE/                Vet  ALL payable

+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//SO   Sort List
```

Example 5.4-2: Choosing Patient as the User's Sort Preference

```
     Select one of the following:

          T         TRANSACTION DATE
          D         DIVISION
          I         INSURANCE
          C         REJECT CODE
          P         PATIENT NAME
          N         DRUG NAME
          B         BILL TYPE (BB/RT)
          L         FILL LOCATION
          R         RELEASED/NON-RELEASED
          A         ACTIVE/DISCONTINUED

ENTER SORT TYPE: P// PATIENT NAME
```

Example 5.4-3: Choosing User's Sort Preference as the Preferred View

```
     Select one of the following:

          Y         YES
          N         NO

DO YOU WANT TO SAVE THIS VIEW AS YOUR PREFERRED VIEW (Y/N)?: YES
Updating screen...
```

5.5 Reverse Payable Claim

The *Reverse Payable Claim* action allows a user to submit a claim reversal request to the insurer for a claim that was returned as "Payable" or "Reversal Rejected". A primary claim cannot be reversed if there is a payable secondary claim. The secondary claim must be reversed before the primary claim can be reversed.

Claims that have been closed will be displayed with "/Closed" after the status. Closed claims cannot be reversed until they are first reopened. If you attempt to reverse a claim that is closed, a message is displayed telling you that the claim "is Closed and cannot be Reversed. Reopen the claim and try again."

Access the action by entering **REV** at the "Select Action:" prompt on the ECME User Screen.

Example 5.5-1: Accessing and Executing the Reverse Payable Claim Action

```
PHARMACY ECME                  Aug 10, 2005@10:31:22          Page:   18 of   42
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient
Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP
RXINF
7   ECMEpatient,One            (XXXX) WEBMD TE/                 Vet  ALL
payable
  7.1   ALBUTEROL INHALER  55555-4444-22 08/08 100003744$  0/000000504304 W RT
AC/R
      p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 08/01 100004054$  0/000000504677 W RT
AC/N
      p-Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// REV   Reverse Payable Claim
```

(A) You will see the following message, if you attempt to reverse a primary claim when there is a payable secondary claim.

Example 5.5-2: Entering the Line Item for a Claim with a Payable Secondary Claim

```
  1.12 FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
cannot be Reversed if the secondary claim is payable.
Please reverse the secondary claim first.
```

(B) You are prompted for the line item of the payable claim to be reversed. Remember, if you enter the patient line number, a claim reverse request will be created for all of the payable claims for that patient.

Example 5.5-3: Entering the Line Item for the Claim Reversal Request

```
 Enter the line numbers for the Payable claim(s) to be Reversed.
Select:  7.1
```

(C) The selected line item is redisplayed and you are required to enter text to explain the reversal reason.

Example 5.5-4: Typing Text for Required Reversal Reason

```
You've chosen to REVERSE the following prescription for ECMEpatient,Six
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/000000504304 W RT
ACT/R

Enter REQUIRED REVERSAL REASON:  RX IS FOR SC CONDITION

This response must have at least 0 characters and no more
than 60 characters and must not contain embedded uparrow
```

(D) The system asks if you are sure you want to continue with the transaction. You can answer **Y** or **N**. If you type in **Y**, the claim reversal request is submitted.

Example 5.5-5: Entering "Y" to Continue Claim Reversal Request

```
Enter REQUIRED REVERSAL REASON: Drug is only billable through CMOP
Are you sure?(Y/N)? YES
```

(E) The system asks if you want to mark the claim as non-billable in Claims Tracking, and therefore release the patient copay (if any). Enter **Y** or **N**. If you enter **Y**, you will be prompted for a Claims Tracking Non-Billable Reason and a Comment. If the reversal is accepted by the payer, the ECME claim will be closed and a close event will then be sent to IB with the non-billable reason and comment provided by the user. IB should mark the episode as non-billable and release the first-party copay.

Example 5.5-6: Entering "Y" to Mark the Claim as Non-billable

```
Do you want to mark the claim as non-billable in Claims Tracking and release
the Patient Copay (if any) (Yes/No)? No//Yes

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

   Choose from:
   1            NOT INSURED
   2            SC TREATMENT
   3            AGENT ORANGE
   4            IONIZING RADIATION
   5            SOUTHWEST ASIA
   7            COVERAGE CANCELED
   10           INVALID PRESCRIPTION ENTRY
   12           PRESCRIPTION DELETED
   13           PRESCRIPTION NOT RELEASED
   14           DRUG NOT BILLABLE
   21           MILITARY SEXUAL TRAUMA
   29           HEAD/NECK CANCER
   30           COMBAT VETERAN
   33           90 DAY RX FILL NOT COVERED
   34           NOT A CONTRACTED PROVIDER
   35          INVALID MULTIPLES PER DAY SUPP
   36           REFILL TOO SOON
   37           INVALID NDC FROM CMOP
   38            PROJECT 112/SHAD
   39            NON COVERED DRUG PER PLAN
   40            FILING TIMEFRAME NOT MET
   61            NO PHARMACY COVERAGE
   85            NPI/TAXONOMY ISSUES
   86            RX DUR REJECT
   87            RX PRIOR AUTH NOT OBTAINED
   88            RX MEDICARE PART D
   89            RX DISCOUNT CARD
   91            DATE OF BIRTH MISMATCH
   999           OTHER

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME:  2 SC TREATMENT
Comment :  RX IS FOR SC CONDITION
Are you sure (Y/N)? YES

If the reversal is approved by the third-party payer, the claim will be marked
as non-billable.
```

(F) The system submits a claim reversal request to the payer for each selected claim.

Example 5.5-7: Claim Reversal Request is Submitted

```
Processing Primary claim...

Claim Status:
Reversing...
IN PROGRESS-Building the transaction
IN PROGRESS-Transmitting
IN PROGRESS-Parsing response
E REVERSAL ACCEPTED


Reversal Accepted
1 claim reversal submitted.
Enter RETURN to continue or '^' to exit:
```

(G) The payer will either "Accept" or "Reject" the claim reversal request. The payer return status is displayed on the Payer Returned Response line.

Example 5.5-8: Accepted Payable Claim Reversal Request

```
PHARMACY ECME                Aug 10, 2005@10:31:22          Page:   18 of   42
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past XX day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
7   ECMEPatient,Six            (XXXX) WEBMD TE/                 Vet  ALL payable
  7.1   ALBUTEROL INHALER  55555-4444-22 02/28 100003744$  0/000000504304 W RT DS/R
      p-Reversal Accepted
```

5.6 Resubmit Claim

The *Resubmit Claim* action sends a claim reversal request to the insurer, followed by a new claim for the same prescription, with the new or updated data for these conditions:

- If the claim was initially returned as "Payable", the system sends a claim reversal request. If the payer "Accepts" the reversal request, the claim resubmission is sent. If the payer "Rejects" the reversal request, the claim is NOT resubmitted.

- If the claim was initially returned as "Rejected", the system immediately sends the claim submission to the payer and the reversal request is NOT sent.

The Resubmit option is accessed by entering **RES** at the "Select Action:" prompt on the ECME User Screen.

Example 5.6-1: Accessing and Executing the Resubmit Claim Action

```
PHARMACY ECME                Jul 22, 2008@14:41:55              Page:    1 of   29
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                     Sorted by: Transaction Date
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#               LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR1/           Vet Pb:2 Rj:4 AcRv:4 RjRv:0
  1.1   RESERPINE 0.1MG S  00083-0035-40 07/19 100598$     1/000000000520 W RT AC/N
      p-In progress- Waiting to start
  1.2   LIDOCAINE 0.5% W/  00186-0140-01 07/19 100704$     1/000000000623 W RT AC/N
      p-In progress- Transmitting
  1.3   IMIPRAMINE 25MG T  00779-0588-30 07/19 100820$     1/000000000740 W RT **/N
      p-Rejected
      07:M/I Cardholder ID
  1.4   FLURAZEPAM 15MG C  00781-2806-05 07/18 100948$     0/000000000870 W RT **/N
      p-Rejected
      07:M/I Cardholder ID
  1.5   DACARBAZINE 100MG  00026-8151-10 07/21 100958$     2/000000000880 W RT **/N
      p-Reversal accepted
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// res   Resubmit Claim
```

(A) You are prompted for the line item(s) of the claim to be resubmitted.

You may also submit multiple line items separated by commas (e.g. “1.1,1.2”), or a range of line items separated by a hyphen (e.g. “1.1-1.3”).

Example 5.6-2: Entering the Line Item for the Claim Resubmission Request

```
Enter the line numbers for the claim(s) to be resubmitted.
Select item(s): 1.5
```

Claims that have been closed will be displayed with “/Closed” after the status. Closed claims cannot be resubmitted until they are reopened. If you attempt to resubmit a claim that is closed, a message is displayed telling you that you cannot resubmit.

Example 5.6-3: Resubmitting a Closed Claim

```
You've chosen to RESUBMIT the following prescription
  1.2    AMITRIPTYLINE HCL   00603-2212-32 10/11 2056098      0/000001616051 M RT
DS/N
Are you sure?(Y/N)? y  YES

>> Cannot Resubmit
  1.2    AMITRIPTYLINE HCL   00603-2212-32 10/11 2056098      0/000001616051 M RT
DS/N
 because the claim is Closed. Reopen the claim and try again.

       0 claims have been resubmitted.
```

The primary claim cannot be resubmitted if there is a payable secondary claim. In these cases, you must reverse the secondary claim.

If you attempt to resubmit a primary claim when there is a payable secondary claim, you will see the following message, which will discontinue the claims resubmission process.

Example 5.6-4: Entering the Line Item for a Claim that has a Payable Secondary Claim

```
The claim:
 1.12  FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.
```

(B) Otherwise, the system redisplays the line item for resubmission, then asks if you are sure you want to continue with the transaction. You can enter Y or N. If you answer Y, the claim resubmission process continues.

Example 5.6-5: Entering “Y” to Continue Claim Resubmission Request

```
You've chosen to RESUBMIT the following prescription for ECMEpatient,One
100MG  00026-8151-10 06/26 100958$     2/000000000880 W RT **/N
Are you sure?(Y/N)? y  YES
```

(C) ECME will allow multiple submissions of the same prescription and fill to be placed on the request queue at the same time. The ECME engine will process all requests in the order that they are received. Note that even though a request may be placed on the queue, whether or not it is processed will depend on the outcome of the previous request. For instance, if there are two entries on the queue and the second is requesting a reversal, it may not be processed if the previous request comes back with an E REVERSAL ACCEPTED status. If there is already a submission in the queue for this prescription and fill, a message is displayed and you are asked if you want to proceed.

Example 5.6-6: Entering "Y" to Place Multiple Submissions in the Queue

```
The claim is in progress. The request will be scheduled and processed after
the previous request(s) are completed. Please be aware that the result of
the resubmit depends on the payer's response to the prior incomplete requests.
Do you want to proceed?(Y/N)? y  YES
```

(D) The claim resubmission request is submitted and the progress is displayed.

Example 5.6-7: Displaying a Successfully Resubmitted Claim

```
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE

Prescription 100958 successfully submitted to ECME for claim generation.
1 claim has been resubmitted.


Enter RETURN to continue or '^' to exit: <ENTER>

Updating screen for resubmitted claims...
```

(E) The line item will display the status of a claim that was resubmitted.

Example 5.6-8: Displaying the Claim Status after a Resubmission

```
PHARMACY ECME                 Jul 12, 2008@14:42:46              Page:    1 of   29
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                     Sorted by: Transaction Date
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#               LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR1/           Vet Pb:2 Rj:4 AcRv:4 RjRv:0
  1.1   RESERPINE 0.1MG S  00083-0035-40 07/09 100598$     1/000000000520 W RT AC/N
      p-In progress- Waiting to start
  1.2   LIDOCAINE 0.5% W/  00186-0140-01 07/09 100704$     1/000000000623 W RT AC/N
      p-In progress- Waiting to start
  1.3   IMIPRAMINE 25MG T  00779-0588-30 07/09 100820$     1/000000000740 W RT **/N
      p-Rejected
      07:M/I Cardholder ID
  1.4   FLURAZEPAM 15MG C  00781-2806-05 07/08 100948$     0/000000000870 W RT **/N
      p-Rejected
      07:M/I Cardholder ID
  1.5   DACARBAZINE 100MG  00026-8151-10 07/06 100958$     2/000000000880 W RT **/N
      p-Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

5.7 Close Claim

This action allows you to close claims that were initially returned as "Rejected", and reversals that were "Released and Accepted".

Claims that have already been closed are displayed with "/Closed" after the status. If you attempt to close a claim that is already closed, the following message is displayed, "This claim is already closed."

The CLOSE action cannot be applied to the secondary claim if the primary claim has already been closed. The secondary claim is considered closed when the primary claim is closed.

(A) This action is accessed by entering **CLO** at the "Select Action:" prompt on the ECME User Screen. The system prompts you for the line number(s) for the claim(s) you are closing.

Example 5.7-1: Entering a Prescription Line Item to Close One Rejected Claim

```
PHARMACY ECME                Aug 02, 2005@12:19              Page:    1 of   70
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
7   ECMEpatient,Two (XXXX) WEBMD   /                 Vet  Pb:3 Rj:1 AcRv:0 RjRv:0
  7.1   DESIPRAMINE 25MG T 00068-0011-10 08/02 100003962$  0/000000504559 W RT **/N
      p-Rejected
      07:M/I Cardholder ID Number
      22:M/I Dispense As Written(DAW)/Product Selection Code
      34:M/I Submission Clarification Code
  7.2   CODEINE SULFATE 30 00002-1010-02 08/02 10082$      0/000000504561 W RT EX/N
      p-Rejected
      07:M/I Cardholder ID Number
      23:M/I Ingredient Cost Submitted
8  ECMEpatient,Two    (XXXX) WEBMD   /                Vet  ALL payable
   8.1  TESTOSTERONE ENTH. 00003-0328-40 07/30  909238$     0/000001105472 M RT AC/N
      p-Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Line Item(s): Next Screen// CLO   Close Claim
Enter the line numbers for the claim(s) to be closed.
Select Line Item(s): 7.1
```

(B) The system redisplays the selected line item(s), then notes that all prescription line items for patient line items will be closed using the same information entered into the non-billable reasons name prompt. You are then asked if you want to continue.

Example 5.7-2: Entering "Y" to Continue Close Claim Request

```
You've chosen to close the following prescription(s) for
ECMEpatient,Two:
  7.1   DESIPRAMINE 25MG T 00068-0011-10 03/20 100003962$  0/000000504559 W RT
**/N
      07:M/I Cardholder ID Number
      22:M/I Dispense As Written(DAW)/Product Selection Code
      34:M/I Submission Clarification Code

ALL Selected Rxs will be CLOSED using the same information gathered in the
following prompts.

Are you sure?(Y/N)? YES
```

(C) You are prompted for a non-billable reason code.

Example 5.7-3: Listing Non-Billable Reason Codes

```
PHARMACY ECME                Aug 12, 2005@12:19          Page:    1 of   70
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: ??

   Choose from:
   1            NOT INSURED
   2            SC TREATMENT
   3            AGENT ORANGE
   4            IONIZING RADIATION
   5            SOUTHWEST ASIA
   7            COVERAGE CANCELED
   10           INVALID PRESCRIPTION ENTRY
   12           PRESCRIPTION DELETED
   13           PRESCRIPTION NOT RELEASED
   14           DRUG NOT BILLABLE
   21           MILITARY SEXUAL TRAUMA
   29           HEAD/NECK CANCER
   30           COMBAT VETERAN
   33           90 DAY RX FILL NOT COVERED
   34           NOT A CONTRACTED PROVIDER
   35           INVALID MULTIPLES PER DAY SUPP
   36           REFILL TOO SOON
   37           INVALID NDC FROM CMOP
   38           PROJECT 112/SHAD
   39           NON COVERED DRUG PER PLAN
   40           FILING TIMEFRAME NOT MET
   61           NO PHARMACY COVERAGE
   85           NPI/TAXONOMY ISSUES
   86           RX DUR REJECT
   87           RX PRIOR AUTH NOT OBTAINED
   88           RX MEDICARE PART D
   89           RX DISCOUNT CARD
   91           DATE OF BIRTH MISMATCH
   999          OTHER

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 61  NO PHARMACY COVERAGE
```

(D) You are prompted for a comment (explanation), and again whether you want to continue.

Example 5.7-4: Entering a Comment and Answering 'Are You Sure?' Question

```
Comment : ECME Reject: Insurance does not cover Rxs
Are you sure?(Y/N)? YES

Closing Claim VA2006=1712884=000010=0006693...OK
1 claim has been closed.


Enter RETURN to continue or '^' to exit: <Enter>

Updating screen for closed claims...
```

5.7.1 Variations to the Close claim process.

If the Non-Billable Reason selected is "OTHER", the system prompts you with 2 choices; "NON-BILLABLE" or "DROP TO PAPER".

- If you select (**N)**ON-BILLABLE EPISODE, the Claims Tracking entry displays the Billable Episode flag = "N" with the Non-Billable Reason that you selected. Note that Billable Episode flag will be changed back to "Y" if a secondary claim is later generated and is returned as payable.
- If you select (**D)**ROP TO PAPER, the system stores the selected Non-Billable Reason in the Close Claim Comments, updates the Claims Tracking entry to display the Billable Episode flag = "Y", creates the next bill date as T+1 and stores Claims Tracking comments including the initial Non-billable Reason. The next scheduled billing run will pick up this bill as long as the prescription has been released.

Example 5.7.1-1: Closing a Prescription

```
You've chosen to close the following prescription(s) for
ECMEPatient,FIVE :
  4.1   COLCHICINE 0.6MG  00074378101 06/24 101297$     1/000000001653      M
RT DS/N

ALL Selected Rxs will be CLOSED using the same information gathered in the
following prompts.

Are you sure?(Y/N)? YES

Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: OTHER

     Select one of the following:

          N         NON-BILLABLE
          D         DROP TO PAPER

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: NON-BILLABLE
Comment :  Insurance does not cover Rxs
Release Patient CoPay(Y/N)? YES
Are you sure?(Y/N)? NO
```

Example 5.7.1-2: Entering Non-Billable Episode for Reason Code 31

```
Select CLAIMS TRACKING NON-BILLABLE REASONS NAME: 31  90 DAY RX FILL NOT
COVERED

     Select one of the following:
          N         NON-BILLABLE
          D         DROP TO PAPER

Treat as (N)on-Billable Episode or (D)rop Bill to Paper?: Select: N Non-
billable
```

(A) The application will prompt you for a comment. The text can be up to 40 characters and must not contain any embedded up-arrows (^).

Example 5.7.1-3: Entering a Comment

```
Comment : ECME Reject: Plan does not cover 90-day fills
```

(B) You can enter **Y** or **N** to choose to continue the close claim request or not.

Example 5.7.1-4: Entering "Y" to Continue Close Claim Request

```
Are you sure?(Y/N)? Y  YES
```

(C) If the Rx# display is followed by a "$", the ECME user is given the following prompt to answer whether the patient copay can be released also or not. If you select **Y**, the patient copay bill will be automatically removed from hold status for ALL selected claims.

Example 5.7.1-5: Releasing Patient Copay

```
Release Patient CoPay(Y/N)? Y YES
```

(D) When the claim is successfully closed, the display shows that the transaction went through "OK" and states that the claim was closed.

Example 5.7.1-6: Displaying System Closing the Claim

```
Closing Claim VA2005-1111111-123456-0000501...OK
1 claim has been closed.

 Enter RETURN to continue or '^' to exit:/ <Enter>

Updating screen for closed claims...
```

(E) The closed claim transaction may no longer be displayed with the patient's other prescription line items depending on the filters set in Change View. The system will notify Integrated Billing of the closed claim so that Claims Tracking can be updated.

Example 5.7.1-7: Closed Item is No Longer Displayed

```
PHARMACY ECME                 Aug 12, 2005@13:13:15              Page:    1 of   69
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                        Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
7   ECMEpatient,Two (XXXX) WEBMD   /                Vet  Pb:3 Rj:1 AcRv:0 RjRv:0
  7.1   CODEINE SULFATE 30 00002-1010-02 08/03 10082$      0/000000504561 W RT EX/N
      p-Rejected
      07:M/I Cardholder ID Number
      23:M/I Ingredient Cost Submitted
8  ECMEpatient, Three    (XXXX) WEBMD   /                 Vet  ALL payable
   8.1  TESTOSTERONE ENTH. 00003-0328-40 08/03  909238$     0/000001105472 M RT AC/N
      p-Payable
9  ECMEpatient,22    (XXXX) WEBMD   /                  Vet  ALL payable
   9.1  HYDROCODONE 5/ACET 55778-8998-88 08/12 909254$     1/000001105496 C RT AC/N
+         Enter ?? for more actions
```

5.7.2 Special Notes regarding secondary claims

If a primary claim is successfully closed and there is secondary insurance for that claim, a secondary insurance notification is displayed so that the user will know to bill the secondary payer.

Example 5.7.2-1: Secondary Insurance Notification

```
This patient has ADDITIONAL insurance with Rx Coverage that may be used to bill
this claim. The system will change the CT entry to a NON-BILLABLE Episode.  If
appropriate, please go to the ECME Pharmacy COB menu and use the PRO - Process
Secondary/TRICARE Rx to ECME option to create an ePharmacy secondary claim.

Patient:          ECMEpatient,One
Date of service:  JUN 29, 2010
Insurance:        ECMEInsurance,One
Group number:     10001
  BISOPROLOL 2.5MG/  51285-0047-02 06/29 2055810$    0/000001615758 W RT AC/R

Do you want to print the information (above) concerning additional insurance?
(Y/N)? n  NO
```

5.8 Add/View Comments

The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. The most recent comment will be displayed under the Prescription Information line.

(A) Access this action by entering **CMT** at the "Select Action:" prompt on the ECME User Screen. The system prompts you for a line selection to identify the line item(s) to contain a comment. You are allowed to select more than one claim to add the same comment to or can select the patient summary line to add the same comment to all claims that are listed under this patient.

Example 5.8-1: Entering a Prescription Line Item to Add a Comment

```
PHARMACY ECME                  Jul 02, 2005@22:19              Page:    1 of   70
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                        Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                LOC/TYP RXINF
1   ECMEpatient,Two (XXXX) WEBMD   /                Vet  Pb:3 Rj:1 AcRv:0 RjRv:0
  1.1   TAMOXIFEN CITRATE  00093-0784-86 07/01 909392$     0/000001105634 W ** DS/R
      p-Rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC40-Request from an unknown site.  Registration is required
  1.2   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/000001105635 W ** AC/R
      p-Payable
  1.3   DIAZEPAM 5MG/ML IN 00140-1933-06 07/01 909394$     0/000001105636 W ** AC/N
      p-Payable


+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// CMT   Add/View Comments
Enter the line number for which you wish to Add/View comments.
Select: 1.2
```

(B) The system displays the selected line item and prompts you to enter a comment with a new line number, the same line item number, Quit (default) or Exit.

Example 5.8-2: Displaying the Prescription Line Item to Add a Comment or Quit

```
ADD/VIEW COMMENTS              Jul 02, 2005@22:19              Page:    1 of    1
PHARMACY ECME
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                LOC/TYP RXINF
  1.1   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/000001105635 W ** AC/R
      p-Payable


          Enter ?? for more actions
A   Add Comment           EX  Exit
Select action: Quit//Add
Select: 1.1
```

(C) The system prompts for the comment and allows you to enter 70 characters of freeform text. The system will track the user who entered the comment.

Example 5.8-3: Adding a comment to a Prescription Line Item

```
Enter Comment: This shows a test comment line for a prescription line item.
```

(D) The comment that has been added is displayed with the date of the entry. The system then prompts you for a line selection to identify another line item to Add a comment or to Quit (the default) or Exit.

Example 5.8-4: Displaying the Added Comment and Prompting for Another

```
ADD/VIEW COMMENTS            Jul 02, 2005@22:19              Page:    1 of    1
PHARMACY ECME
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#                 LOC/TYP RXINF
  1.1   DESIPRAMINE HCL 25 00068-0011-10 07/01 909393$     0/000001105635 W ** AC/R
      08/15/05 - This shows a test comment line for a prescription line item.
      (LAST,FIRST NAME)
       p-Payable




          Enter ?? for more actions
A   Add Comment           EX  Exit
Select action: Quit// <Enter>
Updating user screen for new comment(s)...
```

5.9 Further Research Screen

The *Further Research* Screen allows you to access different sets of data within VistA for quick problem resolution. The *Further Research* Screen allows you to access (or jump to) options in other VistA applications.

(A) Enter **FR** at the "Select Action:" prompt on the ECME User Screen.

Example 5.9-1: Accessing the Further Research Action

```
PHARMACY ECME                   July 26, 2005@11:31:22          Page:   18 of   42
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient Name
+#  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
16  ECMEpatient,One      (XXXX) WEBMD   /                 Vet  ALL payable
  16.1  ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504$     0/000001105747 M RT AC/N
      p-Payable
  16.2  ETANERCEPT 25MG/VI 58406-0425-34 07/22 909504$     1/000001105747 M RT AC/N
      p-Payable
  16.3  DIVALPROEX 125MG T 00074-6212-13 07/22 909505$     0/000001105748 M RT AC/N
      p-Payable
  16.4  COLLAGENASE OINT   50484-0527-30 07/22 909506$     0/000001105749 M RT AC/N
      p-Payable
  16.5  NAFCILLIN 1 GM. IN 00209-6950-22 07/22 909507$     0/000001105750 M RT AC/N
      p-Payable
  +         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit

Select Action: Next Screen// FR Further Research
```

(B) The system re-displays the ECME User Screen with multiple new "Research" options.

Example 5.9-2: Displaying Multiple Further Research Menu Options

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//
```

5.9.1 Insurance Details

This action allows you to view insurance details for a single patient line item. The *Insurance Details* action allows you to access the Patient Insurance Info View/Edit option, located on the Patient Insurance Menu in the Integrated Billing software.

(A) Enter **INS** at the "Select Action" prompt, and a single line item to view the *Insurance Details* information for a patient.

Example 5.9.1-1: Accessing Insurance Details Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// INS  Insurance details
Please select a SINGLE Patient Line item for viewing Insurance
Select item: 1.4
```

(B) While in Patient Insurance Info View/Edit, you will have access to all of the actions at the bottom of the Insurance Screen. When you enter **QUIT**, the system will return to the *Further Research* Screen.

Example 5.9.1-2: Displaying Insurance Details Actions.

```
Patient Insurance Information Aug 09, 2006@12:56:49          Page:    1 of    1
Insurance Management for Patient: ECMEpatient,One 0000

    Insurance Co.    Type of Policy   Group        Holder   Effect.    Expires
1   WEBMD            PRESCRIPTION     10000        SELF     01/01/00

Enter ?? for more actions                                          >>>
VP  View Policy Info      BU  Benefits Used         EX  Exit
AB  Annual Benefits       INS View Insurance Co.
Select Action:Quit// QUIT
```

5.9.2 View Eligibility

The *View Eligibility* action allows you to view the *Patient Eligibility Screen*.

	The full set of menu options is available only for users with IB INSURANCE SUPERVISOR and IB INSURANCE COMPANY ADD security keys.

(A) Enter **VE** to view eligibility information for a single patient.

Example 5.9.2-1: Accessing View Eligibility Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// VE   View Eligibility
Please select a SINGLE Patient Line item for viewing Eligibility
Select item: 1.4
```

(B) While in the View Eligibility action, you will have access to only the EXIT/QUIT action at the bottom of the Patient Eligibility Screen. When you enter **QUIT**, the system will return to the *Further Research* Screen.

Example 5.9.2-2: Displaying View Eligibility Options.

```
Patient Eligibility          Aug 15, 2005@11:14:12          Page:    1 of    1
   ECMEPatient,Six  5959                                          DOB: 01/02/66

            Means Test: YES                              Insured: Yes
          Date of Test: 07/29/05                    A/O Exposure:
  Co-pay Exemption Test:                           Rad. Exposure:
          Date of Test:
Patient has agreed to pay deductible

     Primary Elig. Code: NSC

      Service Connected: No
     Rated Disabilities: None
          Enter ?? for more actions
EX  Exit
Select Action: Quit//
```

5.9.3 View Prescription

This action allows you to view details for a single prescription. It accesses the *View Prescription* option, located on the Rx Prescriptions Menu in the Outpatient Pharmacy Manager software**.**

(A) When **VP** is entered at the "Select Action:" field, you will be prompted for the line item of the prescription you wish to display.

Example 5.9.3-1: Accessing View Prescription Action

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// VP   View Prescription
Please select a SINGLE Rx Line item for viewing a Prescription
Select item: 1.4
```

(B) Once a single prescription line item is entered, the system displays the following screens for the selected prescription. When you enter **QUIT**, the system will return you to the *Further Research* Screen.

Example 5.9.3-2: Displaying View Prescription Options.

```
Rx Activity Log               Nov 03, 20XX@15:27:54          Page:    1 of    5
 ECMEPatient,Six
  PID: XXXX                                    Ht(cm): _______ (______)
  DOB: MAY X,XXXX (XX)                         Wt(kg): _______ (______)
                Rx #: XXXXXX$
   Orderable Item: TRIAMTERENE 50MG

           CMOP Drug: TRIAMTERENE 50MG TAB
             *Dosage: 50MG
                Verb: TAKE
      Dispense Units: 1
                Noun: TABLET
              *Route: ORAL
           *Schedule: 2X
Patient Instructions

                 SIG: TAKE ONE TABLET BY MOUTH 2X
      Patient Status: OPT NSC
          Issue Date: 10/07/XX                Fill Date: 10/07/XX
      Last Fill Date: 10/07/XX (Window)
   Last Release Date:                             Lot #:
             Expires: 10/08/XX                      MFG:
        Days Supply: 90                          QTY (TAB): 11
       # of Refills: 3                          Remaining: 3
           Provider: OPINSUR2
         Routing: Window
             Copies: 1
    Method of Pickup:
             Clinic: Not on File
           Division: XXXXXXXXXX
         Pharmacist:
  Patient Counseling: NO
            Remarks:
        Finished By: PSOuser,Two
   Entry By: PSOuser,Two                    Entry Date: 10/6/XX 11:45:57

Original Fill Released:       Routing: Window
Refill Log:
#  Log Date   Refill Date  Qty               Routing  Lot #       Pharmacist
================================================================================
There are NO Refills For this Prescription

Partial Fills:
#   Log Date   Date     Qty              Routing    Lot #        Pharmacist
================================================================================
There are NO Partials for this Prescription

Activity Log:
#   Date        Reason         Rx Ref         Initiator Of Activity
================================================================================
1   08/03/XX    EDIT           ORIGINAL       PSOuser,Two
Comments: FILL DATE (3050801),

Copay Activity Log:
#   Date        Reason               Rx Ref         Initiator Of Activity
================================================================================
There's NO Copay activity to report
Label Log:
#   Date        Rx Ref                     Printed By
================================================================================
1   08/01/XX    ORIGINAL                   PSOuser,Three
Comments: From RX number XXXXXX
```

```
2   08/03/05    ORIGINAL                  PSOuser,Three
Comments: From RX number XXXXXX (Reprint)
```

```
Rx Activity Log               Nov 03, 2010@15:27:54          Page:    5 of    5
 ECMEPatient,Six
  PID: XXXX                                    Ht(cm): _______ (______)
  DOB: JAN X, XXXX (XX)                        Wt(kg): _______ (______)+
 ECME Log:
#    Date         Rx Ref          Initiator Of Activity
================================================================================
1    5/22/06@19:00:24    ORIGINAL        PSOuser,Three
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)
2    7/6/06@19:01:04     REFILL 1        PSOuser,Three
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00049-3980-60)
3    7/7/06@14:39:19     REFILL 1        PSOuser,Three
Comments: Submitted to ECME:REJECT WORKLIST-DUR OVERRIDE CODES(DD/M0/1B)-E
 PAYABLE-pMEDCO

ECME REJECT Log:
#  Date/Time Rcvd    Rx Ref    Reject Type     STATUS     Date/Time Resolved
================================================================================
1  7/6/06@19:02:08   REFILL 1  DUR             RESOLVED   7/7/06@14:39:19
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)

Enter ?? for more actions

     Select Action:Quit//
```

5.9.4 Add/View Comments

When **CMT** is entered at the "Select Action:" field, you will access the *Add/View Comments* as described in Section 5.8. The only difference is that when you select **QUIT**, you will be returned to the *Further Research* Screen.

5.9.5 Claims Tracking

This action accesses the Claims Tracking Edit Screen of the Claims Tracking Edit for Billing option in the Integrated Billing software.

(A) Enter the **CT** action and then enter a single prescription line item to track a claim.

Example 5.9.5-1: Accessing Claims Tracking Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 11 day(s)
                                        Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/06 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/07 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/07 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//  CT   Claims Tracking
Please select a SINGLE Rx Line item when accessing Claims Tracking.
Select item: 1.1.......
```

(B) While in the *Claims Tracking* action, you will have menu access to all Claims options at the bottom. Entering **EXIT** or **QUIT** will end the *Claims Tracking* and return you to the *Further Research* screen.

Example 5.9.5-2: Displaying Claims Tracking Options

```
CLAIMS TRACKING EDIT          Nov 03, 2010@15:27:54          Page:    1 of    3
Expanded Claims Tracking Info for:  ECMEPatient, Two   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
     Visit Type: PRESCRIPTION REFILL        Authorization #:
 Prescription #: XXXXXXX                        No. Days Approved:   0
      Fill Date: Nov 04, 2005               Second Opinion Required:
           Drug: ALLOPURINOL 300MG, 30'S    Second Opinion Obtained:
       Quantity:        1
    Days Supply:        1                          Review Information
2          NDC#: 51079-0206-20                      Insurance Claim: YES
      Physician:VHAProvider,Two                    Follow-up Type:
                                                      Random Sample:
                                                  Special Condition:
                                                     Local Addition:
                                                      Ins. Reviewer:
                                                  Hospital Reviewer:
                      Billing Information
+         Enter ?? for more actions
BI  Billing Info Edit     TA  Treatment Auth.       EX  Exit
RI  Review Info           SE  Submit Claim to ECME
Select Action:Next Screen// <Enter>
```

```
CLAIMS TRACKING EDIT          Nov 03, 2010@15:27:54           Page:    2 of    3
Expanded Claims Tracking Info for: ECMEpatient,Two   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
     Episode Billable: NO                          Total Charges: $        0
  Non-Billable Reason: PRESCRIPTION NOT REL Estimated Recv (Pri): $
       Next Bill Date:                      Estimated Recv (Sec): $
 Work. Comp/OWCP/Tort:                      Estimated Recv (ter): $
         Initial Bill:                        Means Test Charges: $
          Bill Status:                                Amount Paid: $        0


  Hospital Reviews Entered

  Insurance Reviews Entered

  Service Connected Conditions:
 Service Connected: NO
+         Enter ?? for more actions
BI  Billing Info Edit     TA  Treatment Auth.       EX  Exit
RI  Review Info           SE  Submit Claim to ECME
Select Action:Next Screen//<Enter>
```

```
CLAIMS TRACKING EDIT          Nov 03, 2010@15:27:54          Page:    3 of    3
Expanded Claims Tracking Info for: ECMEpatient,Two   ROI:
                              For: PRESCRIPTION REFILL on 11/04/05
+
 NONE STATED




          Enter ?? for more actions
BI  Billing Info Edit     TA  Treatment Auth.       EX  Exit
RI  Review Info           SE  Submit Claim to ECME
Select Action:Quit//
```

5.9.6 Third Party Inquiry

The "TPJI" action allows you to access the Third Party Joint Inquiry option in the Integrated Billing software.

(A) Enter the **TPJI** action and then enter a single prescription line item to access the *Third Party (Joint) Inquiry* claim information.

Example 5.9.6-1: Accessing Third Party (Joint) Inquiry Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//  TPJI   Third Party Inquiry
Please select a SINGLE Patient Line item when accessing TPJI
Select item: 1
```

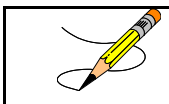
(B) While in *Third Party (Joint) Inquiry*, you have access to all actions displayed at the bottom of the screen. Enter **QUIT** to return to the main *Further Research* Screen.

Example 5.9.6-2: Displaying Third Party (Joint) Inquiry Options.

```
Third Party Active Bills       Nov 03, 2010@15:27:54          Page:    1 of    1
ECMEPatient,SIX (XXXX)NSC
   Bill #    From     To       MT? Type Stat Rate     Insurer  Orig Amt Curr
Amt
1  K400K9Ce  06/15/05 06/15/05 YES OP    A    REIM IN  WEBMD   45.00    45.00
2  K400K9De  06/15/05 06/15/05 YES OP    A    REIM IN  WEBMD   45.00    45.00
 …
          |r Referred |* MT on Hold |+ Multi Carriers |
CI  Claim Information     IL  Inactive Bills        PI  Patient Insurance
CP  Change Patient        HS  Health Summary        EL  Patient Eligibility
Select Action: Quit//
```

5.9.7 On Hold Copay Listing

This option lists On Hold copay information for a single patient. The **OH** action allows you to access the *List Current/Past Held Charges by Pt* option, located on the On Hold Menu (which is located on the Automated Means Test Billing Menu) in Integrated Billing software.



The *On Hold Copay Listing* requires that a device with 132 column width be used. It will not display correctly using 80 column width devices.

(A) Enter the **OH** action and then enter a single patient line item to access the *On Hold Copay Listing* option.

Example 5.9.7-1: Accessing On Hold Copay Listing Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
```

```
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/26 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//  OH   On Hold Copay Listing
Please select a SINGLE Patient Line item when accessing On Hold Copay Listing
Select item: 1
```

(B) You are prompted for a start and end date for the report.

Example 5.9.7-2: Entering On Hold Copay Report Start and End Dates

```
Start with DATE: T-3  (AUG 14, 2005)
     Go to DATE: T  (AUG 17, 2005)
```

(C) You are prompted to choose whether to include Pharmacy Co-pay charges or not.

Example 5.9.7-3: Entering "Y" to Include Pharmacy Co-pay Charges on Report

```
Include Pharmacy Co-pay charges on this report? NO// YES

*** Margin width of this output is 132 ***
*** This output should be queued ***
DEVICE: HOME//   132PRINTER
```

(D) Print the report at 132 characters.

Example 5.9.7-4: Printed On Hold Copay Listing Report

```
List of all HELD bills for  ECMEPatient,SIX (XXXX) AUG 8,2006  PAGE 1
PATIENT CHARGES                                                          CORRESPONDING THIRD PARTY BILLS
==========================================================================||========================================
                                From/     Date              AR       IB    ||                     AR
Action ID      Type    Bill#     Fill Dt   to AR     Charge   Status   Status|| Bill#  Classf($Typ) ST   Charge  % Paid
==========================================================================||========================================
                          '*' = outpt visit on same day as Rx fill date    ||
==========================================================================||========================================
5002877        NSC RX            Rx #: 100003994                           ||
                                12/30/05             8.00          ON HOLD||


Enter RETURN to continue or '^' to exit:
```

5.9.8 Release Copay

This action accesses the *Release Charges 'On Hold'* option, located on the On Hold Menu (which is located on the Automated Means Test Billing Menu) in the Integrated Billing

software. If you select a single Rx Line item, the system defaults the to the REF# of the selected Rx.

(A) Enter **RH** to access the *Release Copay* option. You may select a single Patient line item or a single Rx line item.

Example 5.9.8-1: Accessing Release Copay Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//   RH   Release Copay
Please select a SINGLE Patient Line item or a SINGLE Rx Line item when accessing
 Release Copay from Hold.
Select item: 9
```

(B) All copay charges on hold for the selected patient or prescription are listed. Select the line number (reference number) of the item for the release of that copay, then answer **Y** to okay the charge to Accounts Receivable. The selection is redisplayed and you are advised that the listed charge has been passed to Accounts Receivable.

Example 5.9.8-2: Listing On Hold Copay Charges for Release Copay Option

```
ECMEPatient,,SIX Pt ID: 000-00-0000
-------------------------------------------------------------------------------

The following IB Actions for this patient are ON HOLD:
================================================================================
=
 REF   Action ID  Bill Type               Bill #   Fr/Fl Dt  To/Rls Dt   Charge
================================================================================
=
  1    000596570  Rx #: 909708                     08/01/05  08/01/05     21.00
  2    000596574  Rx #: 909693                     08/01/05  08/01/05     21.00
  3    000596575  Rx #: 909694                     08/01/05  08/01/05     21.00
  4    000596580  Rx #: 909728                     08/01/05  08/01/05     21.00
  5    000596581  Rx #: 909703                     08/01/05  08/01/05     21.00
  6    000596601  Rx #: 909698                     08/01/05  08/03/05     21.00

Select IB Actions (REF #) to release (or '^' to exit): 2
OK to pass this charge to Accounts Receivable? YES


Passing charges to Accounts Receivable...

================================================================================
=
 REF   Action ID  Bill Type               Bill #   Fr/Fl Dt  To/Rls Dt   Charge
================================================================================
=
  2    000596574  Rx #: 909693           K400KDC  08/01/05  08/01/05     21.00

The charge listed above has been passed to Accounts Receivable.

Enter RETURN to continue or '^' to exit:
```

5.9.9 IB (Integrated Billing) Events Report

The "EVNT" action allows you to access the *IB e-Pharmacy Menu* Option, ECME Billing Events Report.

(A) Enter **EVNT** to access the *IB Events Report* option. You may select a single Patient line item or a single Rx line item.

Example 5.9.9-1: Accessing IB Events Report Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//   EVNT IB Events Report
Please select a SINGLE Patient Line item or a SINGLE Rx Line item when
accessing
 The IB Events Report.
Select item: 2
```

(B) You are prompted for a start and end date for this report.

Example 5.9.9-2: Entering Dates to Include in IB Events Report Listing

```
START WITH DATE: TODAY//T-60  (JUN 23, 2005)
GO TO DATE: TODAY//T  (AUG 22, 2005)
```

(C) You are prompted to select **M** (Mail), **W** (window), **C** (CMOP) or **A** (All) events for the selected line item report.

Example 5.9.9-3: Choosing Default 'All' for Types of Events for IB Events Report

```
     Select one of the following:

          M         MAIL
          W         WINDOW
          C         CMOP
          A         ALL

(M)AIL, (W)INDOW, (C)CMOP, (A)LL: ALL// <Enter>   ALL
```

(D) You are prompted to select **S** (SUMMARY REPORT) or **D** (DETAILED REPORT) and a print device.

Example 5.9.9-4: Selecting Summary Type for IB Events Report

```
          S         SUMMARY REPORT
          D         DETAILED REPORT

(S)UMMARY REPORT, (D)ETAILED REPORT: SUMMARY REPORT//  <Enter> SUMMARY REPORT

DEVICE: HOME//

                                                                        PAGE 1
               BILLING ECME EVENTS ON 06/23/05 TO 08/22/05  (SUMMARY)

     RX#   FILL  DATE       PATIENT NAME          DRUG
================================================================================
1   909693  0   08/01/05    ECMEPatient,SIX EPOETIN ALFA,RECOMB 20,000UNT/
      FINISH    08/01/05 11:32a Status:ECME Billable
      SUBMIT    08/01/05 11:34a Status:OK
      REVERSAL  08/01/05 3:19p  Status:ECME Claim reversed, no Bill to cancel
      FINISH    08/01/05 3:20p  Status:ECME Billable
      SUBMIT    08/01/05 3:20p  Status:OK
      RELEASE   08/01/05 3:20p  Status:OK
--------------------------------------------------------------------------------
2   909694  0   08/01/05    ECMEPatient,Seven CYCLOPHOSPHAMIDE 1000MG INJ
      FINISH    08/01/05 11:44a Status:ECME Billable
      SUBMIT    08/01/05 11:45a Status:OK
      REVERSAL  08/01/05 3:37p  Status:ECME Claim reversed, no Bill to cancel
      FINISH    08/01/05 3:38p  Status:ECME Billable
      SUBMIT    08/01/05 3:38p  Status:OK
      RELEASE   08/01/05 3:38p  Status:OK
      BILLING   08/01/05 3:38p  Status:Bill# K400KBC created
      REVERSAL  08/05/05 3:09p  Status:Bill# K400KBC cancelled
Press RETURN to continue, '^' to exit:
```

Example 5.9.9-5: Selecting a Detailed Type for IB Events Report

```
          S         SUMMARY REPORT
          D         DETAILED REPORT

(S)UMMARY REPORT, (D)ETAILED REPORT: SUMMARY REPORT// DETAILED REPORT

DEVICE: HOME//


                                                                          PAGE 1
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for XXXXXX VAMC DIVISIO

     RX#   FILL  DATE       PATIENT NAME               DRUG
================================================================================
1   2054789 0   06/08/11    ECMEPATIENT,SIX      CLONAZEPAM 1MG TAB
      FINISH    08/10/11 6:35p  Status:ECME Billable
          ELIGIBILITY:
          DRUG:CLONAZEPAM 1MG TAB
          NDC:57664-0274-08, BILLED QTY:30, COST:.024, DEA:4CPR
          PLAN:  INSURANCE: WEBMD COB: S
          BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
          PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
          DISPENSING FEE:11.40, BASIS OF COST DETERM:COST CALCULATIONS
          COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00
          USER:ECMEuser,Two
      SUBMIT    08/10/11 6:35p  Status:OK
          ECME#:1614656,  FILL DATE:06/08/11,  RELEASE DATE:06/08/11
          PAYER RESPONSE: PAYABLE
          PLAN:, INSURANCE: WEBMD
          USER:ECMEuser,Three
      BILLING   08/10/11 6:35p  Status:Bill K10004V created with ERRORs
Press RETURN to continue, '^' to exit:

                                                                          PAGE 2
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for XXXXXX VAMC DIVISIO

     RX#   FILL  DATE       PATIENT NAME               DRUG
================================================================================
          ERROR DESCRIPTION: Cannot establish receivable in AR (secondary ins).
          ECME#:1614656,  FILL DATE:06/08/11,  RELEASE DATE:06/08/11
          DRUG:CLONAZEPAM 1MG TAB
          NDC:57664-0274-08, BILLED QTY:30, DAYS SUPPLY:30
          BILLED:12.12, PAID:68.32
          PLAN:, INSURANCE: WEBMD
          USER:ECMEuser,One
      REVERSAL  08/11/11 1:18p  Status:
          ECME#:1614656,  FILL DATE:06/08/11,  RELEASE DATE:06/08/11
          PAYER RESPONSE: ACCEPTED
          PLAN:, INSURANCE: WEBMD
          USER:ECMEuser,Two
          REVERSAL REASON:TST
      FINISH    08/11/11 1:20p  Status:ECME Billable
          ELIGIBILITY:
          DRUG:CLONAZEPAM 1MG TAB
          NDC:57664-0274-08, BILLED QTY:30, COST:.024, DEA:4CPR
Press RETURN to continue, '^' to exit:
```

```
                                                                        PAGE 3
BILLING ECME EVENTS ON 07/06/11 TO 09/04/11 (DETAILED) for CHEYENNE VAMC DIVISIO

     RX#   FILL  DATE       PATIENT NAME              DRUG
================================================================================
          PLAN:  INSURANCE: WEBMD COB: S
          BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
          PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
          DISPENSING FEE:11.40, BASIS OF COST DETERM:COST CALCULATIONS
          COST:12.12, GROSS AMT DUE:12.12, ADMIN FEE:0.00
          USER:ECMEuser,Two
      SUBMIT    08/11/11 1:20p  Status:OK
          ECME#:1614656,  FILL DATE:06/08/11,  RELEASE DATE:06/08/11
          PAYER RESPONSE: REJECTED
          PLAN:, INSURANCE: WEBMD
          USER:ECMEuser,One
--------------------------------------------------------------------------------
2   2054803 0   05/06/11    ECMEPATIENT,SIX      LIDOCAINE 0.5% (5MG/ML) 50ML M
      FINISH    08/10/11 6:07p  Status:ECME Billable
          ELIGIBILITY:
          DRUG:LIDOCAINE 0.5% (5MG/ML) 50ML MDV
          NDC:00409-4278-01, BILLED QTY:30, COST:1.486, DEA:6P
Press RETURN to continue, '^' to exit:
```

5.9.10 Group Plan Menu

The "GRPL" action allows you to access the *Group Plan Menu*. This menu includes three selections - Edit PLAN APPLICATION Sub-file (EPLA), Match Group Plan to a Pharmacy Plan (MGP), and Match Multiple Group Plans to a Pharmacy Plan (MMGP).

(A) Enter **GRPL** to access the *Group Plan Menu* option.

Example 5.9.10-1: Accessing Group Plan Menu

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//    GRPL   Group Plan Menu


                              --- Group Plan Menu ---

EPLA Edit PLAN APPLICATION Sub file
MGP  Match Group Plan to a Pharmacy Plan
MMGP Match Multiple Group Plans to a Pharmacy Plan

Select Item(s):
```

5.9.11 Eligibility Inquiry Option

The hidden "ELIG" Option accesses the *Eligibility Inquiry Option*, which allows the sites to verify pharmacy insurance for patients.

(A) When **ELIG** is entered at the "Select Action:" field, you will be prompted for the line item of the prescription you wish to display.

(B) You can edit the Relationship Code, Person Code, and Insurance Effective Date.

Example 5.9.11-1: Accessing Eligibility Inquiry Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen// ELIG   ELIG
Enter the line number for the claim to be submitted for Eligibility Verification
Select item: 1.1


You've chosen to VERIFY Eligibility of the following prescription for OPPATIENT,
SIX
  1.1   SIMETHICONE 40MG  02587542934 10/26 1100335$    0/000000003119 W RT AC/R
Are you sure?(Y/N)? YES
Relationship Code: 1//        CARDHOLDER
Person Code: 01//
Effective Date:  10/06/2010// 11/3/2010

Are you sure?(Y/N)? YES

Not submittable: Eligibility Payer Sheet Not Found.

Enter RETURN to continue or '^' to exit:
```

(C) When you enter **QUIT**, the system will return you to the *Further Research* Screen.

(D) When EX is entered at the "Select Action:" prompt from the Further Research Screen, the system will return to the ECME User Screen.

Example 5.9.11-2: Entering the EXIT Action from Further Research Screen

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:54          Page:    1 of   30
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                        Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/26 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
INS  Insurance details    CT   Claims Tracking      EVNT IB Events Report
VE   View Eligibility     TPJI Third Party Inquiry  GRPL Group Plan Menu
VP   View Prescription    OH   On Hold Copay List   EX   Exit
CMT  Add/View Comments    RH   Release Copay
Select action:Next Screen//  EX   Exit
```

5.10 Print Claim Log

The *Print Claim Log* option allows you to print a detailed history in reverse chronological order of the third party claims and responses.

(A) Enter the **LOG** action and a single prescription line item to view the claim log information for a prescription.

Example 5.10-1: Accessing the Print Claim Log Option

```
PHARMACY ECME                 Aug 12, 2005@02:40:34          Page:    1 of   81
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 30 day(s)
                                                      Sorted by: Patient Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/2055557898     Vet Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 1100335$    0/000000003119 W RT AC/R
      p-Rejected
      85:Claim Not Processed
      NN:Transaction Rejected At Switch Or Intermediary
      02:M/I Version/Release Number
      EV117-D0 IS INVALID VERSION NUMBER
  1.2   TRIAMTERENE 50MG, 00484359030 10/06 1100336$    0/000000003120 W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/07 1100337$    0/000000003122 W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/07 1100339$    0/000000003124 W RT AC/R
      p-Payable
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// LOG   Print Claim Log

Enter the line number for which you wish to print claim logs.
Select item: 5.1
```

(B) As the data pages print to your screen, there are options to print the information to a device (type **PRINT** and the device name) or exit (type **EXIT**) or continue to display information which is the default (press **<Enter>).**

Example 5.10-2: Displaying Claim Log Data for a Selected Prescription Line Item

```
PHARMACY ECME                Aug 22, 2005@13:58:50          Page:    1 of    7
Claim Log information

Pharmacy ECME Log

      VA Rx #: 909393$        Fill #: 0    ECME Claim Rx #: 1105635.00001
  Patient Name: ECMEpatient,One (0000)
     Submitted: JUN 15,2005@15:19:11
            By: ECMEuser,One
    VA Claim #: VA2005=1234567893=123456=0000502


+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                Sep 11, 2005@11:36:14          Page:    2 of    7
Claim Log information
+
Transaction Information (#661)-------------------------------------------------

Created on: JUN 15,2005@16:25:48
Submitted By: ECMEUSER,FOUR
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC: 00068-0011-10
ECME Pharmacy: XXXXXXXXX
Days Supply: 1
Qty: 1     Unit Price: .034     Total Price: 45

Insurance Name: WEBMD
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
Group ID: WEBMDTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient
+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                 Sep 11, 2005@11:39:07          Page:    3 of    7
Claim Log information
+
Plan ID: 8729
Payer Sheet IEN: WBTESTB1
B2 Payer Sheet IEN: WBTESTB2
B3 Rebill Payer Sheet: WBTESTB1
Certify Mode:
Cert IEN:

+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                 Sep 11, 2005@11:39:51          Page:    4 of    7
Claim Log information
+
Response Information (#661)----------------------------------------------------

Response Received: JUN 15,2005@16:25:49
Date of Service: 06/15/2005
Transaction Response Status: Paid
Total Amount Paid: $68.32
Reject code(s):
Message:
Additional Message:
DUR Response Info:
 +         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                 Sep 11, 2005@11:39:51          Page:    5 of    7
Claim Log information
+
Transaction Information (#659)-------------------------------------------------

Created on: JUN 15,2005@15:07:34
Transaction Type: REQUEST
Date of Service: 06/15/2005
NDC: 00068-0011-10
ECME Pharmacy: BAY PINES
Days Supply: 1
Qty: 1     Unit Price: .034     Total Price: 45

Insurance Name: WEBMD
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
Group ID: WEBMDTEST
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: One
Cardholder Last Name: ECMEpatient

 +         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

```
PHARMACY ECME                 Sep 11, 2005@11:42:41          Page:    6 of    7
Claim Log information
+
Plan ID: 8729
Payer Sheet IEN: WBTESTB1
B2 Payer Sheet IEN: WBTESTB2
B3 Rebill Payer Sheet: WBTESTB1
Certify Mode:
Cert IEN:

+         Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Next Screen// <Enter>
```

(C) After the last data page has displayed on your screen, pressing **<Enter>** will default to "QUIT" and the system returns to the ECME User Screen.

```
PHARMACY ECME                 Sep 11, 2005@11:43:01          Page:    7 of    7
Claim Log information
+
Response Information (#659)----------------------------------------------------

Response Received: JUN 15,2005@15:18:30
Date of Service: 06/15/2005
Transaction Response Status: Rejected
Total Amount Paid: $0
Reject code(s):
 NN:Transaction Rejected At Switch Or Intermediary
Message: NC40-Request from an unknown site.  Registration is required
Additional Message:
DUR Response Info:

          Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Quit// <Enter>   QUIT
```

5.11 Send to Worklist

The *Send to Worklist* action allows you to send rejected claims to the Pharmacy Worklist. Depending on Pharmacy settings, all or only claims with certain reject codes may be sent to the Pharmacy Worklist from the ECME User Screen.

Claims that have been closed will be displayed with "/Closed" after the status. Closed claims cannot be sent to the Pharmacy Work List. If you attempt to resubmit a claim that is closed, a message is displayed telling you that the claim "is closed and cannot be sent to the Pharmacy Work List."

(A) Enter **WRK** at the Select Action prompt, and a single line item for the claim you wish to send.

Example 5.11-1: Accessing the Send to Worklist Option, and Entering a Line Item.

```
PHARMACY ECME                 Jul 03, 2008@12:04:02          Page:    1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#           LOC/TYP RXINF
1   ECMEpatient,One    (XXXX) NON TRIC/          Vet Pb:0 Rj:6 AcRv:3 RjRv:2
  1.1   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
      p-Rejected
      07:M/I Cardholder ID
  1.2   JAPANESE ENCEPHAL  49281-0680-30 06/27 2055040$    0/000001614918 W RT **/N
      p-In progress- Parsing response
  1.3   JAPANESE ENCEPHAL  49281-0680-30 07/03 2055040$    1/000001614918 W RT DIS/N
      p-In progress- Parsing response
  1.4   OLANZAPINE 10MG T  00002-4117-30 06/29 2055048$    0/000001614926 W RT DIS/N
      p-In progress- Parsing response
  1.5   OLANZAPINE 10MG T  00002-4117-30 06/29 2055049$    0/000001614927 W RT **/N
      p-Reversal accepted/Closed
  1.6   OLANZAPINE 10MG T  00002-4117-30 07/03 2055049$    1/000001614927 W RT AC/N
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           EX  Exit
SO  Sort List             CMT Add/View Comments     WRK Send to Worklist
Select Action: Next Screen// wrk   Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.1
You've chosen to send to Pharmacy Work List the following:
  1.1   ALBUTEROL 0.5% IN  50383-0741-20 06/03 2054905$    1/000001614782 W RT **/R
Comment for Pharmacy : Needs to be resolved in Pharmacy.

Eligible claim(s) will be sent to the Pharmacy Worklist...

Are you sure?(Y/N)? y  YES
  1.1   ALBUTEROL 0.5% IN  50383-0741-20 07/03 2054905$    1/000001614782 W RT **/R
has been sent to the Pharmacy Work List.

Enter RETURN to continue or '^' to exit:

Updating screen...
```

(B) The system updates the ECME User Screen with the date, the status, any comments entered, and the name of the user who completed the action.

Example 5.11-2: The Updated User Screen

```
PHARMACY ECME                 Jul 03, 2008@12:04:48          Page:    1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                          Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#           LOC/TYP RXINF
1   ECMEpatient,One    (XXXX) NON TRIC/          Vet Pb:0 Rj:6 AcRv:3 RjRv:2
  1.1   ALBUTEROL 0.5% IN  50383-0741-20 06/03 2054905$    1/000001614782 W RT **/R
      07/23/08 - Sent to Pharmacy: Needs to be resolved in Pharmacy.
      (ECMEUSER,FOUR)
      p-Rejected
      07:M/I Cardholder ID
  1.2   JAPANESE ENCEPHAL  49281-0680-30 06/27 2055040$    0/000001614918 W RT **/N
      p-In progress- Parsing response
  1.3   JAPANESE ENCEPHAL  49281-0680-30 07/03 2055040$    1/000001614918 W RT DS/N
      p-In progress- Parsing response
  1.4   OLANZAPINE 10MG T  00002-4117-30 06/29 2055048$    0/000001614926 W RT DS/N
      p-In progress- Parsing response
  1.5   OLANZAPINE 10MG T  00002-4117-30 06/29 2055049$    0/000001614927 W RT **/N
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           EX  Exit
SO  Sort List             CMT Add/View Comments     WRK Send to Worklist
Select Action: Next Screen//
```

(C) If an invalid claim is selected, other messages may appear.

Example 5.11-3: Selected Claim Already on the Pharmacy Worklist

```
    1.15  TAZAROTENE 0.1% T  00023-0042-03 07/15 2055208$    0/000001615107 W RT AC/N
      07/15/08 - Sent to Pharmacy:testing
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           EX  Exit
SO  Sort List             CMT Add/View Comments     WRK Send to Worklist
Select Action: Next Screen// wrk   Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.15
You've chosen to send to Pharmacy Work List the following:
  1.15  TAZAROTENE 0.1% T  00023-0042-03 07/15 2055208$    0/000001615107 W RT AC/N
was ALREADY sent to the Pharmacy Work List.

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
```

Example 5.11-4: Selected Claim Doesn't Have an Eligible Reject Code

```
Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
       1.11 ALLOPURINOL 100MG  00364-0632-02 02/18 788538$     0/000001459640 W RT AC/N
doesn't have eligible reject code to be sent to the Pharmacy Work List.
```

Example 5.11-5: Selected Claim Has Not Been Rejected

```
Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
You've chosen to send to Pharmacy Work List the following:
       1.11 ACARBOSE 25MG TAB  00026-2863-51 03/03 788628$     0/000001459751 W RT DS/N
was not rejected and cannot be sent to the Pharmacy Work List.
```

Example 5.11-6: Selected Claim is Closed

```
1.22  ERYTHRITYL TETRAN  00223-0916-01 04/03 102028$     3/000000002403 W RT DL/N
      04/06/09 - RX DELETED
      (ECMEemployee, One)
      p-Rejected/Closed
      88:DUR Reject Error
  1.23  METHANTHELINE 50M  00014-1501-31 03/13 102029$     0/000000002404 W RT AC/N
      p-Rejected
      79:Refill Too Soon
+---------Enter ?? for more actions-------------------------------------------------
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// WRK   Send to Worklist

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s): 1.22
You've chosen to send to Pharmacy Work List the following:
  1.22  ERYTHRITYL TETRAN  00223-0916-01 04/03 102028$     3/000000002403 W RT DE/N
is closed and cannot be sent to the Pharmacy Work List.

Enter the line numbers for the claim(s) to send to the Pharmacy Worklist.
Select item(s):
```

5.12 Reopen Closed Claims (hidden action)

The *Reopen Closed Claims* hidden action allows you to reopen closed claims directly from the User Screen instead of having to access this functionality from the *ECME Transaction Maintenance Options* menu. The BPS MANAGER security key is required to use this option.

(A) Enter **ROC** at the "Select Action:" prompt to access the option, and select a line item.

Example 5.12-1: Accessing the Reopen Closed Claims Option

```
PHARMACY ECME                 Mar 27, 2009@16:26:50          Page:    1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
-#--PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#           LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR2/2055557898   Vet ALL payable
  1.1   DOXEPIN 25MG CAP   00839-7221-06 03/27 102105$     0/000000002484 W BB AC/R
      p-Payable
  1.2   METHAZOLAMIDE 50M  00005-5470-23 03/27 102106$     0/000000002485 W BB AC/R
      p-Payable
2   ECMEpatient,Two  (XXXX) OPINSUR1/             Vet Pb:53 Rj:28 AcRv:21 RjRv:6
  2.1   MEDROXYPROGESTRON  00009-0050-02 06/20 101171$     0/000000001521 W RT DS/N
      06/20/08 - Clarification Code 99 submitted.
      (ECMEuser,One)
      p-Reversal accepted
  2.2   RESERPINE 0.1MG S  98521-4587-02 03/26 101237A$    0/000000001695 C RT DS/R
      p- Rejected/Closed
  2.3   FUROSEMIDE 10MG/M  51079-0935-20 03/21 101646$     0/000000002014 W RT DS/N
+---------Enter ?? for more actions-----------------------------------------------
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen// ROC   ROC
Enter the line number for the claim you want to reopen.
Select item(s): 2.2

You've chosen to reopen the following prescriptions(s) for
ECMEpatient,One:
  2.2   RESERPINE 0.1MG S  98521-4587-02 03/26 101237A$    0/000000001695      C RT DS/R

All Selected Rxs will be reopened using the same information gathered in the
following prompts.


Are you sure?(Y/N)? YES
```

(B) You are prompted to enter Reopen Comments, after claim information is displayed. Once you enter a comment, you are asked if you want to reopen this claim.

Example 5.12-2: Entering Text Comment for Reopened Closed Claim

```
REOPEN COMMENTS: Claim reopened for new refill
ARE YOU SURE YOU WANT TO RE-OPEN THIS CLAIM? (Y/N)? No// YES
ReOpening Claim: VA2009=4000000016=105220=0005843 ... OK

1 claim has been reopened.


Enter RETURN to continue or '^' to exit: <Enter>
```

(C) Once the claim has been successfully reopened, the screen is updated and re-displayed.

Example 5.12-3: The User Screen is Updated and Re-Displayed

```
Updating screen for reopened claims...

PHARMACY ECME                 Mar 27, 2009@16:28:32          Page:    1 of   41
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                      Sorted by: Transaction date by default
-#--PATIENT/DRUG/COMMENTS   INSURANCE/NDC/FILL/RX#/ECME#           LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR2/2055557898   Vet ALL payable
  1.1   DOXEPIN 25MG CAP   00839-7221-06 03/27 102105$     0/000000002484 W BB AC/R
      p-Payable
  1.2   METHAZOLAMIDE 50M  00005-5470-23 03/27 102106$     0/000000002485 W BB AC/R
      p-Payable
2   ECMEpatient,Two  (XXXX) OPINSUR1/             Vet Pb:53 Rj:28 AcRv:21 RjRv:6
  2.1   MEDROXYPROGESTRON  00009-0050-02 03/20 101171$     0/000000001521 W RT DS/N
      06/20/08 - Clarification Code 99 submitted.
      (ECMEuser,One)
      p-Reversal accepted
  2.2   RESERPINE 0.1MG S  98521-4587-02 03/26 101237A$    0/000000001695 C RT DS/R
      p-Rejected
  2.3   FUROSEMIDE 10MG/M  51079-0935-20 03/21 101646$     0/000000002014 W RT DS/N
+---------Enter ?? for more actions-----------------------------------------------
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Next Screen//
```

5.13 Resubmit with Edits (hidden action)

The *Resubmit with Edits* hidden action allows you to edit previously rejected electronic pharmacy claims and to resubmit them with the edited information. The data fields that can be edited to enable resubmission are the Relationship Code, Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes, Patient Residence Code, Pharmacy Service Type Code and/or Delay Reason Code. If the claim selected is for secondary insurance, the Coordination of Benefits information can also be edited.

The relationship code describes the relationship this patient has to the holder of this insurance policy. The standard NCPDP Patient Relationship Code list follows. However, it is important to note that some payers use their own set of codes for this field, so the field should be populated based upon the payer's expectations.

0 Not Specified
1 Cardholder
2 Spouse
3 Child
4 Other

The Person Code is the specific person code assigned to the patient by the payer. The Prior Authorization number is the number submitted by the provider to identify the prior authorization. For more information on the Coordination of Benefits fields, see the Process Secondary/TRICARE Rx to ECME section of this document.

Claims that have been closed will be displayed with "/Closed" after the status. Closed claims cannot be resubmitted with edits. If you attempt to resubmit a claim that is closed, a message is displayed telling you that the claim is "Closed and cannot be Resubmitted w/Edits."

(A) Enter RED at the "Select Action:" prompt to choose the prescription line to resubmit.

Example 5.13-1: Accessing the Resubmit with Edits Option

```
PHARMACY ECME                 Aug 12, 2005@02:40:34          Page:    1 of   81
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 10 day(s)
                                                      Sorted by: Patient
Name
 #  PATIENT/DRUG/COMMENTS       INSURANCE/NDC/RX#/ECME#            LOC/TYP
RXINF
5   ECMEpatient,Two (XXXX)  WEBMD   /                Vet  ALL payable
  5.1   LEUCOVORIN 5MG/ML  00703-5140-01 08/12 10958860$   0/000009378798 W RT
AC/N
      p-Reversal rejected
6   ECMEpatient,One (XXXX) WEBMD   /                Vet  Pb:3 Rj:1 AcRv:1
RjRv:0
  6.1   GRANULEX SPRAY 4O  00514-0001-01 08/12 10958847    0/000009378705 W RT
AC/R
      p-Payable
  6.2   ACARBOSE 100MG TA  00026-2862-51 08/12 52536284    1/000009378782 W RT
DS/N
      03/20/06 - RX DISCONTINUED
      p-Rejected
      08:M/I Person Code
+         Enter ?? for more actions
CU  Continuous Update     REV Reverse Payable Claim FR  Further Research
UD  Display Update        RES Resubmit Claim        LOG Print Claim Log
CV  Change View           CLO Close Claim           WRK Send to Worklist
SO  Sort List             CMT Add/View Comments     EX  Exit
Select Action: Quit// RED   RED
```

(B) Enter the line number for the claim to be submitted.

Example 5.13-2: Entering the Line Item for the Claim Resubmission Request

```
Enter the line number for the claim to be resubmitted:
Select item: 6.2
```

(C) If you attempt to resubmit a primary claim when there is a payable secondary claim, you will see the following message, which will discontinue the claims resubmission process.

Example 5.13-3: Entering the Line Item for a Claim that has a Payable Secondary Claim

```
The claim:
 1.12  FLURAZEPAM 15MG C 00140-0065-14 03/04 102322$ 2/000000113596 W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.
```

(D) You can enter **Y** or **N** to the "ARE YOU SURE?" prompt. If you answer **Y**, the claim resubmission process will continue.

Example 5.13-4: Entering Yes to "Are You Sure" Prompt

```
You've chosen to RESUBMIT the following prescription for ECMEpatient, One
  1.2   LIDOCAINE 0.5% W/  00186-0140-01 07/09 100704$     1/000000000623 W RT AC/N
ARE YOU SURE? (Y/N)? No// YES
```

(E) You can edit the Relationship Code, Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes, Patient Residence Code, Pharmacy Service Type Code and/or Delay Reason Code.

Example 5.13-5: Editing Relationship Code, Person Code and Prior Authorization Prompt

```
Relationship Code: <Enter>
Person Code: 23
Prior Authorization Number: 00000000000//
Prior Authorization Type Code: 0//        NOT SPECIFIED
Submission Clarification Code 1: 5//        THERAPY CHANGE
Submission Clarification Code 2:
Patient Residence Code: 1//        HOME
Pharmacy Service Type Code: 1//        RETAIL
Delay Reason Code:
```

The Resubmit with Edits (RED) option will display the information that will be used to populate the Coordination of Benefit fields in the secondary claim. If any of the information is missing, the user will be required to edit the secondary claim information. If all the information is present, the user is given the option to edit the data that will be sent on the secondary claim. The user will also be able to enter the rate type for the secondary claim.

Example 5.13-6: Entering the secondary claim information with payment information

```
Data for Secondary Claim
------------------------
Insurance:  ECME INSURANCE2   COB: SECONDARY
Rate Type:  REIMBURSABLE INS.
Other Coverage Code:  02 (OTHER COVERAGE EXISTS - PAYMENT COLLECTED)
Other Payer Coverage Type:  01 (PRIMARY)
Other Payer ID Qualifier:  03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID:  123456
Other Payer Date:  Jun 28, 2010
Other Payer Paid Qualifier:  08 (SUM OF ALL REIMBURSEMENT)
Other Payer Amount Paid:  40.00

Do you want to edit this Secondary Claim Information (Y/N)? N// y  YES

    Insurance     COB  Subscriber ID Group      Holder   Effective  Expires
    ============= ==== ============= ========== ======== ========== ==========
 1  ECME INSURAN  PRI  12340987      T-GROUP1   PATIENT  10/20/2006 06/00/2011
 2  ECME INSURAN  SEC                D-GROUP1   PATIENT  07/09/2006 06/00/2011


SECONDARY INSURANCE POLICY: 2//   ECME INSURANCE1 (SECONDARY) - D-GROUP1
SELECT RATE TYPE: REIMBURSABLE INS.//     Who's Responsible: INSURER
OTHER COVERAGE CODE:  02//   OTHER COVERAGE EXISTS - PAYMENT COLLECTED
OTHER PAYER ID: 123456//
OTHER PAYER DATE:  Jun 28, 2010//
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES):  PAID AMOUNTS//
OTHER PAYER AMOUNT PAID QUALIFIER:  08//   SUM OF ALL REIMBURSEMENT
OTHER PAYER AMOUNT PAID:  (0-999999): 40.00//
```

Example 5.13-7: Entering the secondary claim information with reject information

```
Data for Secondary Claim
------------------------
Insurance:  DAVE INSURANCE    COB: SECONDARY
Rate Type:  REIMBURSABLE INS.
Other Coverage Code:  03 (OTHER COVERAGE EXISTS - THIS CLAIM NOT COVERED)
Other Payer Coverage Type:  01 (PRIMARY)
Other Payer ID Qualifier:  03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID:  610459
Other Payer Date:  Aug 16, 2010
Other Payer Reject Code:  34:M/I Submission Clarification Code
Other Payer Reject Code:  07:M/I Cardholder ID
Other Payer Reject Code:  JE:M/I Percentage Sales Tax Basis Submitted

Do you want to edit this Secondary Claim Information (Y/N)? N// y  YES

    Insurance     COB  Subscriber ID Group      Holder   Effective  Expires
    ============= ==== ============= ========== ======== ========== ==========
 1  DAVE INSURANC SEC  SI32432       D-GROUP1   PATIENT  05/09/2007


SECONDARY INSURANCE POLICY: 1//   DAVE INSURANCE (SECONDARY) - D-GROUP1
SELECT RATE TYPE: REIMBURSABLE INS.//     Who's Responsible: INSURER
OTHER COVERAGE CODE:  03//   OTHER COVERAGE EXISTS - THIS CLAIM NOT COVERED
OTHER PAYER ID: 610459//
OTHER PAYER DATE:  Aug 16, 2010//
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES):  REJECT CODES//
OTHER PAYER REJECT CODE: 34//        M/I Submission Clarification Code
OTHER PAYER REJECT CODE: 07//        M/I Cardholder ID
OTHER PAYER REJECT CODE: JE//        M/I Percentage Sales Tax Basis Submitted
OTHER PAYER REJECT CODE:
```

The Resubmit with Edits (RED) option will prompt if the claim is correct and if the claim should be submitted to the third party insurance. If the user answers 'Yes' to both of these prompts, the claim will be submitted. If the user chooses “No”, the action will be cancelled.

Example 5.13-8: Answering “Is the Claim Correct?” Prompt

```
IS THIS CLAIM CORRECT?(Y/N)? Y// ES
SUBMIT CLAIM TO ECME INSURANCE1 ?(Y/N)? Y// ES

Prescription 103689 successfully submitted to ECME for claim generation.
```

Example 5.13-9: Answering "Are you sure?" Prompt

```
Are you sure?(Y/N)? YES

Prescription 100003433A successfully submitted to ECME for claim generation.

Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Waiting for packet build
IN PROGRESS-Packet being built
IN PROGRESS-Transmitting
E PAYABLE



Prescription 100003433A successfully submitted to ECME for claim generation.
1 claim has been resubmitted.


Enter RETURN to continue or '^' to exit: <Enter>

Updating screen for resubmitted claim...
```

5.14 Exit (from ECME User Screen)

When **EXIT** or **QUIT** is entered at the "Select Action:" prompt, the system will return the user to the *ECME Main Menu.*

6. Accessing the ECME Pharmacy COB Menu

The *ECME Pharmacy COB Menu* option allows users to manually send claims to secondary insurance companies; generate primary claims for patients with dual eligibility; and view reports that support secondary billing and primary billing for TRICARE patients.

Example 6-1: Accessing the ECME Pharmacy COB Menu

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXXX VAMC                 *
               *                   Main Menu                  *
               ************************************************


   U      ECME User Screen
   COB    ECME Pharmacy COB ...
   MGR    Pharmacy ECME Manager Menu ...
   RPT    Pharmacy Electronic Claims Reports ...



Select ECME Option: MGR  Pharmacy ECME Manager Menu
```

Example 6-2: Displaying the ECME Pharmacy COB Menu

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXXXX VAMC                 *
               *          Pharmacy ECME Manager Menu          *
               ************************************************

   SEC    Potential Secondary Rx Claims Report
   TRI    Potential TRICARE Claims Report
   PRO    Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option:
```

6.1 Potential Secondary Rx Claims Report

The *Potential Secondary Rx Claims Report* is designed to help the OPECC (Outpatient Pharmacy Electronic Claims Coordinator) to identify potential Rx claims for a secondary insurance payer with pharmacy coverage, including both electronic and paper. This report will include prescription claims where the primary claim is payable or the primary claims has been rejected and closed. Below are some scenarios where a claim will not appear on the report:

- A prescription where the secondary claim is closed in ECME.
- A prescription where the secondary claim is payable in ECME.
- A prescription where the primary payer paid the full amount as there is no more revenue to collect from any other payers.

If a claim is determined to be electronically billable, the OPECC accomplishes this through the *Process Secondary/TRICARE Rx to ECME option.* If the claim must be

billed in paper format, the OPECC follows the current procedures for initiating a secondary bill with the billing staff.

(A) Access the *Potential Secondary Rx Claims Report* by entering **SEC** at the "ECME Pharmacy COB Option:" prompt on the ECME Pharmacy COB Menu.

Example 6.1-1: Accessing the Potential Secondary Rx Claims Report

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXXX VAMC                 *
               *      Pharmacy Electronic Claims Reports     *
               ***********************************************


   SEC    Potential Secondary Rx Claims Report
   TRI    Potential TRICARE Claims Report
   PRO    Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option: SEC  Potential Secondary Rx Claims Report
```

(B) After you have selected one, many, or all divisions and a date range, choose your primary (required) and secondary (optional) sort criteria.

Example 6.1-2: Generating the Potential Secondary Rx Claims Report

```
SELECTION CRITERIA
     Select one of the following:

          D         DIVISION
          A         ALL

Select Certain Pharmacy (D)ivisions or (A)LL: ALL

EARLIEST DATE: t  (APR 14, 2009)
  LATEST DATE: T// <ENTER>  (APR 14, 2009)
SORT CRITERIA
Primary Sort:  (N/P/S/D): Division// ??

Enter a code from the list to indicate the Primary sort order.
     Select one of the following:

          N         Patient Name
          P         Payer
          S         Date Of Service
          D         Division
Primary Sort:  (N/P/S/D): Division// <ENTER>
Secondary Sort:  (N/P/S): <ENTER>
DEVICE: HOME// <ENTER>  UCX/TELNET    Right Margin: 80// <ENTER>

Collecting Potential Secondary data.
Enter RETURN to continue or '^' to exit: <ENTER>
```

```
================================================================================
Potential Secondary Rx Claims Report     4/14/09 - 4/14/09             Page: 1
Selected Divisions: ALL
Sorted By: Division;
Bill#      RX#       Fill Patient            PatID  COB Date     Payers
--------------------------------------------------------------------------------
Division: XXXXXX
K9000LG    102179    4    ECMEpatient,One    0000   p   4/14/09  ECME INSURANCE1
                                                    t            ECME INSURANCE2
K0000QD    2055862   0    ECMEpatient,One    0000   p   7/13/10  ECME INSURANCE1
                                                    s            ECME INSURANCE2
                                                    -            ECME INSURANCE3
(P) Rej    2055865   0    ECMEpatient,One    0000   p   7/13/10  ECME INSURANCE1
                                                    s            ECME INSURANCE2
                                                    t            ECME INSURANCE3
(P) Rej    2055866   0    ECMEpatient, Two   4444   p   7/14/10  ECME INSURANCE1
                                                    s            ECME INSURANCE2

Bill# "(P) Rej" indicates a rejected/closed primary ECME claim
COB "-" indicates a blank COB field in the pt. ins. policy
```

6.2 Potential TRICARE Claims Report

The *Potential TRICARE Claims Report* attempts to identify potential pharmacy claims for TRICARE payers. This report includes prescriptions that have been released, but have not yet been billed for any patient with dual eligibility (Veteran and TRICARE) who has an active insurance plan with pharmacy coverage and a Type of Plan of TRICARE. If the Claims Tracking entry for the specific prescription/fill is identified as being non-billable, then it will not appear on this report.

If a claim is determined to be electronically billable, the OPECC can submit the prescription through the Process Secondary/TRICARE Rx to ECME option. All TRICARE prescription claims must be billed electronically. TRICARE will **not** accept prescription claims submitted in a paper format.

(A) Access the *Potential TRICARE Claims Report* by entering **TRI** at the "ECME Pharmacy COB Option:" prompt on the ECME Pharmacy COB Menu.

Example 6.2-1: Accessing the Potential TRICARE Claims Report

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                 *
               *      Pharmacy Electronic Claims Reports     *
               ***********************************************


   SEC    Potential Secondary Rx Claims Report
   TRI    Potential TRICARE Claims Report
   PRO    Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option: TRI  Potential TRICARE Claims Report
```

(B) After you have selected one, many, or all divisions and a date range, choose your primary (required) and secondary (optional) sort criteria.

Example 6.2-2: Generating the Potential TRICARE Claims Report

```
     Select one of the following:

          D         DIVISION
          A         ALL

Select Certain Pharmacy (D)ivisions or (A)LL: ALL

EARLIEST DATE: t-10  (APR 06, 2009)
  LATEST DATE: T//   (APR 16, 2009)
SORT CRITERIA
Primary Sort:  (N/P/S/D): Division//
Secondary Sort:  (N/P/S):
DEVICE: HOME// ;;9999  TELNET TERMINAL

Collecting TRICARE data.
Enter RETURN to continue or '^' to exit:
```

```
================================================================================
Potential TRICARE Rx Claims Report     4/6/09 - 4/16/09               Page: 1
Selected Divisions: ALL
Sorted By: Division;
RX#        Fill Date    Patient          PatID  COB Elig  Payers
--------------------------------------------------------------------------------
Division: XXXXX  VAMC
2055249  0    4/9/09  ECMEpatient,One     1234  p   NSC   SH TRICARE -111 MAIN
                                                   TRIC

2055249  0    4/9/09  ECMEpatient,One     1234  p   TRIC  SH TRICARE - 111 MAIN S
2055249  0    4/9/09  ECMEpatient,One     1234  s   TRIC  EPHARM INSURANCE - 123
2055250  0    4/9/09  ECMEpatient,One     1234  p   TRIC  SH TRICARE - 111 MAIN S
2055250  0    4/9/09  ECMEpatient,One     1234  s   TRIC  EPHARM INSURANCE - 123
2055242  1    4/16/09 ECMEpatient,Two     5678  p   TRIC  SH TRICARE - 111 MAIN S
2055244  1    4/16/09 ECMEpatient,One     1234  p   TRIC  SH TRICARE - 111 MAIN S
2055244  1    4/16/09 ECMEpatient,One     1234  s   TRIC  EPHARM INSURANCE - 123
2055253  0    4/16/09 ECMEpatient,Two     5678  p   TRIC  SH TRICARE - 111 MAIN S
2055254  0    4/16/09 ECMEpatient,Two     5678  p   TRIC  SH TRICARE - 111 MAIN S
2055255  0    4/16/09 ECMEpatient,One     1234  p   TRIC  SH TRICARE - 111 MAIN S
2055255  0    4/16/09 ECMEpatient,One     1234  s   TRIC  EPHARM INSURANCE - 123
```

6.3 Process Secondary/TRICARE Rx to ECME

The *Process Secondary/TRICARE Rx to ECME* option allows the OPECC to submit claims for prescriptions/refills that were entered for Secondary claims, TRICARE patients or patients with dual eligibility (Veteran and TRICARE). These claims are identified using the Potential Secondary Rx Claims Report and Potential TRICARE Claims Report.

This option submits the claim to the third party payer. Any further processing on the claim must then be done through the actions available on the ECME User Screen.

When processing a claim for TRICARE and dual eligibility patients, users will be asked for the patient's name, the fill/refill number from the list provided, and an appropriate billing Rate Type. If the user selects a TRICARE Rate Type (TRICARE or TRICARE REIMB. INS.), the claim will be processed as a TRICARE claim. If the user selects a Reimbursable Insurance type, it will be processed as a regular non-TRICARE claim.

Claims can also be resubmitted using the *Process Secondary/TRICARE RX to ECME* option. Secondary Claims that are rejected by insurance companies because of missing or incorrect data received, or Primary Claims that have been rejected or reversed, may be resubmitted. This option is not intended to use for Payable claims. Payable claims must be reversed using the Reverse Payable Claim Action on the ECME User Screen before they can be resubmitted via this option. Information previously entered for the claim will appear as the defaults.

You must hold the BPSUSER key to use the *Process Secondary/TRICARE Rx to ECME* option.

(A) Access the *Process Secondary/TRICARE Rx to ECME* option by entering **PRO** at the "ECME Pharmacy COB Option:" prompt on the ECME Pharmacy COB Menu.

Example 6.3-1: Accessing the Process Secondary/TRICARE Rx to ECME option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                XXXXXX VAMC                  *
               *      Pharmacy Electronic Claims Reports     *
               ***********************************************


   SEC    Potential Secondary Rx Claims Report
   TRI    Potential TRICARE Claims Report
   PRO    Process Secondary/TRICARE Rx to ECME

Select ECME Pharmacy COB Option: PRO  Process Secondary/TRICARE Rx to ECME
```

6.3.1 Submitting Secondary Claims

(A) The Process Secondary/TRICARE Rx to ECME (PRO) option will prompt for a Rx#.
(B) The Process Secondary/TRICARE Rx to ECME (PRO) option will display the Rx information to allow the user to ensure the correct Rx# was entered and prompt the user to confirm they wish to continue.
(C) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select a fill/refill from the list provided by the software.
(D) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user to select the Payer Sequence to bill (primary or secondary).
(E) The Process Secondary/TRICARE Rx to ECME (PRO) option will ask the user if they wish to edit the insurance company data. If the user enters YES to this prompt, they will be able to edit the user's insurance via the Patient Insurance Information Screen

Example 6.3.1-1: Initial Prompts for the Process Secondary/TRICARE Rx to ECME option

```
Select PRESCRIPTION RX #: 10030       LIDOCAINE 0.5% W/EPI INJ MDV

 Patient                RX#         Drug Name                 RX Status
 ECMEPatient,, Two         10030       LIDOCAINE 0.5% W/EPI INJ  ACTIVE

DO YOU WANT TO CONTINUE?(Y/N)? Y// ES

RX #10030 has the following fills:

   Fill   Date
   ====   ==========
   0      07/02/2010
   1      10/12/2010


SELECT A FILL TO BILL: 07/02/2010

Select payer sequence for billing:

   1  PRIMARY
   2  SECONDARY


SELECT PAYER SEQUENCE: 2  SECONDARY
Drug name     NDC           Date  RX#           REF#         TYPE      STATUS
================================================================================
```

```
LIDOCAINE 0.  00186014001   09/10 10030$      0/0003098      W RT **/R REJECTED

There is an existing rejected/reversed secondary e-claim(s) for the RX/refill.
Do you want to submit a new secondary claim(Y/N)? N// YES
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// O

Data for Secondary Claim
------------------------
Insurance:  INSURANCE3    COB: SECONDARY
Rate Type:  REIMBURSABLE INS.
Other Coverage Code:  02 (OTHER COVERAGE EXISTS - PAYMENT COLLECTED)
Other Payer Coverage Type:  01 (PRIMARY)
Other Payer ID Qualifier:  03 (BANK INFORMATION NUMBER (BIN))
Other Payer ID:  123456
Other Payer Date:  Oct 15, 2010
Other Payer Paid Qualifier:  07 (DRUG BENEFIT)
Other Payer Amount Paid:  40.00

Do you want to edit this Secondary Claim Information (Y/N)? N// YES

    Insurance     COB  Subscriber ID Group      Holder   Effective  Expires
    ============= ==== ============= ========== ======== ========== ==========
 1  INSURANC2     PRI  AAA           INS.       PATIENT  03/10/2010
 2  INSURAN3      SEC  54873579430   GR         PATIENT  03/26/2010


SECONDARY INSURANCE POLICY: 2//   INSURANCE3 (SECONDARY) - BRIAN'S GRP
SELECT RATE TYPE: REIMBURSABLE INS.//     Who's Responsible: INSURER
OTHER COVERAGE CODE:  02//   OTHER COVERAGE EXISTS - PAYMENT COLLECTED
OTHER PAYER ID: 123456//
OTHER PAYER DATE:  Oct 15, 2010//
Edit Paid Amounts or Reject Codes (PAID AMOUNTS/REJECT CODES):  PAID AMOUNTS//
OTHER PAYER AMOUNT PAID QUALIFIER:  07//   DRUG BENEFIT
OTHER PAYER AMOUNT PAID:  (0-999999): 40.00//
OTHER PAYER AMOUNT PAID QUALIFIER:

IS THIS CLAIM CORRECT?(Y/N)? Y// ES
SUBMIT CLAIM TO INSURANCE3 ?(Y/N)? Y// ES


Prescription 10030 successfully submitted to ECME for claim generation.

Processing Secondary claim...

Claim Status:
IN PROGRESS-Building the claim
IN PROGRESS-Building the HL7 packet
IN PROGRESS-Transmitting
E PAYABLE
```

6.3.2 Submitting Primary Claims for TRICARE and Dual Eligibility Patients

This section shows an example of how the option can be used to submit claims for prescriptions/refills entered for TRICARE patients or patients with dual eligibility (Veteran and TRICARE) and that were identified by the *Potential TRICARE Claims Report.*

When processing a claim for TRICARE and dual eligibility patients, users are asked for patient's name and the fill/refill from the list provided by the software.

Example 6.3.2-1: Prompt for the Process Secondary/TRICARE Rx to ECME option

```
Select ECME Pharmacy COB Option: PRO  Process Secondary/ TRICARE Rx to ECME
Select PRESCRIPTION RX #: 103027       BETHANECHOL 10MG TAB

 Patient                         RX#         Drug Name                 RX Status
 ECMEpatient,One    103027       BETHANECHOL 10MG TAB                  ACTIVE

DO YOU WANT TO CONTINUE?(Y/N)? Y// ES

RX #103027 has the following fills:

   Fill   Date
   ====   ==========
   0      10/27/2009


SELECT A FILL TO BILL: 0  10/27/2009

Select payer sequence for billing:

   1  PRIMARY
   2  SECONDARY


SELECT PAYER SEQUENCE: 1  PRIMARY

SELECT RATE TYPE: ?
 Answer with RATE TYPE NUMBER, or NAME
 Do you want the entire 17-Entry RATE TYPE List? y  (Yes)
   Choose from:
   1            CRIME VICTIM  Who's Responsible: INSURER
   2            DENTAL  Who's Responsible: PATIENT
   3            HUMANITARIAN  Who's Responsible: PATIENT
   4            INTERAGENCY  Who's Responsible: OTHER (INSTITUTION)
   5            MEANS TEST  Who's Responsible: PATIENT
   6            MEDICARE ESRD  Who's Responsible: OTHER (INSTITUTION)
   7            NO FAULT INS.  Who's Responsible: INSURER
   8            REIMBURSABLE INS.  Who's Responsible: INSURER
   9            SHARING AGREEMENT  Who's Responsible: OTHER (INSTITUTION)
   10           TORT FEASOR  Who's Responsible: INSURER
   11           WORKERS' COMP.  Who's Responsible: INSURER
   12           CATEGORY C  Who's Responsible: PATIENT
   13           CHAMPVA REIMB. INS.  Who's Responsible: INSURER
   14           CHAMPVA  Who's Responsible: INSURER
   15           TRICARE REIMB. INS.  Who's Responsible: INSURER
   16           TRICARE  Who's Responsible: INSURER
   17           INELIGIBLE  Who's Responsible: PATIENT

SELECT RATE TYPE: 15  TRICARE REIMB. INS.  Who's Responsible: INSURER
DO YOU WISH TO ADD/EDIT INSURANCE COMPANY DATA FOR THIS PATIENT?(Y/N)? N// NO


  Insurance      COB  Subscriber ID Group      Holder    Effective  Expires
  ============== ==== ============= ========== ========= ========== ==========
  EXPRESS SCRIP  PRI  XXXXXX            DODA  PATIENT   12/27/2008


PRIMARY INSURANCE POLICY: SH TRICARE (PRIMARY) - TRICARE PLAN
SUBMIT CLAIM TO SH TRICARE ?(Y/N)? Y// y  YES

TRICARE Prescription 2055242 submitted to ECME for claim generation.
```

7 Accessing the Pharmacy ECME Manager Menu

The *Pharmacy ECME Manager Menu* option allows Automated Data Processing Application Coordinators (ADPAC) and Information Resources Management Service (IRMS) to configure the Electronic Claims Management Engine (ECME) system with pharmacy site-specific options. It is accessed by entering **MGR** at the "Select ECME Option:" prompt on the *ECME Main Menu* option.

You must hold the BPS MANAGER key to view the *Pharmacy ECME Manager Menu* option.

Example 7-1: Accessing the Pharmacy ECME Manager Menu Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXXX VAMC                 *
               *                   Main Menu                  *
               ************************************************


   U      ECME User Screen
   COB    ECME Pharmacy COB ...
   MGR    Pharmacy ECME Manager Menu ...
   RPT    Pharmacy Electronic Claims Reports ...


Select ECME Option: MGR  Pharmacy ECME Manager Menu
```

Example 7-2: Displaying Pharmacy ECME Manager Menu Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXXXX VAMC                 *
               *          Pharmacy ECME Manager Menu          *
               ************************************************


   MNT    ECME transaction maintenance options ...
   SET    Pharmacy ECME Setup Menu ...
   STAT   Statistics Screen


Select Pharmacy ECME Manager Menu Option:
```

You must hold the BPSMENU and BPS MANAGER keys to view the *Statistics Screen (STAT)* and *ECME transaction maintenance options (MNT)* options. You must also hold the BPS MASTER key to view the *Edit Basic ECME Parameters (BAS)*, the *Edit ECME Pharmacy Data (PHAR)*, the *Register Pharmacy with Austin Information Technology Center (REG)*, and the *Pharmacy ECME Setup Menu (SET)* options.

7.1 ECME Transaction Maintenance Options

This option provides functionality that provides unique programmatic solutions to address ECME processing requirements. The only option identified so far is the functionality to unstrand claims.

Example 7.1-1: Accessing the ECME Transaction Maintenance Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *          Pharmacy ECME Manager Menu          *
               ************************************************



   MNT    ECME transaction maintenance options ...
   SET    Pharmacy ECME Setup Menu ...
   STAT   Statistics Screen



Select Pharmacy ECME Manager Menu Option: MNT  ECME transaction maintenance
options
```

```
              ************************************************
              * Electronic Claims Management Engine (ECME) v1.0 *
              *                    XXXXX VAMC                  *
              *              BPS MENU MAINTENANCE              *
              ************************************************



   UNS    View/Unstrand Submissions Not Completed
   ROC    Re Open CLOSED Claim
   NON    Drugs non covered report

Select ECME transaction maintenance options Option:
```

7.1.1 View/Unstrand Submissions Not Completed

This option provides you with options to override any current transmission status of claims that have not reached the point of completion to a status of "Done".

When a claim is unstranded via this option, the status of the claim is changed to 'E UNSTRANDED' for billing requests and 'E REVERSAL UNSTRANDED' for reversals. This status message is displayed on the ECME User Screen, the Further Research menu, the Developer Log action of the ECME user screen, and the Recent Transaction report.

Even though you perform the *View/Unstrand Submissions Not Completed* option, the final adjudicating payer claim status of either 'Payable' or 'Rejected' will not be known unless further action is taken on the claim. This will require manual intervention for the claim to be resubmitted to the adjudicating payer after this option is run.

(A) Enter **UNS** at the "Select ECME transaction maintenance options Option:" to access the unstrand options.

Example 7.1.1-1: Accessing the View/Unstrand Submissions Not Completed Option

```
   UNS    View/Unstrand Submissions Not Completed
   ROC    Re Open CLOSED Claim
   NON    Drugs non covered report

Select ECME transaction maintenance options Option: UNS  View/Unstrand
Submissions Not Completed

Please be aware that if there are submissions appearing on the ECME User Screen
with a status of 'In progress - Transmitting', then there may be a problem
with HL7 or with system connectivity with the Austin Automation Center (AAC).
Please contact your IRM to verify that connectivity to the AAC is working
and the HL7 link BPS NCPDP is processing messages before using this option
to unstrand submissions with a status of 'In progress - Transmitting'.

Do you want to continue? NO//
```

(B) You will be prompted for a date range to display all stranded claims. The system will accept a date range with or without a time attached to it.

- First Transaction Date: If a date only is entered for a start date, the system will assume the start date is the date entered and the time will be the beginning of the 24 hour clock (.0001) otherwise the system will accept the entered time parameter.

- Last Transaction Date: If a date only is entered for the ending date range, the system will assume the ending of a 24 hour clock (.2359) except if you enter the current date. If you enter today's date as the ending date of the date range, the system will automatically assign the ending time to be 30 minutes prior to the current time to ensure that you do not interrupt any transmissions that may be currently processing.

Example 7.1.1-2: Entering Date Range for View/Unstrand Submissions Not Completed Option

```
FIRST TRANSACTION DATE: // T-120
LAST TRANSACTION DATE: T// T
Please wait...
```

Example 7.1.1-3: Displaying the View/Unstrand Submissions Not Completed Actions

```
ECME UNSTRAND SUBMISSIONS     Oct 08, 2010@15:12:08          Page:    1 of    1
Submissions Stranded from 09/28/2010 through 10/08/2010
Sorted by Transaction Date

 ## Trans DT   Patient Name         ID   Extern RX #  RF DOS        Ins Co
```

```
                                *** CLAIMS ***
  1 10/07/2010 ECMEpatient,One      2637 101297        1 06/24/2009 AETNA
    In Progress - Done
  2 10/07/2010 ECMEpatient,One      2637 101320        1 04/27/2009 AETNA
    In Progress - Done
  3 10/07/2010                      2637 1100349       0 10/07/2010 AETNA
    In Progress - Processing request
                              *** REVERSALS ***
  4 10/07/2010 ECMEpatient,One      2637 101298        1 06/25/2009 AETNA
    In Progress - Done
                         *** ELIGIBILITY INQUIRIES ***
  5 10/08/2010 ECMEpatient,One      2637                 10/08/2010 AETNA
    In Progress - Parsing response



          Enter ?? for more actions
>>>
ALL Unstrand Current Submissions        PRT Print Current Submissions
SEL Select Submissions to Unstrand      EX  Exit
```

7.1.2 REOPEN a CLOSED ECME Claim

The *Reopen a Closed Claim* option allows you to reopen an electronic claim after it has been Closed. The prescription can be Released or Not Released. You are prompted to enter a patient name and date range to select closed claims by date of service. Once a claim is Reopened, you may resubmit the claim to the payer for payment.

(A) Enter **ROC** at the "Select ECME transaction maintenance options Option:" to access the Re Open CLOSED Claim option.

Example 7.1.2-1: Accessing the Re Open CLOSED Claim Option

```
   UNS    View/Unstrand Submissions Not Completed
   ROC    Re Open CLOSED Claim
   NON    Drugs non covered report


Select ECME transaction maintenance options Option: ROC  Re Open CLOSED Claim
```

(B) You will be prompted for a patient name.

Example 7.1.2-2: Entering Patient Name to Display Closed Claims for this Option

```
   Select PATIENT NAME: ECMEpatient,One          6-1-60    666006666
   NSC VETERAN
```

(C) You will be prompted for a date range for the dates of service of closed claims.

Example 7.1.2-3: Entering Dates of Service for Closed Claims Listing

```
   START WITH DATE:TODAY//6/13/06 (Jun 13, 2006)
      GO TO DATE:TODAY//T  (JUL 05, 2006)
```

(D) Enter **R**eopen and choose the line item of the closed claim that will be reopened.

Example 7.1.2-4: Choosing to Reopen a Closed Claim and Selecting a Line Item

```
REOPEN CLOSED CLAIM           Jul 05, 2006@15:29:21          Page:    1 of    1

PATIENT: ECMEpatient,One     (XXXX)     Closed claims from 07/05/06 to 07/05/06

#    DRUG               NDC           FILL  RX#         REF/ECME# LOC RX INFO
1    RESERPINE 0.25MG   00083-0036-45 07/05 100004093$  0/000000504727 W   RT
AC/R



          Enter ?? for more actions
RE  Reopen Claim          EX  Exit
Select action:Quit// R   Reopen Claim
Select item: 1
```

(E) You are prompted to enter a text comment, Reopen Comments, after claim information is displayed.

Example 7.1.2-5: Entering Text Comment for Reopened Closed Claim

```
   PATIENT NAME: ECMEpatient,One    RX#: 100000000$ 0    DRUG: RESERPINE 0.25MG
   CLOSED  JUL 5,2006@15:13:42
    ECME#: 00000504727, FILL DATE: JUL 5,2006, RELEASE DATE: JUL
5,2006@15:12:11
    PLAN: HIPPA05 INSURANCE: MEDCO
    CLOSE REASON: REFILL TOO SOON
    DROP TO PAPER: NO
    CLOSE USER: ECMEuser,One

You have selected the CLOSED electronic claim listed above.

REOPEN COMMENTS: Claim reopened for new refill
```

Example 7.1.2-6: Entering Yes to "Are You Sure" Prompt

```
ARE YOU SURE YOU WANT TO RE-OPEN THIS CLAIM? (Y/N)? No// YES
ReOpening Claim: VA2006=1712884=000014=0006687 ... OK

1 claim has been reopened.
Enter RETURN to continue or '^' to exit:
```

7.1.3 Drugs Non Covered Report

The *Drugs non covered report* option allows you to print non covered drugs, sorted by group plans and reject codes. This report can be used to check the status of the drugs not covered by plans. The Drug Non Covered Recheck Period and Non Covered Reject Codes parameters can be entered, changed, and deleted through the Integrated Billing option, MCCR Site Parameter Display/Edit.

(A) Enter **NON** at "Select ECME transaction maintenance options Option:" to access the Drugs non covered report.

Example 7.1.3-1: Printing the Drugs Non Covered Report for All Group Plans and All Reject Codes

```
   UNS    View/Unstrand Submissions Not Completed
   ROC    Re Open CLOSED Claim
   NON    Drugs non covered report


Select ECME transaction maintenance options Option: NON    Drugs non covered
report

     Select one of the following:

          G         GROUP PLAN
          A         ALL

Display Specific (G)roup plan or (A)LL: ALL// <ENTER>   ALL

     Select one of the following:

          R         REJECT CODE
          A         ALL

Display Specific (R)eject Code or (A)LL: ALL// <ENTER>   ALL

DEVICE: HOME// <ENTER>  UCX/TELNET    Right Margin: 80// <ENTER>

                                                                  PAGE: 1
                        DRUGS NOT COVERED BY PLANS
              TIMEFRAME TO RECHECK THE NOT COVERED STATUS = 15 DAYS
                      REJECTED CODE: ALL  GROUP PLAN: ALL
NDC#          DRUG NAME         REJECT INSURANCE     GROUP     LAST DATE ACTIVE?
                                CODE                 NUMBER    REJECTED
================================================================================
00603-5043-21 PAPAVERINE HCL 15 70     NON TRICARE T 123123    07/30/08  Yes
57664-0397-18 METFORMIN HCL 500 70     ECMEInsurance,One 10001     06/11/08  No
57664-0397-18 METFORMIN HCL 500 1Z     ECMEInsurance,One 10001     06/11/08  No
Press RETURN to continue, '^' to exit:
```

7.2 Pharmacy ECME Setup Menu

The *Pharmacy ECME Setup Menu* option allows the ADPAC or IRMS to configure ECME to VAMC specifications.

You must hold the BPSMENU, BPS MANAGER, and BPS MASTER keys to view the *Pharmacy ECME Setup Menu (SET)* option.

Access the menu by entering "**SET"** at the "Select Pharmacy ECME Setup Menu Option:" prompt in the *Pharmacy ECME Manager Menu* option.

Example 7.2-1: Accessing the Pharmacy ECME Manager Menu Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                    XXXX VAMC                  *
               *          Pharmacy ECME Manager Menu           *
               ***********************************************
   MNT    ECME transaction maintenance options ...
   SET    Pharmacy ECME Setup Menu ...
   STAT   Statistics Screen

Select Pharmacy ECME Manager Menu Option: SET  Pharmacy ECME Setup Menu
```

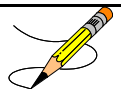
You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.

Example 7.2-2: Pharmacy ECME Setup Menu Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                XXXXXXX VAMC                  *
               *           Pharmacy ECME Setup Menu           *
               ************************************************

   BAS    Edit Basic ECME Parameters
   PHAR   Edit ECME Pharmacy Data
   REG    Register Pharmacy with  Austin Information Technology Center

Select Pharmacy ECME Setup Menu Option:
```

7.2.1 Edit Basic ECME Parameters

The *Edit Basic ECME Parameters* option allows the ADPAC or IRMS to determine how data will be input to ECME.



This option should not be used after the initial setup unless any of the information changes for the pharmacy.

Access the menu by entering **BAS** at the "Select Pharmacy ECME Setup Menu Option:" prompt in the *Pharmacy ECME Setup Menu* option.

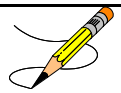
Example 7.2.1-1: Accessing the Edit Basic ECME Parameters Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                XXXXXX VAMC                   *
               *           Pharmacy ECME Setup Menu           *
               ************************************************

   BAS    Edit Basic ECME Parameters
   PHAR   Edit ECME Pharmacy Data
   REG    Register Pharmacy with Austin Information Technology Center

Select Pharmacy ECME Setup Menu Option: BAS  Edit Basic ECME Parameters
```

The Edit Basic ECME Parameters option allows you to enter/edit the number of seconds that the Outpatient Pharmacy application waits for a response to come back from the third party payer. As delivered, the system will have a default timeout of 10 seconds but it is up to each site to determine how long their pharmacists wait for a response from the payer. The ECME timeout can be populated once the system is installed. After this

amount of time has passed, claims processing will continue but you will not see messages indicating the process.

This option will prompt for the Default Eligibility Pharmacy. Once entered, this Pharmacy will be placed on the NCPCP Eligibility Verification request when it is initiated by the new option in IB.

	One important reason for this is because of DUR (Drug Utilization Review) /79 rejects. If the payer indicates that there is a problem with the drug (e.g., overdose), the pharmacists will have to act on that response.

This option also allows you to set the "Insurer Asleep" interval time and number of retries. The Insurer Asleep Interval parameter allows an input between 0 and 29 minutes with a default of 20. The Insurer Asleep Retries parameter allows an input between 0 and 99 retries with a default of 10. If either the Insurer Asleep Interval or the Insurer Asleep Retries parameter is set to 0, the functionality will be disabled. If the user does disable this functionality, any claims that are in an Insurer Asleep state will automatically be resubmitted to the payer.

Occasionally, Emdeon or the third-party payer will return a reject code indicating that the destination system is not available. As one example, the third-party payer may be down for regular system maintenance and any claims submitted during this time will be rejected. When this situation does occur, Emdeon or the third-party payer will generally return one or more of the NCPCP system processing reject codes shown in the table below. These reject codes are automatically resubmitted by ECME at the intervals specified in the "insurer asleep" parameter.

Reject Code	**Explanation**
90	Host Hung Up
91	Host Response Error
92	System Unavailable/Host Unavailable
95	Time Out
96	Scheduled Downtime
97	Payer Unavailable
98	Connection To Payer Is Down

Example 7.2.1-2: Entering Edit Basic ECME Parameters

```
Select Pharmacy ECME Setup Menu Option: BAS  Edit Basic ECME Parameters

Edit Pharmacy ECME configuration

ECME timeout? (0 to 30 seconds): 30//
Insurer Asleep Interval (0 to 29 minutes): 5//
Insurer Asleep Retries (0 to 99): 3//
Default Eligibility Pharmacy: PHARMACY-1//
```

7.2.2 Edit ECME Pharmacy Data

The *Edit ECME Pharmacy Data* option enables pharmacy users to edit specific parameters that affect the electronic submission of third party prescription claims. The pharmacy site will use this option to control whether the transmission of prescriptions to the CMOP dispensing site will automatically submit electronic third party prescription claims to the insurance payers. This option is also where the pharmacy site will set the parameter of how many days will pass before a reversal is automatically processed for a non-released prescription.

You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.

Access the option by entering **PHAR** at the "Select Pharmacy ECME Manager Menu Option:" prompt in the *Pharmacy ECME Manager Menu* option.

Example 7.2.2-1: Accessing the Edit ECME Pharmacy Data Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                XXXXXX VAMC                  *
               *           Pharmacy ECME Setup Menu          *
               ***********************************************

   BAS    Edit Basic ECME Parameters
   PHAR   Edit ECME Pharmacy Data
   REG    Register Pharmacy with Austin Information Technology Center

Select Pharmacy ECME Manager Menu Option: PHAR  Edit Pharmacy ECME Pharmacy
Data
```

Example 7.2.2-2: Entering Edit ECME Pharmacy Data Options

```
Select BPS PHARMACIES NAME: XXXXXX VAMC PHARMACY

NAME: XXXXXX VAMC PHARMACY
STATUS: ACTIVE
NCPDP #: 1111111
NPI: 1234567893
Select OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
  OUTPATIENT SITE: XXXXXX VAMC PHARMACY // <ENTER>
Select OUTPATIENT SITE:  <ENTER>
CMOP SWITCH: CMOP ON// <ENTER>
AUTO-REVERSE PARAMETER: 0// 5
DEFAULT DEA #: AG12345
```

The following table describes the Edit ECME Pharmacy Data option fields:

Table 7.2.2-1: Description of Edit ECME Pharmacy Data Option Fields

Entry	Description
BPS PHARMACIES NAME	Pharmacy in a specific VAMC (Department of Veterans Affairs Medical Center) database. The pharmacy user may enter a new BPS pharmacy, which must be 3-30 alphabetical characters.
NAME	Display-only field that displays the full pharmacy name entered.
NCPDP #	A 7-digit number assigned to the specified pharmacy by the National Council for Prescription Drug Programs (NCPDP). It is also known as NABP.
NPI	National Provider Identifier. A 10-digit number required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to identify individual and organizational providers, such as outpatient sites. The NPI has a usage requirement date beginning May 23, 2008.
STATUS	The status of the BPS Pharmacy is either ACTIVE or INACTIVE. The STATUS of the pharmacy may be revised through the Register Pharmacy with Austin Information Technology Center option.
OUTPATIENT SITES	One or more Outpatient Sites (from File 59) may be linked with a single BPS Pharmacy entry. However, an Outpatient Site can only be linked with a single BPS Pharmacy. All of the sites linked with a BPS Pharmacy should have the same NCPDP number. When an Outpatient Site is linked to an active BPS Pharmacy entry, the ECME switch for that site is considered ENABLED. If an Outpatient Site is linked to an incorrect BPS Pharmacy, it must be removed from the incorrect entry before it can be linked to the correct entry.
CMOP	ON if the transmission of prescriptions to the CMOP (Consolidated Mail Outpatient Pharmacy) dispensing site will automatically submit electronic third party prescription claims to the insurance payers. See note below for explanation of claims generated before and after switch is turned on or off.
AUTO-REVERSE PARAMETER	Enter numbers from 1 to 30 for the number of days to wait before ECME reverses non-released prescription claims with a PAYABLE payer-returned response. Entering a zero, (“0”), the default, disables the Auto-Reverse process. Each site’s business practice will dictate what this value should be.
DEFAULT DEA #	The pharmacy’s Drug Enforcement Administration (DEA) number. Many insurance companies require the prescriber’s DEA number to be part of the claim. The pharmacy’s DEA number will be used if the prescriber does not have one.

- An Outpatient Site is considered ECME active if the Outpatient Site is linked to a BPS Pharmacy, and if that BPS Pharmacy is ACTIVE. Once an Outpatient Site is ECME active, claims for the Outpatient Site can be transmitted to the third-party payer.
- If an Outpatient Site is activated after a claim is already sent to ECME, ECME **will NOT** generate an electronic claim.
- If an Outpatient Site is inactivated (by unlinking it from a BPS Pharmacy or by changing the STATUS field), reversals for that site will be processed but new submissions will not.

7.2.3 Register Pharmacy with Austin Information Technology Center

The *Register Pharmacy with Austin Information Technology Center* option allows the ADPAC to register a pharmacy with the Austin Information Technology Center and update the contact information. This registration should only be performed on initialization of the pharmacy with ECME. Once the pharmacy has been set up to use ECME, the *Edit ECME Pharmacy Data* option should be used to make any changes.

The automated registration process will send an email to the Primary Site Contact if the registration has any errors or warnings to report. The Alternate Site Contact will be used when the email address for the Primary Site contact is missing. If the alternate site contact does not have an email address, the message will be sent to the BPS OPECC mail group. In addition, if either the primary or alternate site contact is missing their email address, it will be reported as a warning during manual registration. Following is a sample email.

```
Example 7.2.3-1: ECME Pharmacy Registration Problem Message Subj: ECME
Registration Problem.  [#141587] 06/09/08@15:36  4 lines
From: ECME PACKAGE  In 'IN' basket.   Page 1  *New*
-------------------------------------------------------------------------------
Source Process: ECME Pharmacy Registration
ECME Pharmacy Registration HL7 Message not created.
   PHARMACY NAME: TEST PHARMACY 2
** NPI NUMBER - Missing/Invalid
Enter message action (in IN basket): Delete//
```

This option should not be used after the initial setup unless any of the information changes for the pharmacy.

You must hold the BPS MASTER key to view the Edit Basic ECME Parameters (BAS), Edit ECME Pharmacy Data (PHAR), and Register Pharmacy with Austin Automation Center (REG) options.

Access the menu by entering **REG** at the "Select Pharmacy ECME Setup Menu Option:" prompt in the *Pharmacy ECME Setup Menu* option. The system will validate the data and then send an ePharmacy message to the Austin Information Technology Center which notifies them that the prospective site is ready to transmit electronic pharmacy claims.

Example 7.2.3-2: Accessing the Register Pharmacy with Austin Information Technology Center Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *           Pharmacy ECME Setup Menu           *
               ************************************************



   BAS    Edit Basic ECME Parameters
   PHAR   Edit ECME Pharmacy Data
   REG    Register Pharmacy with Austin Information Technology Center


Select Pharmacy ECME Setup Menu Option: REG  Register Pharmacy with Austin
Information Technology Center
```

Example 7.2.3-3: Register Pharmacy with Austin Information Technology Center with Austin Information Technology Center Option

```
                          ** ECME Site Registration **


 -- PRIMARY SITE CONTACT DATA --

SITE CONTACT: ECMEUSER,ONE// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: ECMEUSER.ONE@FORUM.VA.GOV// <ENTER>


 -- ALTERNATE SITE CONTACT DATA --

ALTERNATE SITE CONTACT: ECMEUSER,TWO// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: two.ecmeuser@va.gov//
           Replace <ENTER>



-- Application Registration Validation Results:
   DOMAIN NAME - Required - VALID: XXXXXXXX.XXXXXX-XXX-XXXX.XXX.XX.XXX
   TCP/IP ADDRESS FOR "EPHARM OUT" - Required - VALID: XX.XXX.XXX.XXX
   "EPHARM OUT" PORT NUMBER - Required - VALID: XXXX
   SITE NUMBER - Required - VALID: XXX
   INTERFACE VERSION - Required - VALID: 3
   CONTACT NAME - VALID: ECMEUSER,ONE
   CONTACT MEANS - VALID:  NET INTERNET ECMEUSER.ONE@FORUM.VA.GOV
   ALTERNATE CONTACT NAME - VALID: ECMEUSER,TWO
   ALTERNATE CONTACT MEANS - VALID:  NET INTERNET two.ecmeuser@va.gov
```

```
                  ** Application Registration Data VALID **

Enter RETURN to continue or '^' to exit: <ENTER>


Enter/verify Pharmacy Registration Data

Select BPS PHARMACIES NAME: TEST PHARMACY 3

 --SITE DATA

STATUS: INACTIVE// <ENTER>
NCPDP #: XXXXXXX// <ENTER>
DEFAULT DEA #: XXXXXXXX// <ENTER>
SITE ADDRESS NAME: 111 MAIN STR// <ENTER>
SITE ADDRESS 1: 111 MAIN STREET// <ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: BROOKLYN// <ENTER>
SITE STATE: NEW YORK// <ENTER>
SITE ZIP CODE: 11223// <ENTER>
REMITTANCE ADDRESS NAME: 1111 TEST STR// <ENTER>
REMIT ADDRESS 1: 111 TEST STREET// <ENTER>
REMIT ADDRESS 2: <ENTER>
REMIT CITY: TOPEKA// <ENTER>
REMIT STATE: KANSAS// <ENTER>
REMIT ZIP: 66606// <ENTER>

 --PRIMARY CONTACT DATA

VA CONTACT: ECMEUSER,ONE// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: ECMEUSER.ONE@FORUM.VA.GOV
           Replace <ENTER>
  TITLE: OI&T STAFF// <ENTER>

 --ALTERNATE CONTACT DATA

VA ALTERNATE CONTACT: ECMEUSER,THREE L// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX// <ENTER>
  EMAIL ADDRESS: three.ecmeuser@med.va.gov  Replace <ENTER>
  TITLE: OI&T STAFF// <ENTER>

 --PHARMACIST DATA

VA LEAD PHARMACIST: ECMEUSER,FOUR// <ENTER>
  OFFICE PHONE: XXX-XXX-XXXX // <ENTER>
  EMAIL ADDRESS: <ENTER>
  TITLE: OI&T STAFF// <ENTER>
VA LEAD PHARMACIST LICENSE #: XXXXXXX// <ENTER>


-- Pharmacy Registration Validation Results --

   PHARMACY NAME: TEST PHARMACY 3

-- Pharmacy Registration Data VALID. --



Enter/verify Pharmacy Registration Data
Select BPS PHARMACIES NAME: <ENTER>
```

```
Application Registration Data is VALID

Pharmacy Registration Data is:
    VALID for TEST PHARMACY 1 and will be transmitted.
 *INVALID for TEST PHARMACY 2 and will NOT be transmitted.
    VALID for TEST PHARMACY 3 and will be transmitted.

Send Application Registration: Y/N ? n  NO

Press RETURN to continue...
```

7.3 Statistics Screen

The *Statistics Screen* option allows ADPACS and IRMS to view statistics and transmission progress for all ECME claims.

You must hold the BPSMENU and BPS MANAGER keys to view the *Statistics Screen* option.

Access the menu by entering **STAT** at the "Select Pharmacy ECME Manager Menu Option:" prompt in the *Pharmacy ECME Manager Menu* option.

Statistics collection begins at the moment of ECME installation and continues until either you use the **Z** (clear) action or ECME gets uninstalled. It depends on the each site's business practice as far as how often or if the stats are cleared.

Example 7.3-1: Accessing the Statistics Screen Option

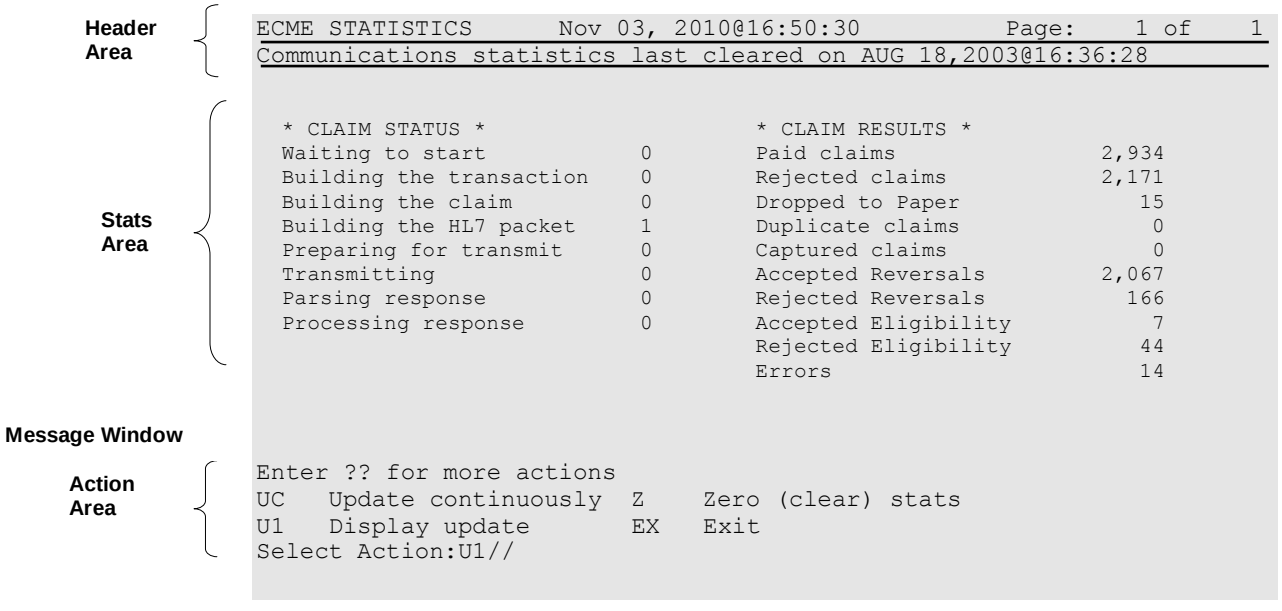
```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXXX VAMC                 *
               *          Pharmacy ECME Manager Menu          *
               ************************************************



   MNT    ECME transaction maintenance options ...
   SET    Pharmacy ECME Setup Menu ...
   STAT   Statistics Screen


Select Pharmacy ECME Manager Menu Option: STAT Statistics Screen
```

Example 7.3-2: Statistics Screen

```
ECME STATISTICS              Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28

  * CLAIM STATUS *                      * CLAIM RESULTS *
  Waiting to start            0         Paid claims                2,934
  Building the transaction    0         Rejected claims            2,171
  Building the claim          0         Dropped to Paper              15
  Building the HL7 packet     1         Duplicate claims               0
  Preparing for transmit      0         Captured claims                0
  Transmitting                0         Accepted Reversals         2,067
  Parsing response            0         Rejected Reversals           166
  Processing response         0         Accepted Eligibility           7
                                        Rejected Eligibility          44
                                        Errors                        14




          Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1//
```

This section diagrams and describes the different elements of the Statistics Screen.

Diagram 7.3-1: Statistics Option Areas



The table below describes the Statistics Screen option areas:

Table 7.3-1: Description of Statistics Screen Option

Screen Areas	Description
Header Area	Displays the date for which you requested the *Statistics Screen* option.
Stats Area	Displays statistics for all ECME claims. ***Claim Status*** reports statistics of ECME transactions in progress. ***Claim Results*** gives statistics about completed ECME transactions.
Message Window	This section displays informational text (i.e., Enter ?? for more actions).
Action Area	Available options. A double question mark (??) may be entered at the "Select Action:" prompt for a list of all List Manager options available.

7.3.1 Update Continuously

The system can update the claims statistics every 3 seconds.

(A) Enter **UC** to display statistics that will be updated every 3 seconds.

Example 7.3.1-1: Accessing Update Continuously Option

```
ECME STATISTICS              Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                    * CLAIM RESULTS *
  Waiting to start            0       Paid claims               2,934
  Building the transaction    0       Rejected claims           2,171
  Building the claim          0       Dropped to Paper             15
  Building the HL7 packet     1       Duplicate claims              0
  Preparing for transmit      0       Captured claims               0
  Transmitting                0       Accepted Reversals        2,067
  Parsing response            0       Rejected Reversals          166
  Processing response         0       Accepted Eligibility          7
                                      Rejected Eligibility         44
                                      Errors                       14



Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1//UC Update continuously
```

(B) Press ^ or **Q** to stop the updating. The system will go back to the Statistics Screen.

Example 7.3.1-2: Displaying Claims Status and Results in Update Continuously Mode

```
ECME STATISTICS               Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                     * CLAIM RESULTS *
  Waiting to start            0        Paid claims                2,934
  Building the transaction    0        Rejected claims            2,171
  Building the claim          0        Dropped to Paper              15
  Building the HL7 packet     1        Duplicate claims               0
  Preparing for transmit      0        Captured claims                0
  Transmitting                0        Accepted Reversals         2,067
  Parsing response            0        Rejected Reversals           166
  Processing response         0        Accepted Eligibility           7
                                       Rejected Eligibility          44
                                       Errors                        14

In continuous update mode: press Q to Quit

  Q Quit
```

7.3.2 Display Update

You can update the statistics once every time the option **U1** is entered.

Example 7.3.2-1: Accessing Display Update Option

```
ECME STATISTICS               Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                     * CLAIM RESULTS *
  Waiting to start            0        Paid claims                2,934
  Building the transaction    0        Rejected claims            2,171
  Building the claim          0        Dropped to Paper              15
  Building the HL7 packet     1        Duplicate claims               0
  Preparing for transmit      0        Captured claims                0
  Transmitting                0        Accepted Reversals         2,067
  Parsing response            0        Rejected Reversals           166
  Processing response         0        Accepted Eligibility           7
                                       Rejected Eligibility          44
                                       Errors                        14



Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1//U1 Display update
```

7.3.3 Zero (clear) Statistics

The system can reset the displayed claims statistics to zero. This is useful for looking at short-term averages, such as during a time of heavy activity.

(A) Enter **Z** to access the *Zero (clear) stats* option.

Example 7.3.3-1: Accessing Zero (clear) stats Option

```
ECME STATISTICS              Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                     * CLAIM RESULTS *
  Waiting to start            0        Paid claims               2,934
  Building the transaction    0        Rejected claims           2,171
  Building the claim          0        Dropped to Paper             15
  Building the HL7 packet     1        Duplicate claims              0
  Preparing for transmit      0        Captured claims               0
  Transmitting                0        Accepted Reversals        2,067
  Parsing response            0        Rejected Reversals          166
  Processing response         0        Accepted Eligibility          7
                                       Rejected Eligibility         44
                                       Errors                       14



Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1//Z   Z (clear) stats
```

(B) You may choose to either zero out (refresh) the displayed copy of the statistics by entering **L** (Local) or to zero out the permanent copy by entering **P**.

	Choosing *Permanent Copy* will permanently zero out the statistics in the database. You need to realize that if this selection is chosen, there will no longer be activity history.

Example 7.3.3-2: Entering Zero (clear) stats Option to Delete Local Claim Results Statistics

```
     Select one of the following:

          L         Local Copy
          P         Permanent Copy

Delete (L)ocal Copy or (P)ermanent Copy of the statistics: Local Copy// L
Local Copy
```

(C) When the system asks if you are sure, enter **Y** to continue or **N** to stop the deletion.

Example 7.3.3-3: Entering Yes to "Are You Sure" Prompt

```
Are you sure? N// YES
```

(D) Enter **Z** to access the *Zero (clear) stats* option.

Example 7.3.3-4: Displaying Zeroed Claims Statistics

```
ECME STATISTICS              Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                     * CLAIM RESULTS *
  Waiting to start            0        Paid claims               2,934
  Building the transaction    0        Rejected claims           2,171
  Building the claim          0        Dropped to Paper             15
  Building the HL7 packet     1        Duplicate claims              0
  Preparing for transmit      0        Captured claims               0
  Transmitting                0        Accepted Reversals        2,067
  Parsing response            0        Rejected Reversals          166
  Processing response         0        Accepted Eligibility          7
                                       Rejected Eligibility         44
                                       Errors                       14

 Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1// Z   Zero (clear) stats
Delete (L)ocal Copy or (P)ermanent Copy of the statistics: Local Copy// Local
Copy
Are you sure? N// YES
```

7.3.4 Exiting the Statistics Screen

Enter **EX** or **Q** to exit out of the *Statistics Screen* and return to the *Pharmacy ECME Manager Menu*.

Example 7.3.4-1: Accessing Exit Option

```
ECME STATISTICS              Nov 03, 2010@16:50:30          Page:    1 of    1
Communications statistics last cleared on AUG 18,2003@16:36:28


  * CLAIM STATUS *                     * CLAIM RESULTS *
  Waiting to start            0        Paid claims               2,934
  Building the transaction    0        Rejected claims           2,171
  Building the claim          0        Dropped to Paper             15
  Building the HL7 packet     1        Duplicate claims              0
  Preparing for transmit      0        Captured claims               0
  Transmitting                0        Accepted Reversals        2,067
  Parsing response            0        Rejected Reversals          166
  Processing response         0        Accepted Eligibility          7
                                       Rejected Eligibility         44
                                       Errors                       14



Enter ?? for more actions
UC   Update continuously  Z    Zero (clear) stats
U1   Display update       EX   Exit
Select Action:U1// EX  Exit
```

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8 Accessing the Pharmacy Electronic Claims Reports

The *Pharmacy Electronic Claims Reports* option is a menu that allows you to obtain detailed information about claims, transactions, Electronic Claims Management Engine (ECME) activities, and system configurations.

You must hold the BPSMENU and BPS REPORTS keys to view the *Pharmacy Electronic Claims Reports* option.

Access it by entering **RPT** at the "Select ECME Option:" prompt on the ECME Main Menu option screen.

Example 8-1: Accessing the Pharmacy Electronic Claims Reports Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *                  Main Menu                   *
               ************************************************



   U      ECME User Screen
   COB    ECME Pharmacy COB ...
   MGR    Pharmacy ECME Manager Menu ...
   RPT    Pharmacy Electronic Claims Reports ...


Select ECME Option: RPT  Pharmacy Electronic Claims Reports
```

Example 8-2: Displaying Pharmacy Electronic Claims Reports Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *      Pharmacy Electronic Claims Reports      *
               ************************************************



   CLA    Claim Results and Status ...
   OTH    Other Reports ...


Select Pharmacy Electronic Claims Reports Option:
```

8.1 Claim Results and Status

The *Claim Results and Status* option is a menu that allows you to obtain reports about the statuses of claims.

(A) Access *Claim Results and Status* by entering **CLA** at the "Select Pharmacy Electronic Claims Reports Option:" prompt on the Pharmacy Electronic Claims Reports option screen.

Example 8.1-1: Accessing the Claim Results and Status Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *      Pharmacy Electronic Claims Reports      *
               ************************************************



   CLA    Claim Results and Status ...
   OTH    Other Reports ...


Select Pharmacy Electronic Claims Reports Option: CLA  Claim Results and Status
```

(B) You have a choice of Claims Results and Status reports to choose from.

Example 8.1-2: Displaying All Claims Results and Status Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXXX VAMC                  *
               *           Claim Results and Status           *
               ************************************************



   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report
Select Claim Results and Status Option:
```

(C) Items/filters that pertain to ALL ECME Claims Results and Status REPORTS will be displayed for every option chosen. You can select these options using the same method as in other VistA applications and as described in the Change View section.

Most of the Claim Results and Status reports require that a device with 132 column width be used. They will not display correctly using 80 column width devices.

Example 8.1-3: Displaying ECME Report Item/Filter Options for ALL REPORTS

```
     Select one of the following:

          D         DIVISION
          A         ALL

Select Certain Pharmacy (D)ivisions or (A)LL: <Enter>  ALL

     Select one of the following:

          S         Summary
          D         Detail

Display (S)ummary or (D)etail Format: Detail// Summary

     Select one of the following:

          I         SPECIFIC INSURANCE(S)
          A         ALL

Select Certain (I)NSURANCE or (A)LL): A// I  SPECIFIC INSURANCES(S)
Select INSURANCE: IBINSUR1       123 ANYWHERE ST         HERNDON     VIRGINIA
    Y
  Selected:
          IBINSUR1
Select INSURANCE: DEVELOPMENT INS       123 HERE STREET         SAN FRANCISCO
  CALIFORNIA       Y
  Selected:
          DEVELOPMENT INS
          IBINSUR1
Select INSURANCE: <Enter>

     Select one of the following:

          C         CMOP
          M         Mail
          W         Window
          A         ALL

Display (C)MOP or (M)ail or (W)indow or (A)LL: ALL// <Enter>  ALL

     Select one of the following:

          R         Real Time Fills
          B         Backbill
          A         ALL

Display (R)ealTime Fills or (B)ackbills or (A)LL: ALL// <Enter>  ALL

     Select one of the following:

          D         Drug
          C         Drug Class
          A         ALL

Display Specific (D)rug or Drug (C)lass or (A)LL: ALL// <Enter>  ALL
```

(D) In addition to the "ALL REPORTS" prompts, all of the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow you to capture the report data in Excel spreadsheet format. If you answer **Y**, additional directions are supplied.

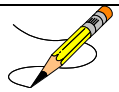
Example 8.1-4: Requesting Report Data in Excel Spreadsheet Format

```
Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can be done by
     clicking on the 'Tools' menu above, then click on 'Capture
     Incoming Data' to save to Desktop. This report may take a
     while to run.

     Note: To avoid undesired wrapping of the data saved to the
           file, please enter '0;256;999' at the 'DEVICE:' prompt.
```

8.1.1 Payable Claims Report

The *Payable Claims Report* option produces a report that lists PAYABLE electronic claims that have been successfully transmitted to the payer and have not been reversed.

You must hold the BPSMENU and BPS REPORTS keys to view the *Payable Claims Report* option.

	The Payable Claims Report option has the most accessible information on payable claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP (National Council for Prescription Drug Programs) V. 5.1 and D.0 formats.

(A) Access the report by entering **PAY** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.1-1: Accessing the Payable Claims Report Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                 *
               *           Claim Results and Status          *
               ***********************************************

   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: PAY  Payable Claims Report
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be prompted to select a report date range, Released, Not Released or All claims and Excel display format and device selection.

Example 8.1.1-2: Additional prompts asked by the Payable Claims Report Option

```
START WITH TRANSACTION DATE: T-1// T-99
  GO TO TRANSACTION DATE: T// <Enter>

     Select one of the following:

          R         RELEASED
          N         NOT RELEASED
          A         ALL


Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter>  IP network

Please wait...
```

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Example 8.1.1-3: Payable Claims Report

```
ECME PAYABLE CLAIMS DETAIL REPORT                                    Print Date: MAY 21, 2008@11:41:54  Page:  1
DIVISION(S): ALL                                                        Fill Locations: C,M,W  Fill type: RT,BB
Insurance: DEVELOPMENT INS, IBINSUR1                                 Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 02/12/08 through 05/21/08
================================================================================================================
PATIENT NAME               Pt.ID   RX#         REF/ECME#      DATE         $BILLED    $INS RESPONSE        $COLLECT
    DRUG                            NDC        RELEASED ON    RX INFO                                  BILL# RX COB
================================================================================================================
DIVISION: PHARMACY-1
----------------------------------------------------------------------------------------------------------------
DEVELOPMENT INS
----------------------------------------------------------------------------------------------------------------
ECMEpatient,One            (XXXX)  100222$     2/000000111264       04/15/08       51.00            40.00
    AMITRIPTYLINE 10MG TAB      00182-1018-10  04/15/08       W  RT  AC/R                           K8000K9  p

ECMEpatient, Three         (XXXX)  222$        0/000000000492         03/10/08       51.00            68.32
    METHADONE 10MG TAB                                    W  RT  EX/N

                                                                    ----------       ----------
SUBTOTALS for INS:DEVELOPMENT INS                                       102.00           108.32            0.00
COUNT                                                                        2                2              2
MEAN                                                                     51.00            54.16            0.00
----------------------------------------------------------------------------------------------------------------
IBINSUR1
----------------------------------------------------------------------------------------------------------------
ECMEpatient, Two           (XXXX)  100574$     0/000000000484         03/05/08       51.00            40.00
    NEODECADRON OPHTMALIC SOL.  00006-7639-03  03/05/08       W  RT  AC/R                           K8000H6  p
ECMEpatient, Two           (XXXX)  100575$     0/000000000485         03/05/08       51.00            40.00
    PENTAERYTHRITOL  10MG TAB   00725-2064-10  03/05/08       W  RT  AC/R                           K8000H7  p

...

SUBTOTALS for INS:IBINSUR1                                             2142.00          1652.28            5.00
COUNT                                                                       42               42              42
MEAN                                                                     51.00            39.34            0.12

                                                                    ----------       ----------       ----------
SUBTOTALS for DIV:PHARMACY-1                                           2244.00          1760.60            5.00
COUNT                                                                       44               44              44
MEAN                                                                     51.00            40.01            0.11

                                                                    ----------       ----------       ----------
GRAND TOTALS                                                           2244.00          1760.60            5.00
COUNT                                                                       44               44              44
MEAN                                                                     51.00            40.01            0.11

Press RETURN to continue:
```

(This page included for two-sided copying.)

8.1.2 Rejected Claims Report

The *Rejected Claims Report* option produces a report that lists electronic claims that have been successfully transmitted to the payer and have been rejected.

You must hold the BPSMENU and BPS REPORTS keys to view the *Rejected Claims Report* option.

The *Rejected Claims Report* option has the most accessible information on rejected claims from the BPS Claims File. A FileMan inquiry into the BPS Claims File will find that the information is in NCPDP V. 5.1 and D.0 formats.

(A) Access the report by entering **REJ** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.2-1: Accessing the Rejected Claims Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *           Claim Results and Status           *
               ************************************************



   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: REJ  Rejected Claims Report
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Reject Codes, Excel display format and device selection.

Example 8.1.2-2: Additional prompts asked by the Rejected Claims Report Option

```
START WITH TRANSACTION DATE: T-1// T-30
  GO TO TRANSACTION DATE: T// <Enter>

     Select one of the following:

          R         RELEASED
          N         NOT RELEASED
          A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

     Select one of the following:

          S         Specific Reject Code
          A         ALL

Include (S)pecific Reject Code or (A)LL: ALL// <Enter>

     Select one of the following:

          V         VETERAN
          T         TRICARE
          A         ALL

Include Certain Eligibility Type or (A)ll: V// ALL

     Select one of the following:

          O         OPEN
          C         CLOSED
          A         ALL

Include (O)pen, (C)losed, or (A)ll Claims: O// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter>  IP network

Please wait...
```

Example 8.1.2-3: Rejected Claims Report

```
ECME REJECTED CLAIMS DETAIL REPORT                                    Print Date: MAY 21, 2008@17:20:35  Page:  1
DIVISION(S): ALL                                                          Fill Locations: C,M,W  Fill type: RT,BB
Insurance: IBINSUR1, OPINSUR1                                        Drugs/Classes: ALL
Reject Code: ALL                                                       Eligibility: ALL        Open/Closed: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 05/01/08 through 05/21/08
================================================================================================================================
PATIENT NAME           Pt.ID   RX#      REF/ECME#     DATE      RELEASED ON  RX INFO        RX COB OPEN/CLOSED    ELIG
   CARDHOLD.ID             GROUP ID  $BILLED   QTY    NDC#              DRUG
================================================================================================================================
DIVISION: PHARMACY-1
--------------------------------------------------------------------------------------------------------------------------------
IBINSUR1
--------------------------------------------------------------------------------------------------------------------------------
ECMEPATIENT,ONE         (XXXX)  100888$  0/000000000808         05/04/08  05/04/08     W  RT  DS/R  s  Open            Vet
   123456                   555         51.00   90     00777-0877-03     FENOPROFEN 300MG CAP
         Claim ID: VA2008=4000000016=000010=0001815
         07:M/I Cardholder ID Number
ECMEPATIENT,ONE         (XXXX)  100892$  0/000000000812         05/04/08  05/04/08     W  RT  DS/R  s      Closed          Vet
   123456                   555         51.00   90     00777-0877-03     FENOPROFEN 300MG CAP
         Claim ID: VA2008=4000000016=000010=0001822
         07:M/I Cardholder ID Number
ECMEPATIENT,ONE         (XXXX)  100893$  0/000000000813         05/04/08  05/04/08     W  RT  DS/R  p      Closed          Vet
   123456                   555         51.00   90     00777-0877-03     FENOPROFEN 300MG CAP
         Claim ID: VA2008=4000000016=000010=0001823
         07:M/I Cardholder ID Number

                                        ----------
SUBTOTALS for INS:IBINSUR1                  153.00
COUNT                                            3
MEAN                                         51.00
--------------------------------------------------------------------------------------------------------------------------------
OPINSUR1
--------------------------------------------------------------------------------------------------------------------------------
ECMEPATIENT,TWO         (XXXX)  100896$  0/000000000816         05/06/08              W  RT  DS/N   p       Open           Vet
                            111       51.00   180    00003-0626-50    CHLORAL HYDRATE 500MG CAP
         Claim ID: VA2008=4000000016=000010=0001833
         12:M/I Patient Location
ECMEPATIENT,TWO         (XXXX)  100899$  0/000000000819         05/06/08              W  RT  DS/N   p       Open           Vet
                            111       51.00   180    00149-0030-66    DANTROLENE 25MG CAP
         Claim ID: VA2008=4000000016=000010=0001834
         75:Prior Authorization Required
ECMEPATIENT,TWO         (XXXX)  100901$  0/000000000821         05/06/08              W  RT  DS/N   p       Open           Vet
                            111       51.00   90     00591-5521-04    PHENYLBUTAZONE 100MG TAB
         05/06/08 - Prior Authorization Code (8/32432242) submitted.
         Claim ID: VA2008=4000000016=000010=0001835
```

```
          75:Prior Authorization Required
ECMEPATIENT,TWO         (XXXX)  100902$  0/000000000822         05/06/08              W  RT  DS/N   p       Open           Vet
                                111       51.00   180    00023-4534-67    BACLOFEN 10MG TABS
          05/06/08 - Clarification Code 4,3 submitted.
          Claim ID: VA2008=4000000016=000010=0001840
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  100903$  0/000000000823         05/06/08              W  RT  DS/N   s       Open           Vet
                                111       51.00   180    00023-4534-67    BACLOFEN 10MG TABS
          05/06/08 - Clarification Code 4,3 submitted.
          Claim ID: VA2008=4000000016=000010=0001841
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  100906$  0/000000000826         05/06/08              M  RT  DS/N   p       Open           Vet
                                111       51.00   180    00839-7221-06    DOXEPIN 25MG CAP
          05/06/08 - Clarification Code 4,3 submitted.
          Claim ID: VA2008=4000000016=000010=0001843
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  100907$  0/000000000827         05/06/08              M  RT  AC/N   p      Open           Vet
                                111       51.00   180    00081-0635-35    CHLORAMBUCIL 2MG TAB.
          Claim ID: VA2008=4000000016=000010=0001845
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  100915$  0/000000000835         05/07/08              W  RT  DS/N   p      Open           Vet
                                111       51.00   180    00023-4534-67    BACLOFEN 10MG TABS
          05/07/08 - DAFASFDAFDASFDASFAS
          Claim ID: VA2008=4000000016=000010=0001868
          75:Prior Authorization Required
ECMEPATIENT,TWO         (XXXX)  100938$  0/000000000858         05/08/08              W  RT  AC/N   p      Open           Vet
                                111       51.00   30     00024-2253-04    STANOZOLOL 2MG
          Claim ID: VA2008=4000000016=000010=0001892
          75:Prior Authorization Required
ECMEPATIENT,TWO         (XXXX)  100939$  0/000000000859         05/08/08              W  RT  DS/N   p      Open           Vet
                                111       51.00   180    00078-0005-10    THIORIDAZINE 100MG TAB
          05/08/08 - FDDSFADFA
          Claim ID: VA2008=4000000016=000010=0001893
          75:Prior Authorization Required
ECMEPATIENT,TWO         (XXXX)  100942$  0/000000000862         05/08/08              W  RT  AC/N   p      Open           Vet
                                111       51.00   180    00028-0105-10    TERBUTALINE 5MG TABS
          Claim ID: VA2008=4000000016=000010=0001894
          75:Prior Authorization Required
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  100945$  0/000000000865         05/08/08              W  RT  DS/N   p       Open           Vet
                                111       51.00   180    00045-0412-60    TOLMETIN 200MG TABS
          Claim ID: VA2008=4000000016=000010=0001897
          75:Prior Authorization Required
          79:Refill Too Soon
ECMEPATIENT,TWO         (XXXX)  101002$  0/000000000926         05/14/08              W  RT  DS/N   p       Open           Vet
                                111       51.00   180    00023-4534-67    BACLOFEN 10MG TABS
          Claim ID: VA2008=4000000016=000010=0001989
```

```
          64:Claim Submitted Does Not Match Prior Authorization
ECMEPATIENT,TWO         (XXXX)  101011$  0/000000000935         05/14/08               W  RT  DS/N   p      Open           Vet
                                111       51.00   180    00781-1367-10    BENZTROPINE 2MG TAB
          Claim ID: VA2008=4000000016=000010=0002005
          12:M/I Patient Location

Press RETURN to continue, '^' to exit:
```

(This page included for two-sided copying.)

8.1.3 CMOP/ECME Activity Report

The *CMOP/ECME Activity Report* option produces a report used for monitoring Consolidated Mail Outpatient Pharmacy (CMOP) activity during both the Controlled Substances and General CMOP Transmissions. The report contains reference information from multiple VistA sources. You will not be prompted for selections from the "ALL REPORTS" section, but you need to select a report date range, a division or all divisions and a printer device. This report is not a 132 column report and you can choose to display it on the screen

You must hold the BPSMENU and BPS REPORTS keys to view the *CMOP/ECME Activity Report* option.

Access the report by entering **ECMP** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.3-1: Accessing the CMOP/ECME Activity Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *           Claim Results and Status           *
               ************************************************

   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: ECMP  CMOP/ECME Activity Report
ENTER BEGINNING TRANSMISSION DATE: 8/31
ENTER ENDING TRANSMISSION DATE: 9/1

SELECTION OF DIVISION(S)

     Select one of the following:

          A         ALL DIVISIONS
          S         SELECT DIVISIONS

Enter response: SELECT DIVISIONS
1    XXXXXXXXXX
2    YYYYYYYYYY
3    ZZZZZZZZZZ

Select Division(s) :  (1-4): 1

You have selected:
1    XXXXXXXXXX
Is this correct? YES// <Enter>

Do you want to capture report data for an Excel document? NO// <Enter>

Select Printer: HOME;132;999  IP network
```

Example 8.1.3-2: CMOP/ECME Activity Report

```
                        CMOP/ECME ACTIVITY REPORT for XXXXXXXXXX
For AUG 31,2005  thru  SEP 1,2005       Printed: NOV 23,2005@10:25:49
================================================================================

       TRANSMISSION:                          2671
       STATUS:                                TRANSMITTED
       DIVISION:                              XXXXXXXXXX
       CMOP SYSTEM:                           LEAVENWORTH
       TRANSMISSION DATE/TIME:                AUG 31, 2005@16:17:14
       TOTAL PATIENTS:             3
       TOTAL RXS:                  3
NAME                    ECME#/RX#/FL#        NDC SENT         NDC RECVD         CMOP-STAT
 DRUG                    INSURANCE            PAY-STAT  BILL#   REL-DATE
================================================================================
ECMEpatient,One (XXXX)  000001106254/909911$e/0   00000-0158-23
TRANSMI
       ATORVASTATIN     CALCI WEBMD          E PAYAB
```

8.1.4 Reversal Claims Report

The *Reversal Claims Report* option lists claims that have been successfully transmitted to the payer to REVERSE a previously PAYABLE claim and have not been RESUBMITTED.

You must hold the BPSMENU and BPS REPORTS keys to view the *Reversal Claims Report* option.

(A) Access the report by entering **REV** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.4-1: Accessing the Reversal Claims Report Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                  *
               *           Claim Results and Status          *
               ***********************************************

   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: REV  Reversal Claims Report
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Auto-Reversed/All Claims, Accepted/Rejected/All Claims, Excel display format and device selection.

Example 8.1.4-2: Additional Prompts for the Reversal Claims Report Option

```
START WITH TRANSACTION DATE: T-1// T-30
  GO TO TRANSACTION DATE: T// <Enter>

     Select one of the following:
          R         RELEASED
          N         NOT RELEASED
          A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL
     Select one of the following:
          R         AutoReversed
          A         ALL

Include Auto(R)eversed or (A)LL: ALL// <Enter>
     Select one of the following:

          C         Accepted
          R         Rejected
          A         ALL

Include A(C)cepted or (R)ejected or (A)LL: Rejected// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter>  IP network
Please wait...
```

Example 8.1.4-3: Reversal Claims Report

```
ECME REVERSED CLAIMS DETAIL REPORT                                    Print Date: APR 17, 2009@14:17:15  Page:  1
DIVISION(S): ALL                                                         Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                              ALL Reversals       ALL Returned Status   Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 03/18/09 through 04/17/09
================================================================================================================
PATIENT NAME         Pt.ID   RX#     REF/ECME#        DATE              $BILLED      $INS RESPONSE     $COLLECT
    DRUG                        NDC                        RX INFO                RX COB
      RELEASED ON     REVERSAL METHOD/RETURN STATUS/REASON
================================================================================================================
DIVISION: YYYYYYYY
----------------------------------------------------------------------------------------------------------------
COB INSURANCE
----------------------------------------------------------------------------------------------------------------
ECMEPATIENT,ONE     (XXXX) 102445$   0/00000113725         03/20/09             21.88       40.00              0.00
    OXYTOCIN 10 UNIT INJ       00071-4160-03                W  RT  AC/R           s
      03/18/09        REGULAR/ACCEPTED/2

                                                                              ----------     ----------        ----------
SUBTOTALS for INS:COB INSURANCE                                                  21.88       40.00              0.00
COUNT                                                                               1           1                 1
MEAN                                                                             21.88       40.00              0.00
----------------------------------------------------------------------------------------------------------------
ECME INSURANCE
----------------------------------------------------------------------------------------------------------------
ECMEPATIENT,TWO     (XXXX) 102446$   0/00000113727         03/20/09  11.00      40.00              0.00
    DACARBAZINE 100MG INJ   00026-8151-10                  W  RT  DS/R           s
      03/20/09        REGULAR/ACCEPTED/REVERSING PRIMARY CLAIM

                                                                            ----------     ----------        ----------
SUBTOTALS for INS:ECME INSURANCE                                               11.00       40.00              0.00
COUNT                                                                             1           1                 1
MEAN                                                                           11.00       40.00              0.00
----------------------------------------------------------------------------------------------------------------
ECME1 INSURANCE
----------------------------------------------------------------------------------------------------------------
ECMEPATIENT,TWO     (XXXX)  102422$   1/00000113698        03/20/09              0.00       68.32              0.00
    GENTAMICIN OPHTHALMIC OINT. 00719-7058-61              W  RT  DS/N           p
                      REGULAR/ACCEPTED/RX DISCONTINUED
ECMEPATIENT,ONE     (XXXX)  102435$   0/00000113713        04/06/09              0.00       40.00              0.00
    METHOXAMINE 10MG/CC INJ   00081-0957-10                W  RT  AC/N           p
                      REGULAR/ACCEPTED/ RX DISCONTINUED
```

SUBTOTALS for INS:ECME1 INSURANCE	0.00	108.32	0.00
COUNT	2	2	2
MEAN	0.00	54.16	0.00
SUBTOTALS for DIV:YYYYYYYY	32.88	188.32	0.00
COUNT	4	4	4
MEAN	8.22	47.08	0.00
GRAND TOTALS	32.88	188.32	0.00
COUNT	4	4	4
MEAN	8.22	47.08	0.00

8.1.5 Claims Submitted, Not Yet Released

The *Claims Submitted, Not Yet Released* option lists all prescription claims that have been successfully submitted to the payer, have been returned PAYABLE but the prescriptions have not been released.

You must hold the BPSMENU and BPS REPORTS keys to view the *Claims Submitted, Not Yet Released Report* option.

(A) Access the report by entering **NYR** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.5-1: Accessing Claims Submitted, Not Yet Released Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                XXXXX VAMC                    *
               *           Claim Results and Status           *
               ************************************************


   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: NYR  Claims Submitted, Not Yet Released
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Excel display format and device selection.

Example 8.1.5-2: Additional prompts to Claims Submitted, Not Yet Released Option

```
START WITH TRANSACTION DATE: T-1// T
  GO TO TRANSACTION DATE: T// T

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter>  IP network
```

Example 8.1.5-3: Claims Submitted, Not Yet Released Report

```
ECME SUBMIT,NOT RELEASED CLAIMS DETAIL REPORT Print Date: SEP 23, 2005@15:01:21  Page: 1
DIVISION(S): ALL                                Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                                    Drugs/Classes: ALL
PRESCRIPTIONS (NOT RELEASED) BY TRANSACTION DATE: From 09/23/05 through 09/23/05
================================================================================================
PATIENT NAME     Pt.ID  RX#      REF/ECME#  DATE            $BILLED         $INS RESPONSE
    DRUG                                              RX INFO          RX COB
================================================================================================
DIVISION: ZZZZZZZ
------------------------------------------------------------------------------------------------
WEBMD
------------------------------------------------------------------------------------------------
ECMEpatient,One  (XXXX) 909716$  0/000001105959  09/23/05         45.00            40.00
    PROTAMINE SULFATE 5ML INJ                          W  RT AC/N     p
                                                        ----------              ----------
SUBTOTALS for INS:WEBMD                                      45.00                   40.00
COUNT                                                            1                       1
MEAN                                                         45.00                   40.00

                                                        ----------              ----------
SUBTOTALS for DIV:ZZZZZZZ                                   45.00                   40.00
COUNT                                                            1                       1
MEAN                                                         45.00                   40.00

GRAND TOTALS                                                 45.00                   40.00
COUNT                                                            1                       1
MEAN                                                         45.00                   40.00
```

8.1.6 Recent Transactions

The *Recent Transactions* option lists claims that have been successfully transmitted to the payer. These claims include submissions, reversals and resubmissions. Closed Claims will NOT show up on this report since this report displays activity between ECME and the payer only.

You must hold the BPSMENU and BPS REPORTS keys to view the *Recent Transactions Report* option.

(A) Access the report by entering **REC** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.6-1: Recent Transactions Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                 *
               *           Claim Results and Status          *
               ***********************************************

   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report

Select Claim Results and Status Option: REC  Recent Transactions
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

Example 8.1.6-2: Additional prompts asked by the Recent Transactions Option

```
START WITH TRANSACTION DATE: T-1// T
  GO TO TRANSACTION DATE: T// T

     Select one of the following:

          R         RELEASED
          N         NOT RELEASED
          A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
```

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Example 8.1.6-3: Recent Transactions Report

```
ECME RECENT TRANSACTIONS DETAIL REPORT                                                  Print Date: NOV 03, 2010@17:10:39  Page:  1
DIVISION(S): ALL                                                                            Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                                                                        Drugs/Classes: ALL
PRESCRIPTIONS BY TRANSACTION DATE: From 10/04/10 through 11/03/10
==============================================================================================================================
PATIENT NAME              Pt.ID   RX#         REF/ECME#         COMPLETED         TRANS TYPE       PAYER RESPONSE          RX COB
    DRUG                        NDC            RX INFO               INSURANCE                                  ELAP TIME IN SECONDS
==============================================================================================================================
DIVISION: XXXXXXXX
------------------------------------------------------------------------------------------------------------------------------
OPPATIENT,THREE            (XXXX)  102128$     1/000000002509    10/04/10 02:52PM  SUBMIT           E REJECTED              p
    DIAZEPAM 10MG S.T.      00555-0164-04      M  RT EX/N REJ      OPINSUR1                                                    9
OPPATIENT,THREE            (XXXX)  1100249$    1/                10/06/10 11:29AM  SUBMIT           E UNSTRANDED            p
    GENTAMICIN OPHTHALMIC O 00719-7058-61      W  RT AC/N          OPINSUR1                                                  502339
OPPATIENT,SIX              (XXXX)  1100341$    0/000000003126    10/07/10 12:06AM  SUBMIT           E REJECTED              p
    DOXEPIN 25MG CAP        00839-7221-06      W  RT AC/R REJ      OPINSUR2                                                    7
OPPATIENT,SIX              (XXXX)  1100342$    0/000000003127    10/07/10 01:59PM  SUBMIT           E PAYABLE               p
    CORTICOTROPIN 40UNIT HP 00053-1330-01      W  RT AC/R          OPINSUR2                                                    4
OPPATIENT,SIX              (XXXX)  1100336$    0/000000003120    10/07/10 03:05PM  REVERSAL         E REVERSAL OTHER        p
    TRIAMTERENE 50MG, HCTZ  00484-3590-30      W  RT DS/R          OPINSUR2                                                    3
OPPATIENT,ONE              (XXXX)  100952$     0/0000874         10/07/10 05:29PM  SUBMIT           E UNSTRANDED            p
    MEDROXYPROGESTRONE 10MG 00009-0050-02      W  RT DS/N          OPINSUR1                                                76220585
OPPATIENT,ONE              (XXXX)  100933$     0/0000853         10/07/10 07:45PM  SUBMIT           E REJECTED              p
    DOXEPIN 25MG CAP        00839-7221-06      M  RT DS/N REJ      OPINSUR1                                                    7
OPPATIENT,ONE              (XXXX)  101814$     0/0002181         10/08/10 04:11PM  REVERSAL         E REVERSAL UNSTRANDED   p
    IMIPRAMINE 25MG TAB     00779-0588-30      W  RT DS/N          OPINSUR1                                                57199104
OPPATIENT,ONE              (XXXX)  100954$     0/0000876         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    DOXEPIN 25MG CAP        00839-7221-06      M  RT DS/N          OPINSUR1                                                76194694
OPPATIENT,ONE              (XXXX)  100991$     0/0000915         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    BACLOFEN 10MG TABS      00023-4534-67      W  RT DS/N          OPINSUR1                                                75772098
OPPATIENT,ONE              (XXXX)  101860$     0/0002228         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    IMIPRAMINE 25MG TAB     00779-0588-30      W  RT EX/N          OPINSUR1                                                57199347
OPPATIENT,ONE              (XXXX)  101861$     0/0002229         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    CHLORAL HYDRATE 500MG C 00003-0626-51      W  RT DS/N          OPINSUR1                                                57199249
OPPATIENT,ONE              (XXXX)  101959$     0/0002331         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    LIDOCAINE 2% 50ML INJ M 00186-0240-02      W  RT DS/N          OPINSUR1                                                51602609
OPPATIENT,THREE            (XXXX)  102225$     0/0002607         10/08/10 04:16PM  SUBMIT           E UNSTRANDED            p
    BIPERIDEN 2MG TAB       00044-0120-04      M  RT DS/N          OPINSUR1                                                46160110
```

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8.1.7 Totals by Date

The *Totals by Date* option totals the daily ECME activity claims that have been successfully transmitted to the payer, have been returned PAYABLE or REJECTED but have not been REVERSED.

You must hold the BPSMENU and BPS REPORTS keys to view the *Totals by Day Report* option.

(A) Access the report by entering **DAY** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.7-1: Totals by Date Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *           Claim Results and Status           *
               ************************************************

   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: DAY  Totals by Date
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All Claims, Excel display format and device selection.

Example 8.1.7-2: Additional prompts asked by the Totals by Day Option

```
START WITH TRANSACTION DATE: T-1// T-30
  GO TO TRANSACTION DATE: T// <Enter>

     Select one of the following:

          R         RELEASED
          N         NOT RELEASED
          A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
```

Example 8.1.7-3: Totals by Date Report (Compacted to fit into document)

```
ECME TOTALS DETAIL REPORT                  Print Date: SEP 23, 2005@15:18:52  Page:  1
DIVISION(S): ALL                              Fill Locations: C,M,W  Fill type: RT,BB
Insurance: DEVELOPMENT INS, OPINSUR1                                Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 09/23/05 through 09/23/05
================================================================================
                                AMOUNT    RETURNED  RETURNED      AMOUNT
DATE               #CLAIMS   SUBMITTED    REJECTED   PAYABLE  TO RECEIVE   DIFFERENCE
================================================================================
DIVISION: ZZZZZZZ
--------------------------------------------------------------------------------
09/23/05                 2       90.00       45.00     45.00       40.00         5.00
--------------------------------------------------------------------------------
TOTALS                   2       90.00       45.00     45.00       40.00         5.00
--------------------------------------------------------------------------------
GRAND TOTALS             2       90.00       45.00     45.00       40.00         5.00

Press RETURN to continue:
```

8.1.8 Closed Claims Report

The *Closed Claims Report* option lists claims that have been successfully transmitted to the payer, have been returned REJECTED and have been CLOSED using the Close Claim action within the ECME User Screen.

You must hold the BPSMENU and BPS REPORTS keys to view the *Closed Claims Report* option.

(A) Access the report by entering **CLO** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.8-1: Accessing the Closed Claims Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *           Claim Results and Status           *
               ************************************************



   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: CLO  Closed Claims Report
```

(B) After you have made selections from the "ALL REPORTS" prompts, you will be given the following prompts for date range, Released/Not Released/All claims, All/Specific Close Claim Reason, Excel display format and device selection.

Example 8.1.8-2: Selecting Specific Close Claim Reason Option

```
START WITH CLOSE DATE: T-1// T-50
  GO TO CLOSE DATE: T// <Enter>

     Select one of the following:

          R         RELEASED
          N         NOT RELEASED
          A         ALL

Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED// ALL

    Select one of the following:
          S         Specific Close Claim Reason
          A         ALL

Include (S)pecific Close Claim Reason or (A)LL: ALL// <Enter>

Do you want to capture report data for an Excel document? NO// <Enter>

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME// <Enter> IP network
Please wait...
```

(This page included for two-sided copying.)

Example 8.1.8-2: Closed Claims Report

```
ECME CLOSED CLAIMS DETAIL REPORT                              Print Date: APR 17, 2009@14:21:22  Page:  1
DIVISION(S): ALL                                                 Fill Locations: C,M,W  Fill type: RT,BB
Insurance: ALL                              Close Reason: ALL                          Drugs/Classes: ALL
RELEASED PRESCRIPTIONS BY CLOSE DATE: From 03/18/09 through 04/17/09
================================================================================================================
PATIENT NAME           Pt.ID  RX#     REF/ECME#   RX INFO        DRUG                    NDC
   CARDHOLD.ID                 GROUP ID  CLOSE DATE/TIME   CLOSED BY         CLOSE REASON    RX COB
================================================================================================================
DIVISION: YYYYYYYY
----------------------------------------------------------------------------------------------------------------
ECME1 INSURANCE
----------------------------------------------------------------------------------------------------------------
ECMEPATIENT,TWO       (XXXX) 102446$  0/0000000113727    W  RT  DS/R  DACARBAZINE 100MG INJ  00026-8151-10
   12340987                  10001     03/20/09 03:55PM  ECMEUSER,ONE   INVALID NDC FROM CMOP   p
         Claim ID: VA2009=5000000021=000010=0005494
  54:Non-Matched Product/Service ID Number

SUBTOTALS for INS: ECMEUSER,ONE
   ECMEPAT,ONE                                                    1
                                                                -----
CLOSED CLAIMS SUBTOTAL                                          1

SUBTOTALS for DIV:YYYYYYYY
   ECMEUSER,ONE                                                   1
                                                                -----
CLOSED CLAIMS SUBTOTAL                                          1

GRAND TOTALS (ALL DIVISIONS) BY BILLER
   ECMEUSER,ONE                                                   1
                                                                -----
CLOSED CLAIMS GRAND TOTAL                                       1
```

(This page included for two-sided copying.)

8.1.9 Spending Account Report

The *Spending Account Report* option lists the balance from the patient's spending account after the specific transaction was applied, the amount from the health plan-funded assistance account that was applied to the Patient Pay Amount and the various amounts still to be collected from the patient.

(A) Access the report by entering **SPA** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.9-1: Accessing the Spending Account Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                  XXXXX VAMC                  *
               *           Claim Results and Status           *
               ************************************************



   PAY    Payable Claims Report
   REJ    Rejected Claims Report
   ECMP   CMOP/ECME Activity Report
   REV    Reversal Claims Report
   NYR    Claims Submitted, Not Yet Released
   REC    Recent Transactions
   DAY    Totals by Date
   CLO    Closed Claims Report
   SPA    Spending Account Report


Select Claim Results and Status Option: SPA    Spending Account Report
```

Example 8.1.9-2: Selecting Spending Account Report Option

```
     Select one of the following:
          D         DIVISION
          A         ALL
Select Certain Pharmacy (D)ivisions or (A)LL: DIVISION
Select ECME Pharmacy Division(s): XXXXXXX
  Selected:
          XXXXXXXX
Select ECME Pharmacy Division(s): YYYYYYY  CBOC  XXX
  Selected:
          XXXXXXXX
          XXXXX
Select ECME Pharmacy Division(s):
     Select one of the following:
          S         Summary
          D         Detail
Display (S)ummary or (D)etail Format: Detail//
     Select one of the following:
          I         SPECIFIC INSURANCE(S)
          A         ALL
Select Certain (I)NSURANCE or (A)LL): A// ALL
     Select one of the following:
          C         CMOP
          M         Mail
          W         Window
          A         ALL
```

```
Display (C)MOP or (M)ail or (W)indow or (A)LL: ALL//
     Select one of the following:
          R         Real Time Fills
          B         Backbill
          A         ALL
Display (R)ealTime Fills or (B)ackbills or (A)LL: ALL//
     Select one of the following:
          D         Drug
          C         Drug Class
          A         ALL
Display Specific (D)rug or Drug (C)lass or (A)LL: ALL//
START WITH TRANSACTION DATE: T-1//
  GO TO TRANSACTION DATE: T//
     Select one of the following:
          R         RELEASED
          N         NOT RELEASED
          A         ALL
 Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: RELEASED//
     Select one of the following:
          S         Specific Reject Code
          A         ALL
 Include (S)pecific Reject Code or (A)LL: ALL//

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.

IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES
DEVICE: HOME//

Please wait...
```

Example 8.1.9-3: Spending Account Report – Summary

```
SPENDING ACCOUNT REPORT - SUMMARY                                  Print Date: MAY 10, 2010@12:58:52  Page:  1
DIVISION(S): XXXXXXXXXX, YYYYYYYYY                              Fill Locations: C,M,W  Fill Type: RT,BB
Insurance: ALL                                                     Reject Code: ALL             Drugs/Classes: ALL
RELEASED PRESCRIPTIONS BY TRANSACTION DATE: From 04/30/10 through 05/01/10
=============================================================================================================================
PATIENT NAME               Pt.ID   RX#        REF/ECME#      DATE         $BILLED         $INS RESPONSE         $COLLECT
DRUG                                 RX INFO         INSURANCE GROUP#         INSURANCE GROUP NAME                    BILL#
$PROVIDER NETWORK $BRAND DRUG  $NON-PREFERRED FORM  $BRAND NON-PREFERRED FORM  $COVERAGE GAP  $HEALTH ASST $SPEND ACCT REMAINING
=============================================================================================================================
DIVISION: XXXXXXXXXX
-----------------------------------------------------------------------------------------------------------------------------
AETNA RX
-----------------------------------------------------------------------------------------------------------------------------
                                                                    ----------      ----------      ----------
SUBTOTALS for INS:AETNA RX                                          9999.99         9999.99         9999.99
    9999.99         9999.99         9999.99              9999.99                 9999.99        9999.99         9999.99
COUNT                                                                  3               3               3
       3               3               3                    3                       3              3               3
MEAN                                                                3333.33         3333.33         3333.33
    3333.33         3333.33         3333.33              3333.33                 3333.33        3333.33         3333.33
-----------------------------------------------------------------------------------------------------------------------------
ANTHEM PRESCRIPTION MANAGEMENT
-----------------------------------------------------------------------------------------------------------------------------
                                                                    ----------      ----------      ----------
SUBTOTALS for INS: ANTHEM PRESCRIPTION MANAGEMENT                   9999.99         9999.99         9999.99
    9999.99         9999.99         9999.99              9999.99                 9999.99        9999.99         9999.99
COUNT                                                                  3               3               3
       3               3               3                    3                       3              3               3
MEAN                                                                3333.33         3333.33         3333.33
    3333.33         3333.33         3333.33              3333.33                 3333.33        3333.33         3333.33
-----------------------------------------------------------------------------------------------------------------------------
                                                                    ----------      ----------      ----------
SUBTOTALS for DIV: XXXXXXXXXX                                       19999.98        19999.98        19999.98
   19999.98        19999.98        19999.98             19999.98                19999.98       19999.98        19999.98
COUNT                                                                  6               6               6
       6               6               6                    6                       6              6               6
MEAN                                                                3333.33         3333.33         3333.33
    3333.33         3333.33         3333.33              3333.33                 3333.33        3333.33         3333.33
-----------------------------------------------------------------------------------------------------------------------------
DIVISION: YYYYYYYYY
-----------------------------------------------------------------------------------------------------------------------------
UNITED HEALTH
```

```
-----------------------------------------------------------------------------------------------------------------------------------
                                                                                  ----------         ----------         ----------
SUBTOTALS for INS: UNITED HEALTH                                                     300.00             300.00             300.00
     300.00          300.00          300.00                300.00                          300.00         300.00           300.00
COUNT                                                                                  2                  2                  2
       2               2               2                     2                            2              2                  2
MEAN                                                                                 150.00             150.00             150.00
     150.00          150.00          150.00                150.00                          150.00         150.00           150.00
-----------------------------------------------------------------------------------------------------------------------------------
                                                                      ----------         ----------         ----------
SUBTOTALS for DIV: YYYYYYYYY                                             300.00             300.00             300.00
     300.00          300.00          300.00                300.00                          300.00         300.00           300.00
COUNT                                                                                  2                  2                  2
       2               2               2                     2                            2              2                  2
MEAN                                                                                 150.00             150.00             150.00
     150.00          150.00          150.00                150.00                          150.00         150.00           150.00
-----------------------------------------------------------------------------------------------------------------------------------
                                                                      ----------         ----------         ----------
GRAND TOTALS                                                                       20299.98           20299.98           20299.98

   20299.98        20299.98        20299.98              20299.98                        20299.98       20299.98         20299.98
COUNT                                                                                  8                  8                  8
       8               8               8                     8                            8              8                  8
MEAN                                                                                2537.50            2537.50            2537.50
    2537.50         2537.50         2537.50               2537.50                         2537.50        2537.50          2537.50
```

Example 8.1.9-4: Spending Account Report – Detail

```
SPENDING ACCOUNT REPORT - DETAIL                                    Print Date: MAY 10, 2010@12:58:52  Page:  1
DIVISION(S): XXXXXX, YYYYYY                                    Fill Locations: C,M,W  Fill Type: RT,BB
Insurance: ALL                                                    Reject Code: ALL             Drugs/Classes: ALL
RELEASED PRESCRIPTIONS BY TRANSACTION DATE: From 04/30/10 through 05/01/10
================================================================================================================================
PATIENT NAME               Pt.ID   RX#        REF/ECME#      DATE         $BILLED         $INS RESPONSE         $COLLECT
DRUG                                 RX INFO         INSURANCE GROUP#         INSURANCE GROUP NAME                    BILL#
$PROVIDER NETWORK $BRAND DRUG  $NON-PREFERRED FORM  $BRAND NON-PREFERRED FORM  $COVERAGE GAP  $HEALTH ASST $SPEND ACCT REMAINING
================================================================================================================================
DIVISION: XXXXXX
--------------------------------------------------------------------------------------------------------------------------------
AETNA RX
--------------------------------------------------------------------------------------------------------------------------------
ECMEpatient, Two     (XXXX) 1234567$  2/123456789012  04/30/10      3333.33           3333.33           3333.33
NYSTATIN/TRIAMCINOLONE OINT       C  RT  AC/R        123456789           INSURANCE GROUP ABC                        K999AAA
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

ECMEpatient, Three(XXXX) 2222567$  0/123456782222  05/03/10      3333.33           3333.33           3333.33
NYSTATIN/TRIAMCINOLONE OINT       C  RT  AC/R        123456789           INSURANCE GROUP ABC                        K999BBB
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

ECMEpatient, Four(XXXX) 2556567$  2/123456783333  05/11/10      3333.33           3333.33           3333.33
NYSTATIN/TRIAMCINOLONE OINT       C  RT  AC/R        123456789           INSURANCE GROUP ABC                        K999CCC
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

                                                                    ----------        ----------        ----------
SUBTOTALS for INS:AETNA RX                                          9999.99           9999.99           9999.99
    9999.99         9999.99         9999.99              9999.99                  9999.99        9999.99          9999.99
COUNT                                                                  3                 3                 3
       3               3               3                    3                        3              3                3
MEAN                                                                3333.33           3333.33           3333.33
    3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
--------------------------------------------------------------------------------------------------------------------------------
ANTHEM PRESCRIPTION MANAGEMENT
```

```
-------------------------------------------------------------------------------------------------------------------------------
ECMEpatient, Five(XXXX) 1234567$  2/123456789012  04/30/10      3333.33           3333.33            3333.33
CLOPIDOGREL BISULFATE 75MG        C  RT  AC/R        123455555           INSURANCE GROUP XYZ                          K999DDD
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

ECMEpatient,Six(XXXX) 2222567$  0/123456782222  05/03/10      3333.33           3333.33            3333.33
CLOPIDOGREL BISULFATE 75MG        C  RT  AC/R        123455555           INSURANCE GROUP XYZ                          K999EEE
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

ECMEpatient,Seven(XXXX) 2556567$  2/123456783333  05/11/10      9999.99           9999.99            9999.99
CLOPIDOGREL BISULFATE 75MG        C  RT  AC/R        123455555           INSURANCE GROUP XYZ                          K999FFF
     3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

                                                                          ----------         ----------         ----------
SUBTOTALS for INS: ANTHEM PRESCRIPTION MANAGEMENT                          9999.99            9999.99            9999.99
    9999.99         9999.99         9999.99              9999.99                  9999.99        9999.99          9999.99
COUNT                                                                            3                  3                  3
       3               3               3                    3                        3              3                3
MEAN                                                                       3333.33            3333.33            3333.33
    3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
-------------------------------------------------------------------------------------------------------------------------------
                                                                          ----------         ----------         ----------
SUBTOTALS for DIV: XXXXXX                                                19999.98           19999.98           19999.98
   19999.98        19999.98        19999.98             19999.98                 19999.98       19999.98         19999.98
COUNT                                                                            6                  6                  6
       6               6               6                    6                        6              6                6
MEAN                                                                       3333.33            3333.33            3333.33
    3333.33         3333.33         3333.33              3333.33                  3333.33        3333.33          3333.33
```

```
-------------------------------------------------------------------------------------------------------------------------------------------
DIVISION: YYYYYY
-------------------------------------------------------------------------------------------------------------------------------------------UNITED
HEALTH
-------------------------------------------------------------------------------------------------------------------------------------------
ECMEpatient, Eight(XXXXX) 1234567$  2/123456789012  04/30/10       100.00             100.00             100.00
CLOPIDOGREL BISULFATE 75MG        C  RT  AC/R        123455555           INSURANCE GROUP XYZ                          K999GGG
     100.00          100.00          100.00               100.00                  100.00         100.00           100.00
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID

ECMEpatient, Nine(XXXX) 2222567$  0/123456782222  05/03/10       200.00             200.00             200.00
CLOPIDOGREL BISULFATE 75MG        C  RT  AC/R        123455555           INSURANCE GROUP XYZ                          K999HHH
     200.00          200.00          200.00               200.00                  200.00         200.00           200.00
       Claim ID: VA2005-0569333-610014-0007275
       50:Non-Matched Pharmacy Number
       25:M/I Prescriber ID


                                                                          ----------         ----------         ----------
SUBTOTALS for INS: UNITED HEALTH                                             300.00             300.00             300.00
     300.00          300.00          300.00               300.00                  300.00         300.00           300.00
COUNT                                                                              2                  2                2
       2               2               2                    2                       2              2                2
MEAN                                                                         150.00             150.00             150.00
     150.00          150.00          150.00               150.00                  150.00         150.00           150.00
-------------------------------------------------------------------------------------------------------------------------------------------
                                                                    ----------         ----------         ----------
SUBTOTALS for DIV: YYYYYY                                              300.00             300.00             300.00
     300.00          300.00          300.00               300.00                  300.00         300.00           300.00
COUNT                                                                              2                  2                2
       2               2               2                    2                       2              2                2
MEAN                                                                         150.00             150.00             150.00
     150.00          150.00          150.00               150.00                  150.00         150.00           150.00
-------------------------------------------------------------------------------------------------------------------------------------------
                                                                    ----------         ----------         ----------
GRAND TOTALS                                                         20299.98           20299.98           20299.98

   20299.98        20299.98        20299.98             20299.98                20299.98       20299.98         20299.98
COUNT                                                                              8                  8                8
       8               8               8                    8                       8              8                8
MEAN                                                                        2537.50            2537.50            2537.50
    2537.50         2537.50         2537.50              2537.50                 2537.50        2537.50          2537.50
```

(This page included for two-sided copying.)

8.2 Other Reports

The *Other Reports* option allows you to access lists of electronic claims formats and NCPDP V. 5.1 and D0 fields.

Access the *Other Reports* option by entering **OTH** at the "Select Pharmacy Electronic Claims Reports Option:" prompt on the Pharmacy Electronic Claims Reports option screen.

Example 8.2-1: Accessing the Other Reports Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                    XXXXX                     *
               *      Pharmacy Electronic Claims Reports      *
               ************************************************


   CLA    Claim Results and Status ...
   OTH    Other Reports ...


Select Pharmacy Electronic Claims Reports Option: OTH  Other Reports
```

Example 8.2-2: Displaying Other Reports Options

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                    XXXXX                     *
               *                Other Reports                 *
               ************************************************


   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics


Select Other Reports Option:
```

8.2.1 ECME Claims-Response Inquiry Option

The *ECME Claims-Response Inquiry* option allows the user to enter a VA Claim ID and see the transaction data, the claim data sent to the third-party payer and the response data that was returned. This option may assist the sites and/or the VistA Maintenance Project (VMP) team in determining the cause of a reject that is received from a payer.

Access the *ECME Claims-Response Inquiry* option by entering **CRI** at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.1-1: Accessing the ECME Claims-Response Inquiry Option

```
               ***********************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                    XXXXX                    *
               *                Other Reports                *
               ***********************************************


   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics


Select Other Reports Option: CRI  ECME Claims-Response Inquiry
```

Example 8.2.1-2: ECME Claims-Response Inquiry Option

```
Select VA Claim ID: VA2009=5000000021=105220=0005524
VA2009=5000000021=105220=0
005524

Note: This report contains three separate sections - transaction data, claims
      data, and response data.  There will be a page break/form feed after
      each section regardless of the page length specified in the device input.

DEVICE: HOME// <Enter>   UCX/TELNET    Right Margin: 80//  <Enter>

ECME Claims-Response Inquiry Report             Print Date: 04/17/09
VA CLAIM ID: VA2009=5000000021=105220=0005524

BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:

ENTRY#: 113414.00042                    STATUS: 99
  PHARMACY: PHARM1                      PRESCRIPTION #: 102179
  RXI-INTERNAL (c): 113414
  PLAN NAME: COB INSURANCE              PHARMACY PLAN ID: VA105220
  CLAIM IEN (c): 5524                   RESPONSE IEN (c): 5369

Press RETURN to continue, '^' to exit:
BPS CLAIMS FILE DATA:


CLAIM ID: VA2009=5000000021=105220=0005524
  ELECTRONIC PAYER: MNMEDB1             TRANSMIT FLAG: YES (POINT OF SALE)
  TRANSMITTED ON: APR 17,2009@14:54:27  CREATED ON: APR 17,2009@14:54:27
  TRANSACTION: 113414.00042             PATIENT NAME: ECMEpatient,One
  GROUP INSURANCE PLAN: COB INSURANCE   BIN NUMBER: 610459
  VERSION RELEASE NUMBER: 51            TRANSACTION CODE: B1
  PROCESSOR CONTROL NUMBER: MHCP        TRANSACTION COUNT: 1
  SOFTWARE VENDER CERT ID:              SERVICE PROVIDER ID: 5000000021
  SERVICE PROVIDER ID QUAL: 01          GROUP ID: C19977
  CARDHOLDER ID: C2XXXXXX               PERSON CODE: C301
  DATE OF BIRTH: C4XXXXXXXX             PATIENT GENDER CODE: MALE
  PATIENT RELATIONSHIP CODE: CARDHOLDER
  PLACE OF SERVICE: C700                ELIGIBILITY CLARIFICATION CODE: C90
  PATIENT FIRST NAME: CAONE             PATIENT LAST NAME: CBECMEPATIENT
  CARDHOLDER FIRST NAME: CCONE
  CARDHOLDER LAST NAME: CDECMEPATIENT
  HOME PLAN: CE36
```

```
  PATIENT STREET ADDRESS: CM13 DFG
  PATIENT CITY ADDRESS: CNXXXXXXXX
  PATIENT STATE PROV ADDRESS: COXX      PATIENT ZIP POSTAL ZONE: CPXXXXX
  PATIENT PHONE NUMBER: CQXXXXXXXXX     PATIENT ID QUALIFIER: CX01
  PATIENT ID: CYXXXXXXXX                EMPLOYER ID: CZ
  SMOKER INDICATOR: 1C                  PREGNANCY INDICATOR: 2C
  FACILITY ID: 8C
MEDICATION ORDER: 1                     MEDICATION NAME: BETAZOLE 50MG/ML INJ
  PRESCRIPTION NUMBER: 102179           OTHER COVERAGE CODE: C800
  ALTERNATE ID: CW00000000000000000000
COB OTHER PAYMENT COUNTER: 4C1          OTHER PAYER COVERAGE TYPE: 5C01
  OTHER PAYER ID QUALIFIER: 6C03        OTHER PAYER ID: 7C123456
  OTHER PAYER DATE: APR 14,2009         OTHER PAYER AMOUNT PAID COUNT: HB1
  OTHER PAYER REJECT COUNT: 5E00
OTHER PAYER AMT PAID QUALIFIER: HC08    OTHER PAYER AMOUNT PAID: DV00400{
DATE OF SERVICE: APR 14,2009          PRESCRIPTION REFERENCE NUMBER: D20113414
  FILL NUMBER: D304                     DAYS SUPPLY: D5001
  COMPOUND CODE: D61
  PRODUCT SERVICE ID: D700002143916
  DISPENSE AS WRITTEN: D80              INGREDIENT COST SUBMITTED: D90000510{
  PRESCRIBER ID: DBXXXXXXXXX            DISPENSING FEE SUBMITTED: DC00000000
  DATE PRESCRIPTION WRITTEN: DE20090112
  NUMBER OF REFILLS AUTHORIZED: DF05    LEVEL OF SERVICE: DI00
  PRESCRIPTION ORIGIN CODE: DJ1         SUBMISSION CLARIFICATION CODE: DK00
  BASIS OF COST DETERMINATION: DN07     USUAL AND CUSTOMARY CHARGE: DQ0000510{
  SPECIAL PACKAGING INDICATOR: DT0      GROSS AMOUNT DUE: DU0000510{
  PRESCRIBER LAST NAME: ECMEPRESCRIBER
  OTHER PAYER AMOUNT: DV00400{
  PATIENT PAID AMOUNT SUBMITTED: DX0000000{
  PRODUCT SERVICE ID QUALIFIER: E103    QUANTITY DISPENSED: E70000001000
  ORIGINALLY PRESCRIBED QUANTITY: EB0000001000
  SCHEDULED RX ID NUMBER: EK000000000000
  PRESCRIPTION SERVICE REFERENCE: EM1   QUANTITY PRESCRIBED: ET0000001000
  PRIOR AUTHORIZATION TYPE CODE: EU00
  PRIOR AUTHORIZATION SUBMITTED: EV00000000000
  INTERMEDIARY AUTH TYPE ID: EW00
  INTERMEDIARY AUTHORIZATION ID: EX
  PRESCRIBER ID QUALIFIER: EZ01         PRESCRIBER LOCATION CODE: 1E
  PC PROVIDER LOCATION CODE: H5036      PC PROVIDER LAST NAME: 4EECMEPROVIDER
  PROFESSIONAL FEE SUBMITTED: BE00000000
  FLAT SALES TAX SUBMITTED: HA00000000
  PERCENTAGE SALES TAX SUBMITTED: GE0000000{
  PERCENTAGE SALES TAX RATE: HE0000000  PERCENTAGE SALES TAX BASIS: JE
  PRESCRIBER PHONE NUMBER: PMXXXXXXXXXX
  DATE OF SERVICE: 20090414             PLAN ID: FOECME INS
 RAW DATA SENT:
 61045951B1MHCP      1015000000021     20090414
 AM01CX01CYXXXXXXXXX           C419600101C51CAONECBECMEPATIENT    CM13
DFG                         CNXXXXXXXX            COXXCPXXXXX
CQXXXXXXXXXXC700
CZ               1C 2C
 AM04C2234234CCONECDECMEPATIENT    CE36 FOECME INSC908C          C19977
           C301 C61
 AM07EM1D20113414E103D700002143916
E70000001000D304D5001D61D80DE20090112D
F05DJ1DK00ET0000001000C800DT0EB0000001000CW0000000000000000000000EK000000000000DI
0
0EU00EV00000000000EW00EX
 AM02
 AM03EZ01DBXXXXXXXXXX     1E   ECMEPRESCRIBER         H50364EECMEPROVIDER
 AM054C15C016C037C123456    E820090414HB1DV00400{
 AM11D90000510{DC00000000BE00000000DX0000000{HA00000000GE0000000{HE0000000JE
DQ
```

```
0000510{DU0000510{DN07


Press RETURN to continue, '^' to exit:

BPS RESPONSE FILE DATA:

BPS CLAIM: VA2009=5000000021=105220=0005524
  DATE RESPONSE RECEIVED: APR 17, 2009@14:54:30
  VERSION RELEASE NUMBER: 51            TRANSACTION CODE: B1
  TRANSACTION COUNT: 1                  SERVICE PROVIDER ID: XXXXXXXXXX
  SERVICE PROVIDER ID QUALIFIER: 01     DATE OF SERVICE: APR 14,2009
  RESPONSE STATUS: REJECTED
  MESSAGE: EV161-MANDATORY FIELD HC MISSING IN SEG 05
MEDICATION ORDER: 1                     TRANSACTION RESPONSE STATUS: REJECTED
  PRESCRIPTION RESPONSE STATUS: REJECTED CLAIM
  REJECT COUNT: 04
REJECT CODE: 85 (Claim Not Processed)
REJECT CODE: NN (Transaction Rejected At Switch Or Intermediary
REJECT CODE: R8 (Syntax Error)
REJECT CODE: HC (M/I Other Payer Amount Paid Qualifier)
 RAW DATA RECEIVED:
 VA2009=XXXXXXXXXX=105220=000xxxxxxB11R01XXXXXXXXXX
 20090414\X1E\\X1C\AM20\X1C\F4EV161-MANDATORY FIELD HC MISSING IN SEG
 05\X1D\\X1E\\X1C\AM21\X1C\ANR\X1C\FA04\X1C\FB85\X1C\FBNN\X1C\FBR8\X1C\FBHC

Press RETURN to continue:
```

8.2.2 Payer Sheet Detail Report Option

The *Payer Sheet Detail Report* option allows you to list the information on payer sheets used for electronic claims. Payer sheets are templates defined by each payer used to create NCPDP transmissions. The sheets indicate which fields to send in the transmissions, as well as the acceptable values that may appear in the fields. You may also express conditions for when particular values are to be used.

Access the *Payer Sheet Detail Report* option by entering **PAY** at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.2-1: Accessing the Payer Sheet Detail Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *                Other Reports                 *
               ************************************************


   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics


Select Other Reports Option: PAY  Payer Sheet Detail Report
```

Example 8.2.2-2: Payer Sheet Detail Report Option

```
Select Payer Sheet: ABCTEST1

DEVICE: HOME//   IP network

Payer Sheet Detail Report                      Print Date: 09/09/05    Page:  1
  Payer Sheet Name: ABCTEST1               Version Number: 7
            Status: PRODUCTION              NCPDP Version: Version 5.1


Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                     *** Transaction Header Segment ***
1    101-A1      BIN NUMBER                                                   S
2    102-A2      VERSION/RELEASE NUMBER                                       S
3    103-A3      TRANSACTION CODE                                             S
5    104-A4      PROCESSOR CONTROL NUMBER                                     S
17   202-B2      SERV PROVIDER ID QUALIFIER                                   S
19   201-B1      SERVICE PROVIDER ID                                          S
21   401-D1      DATE FILLED                                                  S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                      Print Date: 09/09/05    Page:  2
  Payer Sheet Name: ABCTEST1               Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                     *** Transaction Header Segment ***
22   110-AK      SOFTWARE VENDOR/CERT ID                                      S

                          *** Patient Segment ***
31   111-AM      SEGMENT IDENTIFICATION                                       S
33   331-CX      PATIENT ID QUALIFIER                                         S
35   332-CY      PATIENT ID                                                   S
36   304-C4      DATE OF BIRTH                                                S
37   305-C5      SEX CODE                                                     S
39   307-C7      CUSTOMER LOCATION                                            S
40   335-2C      PREGNANCY INDICATOR                                          S

                        *** Insurance Segment ***
49   111-AM      SEGMENT IDENTIFICATION                                       S
51   302-C2      CARDHOLDER ID NUMBER                                         S
53   301-C1      GROUP NUMBER                                                 S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  3
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                        *** Insurance Segment ***
54   306-C6      RELATIONSHIP CODE                                          S

                          *** Claim Segment ***
64   111-AM      SEGMENT IDENTIFICATION                                     S
66   455-EM      RX/SERVICE REF NUMBER QUAL                                 S
69   402-D2      PRESCRIPTION NUMBER                                        S
71   436-E1      PRODUCT/SERV ID QUAL                                       S
73   407-D7      PRODUCT/SERVICE ID                                         S
75   442-E7      QUANTITY DISPENSED                                         S
77   403-D3      NEW/REFILL CODE                                            S
78   405-D5      DAYS SUPPLY                                                S
79   406-D6      COMPOUND CODE                                              S
80   408-D8      OTHER COVERAGE CODE                                        S
82   414-DE      DATE PRESCRIPTION WRITTEN                                  S
85   308-C8      OTHER COVERAGE CODE                                        S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                    Print Date: 09/09/05    Page:  4
  Payer Sheet Name: ABCTEST1              Version Number: 7

Seq  Field       Field Name                                            Proc Mode
---  -----       ----------                                            ---------
                          *** Claim Segment ***
87   429-DT      UNIT DOSE INDICATOR                                        S
89   453-EJ      ORIG PRESCR PROD/SERV ID QUAL                              S
92   445-EA      ORIG PRESCRIBED PROD/SERV CODE                             S
95   446-EB      ORIGINALLY PRESCRIBED QTY                                  S
97   418-DI      LEVEL OF SERVICE                                           S
99   461-EU      PRIOR AUTHORIZATION TYPE CODE                              S
102  462-EV      PRIOR AUTHORIZATION NUM SUB                                S
106  463-EW      INTERMED AUTH TYPE ID                                      S
109  464-EX      INTERMEDIARY AUTHORIZATION ID                              S
112  343-HD      DISPENSING STATUS                                          S
114  344-HF      QTY INTENDED TO BE DISPENSED                               S
117  345-HG      DAYS SUPPLY INTEND TO BE DISP                              S

                      *** Pharmacy Provider Segment ***
127  111-AM      SEGMENT IDENTIFICATION                                     S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                        Print Date: 09/09/05    Page:  5
  Payer Sheet Name: ABCTEST1                Version Number: 7

Seq  Field       Field Name                                              Proc Mode
---  -----       ----------                                              ---------
                     *** Pharmacy Provider Segment ***
129  465-EY      PROVIDER ID QUALIFIER                                        S
131  444-E9      PROVIDER ID                                                  S

                         *** Prescriber Segment ***
140  111-AM      SEGMENT IDENTIFICATION                                       S
142  466-EZ      PRESCRIBER ID QUALIFIER                                      S
144  411-DB      PRESCRIBER ID                                                S
146  427-DR      PRESCRIBER LAST NAME                                         S
148  498-PM      PRESCRIBER TELEPHONE NUMBER                                  S
150  468-2E      PRIMARY CARE PROV ID QUAL                                    S
153  421-DL      PRIMARY PRESCRIBER                                           S
155  469-H5      PRIM CARE PROV LOCATION CODE                                 S
158  470-4E      PRIM CARE PROVIDER LAST NAME                                 S


Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                        Print Date: 09/09/05    Page:  6
  Payer Sheet Name: ABCTEST1                Version Number: 7

Seq  Field       Field Name                                              Proc Mode
---  -----       ----------                                              ---------
                     *** COB/Other Payments Segment ***
168  111-AM      SEGMENT IDENTIFICATION                                       S
170  337-4C      COB/OTHER PAYMENTS COUNTER                                   S
172  338-5C      OTHER PAYER COVERAGE TYPE                                    S
174  339-6C      OTHER PAYER ID QUALIFIER                                     S
177  340-7C      OTHER PAYER ID                                               S
180  443-E8      Other Payer Date                                             S
182  341-HB      OTHER PAYER AMOUNT PAID COUNT                                S
185  342-HC      OTH PYR AMOUNT PAID QUAL.                                    S
188  431-DV      OTHER PAYOR AMOUNT                                           S
190  471-5E      OTHER PAYER REJECT COUNT                                     S
192  472-6E      OTHER PAYER REJECT CODE                                      S

                   *** Workers' Compensation Segment ***
202  111-AM      SEGMENT IDENTIFICATION                                       S
205  434-DY      DATE OF INJURY                                               S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                        Print Date: 09/09/05    Page:  7
  Payer Sheet Name: ABCTEST1                  Version Number: 7

Seq  Field       Field Name                                                Proc Mode
---  -----       ----------                                                ---------
                   *** Workers' Compensation Segment ***

                          *** DUR/PPS Segment ***
213  111-AM      SEGMENT IDENTIFICATION                                        S
215  473-7E      DUR/PPS CODE COUNTER                                          S
218  439-E4      DUR CONFLICT CODE                                             S
220  440-E5      DUR INTERVENTION CODE                                         S
222  441-E6      DUR OUTCOME CODE                                              S
224  474-8E      DUR/PPS LEVEL OF EFFORT                                       S
227  475-J9      DUR CO-AGENT ID QUALIFIER                                     S
230  476-H6      DUR CO-AGENT ID                                               S

                          *** Pricing Segment ***
240  111-AM      SEGMENT IDENTIFICATION                                        S
242  409-D9      INGREDIENT COST                                               S
244  412-DC      DISPENSING FEE SUBMITTED                                      S

Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                        Print Date: 09/09/05    Page:  8
  Payer Sheet Name: ABCTEST1                  Version Number: 7

Seq  Field       Field Name                                                Proc Mode
---  -----       ----------                                                ---------
                          *** Pricing Segment ***
246  477-BE      PROFESSIONAL SERV FEE SUBMIT                                  S
249  433-DX      PATIENT PAID AMOUNT                                           S
252  481-HA      FLAT SALES TAX AMOUNT SUBMIT                                  S
255  482-GE      PERCENTAGE SALES TAX AMT SUB                                  S
258  484-JE      PERCENT SALES TAX BASIS SUB                                   S
261  426-DQ      USUAL & CUSTOMARY CHARGE                                      S
264  430-DU      GROSS AMOUNT DUE                                              S
266  423-DN      BASIS OF COST DETERMINATION                                   S

                           *** Coupon Segment ***
275  111-AM      SEGMENT IDENTIFICATION                                        S
277  485-KE      COUPON TYPE                                                   S
278  486-ME      COUPON NUMBER                                                 S
279  487-NE      COUPON VALUE AMOUNT                                           S


Press RETURN to continue, '^' to exit: <Enter>
```

```
Payer Sheet Detail Report                        Print Date: 09/09/05    Page:  9
  Payer Sheet Name: ABCTEST1                 Version Number: 7

Seq  Field       Field Name                                                Proc Mode
---  -----       ----------                                                ---------
                          *** Compound Segment ***
288  111-AM      SEGMENT IDENTIFICATION                                         S
290  450-EF      Compound Dose Form Desc Code                                   S
293  451-EG      Compound Dispense Unt Form Ind                                 S
295  452-EH      Compound Route of Admin                                        S
297  447-EC      Compound Ingred Comp Count                                     S
299  488-RE      Compound Product ID Qualifier                                  S
301  489-TE      Compound Product ID                                            S
302  448-ED      Compound Ingredient Quantity                                   S
304  449-EE      Compound Ingredient Drug Cost                                  S
307  490-UE      Comp Ingred Basis Cost Determ                                  S

Press RETURN to continue:
```

8.2.3 ECME Setup – Pharmacies Report

This option will produce a report that displays setup information for each pharmacy configured for a facility.

Access the report by entering **PHAR** at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.3-1: Accessing ECME Setup – Pharmacies Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *                Other Reports                 *
               ************************************************



   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics



Select Setup (Configuration) Reports Option: PHAR ECME Setup - Pharmacies Report
DEVICE:   IP network
```

Example 8.2.3-2: ECME Setup - Pharmacies Report Option

```
BPS PHARMACIES LIST                          SEP  9,2005  07:17    PAGE 1
------------------------------------------------------------------------------

        NUMBER: 2

NAME: XXXXXXXXX                          NCPDP #: XXXXXXX
  DEFAULT DEA #: AGXXXXX                 CMOP SWITCH: CMOP ON
  AUTO-REVERSE PARAMETER: 0              STATUS: ACTIVE
  SITE ADDRESS 1: 101 MAIN STREET
  SITE CITY: XXXXXXXXX                   SITE STATE: XXXXX
  SITE ZIP CODE: XXXXX                   SITE ADDRESS NAME: 101 MAIN STREET
  HOURS OF OPERATION: 24                 START DAY RANGE: MON
  END DAY RANGE: MON                     START HOUR RANGE: 0800
  END HOUR RANGE: 1600~TUE               NPI: XXXXXXXXXX
  DATE/TIME OF LAST NPI CHANGE: OCT 10, 2006@15:05:05
OUTPATIENT SITE: XXXXXXXXXXX
  REMITTANCE ADDRESS NAME: MAIN          REMIT ADDRESS 1: 101 MAIN STREET
  REMIT CITY: XXXXXXXXX                  REMIT STATE: XXXXXX
  REMIT ZIP: XXXXX                       VA CONTACT: CONTACT,ONE
  VA ALTERNATE CONTACT: CONTACT,ONE   VA LEAD PHARMACIST: CONTACT,ONE
  VA LEAD PHARMACIST LICENSE #: XXXXXXXX
  Monday Close Time: 1600                Tuesday Close Time: 1600
  Wednesday Close Time: 1600             Thursday Close Time: 1600
  Friday Close Time: 1600                Saturday Close Time: 1600
  Monday Open Time: 0800                 Tuesday Open Time: 0800


BPS PHARMACIES LIST                          SEP 09, 2005@17:17    PAGE 2
------------------------------------------------------------------------------

  Wednesday Open Time: 0800              Thursday Open Time: 0800
  Friday Open Time: 0800                 Saturday Open Time: 0800
        NUMBER: 3

NAME: XXXXXXXXXXX                        NCPDP #: XXXXXXX
  DEFAULT DEA #: AGXXXXX                 CMOP SWITCH: CMOP ON
  AUTO-REVERSE PARAMETER: 2              STATUS: ACTIVE
  SITE ADDRESS 1: 101 MAIN AVE
  SITE CITY: XXXXXXXXXXX                 SITE STATE: XXXXXX
  SITE ZIP CODE: XXXXX                   SITE ADDRESS NAME: 101 MAIN AVE
  HOURS OF OPERATION: 24                 START DAY RANGE: MON
  END DAY RANGE: MON                     START HOUR RANGE: 0800
  END HOUR RANGE: 1600~TUE               NPI: 0000000006
  DATE/TIME OF LAST NPI CHANGE: OCT 10, 2006@15:05:05
OUTPATIENT SITE: XXXXXXXXXX VA
OUTPATIENT SITE: XXXXXXXXX CBOC
OUTPATIENT SITE: XXXXX VA CBOC
  REMITTANCE ADDRESS NAME: XXXXXXXXXX XXXXXX
  REMIT ADDRESS 1: 101 XXXXXXXXXXXXXXXX
  REMIT CITY: XXXXXXXXXXX                REMIT STATE: XXXXXXXX
  REMIT ZIP: XXXXX                       VA CONTACT: CONTACT,ONE
  VA ALTERNATE CONTACT: CONTACT,TWO
  VA LEAD PHARMACIST: PHARMACIST,ONE     Monday Close Time: 1600
  Tuesday Close Time: 1600               Wednesday Close Time: 1600
  Thursday Close Time: 1600              Friday Close Time: 1600
```

```
BPS PHARMACIES LIST                              SEP 09, 2005@17:17    PAGE 3
------------------------------------------------------------------------------

  Saturday Close Time: 1600             Monday Open Time: 0800
  Tuesday Open Time: 0800               Wednesday Open Time: 0800
  Thursday Open Time: 0800              Friday Open Time: 0800
  Saturday Open Time: 0800

Press ENTER to continue:
```

8.2.4 Turn-around time statistics

The *Turn-around time statistics* option shows the length of time for claims to complete, including breakouts for various steps of claims creation. The end of the report has the average time for the claims displayed.

Access the *Turn-around time statistics* option by entering **TAT** at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.4-1: Accessing the Turn-around time statistics Report Option

```
               ************************************************
               *Electronic Claims Management Engine (ECME) V1.0*
               *                 XXXXX VAMC                   *
               *                Other Reports                 *
               ************************************************


   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics



Select Other Reports Option: TAT  Turn-around time statistics
```

Example 8.2.4-2: Displaying the Turn-around time statistics Report

```
START WITH DATE: T-1//  <Enter> (SEP 08, 2005)
GO TO DATE: T//  <Enter> (SEP 09, 2005)
For Prescription:                       1106378.00001  (Rx#: 382992)
Begin                                   08:19:48
Gathering information                   08:19:52
Claim ID created                        08:19:55
Claim Sent                              08:19:56
Response stored                         08:20:04
Completed at:                           08:20:04
Turn-around time                        16

For Prescription:                       1106380.00001  (Rx#: 382994)
Begin                                   08:19:48
Gathering information                   08:19:52
Claim ID created                        08:19:55
Claim Sent                              08:20:16
Response stored                         08:20:18
Completed at:                           08:20:18
Turn-around time                        30

For Prescription:                       1106379.00001  (Rx#: 382993)
Begin                                   08:19:48
Gathering information                   08:19:52
Claim ID created                        08:19:55
Claim Sent                              08:20:06
Response stored                         08:20:08
Completed at:                           08:20:08
Turn-around time                        20

For Prescription:                       1106384.00001  (Rx#: 909952)
Begin                                   11:27:13
Gathering information                   11:27:15
Claim ID created                        11:27:16
Claim Sent                              11:27:17
Response stored                         11:27:23
Completed at:                           11:27:23
Turn-around time                        10

For Prescription:                       1106386.00001  (Rx#: 909954)
Begin                                   11:27:13
Gathering information                   11:27:15
Claim ID created                        11:27:17
Claim Sent                              11:27:37
Response stored                         11:27:39
Completed at:                           11:27:39
Turn-around time                        26


Average Turn-around time:               13
```

9 BPS Nightly Background Job

The *BPS Nightly Background Job* is scheduled to run daily at the sites during off-hours at intervals defined by the site staff. One of the functions of this job is to identify claims to be reversed and then to automatically submit the Reversal Request to the payer.

For inpatient claims reversals, the program will go through all WINDOW fills for the date 5 days prior to the current date (T-5) and check to see if the patient is a current inpatient. If so, the reversal would be given the reason CURRENT INPATIENT to differentiate between non-released prescriptions and inpatient reversals.

The auto-reversal process for outpatient claims is dependent on whether the site sets the Auto-Reversal parameter to anything but 0 (see Auto-Reversal parameter in the Edit ECME Pharmacy Data option on the ECME Setup menu). All non-released outpatient prescriptions that were initially returned as PAYABLE and are not currently REVERSED and have a date older than the number of days set in the Auto-Reversal parameter would be reversed.

After the *BPS Nightly Background Job* identifies claims to auto-reverse and processes the Reversal Request, the system sends a bulletin to the members of the "BPS OPECC" mail group listing both reversals from the parameter setting and the inpatient claims. This mail group needs to be created at the site and should include all OPECC resources.

Example 9.1-1 Displaying the Auto-Reversal Bulletin

```
Subj: ECME AUTO-REVERSAL PROCESS  [#2473] 03/05/05@01:00  29 lines
From: BPS PACKAGE  In 'IN' basket.   Page 1  *New*
------------------------------------------------------------------------------
The ECME Nightly Process completed auto-reversing e-Pharmacy claims for
prescriptions not released within the specified timeframe.

TOTAL AUTO-REVERSED CLAIMS: 3

Claims Auto-Reversed on 03/06/05:

 #    RX         FILL  FILL DATE     PATIENT                       BPS PHARMACY
------------------------------------------------------------------------------
  1 908955       1     03/01/06      ECMEpatient,One               ANC
  2 909225       1     03/04/06      ECMEpatient,Two               ANC
  3 41581        0     03/04/06      ECMEpatient,Three             ANC
```

(This page included for two-sided copying.)

10 Glossary

Accredited Standards Committee (ASC)	An organization that has been accredited by American National Standards Institute (ANSI) for the development of American National Standards.
Administrative Code Sets	Code sets that characterize a general business situation rather than a medical condition or service.
Administrative Simplification (A/S)	Title II, Subtitle F, of HIPAA, which gives the Department Of Health And Human Services (DHHS) the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.
American Medical Association (AMA)	A professional association that represents the voice of the American medical profession and constitutes the partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.
American National Standards (ANS)	Standards developed and approved by organizations accredited by ANSI.

American National Standards Institute (ANSI)	An organization that accredits various standards-setting committees, and monitors their compliance with the open rule-making process that they must follow to qualify for ANSI accreditation.
American Society for Testing and Materials (ASTM)	A standards group that has published general guidelines for the development of standards, including those for health care identifiers.
Back Door	System access via the roll and scroll, character and Mumps based VistA application.
Blue Cross and Blue Shield Association (BCBSA)	An association that represents the common interest of Blue Cross and Blue Shield health plans. The BCBSA maintains the Claim Adjustment Reason Codes code set.
Business Model	A model of a business organization or process.
Clean Claim	An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or particular circumstance requiring special treatment that prevents timely payment from being made.
Clearinghouse (or Health Care Clearinghouse)	For health care, an organization that translates health care data to or from a standard format.
Centers for Medicare & Medicaid Services (CMS)	Centers for Medicare & Medicaid Services, formerly Health Care Financing Administration (HCFA). The administration within the Department of Health and Human Services (HHS) that is responsible for the national administration of the Medicaid and Medicare programs.

CMS-1450	CMS's name for the institutional uniform claim form, or UB-92.
CMS-1500	CMS's name for the professional uniform claim form. Also known as the UCF-1500.
Coordination of Benefits (COB)	A provision that is intended to avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment.
Code Set	Under HIPAA "codes used to encode data elements, tables of terms, medical concepts, diagnostic codes, or medical procedures. A code set includes the codes and descriptors of the codes." [45 CFR 162.103]
Covered Entity	Under HIPAA, a health plan, healthcare clearinghouse or health care provider who transmits information in electronic form in connection with a transaction covered by this subchapter 160.103 of 45 CFR.
Current Procedural Terminology	A procedure code set maintained and copyrighted by the AMA and that has been selected for use under HIPAA for non-institutional and non-dental professional transactions.
Data Dictionary (DD)	A document or system that characterizes the data content of a system.
Data Element	Under HIPAA, this is "…the smallest named unit of information in a transaction." [45 CFR 162.103]
Data Mapping	The process of matching one set of data elements or individual code values to their closest equivalents in another set of them.

Data Model	A conceptual model of the information needed to support a business function or process.
Data Set	Under HIPAA, this is "…a semantically meaningful unit of information exchanged between two parties to a transaction." [45 CFR 162.103]
Designated Code Set	A medical or administrative code set, which DHHS has designated for use in one or more of the HIPAA standards.
Designated Data Content Committee or Designated DCC	An organization, which DHHS has designated for oversight of the business data content of one or more of the HIPAA-mandated transaction standards.
Designated Standard	A standard that DHHS has designated for use under the authority provided by HIPAA.
Department of Health and Human Services (DHHS) or (HHS)	Per the website address provided below, 'The Department Of Health And Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.' The website is available at <http://www.os.dhhs.gov/>.
Electronic Commerce (EComm)	The exchange of business information by electronic means.

Electronic Data Interchange (EDI)	The transfer of data between different companies using networks, such as the Internet. As more and more companies get connected to the Internet, EDI is becoming increasingly important as an industry standard for companies to buy, sell, and trade information. ANSI has approved a set of EDI standards known as the X12 standards.
Finish	Term used for completing orders from Order Entry/Results Reporting V. 3.0.
'Finish' a Prescription	This process within VistA Outpatient Pharmacy V.7.0 where a pharmacy prescription order has been reviewed by either a pharmacy technician or pharmacist and is the first step in processing a prescription in Pharmacy. If performed by a pharmacist with the appropriate security key, the prescription can be 'Verified' as well. See 'Verify a Prescription' for more information.
Flat File	This term usually refers to a file that consists of a series of fixed-length records that include some sort of record type code.
Front Door	System access via the Delphi, Graphical User Interface (GUI) based VistA application.
Graphical User Interface (GUI)	A graphical method of controlling how a user interacts with a computer to perform various tasks.

HCFA Common Procedural Coding System (HCPCS)	A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It is maintained by Health Care Financing Administration (HCFA), and has been selected for use in the HIPAA transactions. HCPCS Level I contain numeric CPT-4 codes, which are maintained by the AMA. HCPCS Level II contains alphanumeric codes used to identify various items and services that are not included in the CPT-4 code set. These are maintained by HCFA, BCBSA, and Health Insurance Association of America (HIAA). HCPCS Level III contains alphanumeric codes that are assigned by Medicaid State agencies to identify additional items and services not included in levels I and II. These are usually called "local codes," and must have "W", "X", "Y", or "Z" in the first position. They are not named as HIPAA standard codes. HCPCS Procedure Modifier Codes can be used with all three levels, with the WA-ZY range used for locally assigned procedure modifiers.
Health Care Clearinghouse	Under HIPAA, this is "… a public or private entity that does either of the following: (1) processes or facilitates the processing of information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction, or (2) receives a standard transaction from another entity and processes or facilitates the processing of [that] information into nonstandard format or nonstandard data content for a receiving entity." [45 CFR 160.103]

Health Care Financing Administration (HCFA)	The DHHS agency responsible for Medicare and parts of Medicaid. HCFA has historically maintained the UB-92 institutional Electronic Media Claims (EMC) format specifications, the professional EMC National Standard Format (NSF) specifications, as well as specifications for various certifications and authorizations used by the Medicare and Medicaid programs. HCFA also maintains the HCPCS medical code set.
Health Care Provider	Under HIPAA, this is "…a provider of services as defined in the section 1861(u) of the [Social Security] Act, 42 USC 1395x(u), a provider of medical or other health services as defined in section 1861(s) of the Act, 42 USC 1395(s), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." [45 CFR 160.103]
Health Information	Under HIPAA this is "… any information, whether oral or recorded in any form or medium that (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (b) related to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual." [45 CFR 160.103]
Health Insurance Association of America (HIAA)	An industry association that represents the interests of commercial health care insurers. The HIAA participates in the maintenance of some code sets, including HCPCS Level II codes.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)	A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.
Health Plan	Under HIPAA this is "…an individual or group plan that provides, or pay the cost of, medical care." [45 CFR 160.103]
Healthcare Financial Management Association (HFMA)	An organization for the improvement of the financial management of healthcare-related organizations. The HFMA sponsors some HIPAA educational seminars.
Health Level Seven (HL7)	An ANSI-accredited group that defines standards for the cross-platform exchange of information within a health care organization. HL7 is responsible for specifying the Level Seven Open System Interconnection (OSI) standards for the health industry. Some HL7 standards will be encapsulated in the X12 standards used for transmitting claim attachments.

HIPAA Data Dictionary or HIPAA DD	A data dictionary that defines and cross-references the contents of all X12 transactions included in the HIPAA mandate. It is maintained by X12N/TG3.
Implementation Guide (IG)	A document explaining the proper use of a standard for a specific business purpose. The X12N HIPAA IGs are the primary reference documents used by those implementing the associated transactions, and are incorporated into the HIPAA regulations by reference.
Implementation Specification	Under HIPAA, this is "… the specific instructions for implementing a standard." [45 CFR 160.103]
Information Model	A conceptual model of the information needed to support a business function or process.
International Classification of Diseases (ICD)	A medical code set maintained by the World Health Organization (WHO). The primary purpose of this code set is to classify causes of death. A United States (US) extension of this coding system, maintained by the National Center for Health Statistics (NCHS) within the Centers for Disease Control (CDC), is used to identify morbidity factors, or diagnoses. The ICD-9-CM (Revision 9 Clinical Modification) codes have been selected for use in the HIPAA transactions.
International Standards Organization (ISO) or International Organization for Standardization	An organization that coordinates the development and adoption of numerous international standards.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	In the future, the JCAHO may play a role in certifying these organizations compliance with the HIPAA A/S requirements.
J-Codes	Previously HCPCS Level II has contained a set of codes with a high-order value of "J" to identify some drugs and some other items. The final HIPAA transactions and code set rule states that any J-codes identifying drugs will be dropped from the HCPCS and NDC codes will be used to identify all drug products.
Maintain or Maintenance	Under HIPAA, this is "…activities necessary to support the use of a standard adopted by the Secretary, including technical corrections to an implementation specification, and enhancements or expansion of a code set. This term excludes the activities related to the adoption of a new standard or implementation specification, or modification to an adopted standard or implementation specification." [45 CFR 162.103]
Maximum Defined Data Set	Under HIPAA, this is "… all of the required data elements for a particular standard based on a specific implementation specification." [45 CFR 162.103]. A framework under HIPAA whereby an entity creating a transaction is free to include whatever data any receiver might want or need. The recipient of a maximum data set is free to ignore any portion of the data not needed to conduct their part of the associated business transaction, unless the nonessential data is needed for coordination of benefits.
Medical Code Sets	Codes that characterize a medical condition or treatment. The code sets are usually maintained by professional societies and public health organizations.

Memorandum of Understanding (MOU)	A document providing a general description of the kinds of responsibilities that are to be assumed by two or more parties in their pursuit of some goal(s). More specific information may be provided in an associated Statement Of Work (SOW).
Modify or Modification	Under HIPAA, refers to "a change adopted by the Secretary, through regulation, to a standard or an implementation specification." [45 CFR 160.102]
National Center for Health Statistics (NCHS)	An administration of HHS and CDC that oversees ICD coding.
National Council for Prescription Drug Programs (NCPDP)	An ANSI-accredited group that maintains a number of standard formats for use by the retail pharmacy industry, some of which are included in the HIPAA mandates.
National Drug Code (NDC)	A medical code set that has been selected for use in the HIPAA transactions.
National Employer ID	A system for uniquely identifying all sponsors of health care benefits.
National Patient ID	A system for uniquely identifying all recipients of health care services.
National Payer ID	A system for uniquely identifying all organizations that pays for health care services. Also known as Health Plan ID or Plan ID.
National Provider File (NPF)	The database envisioned for use in maintaining a national provider registry.

National Provider ID	A system for uniquely identifying all providers of health care services, supplies, and equipment.
National Provider Registry	The organization envisioned for assigning the National Provider IDs.
National Provider System (NPS)	The administrative system envisioned for supporting a national provider registry.
National Standard Format (NSF)	Generically, this applies to any national standard format, but it is often used in a more limited way to designate the Professional EMC NSF, a 320-byte flat file record format used to submit professional claims.
National Uniform Billing Committee (NUBC)	The committee established by the American Hospital Association (AHA) to develop a single billing form and standard data set that could be used nationwide by institutional providers and payers for handling health care claims.
NCPDP Batch Standard	An NCPDP standard designed for use by low-volume dispensers of pharmaceuticals, such as nursing homes. Version 1.0 of this standard has been mandated under HIPAA.
NCPDP Telecommunication Standards	An NCPDP standard designed for use by high-volume dispensers of pharmaceuticals, such as retail pharmacies. Version 5.1 and D0 are the transaction standards under HIPAA.
Non-Formulary Drugs	The medications, which are defined as commercially available drug products not included in the VA National Formulary.

Notice of Intent (NOI)	A document that describes a subject area for which the Federal Government is considering developing regulations. It may describe what the government considers to be the relevant considerations and invite comments from interested parties. These comments can then be used in developing a Notice of Proposed Rulemaking (NPRM) or a final regulation.
Notice of Proposed Rulemaking (NPRM)	A document that describes and explains regulations that the Federal Government proposes to adopt at some future date, and invites interested parties to submit comments related to them. These comments can then be used in developing the final rules.
Office of Management & Budget (OMB)	A Federal Government agency that has a major role in reviewing proposed Federal regulations.
Open System Interconnection (OSI)	A multi-layer ISO data communications standard. Level Seven of this standard is industry-specific, and HL7 is responsible for specifying the level seven OSI standards for the health industry.
Outpatient Pharmacy Electronic Claims Coordinator (OPECC)	This is a designated individual at each site who will be responsible for monitoring NCPDP claims using the ECME module. The OPECC will resolve claim rejection issues with the appropriate parties, make data corrections, and resubmit claims.
Orderable Item	An Orderable Item name and dosage form that has no strength attached to it (e.g., Acetaminophen). The name with a strength attached is the Dispense Drug name (e.g., Acetaminophen 325mg).

Payer	In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, or a health care plan or Health Maintenance Organization (HMO).
PAYERID	HCFA's term for their National Payer ID initiative.
PBM	A Pharmacy Benefit Manager (PBM) is a third party administrator of prescription drug programs. They are primarily responsible for processing and paying prescription drug claims.
Placeholders	Physical and/or logical data elements that are referenced and placed within a data structure that have a data definition but may or may not currently exist within the system. The value of these data elements are not currently maintained by the software but are established for future iterations of system development related to Billing Aware.
Potentially Billable Event	A service, which has all required data elements associated with it. These data elements are collected in the VistA Clinical Application.
Professional Component	Charges for physician services. Examples include physician who reads the Electrocardiogram (EKG) and an Emergency Room physician who provides treatment.
Provider Taxonomy Codes	A code set for identifying the provider type and area of specialization for all health care providers. A given provider can have several Provider Taxonomy Codes. The BCBSA maintains this code set.

Secretary	Under HIPAA, this refers to the Secretary of the US Department of Health and Human Services or his/her designated representatives. [45 CFR 160.103].

Segment	Under HIPAA, this is "…a group of related data elements in a transaction." [45 CFR 162.103]
Service	Medical care and items such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital Regional Primary Care Hospital (RPCH) or Skilled Nursing Facility (SNF) facilities.
Standard	Under HIPAA, this is "… a prescribed set of rules, conditions, or requirements describing the following information for products, systems, services or practices (1) Classification of components, (2) Specification of Materials, performance or operations, (3) Delineation of procedures. [45 CFR 160.103]
Standard Setting Organization (SSO)	Under HIPAA, this is "…an organization accredited by ANSI that develops and maintains standards for information transactions or data elements, or any other standard that is necessary for, or will facilitate the implementation of this part." [45 CFR 160.103]
Standard Transaction	Under HIPAA, this is "… a transaction that complies with the applicable standard adopted under this part." [45 CFR 162.103]
Statement of Work (SOW)	A document describing the specific tasks and methodologies that will be followed to satisfy the requirements of an associated contract or MOU.
Third Party Administrator (TPA)	An entity that processes health care claims and performs related business functions for a health plan.

Third (3rd) Party Claims Transaction	Health care insurance claims submitted to an entity for reimbursement of health care bills. Under HIPAA, this is "…the exchange of information between two parties to carry out financial or administrative activities related to health care." [45 CFR 160.103]
TRICARE Patient	A TRICARE patient is a patient that has TRICARE coverage only. His/her TRICARE insurance will be billed for the prescription. If his/her TRICARE insurance rejects the claim, then the medication will NOT be released to the patient. If the patient has commercial insurance(s) in addition to TRICARE coverage, then she/he is not considered as a TRICARE patient in terms of the ECME software. Medication will be released and neither TRICARE nor commercial insurances will be billed.
UB-92	A uniform institutional claim form developed by the National Uniform Billing Committee (NUBC) that has been in use since 1993.
Unstructured Data	This term usually refers to data that is represented as free-form text, as an image, etc., where it is not practical to predict exactly what data will appear where.
'Verify' a Prescription	After a prescription order has been 'Finished' the prescription must be 'Verified' by an authorized VistA user, through the administration of the system security key SOP. This is a critical step in the process of generating an electronic claim.
Veterans Health Information Systems	Acronym for Veterans Health Information

and Technology Architecture (VistA)	Systems and Technology Architecture, the new name for Decentralized Hospital Computer Program (DHCP).
Workgroup for Electronic Data Interchange (WEDI)	A health care industry group that lobbied for HIPAA A/S, and that has a formal consultative role under the HIPAA legislation.

11 Acronyms

Acronym	Description
AITC	Austin Information Technology Center
ADPAC	Automated Data Processing Application Coordinator
AMA	American Medical Association
ANS	American National Standards
ANSI	American National Standards Institute
A/S	Administrative Simplification
ASC	Accredited Standards Committee
ASTM	American Society for Testing and Materials
BCBSA	Blue Cross and Blue Shield Association
CDES	ECME User Screen
CMOP	Consolidated Mail Outpatient Pharmacy
CMS	Centers for Medicare & Medicaid
COB	Coordination of Benefits
DD	Data Dictionary
DEA	Drug Enforcement Administration
DHHS	Department of Health and Human Services
DUR	Drug Utilization Review
ECME	Electronic Claims Management Engine
EComm	Electronic Commerce
EDI	Electronic Data Interchange
FILEMAN	VistA FileMan
GUI	Graphical User Interface
HCFA	Health Care Financing Administration
HCPCS	HCFA Common Procedural Coding System
HFMA	Healthcare Financial Management Association
HHS	Department of Health and Human Services
HIAA	Health Insurance Association of America
HIPAA	Health Insurance Portability and Accountability Act
HL7	Health Level Seven
IB	Integrated Billing
ICD	International Classification of Disease
ICD-9-CM	International Classification of Disease, 9th revision, Clinical Modification
ICD-9-PCS	International Classification of Disease, 9th revision, Procedure Coding System
IG	Implementation Guide
IRMS	Information Resources Management Service
ISO	International Standards Organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

Acronym	Description
MOU	Memorandum of Understanding
NCHS	National Center for Health Statistics
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NDF	National Drug File
NOI	Notice of Intent
NPF	National Provider File
NPI	National Provider Identifier
NPRM	Notice of Proposed Rulemaking
NPS	National Provider System
NSF	National Standard Format
NUBC	National Uniform Billing Committee
OMB	Office of Management and Budget
OPECC	Outpatient Pharmacy Electronic Claims Coordinator
OSI	Open System Interconnection
OTC	Over the Counter
POS	Point of Sale
SOW	Statement of Work
SSO	Standard Setting Organization
TPA	Third Party Administration
VA	Department of Veterans Affairs
VAMC	Department of Veterans Affairs Medical Center
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture
WEDI	Workgroup for Electronic Data Interchange

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