Electronic Claims Management Engine

Version 1.0

User Manual

December 2022

Department of Veterans Affairs

Office of Information and Technology

Revision History

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
12/2022	Updated for BPS*1*33 Updated Title Page date and footers Updated 7.2.2 Edit ECME Pharmacy Data for new field BPS PHARMACY FOR CS	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
08/2022	Updated for BPS*1*32 Updated Title Page date and footers Updated 5.11 for Patient Gender Code.	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
05/2022	Updated for BPS*1*31 Updated Title Page date and footers Updated 5.4 and 5.13 when an unreleased auto-reversed claim exists.	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
01/2022	Updated for BPS*1*30 Updated Title Page date and footers Added Code 943 to DUR Rejects Added Note for Non-Billable Reasons Examples	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
05/2021	Updated for BPS*1*28 Updated Title Page date and footers Added Section 6.3.3 SC Prescriptions for Active Duty Prescriptions Added Section 8.1.11 Duplicate Claims Report	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team
12/2020	Updated for BPS*1*27 Updated Potential Secondary Rx Claims Report Screen Display Updated Title Page date and footers	MCCF EDI TAS ePharmacy Development Team	MCCF EDI TAS ePharmacy Development Team

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
04/2020	Updated for BPS*1*26 Updated section 5.6 Add/View Comments Updated Title Page date and footers	REDACTED	REDACTED
1/2019	Updated for BPS*1*24 Change label on Claim Log, Modify Change View (CV), Enhance Claim Reports	REDACTED	REDACTED
08/2018	Updated for BPS*1*23 Update Title page date, footer date Modification filter questions CV Change View action, Rx Activity Log to add Date of Service to ECME Log, Resubmit with Edits action, Process Secondary/TRICARE Rx to ECME option, Payable Claims Report, Rejected Claims Report, Reversal Claims Report, Claims Submitted Not Yet Released Report, Recent Transactions Report, Closed Claims Report, View ePharmacy Rx Report Option	REDACTED	REDACTED
11/2017	Updated for BPS*1*22 Update Title page date, modification to Change View action; change auto-reverse parameter and auto-reversal bulletin; add Facility ID Qualifier and Reconciliation ID to Claim Log and Claim Response Inquiry; add new action PR Print Reports to VER View ePharmacy Rx.	REDACTED	REDACTED
05/2017	Updated for BPS*1*21	REDACTED	REDACTED
08/2016	Updated for BPS*1*20	REDACTED	REDACTED

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
06/2016	Updated Title Page to current OI&T standards. Updated for BPS*1*19 to reflect customer requested revisions throughout screenshots including numerous changes throughout to update for inclusion of the Close Claim functionality and the new Non-Billable Status Report (NBS)	REDACTED	REDACTED
10/2015	Updated for BPS*1*18	REDACTED	REDACTED
11/2013	Updated for BPS*1*15 (made numerous minor changes throughout; fixed defective page breaks)	REDACTED	FirstView Team
02/2012	Updated for BPS*1*11	REDACTED	REDACTED
10/2011	Updated for BPS*1*10	REDACTED	REDACTED
06/2011	Updated for BPS*1*10 and consistency	REDACTED	REDACTED
12/2010	Reviewed and updated revisions; inserted TRICARE disclaimer	REDACTED	REDACTED
10/2010	Updated for accuracy changes per CBO	REDACTED	REDACTED
08/2010	Updated for BPS*1*8 and Addendum	REDACTED	REDACTED
10/2009	Updated for patch BPS*1.0*8 ePharmacy COB Support	REDACTED	REDACTED
04/2009	Updated for patch BPS*1.0*7	REDACTED	REDACTED
02/2007	Updated for patch BPS*1.0*2	REDACTED	REDACTED
08/2006	Updated for interim patch BPS*1.0*3	REDACTED	REDACTED
04/2006	Initial release of the ECME User Manual.	REDACTED	REDACTED

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1   Introduction

The Electronic Claims Management Engine (ECME) generates electronic claims in National Council for Prescription Drug Programs (NCPDP) V.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, which 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 unless the patient is Active Duty. (If the patient is Active Duty, all prescriptions are billable). 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 to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and updated it to comply with the HIPAA rule of 2009, which requires health care providers to transmit outpatient pharmacy prescription claims to payers electronically 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 the user is familiar with the Veterans Health Information Systems and Technology Architecture (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.

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 *Add Pharmacy / OPECC Comment* action triggers the system to display the Pharmacy / OPECC Comment on 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 the user 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 alerts the user to special information.

  - IMPORTANT cautions the user to notice critical information. Example:

IMPORTANT: Cautions the user to notice critical information.

  - NOTE indicates important or helpful information. Example:

Note: *Important or helpful information.*

  - Key options are locked with a particular security key. The user must hold the particular security key to be able to perform the menu option. Example:

The user 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. The user 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 the user to the starting point.

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 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, the user 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.

VHA-oriented HIPAA (Health Insurance Portability and Accountability Act) information can be found at REDACTED.

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 the user holds.

Currently, ECME has the following security keys: BPSMENU, BPS USER, BPS MANAGER, BPS MASTER, BPS SUPERVISOR, 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 the user must hold 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 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	• BPSMENU • BPS USER • BPS MANAGER • BPS REPORTS

Type of User	*ECME Menu	ECME Security Keys
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
OPECC Supervisor	Pharmacy Electronic Claims Reports	• BPS SUPERVISOR • 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.

The user 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 Claims Report for Dual Eligible
- 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
    - **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
        - NBS   Non-Billable Status 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
        - VER   View ePharmacy Rx
        - OPR   OPECC Productivity Report

3.2   ECME User Screen

The ECME User Screen structure is listed below. The ECME User Screen is a List Manager screen that 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.

The user 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.

> 🔑   *The user must hold the BPSMENU keys to view the ECME Pharmacy COB option.*

- **COB   ECME Pharmacy COB**
    - SEC   Potential Secondary Rx Claims Report
    - TRI   Potential Claims Report for Dual Eligible
    - 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.

> 🔑   *The user 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
    - **SET   Pharmacy ECME Setup Menu**
        - BAS   Edit Basic ECME Parameters
        - PHAR   Edit ECME Pharmacy Data
        - REG   Register Pharmacy with Austin Automation Center
    - **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.

> 🔑   *The user must hold the BPSMENU and BPS REPORT keys to view the Pharmacy Electronic Claims Reports option. The OPECC Productivity Report will only display if the user holds the BPS SUPERVISOR KEY.*

- **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
    - NBS   Non-Billable Status 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
    - VER   View ePharmacy Rx
    - OPR   OPECC Productivity Report

4   Accessing the ECME Main Menu

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

> *The user 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
```

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 (PBM). This option allows the user to review, close, reverse, or resubmit electronic claims.

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

> 🗝️   *The user 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.

> *Note*:   *The screen will display nothing the first time this menu option is entered. Select the Change View option, **CV**, as in section 5.1, 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 timeframe 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/DOS/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 XXXXXX$    1/XXXXXXXXXXXX      M RT
DS/N
      10/19/10 - Clarification Code 8 submitted.
      (OPPUSER,TWO)
      p-Reversal accepted
         Enter ?? for more actions
CV  Change View        REV Reverse Payable Claim FR  Further Research
SO  Sort List          RES Resubmit Claim           VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim            WRK Send to Worklist
Select Action: Next Screen//
```

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

Diagram 5-1: ECME User Screen Areas

```
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 XXXXXX$    1/XXXXXXXXXXXX    M RT
DS/N
     10/19/10 - Clarification Code 8 submitted.
     (OPPUSER,TWO)
     p-Reversal accepted
          Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim         VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim            WRK Send to Worklist
Select Action: Next Screen//
```

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

1. **Header Area -** Displays the date / time the screen was built, page status, selected division(s), user, and activity date range.

2. **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; CVA = CHAMPVA; 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         DOS     RX#  Copay  Refill/ECME#         COLCHICINE
0.6MG   00074-3781-01 06/24  XXXXXX $ 1  /XXXXXXXXXXX
LOC /BillTYPE /RXStatus  /Release Status
M/   RT/      DS         /N
```

These show for each claim:

- Drug Name
- NDC (National Drug Code)
- Date of Service
- 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
  - P2 = PRO option
  - RS = Resubmission
  - 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 fill / 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. If a claim has been resubmitted since the most recent comment, a message displays in place of the most recent comment: "Prior comments suppressed – use CMT action for all comments."

- **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, 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."

3. **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.

4. **Action Area** - A list of *Claims Data Entry* options is available 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.

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

The ECME User Screen also displays non-billable entries in addition to billable claims. TRICARE and CHAMPVA prescriptions with pseudo-rejection codes of eT and eC display with a few differences. The display for non-billable entries does not include date of service or an ECME number. Also, an open / closed indicator displays for each pseudo-rejection entry and the open / closed status is only for display purposes. The user can filter based on the status by using the Change View action.

The ECME User Screen has several actions to help navigate, 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
CV   Change View          REV Reverse Payable Claim FR  Further Research
SO   Sort List            RES Resubmit Claim        VER View ePharmacy Rx
CMT  Add/View Comments    CLO Close Claim           WRK Send to Worklist
```

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)
Q    Quit
Press RETURN to continue or '^' to exit:
ROC  Reopen Closed Claims
OCN  Open/Close Non Billable Entry
DV   Print Developer Claim Log
REJ  OPECC Reject Information
RER  Resubmit Claim w/o Reversal
EX   Exit
LOG  Print Claim Log
RED  Resubmit Claim w/EDITS
UD   Display Update
Enter RETURN to continue or '^' to exit:
```

The following actions are not available for non-billable entries:

- REV Reverse Payable Claim

- CLO Close Claim

- LOG Print Claim Log

- WRK Send to Worklist

- ROC Reopen Closed Claims

- 'RED Resubmit Claim w/EDITS

- RER Resubmit Claim w/o Reversal

- RH Release Copay (On FR Further Research)

After selecting an action, a prompt may display for the user to select an item from the ECME User screen.

- If the action requires the user to select a patient line, the system will default a value of 1 for the item prompt if there is only one patient displayed.

- If the action requires the user to select a claim line, the system will default a value of 1.1 for the prompt if there is only one claim displayed.

5.1   Change View

The Change View action allows the user to customize information 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 the user the option to "SAVE" these selections as a "preferred view."

Example 5.1-1: 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 XXXXXXXXX$  0/ REDACTED  W RT AC/R
        p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/19 XXXXXXXXX$  0/ REDACTED  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 XXXXXXXXX$  0/ REDACTED  W RT AC/R
        p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 XXXXXXXXX$  0/ REDACTED  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@14:50:47. Press "Q" to quit.
CV  Change View         REV Reverse Payable Claim FR  Further Research
SO  Sort List           RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen//CV Change View
```

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

Example 5.1-2: 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 5.1-3: Selecting Views by Eligibility Type

```
     Select one of the following:
         V         VETERAN
         T         TRICARE
         C         CHAMPVA
         A         ALL
Select One or Many Eligibility Types or (A)ll: A// ?
Enter a single response or multiple responses separated by commas.
 Example:
  T
  T,C
```

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

Example 5.1-4: Selecting Views from Entries by One User

```
     Select one of the following:
          U         USER
          A         ALL
Display One or Many ECME (U)sers or (A)LL: A// USER
Enter a user to select.
Once all users are selected, hit enter without making a selection.
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
  Selected:
          ECMEuser,One
Select User:
```

d. View data on one patient, many patients, or all patients.

Example 5.1-5: Selecting Views from Entries for One Patient

```
     Select one of the following:
          P         PATIENT
          A         ALL
Display One or Many (P)atients or (A)LL: A// PATIENT
Enter a patient to select.
Once all patients are selected, hit enter without making a selection.
Select Patient: ECMEpatient,ONE// ECME
   1   ECMEpatient,One      XX-XX-XX    XXXXXXXXX        NO    NSC VETERAN
   2   ECMEpatient,Two      XX-XX-XX    XXXXXXXXX        NO    NSC VETERAN
   3   ECMEpatient,Three    XX-XX-XX    XXXXXXXXX        YES    SC VETERAN
ENTER '^' TO STOP, OR
CHOOSE 1-3: 2  ECMEpatient,Two        XX-XX-XX    XXXXXXXXX        NO     NSC VETERAN
 Enrollment Priority: GROUP 8g   Category: NOT ENROLLED  End Date: 08/01/2005
   Selected:
          ECMEpatient,Two
Select Patient:
```

Note: *If selecting one or many patients, data may be viewed for up to 366 days. If selecting all patients, data may be viewed for up to 180 days.*

e. View data about one prescription, many prescriptions, or all prescriptions.

Example 5.1-6: Selecting Views from Entries for One Prescription

```
     Select one of the following:
          R         RX
          A         ALL
Display One or Many (R)x or (A)LL: A// R  RX
Enter a prescription to select.
Once all prescriptions are selected, hit enter without making a selection.
Select RX: REDACTED
  Selected:
          REDACTED
Select RX:
```

f. Choose data for a date range or timeframe of days or hours.

Example 5.1-7: Selecting Views by Timeframe of the Default of Days

```
     Select one of the following:
         D         Date Range
         T         Timeframe
Display Activity (D)ate Range or (T)imeframe: T// ?
Date Range will allow a user to specify an activity beginning and ending date.
Timeframe will allow a user to specify the activity by days or hours.
     Select one of the following:
         D         Date Range
         T         Timeframe
Display Activity (D)ate Range or (T)imeframe: Date Range
```

Note: *If selecting one or many patients, data may be viewed for up to 366 days. If selecting all patients, data may be viewed for up to 180 days.*

g. (IF BY DATE RANGE) Choose a beginning and ending date.

Example 5.1-8: Selecting Views by Date Range

```
Display Activity (D)ate Range or (T)imeframe: T// d  Date Range
Activity Beginning Date:  T  (JAN 11,2008)
Activity Ending Date:  ?
Enter a date which is no more than 180 days after the Beginning Date.
Activity Ending Date:
```

h. (IF BY TIMEFRAME) Choose data for a period of days or hours.

Example 5.1-9: 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
```

i. (IF BY TIMEFRAME) Enter a number for the timeframe value for the number of days, or number of hours, to view.

Example 5.1-10: Selecting Views by Timeframe Number of Days or Hours

```
Activity Timeframe Value: (1-180): 40// 10
```

j. Choose which types of claims will display on the User Screen.

Example 5.1-11: 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
```

k. Choose which types of non-billable entries will display on the User Screen.

Example 5.1-12: Selecting Types of Entries

```
     Select one of the following:
          O          Open Non-Billable Entries
          C          Closed Non-Billable Entries
          A          ALL
     Please note this question only applies to
     TRICARE or CHAMPVA Non-Billable Entries.
Display (O)pen or (C)losed or (A)ll Non-Billable Entries: A//
```

l. Choose which types of payer requests will display on the User Screen.

Example 5.1-13: Selecting Types of Requests

```
     Select one of the following:
          B          BILLING REQUESTS
          R          REVERSALS
          A          ALL
Select Submission Type: A// <Enter> LL
```

m. View rejected claims, payable claims, or all claims.

Example 5.1-14: Selecting Views of Claim Status

```
     Select one of the following:
          R          REJECTS
          P          PAYABLES
          U          UNSTRANDED
          A          ALL
Display (R)ejects or (P)ayables or (U)nstranded or (A)LL: A//?
Enter a single response or multiple responses separated by commas.
 Example:
  P
  P,R
```

n. View released claims, non-released claims, or all claims.

Example 5.1-15: 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
```

o. View CMOP, Mail, Window, or all claims.

Example 5.1-16: 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// ?
Enter a single response or multiple responses separated by commas.
 Example:
  C
  C,M
```

p. View real time, back bills, bills processed with the PRO option, resubmissions (please see Section 6.3), or all claims.

Example 5.1-17: Selecting Views of Bill Types

```
        Select one of the following:
        R          REALTIME
        B          BACKBILLS
        P          PRO OPTION
        S          RESUBMISSION
        A          ALL
Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)ll: A// ?
Enter a single response or multiple responses separated by commas.
 Example:
  B
  B,P
```

q. View one reject code, multiple reject codes or all reject codes if the option "REJECTS" was chosen for types of claims to view in (G) Rejected Claims, above. When selecting reject Code, the prompt continues to repeat until the user presses 'Enter' without a response.

Example 5.1-18: 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
  Selected:
        29        M/I Number Refills Authorized
Select Reject Code:
```

r. View data for a specific insurance company or all insurance companies.

Example 5.1-19: Selecting Views by a Specific Insurance Company

```
      Select one of the following:
        I          SPECIFIC INSURANCE(S)
        A          ALL
Select Certain (I)NSURANCE or (A)LL): I// <Enter>  SPECIFIC INSURANCE(S)
  Selected: OPINSUR2
Select INSURANCE: DEVELOPMENT INS      123 HERE STREET        ANYTOWN
  CALIFORNIA      Y
  Selected: DEVELOPMENT INS
          OPINSUR2
Select INSURANCE: OPINSUR2      25 INS WAY        ANYTOWN    ST   Y
    Select one of the following:
        Y          YES
        N          NO
Delete OPINSUR2 from your list?: NO// y  YES
  Selected: DEVELOPMENT INS
Select INSURANCE:
```

s. Answer Y or N to keep the *Change View* action selections as the preferred view. If Y is entered, the preferred view is stored in ECME for use when the user enters the ECME User Screen. If N is entered, the display will only show the selected views until the user quits the ECME User Screen or uses the *Change View* action again.

Example 5.1-20: 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...
```

      t. If a user accesses *Change View* and they are not currently viewing the saved preferred view, the user is asked if they want to Restore the Preferred View. The user must answer Y or N when asked to restore the preferred view.

          1. A response of Y will automatically restore the view of the ECME User Screen to the previously saved view without the user answering all the Change View filters.

          2. A response of N will prompt the user with all the Change View filters.

Example 5.1-21: Entering "Y" to Restore User's Preferred View

```
Restore your Preferred View and exit Change View (Y/N)? Y//
Updating screen...
```

5.2   Sort List

The *Sort List* screen action allows the user 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 / P2 / 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

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

Example 5.2-1: 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 XXXXXXXXX$  0/ REDACTED  W RT AC/R
        p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/21 XXXXXXXXX$  0/ REDACTED  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
CV  Change View        REV Reverse Payable Claim FR  Further Research
SO  Sort List          RES Resubmit Claim         VER View ePharmacy Rx
CMT Add/View Comments  CLO Close Claim            WRK Send to Worklist
Select Action: Next Screen//SO   Sort List
```

Example 5.2-2: 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/P2/RT)
         L          FILL LOCATION
         R          RELEASED/NON-RELEASED
         A          ACTIVE/DISCONTINUED
ENTER SORT TYPE: P// PATIENT NAME
```

Example 5.2-3: 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...
```

5.3   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 the user attempts to reverse a claim that is closed, a message is displayed 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 5.3-1: 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 XXXXXXXXX$  0/ REDACTED  W RT AC/R
       p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 08/01 XXXXXXXXX$  0/ REDACTED  W RT AC/N
       p-Payable
+         Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim            VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim              WRK Send to Worklist
Select Action: Next Screen// REV   Reverse Payable Claim
```

    a.   The user will see the following message if there is an attempt to reverse a primary claim when there is a payable secondary claim.

Example 5.3-2: Entering the Line Item for a Claim with a Payable Secondary Claim

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

    b.   The user is prompted for the line item of the payable claim to be reversed. Remember, if the user enters the patient line number, a claim reverse request will be created for all the payable claims for that patient.

Example 5.3-3: 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 the user is required to enter text to explain the reversal reason.

Example 5.3-4: 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 XXXXXXXXX$  0/ REDACTED  W RT AC/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. The user can answer Y or N. If the user types in Y, the claim reversal request is submitted.

Example 5.3-5: 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 want to mark the claim as non-billable in Claims Tracking, and therefore release the patient copay (if any). Enter Y or N. If the user enters Y, it will prompt for a Claims Tracking Non-Billable Reason and a Comment. If the payer accepts the reversal, 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 5.3-6: Entering "Y" to Mark the Claim as Non-billable

Note: *Non-Billable Reasons are continuously reviewed and updated. The list shown below is for display purposes and is subjected to change.*

```
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 5.3-7: 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 5.3-8: 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 XXXXXXXXX$  0/ REDACTED   W RT DS/R
        p-Reversal Accepted
```

5.4   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" or non-billable, the system immediately sends the claim submission to the payer and the reversal request is NOT sent.

- If the user tries to resubmit a claim that was auto-reversed and is not released, a message is displayed identifying the claim cannot be resubmitted.

The Resubmit action 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/DOS/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 XXXXXX$    1/ REDACTED   W RT AC/N
        p-In progress- Waiting to start
  1.2   LIDOCAINE 0.5% W/  00186-0140-01 07/19 XXXXXX$    1/ REDACTED   W RT AC/N
        p-In progress- Transmitting
  1.3   IMIPRAMINE 25MG T  00779-0588-30 07/19 XXXXXX$    1/ REDACTED   W RT **/N
        p-Rejected
        07:M/I Cardholder ID
  1.4   FLURAZEPAM 15MG C  00781-2806-05 07/18 XXXXXX$    0/ REDACTED   W RT **/N
        p-Rejected
        07:M/I Cardholder ID
  1.5   DACARBAZINE 100MG  00026-8151-10 07/21 XXXXXX$    2/ REDACTED   W RT **/N
        p-Reversal accepted
```

```
+          Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments     CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen// res    Resubmit Claim
```

a. The user is prompted for the line item(s) of the claim to be resubmitted.

Note: *The user can 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 5.4-2: 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 the user attempts to resubmit a claim that is closed, a message will display that the user cannot resubmit.

Example 5.4-3: Resubmitting a Closed Claim

```
You've chosen to RESUBMIT the following prescription
  1.2   AMITRIPTYLINE HCL  00603-2212-32 10/11 XXXXXXX    0/ REDACTED  M RT DS/N
Are you sure?(Y/N)? y   YES
>> Cannot Resubmit
  1.2   AMITRIPTYLINE HCL  00603-2212-32 10/11 XXXXXXX    0/ REDACTED  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, the user must reverse the secondary claim.

If the user attempts to resubmit a primary claim when there is a payable secondary claim, a message will display, which will discontinue the claims resubmission process.

Example 5.4-4: 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 XXXXXX$ 2/ REDACTED  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 are sure you want to continue with the transaction. Enter Y or N. If Y, the claim resubmission process continues.

Example 5.4-5: Entering "Y" to Continue Claim Resubmission Request

```
You've chosen to RESUBMIT the following prescription for ECMEpatient,One
100MG  00026-8151-10 06/26 XXXXXX$    2/ REDACTED  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: *Even though a request may be placed on the queue, whether 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 asks to proceed.

Example 5.4-6: 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 5.4-7: Displaying a Successfully Resubmitted Claim

```
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
Veteran Prescription XXXXXX 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 and the Bill Type indicator of "RS." The "RS" indicates a resubmitted claim. The resubmit indicator will also display for a non-billable prescription that has been resubmitted, even if there is no claim because the prescription remained non-billable.

Example 5.4-8: 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/DOS/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 XXXXXX$    1/ REDACTED W RT AC/N
        p-In progress- Waiting to start
  1.2   LIDOCAINE 0.5% W/  00186-0140-01 07/09 XXXXXX$    1/ REDACTED W RT AC/N
        p-In progress- Waiting to start
  1.3   IMIPRAMINE 25MG T  00779-0588-30 07/09 XXXXXX$    1/ REDACTED W RT **/N
        p-Rejected
        07:M/I Cardholder ID
  1.4   FLURAZEPAM 15MG C  00781-2806-05 07/08 XXXXXX$    0/ REDACTED W RT **/N
        p-Rejected
        07:M/I Cardholder ID
  1.5   DACARBAZINE 100MG  00026-8151-10 07/06 XXXXXX$    2/ REDACTED W RS **/N
        p-Payable
+       Enter ?? for more actions
CV  Change View         REV Reverse Payable Claim FR  Further Research
SO  Sort List           RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments   CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen//
```

5.5   Close Claim

This action allows the user 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 the user attempts to close a claim that is already closed, the following message is displayed, "This claim is already closed."

The Close Claim action will prevent a claim from being closed if it is currently open on the Pharmacy Worklist. If the user attempts to close a claim that is open in the Pharmacy Worklist, a message will be displayed that the claim cannot be closed because it is open in the Pharmacy Worklist.

```
PHARMACY ECME                Jul 15, 2014@18:43:02         Page:    1 of    1
SELECTED DIVISION(S): GENERIC CITY
Transmitted by Transmitter, Person    Activity Date Range: within the past 365
day(s)
                                         Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/DOS/RX#/ECME#     STATUS/LOC/TYP/RXINF
1
  1.1    ABACAVIR SULFATE   00173066101 07/15 XXXXXXXX/ REDACTED M RT SU/N
      07/15/14 - IGNORED - test of cmop
      p-Rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
         Enter ?? for more actions
CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim          VER View ePharmacy Rx
CMT Add/View Comments      CLO Close Claim             WRK Send to Worklist
Select Action: Quit//CLO
Enter the line numbers for the claim(s) to be closed.
Select item(s): 1.1
You've chosen to close the following prescription(s) for
Oppatient,ONE :
  1.1    ABACAVIR SULFATE   00173066101 07/15 XXXXXXXX/ REDACTED M RT SU/N
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
ALL Selected Rxs will be CLOSED using the same information gathered in the
following prompts.
Are you sure?(Y/N)? y  YES
The Prescription is currently open in the pharmacist's Third Party Payer Reject
Worklist. The claim cannot be closed until action is taken by the pharmacist.
PHARMACY ECME                Jul 15, 2014@18:43:02         Page:    1 of    1
SELECTED DIVISION(S): GENERIC CITY
Transmitted by Transmitter, Person    Activity Date Range: within the past 365
day(s)
                                         Sorted by: Transaction date by default
 #  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/DOS/RX#/ECME#     STATUS/LOC/TYP/RXINF
1
  1.1    ABACAVIR SULFATE   00173066101 07/15 XXXXXXXX/ REDACTED M RT SU/N
      07/15/14 - IGNORED - test of cmop
      p-Rejected
      NN:Transaction Rejected At Switch Or Intermediary
      NC16-The clearinghouse did not reply in time.
         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//
```

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 the user for the line number(s) for the claim(s) being closed.

Example 5.5-1: 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 XXXXXXXXX$  0/ REDACTED 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 XXXXX$       0/ REDACTED 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  XXXXXX$     0/ REDACTED M RT AC/N
        p-Payable
+         Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim       VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim          WRK Send to Worklist
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. The user is asked to continue.

Example 5.5-2: 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 XXXXXXXXX$  0/ REDACTED 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. The user is prompted for a non-billable reason code.

Example 5.5-3: 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. The user is prompted for a comment (explanation), and to continue.

Example 5.5-4: 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 VAXXXX=XXXXXXX=XXXXXX=XXXXXXXX...OK
1 claim has been closed.
Enter RETURN to continue or '^' to exit: <Enter>
Updating screen for closed claims...
```

5.5.1   Variations to the Close Claim Process

If the Non-Billable Reason selected is "OTHER," the system will prompt with two choices: "NON-BILLABLE" or "DROP TO PAPER."

- If the user selects (**N**)ON-BILLABLE EPISODE, the Claims Tracking entry displays the Billable Episode flag = "N" with the Non-Billable Reason selected.

Note: *The Billable Episode flag will be changed back to "Y" if a secondary claim is later generated and is returned as payable.*

- If the user selects (**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 if the prescription has been released.

Example 5.5.1-1: Closing a Prescription

```
You've chosen to close the following prescription(s) for
ECMEPatient,FIVE :
  4.1   COLCHICINE 0.6MG  00074378101 06/24 XXXXXX$    1/ REDACTED      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 5.5.1-2: 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 the user for a comment. The text can be up to 40 characters and must not contain any embedded up-arrows (^).

Example 5.5.1-3: Entering a Comment

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

b. The user can enter Y or N to choose to continue the close claim request or not.

Example 5.5.1-4: 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 Y is selected, the patient copay bill will be automatically removed from hold status for ALL selected claims.

Example 5.5.1-5: 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 5.5.1-6: Displaying System Closing the Claim

```
Closing Claim VAXXXX-XXXXXXX-XXXXXX-XXXXXXX...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 5.5.1-7: 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 XXXXX$     0/ REDACTED 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  XXXXXX$   0/ REDACTED M RT AC/N
     p-Payable
9  ECMEpatient,22    (XXXX) WEBMD   /           VET  ALL payable
   9.1  HYDROCODONE 5/ACET 55778-8998-88 08/12 XXXXXX$    1/ REDACTED C RT AC/N
+        Enter ?? for more actions
```

5.5.2   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 5.5.2-1: 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 XXXXXXX$    0/ REDACTED W RT AC/R
Do you want to print the information (above) concerning additional insurance?
(Y/N)? n  NO
```

5.6   Add / View Comments

The system allows the ECME user to enter comments for any claim displayed on the ECME User Screen. There are two types of comments that can be added: OPECC Comments and Pharmacy / OPECC Comments. More details are in paragraph B. below. The most recent comment will be displayed under the Prescription Information line. If a claim has been resubmitted, a message displays in place of the most recent comment:

"Prior comments suppressed – use CMT action for all comments." The message indicating the prior comments were suppressed is not captured in CMT Add / View Comments.

    a. Access this action by entering CMT at the "Select Action:" prompt on the ECME User Screen. The system prompts the user for a line selection to identify the line item(s) to contain a comment. The user can 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 5.6-1: 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 XXXXXX$    0/ REDACTED 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 XXXXXX$    0/ REDACTED W ** AC/R
        p-Payable
  1.3   DIAZEPAM 5MG/ML IN 00140-1933-06 07/01 XXXXXX$    0/ REDACTED W ** AC/N
        p-Payable
+         Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim           WRK Send to Worklist
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 Add / View Comments list manager screen displays with multiple actions. Both comment actions allow the user to enter a comment for display on the ECME User Screen; however, the action to Add Pharmacy / OPECC Comment also displays the comment on the Outpatient Pharmacy Third Party Payer Rejects Worklist. After selecting a comment action, the system displays the selected line item and prompts the user to enter a comment.

Example 5.6-2: Displaying the Prescription Line Item to Add a Comment or Quit

```
O   Add OPECC Comment                    EX   Exit
P   Add Pharmacy/OPECC Comment
Select action: Next Screen// O   Add OPECC Comment
Enter the line number for which you wish to Add comments.

Select item: 12.1//
```

    c. The system prompts for the comment and allows up to 70 characters of freeform text. The system will track the user who entered the comment.

Example 5.6-3: 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, and a Pharmacy / OPECC Comment is indicated by "(Pharm)." The system then prompts the user for a comment action, to Quit (the default) or Exit.

Example 5.6-4: 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 XXXXXX$    0/ REDACTED W ** AC/R
        08/15/05 - This shows a test comment line for a prescription line item.
        (LAST,FIRST NAME)
p-Payable
        07/11/15 (Pharm) - TEST COMMENT FOR PHARMACY/OPECC COMMENT
        (LAST,FIRST NAME)
         p-Payable
            Enter ?? for more actions
O   Add OPECC Comment                    EX   Exit
P   Add Pharmacy/OPECC Comment
Select action: Next Screen//
```

> e. Comments can also be generated automatically by the system.

- For Veterans, there are two types of user-defined rejections that are automatically sent to the Pharmacy Worklist:

    1. Transfer Rejects.
    2. Reject Resolution Required Rejects. The Transfer Reject comment is "`Auto Send to Pharmacy Worklist due to Transfer Reject Code`" and the Reject Resolution Required Reject comment is "`Auto Send to Pharmacy Worklist due to Reject Resolution Required.`"

- TRICARE and CHAMPVA prescriptions are sent to the Pharmacy Worklist if the claim is rejected for any reason. The TRICARE and CHAMPVA comment are "`Auto Send to Pharmacy Worklist & OPECC – CVA/TRI.`"

- Auto-resolved rejects will display the comment "`Not Transferred to Pharmacy – Unable to Resolve Backbill/Resubmission (POSTMASTER).`"

- There are two comments displayed when the pharmacist attempts to resolve a reject, but the claim cannot transmit:

    1. OPECC to Cancel Existing Bill in IB & Resubmit Claim.
    2. Reason Not Billable (RNB) must be removed from Claims Tracking prior to resubmitting.

5.7   Further Research Screen

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

> a. Enter **FR** at the "Select Action:" prompt on the ECME User Screen.

Example 5.7-1: 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 XXXXXX$   0/ REDACTED M RT AC/N
     p-Payable
 16.2 ETANERCEPT 25MG/VI 58406-0425-34 07/22 XXXXXX$   1/ REDACTED M RT AC/N
     p-Payable
 16.3 DIVALPROEX 125MG T 00074-6212-13 07/22 XXXXXX$   0/ REDACTED M RT AC/N
     p-Payable
 16.4 COLLAGENASE OINT  50484-0527-30 07/22 XXXXXX$   0/ REDACTED M RT AC/N
     p-Payable
 16.5 NAFCILLIN 1 GM. IN 00209-6950-22 07/22 XXXXXX$   0/ REDACTED M RT AC/N
     p-Payable
   +       Enter ?? for more actions
CV  Change View        REV Reverse Payable Claim FR  Further Research
SO  Sort List          RES Resubmit Claim         VER View ePharmacy Rx
CMT Add/View Comments   CLO Close Claim            WRK Send to Worklist

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

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

Example 5.7-2: 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/DOS/RX#/ECME#   STATUS/LOC/TYP/RXINF
1  ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX   VET Pb:10 Rj:2 AcRv:0 RjRv:1
 1.1   SIMETHICONE 40MG  02587542934 10/06 XXXXXX$   0/XXXXXXXXXXXX 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 XXXXXXX$   0/ REDACTED W RT DS/R
     p-Reversal Other
 1.3   AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$   0/ REDACTED W RT DS/R
     p-Reversal Other
 1.4   TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$   0/ REDACTED 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//
```

5.7.1   Insurance Details

This action allows the user to view insurance details for a single patient line item. The *Insurance Details* action allows the user 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 5.7.1-1: 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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587542934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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, the user will have access to all the actions at the bottom of the Insurance Screen. When the user enters **QUIT**, the system will return to the *Further Research* Screen.

Example 5.7.1-2: 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
```

5.7.2   View Eligibility

The *View Eligibility* action allows the user 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 5.7.2-1: 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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
```

```
   1.1   SIMETHICONE 40MG  02587542934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
         p-Reversal Other
   1.3   AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
         p-Reversal Other
   1.4   TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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, the user will have access to only the EXIT / QUIT action at the bottom of the Patient Eligibility Screen. When the user enters **QUIT**, the system will return to the *Further Research* Screen.

Example 5.7.2-2: Displaying View Eligibility Options

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

5.7.3   View Prescription

This action allows the user 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, the user will be prompted for the line item of the prescription to display.

Example 5.7.3-1: 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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587542934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
         p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
         p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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 **QUIT** is entered, the
   system will return the user to the *Further Research* Screen.

Example 5.7.3-2: 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 (XXXXXXX),
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
4  7/8/06@12:48:02     REFILL 1         PSOuser,Three
Comments: CHAMPVA-ECME RED Resubmit Claim w/Edits: Date of Service
(7/6/2006)-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//
```

5.7.4   Add / View Comments

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

5.7.5   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 5.7.5-1: 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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX    VET Pb:10 Rj:2 AcRv:0 RjRv:1
```

```
  1.1   SIMETHICONE 40MG  02587542934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/07 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/07 XXXXXXX$    0/ REDACTED 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, the user will have menu access to all Claims options at the bottom. Entering **EXIT** or **QUIT** will end the *Claims Tracking* and return the user to the *Further Research* screen.

Example 5.7.5-2: 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: ECMEProvider,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:        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:        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//
```

5.7.6   Third Party Inquiry

The "TPJI" action allows the user 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 5.7.6-1: Accessing Third Party (Joint) Inquiry Option

```
FURTHER RESEARCH SCREEN        Nov 03, 2010@15:27:        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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
     p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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:
```

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

Example 5.7.6-2: Displaying Third Party (Joint) Inquiry Options

```
Third Party Active Bills      Nov 03, 2010@15:27:        Page:   1 of    1
ECMEPatient,SIX (XXXX)NSC
   Bill #    From     To      MT? Type Stat Rate     Insurer  Orig Amt Curr Amt
1 XXXXXXXe  06/15/05 06/15/05 YES OP   A   REIM IN  WEBMD    45.00    45.00
2 XXXXXXXe  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//
```

5.7.7   On Hold Copay Listing

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

Note: *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 5.7.7-1: Accessing On Hold Copay Listing Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:         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/DOS/RX#/ECME#     STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/26 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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.   The user is prompted for a start and end date for the report.

Example 5.7.7-2: 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.   The user is prompted to choose whether to include Pharmacy Co-pay charges or not.

Example 5.7.7-3: 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 #: REDACTED       ECME # REDACTED ||
                               12/30/05            8.00          ON HOLD||
Enter RETURN to continue or '^' to exit:
```

5.7.8   Release Copay

This action accesses the *Release Charges 'On Hold'* option, located on the On Hold Menu (that is located on the Automated Means Test Billing Menu) in the Integrated Billing software. If The user selects 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. The user may select a single Patient line item or a single Rx line item.

Example 5.7.8-1: Accessing Release Copay Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:         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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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 the listed charge has been passed to Accounts Receivable.

Example 5.7.8-2: 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 #: REDACTED                  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
  2     000596574  Rx #: REDACTED                  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
  3     000596575  Rx #: REDACTED                  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
  4     000596580  Rx #: REDACTED                  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
  5     000596581  Rx #: REDACTED                  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
  6     000596601  Rx #: REDACTED                  08/01/05  08/03/05  21.00
                   ECME #: 000000000000
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 #: REDACTED         KXXXKDC  08/01/05  08/01/05  21.00
                   ECME #: 000000000000
The charge listed above has been passed to Accounts Receivable.
Enter RETURN to continue or '^' to exit:
```

5.7.9   Integrated Billing (IB) Events Report

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

a. Enter **EVNT** to access the *IB Events Report* option. The user may select a single Patient line item or a single Rx line item.

Example 5.7.9-1: Accessing IB Events Report Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:        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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/XXXXXXXXXX    VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
```

```
   1.4   TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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. The user is prompted for a start and end date for this report.

Example 5.7.9-2: 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. The user is prompted to select **M** (Mail), **W** (window), **C** (CMOP) or **A** (All) events for the selected line item report.

Example 5.7.9-3: 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. The user is prompted to select **S** (SUMMARY REPORT) or **D** (DETAILED REPORT) and a print device.

Example 5.7.9-4: 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  XXXXXX  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  XXXXXX  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# KXXXKBC created
     REVERSAL  08/05/05 3:09p  Status:Bill# KXXXKBC cancelled
Press RETURN to continue, '^' to exit:
```

Example 5.7.9-5: 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   XXXXXX   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#:00000XXXXXXX,  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 KXXXXXV 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#:00000XXXXXXX,  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#:XXXXXXXXXXX,  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 ANYTOWN 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#:00000XXXXXXX,  FILL DATE:06/08/11,  RELEASE DATE:06/08/11
          PAYER RESPONSE: REJECTED
          PLAN:, INSURANCE: WEBMD
          USER:ECMEuser,One
------------------------------------------------------------------------
```

```
2  20 803 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:
```

5.7.10 Group Plan Menu

The "GRPL" action allows the user 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 5.7.10-1: Accessing Group Plan Menu

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:       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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/XXXXXXXXXX     VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1   SIMETHICONE 40MG  02587 2934 10/26 XXXXXXX$    0/ REDACTED 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 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.3   AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$    0/ REDACTED W RT DS/R
      p-Reversal Other
  1.4   TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$    0/ REDACTED 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):
```

5.7.11 Eligibility Inquiry Option

The hidden "ELIG" Option accesses the *Eligibility Inquiry Option* that allows the sites to verify pharmacy insurance for patients by sending an eligibility verification submission to the third party payer.

a. When **ELIG** is entered at the "Select Action:" field, the user will be prompted for the line item of the prescription to display.

b. The user can edit the Relationship Code, Person Code, and Insurance Effective Date.

Example 5.7.11-1: Accessing Eligibility Inquiry Option

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:        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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/XXXXXXXXXX    VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$   0/ REDACTED 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 XXXXXXX$   0/ REDACTED W RT DS/R
       p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$   0/ REDACTED W RT DS/R
       p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$   0/ REDACTED 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 ECMEPATIENT,
SIX
  1.1    SIMETHICONE 40MG  02587 2934 10/26 XXXXXXX$   0/ REDACTED 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 the user enters **QUIT**, the system will return 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 5.7.11-2: Entering the EXIT Action from Further Research Screen

```
FURTHER RESEARCH SCREEN       Nov 03, 2010@15:27:        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/DOS/RX#/ECME#    STATUS/LOC/TYP/RXINF
1   ECMEPatient,,SIX (XXXX) OPINSUR2/XXXXXXXXXX    VET Pb:10 Rj:2 AcRv:0 RjRv:1
  1.1    SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$   0/ REDACTED 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 XXXXXXX$   0/ REDACTED W RT DS/R
       p-Reversal Other
  1.3    AMYL NITRITE 0.3M 00223700212 10/27 XXXXXXX$   0/ REDACTED W RT DS/R
       p-Reversal Other
  1.4    TRIAMTERENE 50MG, 00484359030 10/27 XXXXXXX$   0/ REDACTED 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
```

5.8   Print Claim Log (Hidden Action)

The *Print Claim Log* option allows the user 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/XXXXXXXXXX    VET Pb:10 Rj:2 AcRv:0 RjRv:1
   1.1   SIMETHICONE 40MG  02587 2934 10/06 XXXXXXX$   0/ REDACTED 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 XXXXXXX$   0/ REDACTED W RT DS/R
         p-Reversal Other
   1.3   AMYL NITRITE 0.3M 00223700212 10/07 XXXXXXX$   0/ REDACTED W RT DS/R
         p-Reversal Other
   1.4   TRIAMTERENE 50MG, 00484359030 10/07 XXXXXXX$   0/ REDACTED W RT AC/R
         p-Payable
+        Enter ?? for more actions
CV   Change View           REV Reverse Payable Claim FR  Further Research
SO   Sort List             RES Resubmit Claim       VER View ePharmacy Rx
CMT  Add/View Comments      CLO Close Claim          WRK Send to Worklist
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 on the 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 5.8-2: 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
        Rx #: REDACTED    ECME#: REDACTED
        Drug: AMOXICILLIN 250MG CAP
     Patient: ECMEpatient,One (0000) Sex: M          DOB: REDACTED
   Submitted: JUN 15,2005@15:19:11
          By: ECMEuser,One
   VA Claim #: VAXXXXX=XXXXXXXXXX=XXXXXX=XXXXXXX
+        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 Code: 00068-0011-10
Quantity Submitted on Claim: 60 (  )
Days Supply: 30
Division : REDACTED
NPI#: REDACTED
ECME Pharmacy: XXXXXXXXX
Rx Qty: 90 (EA)     Unit Cost: .752     Gross Amt Due: 79.08
Ingredient Cost: 67.68   Dispensing Fee: 11.40
U&C Charge: 79.08   Admin Fee: 0.00
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
Facility ID Qualifier:
+         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: $40.00
Ingredient Cost Paid: $48.00   Dispensing Fee Paid: $1.00
Patient Resp (INS):  ($9.00)
Reconciliation ID:
Reject code(s):
Payer Message:
Payer Additional Message:
Reason for Service Code: AD
DUR Text: AMOXICILLIN 250MG CAP
DUR Additional Text: The text would display here
+         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 Code: 00068-0011-10
```

```
Quantity Submitted on Claim: 60 (  )
Days Supply: 30
Division : REDACTED
NPI#: REDACTED
ECME Pharmacy: BAY PINES
Rx Qty: 90 (EA)      Unit Cost: .752      Gross Amt Due: 79.08
Ingredient Cost: 67.68    Dispensing Fee: 11.40
U&C Charge: 79.08  Admin Fee: 0.00
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
Facility ID Qualifier:
 +         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 the 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
Ingredient Cost Paid:     Dispensing Fee Paid:
Patient Resp (INS):
Reconciliation ID:
Reject code(s):
 NN:Transaction Rejected At Switch Or Intermediary
Payer Message: NC40-Request from an unknown site.  Registration is required
Payer Additional Message:
Reason for Service Code: AD
DUR Text: AMOXICILLIN 250MG CAP
DUR Additional Text: The text would display here
          Enter ?? for more actions
PR  Print Data            EX  Exit
Select action:Quit// <Enter>    QUIT
```

5.9   Send to Worklist

The *Send to Worklist* action allows the user 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 the user attempts to resubmit a claim that is closed, a message is displayed indicating 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 to send.

Example 5.09-1: 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/DOS/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 XXXXXXX$   1/ REDACTED W RT **/R
      p-Rejected
      07:M/I Cardholder ID
  1.2    JAPANESE ENCEPHAL  49281-0680-30 06/27 XXXXXXX$   0/ REDACTED W RT **/N
      p-In progress- Parsing response
  1.3    JAPANESE ENCEPHAL  49281-0680-30 07/03 XXXXXXX$   1/ REDACTED W RT DIS/N
      p-In progress- Parsing response
  1.4    OLANZAPINE 10MG T  00002-4117-30 06/29 XXXXXXX$   0/ REDACTED W RT DIS/N
      p-In progress- Parsing response
  1.5    OLANZAPINE 10MG T  00002-4117-30 06/29 XXXXXXX$   0/ REDACTED W RT **/N
      p-Reversal accepted/Closed
  1.6    OLANZAPINE 10MG T  00002-4117-30 07/03 XXXXXXX$   1/ REDACTED W RT AC/N
+        Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim           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 XX XXX$   1/ REDACTED 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 XX XXX$   1/ REDACTED 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 5.09-2: 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/DOS/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 XX XXX$   1/ REDACTED 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 XXXXXXX$   0/ REDACTED W RT **/N
      p-In progress- Parsing response
```

```
   1.3   JAPANESE ENCEPHAL   49281-0680-30 07/03 XXXXXXX$    1/ REDACTED W RT DS/N
       p-In progress- Parsing response
   1.4   OLANZAPINE 10MG T   00002-4117-30 06/29 XXXXXXX$    0/ REDACTED W RT DS/N
       p-In progress- Parsing response
   1.5   OLANZAPINE 10MG T   00002-4117-30 06/29 XXXXXXX$    0/ REDACTED W RT **/N
+        Enter ?? for more actions
CV  Change View            REV Reverse Payable Claim FR  Further Research
SO  Sort List              RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments      CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen//
```

c. If an invalid claim is selected, other messages may appear.

Example 5.09-3: Selected Claim Already on the Pharmacy Worklist

```
    1.15   TAZAROTENE 0.1% T   00023-0042-03 07/15 XXXXXXX$    0/ REDACTED W RT AC/N
       07/15/08 - Sent to Pharmacy:testing
+        Enter ?? for more actions
CV  Change View            REV Reverse Payable Claim FR  Further Research
SO  Sort List              RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments      CLO Close Claim           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 XXXXXXX$    0/ REDACTED 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 5.09-4: 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 XXXXXX$    0/ REDACTED W RT AC/N
doesn't have eligible reject code to be sent to the Pharmacy Work List.
```

Example 5.09-5: 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 XXXXXX$    0/ REDACTED W RT DS/N
was not rejected and cannot be sent to the Pharmacy Work List.
```

Example 5.09-6: Selected Claim is Closed

```
1.22   ERYTHRITYL TETRAN  00223-0916-01 04/03 XXXXXX$    3/ REDACTED 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 XXXXXX$    0/ REDACTED W RT AC/N
       p-Rejected
       79:Refill Too Soon
+---------Enter ?? for more actions--------------------------------
CV  Change View            REV Reverse Payable Claim FR  Further Research
SO  Sort List              RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments      CLO Close Claim           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): 1.22
```

```
You've chosen to send to Pharmacy Work List the following:
  1.22  ERYTHRITYL TETRAN  00223-0916-01 04/03 XXXXXX$     3/ REDACTED 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):
```

5.10   Reopen Closed Claims (Hidden Action)

The *Reopen Closed Claims* hidden action allows the user 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 5.10-1: 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/DOS/RX#/ECME#          LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR2/XXXXXXXXXX   VET ALL payable
  1.1   DOXEPIN 25MG CAP   00839-7221-06 03/27 XXXXXX$     0/ REDACTED W BB AC/R
        p-Payable
  1.2   METHAZOLAMIDE 50M  00005- 70-23 03/27 XXXXXX$     0/ REDACTED 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 XXXXXX$     0/ REDACTED 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 XXXXXXX$    0/ REDACTED C RT DS/R
        p- Rejected/Closed
  2.3   FUROSEMIDE 10MG/M  51079-0935-20 03/21 XXXXXX$     0/ REDACTED W RT DS/N
+---------Enter ?? for more actions---------------------------------
CV   Change View        REV Reverse Payable Claim FR  Further Research
SO   Sort List          RES Resubmit Claim       VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim          WRK Send to Worklist
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 XXXXXXX$    0/ REDACTED      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. The user is prompted to enter Reopen Comments, after claim information is displayed. Once a comment is entered, the user is asked to reopen this claim.

Example 5.10-2: 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: VAXXXX=XXXXXXXX=XXXXXX=XXXXXXX ... 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 5.10-3: 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/DOS/RX#/ECME#         LOC/TYP RXINF
1   ECMEpatient,One  (XXXX) OPINSUR2/XXXXXXXXXX   VET ALL payable
 1.1   DOXEPIN 25MG CAP   00839-7221-06 03/27 XXXXXX$    0/ REDACTED W BB AC/R
       p-Payable
 1.2   METHAZOLAMIDE 50M  00005- 70-23 03/27 XXXXXX$     0/ REDACTED 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 XXXXXX$    0/ REDACTED 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 XXXXXXX$   0/ REDACTED C RT DS/R
       p-Rejected
 2.3   FUROSEMIDE 10MG/M  51079-0935-20 03/21 XXXXXX$    0/ REDACTED W RT DS/N
CV  Change View        REV Reverse Payable Claim FR  Further Research
SO  Sort List          RES Resubmit Claim       VER View ePharmacy Rx
CMT Add/View Comments  CLO Close Claim          WRK Send to Worklist
Select Action: Next Screen//
```

5.11 Resubmit with Edits (Hidden Action)

The *Resubmit with Edits* hidden action allows the user 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 Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes (if the conditions explained below do not exist), Date of Service, Patient Residence Code, Pharmacy Service Type Code, Delay Reason Code, Patient Gender Code, and NCPDP Field Name or Number. (The Date of Service prompt is only asked if the prescription has been released.) 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.

- Not Specified
- Cardholder
- Spouse
- Child
- 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.

The Submission Clarification Code cannot be edited if either of these conditions exists:

- An unresolved reject is on the pharmacists' worklist

- A resolved reject of Refill Too Soon (code 79) or Drug Utilization Review (DUR – code 88 or code 943) is from the last claim response.

If neither condition exists, the Submission Clarification Code is editable. If either condition exists, the Submission Clarification Code prompt is bypassed, and a message is displayed on the screen indicating the field cannot be edited.

```
You've chosen to RESUBMIT the following prescription for ECMEpatient,four
  1.2   ALBUTEROL 0.5% IN 24208034720 02/22 0000000     0/ REDACTED W RT DS/N
Are you sure?(Y/N)? YES
Pharmacy Relationship Code: 1//          CARDHOLDER
Pharmacy Person Code: XXX//
Prior Authorization Number: 00000000000//
Prior Authorization Type Code: 0//         NOT SPECIFIED
Submission Clarification Code 1: 1         NO OVERRIDE
 **OPECC cannot edit Sub. Clar. Code field for this reject - refer to Pharmacist
Patient Residence Code: 1//
```

The Patient Gender Code will default to the Self-Identified Gender Identity field (Patient file), if populated. If Self-Identified Gender Identity field is not populated, the default will be the Birth Sex field from the Patient file.

By answering YES to Submit NCPDP Field Not on Payer Sheet, it becomes possible to submit a NCPDP field that is not on the payer sheet. When prompted for the field name or number, enter "??" for a list of possible choices. Fields already on the payer sheet are excluded from the list of possible choices. Also excluded are any fields that do not have logic to pull data from VistA (i.e., fields that will always be <blank>).

```
Submit NCPDP Field Not on Payer Sheet (Y/N)? N// YES
Enter a valid NCPDP Field name or number.  Enter '??' for
a list of possible choices.  Fields already on the payer sheet
are excluded from the list of possible choices.  Also excluded
are any fields that do not have logic to pull data from VistA
(i.e. fields that will always be <blank>).
NCPDP Field Name or Number:  ??

   Choose from:
   498.12      PRESCRIBER TELEPHONE NUMBER
   678         TIME OF SERVICE
   B08         PATIENT STREET ADDRESS LINE 1
   B09         PATIENT STREET ADDRESS LINE 2
   B27         PRESCRIBER STREET ADDR LINE 1
   B28         PRESCRIBER STREET ADDR LINE 2
   B38         PATIENT ID ASSOC COUNTRY CODE
   B41         PRES ID ASSOC COUNTRY CODE
   B42         PRESCRIBER COUNTRY CODE
   B98         RECONCILIATION ID
NCPDP Field Name or Number:  678       TIME OF SERVICE
    Value to transmit: 0853
Transmit with claim (Y/N)? Y//
```

Claims that have been closed will be displayed with "/Closed" after the status. Closed claims cannot be resubmitted with edits. If the user attempts to resubmit a claim that is closed, a message is displayed 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 5.11-1: Accessing the Resubmit with Edits Option

```
PHARMACY ECME               Aug 12, 2011@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 XXXXXXXX$   0/ REDACTED 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 XXXXXXXX   0/ REDACTED W RT AC/R
        p-Payable
  6.2   ACARBOSE 100MG TA   00026-2862-51 08/12 XXXXXXXX   1/ REDACTED W RT DS/N
        03/20/06 - RX DISCONTINUED
        p-Rejected
        08:M/I Person Code
+         Enter ?? for more actions
CV  Change View          REV Reverse Payable Claim FR  Further Research
SO  Sort List            RES Resubmit Claim       VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim          WRK Send to Worklist
Select Action: Quit// RED   RED
```

b. Enter the line number for the claim to be submitted.

Example 5.11-2: 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 the user attempts to resubmit a primary claim when there is a payable secondary claim, the following message displays that will discontinue the claims resubmission process.

Example 5.11-3: 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 XXXXXX$ 2/ REDACTED W RT AC/R
cannot be Resubmitted if the secondary claim is payable.
Please reverse the secondary claim first.
```

d. The user can enter **Y** or **N** to the "ARE YOU SURE?" prompt. If **Y**, the claim resubmission process will continue.

Example 5.11-4: 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 XXXXXX$    1/ REDACTED W RT AC/N
ARE YOU SURE? (Y/N)? No// YES
```

e. The user can edit the Pharmacy Relationship Code, Pharmacy Person Code, Prior Authorization Number, Prior Authorization Type Code, up to three Submission Clarification Codes (if the conditions explained above are not met), Date of Service, Patient Residence Code, Pharmacy Service Type Code, Delay Reason Code, and Patient Gender Code.

Example 5.11-5: Editing Prompts

```
Pharmacy Relationship Code: <Enter>
Pharmacy Person Code: XX
Prior Authorization Number: 00000000000//
Prior Authorization Type Code: 0//       NOT SPECIFIED
Submission Clarification Code 1: 5//        THERAPY CHANGE
Submission Clarification Code 2:
     Select one of the following:
1. 01/19/2010  Current Date of Service
2. 01/19/2010  Fill Date
3. 01/20/2010  Release Date
Date of Service: 1//2  01/19/2010 Fill Date
Patient Residence Code: 1//        HOME
Pharmacy Service Type Code: 1//        RETAIL
Delay Reason Code:
Patient Gender Code: Transgender Female (Self-Identified Gender)//
```

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 5.11-6: 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:  XXXXXX
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  XXXXXXXX      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: XXXXXX//
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//  40.00
OTHER PAYER PATIENT RESPONSIBILITY AMOUNT QUALIFIER: 06 (AMT REPORTED BY PRIOR
PAYER)
OTHER PAYER PATIENT RESPONSIBILITY AMOUNT: 12.38
```

Example 5.11-7: 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:  XXXXXX
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  SIXXXXX        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: XXXXXX//
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 prompts, the claim will be submitted. If the user chooses "No", the action will be cancelled.

Example 5.11-8: Answering "Is the Claim Correct?" Prompt

```
IS THIS CLAIM CORRECT?(Y/N)? Y// ES
SUBMIT CLAIM TO ECME INSURANCE1 ?(Y/N)? Y// ES
Veteran Prescription XXXXXX successfully submitted to ECME for claim generation.
```

Example 5.11-9: Answering "Are You Sure?" Prompt

```
Are you sure?(Y/N)? YES
Veteran Prescription XXXXXXXXA 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
Veteran Prescription XXXXXXXXA 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...
```

5.12   OPECC Reject Information (Hidden Action)

The *OPECC Reject Information* hidden action allows the user to view details associated with a rejected claim. This action is only available for claims with open rejections and non-billable prescriptions with pseudo-rejections of eC or eT.

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

Example 5.12-1: Accessing and Executing the OPECC Reject Information 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   PREDNISONE 1MG TA 00242074475 09/16 XXXXXX     0/ REDACTED W RS AC/N
        09/10/15 - The comment goes here.
        (USER, ONE)
        p-Rejected
        79:Refill Too Soon
+         Enter ?? for more actions
CV  Change View         REV Reverse Payable Claim FR  Further Research
SO  Sort List           RES Resubmit Claim          VER View ePharmacy Rx
CMT Add/View Comments    CLO Close Claim             WRK Send to Worklist
Select Action: Next Screen// REJ   REJ  OPECC Reject Information
```

a. The user will see the following message, when attempting to select a claim with no rejection.

Example 5.12-2: Entering the Line Item for a Claim with No Rejection

```
This claim is not a valid selection for the OPECC Reject Information screen.
This screen is for either rejected claims or non-billable claims.
Enter RETURN to continue or '^' to exit:
```

b. The user is prompted for the line item of the rejected claim or non-billable prescription entry.

Example 5.12-3: Entering the Line Item for the OPECC Reject Information Action

```
Select Action: Next Screen// REJ   REJ  OPECC Reject Information
Select item:  7.1
```

c. The OPECC Reject Information Screen displays.

Example 5.12-4: OPECC Reject Information Screen Display

```
OPECC Reject Information     Oct 28, 2015@14:45:42        Page:   1 of    3
Division : XXXXXX  NPI: REDACTED   NCPDP: XXXXXXXX  TAX ID: XX-XXXXXXX
Patient  : PATIENT,ONE(XXXP)  Sex: M                      DOB: JUL XX,XXXX(XX)
Rx#      : XXXXXX/0      ECME#: REDACTED      Date of Service: Sep 16, 2015
Drug     : PREDNISONE 1MG TAB                      NDC Code: 00242-0744-75

REJECT Information (Veteran)  RESUBMISSION
Current ECME Status: E REJECTED
Rejects received from Payer on 09/16/2015 5:26:39 pm.

 Code   Description
   79 - Refill Too Soon

Next Avail Fill: 10/31/2015
Payer Message  : EMD 1000: CLAIM PAID
Payer Addl Msg : EMD 1000: CLAIM PAID RX:00000010XXXFILL:2015-09-16
                 BIN:610144 PCN:TEST
OPECC COMMENTS
- 09/10/15 5:17 pm - First comment for OPECC screen (USER,ONE)

PHARMACIST COMMENTS
- 05/12/15 8:23 am - Second comment for Pharmacist (USER,TWO)
```

```
INSURANCE Information
Insurance      : VET CNF
Contact        : XXX-XXX-XXX
BIN            : 610144
PCN            : TEST
Group Number   : 246
Cardholder ID  : REDACTED
Effective Date : 01/25/2015
```

d. There are four actions available from the OPECC Reject Information screen: VW View Rx, VER View ECME Rx, MP Med Profile, and PI Pat Info.

Example 5.12-5: Actions Available from the OPECC Reject Information Screen

```
+          Enter ?? for more actions
VW  View Rx          VER View ECME Rx    MP  Med Profile    PI  Pat Info
Select: Next Screen//
```

5.13 Resubmit Claim Without Reversal (Hidden Action)

The *Resubmit Claim w/o Reversal* action resubmits a claim to the insurer without submitting a reversal first, regardless of the VistA claim status. This action should be used in instances where the payer shows the claim was reversed and VistA shows a payable claim. This action is not available if any non-cancelled bill exists.

If the user tries to resubmit a claim that was auto-reversed and is not released, a message is displayed identifying the claim cannot be resubmitted.

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

Example 5.13-1: Accessing and Executing the Resubmit Claim W/O Reversal Action

```
Select Action: Next Screen// RER   RER  Resubmit Claim w/o Reversal
```

a. The user is prompted for the line item(s) of the claim to be resubmitted.

Note: The user 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 5.13-2: Entering the Line Item for the Claim Resubmission Request

```
    Note: This action will resubmit claims without performing a reversal.
         This action should be used in instances where the payer shows the
         claim was reversed and VistA shows a payable claim. This action will
         NOT submit a reversal regardless of the current VistA claim status.
Enter the line numbers for the claim(s) to be resubmitted w/o reversal.
Select item(s):
```

b. The system redisplays the line item for resubmission, then asks are sure you want to continue with the transaction. Enter Y or N. If Y, the claim resubmission process continues.

Example 5.13-5: Entering "Y" to Continue Claim Resubmission Request

```
You've chosen to RESUBMIT W/O REVERSAL the following Rx for PATIENT,TWO
  1.4   PREDNISONE 1MG TA 00242074475 10/28 XXXXXX     0/ REDACTED W RT AC/N
Are you sure?(Y/N)? 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. If there is already a submission in the queue for this prescription and fill, a message is displays if you want to proceed.

Example 5.13-6: 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 5.13-7: Displaying a Successfully Resubmitted Claim

```
Claim Status:
IN PROGRESS-Waiting to start
IN PROGRESS-Building the claim
IN PROGRESS-Transmitting
E PAYABLE
Veteran Prescription XXXXXX 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 and the Bill Type indicator of "RS." The "RS" indicates a resubmitted claim. The resubmit indicator will also display for a non-billable prescription that has been resubmitted, even if there is no claim because the prescription remained non-billable.

Example 5.13-8: Displaying the Claim Status after a Resubmission

```
PHARMACY ECME                 Oct 28, 2015@16:29:32        Page:   2 of   52
SELECTED DIVISION(S): ALL
Transmitted by ALL users        Activity Date Range: within the past 999 day(s)
                                       Sorted by: Transaction date by default
+#  PATIENT/DRUG/COMMENTS   INSURANCE/NDC/DOS/RX#/ECME#     STATUS/LOC/TYP/RXINF
  1.4   PREDNISONE 1MG TA 00242074475 10/28 XXXXXX     0/ REDACTED W RS AC/N
      p-Payable
```

5.14 Open / Close Non-Billable Entry (Hidden Action)

The Open / Close Non-Billable Entry action marks a non-billable entry as open or closed. The action only applies to non-billable entries, not claims that have been submitted to a third party payer.

The action behaves like a toggle. If the entry is currently Open and the action is selected, the user will Close the entry. If the entry is currently Closed and the action is selected, the user will Open the entry.

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

Example 5.14-1: Accessing and Executing the Open / Close Non-Billable Entry Action

```
Select Action: Next Screen// OCN   OCN  Open/Close Non-Billable Entry
```

> a. The user is prompted for the line item(s) of the claim to be opened or closed.

Example 5.14-2: Entering the Line Item for the Open / Close Non-Billable Entry

```
Enter the line number for the entry to be opened or closed.
Select item:
```

> b. The system redisplays the line item for resubmission, then prompts for a comment. Next the system asks if the user is sure. Enter Y or N. If Y, the entry is marked as Open or Closed.

Example 5.14-5: Answer Prompts for Open / Close Non-Billable Entry

```
You've chosen to CLOSE the following entry for
PATIENT,ONE :
  3.1   MILK OF MAGNESIA  00349821742        100SSS      0/            W RS EX/N
     p-Non-Billable/Open
     eT:TRICARE-RX NOT BILLABLE (DRUG NOT BILLABLE)
The Selected Entry will be CLOSED.
Comment : Enter a comment now
Are you sure? (Y/N)? YES
Closing Entry
Enter RETURN to continue or '^' to exit:
```

5.15 Display Update (Hidden Action)

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 updates the ECME User Screen only once.

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

Example 5.15-1: 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 XXXXXXXX$  0/ REDACTED W RT AC/R
     p-Payable
  6.2   CHOLESTYRAMINE 4G  00087-0580-01 04/22 XXXXXXXX$  0/ REDACTED 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 XXXXXXX$  0/ REDACTED W RT AC/R
     p-Payable
  7.2   ACETYLCYSTEINE 20  00087-0570-09 04/21 XXXXXXX$  0/ REDACTED 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 APR 26,2006@14:50:47. Press "Q" to quit.
CV  Change View           REV Reverse Payable Claim FR  Further Research
SO  Sort List             RES Resubmit Claim        VER View ePharmacy Rx
CMT Add/View Comments      CLO Close Claim           WRK Send to Worklist
Select Action: Next Screen// UD   Display Update
Updating screen.
```

5.16 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 Claims Report for Dual Eligible
  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 Claims Report for Dual Eligible
   PRO    Process Secondary/TRICARE Rx to ECME
Select ECME Pharmacy COB Option: SEC  Potential Secondary Rx Claims Report
```

    b. After the user has selected one, many, or all divisions and a date range, choose the 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>
Tertiary Sort:  (N/P/S): <ENTER>
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 and save the detail report data in a text file
     to a local drive.  This report may take a while to run.
     Note:  To avoid undesired wrapping of the data saved to the file,
            please enter '0;256;99999' at the 'DEVICE:' prompt.
DEVICE: HOME//   0;256;99999
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
```

```
KXXXXXX    XXXXXX    4    ECMEpatient,One    0000  p   4/14/09  ECME INSURANCE1
                                                   t            ECME INSURANCE2
KXXXXXX    XXXXXXX   0    ECMEpatient,One    0000  p   7/13/10  ECME INSURANCE1
                                                   s            ECME INSURANCE2
                                                   -            ECME INSURANCE3
(P) Rej    XXXXXXX   0    ECMEpatient,One    0000  p   7/13/10  ECME INSURANCE1
                                                   s            ECME INSURANCE2
                                                   t            ECME INSURANCE3
(P) Rej    XXXXXXX   0    ECMEpatient,Two    0000  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 Claims Report for Dual Eligible

The *Potential Claims Report for Dual Eligible* attempts to identify potential pharmacy claims for TRICARE and CHAMPVA payers. This report includes prescriptions that have been released but have not yet been billed for any patient with dual eligibility (e.g., Veteran, CHAMPVA and TRICARE) who has an active insurance plan with pharmacy coverage and a Type of Plan of TRICARE or CHAMPVA. 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.

    a.   Access the *Potential Claims Report* for Dual Eligible by entering TRI at the "ECME Pharmacy COB Option:" prompt on the ECME Pharmacy COB Menu.

Example 6.2-1: Accessing the Potential Claims Report for Dual Eligible

```
                **************************************************
                *Electronic Claims Management Engine (ECME) V1.0*
                *                 XXXXX VAMC                     *
                *        Pharmacy Electronic Claims Reports      *
                **************************************************
   SEC     Potential Secondary Rx Claims Report
   TRI     Potential Claims Report for Dual Eligible
   PRO     Process Secondary/TRICARE Rx to ECME
Select ECME Pharmacy COB Option: TRI  Potential Claims Report for Dual Eligible
```

    b.   After the user has selected one, many, or all divisions, the patient eligibility criteria (TRICARE, CHAMPVA or all) and a date range, choose the 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
     Select one of the following:
          T            TRICARE
          C            CHAMPVA
          A            ALL
Display (T)RICARE or (C)HAMPVA or (A)LL Entries: A// LL
EARLIEST DATE: t-10  (APR 06, 2009)
  LATEST DATE: T//   (APR 16, 2009)
SORT CRITERIA
```

```
Primary Sort:  (N/P/S/D/E): Division//
Secondary Sort:  (N/P/S/E):
Tertiary Sort:  (N/P/S/E):
DEVICE: HOME// ;;9999  TELNET TERMINAL
Collecting TRICARE data.
Enter RETURN to continue or '^' to exit:
=========================================================================
Potential TRICARE Rx Claims Report     8/1/80 - 7/28/14           Page: 1
Selected Divisions: ALL
Selected Patient Eligibility: ALL
Sorted By: Division;
'*' indicates the HPID/OEID failed validation checks
RX#      Fill Date    Patient         PatID COB Elig  Payers         HPID/OEID
-------------------------------------------------------------------------
Division: XXXXX VAMC
XXXXXX   2  9/9/10   OPTRICARE,ONE   160P  p   TRIC TRICARE-23 TEST  XXXXXXXXXX*
XXXXXX   1  9/9/10   OPTRICARE,ONE   160P  p   TRIC TRICARE-23 TEST  XXXXXXXXXX*
```

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 (e.g., Veteran and TRICARE). These claims are identified using the Potential Secondary Rx Claims Report and Potential Claims Report for Dual Eligible.

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, CHAMPVA 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 CHAMPVA Rate Type (CHAMPVA or CHAMPVA REIMB. INS.), the claim will be processed as a CHAMPVA claim. 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 and non-CHAMPVA claim. The Date of Service is determined based on the date of service algorithm used in Outpatient Pharmacy.

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.

The user 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 Claims Report for Dual Eligible
   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 #: REDACTED     LIDOCAINE 0.5% W/EPI INJ MDV
 Patient                   RX#         Drug Name               RX Status
 ECMEPatient, Two          REDACTED    LIDOCAINE 0.5% W/EPI INJ  ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED 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 REDACTED $   0/XXXXXXXX    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:  XXXXXX
```

```
Other Payer Date:  Oct 15, 2010
Other Payer Paid Qualifier:  07 (DRUG BENEFIT)
Other Payer Amount Paid:  40.00
Other Payer Patient Responsibility Amount Qualifier: 06 (AMT REPORTED BY PRIOR
PAYER)
Other Payer Patient Responsibility Amount: $12.38
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  REDACTED      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: XXXXXX//
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:
SUBMIT CLAIM TO INSURANCE3 ?(Y/N)? Y// ES
Veteran 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 (e.g., Veteran and TRICARE) and that were identified by the Potential Claims Report for Dual Eligible.

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 #: REDACTED      BETHANECHOL 10MG TAB
 Patient          RX#          Drug Name                 RX Status
 ECMEpatient,One  REDACTED     BETHANECHOL 10MG TAB                  ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED 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: 40  TRICARE PHARMACY  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 XXXXXX submitted to ECME for claim generation.
```

6.3.3 SC Prescriptions for Active Duty Patients

This section shows an example of how the option can be used to submit claims for prescriptions / refills entered for patients with TRICARE dual eligibility (e.g., Veteran and TRICARE) with SC prescriptions.

The prescription must be marked as related to an Environmental Indicator / Special Authority and must be one of the following:

- SC TREATMENT
- AGENT ORANGE
- IONIZING RADIATION
- SOUTHWEST ASIA
- MILITARY SEXUAL TRAUMA
- COMBAT VETERAN

When processing a claim for TRICARE dual eligibility patients that have one of the above Environmental Indicator / Special Authority codes, users are asked to verify that the patient was active duty on the date of service and to enter an Electronic Signature code.

Example 6.3.3-1: 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 #: XXXXXXX       BETHANECHOL 10MG TAB
 Patient            RX#         Drug Name               RX Status
 ECMEpatient,One    XXXXXXX     BETHANECHOL 10MG TAB               ACTIVE
DO YOU WANT TO CONTINUE?(Y/N)? Y// ES
RX # REDACTED has the following fills:
   Fill   Date
   ====   ==========
   0      10/27/2020
SELECT A FILL TO BILL: 0  10/27/2020
Select payer sequence for billing:
   1   PRIMARY
   2   SECONDARY
SELECT PAYER SEQUENCE: 1  PRIMARY
SELECT RATE TYPE:  40 TRICARE PHARMACY 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   12/27/2018
PRIMARY INSURANCE POLICY: SH TRICARE (PRIMARY) - TRICARE PLAN
SUBMIT CLAIM TO SH TRICARE ?(Y/N)? Y// y  YES
Was the patient Active Duty on 10/27/2020? No// YES
Enter your Current Signature Code:   SIGNATURE VERIFIED
Veteran Prescription XXXXXXX successfully 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.

🔑 *The user 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:
```

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              *
            **************************************************
```

🔑 *The user must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen (STAT) and ECME transaction maintenance options (MNT) options. 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.

```
   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
Select ECME transaction maintenance options Option:
```

7.1.1   View / Unstrand Submissions Not Completed

This option provides the user 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.

> *Note: Even though the user performs 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
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. The user 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 the current date is entered. If the user enters 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 any transmission currently processing is not interrupted.

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   RX/Fill DOS       Ins Co
                                *** CLAIMS ***
  1 10/07/2010 ECMEpatient,One      XXXX XXXXXX/1 06/24/2009 AETNA
    In Progress - Done
  2 10/07/2010 ECMEpatient,One      XXXX XXXXXX/1 04/27/2009 AETNA
    In Progress - Done
  3 10/07/2010                      XXXX XXXXXXX/0 10/07/2010 AETNA
    In Progress - Processing request
                           *** REVERSALS ***
  4 10/07/2010 ECMEpatient,One      XXXX XXXXXX/1 06/25/2009 AETNA
    In Progress - Done
                        *** ELIGIBILITY INQUIRIES ***
  5 10/08/2010 ECMEpatient,One      XXXX              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 the user to reopen an electronic claim after it has been Closed. The prescription can be Released or Not Released. The user is prompted to enter a patient name and date range to select closed claims by date of service. Once a claim is Reopened, the user 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
Select ECME transaction maintenance options Option: ROC  Re Open CLOSED Claim
```

b. The user 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          XX-XX-XX     REDACTED
    NSC VETERAN
```

c. The user 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 Reopen 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          DOS  RX#          REF/ECME#     LOC RX INFO
1    RESERPINE 0.25MG   00083-0036-45 07/05 XXXXXXXXX$  0/ REDACTED    W   RT AC/R
         Enter ?? for more actions
RE  Reopen Claim         EX  Exit
Select action: Quit// R    Reopen Claim
Select item: 1
```

e. The user is 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#: XXXXXXXXX$ 0    DRUG: RESERPINE 0.25MG
    CLOSED  JUL 5,2006@15:13:42
     ECME#: REDACTED, DOS: 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: VAXXXX=XXXXXXX=XXXXXX=XXXXXXX ... OK
1 claim has been reopened.
Enter RETURN to continue or '^' 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.

> *The user 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
```

🔑 *The user 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.

Note: 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 the user 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 not display messages indicating process.

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

> *Note:* *One important reason for this is 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 the user 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 NCPDP 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.

Table 2: Reject Codes

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.

> *The user 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 #: XXXXXXX
NPI: REDACTED
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: 5// 5
DEFAULT DEA #: AGXXXXX

*** BPS PHARMACY FOR CS is an optional field.
This field should only be used when a dispensing pharmacy does not have a valid DEA
Controlled Substance Registration Certificate and therefore those products are
dispensed by a different pharmacy. Press Enter to bypass the prompt.***

     Select one of the following:

        1          Pharmacy 001
        2          Pharmacy 002

Select BPS PHARMACY FOR CS or Enter to bypass: 1  Pharmacy 001

     NCPDP #: XXXXXXX
     NPI: XXXXXXXX
```

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

Table 3: 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 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 3 to 10 for the number of days to wait before ECME reverses non-released prescription claims with a PAYABLE payer-returned response. Each site's business practice will dictate what this value should be.
DEFAULT DEA #	The pharmacy's Drug Enforcement Administration (DEA) number.

Entry	Description
BPS PHARMACY FOR CS	BPS PHARMACY FOR CS is an optional field and will only be displayed if there is at least one active Pharmacy in addition to the pharmacy being edited. This field should only be used when a dispensing pharmacy does not have a valid DEA Controlled Substance Registration Certificate and therefore those products are dispensed by a different pharmacy.

Note: *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.*

Note: *If an Outpatient Site is activated after a claim is already sent to ECME, ECME will NOT generate an electronic claim.*

Note: *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

```
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//
```

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

The user 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: REDACTED// <ENTER>
SITE ADDRESS 1: REDACTED// <ENTER>
SITE ADDRESS 2: <ENTER>
SITE CITY: ANYTOWN// <ENTER>
SITE STATE: NEW YORK// <ENTER>
SITE ZIP CODE: XXXXX// <ENTER>
REMITTANCE ADDRESS NAME: 1111 TEST STR// <ENTER>
REMIT ADDRESS 1: 111 TEST STREET// <ENTER>
REMIT ADDRESS 2: <ENTER>
```

```
REMIT CITY: ANYTOWN// <ENTER>
REMIT STATE: KANSAS// <ENTER>
REMIT ZIP: XXXXXX// <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.

> *The user must hold the BPSMENU and BPS MANAGER keys to view the Statistics Screen option.*

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

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

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

```
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//
```

The table below describes the Statistics Screen option areas:

Table 4: Description of Statistics Screen Option

Screen Areas	Description
Header Area	Displays the date for which the user 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

The user 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. The user 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**.

IMPORTANT: Choosing Permanent Copy will permanently zero out the statistics in the database. The user needs 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 the user is 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
```

8   Accessing the Pharmacy Electronic Claims Reports

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

> *The user 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 the user 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. The user has a selection 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
   NBS    Non-Billable Status 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. The user can select
       these options using the same method as in other VistA applications and as
       described in the [Change View](#) section.

> *Note:* *Most of the Claim Results and Status reports require that a device with 256*
> *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        ANYTOWN    VIRGINIA
   Y
  Selected:
          IBINSUR1
Select INSURANCE: DEVELOPMENT INS        123 HERE STREET        ANYTOWN
  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
          P          PRO Option
          S          Resubmission
          A          ALL
Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A// <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 the Claims Results and Status REPORTS except the ECMP report display another prompt that will allow the user to capture the report data in Excel spreadsheet format. If the answer is 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 and save the detail report data in a text file
    to a local drive.  This report may take a while to run.
    Note:  To avoid undesired wrapping of the data saved to the file,
           please enter '0;256;99999' 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.

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

Note: *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. 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
  NBS    Non-Billable Status Report
  SPA    Spending Account Report
Select Claim Results and Status Option: PAY  Payable Claims Report
```

b. After a selection has been made from the "ALL REPORTS" prompt, the user will be prompted to select a report date range; Released, Not Released or All claims; Certain Eligibility Type or All; Selected Patients or All; Selected Range for Billed Amount or All; 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
    Select one of the following:
        V          VETERAN
        T          TRICARE
        C          CHAMPVA
        A          ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL
    Select one of the following:
        P          Patient
        A          ALL
Display Selected (P)atients or (A)LL: ALL//
    Select one of the following:
        R          Range
        A          ALL
Select (R)ange for Billed Amount or (A)LL: ALL//
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid,
Dispensing Fee Paid and Patient Responsibility (INS) will only be included
when the report is captured for an Excel document.  All additional data fields
may not be present for all reports.
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 8.1.1-3: Payable Claims Report

```
ECME PAYABLE CLAIMS DETAIL REPORT                    Print Date: MAY 21, 2008@11:41:   Page:  1
DIVISION(S): ALL                                     Fill Locations: C,M,W  Fill type: RT,BB,RS
Insurance: SELECTED                          Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                                  Patient: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 02/12/08 through 05/21/08
=================================================================================================
PATIENT NAME             Pt.ID  ELIG   RX#      REF/ECME#     DATE     $BILLED    $INS RESPONSE    $COLLECT
    DRUG                        NDC       RELEASED ON   RX INFO                           BILL# COB
=================================================================================================
DIVISION: PHARMACY-1
-------------------------------------------------------------------------------------------------
DEVELOPMENT INS
-------------------------------------------------------------------------------------------------
ECMEpatient,One          (XXXX)  TRI  XXXXXX$    2/ REDACTED   04/15/08    51.00           40.00
    AMITRIPTYLINE 10MG TAB     00182-1018-10  04/15/08     W  RT  AC/R                      KXXXXKX  p
ECMEpatient, Three       (XXXX)  VET  XXX$       0/ REDACTED   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           .16          0.00
-------------------------------------------------------------------------------------------------
IBINSUR1
-------------------------------------------------------------------------------------------------
ECMEpatient, Two         (XXXX)  VET  XXXXXX$    0/ REDACTED   03/05/08    51.00           40.00
    NEODECADRON OPHTMALIC SOL.  00006-7639-03  03/05/08     W  RT  AC/R                     KXXXXHX  p
ECMEpatient, Two         (XXXX)  VET  XXXXXX$    0/ REDACTED   03/05/08    51.00           40.00
    PENTAERYTHRITOL  10MG TAB   00725-2064-10  03/05/08     W  RT  AC/R                     KXXXXHX  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:
```

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.

> ⚷ *The user must hold the BPSMENU and BPS REPORTS keys to view the Rejected Claims Report option.*
>
> *Note:* *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. 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
   NBS    Non-Billable Status Report
   SPA    Spending Account Report
Select Claim Results and Status Option: REJ  Rejected Claims Report
```

b. After the user has made selections from the "ALL REPORTS" prompt, the user will be given the following prompts for date range, Released / Not Released / All claims, All / Specific Reject Codes, VETERAN / TRICARE / CHAMPVA / All Eligibility, Selected Patients or All, Selected Range for Billed Amount or All, 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:
        O         OPEN
        C         CLOSED
        A         ALL
```

```
Include (O)pen, (C)losed, or (A)ll Claims: O// ALL
     Select one of the following:
          V         VETERAN
          T         TRICARE
          C         CHAMPVA
          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// PEN
     Select one of the following:
          S         SPECIFIC PRESCRIBER(S)
          A         ALL PRESCRIBERS
Select Specific Prescriber(s) or include ALL Prescribers: A// LL PRESCRIBERS
     Select one of the following:
          P         Patient
          A         ALL
Display Selected (P)atients or (A)LL: ALL//
     Select one of the following:
          R         Range
          A         ALL
Select (R)ange for Billed Amount or (A)LL: ALL//
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid,
Dispensing Fee Paid and Patient Responsibility (INS) will only be included
when the report is captured for an Excel document.  All additional data fields
may not be present for all reports.
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,RS
Insurance: SELECTED                                         Drugs/Classes: ALL
Reject Code: ALL                                            Eligibility: ALL       Open/Closed: ALL
Prescriber: ALL                                             Patient: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 05/01/08 through 05/21/08
=========================================================================================================
PATIENT NAME           Pt.ID ELIG RX#      REF/ECME#    DATE     RELEASED ON  RX INFO     COB    OPEN/CLOSED
   CARDHOLD.ID               GROUP ID  $BILLED   QTY    NDC#               PRESCRIBER ID    NAME
=========================================================================================================
DIVISION: PHARMACY-1
---------------------------------------------------------------------------------------------------------
IBINSUR1 - 123456
---------------------------------------------------------------------------------------------------------
ECMEPATIENT,ONE        (XXXX)  VET  XXXXXX$  0/ REDACTED          05/04/08  05/04/08     W  RT  DS/R   s  Open
   REDACTED                   555        51.00   90     00777-0877-03    REDACTED         ECMEPRESCRIBER,ONE
         FENOPROFEN 300MG CAP
         07:M/I Cardholder ID Number
ECMEPATIENT,ONE        (XXXX)  VET  XXXXXX$  0/ REDACTED          05/04/08  05/04/08     W  RT  DS/R   s  Closed
   REDACTED                   555        51.00   90     00777-0877-03    REDACTED         ECMEPRESCRIBER,ONE
         FENOPROFEN 300MG CAP
         07:M/I Cardholder ID Number
ECMEPATIENT,ONE        (XXXX)  VET  XXXXXX$  0/ REDACTED          05/04/08  05/04/08     W  RT  DS/R   p  Closed
   REDACTED                   555        51.00   90     00777-0877-03    REDACTED         ECMEPRESCRIBER,ONE
         FENOPROFEN 300MG CAP
         07:M/I Cardholder ID Number
                                            ----------
SUBTOTALS for INS:IBINSUR1                    153.00
COUNT                                              3
MEAN                                           51.00
---------------------------------------------------------------------------------------------------------
OPINSUR1 - 6 321
---------------------------------------------------------------------------------------------------------
ECMEPATIENT,TWO        (XXXX)  VET  XXXXXX$  0/ REDACTED          05/06/08               W  RT  DS/N   p  Open
                             111        51.00   180    00003-0626-50    REDACTED         ECMEPRESCRIBER,FIVE
         CHLORAL HYDRATE 500MG CAP
         12:M/I Patient Location
ECMEPATIENT,TWO        (XXXX)  VET  XXXXXXX$ 0/ REDACTED          05/06/08               W  RT  DS/N   p  Open
                             111        51.00   180    00149-0030-66    REDACTED         ECMEPRESCRIBER,FIVE
         DANTROLENE 25MG CAP
         75:Prior Authorization Required
```

```
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/06/08              W  RT  DS/N   p  Open
                                 111      51.00   90    00591-5521-04    REDACTED        ECMEPRESCRIBER,FIVE
          PHENYLBUTAZONE 100MG TAB
          05/06/08 - Prior Authorization Code (8/XXXXXXXXXX) submitted.
          75:Prior Authorization Required
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED 2       05/06/08              W  RT  DS/N   p  Open
                                 111      51.00   180   00023-4534-67    REDACTED        ECMEPRESCRIBER,FIVE
          BACLOFEN 10MG TABS
          05/06/08 - Clarification Code 4,3 submitted.
          79:Refill Too Soon
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/06/08              W  RT  DS/N   s  Open
                                 111      51.00   180   00023-4534-67    REDACTED        ECMEPRESCRIBER,FIVE
          BACLOFEN 10MG TABS
          05/06/08 - Clarification Code 4,3 submitted.
          79:Refill Too Soon
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/06/08              M  RT  DS/N   p  Open
                                 111      51.00   180   00839-7221-06    REDACTED        ECMEPRESCRIBER,FIVE
          DOXEPIN 25MG CAP
          05/06/08 - Clarification Code 4,3 submitted.
          79:Refill Too Soon
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/06/08              M  RT  AC/N   p  Open
                                 111      51.00   180   00081-0635-35    REDACTED        ECMEPRESCRIBER,FIVE
          CHLORAMBUCIL 2MG TAB
          79:Refill Too Soon
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/07/08              W  RT  DS/N   p  Open
                                 111      51.00   180   00023-4534-67    REDACTED        ECMEPRESCRIBER,FIVE
          BACLOFEN 10MG TABS
          05/07/08 - DAFASFDAFDASFDASFAS
          75:Prior Authorization Required
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/08/08              W  RT  AC/N   p  Open
                                 111      51.00   30    00024-2253-04    REDACTED        ECMEPRESCRIBER,FIVE
          STANOZOLOL 2MG
          75:Prior Authorization Required
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/08/08              W  RT  DS/N   p  Open
                                 111      51.00   180   00078-0005-10    REDACTED        ECMEPRESCRIBER,FIVE
          THIORIDAZINE 100MG TAB
          05/08/08 - FDDSFADFA
          75:Prior Authorization Required
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/08/08              W  RT  AC/N   p  Open
                                 111      51.00   180   00028-0105-10    REDACTED        ECMEPRESCRIBER,FIVE
          TERBUTALINE 5MG TABS
          75:Prior Authorization Required
          79:Refill Too Soon
```

```
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/08/08              W  RT  DS/N   p  Open
                                 111       51.00   180    00045-0412-60   REDACTED       ECMEPRESCRIBER,FIVE
          TOLMETIN 200MG TABS
          75:Prior Authorization Required
          79:Refill Too Soon
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/14/08              W  RT  DS/N   p  Open
                                 111       51.00   180    00023-4534-67   REDACTED       ECMEPRESCRIBER,FIVE
          BACLOFEN 10MG TABS
          64:Claim Submitted Does Not Match Prior Authorization
ECMEPATIENT,TWO          (XXXX)  VET  XXXXXX$  0/ REDACTED         05/14/08               W  RT  DS/N   p  Open
                                 111       51.00   180    00781-1367-10   REDACTED       ECMEPRESCRIBER,FIVE
          BENZTROPINE 2MG TAB
          12:M/I Patient Location
Press RETURN to continue, '^' to exit:
```

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. The user will not be prompted for selections from the "ALL REPORTS" section, but will 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 the user can choose to display it on the screen

> 🔑   *The user 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
  NBS    Non-Billable Status 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)  XXXXXXXXXX /XXXXXX$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.

🔑 *The user 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
  NBS    Non-Billable Status Report
  SPA    Spending Account Report
Select Claim Results and Status Option: REV  Reversal Claims Report
```

    b.   After the user has made selections from the "ALL REPORTS" prompt, the user will be given the following prompts for date range, Released / Not Released / All Claims, Auto-Reversed / All Claims, Accepted / Rejected / All Claims, Veteran / TRICARE / CHAMPVA / All Eligibility, Selected Patients or All, Selected Range for Billed Amount or All, 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
     Select one of the following:
          V          VETERAN
          T          TRICARE
          C          CHAMPVA
          A          ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL
     Select one of the following:
          P          Patient
          A          ALL
Display Selected (P)atients or (A)LL: ALL// <Enter>
     Select one of the following:
          R          Range
          A          ALL
Select (R)ange for Billed Amount or (A)LL: ALL// <Enter>
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing
Fee Paid and Patient Responsibility (INS) will only be included when the report is
captured for an Excel document.  All additional data fields may not be present for
all reports.
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,RS
Insurance: ALL                          ALL Reversals    ALL Returned Status  Drugs/Classes: ALL
Eligibility: ALL                                                             Patient: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 03/18/09 through 04/17/09
====================================================================================================
PATIENT NAME        Pt.ID ELIG  RX#     REF/ECME#       DATE          $BILLED     $INS RESPONSE    $COLLECT
    DRUG                         NDC                     RX INFO         COB
      RELEASED ON    REVERSAL METHOD/RETURN STATUS/REASON
====================================================================================================
DIVISION: YYYYYYYY
----------------------------------------------------------------------------------------------------
COB INSURANCE
----------------------------------------------------------------------------------------------------
ECMEPATIENT,ONE     (XXXX) TRI  XXXXXX$   0/ REDACTED      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) VET  XXXXXX$   0/ REDACTED      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) VET  XXXXXX$   1/ REDACTED      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) TRI  XXXXXX$   0/ REDACTED      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         .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.

> 🔑 *The user 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
   NBS    Non-Billable Status Report
   SPA    Spending Account Report
Select Claim Results and Status Option: NYR  Claims Submitted, Not Yet Released
```

     b. After the user has made selections from the "ALL REPORTS" prompt, the user will be given the following prompts for date range, Selected Patients or All, Selected Range for Billed Amount or All, 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
Select one or more of the following:
     V          VETERAN
     T          TRICARE
     C          CHAMPVA
     A          ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A//
     Select one of the following:
          P          Patient
          A          ALL
Display Selected (P)atients or (A)LL: ALL//
     Select one of the following:
          R          Range
          A          ALL
Select (R)ange for Billed Amount or (A)LL: ALL//
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid, Dispensing
Fee Paid and Patient Responsibility (INS) will only be included when the report is
captured for an Excel document.  All additional data fields may not be present for
all reports.
```

```
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,RS
Insurance: ALL
Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                                         Patient: ALL
PRESCRIPTIONS (NOT RELEASED) BY TRANSACTION DATE: From 09/23/05 through 09/23/05
======================================================================
PATIENT NAME      Pt.ID  RX#      REF/ECME#      DATE         $BILLED  $INS
RESPONSE
    DRUG                      NDC               RX INFO       COB ELIG
======================================================================
DIVISION: ZZZZZZZ
----------------------------------------------------------------------
WEBMD
----------------------------------------------------------------------
ECMEpatient,One   (XXXX) XXXXXX$  0/ REDACTED    09/23/05       45.00 40.00
    PROTAMINE SULFATE 5ML INJ  00000-0000-00       W  RT AC/N    p  VET -------
---   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.

🔑 *The user 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
  NBS     Non-Billable Status Report
  SPA     Spending Account Report
Select Claim Results and Status Option: REC  Recent Transactions
```

b. After the user has made selections from the "ALL REPORTS" prompt, the user 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...
```

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,RS
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        COB
   DRUG                    NDC              RX INFO         INSURANCE                                 ELAP TIME IN SECONDS
=======================================================================================================================
DIVISION: XXXXXXXX
-----------------------------------------------------------------------------------------------------------------------
ECMEPATIENT,THREE          (XXXX)  XXXXXX$    1/ REDACTED     10/04/10 02:52PM  SUBMIT       E REJECTED             p
   DIAZEPAM 10MG S.T.      00555-0164-04    M  RT EX/N REJ    OPINSUR1                                              9
ECMEPATIENT,THREE          (XXXX)  XXXXXXX$   1/              10/06/10 11:29AM  SUBMIT       E UNSTRANDED           p
   GENTAMICIN OPHTHALMIC O 00719-7058-61    W  RT AC/N        OPINSUR1                                         502339
ECMEPATIENT,SIX            (XXXX)  XXXXXXX$   0/ REDACTED    10/07/10 12:06AM  SUBMIT       E REJECTED             p
   DOXEPIN 25MG CAP        00839-7221-06    W  RT AC/R REJ    OPINSUR2                                              7
ECMEPATIENT,SIX            (XXXX)  XXXXXXX$   0/ REDACTED    10/07/10 01:59PM  SUBMIT       E PAYABLE              p
   CORTICOTROPIN 40UNIT HP 00053-1330-01    W  RT AC/R        OPINSUR1                                              4
ECMEPATIENT,SIX            (XXXX)  XXXXXXX$   0/ REDACTED    10/07/10 03:05PM  REVERSAL     E REVERSAL OTHER       p
   TRIAMTERENE 50MG, HCTZ  00484-3590-30    W  RT DS/R        OPINSUR2                                              3
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/07/10 05:29PM  SUBMIT       E UNSTRANDED           p
   MEDROXYPROGESTRONE 10MG 00009-0050-02    W  RT DS/N        OPINSUR1                                       76220585
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/07/10 07:45PM  SUBMIT       E REJECTED             p
   DOXEPIN 25MG CAP        00839-7221-06    M  RT DS/N REJ    OPINSUR1                                              7
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:11PM  REVERSAL     E REVERSAL UNSTRANDED  p
   IMIPRAMINE 25MG TAB     00779-0588-30    W  RT DS/N        OPINSUR1                                       57199104
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   DOXEPIN 25MG CAP        00839-7221-06    M  RT DS/N        OPINSUR1                                       76194694
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   BACLOFEN 10MG TABS      00023-4534-67    W  RT DS/N        OPINSUR1                                       75772098
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   IMIPRAMINE 25MG TAB     00779-0588-30    W  RT EX/N        OPINSUR1                                       57199347
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   CHLORAL HYDRATE 500MG C 00003-0626-51    W  RT DS/N        OPINSUR1                                       57199249
ECMEPATIENT,ONE            (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   LIDOCAINE 2% 50ML INJ M 00186-0240-02    W  RT DS/N        OPINSUR1                                       51602609
ECMEPATIENT,THREE          (XXXX)  XXXXXX$    0/ REDACTED     10/08/10 04:16PM  SUBMIT       E UNSTRANDED           p
   BIPERIDEN 2MG TAB       00044-0120-04    M  RT DS/N        OPINSUR1                                       46160110
```

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.

> ⚷ *The user 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
   NBS     Non-Billable Status Report
   SPA     Spending Account Report
Select Claim Results and Status Option: DAY  Totals by Date
```

   b. After the user has made selections from the "ALL REPORTS" prompt, the user 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,RS
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. The Excel display format of the report displays the Amount Billed and the Amount Billed is only on the Excel display format.

🔑 🖳   *The user 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
  NBS    Non-Billable Status Report
  SPA    Spending Account Report
Select Claim Results and Status Option: CLO  Closed Claims Report
```

     b.   After the user has made selections from the "ALL REPORTS" prompts, the user will be given the following prompts for date range, Released / Not Released / All claims, All / Specific Close Claim Reason, Veteran / TRICARE / CHAMPVA / All Eligibility, Selected Patients or All, 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>
    Select one of the following:
        V          VETERAN
        T          TRICARE
        C          CHAMPVA
        A          ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A// ALL
    Select one of the following:
        P          Patient
        A          ALL
Display Selected (P)atients or (A)LL: ALL// ALL
Data field for billed amount will only be included when the report is captured
for an Excel document. All additional data fields may not be present for all
reports.
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 8.1.8-2: 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,RS
Insurance: ALL                           Close Reason: ALL
Drugs/Classes: ALL
Eligibility: ALL                                          Patient:
ALL
RELEASED PRESCRIPTIONS BY CLOSE DATE: From 03/18/09 through 04/17/09
================================================================================
====================
PATIENT NAME          Pt.ID  ELIG  RX#    REF/ECME#  RX INFO       DRUG
NDC
   CARDHOLD.ID               GROUP ID  CLOSE DATE/TIME   CLOSED BY   CLOSE REASON
   COB
======================================================================
DIVISION: YYYYYYYY
----------------------------------------------------------------------
ECME1 INSURANCE
----------------------------------------------------------------------
ECMEPATIENT,TWO     (XXXX) TRI  XXXXXX$  0/ REDACTED    W  RT  DS/R  DACARBAZINE
100MG INJ  00026-8151-10
   REDACTED                  10001    03/20/09 03:55PM  ECMEUSER,ONE INVALID
NDC FROM CMOP
   p
        Claim ID: REDACTED
   :Non-Matched Product/Service ID Number
SUBTOTALS for INS: ECMEUSER,ONE
   ECMEPAT,ONE                                                    1
                                                             -----
```

```
CLOSED CLAIMS SUBTOTAL                                      1
SUBTOTALS for DIV:YYYYYYY
   ECMEUSER,ONE                                             1
                                                        -----
CLOSED CLAIMS SUBTOTAL                                      1
GRAND TOTALS (ALL DIVISIONS) BY BILLER
   ECMEUSER,ONE                                             1
                                                        -----
CLOSED CLAIMS GRAND TOTAL                                   1
```

8.1.9   Non-Billable Status Report

The *ECME Reports* menu includes a Non-Billable Status Report for ECME Rxs. This report provides users with a tool to easily identify prescriptions that the ePharmacy software determines are not being billed (e.g., Over the Counter [OTC] products, no insurance on file or not active). The report ensures that prescriptions are billed for TRICARE and / or CHAMPVA patients in a timely manner.

🔑 *The user must hold the BPSMENU and BPS REPORTS keys to view the Non-Billable Status Report option.*

   a. Access the report by entering NBS at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.9-1: Accessing the Non-Billable Status 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
  NBS    Non-Billable Status Report
  SPA    Spending Account Report
Select Claim Results and Status Option: NBS  Non-Billable Status Report
```

   b. After the user has made selections from the "ALL REPORTS" prompt, the user will be given a series of prompts as shown below:

Example 8.1.9-2: Selecting Non-Billable Status Report option

```
START WITH TRANSACTION DATE: T-1// T-10  (MAY 29, 2015)
GO TO TRANSACTION DATE: T// T  (JUN 08, 2015)
     Select one of the following:
          R          RELEASED
          N          NOT RELEASED
         A          ALL
Include Rxs - (R)ELEASED or (N)OT RELEASED or (A)LL: ALL//
          R          Most Recent
          A          ALL
Select Most (R)ecent or (A)ll: MOST RECENT//
     Select one or more of the following:
          V          VETERAN
          T          TRICARE
          C          CHAMPVA
          A          ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: ALL//
     Select one of the following:
          P          Patient
          A          ALL
Display Selected (P)atients or (A)LL: ALL//
     Select one of the following:
          R          Range
          A          ALL
Select (R)ange for Billed Amount or (A)LL: ALL//
     Select one of the following:
          S          NON-BILLABLE STATUS
          A          ALL
Select Certain Non-Billable (S)tatus 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//   HOME  (CRT)    Right Margin: 80//132
Please wait...
```

Example 8.1.9-3: Non-Billable Status Report

```
ECME RXs WITH Non-Billable STATUS REPORT                Print Date: Sept 26, 2014@11:41:  Page:  1
DIVISION(S): GENERIC                                    Fill Locations: C,M,W
Insurance: ALL                                          Drugs/Classes: ALL
Eligibilities: ALL                                      Patient Name: ALL
NON-BILLABLE STATUS: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 2/22/09 through 09/23/14
=========================================================================================
PATIENT NAME              Pt.ID  ELIG   RX#       REF        DATE             $DRUG COST
    DRUG                         NDC          RELEASED ON   RX INFO   NON-BILLABLE STATUS
=========================================================================================
DIVISION: GENERIC DIVISION
-----------------------------------------------------------------------------------------
GENERIC INS
-----------------------------------------------------------------------------------------
ECMEpatient,One           (XXXX)  TRI  XXXXXX$     2          04/15/09              51.00
    AMITRIPTYLINE 10MG TAB        00182-1018-10  04/15/09    W  AC/R     Plan not active, local
ECMEpatient, Three        (XXXX)  VET  XXXXXX$     0          03/10/09              51.00
    METHADONE 10MG TAB           0000 -85 -2  03/10/09       W  EX/N     Plan not linked to Payer


                                                                     ----------
SUBTOTALS for INS:GENERIC INS                                          102.00
COUNT                                                                       2
MEAN                                                                    51.00
Press RETURN to continue
-----------------------------------------------------------------------------------------
GENERIC INSURANCE 2
-----------------------------------------------------------------------------------------
ECMEpatient, Two          (XXXX)  VET  XXXXXX$     0          03/05/09              51.00
    NEODECADRON OPHTMALIC SOL. 00006-7639-03  03/05/08       W AC/R    Plan not found
ECMEpatient, Two          (XXXX)  VET  XXXXXX$     0          03/05/09              51.00
    PENTAERYTHRITOL  10MG TAB  00725-2064-10  03/05/08       W AC/R    Plan Deactivated
SUBTOTALS for INS:GENERIC INSURANCE 2                                 2142.00
COUNT                                                                      42
MEAN                                                                    51.00
                                                                     ----------
SUBTOTALS for DIV:GENERIC DIVISION                                    2244.00
COUNT                                                                      44
MEAN                                                                    51.00
                                                                     ----------
GRAND TOTALS                                                          2244.00
COUNT                                                                      44
MEAN                                                                    51.00
Press RETURN to continue:
```

8.1.10   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.

- Access the report by entering SPA at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.10-1: 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
   NBS    Non-Billable Status Report
   SPA    Spending Account Report
Select Claim Results and Status Option: SPA    Spending Account Report
```

Example 8.1.10-2: 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
         S          ReSubmission
         A          ALL
```

```
Display (R)ealTime, (B)ackbills, (P)RO Option, Re(S)ubmission or (A)LL: A//
     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 8.1.10-3: Spending Account Report – Summary

```
ECME SPENDING ACCOUNT REPORT SUMMARY REPORT                          Print Date: DEC 02, 2011@16:51:34  Page:  1
DIVISION(S): ALL                                                     Fill Locations: C,M,W  Fill type:
RT,BB,P2,RS
Insurance: ALL                                                       Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 06/05/11 through 12/02/11
=================================================================================================================
PATIENT NAME              Pt.ID  RX#       REF/ECME#         DATE        $BILLED       $INS RESPONSE       $COLLECT
  DRUG                                 RX INFO        INS GROUP#      INS GROUP NAME                         BILL#
    $PROVIDER NETWORK  $BRAND DRUG   $NON-PREF FORM    $BRAND NON-PREF FORM    $COVERAGE GAP  $HEALTH ASST  $SPEND ACCT REMAINING
=================================================================================================================
DIVISION: XXXXXX
-----------------------------------------------------------------------------------------------------------------
                                                                    ----------    ----------          ----------
SUBTOTALS for INS:EPHARM INSURANCE                                       12.00      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       12.30
COUNT                                                                       1             1                   1
           1               1              1               1                 1             1          1
MEAN                                                                    12.00      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       12.30
                                                                    ----------    ----------          ----------
SUBTOTALS for INS:EXPRESS SCRIPTS                                    999999.99      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       15.41
COUNT                                                                       1             1                   1
           1               1              1               1                 1             1          1
MEAN                                                                999999.99      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       15.41
                                                                    ----------    ----------          ----------
SUBTOTALS for DIV:XXXXXX                                            1000011.99     1999999.98                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       27.71
COUNT                                                                       2             2                   2
           2               2              2               2                 2             2          2
MEAN                                                                500006.00      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       13.86
                                                                    ----------    ----------          ----------
GRAND TOTALS                                                        1000011.99     1999999.98                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       27.71
COUNT                                                                       2             2                   2
           2               2              2               2                 2             2          2
MEAN                                                                500006.00      999999.99                0.00
         0.00            0.00           0.00            0.00              0.00          0.00       13.86
Press RETURN to continue:
```

Example 8.1.10-4: Spending Account Report – Detail

```
ECME SPENDING ACCOUNT REPORT DETAIL REPORT                          Print Date: DEC 02, 2011@17:16:36  Page:  1
DIVISION(S): ALL                                                    Fill Locations: C,M,W  Fill type:
RT,BB,P2,RS
Insurance: ALL                                                      Drugs/Classes: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 06/05/11 through 12/02/11
===================================================================================================================
PATIENT NAME              Pt.ID  RX#      REF/ECME#          DATE        $BILLED        $INS RESPONSE        $COLLECT
  DRUG                            RX INFO        INS GROUP#              INS GROUP NAME                         BILL#
    $PROVIDER NETWORK  $BRAND DRUG    $NON-PREF FORM   $BRAND NON-PREF FORM    $COVERAGE GAP  $HEALTH ASST  $SPEND ACCT REMAINING
===================================================================================================================
DIVISION: XXXXXX
-------------------------------------------------------------------------------------------------------------------
EPHARM INSURANCE
-------------------------------------------------------------------------------------------------------------------
OPCOB,ONECNF             (XXXP) XXXXXXX    0/ REDACTED        08/24/11    12.00            999999.99              0.00
  ATENOLOL 25MG TAB               W  P2  EX/R   T00010               EPHARM INSURANCE                         KXXXXXX
    0.00            0.00           0.00            0.00              0.00          0.00         12.30
        Claim ID: REDACTED
                                                                  ----------     ----------         ----------
SUBTOTALS for INS:EPHARM INSURANCE                                12.00          999999.99              0.00
    0.00            0.00           0.00            0.00              0.00          0.00         12.30
COUNT                                                             1              1                  1
        1               1              1               1                1             1            1              1
MEAN                                                              12.00          999999.99              0.00
    0.00            0.00           0.00            0.00              0.00          0.00         12.30
EXPRESS SCRIPTS
-------------------------------------------------------------------------------------------------------------------
OPCOB,ONECNF             (XXXP) XXXXXXX    0/ REDACTED        08/24/11  999999.99          999999.99              0.00
  ATENOLOL 25MG TAB               W  P2  EX/R   T100000             EXPRESS SCRIPTS                           KXXXXXX
    0.00            0.00           0.00            0.00              0.00          0.00         15.41
        Claim ID: REDACTED
                                                                  ----------     ----------         ----------
SUBTOTALS for INS:EXPRESS SCRIPTS                                999999.99       999999.99              0.00
    0.00            0.00           0.00            0.00              0.00          0.00         15.41
COUNT                                                             1              1                  1
        1               1              1               1                1             1            1              1
MEAN                                                             999999.99       999999.99              0.00
    0.00            0.00           0.00            0.00              0.00          0.00         15.41
                                                                  ----------     ----------         ----------
SUBTOTALS for DIV:XXXXXX                                         1000011.99      1999999.98             0.00
    0.00            0.00           0.00            0.00              0.00          0.00         27.71
COUNT                                                             2              2                  2
        2               2              2               2                2             2            2              2
```

```
MEAN                                                          500006.00          999999.99                  0.00
        0.00          0.00          0.00          0.00                0.00          0.00        13.86
                                                             ----------         ----------             ----------
GRAND TOTALS                                                 1000011.99         1999999.98                  0.00
        0.00          0.00          0.00          0.00                0.00          0.00        27.71
COUNT                                                                 2                  2                      2
           2             2             2             2                2                  2                  2
MEAN                                                          500006.00          999999.99                  0.00
        0.00          0.00          0.00          0.00                0.00          0.00        13.86
Press RETURN to continue:
```

8.1.11 Duplicate Claims Report

- The *Duplicate Claims Report* option lists claims with status of Duplicate of Approved, Duplicate of Paid, and Duplicate of Capture.

  - Access the report by entering **DUP** at the "Select Claim Results and Status Option:" prompt on the Claim Results and Status option screen.

Example 8.1.11-1: Accessing the Duplicate 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
  NBS    Non-Billable Status Report
  SPA    Spending Account Report
  DUP    Duplicate Claims Report
Select Claim Results and Status Option: DUP  Duplicate Claims Report
```

Example 8.1.11-2: Selecting Duplicate Claims 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
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 or more of the following:
     V         VETERAN
     T         TRICARE
     C         CHAMPVA
     A         ALL
Display (V)ETERAN or (T)RICARE or (C)HAMPVA or (A)LL: A//
```

```
Select one or more of the following:
     S        DUPLICATE OF APPROVED
     D        DUPLICATE OF PAID
     Q        DUPLICATE OF CAPTURED
     A        ALL
Display (S)Dup of Approved or (D)Dup of Paid or (Q)Dup of Capture or (A)LL: A//
     Select one of the following:
          P        Patient
          A        ALL
Display Selected (P)atients or (A)LL: ALL//
     Select one of the following:
          R        Range
          A        ALL
Select (R)ange for Billed Amount or (A)LL: ALL//
Data fields VA Ingredient Cost, VA Dispensing Fee, Ingredient Cost Paid
and Dispensing Fee Paid will only be included when the report is captured
for an Excel document.  All additional data fields may not be present for all
reports.
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 8.1.11-3: Duplicate Claims Report – Summary

```
ECME DUPLICATE CLAIMS SUMMARY REPORT                       Print Date: NOV 12, 2020@11:44:51 Page:  1
DIVISION(S): ALL                                           Fill Locations: ALL     Fill Type: ALL
Insurance: ALL                                             Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                                               Patient: ALL
Status: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20
Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture
==========================================================================================================
PATIENT NAME            Pt.ID   ELIG      REF/ECME#        DATE       $BILLED   $INS RESPONSE  $COLLECT  Pt.RESP(INS)
    DRUG                        NDC       RELEASED ON      RX INFO              BILL#             COB     STATUS
==========================================================================================================
DIVISION: XXXXXXXX XXXX
----------------------------------------------------------------------------------------------------------
                                                                      ----------  ----------  ----------  ----------
SUBTOTALS for INS:CAREMARK (XXXXXX)                                        99.99        9.99        9.99        9.99
COUNT                                                                          1           1           1           1
MEAN                                                                       99.99        9.99        9.99        9.99
                                                                      ----------  ----------  ----------  ----------
SUBTOTALS for INS:CAREMARK FEP (XXXXXX)                                    99.99        9.99        9.99        9.99
COUNT                                                                          1           1           1           1
MEAN                                                                       99.99        9.99        9.99        9.99
                                                                      ----------  ----------  ----------  ----------
SUBTOTALS for INS:MEDIMPACT                                                99.99        9.99        9.99        9.99
COUNT                                                                          1           1           1           1
MEAN                                                                       99.99        9.99        9.99       99.99
                                                                      ----------  ----------  ----------  ----------
SUBTOTALS for DIV:XXXXXXXX XXXX                                            99.99       99.99       99.99       99.99
COUNT                                                                          3           3           3           3
MEAN                                                                       99.99        9.99        9.99        9.99
                                                                      ----------  ----------  ----------  ----------
GRAND TOTALS                                                          999999.99    999999.9   999999.99   999999.99
COUNT                                                                          3           3           3           3
MEAN                                                                       99.99        9.99        9.99        9.99
Press RETURN to continue:
```

Example 8.1.11-4: Duplicate Claims Report – Detail

```
ECME DUPLICATE CLAIMS DETAIL REPORT                        Print Date: NOV 12, 2020@12:45:40 Page:  1
DIVISION(S): ALL                                           Fill Locations: ALL     Fill Type: ALL
Insurance: ALL                                             Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                                               Patient: ALL
Status: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20
Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture
```

```
==========================================================================================================
PATIENT NAME              Pt.ID  ELIG    REF/ECME#        DATE       $BILLED  $INS RESPONSE  $COLLECT  Pt.RESP(INS)
   DRUG                          NDC     RELEASED ON      RX INFO             BILL#             COB     STATUS
==========================================================================================================
DIVISION: XXXXXXXX XXXX
----------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------
CAREMARK (XXXXXX)
----------------------------------------------------------------------------------------------------------
XXXXX,XXXXXX              (XXXX)  VET     0/ REDACTED      03/09/15    99.99        0.99        0.99       9.99
   PREDNISONE 20MG TAB           00099-0099-99  03/09/15     W  RT  EX/R          XXXXXXX         p          D
                                                                     ----------  ----------  ----------  ----------
SUBTOTALS for INS:CAREMARK (XXXXXX)                                     99.99        0.99        0.99       9.99
COUNT                                                                       1           1           1          1
MEAN                                                                    99.99        0.99        0.99       9.99
----------------------------------------------------------------------------------------------------------
CAREMARK FEP (XXXXXX)
----------------------------------------------------------------------------------------------------------
XXXXXXXX,XXXXX           (XXXX)  VET     1/ REDACTED      06/22/15    99.99        9.99        9.99       9.99
    PRECISION XTRA (GLUCOSE) TE 99999-9999-99  06/18/15     C  RS  AC/R          XXXXXXX         p          D
                                                                     ----------  ----------  ----------  ----------
SUBTOTALS for INS:CAREMARK FEP (XXXXXX)                                 99.99        9.99        9.99       9.99
COUNT                                                                       1           1           1          1
MEAN                                                                    99.99        9.99        9.99       9.99
Press RETURN to continue, '^' to exit:
ECME DUPLICATE CLAIMS DETAIL REPORT                            Print Date: NOV 12, 2020@12:45:40 Page:  2
DIVISION(S): ALL                                              Fill Locations: ALL    Fill Type: ALL
Insurance: ALL                                                   Drugs/Classes: ALL
Eligibility: CVA,TRI,VET                                               Patient: ALL
Status: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 01/01/15 through 10/01/20
Status Codes: S= Duplicate of Approved, D= Duplicate of Paid, Q= Duplicate of Capture
==========================================================================================================
PATIENT NAME              Pt.ID  ELIG    REF/ECME#        DATE       $BILLED  $INS RESPONSE  $COLLECT  Pt.RESP(INS)
   DRUG                          NDC     RELEASED ON      RX INFO             BILL#             COB     STATUS
==========================================================================================================
DIVISION: XXXXXXXX XXXX
----------------------------------------------------------------------------------------------------------
MEDIMPACT
----------------------------------------------------------------------------------------------------------
XXXXXX,XXX XXXXXX        (XXXX)  VET     1/ REDACTED      01/10/15    99.99        9.99        9.99      99.99
    BUPROPION HCL 150MG 12HR SA 99999-9999-99  01/12/15     C  RT  **/R          XXXXXXX         p          D
                                                                     ----------  ----------  ----------  ----------
SUBTOTALS for INS:MEDIMPACT                                             99.99        9.99        9.99      99.99
COUNT                                                                       1           1           1          1
MEAN                                                                    99.99        9.99        9.99      99.99
                                                                     ----------  ----------  ----------  ----------
```

```
SUBTOTALS for DIV:XXXXXXXX XXXX                                          99.99          99.99          99.99          99.99
COUNT                                                                        3              3              3              3
MEAN                                                                     99.99           9.99           9.99           9.99
                                                                    ----------     ----------     ----------     ----------
GRAND TOTALS                                                        999999.99      999999.99      999999.99      999999.99
COUNT                                                                        3              3              3              3
MEAN                                                                     99.99           9.99           9.99           9.99
Press RETURN to continue:
```

8.2 Other Reports

The *Other Reports* option allows the user to access lists of electronic claims formats and NCPDP V. 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
   VER    View ePharmacy Rx
   OPR    OPECC Productivity Report
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
   VER    View ePharmacy Rx
   OPR    OPECC Productivity Report
Select Other Reports Option: CRI  ECME Claims-Response Inquiry
```

Example 8.2.1-2: ECME Claims-Response Inquiry Option

```
Select VA Claim ID: REDACTED   REDACTED

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: REDACTED
BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
ENTRY#: 113414.00042                    STATUS: 99
  PHARMACY: PHARM1                       PRESCRIPTION #: REDACTED
  RXI-INTERNAL (c): XXXXXX
  PLAN NAME: COB INSURANCE               PHARMACY PLAN ID: XXXXXXXX
  CLAIM IEN (c): XXXX                    RESPONSE IEN (c): 5369
Press RETURN to continue, '^' to exit:
BPS CLAIMS FILE DATA:
CLAIM ID: REDACTED
  ELECTRONIC PAYER: MNMEDB1             TRANSMIT FLAG: YES (POINT OF SALE)
  TRANSMITTED ON: APR 17,2009@14: :27  CREATED ON: APR 17,2009@14: :27
  TRANSACTION: 113414.00042             PATIENT NAME: ECMEpatient,One
  GROUP INSURANCE PLAN: COB INSURANCE   BIN NUMBER: 610459
  VERSION RELEASE NUMBER: D0            TRANSACTION CODE: B1
  PROCESSOR CONTROL NUMBER: MHCP        TRANSACTION COUNT: 1
  SOFTWARE VENDER CERT ID:              SERVICE PROVIDER ID: XXXXXXXXXX
  SERVICE PROVIDER ID QUAL: 01          GROUP ID: C19977
  CARDHOLDER ID: CXXXXXXX               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: REDACTED
  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: CQXXXXXXXXXX    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: XXXXXX           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: REDACTED
  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: REDACTED
  FILL NUMBER: D304                     DAYS SUPPLY: D5001
  COMPOUND CODE: D61
  PRODUCT SERVICE ID: D700002143916
  DISPENSE AS WRITTEN: D80              INGREDIENT COST SUBMITTED: D90000510{
  PRESCRIBER ID: DBXXXXXXXX             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: REDACTED
```

```
 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            C4C5REDACTEDCAONECBECMEPATIENT    CMXX
DFG                    CNXXXXXXXX            COXXCPXXXXX    CQXXXXXXXXXXXC700
CZ             1C 2C
 AM04C2234234CCONECDECMEPATIENT    CE36 FOECME INSC908C         C19977
          C301 C61
 AM07EM1D20113414E103D700002143916       E70000001000D304D5001D61D80DE20090112D
F05DJ1DK00ET0000001000C800DT0EB0000001000CW0000000000000000000EK000000000000DI0
0EU00EV00000000000EW00EX
 AM02
 AM03EZ01DBXXXXXXXXXXX    1E   ECMEPRESCRIBER         H50364EECMEPROVIDER
 AM0 C15C016C037C123456    E820090414HB1DV00400{
 AM11D90000510{DC00000000BE00000000DX0000000{HA00000000GE0000000{HE0000000JE  DQ
0000510{DU0000510{DN07
Press RETURN to continue, '^' to exit:
BPS RESPONSE FILE DATA:
BPS CLAIM: VAXXXX=XXXXXXXXXX=XXXXXX=XXXXXXX
 DATE RESPONSE RECEIVED: APR 17, 2009@14: :30
 VERSION RELEASE NUMBER: D0           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)
REJECT CODE: 79 (REFILL TOO SOON)
 NEXT AVAIL FILL DATE: APR 20,2009
 RAW DATA RECEIVED:
 VAXXXX=XXXXXXXXXX=XXXXXX=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 the user 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. The user may also express conditions for when 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
   VER    View ePharmacy Rx
   OPR    OPECC Productivity Report
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 D.0
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 ***
     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
   VER    View ePharmacy Rx
   OPR    OPECC Productivity Report
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: REDACTED
  SITE CITY: XXXXXXXXX                 SITE STATE: XXXXX
  SITE ZIP CODE: XXXXX                 SITE ADDRESS NAME: REDACTED
  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: XXXXXXXXXXXX
  REMITTANCE ADDRESS NAME: MAIN        REMIT ADDRESS 1: REDACTED
  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: REDACTED
  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
   VER     View ePharmacy Rx
   OPR     OPECC Productivity Report
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:                      XXXXXXX.00001  (Rx#: XXXXXX)
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:                      XXXXXXX.00001  (Rx#: XXXXXX)
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:                      XXXXXXX.00001  (Rx#: XXXXXX)
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:                      XXXXXXX.00001  (Rx#: XXXXXX)
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:                        XXXXXXX.00001   (Rx#: XXXX )
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
```

8.2.5   View ePharmacy Rx

The *View ePharmacy Rx* option allows the user to view information for one prescription, combining information from Outpatient Pharmacy, Integrated Billing and ECME.

Access the *View ePharmacy Rx* option by entering **VER** at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.5-1: Accessing the View ePharmacy Rx Report Option

```
              **************************************************
              *Electronic Claims Management Engine (ECME) V1.0*
              *                XXXXXX VAHSRO                   *
              *                  Other Reports                 *
              **************************************************
   CRI     ECME Claims-Response Inquiry
   PAY     Payer Sheet Detail Report
   PHAR    ECME Setup - Pharmacies Report
   TAT     Turn-around time statistics
   VER     View ePharmacy Rx
   OPR     OPECC Productivity Report
Select Other Reports Option:   VER   View ePharmacy Rx
```

Example 8.2.5-2: Displaying the View ePharmacy Rx Report

```
Select Prescription: XXXXXXX
      ATENOLOL 25MG TAB
 Patient                 Rx#          Drug Name                 Rx Status
 ECMEPATIENT,ONE         XXXXXXX      TAMOXIFEN CITRATE 10MG TA DISCONTINUED
OK to continue? Yes//    YES
Rx# XXXXXXX has the following fills:
    Fill#   Fill Date      Release Date
    -----   ----------     ------------
     0      01/29/2009     01/29/2009
     1      02/26/2009     02/25/2009
Select Fill Number: 1 02/26/2009    02/26/2009
     Select one of the following:
         M         Most recent transaction for each payer
         A         All transactions
  There are 2 ECME transactions for this Rx/fill.
  1 for the primary payer, 1 for the secondary payer.
  Select Most recent transaction for each payer or All transactions: M// All trans
actions
Compiling data for View Prescriptions ...
Compiling data for the ECME Claim Log ...
Compiling data for the ECME Billing Events Report ...
Compiling data for the ECME Claims-Response Inquiry (CRI) Report ...
```

```
Compiling data for View Insurance Policies ... ..................
Compiling the list of TPJI bills ...
Compiling data for TPJI Claim Information ...
Compiling data for TPJI AR Account Profile ...
Compiling data for TPJI AR Comment History ...
Compiling data for TPJI ECME Rx Response ...
Compiling data for View Registration Eligibility Status ...
Compiling data for View Registration Eligibility Verification ...
View Prescription
Rx View (Discontinued)                          Feb 08, 2011@13:59:27
Page:    1 of    1
ECMEPATIENT,ONE
  PID: REDACTED                              Ht(cm): _____  (_____)
  DOB: REDACTED                              Wt(kg): _____  (_____)
+------------------------------------------------------------------------
                  Rx #: XXXXXXX$e  (ECME#: REDACTED)
        Orderable Item: TAMOXIFEN CITRATE TAB
             CMOP Drug: TAMOXIFEN CITRATE 10MG TAB
                   NDC: 00378-0144-93
                *Dosage: 10MG
                   Verb: TAKE
        Dispense Units: 1
                  Noun: TABLET
                *Route: ORAL (BY MOUTH)
             *Schedule: BID
Patient Instructions:
                   SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY
        Patient Status: OUTPT NON-SC
            Issue Date: 01/29/09              Fill Date: 01/29/09
        Last Fill Date: 02/26/09 (Mail, Transmitted)
     Last Release Date: 02/25/09                   Lot #:
               Expires: 01/30/10                     MFG:
           Days Supply: 3                       QTY (TAB): 60
           # of Refills: 11                     Remaining: 9
               Provider: ECMEPROVIDER,ONE
               Routing: Window
                Copies: 1
       Method of Pickup:
                Clinic: Not on File
              Division: REDACTED VAM&ROC (XXX)
            Pharmacist: ECMEPROVIDER,ONE
     Patient Counseling: NO
               Remarks: New Order Created by copying Rx # REDACTED.
           Finished By: ECMEPROVIDER,ONE
     Entry By: ECMEPROVIDER,ONE                    Entry Date: 01/29/09 12:59:38
Original Fill Released: 02/25/09     Routing: Window
 Refill Log:
#  Log Date   Refill Date  Qty            Routing  Lot #      Pharmacist
===============================================================================
1  02/25/09   02/25/09    60             Mail
Division: 442      Dispensed: 02/25/09  Released: 2/25/09  NDC: 00378-0144-91
2  02/25/09   02/26/09    60             Mail
Division: 442      Dispensed: 02/26/09  Released:

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   02/25/09   SUSPENSE      REFILL 1       ECMEPROVIDER,ONE
Comments: RX Placed on Suspense for CMOP until 02-25-09
2   02/25/09   PROCESSED     REFILL 1       ECMEPROVIDER,ONE
Comments: Transmitted to DALLAS CMOP
3   02/25/09   SUSPENSE      REFILL 2       ECMEPROVIDER,ONE
Comments: RX Placed on Suspense for CMOP until 02-26-09
```

```
4   02/25/09    SUSPENSE      REFILL 2      ECMEPROVIDER,ONE
Comments: 3/4 of Days Supply SUSPENSE HOLD until 2/28/09.
5   03/01/09    PROCESSED     REFILL 2      ECMEPROVIDER,ONE
Comments: Transmitted to DALLAS CMOP
6   06/11/09    DISCONTINUED  REFILL 2      ECMEPROVIDER,TWO
Comments: Discontinued During New Prescription Entry - Duplicate Drug


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  02/25/09   ORIGINAL                    ECMEPROVIDER,ONE
Comments: From RX number XXXXXXXX


ECME Log:
#   Date/Time          Rx Ref          Initiator Of Activity
===============================================================================
1   1/29/09@12:59:55   ORIGINAL        ECMEPROVIDER,ONE
Comments: Submitted to ECME:WINDOW FILL(NDC:00378-0144-93)-E REJECTED
2   2/25/09@16:49:16   ORIGINAL        ECMEPROVIDER,ONE
Comments: Submitted to ECME:REJECT WORKLIST-E PAYABLE
3   2/25/09@16:51:03   REFILL 1        ECMEPROVIDER,ONE
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)
4   3/1/09@14:00:05    REFILL 2        ECMEPROVIDER,ONE
Comments: Submitted to ECME:CMOP TRANSMISSION(NDC:00378-0144-91)


ECME REJECT Log:
#  Date/Time Rcvd   Rx Ref    Reject Type     STATUS      Date/Time Resolved
===============================================================================
1  1/29/09@12:59:   ORIGINAL  REFILL TOO SOON RESOLVED   2/25/09@16:49:04
Comments: AUTOMATICALLY CLOSED (CLAIM RE-SUBMITTED)


CMOP Event Log:
Date/Time            Rx Ref  TRN-Order     Stat          Comments
===============================================================================
02/25/09@1656        Ref 1   XXXXX-1       DISP    NDC: 00378014491
Carrier: USPS                Pkg ID: PGKID999
03/01/09@1403        Ref 2   XXXXX-1       TRAN


CMOP Lot#/Expiration Date Log:
Rx Ref               Lot #              Expiration Date
===============================================================================
Ref 1                A87904             03/22/07
ME Claim Log
PHARMACY ECME                      Feb 08, 2011@14:06:41       Page:   1 of   1
Claim Log information
-------------------------------------------------------------------------------
Pharmacy ECME Log
         VA Rx #: XXXXXXX$      Fill #: 1          ECME #: REDACTED
     Patient Name: ECMEPATIENT,ONE (XXXX)
Transaction Number: XXXXXXX.00011
    Last Submitted: FEB 25,2009@16:51:03
 Last Submitted By: ECMEPROVIDER,ONE
   Last VA Claim #: REDACTED
Transmission Information (CLAIM REQUEST)(#XXXX)--------------------------------
Created on: FEB 25,2009@16:51:04
VA Claim ID: REDACTED
Submitted By: ECMEPROVIDER,ONE
Transaction Type: REQUEST
Date of Service: 02/25/2009
NDC: 00378-0144-91
ECME Pharmacy: CHEY9-BOTH NPI & NCPDP
Days Supply: 3
Qty: 60    Unit Cost: .928    Total Price: 68.20
```

```
Insurance Name: BLUE MOON INSURANCE
Group Name: T-GROUP1
Rx Coordination of Benefits: PRIMARY
BIN: 123456
PCN: 1123456789
NCPDP Version: D.0
Group ID: 10001
Cardholder ID:
Patient Relationship Code: CARDHOLDER
Cardholder First Name: ONE
Cardholder Last Name: OPPATIENT
Facility ID Qualifier:
Billing Request Payer Sheet: WBTESTB1
Reversal Payer Sheet: WBTESTB2
Response Information  (CLAIM REQUEST)(#XXXX)----------------------------------
Response Received: FEB 25,2009@16:51:10
Date of Service: 02/25/2009
Transaction Response Status: Paid
Total Amount Paid: $58.20
Reconciliation ID:
Reject code(s):
Message:
Additional Message:
DUR Response Info:
DUR Additional Text:
ECME CRI REPORT DATA
ECME Claims-Response Inquiry Report        Print Date: 02/08/11
VA CLAIM ID: REDACTED
BPS TRANSACTION/BPS LOG OF TRANSACTION DATA:
ENTRY#: 1615253.00011                 STATUS: 99
  PHARMACY: CHEY9-BOTH NPI & NCPDP    PRESCRIPTION #: XXXXXXX
  RXI-INTERNAL (c): XXXXXXX
  PLAN NAME: BLUE MOON INSURANCE      PHARMACY PLAN ID: XXXXXX
  CLAIM IEN (c): 1236                 RESPONSE IEN (c): 1213
BPS CLAIMS FILE DATA:
CLAIM ID: REDACTED
  ELECTRONIC PAYER: WBTESTB1          TRANSMIT FLAG: YES (POINT OF SALE)
  TRANSMITTED ON: FEB 25,2009@16:51:04  CREATED ON: FEB 25,2009@16:51:04
  PATIENT NAME: ECMEPATIENT,ONE
  GROUP INSURANCE PLAN: BLUE MOON INSURANCE
  BIN NUMBER: 123456                  VERSION RELEASE NUMBER: D.0
  TRANSACTION CODE: B1                PROCESSOR CONTROL NUMBER: 1123456789
  TRANSACTION COUNT: 1                SOFTWARE VENDER CERT ID: TATP
  SERVICE PROVIDER ID: REDACTED       SERVICE PROVIDER ID QUAL: 01
  GROUP ID: C110001                   CARDHOLDER ID: C2
  DATE OF BIRTH: REDACTED             PATIENT GENDER CODE: MALE
  PATIENT FIRST NAME: CAONE           PATIENT LAST NAME: CBOPPATIENT
  PATIENT STREET ADDRESS: CMXX REDACTED
  PATIENT CITY ADDRESS: REDACTED
  PATIENT STATE PROV ADDRESS: COAL    PATIENT ZIP POSTAL ZONE: REDACTED
  PATIENT PHONE NUMBER: REDACTED      PATIENT ID QUALIFIER: CX01
  PATIENT ID: REDACTED
TRANSACTION ORDER: 1
  MEDICATION NAME: TAMOXIFEN CITRATE 10MG TAB
  PRESCRIPTION NUMBER: XXXXXXX        OTHER COVERAGE CODE: C800
  SUBM CLARIFICATION CODE COUNT: 1
SUBMISSION CLRFCTN CODE CNTR: 1       SUBMISSION CLARIFICATION CODE: DK02
  DATE OF SERVICE: FEB 25,2009        PRESCRIPTION/SERVICE REF NO: REDACTED
  FILL NUMBER: D301                   DAYS SUPPLY: D5003
  COMPOUND CODE: D61
  PRODUCT SERVICE ID: REDACTED
  DISPENSE AS WRITTEN: D80            INGREDIENT COST SUBMITTED: D90000510{
  PRESCRIBER ID: DB                   DISPENSING FEE SUBMITTED: DC00000000
  DATE PRESCRIPTION WRITTEN: DE20090129
  NUMBER OF REFILLS AUTHORIZED: DF11  PRESCRIPTION ORIGIN CODE: DJ1
  *SUBMISSION CLARIFICATION CODE: DK02  BASIS OF COST DETERMINATION: DN07
  USUAL AND CUSTOMARY CHARGE: DQ0000510{
```

```
 GROSS AMOUNT DUE: DU0000510{           PRESCRIBER LAST NAME: DROPPROVIDER
 PATIENT PAID AMOUNT SUBMITTED: DX0000000{
 PRODUCT SERVICE ID QUALIFIER: E103    QUANTITY DISPENSED: E70000060000
 PRESCRIPTION SERVICE REFERENCE: EM1   QUANTITY PRESCRIBED: ET0000060000
 PRESCRIBER ID QUALIFIER: EZ01         PRESCRIBER LOCATION CODE: 1E
 PC PROVIDER LOCATION CODE: H5001      PC PROVIDER LAST NAME: 4EOPPROVIDER
 PRESCRIBER PHONE NUMBER: REDACTED
 DATE OF SERVICE: 20090225
RAW DATA SENT:
12345651B11123456789101116447199I       20090225TATP
 AM01CX01CY666874529            C4REDACTEDC51CAONE        CBOPPATIENT      CMXX
REDACTED                CNBIRMINGHAM        COALCP35209   CQ2055559874
 AM04C2C110001
 AM07EM1D21615253E103D700378014491        E70000060000D301D5003D61D80DE20090129D
F11DJ1DK02ET0000060000C800
 AM02
 AM03EZ01DB            1E  DROPPROVIDER        H50014EOPPROVIDER
 AM11D90000510{DC00000000DX0000000{DQ0000510{DU0000510{DN07
BPS RESPONSE FILE DATA:
BPS CLAIM: REDACTED
 DATE RESPONSE RECEIVED: FEB 25, 2009@16:51:10
 VERSION RELEASE NUMBER: D.0             TRANSACTION CODE: B1
 TRANSACTION COUNT: 1                    SERVICE PROVIDER ID: XXXXXXXXXX
 SERVICE PROVIDER ID QUALIFIER: 01    DATE OF SERVICE: FEB 25,2009
 RESPONSE STATUS: ACCEPTED
TRANSACTION ORDER: 1                   TRANSACTION RESPONSE STATUS: PAID
 PRESCRIPTION REFERENCE NUMBER: XXXXXXX
 RX REFERENCE NUMBER QUALIFIER: RX BILLING
 HEADER RESPONSE STATUS: CLAIM PAYABLE
 AUTHORIZATION NUMBER: WEBMD: PAID    PATIENT PAY AMOUNT: $  10.00
 INGREDIENT COST PAID: $  55.70       DISPENSING FEE PAID: $  12.50
 TOTAL AMOUNT PAID: $  58.20          INCENTIVE AMOUNT PAID: $   1.25
 BASIS OF REIMB DETERMINATION: 08     TAX EXEMPT INDICATOR: NOT TAX EXEMPT
 FLAT SALES TAX PAID: $   1.00        PROFESSIONAL SERVICE FEE PAID: $   4.
 OTHER AMOUNT PAID COUNT: 1           OTHER PAYER AMOUNT RECOGNIZED: $   0.00
RAW DATA RECEIVED:
 REDACTED
20090225\X1D\\X1E\\X1C\AM21\X1C\ANP\X1C\F3WEBMD:
 PAID\X1E\\X1C\AM22\X1C\EM1\X1C\D21615253\X1E\\X1C\AM23\X1C\F50000100{\X1C\F6000
0557{\X1C\F70000125{\X1C\AV2\X1C\AW0000010{\X1C\FL0000012E\X1C\J10000045D\X1C\J2
1\X1C\J301\X1C\J40000033C\X1C\J50000000{\X1C\F90000683B\X1C\FM08
ECME BILLING EVENTS REPORT
                                                       PAGE 1
            BILLING ECME EVENTS (DETAILED) for ALL DIVISIONS
                   SINGLE PRESCRIPTION – XXXXXX   FILL# 1
    RX#   FILL  DATE        PATIENT NAME              DRUG
================================================================================
1  XXXXXXX 1  02/25/09    ECMEPATIENT,ONE       TAMOXIFEN CITRATE 10MG TAB
      FINISH    02/25/09 4:51p  Status:ECME Billable
          ELIGIBILITY:  CV:No
          DRUG:TAMOXIFEN CITRATE 10MG TAB
          NDC:00378-0144-91, BILLED QTY:60, COST:.928, DEA:6PR
          PLAN:T-GROUP1  INSURANCE: BLUE MOON INSURANCE
          BIN:123456, PCN:1123456789, PAYER SHEET B1:WBTESTB1
          PAYER SHEET B2:WBTESTB2, PAYER SHEET B3:WBTESTB1
          DISPENSING FEE:0, BASIS OF COST DETERM:USUAL & CUSTOMARY
          COST:68.20, GROSS AMT DUE:68.20, ADMIN FEE:12.50
          USER:POSTMASTER
      SUBMIT    02/25/09 4:51p  Status:OK
          ECME#: REDACTED,  FILL DATE:02/25/09
          PAYER RESPONSE: PAYABLE
          PLAN:T-GROUP1, INSURANCE: BLUE MOON INSURANCE
          USER:POSTMASTER
      RELEASE   02/25/09 4:56p  Status:OK
          ECME#: REDACTED,  FILL DATE:02/25/09
          USER:POSTMASTER
      BILLING   02/25/09 4:56p  Status:Bill# KXXXXXW created
```

```
              ECME#: REDACTED,  FILL DATE:02/25/09,RELEASE DATE:02/25/09
              DRUG:TAMOXIFEN CITRATE 10MG TAB
              NDC:00378-0144-91, BILLED QTY:60, DAYS SUPPLY:3
              BILLED:68.20, PAID:58.20
              PLAN:T-GROUP1, INSURANCE: BLUE MOON INSURANCE
              USER:POSTMASTER
List of all bills for this Rx (all fills)
        BILL     RX          DATE      INSURANCE       COB  PATIENT
     --------------------------------------------------------------------------
     1  KXXXXXU  REDACTED     01/29/09  BLUE MOON INSURANC P  ECMEPATIENT,ONE
     2  KXXXXXW  REDACTED     02/25/09  BLUE MOON INSURANC P  ECMEPATIENT,ONE
                            Medication Profile
ISSUE    LAST    REF DAY
  # Rx#           DRUG [^]                          QTY ST  DATE     FILL   REM SUP
-------------------------------------------------------------------------------
            REFILL TOO SOON/DUR REJECTS (Third Party) (2 orders)
 1 XXXXXXXe      AMOXAPINE 25MG TAB            90 A   11-30-17 11-30-17  3  90
 2 XXXXXXXe      AMOXICILLIN 250/CLAV K 62.5    1 A   12-01-17 12-01-17  3  90
View Patient Insurance
Patient Policy Information                          Feb 23, 2011@13:24:18
Page:    1 of    1
Expanded Policy Information for: ECMEPATIENT,ONE   XXX-XX-XXXX
OPINSUR1 Insurance Company                    ** Plan Currently Active **
  Plan Information                         Insurance Company
    Is Group Plan: YES                        Company: OPINSUR1
      Group Name: DRUG INS                     Street: REDACTED
    Group Number: 111                      City/State: ANYTOWN, AL XXXXX
             BIN:                          Billing Ph:
             PCN:                          Precert Ph:
    Type of Plan: PRESCRIPTION
  Electronic Type: COMMERCIAL
   Plan Filing TF:
      ePharmacy Plan ID: VA105220
    ePharmacy Plan Name: MINNESOTA MEDICAID
  ePharmacy Natl Status: ACTIVE
 ePharmacy Local Status: ACTIVE
  Utilization Review Info          Effective Dates & Source
         Require UR: NO                 Effective Date: 10/12/07
   Require Amb Cert:                    Expiration Date:
   Require Pre-Cert: NO                  Source of Info: INTERVIEW
   Exclude Pre-Cond: NO           Policy Not Billable: NO
 Benefits Assignable: YES
 Subscriber Information             Subscriber's Employer Information
 Whose Insurance: VETERAN          Emp Sponsored Plan: No
 Subscriber Name: ECMEPATIENT,ONE            Employer:
    Relationship: SELF             Employment Status:
      Primary ID:  XXXX             Retirement Date:
 Coord. Benefits: PRIMARY          Claims to Employer: No, Send to Insurance
Company
 Primary Provider:                         Street:
 Prim Prov Phone:                      City/State:
                                            Phone:
   Insured Person's Information (use Subscriber Update Action)
      Insured's DOB: REDACTED          Str 1: REDACTED
      Insured's Sex: MALE              Str 2:
   Insured's Branch: ARMY               City: ANYTOWN
    Insured's Rank:                    St/Zip: AL  XXXXX
                                        Phone: REDACTED
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber Primary ID:  XXXX
  Plan Coverage Limitations
   Coverage           Effective Date   Covered?      Limit Comments
   --------           --------------   --------      --------------
    INPATIENT         08/04/2008       YES
                      07/11/2008       YES
                      06/26/2008       YES
                      02/26/2008       YES
```

```
                        01/28/2008      YES
                        10/12/2007      YES
                        06/19/2007      YES
                        04/13/2007      YES
                        01/08/2007      YES
                        06/17/2006      YES
    OUTPATIENT          08/04/2008      YES
                        07/11/2008      YES
                        06/26/2008      YES
                        02/26/2008      YES
                        01/28/2008      YES
                        10/12/2007      YES
                        08/02/2007      YES
                        06/19/2007      YES
                        04/13/2007      YES
                        01/08/2007      YES
                        06/17/2006      YES
    PHARMACY            03/17/2009      YES
                        08/06/2008      YES
                        08/04/2008      YES
                        07/11/2008      YES
                        06/26/2008      YES
    DENTAL              08/04/2008      YES
                        07/11/2008      YES
                        06/26/2008      YES
                        02/26/2008      YES
                        01/28/2008      YES
                        10/12/2007      YES
                        08/02/2007      YES
                        06/19/2007      YES
                        04/13/2007      YES
                        01/08/2007      YES
                        06/17/2006      YES
    MENTAL HEALTH       08/04/2008      YES
                        07/11/2008      YES
                        06/26/2008      YES
                        02/26/2008      YES
                        01/28/2008      YES
                        10/12/2007      YES
                        08/02/2007      YES
                        06/19/2007      YES
                        04/13/2007      YES
                        01/08/2007      YES
                        06/17/2006      YES
   LONG TERM CARE                       BY DEFAULT
  User Information                  Insurance Contact (last)
       Entered By: EXAMPLE, EMPLOYEEPerson Contacted:
       Entered On: 10/12/07              Method of Contact: PHONE
 Last Verified By: EXAMPLE, EMPLOYEE Contact's Phone:
 Last Verified On: 02/07/08                Call Ref. No.:
  Last Updated By: EXAMPLE, EMPLOYEE    Contact Date: APR 15, 2009
  Last Updated On: 04/15/09
  Comment -- Patient Policy
 None
  Comment -- Group Plan
  Personal Riders
TPJI – Claim Information
Claim Information                    Feb 08, 2011@14:36:24
Page:    1 of    1
KXXXXXWe   ECMEPATIENT,ONE  OXXXX         DOB: REDACTED    Subsc ID:
TPJI – Claim Information
Claim Information                    Feb 08, 2011@14:36:24
Page:    1 of    1
KXXXXXWe   ECMEPATIENT,ONE  OXXXX         DOB: REDACTED    Subsc ID:
--------------------------------------------------------------------------------
```

```
 Insurance Demographics              Subscriber Demographics
   Bill Payer: BLUE MOON INSURANCE     Group Number: 10001
 Claim Address: 321 MOON DRIVE          Group Name: T-GROUP1
               ANYTOWN, AL XXXXX      Subscriber ID:
   Claim Phone:                          Employer: USA ARMY CONSULTANTS
                                    Insured's Name: ECMEPATIENT,ONE
                                      Relationship: PATIENT
                          Claim Information
  Bill Type: OUTPATIENT                  Charge Type:
 Time Frame: ADMIT THRU DISCHARGE      Service Dates: 02/25/09 - 02/25/09
  Rate Type: REIMBURSABLE INS.           Orig Claim:    68.20
  AR Status: ACTIVE                      Balance Due:    10.00
   Sequence: PRIMARY
  Purch Svc: NO
    ECME No: REDACTED
 ECME Ap No: WEBMD: PAID
        NPI: REDACTED
  Providers: NONE
        Entered: 02/25/09  by  POSTMASTER
     Authorized: 02/25/09  by  POSTMASTER
  First Printed: 02/25/09  by  POSTMASTER
  Related Prescription Copay Information
    <none found>
TPJI - AR Account Profile
AR Account Profile                           Feb 08, 2011@14:46:24
Page:   1 of   1
KXXXXXWe   ECMEPATIENT,ONE  OXXXX         DOB: REDACTED   Subsc ID:
AR Status: ACTIVE                Orig Amt: 68.20    Balance Due: 10.00
--------------------------------------------------------------------------------
            02/25/09   IB Status: PRINTED (First)        68.20       10.00
   Total Collected:       58.20
TPJI - AR Comment History
Comment History              Feb 08, 2011@14:47:10       Page:   1 of   1
KXXXXXWe   ECMEPATIENT,ONE  OXXXX         DOB: REDACTED   Subsc ID:
AR Status: ACTIVE                Orig Amt: 68.20    Balance Due: 10.00
No Comment Transactions Exist For This Account.
TPJI - ECME Claim Information
ECME Claim Information            Feb 08, 2011@14:48:16   Page:   1 of   1
KXXXXXWe   ECMEPATIENT,ONE  OXXXX         DOB: REDACTED   Subsc ID:
--------------------------------------------------------------------------------
    ECME No: REDACTED               Pharmacy NPI: REDACTED
 ECME Ap No: WEBMD: PAID            Provider NPI: No NPI on file
     Rx No: REDACTED / 1             Fill Date: 02/25/09
  Drug Name: TAMOXIFEN CITRATE 10MG TAB      NDC #: 00378-0144-91
 Billed Amt:   68.20                      COB: Primary
  IB Status:  CANCELLED (02/25/09)  Reason:  ECME PRESCRIPTION REVERSED
 Payment Information
   Expected Payment Amount:   58.20
  Ingredient Cost Reim Amt:     0.00      Dispensing Fee Reim Amt:    0.00
 Patient Responsibility Amounts
   Deductible:    0.00    Coinsurance:    0.00     Amount of Copay:    0.00
 Coverage Gap:    0.00   Processor Fee:    0.00  Exceed Benefit Max:    0.00
   Health Plan-funded Assistance Amount:    0.00
 Product Selection Amounts
        Prod Sel Amt:    0.00      Prod Sel /Non-Pref Formulary:    0.00
 Prod Sel/Brand Drug:    0.00     Prod Sel/Brand Non-Pref Formulary:    0.00
 Provider Network Adj:    0.00
 No COB/Other Payer Data on file in the ECME Response.
                   ELIGIBILITY STATUS DATA, SCREEN <7>
ECMEPATIENT,ONE; REDACTED                                     ACTIVE DUTY
================================================================================
<1>      Patient Type: ACTIVE DUTY                     Veteran: YES
         Svc Connected: YES                         SC Percent: 20%
         SC Award Date: OCT 12,2007               Unemployable: NO
                  P&T: NO
         Rated Incomp.: NO
          Claim Number: REDACTED
```

```
           Folder Loc.: ALBUQUERQUE
<2>   Aid & Attendance: NO                              Housebound: NO
           VA Pension: NO                          VA Disability: NO
   Total Check Amount: NOT APPLICABLE
         GI Insurance: NO                                 Amount: UNANSWERED
<3>  Primary Elig Code: SC LESS THAN 50%
    Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
     Period of Service: PERSIAN GULF WAR
<3.1> Combat Vet Elig.: EXPIRED End Date: OCT 11, 2009

<4> Service Connected Conditions as stated by applicant
    --------------------------------------------------
    NONE STATED
ELIGIBILITY VERIFICATION DATA
               ELIGIBILITY VERIFICATION DATA, SCREEN <11>
ECMEPATIENT,ONE; REDACTED                                       ACTIVE DUTY
===============================================================================
<1> Eligibility Status: NOT VERIFIED            Status Date: NOT APPLICABLE
    Status Entered By: NOT APPLICABLE
     Interim Response: UNANSWERED (NOT REQUIRED)
         Verif. Method: NOT APPLICABLE
         Verif. Source: NOT AVAILABLE
<2>     Money Verified: NOT VERIFIED
<3>   Service Verified: NOT VERIFIED
<4> Rated Disabilities:  SC%: 20    EFF. DATE OF COMBINED SC%:
                                           Orig            Curr
   Rated Disability                   Extr    Eff Dt        Eff Dt
NONE STATED
        Enter ?? for more actions                                     >>>
VW View Rx         CR CRI Report     CI TPJI Claim Info  ER TPJI ECME Rx
CL Claim Log       IN Insurance      AP TPJI Acct Pro    ES Elig Status
BE Billing Events  LB List of Bills  CM TPJI AR Comm     EV Elig Verif
                   MP Med Profile                        PR Print Report(s)
Select Action: Quit//
```

There are thirteen actions at the bottom of the screen. Twelve of these actions allow the user to jump to any one of the twelve sections comprising the *View ePharmacy Rx* report. The thirteenth action, PR Print Report(s), allows the user to print one or more sections of the report.

8.2.6   OPECC Productivity Report

The *OPECC Productivity Report* option allows the user to track the claims for users by transaction date, with the option of a summary view, detail view or Excel download format. If the claim has been submitted multiple times in the report date range, it will appear on the report only once with the appropriate count of transactions displayed under the header: # of Transactions. The status displayed on the report reflects the status of the most recent transaction. A transaction is anything that results in a claim submission from the ECME User Screen or any back-billing claim submission from Claims Tracking or the PRO Process Secondary / TRICARE Rx to ECME option. An OPECC action of open / close claim is not considered a transaction for the OPECC productivity report.

> *The user must hold the BPS SUPERVISOR key to view the OPECC Productivity Report option.*

Access the OPECC Productivity Report option by entering OPR at the "Select Other Reports Option:" prompt on the Pharmacy Electronic Claims Reports, Other Reports option screen.

Example 8.2.6-1: Accessing the OPECC Productivity Report Option

```
            **************************************************
            *Electronic Claims Management Engine (ECME) V1.0*
            *                 ALASKA VAHSRO                  *
            *                 Other Reports                  *
            **************************************************
   CRI    ECME Claims-Response Inquiry
   PAY    Payer Sheet Detail Report
   PHAR   ECME Setup - Pharmacies Report
   TAT    Turn-around time statistics
   VER    View ePharmacy Rx
   OPR    OPECC Productivity Report
Select Other Reports Option:   VER  View ePharmacy Rx
```

Example 8.2.6-2: Prompts for the OPECC Productivity Report

```
Select Other Reports <TEST ACCOUNT> Option: OPR  OPECC Productivity Report
    Select one of the following:
         D         DIVISION
         A         ALL
Select Certain Pharmacy (D)ivisions or (A)LL: A// LL
    Select one of the following:
         V         VETERAN
         T         TRICARE
         C         CHAMPVA
         A         ALL
Include Certain Eligibility Type or (A)ll: A// LL
    Select one of the following:
         U         USER
         A         ALL
Display ECME (U)ser or (A)LL: A// LL
START WITH TRANSACTION DATE: T-1//   (OCT 28, 2015)
  GO TO TRANSACTION DATE: T//   (OCT 29, 2015)
    Select one of the following:
         S         Summary
         D         Detail
Display (S)ummary or (D)etail Format: Detail//
Enter a code from the list to indicate the sort order.
    Select one of the following:
         D         Division
         U         User Name
Sort:  (D/U): User Name// Division
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//0;132
```

Example 8.2.6-3: Display of the Detailed OPECC Productivity Report

```
OPECC PRODUCTIVITY DETAIL REPORT                                     Print Date: Oct 29, 2015@10:15:57  Page:  1
DIVISION(S): ALL
ELIGIBILITY: ALL
USERS: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 9/29/15 through 10/29/15
===============================================================================================================
                              # TRANSACTIONS
USER            STATUS        DT RANGE  TOTAL    ELIG RX#          REF/ECME#      DOS       TRANS DATE  PAID AMT
===============================================================================================================
DIVISION: DIVISION ONE
---------------------------------------------------------------------------------------------------------------
USER,EIGHT      REJECTED            1     1     CVA  XXXXXX        0/ REDACTED  09/29/15   09/29/15     6.62
USER,EIGHT      REJECTED            1     1     CVA  XXXXXX        0/ REDACTED  09/29/15   09/29/15    10.00
USER,NINE       PAYABLE             1     1     VET  XXXXXXG       0/ REDACTED  09/30/15   09/30/15    10.00
USER,NINE       REVERSAL REJECTED   1     1     VET  XXXXXX        0/ REDACTED  08/25/15   10/01/15    10.00
USER,NINE       REJECTED            1     1     CVA  XXXXXX        0/ REDACTED  10/01/15   10/01/15     7.43
USER,NINE       REJECTED            1     1     CVA  XXXXXXA       0/ REDACTED  10/01/15   10/01/15     7.43
USER,NINE       REJECTED            1     1     CVA  XXXXXXD       0/ REDACTED  10/01/15   10/01/15     7.43
USER,NINE       REJECTED            1     1     CVA  XXXXXX        0/ REDACTED  10/01/15   10/01/15    10.00
USER,NINE       REJECTED            1     1     CVA  XXXXXXF       0/ REDACTED  10/01/15   10/01/15     7.43
USER,NINE       REVERSAL REJECTED   1     1     VET  XXXXXXH       0/ REDACTED  10/01/15   10/01/15    10.00
USER,EIGHT      REVERSAL ACCEPTED   1     1     VET  XXXXXX        0/ REDACTED  10/06/15   10/06/15    10.00
USER,EIGHT      REJECTED            1     1     VET  XXXXXX        0/ REDACTED  10/06/15   10/06/15    10.00
USER,TWO        REVERSAL ACCEPTED   1     1     TRI  XXXXXX        0/ REDACTED  09/23/15   10/08/15    10.00
USER,NINE       REVERSAL ACCEPTED   1     1     CVA  XXXXXXA       0/ REDACTED  10/08/15   10/08/15    10.00
USER,NINE       REVERSAL ACCEPTED   1     1     TRI  XXXXXX        0/ REDACTED  10/14/15   10/14/15    10.00
USER,NINE       REJECTED            1     1     TRI  XXXXXXA       0/ REDACTED  10/14/15   10/14/15    10.00
USER,NINE       REJECTED            1     1     TRI  XXXXXXB       0/ REDACTED  10/14/15   10/14/15    10.00
USER,NINE       PAYABLE             1     1     CVA  XXXXXX        0/ REDACTED  10/15/15   10/15/15     5.23
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  10/15/15   10/15/15
USER,NINE       REVERSAL REJECTED   1     1     TRI  XXXXXX        0/ REDACTED  10/15/15   10/16/15    10.00
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  10/16/15   10/16/15
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  10/16/15   10/16/15
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  10/17/15   10/18/15
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  10/18/15   10/18/15
USER,FOUR       REJECTED            1     1     TRI  XXXXXX        0/ REDACTED  09/25/15   10/20/15
USER,THREE                          1     1     TRI  XXXXXX        0/ REDACTED  10/28/15   10/28/15    10.00
SUBTOTALS FOR DIVISION ONE PHARMACY
                REJECTED AND        NOT REJECTED AND PAYABLE
USER            RESOLVED TO PAYABLE (POSSIBLE BACK-BILL)        TRANS IN DT RANGE    AMOUNT PAID
USER,EIGHT      0                   0                                4               36.62
USER,THREE      0                   0                                1               10.00
USER,TWO        0                   0                                1               10.00
```

```
USER,FOUR         0                 0                          6               0.00
USER,NINE         2                 0                         14             124.95
GRAND TOTAL
                  REJECTED AND        NOT REJECTED AND PAYABLE
USER              RESOLVED TO PAYABLE (POSSIBLE BACK-BILL)       TRANS IN DT RANGE   AMOUNT PAID
USER,EIGHT        0                 0                          4              36.62
USER,THREE        0                 0                          1              10.00
USER,TWO          0                 0                          1              10.00
USER,FOUR         0                 0                          6               0.00
USER,NINE         2                 0                         14             124.95
```

Example 8.2.6-4: Display of the Summary OPECC Productivity Report

```
OPECC PRODUCTIVITY SUMMARY REPORT                              Print Date: Oct 29, 2015@10:32:13  Page:  1
DIVISION(S): ALL
ELIGIBILITY: ALL
USERS: ALL
ALL PRESCRIPTIONS BY TRANSACTION DATE: From 9/29/15 through 10/29/15
================================================================================================================
                             # TRANSACTIONS
USER            STATUS       DT RANGE  TOTAL    ELIG RX#       REF/ECME#      DOS      TRANS DATE  PAID AMT
================================================================================================================
DIVISION: DIVISION ONE
----------------------------------------------------------------------------------------------------------------
SUBTOTALS FOR DIVISION ONE PHARMACY
                  REJECTED AND        NOT REJECTED AND PAYABLE
USER              RESOLVED TO PAYABLE (POSSIBLE BACK-BILL)       TRANS IN DT RANGE   AMOUNT PAID
USER,ONE          0                 0                          4              36.62
USER,TWO          0                 0                          1              10.00
USER,THREE        0                 0                          1              10.00
USER,FOUR         0                 0                          6               0.00
USER,FIVE         2                 0                         14             124.95
GRAND TOTAL
                  REJECTED AND        NOT REJECTED AND PAYABLE
USER              RESOLVED TO PAYABLE (POSSIBLE BACK-BILL)       TRANS IN DT RANGE   AMOUNT PAID
USER,ONE          0                 0                          4              36.62
USER,TWO          0                 0                          1              10.00
USER,THREE        0                 0                          1              10.00
USER,FOUR         0                 0                          6               0.00
USER,FIVE         2                 0                         14             124.95
```

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  [#XXXX] 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       STATUS DATE     ELIG PATIENT        BPS PHARM  DRUG NAME
-------------------------------------------------------------------
  1 XXXXXX/1     W/NR  03/01/06  V  ECMEpatient,One      ANC   DRUG NAME ONE
  2 XXXXXX/1     W/NR  03/04/06  V  ECMEpatient,Two      ANC   DRUG NAME TWO
  3 XXXXX/0      W/NR  03/04/06  V  ECMEpatient,Three    ANC   DRUG NAME THREE
```

10 Glossary

Table 5: Glossary

Term	Definition
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. Standards developed and approved by organizations accredited by ANSI.
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.
CHAMPVA Patient	A CHAMPVA patient is a patient that is receiving services due to being eligible for the CHAMPVA health benefits program. Their CHAMPVA health benefit program will be billed for the prescription.

Term	Definition
Clean Claim	An insurance claim that has no defect, impropriety (including any lack of any substantial documentation) or 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].

Term	Definition
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)	Department of Health and Human Services
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 are 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.

Term	Definition
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].

Term	Definition
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 several 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.

Term	Definition
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].

Term	Definition
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 several 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.

Term	Definition
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 D0 is the transaction standard under HIPAA.
Non-Formulary Drugs	The medications that 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).

Term	Definition
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 is not currently maintained by the software but are established for future iterations of system development related to Billing Aware.
Potentially Billable Event	A service that 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 their 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].

Term	Definition
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 is receiving services due to being covered by TRICARE. Their TRICARE insurance will be billed for the prescription.
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 and Technology Architecture (VistA)	Acronym for Veterans Health Information 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 and Abbreviations

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document. For additional terms and acronyms, include references to other VA acronym and glossary repositories (e.g., VA Acronym Lookup and OIT Master Glossary).

Table 6: Acronyms and Abbreviations

Acronym or Term	Definition / Explanation
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
DVA	Department of Veterans Affairs
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

Acronym or Term	Definition / Explanation
IHS	Indian Health Service
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
MGP	Match Group Plan to a Pharmacy Plan
MMGP	Match Multiple Group Plans to a Pharmacy Plan
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
PBM	Pharmacy Benefit Manager (external to VHA) Pharmacy Benefits Management (internal VHA office)
POS	Point of Sale
RNB	Reason Not Billable
SOW	Statement of Work

Acronym or Term	Definition / Explanation
SSO	Standard Setting Organization
TPA	Third Party Administration
TPJI	Third Party Joint Inquiry
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