



PSO*7*146
(Transitional Pharmacy Benefit
Phase II)

RELEASE NOTES

September 2003

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1. Introduction

In recent years, the Department of Veterans Affairs (VA) has faced a large increase in the demand for health care services, and has often been unable to provide all veterans with health care services in a timely manner. In many places, that means the veterans must wait a considerable length of time to receive an initial primary care visit. In an effort to ease the burden on these veterans, VA will provide a new, temporary prescription benefit called the VA Transitional Pharmacy Benefit (TPB) to veterans on waiting lists that have valid prescriptions from their non-VA physicians.

The Outpatient Pharmacy patch PSO*7*146 Release Notes provide a brief description of the new features and functions of the TPB project, Phase II.

The following software must be running to support the enhancements requested:

Package	Minimum Version Needed
VA FileMan	22.0
Kernel	8.0
MailMan	8.0
Outpatient Pharmacy	7.0
Scheduling	5.3
Health Level 7	1.6
Text Integration Utilities	1.0
Decision Support System	3.0
Integrated Billing	2.0
Pharmacy Benefits Management	3.0
Order Entry/Results Reporting	3.0
Automated Info Collection System	3.0
Health Summary	2.7

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2. Outpatient Pharmacy

2.1. PRESCRIPTION file (#52)

2.1.1. Overview

The PRESCRIPTION file (#52) has been modified to add a flag that will identify TPB prescriptions. This field will be used for statistical purposes and to determine a patient's status in the TPB program. When a TPB prescription is discontinued, the software checks all TPB prescriptions for the patient. If all the TPB prescriptions are discontinued or expired, then the software populates the INACTIVATION OF BENEFIT DATE and INACTIVATION REASON CODE fields.

2.1.2. New Features, Functions and Enhancements

PRESCRIPTION file (#52)

A TPB prescription flag will be set by the system in the PRESCRIPTION file (#52) when all of the following conditions are met:

- The user enters, finishes or verifies a prescription through the new *TPB Rx (Prescription) Entry* option created for this pharmacy benefit entry process. If the user processes the prescription through any other prescription option, the flag will not be set.
- A TPB prescription's Provider must be an active Non-VA Prescriber, defined when the NON-VA PRESCRIBER status is set to **Y** and the ON EXCLUSIONARY LIST field is set to **N** in the NEW PERSON file.
- The RX PATIENT STATUS in the prescription is NON-VA.
- The patient is in the TPB ELIGIBILITY file with no INACTIVATION OF BENEFIT DATE or a future INACTIVATION OF BENEFIT DATE.

Note:

- Orders entered through CPRS will be flagged if finished or verified through the *TPB RX (Prescription) Entry* option.
- This flag will be set one time at prescription creation and will never change no matter what edits are done for that patient in the TPB ELIGIBILITY file.

2.2. RX PATIENT STATUS file (#53)

2.2.1. Overview

A new RX PATIENT STATUS name of “NON-VA” has been added to the RX PATIENT STATUS file (#53). Sites can currently add entries to this file; however, the PSO*7*146 patch checks the entries in this file upon installation to determine if the site already has an entry with the name of “NON-VA.”

Note: The patch will not install if the “NON-VA” name exists in the RX PATIENT STATUS file.

2.2.2. New Features, Functions and Enhancements

Changed Files

A new PATIENT STATUS name of “NON-VA” has been added to the RX PATIENT STATUS file (#53). This "NON-VA" patient status will be used as the default RX PATIENT STATUS in the *TPB Rx (Prescription) Entry* option.

Changed Fields

RX PATIENT STATUS file (#53)

The new status of “NON-VA” shall contain the following data set defaults:

Select **RX PATIENT STATUS NAME**:

Field Name	Data Set Default
NAME:	NON-VA
ABBR:	NVA
DAYS SUPPLY:	30
REFILLS:	11
RENEWABLE:	YES
SC/A&A/OTHER/INPATIENT/NVA:	NVA
EXEMPT FROM COPAYMENT:	NO
EXEMPT FROM CHAMPUS BILLING:	NO

Note:

The selection of RX PATIENT STATUS default has changed from SC/A&A/OTHER/INPATIENT: to SC/A&A/OTHER/INPATIENT/NVA: adding NVA as a selection.

2.3. Clinical Template content and creation

2.3.1. Overview

A Text Integration Utilities (TIU) boiler plated note has been developed and sent to the Department of Veteran Affairs Medical Centers (VAMC) for use in documenting the issuance of the TPB prescription and the clinical information about the patient.

2.3.2. New Features, Functions and Enhancements

The title of the distributed TIU note is “Transitional Pharmacy Benefit Note”. The local site can rename the title of the note as they wish. This note will alleviate the necessity of the Clinical Pharmacist switching from the Pharmacy options to the CPRS GUI application to enter the clinical information about the patient.

Note:

The note template should not be edited. The Clinical Pharmacist must complete the fields to ensure complete documentation.

2.4. Patient Information Screen

2.4.1. Overview

The Primary Care Appointment date is now displayed on the Patient Information Screen.

2.4.2. New Features, Functions and Enhancements

The Primary Care Appointment date will be displayed on the Patient Information Screen. The date of the nearest appointment will be displayed. This appointment may be in the future or in the past. The Primary Care Appointment date will be displayed in *Patient Prescription Processing* and *Complete Orders from OE/RR* as well as the *TPB Rx (Prescription) Entry* option. The Primary Care Appointment date is obtained from the PATIENT file (#2).

2.4.3. Impacts to Other Packages

The Primary Care Appointment date will be displayed from any Outpatient Pharmacy option on the Patient Information screen for TPB eligible patients.

2.5. Patient Prescription Processing

2.5.1. Overview

Changes have been made to Patient Prescription processing to accommodate the TPB program.

2.5.2. New Features, Functions and Enhancements

- During the standard *Patient Prescription Processing* option, the system will check the TPB ELIGIBILITY file (#52.91) for every patient that is processed.
- A Primary Care Appointment date will be displayed during Patient Prescription processing on the Patient Information screen.
- When viewing a prescription in the *View Prescription, Patient Prescription Processing* or *Complete Orders from OERR* options, the TPB flagged prescriptions will display an identifier (TPB) before the RX # field (Example: TPB Rx #: 400507A\$).

2.5.3. Other Functionality

When the *Patient Prescription Processing* option is accessed, the system checks the patient for TPB eligibility status. If a patient is eligible a message will be displayed to the screen stating eligibility.

2.6. Complete Orders from OE/RR

2.6.1. Overview

Changes have been made to the *Complete Orders from OE/RR* option to accommodate the TPB program.

2.6.2. New Features, Functions and Enhancements

- When processing an order from the *Complete Orders From OE/RR* option, the system checks selected patients for TPB program eligibility.
- Primary Care Appointment date will be displayed during Patient Prescription processing on the Patient Information screen.
- When viewing a prescription in the *View Prescription, Patient Prescription Processing* or *Complete Orders from OERR* options, the TPB flagged prescriptions will display an identifier (TPB) before the RX # field (Example: TPB Rx #: 400507A\$).

2.6.3. Other Functionality

When the *Complete Orders From OE/RR* option is accessed, the system checks the selected patient for TPB eligibility status. If a patient is eligible, a message will be displayed to the screen stating the eligibility.

3. Transitional Pharmacy Benefit

3.1. TPB Rx (Prescription) Entry

3.1.1. Overview

The new stand-alone *TPB Rx (Prescription) Entry* option has been created to provide in one location all the pharmacy functionality required to provide services for TPB eligible patients.

3.1.2. New Features, Functions and Enhancements

The *TPB Rx (Prescription) Entry* option is a new stand-alone option that allows the entry of prescriptions for patients that are eligible for the TPB benefit. The *TPB Rx (Prescription) Entry* option includes all the features found in *Patient Prescription Processing*, as well as the following new features:

Patient Eligibility:

When a patient is selected through the *TPB Rx (Prescription) Entry* option, the TPB ELIGIBILITY file (#52.91) is checked to make sure the patient is eligible for the TPB program.

Provider:

- The user has the ability to add a new Provider through this option.
- In order for the Provider to be selectable for this benefit, the provider must be an active Non-VA Prescriber.
 - For the Provider entry to be considered an active Non-VA Prescriber, the NON-VA PRESCRIBER field must be set to **YES** and the ON EXCLUSIONARY LIST field must be set to **NO**. The software uses these fields to validate the status of the PROVIDER selection during the *TPB Rx (Prescription) Entry* option prescription processing. If either field is not appropriately set, the user may not select the Provider for a TPB prescription.

- There are new fields added to the Provider definition in the NEW PERSON file (#200). The new fields are TAX ID, NON-VA PRESCRIBER, EXCLUSIONARY CHECK PERFORMED, DATE EXCLUSIONARY LIST CHECKED, ON EXCLUSIONARY LIST, and EXCLUSIONARY CHECKED BY, which is the user ID of the user who answers the EXCLUSIONARY CHECK PERFORMED prompt with **Y**.
- The ON EXCLUSIONARY LIST field will record the status of the Provider on the exclusionary list at the time the check was performed by the designated user. A **YES** response to the prompt will display a message to the screen stating, "This Provider will not be selectable during TPB medication order entry".
- After the Provider Enter/Edit is complete, the software returns the user to the *TPB Rx (Prescription) Entry* option.

Allergies or Adverse Reaction entry:

The user will have the ability to enter patient reported allergies and adverse reaction information in the *TPB Rx (Prescription) Entry* option.

Patient Prescription Processing:

- Standard Patient Prescription Processing prompts will be displayed to the user.
- The primary care appointment date will display on the Patient Information screen. The date of the nearest appointment will be displayed. This appointment may be in the future or in the past. The purpose of this display is to help the Pharmacist determine how much medication and how many refills to dispense.
- The PATIENT STATUS of NON-VA will be set automatically by the system when the user is in the *TPB Rx (Prescription) Entry* option. No other patient status is selectable through this option.
- Only an active Non-VA Prescriber can be selected.
- The prescription routing will default to mail.

Progress Note via TIU:

- The user will be prompted to add a Progress Note via TIU. The user should enter **Y** and the appropriate progress note title should be selected. The Standard title of the note is "TRANSITIONAL PHARMACY BENEFIT NOTE"; however, each site can modify the title if they choose.

- After the progress note is completed, the user will be prompted to enter the workload data, which is the PRIMARY PROVIDER, DIAGNOSIS (V68.1) and CPT code (99420).
- Workload will be confirmed with this message: POSTING WORKLOAD.

4. National Reporting and Monitoring

4.1. HL7 file

4.1.1. Overview

A new extract comprised of data from the TPB ELIGIBILITY file and other various sources will be created. This data will be sent to the AAC in order for analysis to be performed on the patients in the TPB program and the number of patients that used the benefit.

4.1.2. New Features, Functions and Enhancements

- This extract will provide patient data based on the list of TPB patients in the TPB ELIGIBILITY file (#52.91). This extract will be sent via an HL7 message.
- Patient data will be extracted every Sunday via a queued HL7 job, based on the current list of TPB patients in the TPB ELIGIBILITY file (#52.91).

5. Adding and Editing a Provider

5.1. Add New Providers and Edit Provider modifications

5.1.1. Overview

When adding or editing a provider through the *Add New Providers* or *Edit Provider* option, the user will be prompted to address five new fields in the NEW PERSON file to define a Non-VA Prescriber. A sixth field, the EXCLUSIONARY CHECKED BY field, which reports the user who performed the exclusionary check, has been added to the NEW PERSON file and is automatically set by the system.

5.1.2. New Features, Functions and Enhancements

The new fields are:

- TAX ID
 - NON-VA PRESCRIBER
 - EXCLUSIONARY CHECK PERFORMED
 - DATE EXCLUSIONARY LIST CHECKED
 - ON EXCLUSIONARY LIST
 - EXCLUSIONARY CHECKED BY
-
- If the user is adding a new Provider or modifying an existing Provider using the *Add New Providers* option, *Edit Provider* or the *TPB Rx (Prescription) Entry* option, the user will be prompted to answer the NON-VA PRESCRIBER questions.
 - The TAX ID is required when the NON-VA PRESCRIBER is answered **Y**.
 - If the TAX ID field is null, the user will be prompted for entry of TAX ID.
 - The TAX ID must be entered in the following format: 2 numbers - 7 numbers.
 - A user response of **YES** in the NON-VA PRESCRIBER field will invoke the EXCLUSIONARY CHECK PERFORMED: Y or N prompt.
 - The Tax ID and Name will be needed for the user to perform the check of Exclusionary List. The user can check the Provider's standing on the following web site: [**http://oig.hhs.gov/fraud/exclusions.html**](http://oig.hhs.gov/fraud/exclusions.html)
 - A new EXCLUSIONARY CHECKED BY field will record the user ID of the person who entered the EXCLUSIONARY CHECK PERFORMED field in the NEW PERSON file (#200).